COMMUNICABLE DISEASES INTELLIGENCE

ISSN 0725-3141 VOLUME 15 NUMBER 25 16 December 1991

CONTENTS

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CDI is produced fortnightly by:

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DEPARTMENT OF HEALTH, HOUSING AND COMMUNITY SERVICES

COMMUNICABLE DISEASES NETWORK-AUSTRALIA
A National Network for Communicable Diseases Surveillance

SPRING RUBELLA OUTBREAK AMONGST MILITARY APPRENTICES IN NORTH-WEST SYDNEY

(Dr Jeffrey Stephenson, Medical Officer, RAAF Richmond)*

Introduction

A outbreak of rubella infection has occurred amongst a group of 32 Naval Apprentices and three RAAF members at a nearby base.

All the Naval personnel lived in communal quarters and the appearance of new cases was rapid over several days in late September and early October 1991.

Survey Methods

As the apprentices were living on base and were infectious to other members, they were placed in a separate ward at No. 3 RAAF Hospital, Richmond. This would not be feasible in the general community.

All the members were tested serologically for IgM and IgG antibodies specific to rubella. In addition each patient was asked to participate in a questionnaire to determine their symptoms, their likely contact with pregnant women and the number of working days lost.

A confirmed case was one in which the patient demonstrated rubella-specific IgM antibodies.

The member was considered to have clinical rubella if the symptoms comprised rash and fever and one or more of arthralgia, lymphadenopathy or conjunctivitis[1]. The patients were also asked if they had been in contact with any other rubella cases. A further two questions related to the presence of a sore throat and nausea and vomiting. The patients were asked if their illness had been correctly diagnosed on first presentation.

Results

All the cases were in males in the age group 16 to 25 years. The results of serological testing were that 94% (33/35) were rubella IgM positive.

Rash was reported as a symptom by all patients; other symptoms were less frequently reported (Table).

All the cases, except one, were epidemiologically linked.

Of the 35 cases, two patients stated they had been in contact with pregnant women.

The cases were correctly diagnosed on initial presentation in 77% (27/35) of cases. The remaining 23% (8/35) were treated for other illnesses.

There were 153 lost working days at an average of 4.4 days per patient.

Conclusion and Recommendations

The rapid outbreak of rubella is demonstrated by the appearance of 35 cases within a 3 week interval. All people entering the Armed Services invariably live in close quarters during their training and whilst on exercise. In view of the large number of working days lost, rubella vaccination should be considered for all new service members, as it may prove cost effective.

Table. Symptoms reported by the 35 cases of rubella

Symptom	Cases	
	Number	%
Rash	35	100
Sore throat	19	54
Lymphadenopathy	17	49
Arthralgia	12	34
Fever	11	31
Conjunctivitis	10	29
Nausea/vomiting	2	6
Other symptoms*	2	6

* One patient had abdominal pain and another had generalised pruritis.

* The views expressed in this article are those of the author, and not those of the Department of Defence.

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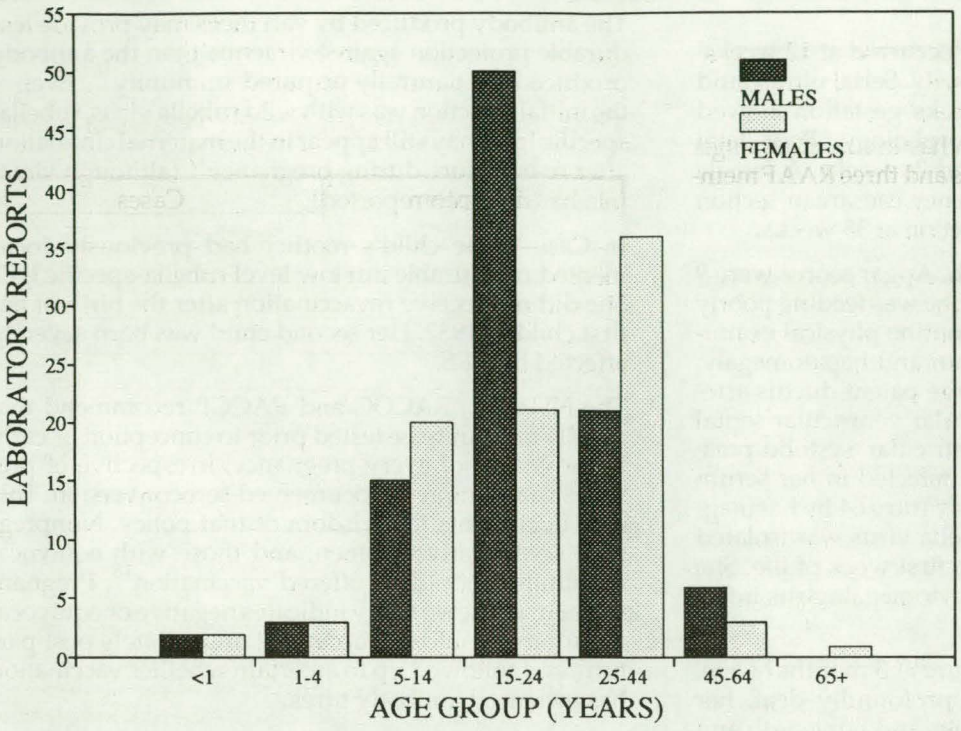
CDI Editorial Comment

The occurrence of this rubella outbreak coincided with the usual spring peak in rubella reports reports received by the *CDI* Laboratory Reporting Schemes; a peak has occurred in October or November most years, and October has had the most reports for this year so far.

This is the third report of outbreaks or sporadic rubella activity in teenage males this year. Earlier in the year, an outbreak was identified in a Perth high school[1], and there have been continuing reports of rubella in teenage and young adult males in Tasmania (19 cases reported to 4 December).

Indeed, of the 188 cases (with known sex and age) reported so far this year, 45 (including 15 associated with the above outbreak) have been in males in the age group 15-24 years (Figure). This age and sex distribution is typical of that recorded for rubella for Australia in recent years[2]. It reflects the fact that, although the incidence of clinical disease is traditionally recognised to be highest in children aged 5-9 years, it is now seen

Figure. Rubella laboratory reports 1991, by age group and sex



more often in older age groups, because the widespread use of rubella vaccine has decreased the circulation of the virus in the community. It also reflects the fact that since 1971, school girls and not school boys have been immunised against rubella. It will probably be many years before the 1988 introduction of measles-mumps-rubella vaccination for all children at 12 months begins to have an affect on the relatively high rates of rubella reported in teenage and young adult males.

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TWO CASES OF CONGENITAL RUBELLA SYNDROME AFTER PREVIOUS MATERNAL IMMUNISATION

(Dr Robert Condon (NCEPH Epidemiology Registrar, Health Department of WA), and Dr Carol Bower (Medical Officer, Birth Defects Registry, King Edward Memorial Hospital).)

Introduction

Reinfection of pregnant women with wild rubella virus may occur after both naturally acquired and vaccine induced immunity[1,2]. Reinfection is thought to pose little risk to the fetus[3], even when rubella-specific IgM is detected in the maternal circulation[4].

In spite of this, occasional reports exist of babies born with congenital infection and malformations after their previously immunised mothers were exposed to wild virus during pregnancy[5,6,7,8].

Possible reasons for apparent maternal reinfection and viraemia include primary vaccine failure, or falling antibody levels many years after immunisation[9], with inadequate antibody response after exposure to wild rubella virus[10,11].

The UK National Congenital Rubella Surveillance Programme has accepted the following criteria[6,12] for defining maternal reinfection in pregnancy:

1. at least two previous antibody positive laboratory reports, or
2. a documented history of rubella vaccination followed by at least one antibody positive laboratory report.

We present two case reports of congenital rubella syndrome (CRS). Both mothers had been immunised during the schoolgirl vaccination programme. Neither case conforms strictly to the UK criteria, but both demonstrate important aspects of testing for rubella immunity before or during early pregnancy.

Case Reports

Case 1

A 29 year old woman had been vaccinated against rubella during her first year at high school (age 12).

During her first pregnancy in 1982, her rubella IgG serology by radial haemolysis was 11 IU/mL. The pregnancy progressed normally and she delivered a healthy female infant at term. She was not offered revaccination against rubella post partum.

She booked for antenatal care in February 1990 after 9 weeks' amenorrhoea. She had no known exposure to rubella, nor did she experience symptoms suggestive of rubella infection. Her immunity against rubella was not re-tested.

An episode of vaginal bleeding occurred at 12 weeks' gestation, but settled spontaneously. Serial ultrasound examinations at 13, 16 and 20 weeks' gestation showed normal foetal growth and morphology. Poor fetal growth occurred between 30 and 36 weeks. A female infant was delivered by emergency caesarean section for fetal distress following induction at 38 weeks.

The baby weighed 2090g at birth. Apgar scores were 9 at 1 minute and 10 at 5 minutes. She was feeding poorly on the 3rd day after birth and routine physical examination revealed a cardiac murmur and hepatomegaly. Echocardiography showed a large patent ductus arteriosus (PDA) and a small muscular ventricular septal defect, with elevated right ventricular systolic pressure. Rubella-specific IgM was detected in her serum taken on the fourth post natal day (titre 64 by haemagglutination inhibition), and rubella virus was isolated from her urine at the end of the first week of life. She had no serological evidence of cytomegalovirus infection or toxoplasmosis.

The PDA required surgical closure at 3 months of age. At 8 months of age, she was profoundly deaf, her weight was on the 25th percentile, and her length and head circumference were on the 3rd percentile.

Case 2

The 30 year old mother of this child received rubella vaccination in her first year at high school. This was her first pregnancy.

Her last normal menstrual period (LNMP) began on 9 January 1990. On 4 February, she became ill with what she thought was a 'cold' and a rash; she took 2 days off work. She presented for antenatal care in March after 2 months' amenorrhoea. Blood was taken for rubella serology (haemagglutination inhibition for IgG) and was reported as 'immune'.

Her pregnancy progressed normally and she delivered a male infant at term. His birth weight was 2770g, and his Apgar scores were 9 at 1 minute and 10 at 5 minutes.

The family's general practitioner referred him to a paediatrician for investigation of poor weight gain at 6 weeks of age. The paediatrician diagnosed microphthalmia and a cataract in the right eye, and pulmonary stenosis. He is profoundly deaf. The diagnosis of congenital rubella syndrome (CRS) is based on clinical grounds and the mother's history; rubella serology has not been performed on the infant.

Discussion

Both naturally acquired and vaccine induced rubella antibody levels fall with the passage of time[9,13].

Individuals with low or undetectable antibody levels several years after vaccination occasionally show an IgM response and viraemia when challenged with wild virus[10,11], but the associated degree of risk to the fetus is uncertain. Vaccinees are more likely to show an IgM response to reinfection than individuals with naturally acquired immunity[13,14,15].

The antibody produced by vaccinees may provide less durable protection against viraemia than the antibody produced by naturally acquired immunity[16]. Even if the initial infection was with wild rubella virus, rubella-specific IgM may still appear in the maternal circulation after re-exposure during pregnancy[17] (although viraemia has not been reported).

In Case 1, the child's mother had previously-documented measurable but low level rubella-specific IgG. She did not receive revaccination after the birth of her first child in 1982. Her second child was born severely affected by CRS.

The NHMRC, RACOG and RACGP recommend that rubella immunity be tested prior to conception or early in the course of every pregnancy, irrespective of previous vaccination or documented seroconversion. This case documents the wisdom of that policy. Nonpregnant seronegative women, and those with equivocal immunity, should be offered vaccination[18]. Pregnant women whose serology indicates negative or equivocal immunity should be vaccinated immediately post partum, and followed up to ascertain whether vaccination has increased antibody titres.

The mother of Case 2 gave a history of rubella vaccination as a schoolgirl, without documented seroconversion. She developed an illness compatible with clinical rubella between 2 and 3 weeks after her LNMP. By the time she attended her first antenatal clinic, her serology indicated immunity to rubella. Her IgM titre was not measured.

If maternal rubella infection occurs within 7 days of the LNMP, the risk to the fetus is probably negligible. Between 12 and 21 days after the LNMP, there is a progressive increase in the risk of fetal infection[19]. At least 25% of babies born to non-immune women who acquire rubella infection during the first trimester of pregnancy will develop CRS. Even infection in the 16th week of gestation carries a 10-20% risk of a single congenital abnormality occurring[20]. Birth defects are rare after maternal rubella infection in the 20th week of pregnancy or beyond.

Case 2 demonstrates the importance of a careful history at the first antenatal visit. Rubella exposure or a history of a rash during pregnancy requires full serological investigation (including rubella-specific IgM), regardless of serology results during previous pregnancies or a past history of immunisation[18].

Canberra[21], Perth[18], New South Wales[22] and Tasmania have recently experienced outbreaks or increased sporadic rubella activity. Pregnant women will continue to have some risk of exposure to rubella infection for 10 years or more, until universal childhood vaccination with MMR vaccine substantially reduces the number of males and prepubertal children who can sustain transmission.

We remind medical practitioners to carefully identify the immune status of every woman who is pregnant or planning to become pregnant, and to provide appropriate information about revaccination and follow-up testing as necessary. We also encourage clinicians to notify the relevant surveillance body if they diagnose a case of CRS.

Acknowledgement

We wish to thank the mothers of the two infants for their permission to produce these case reports, and Dr Harvey Coates, Dr Ian Wallman and Ms Jodi Mazzucchelli for their kind assistance with the case investigations.

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A CONFIRMED CASE OF AN ADULT WITH MEASLES IN WESTERN AUSTRALIA

(Dr J S Gill, Principal Medical Officer, Communicable Disease Control, Health Department of Western Australia, and Dr John Radunovich, General Practitioner)

This is a case report of an adult female, 24 years of age living in the wheatbelt area of Western Australia.

The patient returned from a four week holiday in New Zealand on 30 August 1991. Eleven days after her return she developed a fever with cough and coryza and three days later a rash. She consulted her general practitioner that day and was found to have Koplik's spots and a diagnosis of measles was made. The following day, as a result of severe vomiting, diarrhoea and dizziness, she was hospitalised. Intravenous fluid therapy was required to treat dehydration. She spent a total of four days in hospital and recovered fully, returning to work 15 days after the onset of disease.

The first serological specimen on 17 September 1991 was IgM FA positive. The CFT IgG titre was less than 10 and increased to 20 eight days after the initial specimen.

There was no history of contact with any individual with clinical signs or symptoms suggestive of measles, although on 29 August, she and her travelling companions attended a ballet matinee in Auckland that was filled with 'coughing and sneezing' children. She returned to work on 2 September and had close contact with at least three pre-primary children who she screened for visual acuity on 10 September. Two of these children have been contacted and remain well. The third child has not been contactable, but no secondary or tertiary spread has been noted in the State.

It seems likely that the patient was infected in New Zealand as no local outbreak occurred at that time. New Zealand has reported an epidemic affecting the North Island[1]. This is an interesting case as it illustrates the possible international spread of measles by adults and that no secondary spread occurred in spite of contact with children. The measles immunisation coverage in the area is estimated to be above 90% in year 1 school entrants.

With improvement in vaccination uptake, it can be expected that there will be a growing number of older children and young adults who will be susceptible to the disease. This emphasises the need to consider a two dose strategy for measles preferably combined with mumps and rubella vaccination for better control of these diseases.

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CDI Editorial Comment

Further details on the measles epidemic in New Zealand have previously been presented (*CDI* 15:316-317) and are updated in the Overseas Briefs section of this issue.

AUSTRALIAN HIV SURVEILLANCE REPORT, VOLUME 7 NUMBER 10 (31 OCTOBER 1991)

The National Centre in HIV Epidemiology and Clinical Research reports that as of 30 September 1991 a total of 15254 diagnoses of HIV infection and 2882 cases of AIDS had been reported in Australia. For the most recent period, 1 September to 30 September 1991, 32 new cases of AIDS and 159 new diagnoses of HIV infection were reported.

The following tables provide more detailed information on a State/Territory basis.

Readers should note that cumulative figures are subject to retrospective revision, which may result in apparent discrepancies between the number of new cases for the reporting month and the increment in the cumulative figure from the previous report.

Table 1. New diagnoses of AIDS and deaths from AIDS occurring in the period 1 September to 30 September 1991, by sex and State/Territory in which the diagnosis was made

STATE/ TERRITORY	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
ACT	0	0	0	0	0	0
NSW	15	0	15	5	0	5
NT	1	0	1	0	0	0
Qld	0	0	0	0	0	0
SA	5	0	5	1	0	1
Tas	0	0	0	0	0	0
Vic	8	0	8	5	0	5
WA	3	0	3	0	0	0
TOTAL	32	0	32	11	0	11

Table 2. Cumulative cases of AIDS and deaths from AIDS by sex and State/Territory in which diagnosis was made, to 30 September 1991

STATE/ TERRITORY	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
ACT	36	1	37	22	1	23
NSW	1709	50	1759	1098	35	1133
NT	9	0	9	3	0	3
Qld	206	9	215	140	7	147
SA	104	4	108	54	1	55
Tas	14	1	15	8	1	9
Vic	593	13	606	362	6	368
WA	125	8	133	79	3	82
TOTAL	2796	86	2882	1766	54	1820

Table 3. Number of new diagnoses of HIV infection in the period 1 September to 30 September 1991 and cumulative since the introduction of HIV antibody testing to 30 September 1991 by sex and State/Territory

STATE/ TERRITORY	CASES			DEATHS			
	Male	Female	Total	Male	Female	Sex not reported	Total
ACT	0	0	0	18	0	97	115
NSW	103	8	116	7891	405	1973	10269
NT	0	0	0	57	6	0	63
Qld	10	0	10	1086	46	0	1132
SA	1	0	1	334	27	0	361
Tas	0	0	0	52	3	0	55
Vic	28	2	30	2469	91	67	2627
WA	2	0	2	600	32	0	632
TOTAL	144	10	159	12507	610	2137	15254

1. Total for NSW for September includes 5 people whose sex was not reported.
2. Cumulative total for SA does not include new diagnoses detected during the period 18 May 1990 - 9 September 1991.
3. Total for Australia for September includes 5 people whose sex was not reported.

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OVERSEAS BRIEFS

In the last two weeks, the following information regarding cholera cases and recently infected areas has been supplied by the World Health Organization.

Cholera in Africa Update

Uganda has reported its first recent cases of cholera. There were 5 cases reported for the period 9 to 15 November and 38 cases and 11 deaths for the period 16 to 22 November. The area of the country which is infected has not yet been specified.

Ghana reported 792 cases and 14 deaths for the period 11 October to 15 November.

There were 27 cases reported in **Mozambique** from 20 September to 22 November.

Niger reported 68 cases and 18 deaths for the period 9 to 15 November.

Cholera in the Americas Update

In **Bolivia**, there were 20 cases and 2 deaths from 8 to 25 November.

Brazil has reported a further 45 cases for the period 28 September to 31 October and 20 cases for the period 13 to 21 November.

Colombia has reported 444 cases and 1 death from 2 to 16 November and a further 484 cases and 13 deaths for 17 to 23 November. The Departments of Cesar and Guajira and the Intendancies of Caqueta and San Andres have recently been declared infected.

In **Ecuador**, 1311 cases and 17 deaths were reported for the period 6 October to 2 November.

There were 101 cases and 8 deaths in **El Salvador** from 17 to 30 November.

Guatemala reported a further 1067 cases and 12 deaths for the period 20 October to 16 November. Alta Verapaz, Chiquimula, Izabal and Jutiapa Departments have recently been declared infected.

In **Mexico**, Colima State has recently been declared infected. There were 224 cases and 4 deaths from 29 October to 8 November.

Panama reported 672 cases and 4 deaths from 2 to 30 November. Colon and Panama Provinces have recently been declared infected.

There were 9179 cases and 56 deaths reported in **Peru** for the period 30 October to 13 November.

Cholera in Asia Update

In **Iraq**, there were 9 cases and 1 death from 1 to 15 November.

Singapore reported 1 case for the period 3 to 9 November.

Cholera in Europe Update

Romania has declared all of its territory free of cholera.

Three cases were reported from the **Ukrainian SSR** for the period 4 to 17 October.

Malaria in the Solomon Islands

Information regarding malaria incidence in the Solomon Islands has recently been released by the Solomon Islands Government. The incidence rate has increased dramatically recently: in 1990, there were 400 cases per 1000 population per year recorded, compared with an incidence rate of 280 per 1000 per year in 1989 and an incidence rate of 200 per 1000 per year in 1988. The incidence rate is expected to increase to 500 per 1000 per year for 1991.

In Australia in 1990, there were 47 reports of persons who had contracted malaria in the Solomon Islands (41 vivax and 6 falciparum); 32 of these were returning Australian residents. Indeed, the estimated risk of Australian residents acquiring malaria was estimated as being higher for the Solomon Islands than for any other region, including Papua New Guinea[1].

Influenza in the Northern Hemisphere

Influenza activity has been reported from many areas of Europe and North America over the last few weeks. In the United States and Canada, all isolates have been influenza A. Most further characterised have been H3N2, although a few H1N1 isolates have also been reported. Europe has also reported mainly influenza A. In the United Kingdom, France and Switzerland, isolates have been further characterised as H3N2. Thailand has also reported influenza A and B activity.

Measles in New Zealand Update

By the 29 November, there had been a total of 8701 cases and 217 hospitalisations reported for the New Zealand measles epidemic. Cases have been reported from the North and South Islands, with reported incidences of up to 942 per 100,000 population (Table)[2].

Table. Measles in New Zealand: incidence rate per 100,000 population at 15 November 1991

New Zealand Area Health Board	Meales Incidence Rate per 100,000 population
Tairawhiti	942
Wellington	378
Northland	336
Waikato	336
Auckand	303
Otago	71
Canterbury	42

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COMMUNICABLE DISEASES SURVEILLANCE

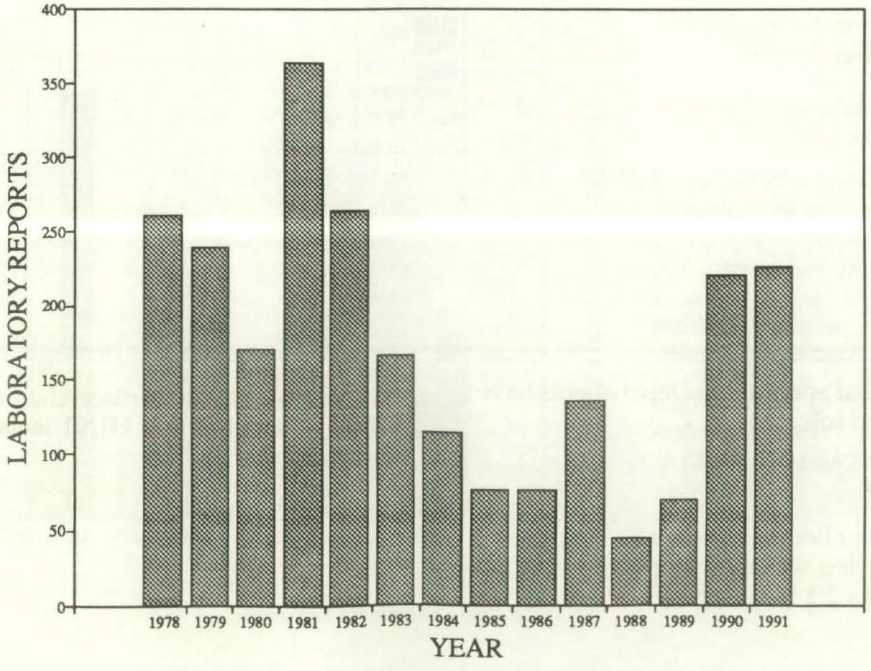
There was a total of only 13 reports of **influenza** this fortnight. Five were **influenza B**, 2 were **influenza A** (unspecified), and there were 6 **influenza A H1N1** reported from Western Australia. One influenza A H1N1 was in a female aged 65 years or more.

There were 21 reports of ***Mycoplasma pneumoniae*** infection, including 13 from Western Australia and 5 from Victoria. The Western Australian situation is described further below.

Twenty-eight reports of **parainfluenza type 3** were received this fortnight. This brought the totals for the year to 488, and for October to 67, the highest for any month since the spring of 1989. CNS symptoms were reported for one patient, a 22 year old male.

A further 11 cases of **measles** were reported, bringing the total for the year to 226. The number of measles reports for the last two years is now similar to that recorded a decade ago, after a period of many fewer reports in the mid-1980s (Figure 1). There is currently

Figure 1. Measles reports, 1978 to 1991, by year



a measles outbreak occurring in the Australian Capital Territory (described further below).

There were 11 reports of **rubella**. One report was of virus isolation from the amniotic fluid of a 26 year old pregnant woman. One other report was also of a woman of child bearing age (38 years).

There were 8 reports of **psittacosis** this fortnight, with 6 from Victoria. One of the patients, a male aged 55 years, was reported as having had contact with sick parrots. A 30 year old female patient was reported as working with ducks.

A total of 76 reports of **hepatitis C** were received. A history of injecting drug use was reported as a risk factor for 2 patients.

One report of **coxsackievirus type A2** was received, the first since 1984. The patient was a 9 month old male who had lower respiratory tract symptoms. The virus was isolated from a nasopharyngeal specimen and was reported from a Sydney laboratory.

There was one report of ***Yersinia enterocolitica*** infection. The patient was a female in the age group 45 to 64 years, and the reported symptom was muscle/joint disease.

There were 49 reports of **cytomegalovirus** infection, bringing the total for the year to 1560. Included were 2 pregnant women (one 8 weeks pregnant, period not stated for the other) and 5 infants:

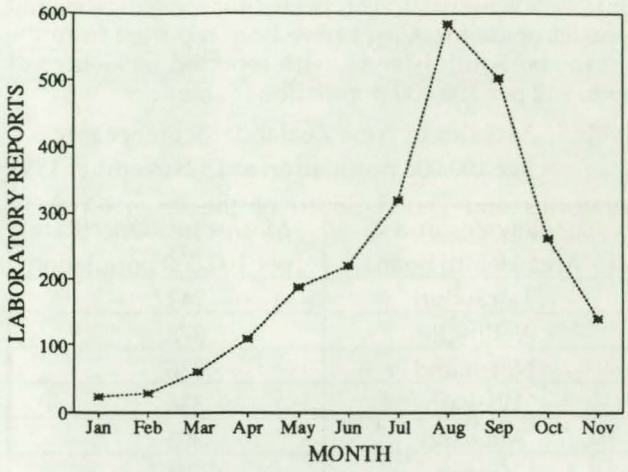
- one aged 10 days, who had a low birth weight and petechiae at birth; the virus was isolated from saliva and urine
- one aged 8 months, who had been congenitally infected
- one aged 6 months, who had splenomegaly; the virus was isolated from urine
- one aged 3 months; the virus was isolated from urine
- one infant born at 33 weeks gestation, with jaundice.

The peak in **rotavirus** activity occurred in August-September this year (Figure 2), but significant numbers of reports are still being received; there were 100 reports this fortnight, with 48 cases reported from South Australia, 21 from Victoria and 21 from Western Australia.

There were 3 reports of **Q fever**: 2 from Victoria and one from Western Australia. One of the patients was described as a meatworker.

Among the 113 cases of **herpes simplex type 2** infection reported was a 28 year old woman who was 20 weeks pregnant.

Figure 2. Rotavirus reports, 1991, by month

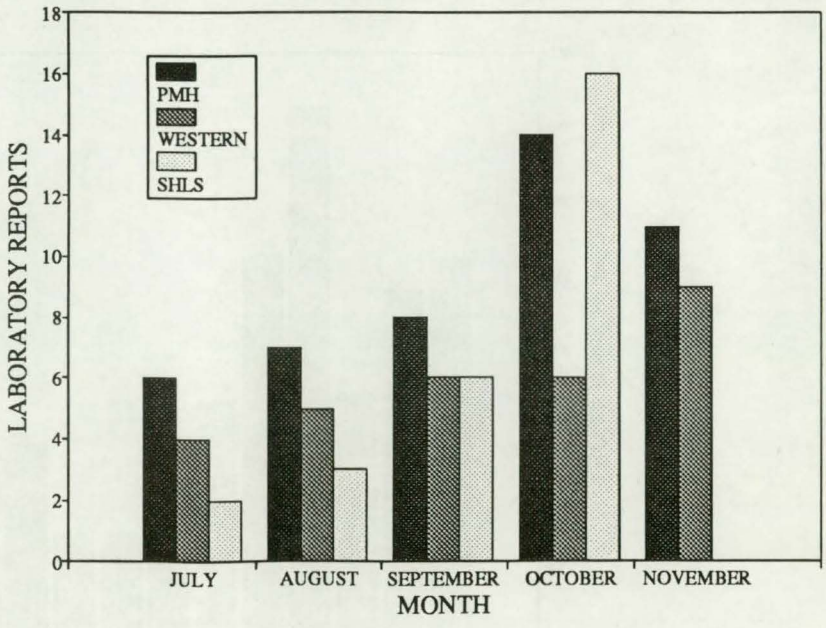


There were 6 reports of **parvovirus** infection. One patient was a 36 year old woman whose fetus was hydropic. For 3 other patients, joint pains or arthritis were included with rash and/or upper respiratory disease as the reported syndrome.

Respiratory Infections in the Perth Metropolitan Area

Medical practitioners in Perth have noted an increased number of children and adolescents presenting with acute lower respiratory tract infections. Many of these patients have had positive *Mycoplasma* serology or sputum isolates.

Figure 3. *Mycoplasma* diagnoses, Perth laboratories, July to November, 1991*



* SHLS data not available for November

Figure 3 illustrates the recent trend in laboratory diagnoses of *Mycoplasma* infections at the State Health Laboratory Service, Western Diagnostic Pathology Laboratories and the Princess Margaret Hospital for Children.

(Thanks to Beryl Wilde of the Princess Margaret Hospital for Children, Gordon Rich of Western Diagnostic Pathology Laboratories and David Smith of the State Health Laboratory Service, for supplying the data for Figure 3.)

Measles in Canberra

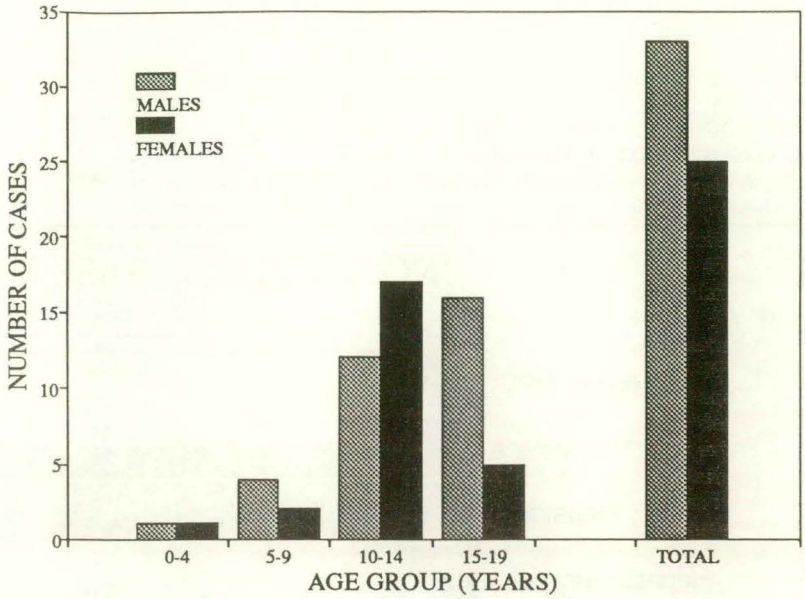
An outbreak of measles in Canberra is currently being investigated. Teenage schoolchildren are predominantly being affected, at least 7 high schools are involved, and at least 58 cases had been identified by active case finding by 9 December. All cases conform with the case definition of the Canadian Surveillance System. Eleven of the 58 cases were notified by medical practitioners, although measles is not a notifiable disease in the Australian Capital Territory.

At this stage, 5 of the 6 cases tested have serological confirmation, and laboratory results are pending for another 9 cases. In at least 2 family clusters, the index case has been serologically proven to be measles.

More cases have been found in high schools than in primary schools, and there is a preponderance of males relative to females (Figure 4).

It is possible that this outbreak will continue and spread with holiday travel. Measles should therefore be considered if teenagers present with a rash during the holiday period.

Figure 4. Measles cases in Canberra outbreak, November-December, 1991, by age group and sex

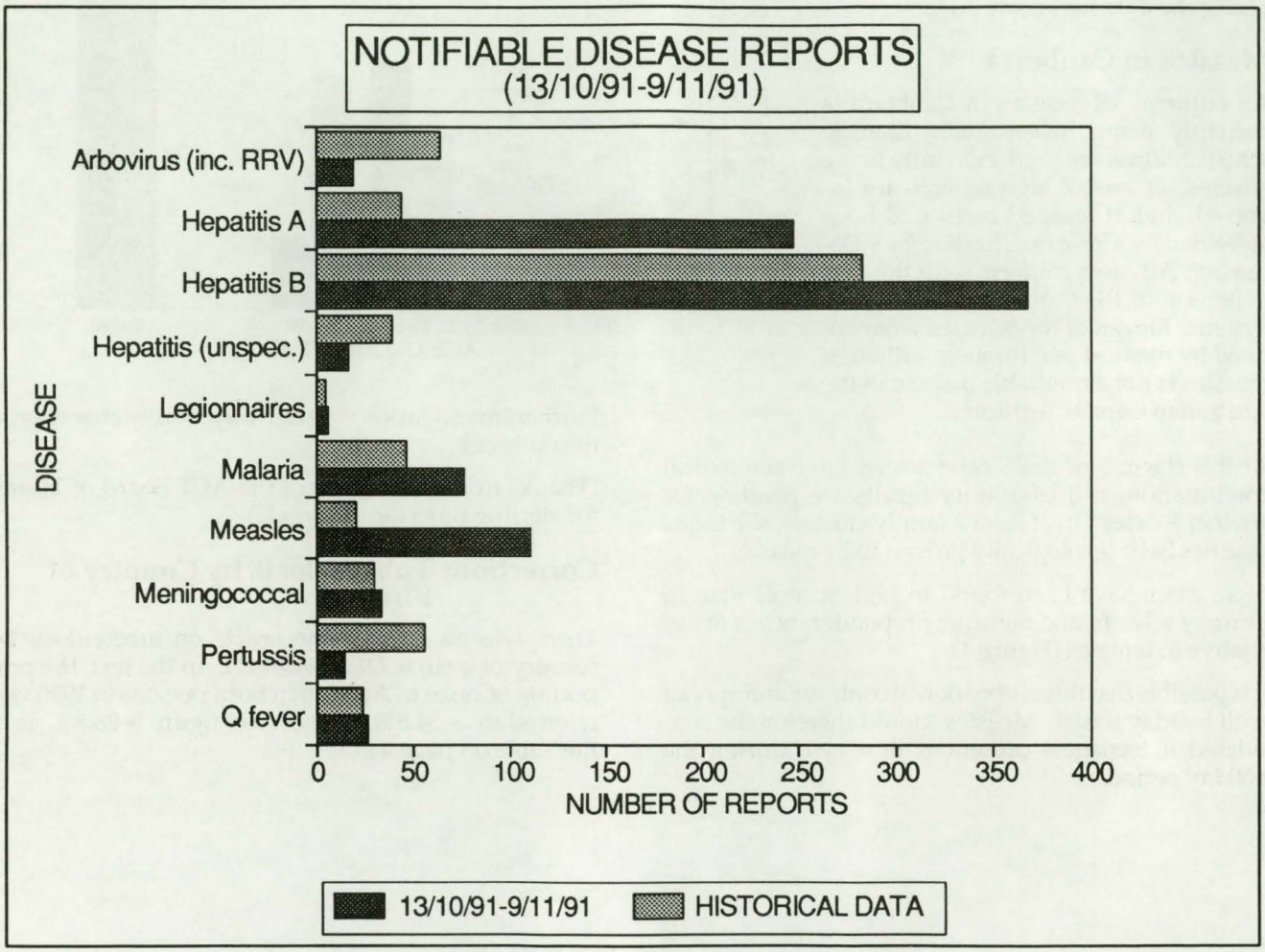


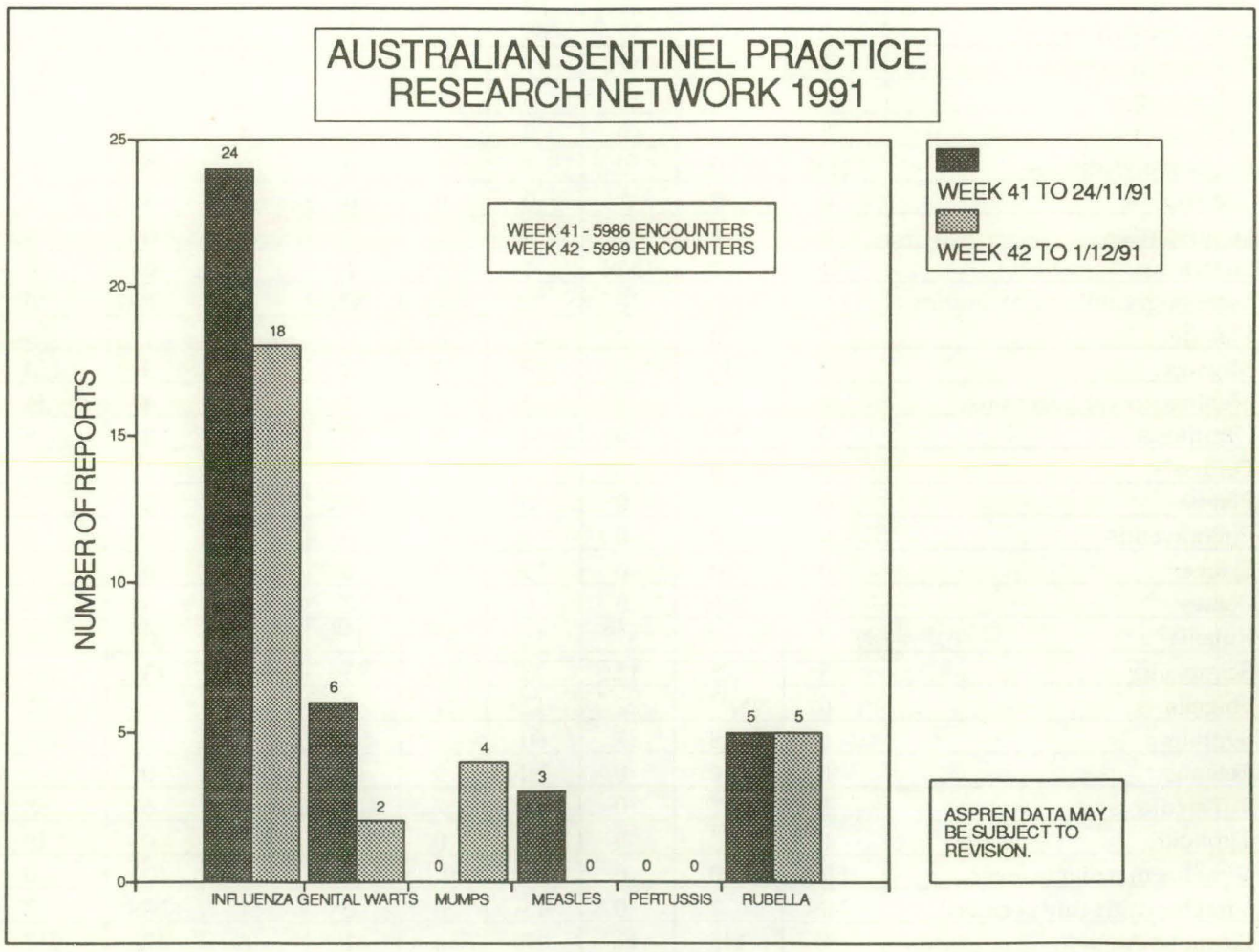
Further investigation is under way to fully characterise the outbreak.

(Thanks to Irene Passaris of the ACT Board of Health for alerting us to the outbreak.)

Correction: Tuberculosis by Country of Birth

There was an error in the article on tuberculosis by country of birth (*CDI* **15**:440-442). In the text, the proportion of cases in Australian born persons in 1990 was referred to as 34.5%. The correct figure is 28.8%, as in the Table on page 440.


NOTIFIABLE DISEASE REPORTS
(13/10/91-9/11/91)
Arbovirus (inc. RRV)
Hepatitis A
Hepatitis B
Hepatitis (unspec.)
Legionnaires
Malaria
Measles
Meningococcal
Pertussis
Q fever
DISEASE
0
50
100
150
200
250
300
350
400
NUMBER OF REPORTS
13/10/91-9/11/91
HISTORICAL DATA


AUSTRALIAN SENTINEL PRACTICE RESEARCH NETWORK 1991
NUMBER OF REPORTS
25
20
15
10
5
0
24
18
6
2
0
4
3
0
0
0
5
5
WEEK 41 - 5986 ENCOUNTERS
WEEK 42 - 5999 ENCOUNTERS
WEEK 41 TO 24/11/91
WEEK 42 TO 1/12/91
ASPREN DATA MAY BE SUBJECT TO REVISION.
INFLUENZA
GENITAL WARTS
MUMPS
MEASLES
PERTUSSIS
RUBELLA

National Notifiable Diseases Reports 13/10/91-09/11/91

DISEASES	ACT	NSW*	NT	QLD	SA	TAS	VIC	WA**	TOTAL
Arbovirus Infections (NOS)	0	11[12]	NN	6	2[12]	1	0	NN	20
Ross River Virus	NN	NN	4	37	NN	NN	1	4	46
Dengue fever	NN	NN	0	1	NN	NN	NN	NN	1
Brucellosis	0	0	0	2	0	0	0	0	2
Campylobacter	NN	0[13]	16	262	170	107	194	62	811
Chancroid	0	NN	0	0	NN	NN	0	3	3
Chlamydia	2[1]	NN	30	179	105[1***]	20	0	0[1]	336
Cholera	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	1	0	0	0	0	0	1
Donovanosis	0	NN	3	0	NN	NN	0	NN	3
Gonococcal diseases[2]	1	42	35	66	15***	2	0	80	241
Haemophilus influenzae b	1	31	NN	11	0[5]	0[8]	6[10]	NN	49
HIV infection[14]	1[3]	0	0	0	12	0	0	9[6]	22
Hydatid disease	0	0	0	0	0	0	0	0	0
Legionnaires disease	NN	0	0	5	1	0	0	0	6
Leprosy	0	0	1	0	0	0	0	0	1
Leptospirosis	0	4	0	3	1	2	5	0	15
Listeriosis	NN	1	NN	1	NN	1	1	0	4
Lymphogranuloma venereum	0	NN	0	0	NN	NN	0	NN	0
Malaria	2	20	0	41	5	0	7	1	76
Measles	2	45	0	19	9	2	30	3	110
Meningococcal infections	0	13	2	3	0	1	11	4	34
Ornithosis	0	NN	0	0	4	0	4	0	8
Pertussis	NN	5	0	3	4	1	1	1	15
Plague	0	0	0	0	0	NN	0	0	0
Poliomyelitis	0	0	0	0	0	0	0	0	0
Q fever	0	10	0	15	0	0	2	0	27
Rabies	NN	NN	0	0	0	0	0	0	0
Rubella[4]	0	7	1[4B]	18	9[4A]	1[4B]	14[4A]	0[4B]	50
Salmonella	5	75	15	78	17	13	47	43	293
Shigella	0	NN[13]	22	13	11	0	14	15	75
Syphilis	0	38	33	60	8***	3	0	11	153
Tetanus	0	0	0	NN	0	0	0	0	0
Tuberculosis	3	57[15]	0	11	7	1	0	6	85
Typhoid	0	4[11]	0	2	0	0	4[11]	0	10
Viral haemorrhagic fever	NN	0	0	0	0[7]	0[9]	0	0[7]	0
Viral hepatitis (unspecified)	NN	1	0	15	0	0	1	NN	17
Hepatitis A	7	145	11	17	6	1	48	12	247
Hepatitis B	4	95	4	114	3	4	112	31	367
Hepatitis C	27	77	2	74	NN	2	112	NN	294
Yellow fever	0	0	0	0	0	0	0	0	0
Yersiniosis	NN	NN[13]	1	18	16	0	3	0	38

1. Trachoma only
2. In NT, Qld, SA and Vic, gonococcal ophthalmia neonatorum is also notifiable; numbers may include both
3. AIDS only 4. Rubella only unless otherwise specified

4A. Rubella and CRS 4B. CRS only

5. Only as 'bacterial meningitis'; meningococcal infection is separately notified
6. AIDS, ARC and LAS only
7. Marburg, Ebola and Lassa fevers only
8. Only as 'non-meningococcal meningitis'
9. Marburg, Ebola, Crimean-Congo and Lassa fevers only
10. Epiglottitis and meningitis only
11. Typhoid and paratyphoid included.
12. Includes Ross River Virus infections
13. Only as 'foodborne disease'
14. More complete data on new HIV infections are presented in the monthly Australian HIV Surveillance Reports

15 includes mycobacterial atypical and mycobacterial infections (NOS).

NOS Not Otherwise Specified

NN Not notifiable

* data for October 1991

** data for the period between 29/9/91-26/10/91

*** data for the period between 10/10/91-07/11/91

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES
BASED ON DATE OF REPORTING

PERIOD 20/11/91 TO 3/12/91

CODE 019 - FAIRFIELD HOSPITAL, MELBOURNE (VIC)
CODE 065 - STATE HEALTH LABORATORY SERVICES, PERTH (WA)
CODE 066 - PRINCESS MARGARET HOSPITAL, PERTH (WA)
CODE 110 - INSTITUTE OF MEDICAL & VETERINARY SCIENCE, ADELAIDE (SA)
CODE 111 - ROYAL CHIDLDRENS HOSPITAL, MELBOURNE (VIC)
CODE 113 - PRINCE HENRY/PRINCE OF WALES HOSPITALS, SYDNEY (NSW)
CODE 114 - ROYAL ALEXANDRA HOSPITAL FOR CHILDREN, CAMPERDOWN (NSW)
CODE 115 - STATE HEALTH LABORATORY, BRISBANE (QLD)
CODE 116 - WODEN VALLEY HOSPITAL, GARRAN (ACT)

		019	065	066	110	111	113	114	115	116	TOTAL
0100	ADENOVIRUS NOT TYPED	0	2	6	5	3	4	3	4	0	27
0101	ADENOVIRUS TYPE 1	2	0	0	2	0	1	0	0	0	5
0102	ADENOVIRUS TYPE 2	1	0	0	0	12	1	0	0	0	14
0103	ADENOVIRUS TYPE 3	4	0	0	0	0	0	0	0	0	4
0199	ADENOVIRUS TYPING PENDING	1	0	0	0	2	0	0	0	0	3
0201	INFLUENZA A VIRUS	0	6	0	0	0	0	0	0	0	6
0203	INFLUENZA B VIRUS	2	1	0	1	1	0	0	0	0	5
0206	INFLUENZA A H1N1	0	0	0	0	2	0	0	0	0	2
0301	PARAINFLUENZA VIRUS TYPE 1	0	0	0	0	3	0	0	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	0	0	1	4	0	0	0	0	5
0303	PARAINFLUENZA VIRUS TYPE 3	0	3	2	2	5	2	0	14	0	28
0399	PARAINFLUENZA VIRUS TYPING PEN	0	0	0	0	5	0	0	0	0	5
0400	RESPIRATORY SYNCYTIAL VIRUS (R	4	0	7	2	7	0	1	6	0	27
0500	RHINOVIRUS (ALL TYPES)	0	2	0	12	32	0	2	1	1	50
0600	MYCOPLASMA PNEUMONIAE	5	7	6	3	0	0	0	0	0	21
0700	ORNITHOSIS-PSITTACOSIS	6	1	0	0	0	0	0	0	1	8
0802	COXSACKIEVIRUS A2	0	0	0	0	0	0	1	0	0	1
0809	COXSACKIEVIRUS A9	1	0	0	0	0	0	0	0	0	1
0902	COXSACKIEVIRUS B2	0	4	0	0	0	0	1	0	0	5
0903	COXSACKIEVIRUS B3	0	1	0	0	0	0	0	0	0	1
1022	ECHOVIRUS TYPE 22	0	0	0	0	0	0	1	0	0	1
1100	POLIOVIRUS NOT TYPED	0	0	0	0	0	3	0	0	0	3
1102	POLIOVIRUS TYPE 2 (UNCHARACTER	1	0	0	0	0	0	0	0	0	1
1200	MUMPS VIRUS	2	0	0	0	0	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	2	0	0	0	1	0	0	0	0	3
1301	HERPES SIMPLEX VIRUS - NOT TYP	1	0	3	0	0	0	5	2	6	17
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	1	5	0	16	1	0	0	0	1	24
1303	VARICELLA-ZOSTER VIRUS	5	2	0	0	0	0	0	1	1	9
1306	HERPES SIMPLEX TYPE 1	33	24	0	35	5	5	0	24	0	126
1307	HERPES SIMPLEX TYPE 2	28	36	0	10	0	8	0	31	0	113
1399	HERPES VIRUS TYPING PENDING	0	0	0	0	1	0	0	0	0	1
1401	COXIELLA BURNETII	2	1	0	0	0	0	0	0	0	3
1502	PICORNA VIRUS - NOT TYPED = EN	0	5	0	0	0	1	0	6	1	13
1521	MEASLES VIRUS	5	0	0	2	1	0	3	0	0	11
1522	RUBELLA VIRUS	5	3	0	3	0	0	0	0	0	11
1532	HEPATITIS B ANTIGEN	12	9	0	13	0	3	0	17	0	54
1535	HEPATITIS A ANTIBODY	3	4	0	3	0	0	0	1	1	12
1536	HEPATITIS C VIRUS	2	23	0	48	0	0	0	0	3	76
1541	CHLAMYDIA TRACHOMATIS - UNSPEC	0	52	0	24	1	0	0	0	2	79
1556	CMV - CYTOMEGALOVIRUS	26	2	4	6	3	1	2	5	0	49
1563	CORONAVIRUS	1	0	0	0	0	0	0	0	0	1
1564	ROTAVIRUS	0	0	21	48	21	7	2	0	1	100
1566	NORWALK AGENT	1	0	0	1	0	0	0	0	0	2
1599	ENTEROVIRUS TYPING PENDING	0	0	0	0	10	0	1	0	0	11
1700	PARVOVIRUS	5	0	0	0	0	0	0	0	0	5
9992	ROSS RIVER VIRUS	0	4	0	0	0	0	0	0	0	4
9994	SMALL VIRUS (LIKE) PARTICLE	1	0	0	0	0	0	1	0	0	2
TOTAL		162	197	49	237	120	36	23	112	18	954

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES BY STATE OF CONTRIBUTING LABORATORY

PERIOD 20/11/91 TO 3/12/91

NSW: ICPMR; PHH/POW; RACH; ST GEORGE HOSP, KOGARAH; ROYAL NEWCASTLE HOSP; TAMWRTH LAB.
VIC: FAIRFIELD; RCH; MDU, UNI MELB.
QLD: STATE LAB, BRIS; TOOWOOMBA PATH LAB; ROYAL BRIS HOSP; DR TB LYNCH, PATHOLOGIST, ROCKHAMPTON.
WA: STATE LAB, PERTH; PMH.
SA: IMVS.
TAS: ROYAL HOBART HOSP; DIAGNOSTIC SERVICES, LAUNCESTON; LAUNCESTON GEN HOSP; DIAGNOSTIC SERVICES, HOBART; HOBART PATH; MERSEY GEN HOSP, LATROBE.
ACT: WVH.

		NSW	VIC	QLD	WA	SA	ACT	TOTAL
0100	ADENOVIRUS NOT TYPED	7	3	4	8	5	0	27
0101	ADENOVIRUS TYPE 1	1	2	0	0	2	0	5
0102	ADENOVIRUS TYPE 2	1	13	0	0	0	0	14
0103	ADENOVIRUS TYPE 3	0	4	0	0	0	0	4
0199	ADENOVIRUS TYPING PENDING	0	3	0	0	0	0	3
0201	INFLUENZA A VIRUS	0	0	0	6	0	0	6
0203	INFLUENZA B VIRUS	0	3	0	1	1	0	5
0206	INFLUENZA A H1N1	0	2	0	0	0	0	2
0301	PARAINFLUENZA VIRUS TYPE 1	0	3	0	0	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	4	0	0	1	0	5
0303	PARAINFLUENZA VIRUS TYPE 3	2	5	14	5	2	0	28
0399	PARAINFLUENZA VIRUS TYPING PEN	0	5	0	0	0	0	5
0400	RESPIRATORY SYNCYTIAL VIRUS (R	1	11	6	7	2	0	27
0500	RHINOVIRUS (ALL TYPES)	2	32	1	2	12	1	50
0600	MYCOPLASMA PNEUMONIAE	0	5	0	13	3	0	21
0700	ORNITHOSIS-PSITTACOSIS	0	6	0	1	0	1	8
0802	COXSACKIEVIRUS A2	1	0	0	0	0	0	1
0809	COXSACKIEVIRUS A9	0	1	0	0	0	0	1
0902	COXSACKIEVIRUS B2	1	0	0	4	0	0	5
0903	COXSACKIEVIRUS B3	0	0	0	1	0	0	1
1022	ECHOVIRUS TYPE 22	1	0	0	0	0	0	1
1100	POLIOVIRUS NOT TYPED	3	0	0	0	0	0	3
1102	POLIOVIRUS TYPE 2 (UNCHARACTER	0	1	0	0	0	0	1
1200	MUMPS VIRUS	0	2	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	3	0	0	0	0	3
1301	HERPES SIMPLEX VIRUS - NOT TYP	5	1	2	3	0	6	17
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	2	0	5	16	1	24
1303	VARICELLA-ZOSTER VIRUS	0	5	1	2	0	1	9
1306	HERPES SIMPLEX TYPE 1	5	38	24	24	35	0	126
1307	HERPES SIMPLEX TYPE 2	8	28	31	36	10	0	113
1399	HERPES VIRUS TYPING PENDING	0	1	0	0	0	0	1
1401	COXIELLA BURNETII	0	2	0	1	0	0	3
1502	PICORNA VIRUS - NOT TYPED = EN	1	0	6	5	0	1	13
1521	MEASLES VIRUS	3	6	0	0	2	0	11
1522	RUBELLA VIRUS	0	5	0	3	3	0	11
1532	HEPATITIS B ANTIGEN	3	12	17	9	13	0	54
1535	HEPATITIS A ANTIBODY	0	3	1	4	3	1	12
1536	HEPATITIS C VIRUS	0	2	0	23	48	3	76
1541	CHLAMYDIA TRACHOMATIS - UNSPEC	0	1	0	52	24	2	79
1556	CMV - CYTOMEGALOVIRUS	3	29	5	6	6	0	49
1563	CORONAVIRUS	0	1	0	0	0	0	1
1564	ROTAVIRUS	9	21	0	21	48	1	100
1566	NORWALK AGENT	0	1	0	0	1	0	2
1599	ENTEROVIRUS TYPING PENDING	1	10	0	0	0	0	11
1700	PARVOVIRUS	0	5	0	0	0	0	5
9992	ROSS RIVER VIRUS	0	0	0	4	0	0	4
9994	SMALL VIRUS (LIKE) PARTICLE	1	1	0	0	0	0	2
TOTAL		59	282	112	246	237	18	954

NOTE: DIRECT COMPARISION BETWEEN STATES IS NOT POSSIBLE SINCE:
- SOME STATES HAVE MORE THAN ONE CONTRIBUTING LABORATORY; AND
- INTERSTATE REFERRRALS OCCUR REGULARLY.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 1

PERIOD 20/11/91 TO 3/12/91

1. CODE 00, 99 ..... - NO ILL OR DATA
2. CODE 01, 02, 11, 12 - RESPIRATORY
3. CODE E3 ..... - ENCEPHALITIS
4. CODE M3 ..... - MENINGITIS
5. CODE 04 ..... - PARALYSIS
6. CODE 05, 13 ..... - CNS OTHER UNSPEC
7. CODE 07, 49 - GASTRO INTESTINAL
8. CODE 17, 47 - HEPATIC
9. CODE 19 ... - CVS
10. CODE 89 ... - URINARY TRACCT
11. CODE 06 ... - SKIN MUCOUS

		1	2	4	5	6	7	8	9	10	11	TOTAL
0100	ADENOVIRUS NOT TYPED	0	7	0	0	1	16	0	0	0	1	25
0101	ADENOVIRUS TYPE 1	0	3	0	0	0	1	0	0	0	0	4
0102	ADENOVIRUS TYPE 2	0	10	1	0	0	1	0	0	0	0	12
0199	ADENOVIRUS TYPING PENDING	0	0	0	0	0	1	0	0	0	0	1
0201	INFLUENZA A VIRUS	1	5	0	0	0	0	0	0	0	0	6
0203	INFLUENZA B VIRUS	1	3	0	0	0	0	0	0	0	0	4
0206	INFLUENZA A H1N1	0	2	0	0	0	0	0	0	0	0	2
0301	PARAINFLUENZA VIRUS TYPE 1	0	3	0	0	0	0	0	0	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	5	0	0	0	0	0	0	0	0	5
0303	PARAINFLUENZA VIRUS TYPE 3	0	27	0	0	1	0	0	0	0	0	28
0399	PARAINFLUENZA VIRUS TYPING PEN	0	5	0	0	0	0	0	0	0	0	5
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	24	0	0	0	2	0	0	0	0	26
0500	RHINOVIRUS (ALL TYPES)	1	43	1	0	0	0	0	0	0	0	45
0600	MYCOPLASMA PNEUMONIAE	3	16	0	0	1	0	0	0	0	0	20
0700	ORNITHOSIS-PSITTACOSIS	1	4	0	0	0	0	0	0	0	0	5
0802	COXSACKIEVIRUS A2	0	1	0	0	0	0	0	0	0	0	1
0809	COXSACKIEVIRUS A9	0	0	0	0	0	0	0	0	0	1	1
0902	COXSACKIEVIRUS B2	0	0	0	0	0	3	0	0	0	1	4
0903	COXSACKIEVIRUS B3	1	0	0	0	0	0	0	0	0	0	1
1022	ECHOVIRUS TYPE 22	0	1	0	0	0	0	0	0	0	0	1
1100	POLIOVIRUS NOT TYPED	0	0	0	0	0	3	0	0	0	0	3
1200	MUMPS VIRUS	2	0	0	0	0	0	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	0	0	0	0	0	0	0	0	3	3
1301	HERPES SIMPLEX VIRUS - NOT TYP	1	1	0	1	0	0	0	0	0	10	13
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	2	1	0	0	0	0	1	0	0	0	4
1303	VARICELLA-ZOSTER VIRUS	0	0	0	0	0	0	0	0	0	8	8
1306	HERPES SIMPLEX TYPE 1	4	6	0	0	0	0	0	0	0	74	84
1307	HERPES SIMPLEX TYPE 2	2	1	0	0	0	0	0	0	0	58	61
1399	HERPES VIRUS TYPING PENDING	0	0	0	0	0	0	0	0	0	1	1
1401	COXIELLA BURNETII	0	1	0	0	0	0	0	0	0	0	1
1502	PICORNA VIRUS - NOT TYPED = EN	0	4	0	0	0	7	0	0	0	1	12
1521	MEASLES VIRUS	2	2	0	0	0	0	0	0	0	3	7
1522	RUBELLA VIRUS	2	0	0	0	0	0	0	0	0	5	7
1532	HEPATITIS B ANTIGEN	15	0	0	0	0	0	15	0	0	1	31
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	8	0	0	0	8
1536	HEPATITIS C VIRUS	19	1	0	0	0	1	8	0	0	0	29
1556	CMV - CYTOMEGALOVIRUS	1	10	0	0	0	0	3	1	3	1	19
1563	CORONAVIRUS	0	0	0	0	0	1	0	0	0	0	1
1564	ROTAVIRUS	2	0	0	0	0	98	0	0	0	0	100
1566	NORWALK AGENT	0	0	0	0	0	1	0	0	0	0	1
1599	ENTEROVIRUS TYPING PENDING	1	1	3	0	0	0	0	0	0	1	6
1700	PARVOVIRUS	0	0	0	0	0	0	0	0	0	3	3
9992	ROSS RIVER VIRUS	2	0	0	0	0	0	0	0	0	0	2
9994	SMALL VIRUS (LIKE) PARTICLE	0	0	0	0	0	2	0	0	0	0	2
TOTAL		63	187	5	1	3	137	35	1	3	172	607

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 2

PERIOD 20/11/91 TO 3/12/91

12. CODE 10 - EYE
13. CODE 59 - GENITAL
14. CODE 39 - ENDOCRINE/SALIVARY GL.
15. CODE 38 - RETICULO-ENDOTHELIAL
16. CODE 29 - MUSCLE/JOINT
17. CODE 69 - CONGENTIAL
18. CODE P8 - PUO
19. CODE G8 - FEVER/MALAISE
20. CODE 09 - OTHER
21. CODE A1 - SIDS

		12	13	14	15	16	17	18	19	20	21	TOTAL
0100	ADENOVIRUS NOT TYPED	1	0	0	0	0	0	0	1	0	0	2
0101	ADENOVIRUS TYPE 1	0	0	0	1	0	0	0	0	0	0	1
0102	ADENOVIRUS TYPE 2	0	0	0	0	0	0	0	2	0	0	2
0103	ADENOVIRUS TYPE 3	3	0	0	0	0	0	0	1	0	0	4
0199	ADENOVIRUS TYPING PENDING	0	0	0	0	0	0	0	2	0	0	2
0203	INFLUENZA B VIRUS	0	0	0	0	0	0	0	0	1	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	0	0	0	0	1	0	0	1
0500	RHINOVIRUS (ALL TYPES)	0	0	0	0	0	0	0	5	0	0	[illegible]
0600	MYCOPLASMA PNEUMONIAE	0	0	0	0	0	0	0	1	0	0	[illegible]
0700	ORNITHOSIS-PSITTACOSIS	0	0	0	0	0	0	0	2	0	0	2
0902	COXSACKIEVIRUS B2	0	0	0	0	0	0	0	0	1	0	1
1102	POLIOVIRUS TYPE 2 (UNCHARACTER	0	0	0	0	0	0	0	0	1	0	1
1301	HERPES SIMPLEX VIRUS - NOT TYP	0	4	0	0	0	0	0	0	0	0	4
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	1	16	0	0	0	0	0	2	0	19
1303	VARICELLA-ZOSTER VIRUS	0	0	0	0	0	0	0	1	0	0	1
1306	HERPES SIMPLEX TYPE 1	5	30	0	0	0	0	0	2	5	0	42
1307	HERPES SIMPLEX TYPE 2	0	52	0	0	0	0	0	0	0	0	52
1401	COXIELLA BURNETII	0	0	0	0	0	0	0	1	1	0	2
1502	PICORNA VIRUS - NOT TYPED = EN	0	0	0	0	0	0	0	1	0	0	1
1521	MEASLES VIRUS	0	0	0	0	0	0	0	1	3	0	4
1522	RUBELLA VIRUS	0	0	0	0	0	0	0	0	2	0	2
1532	HEPATITIS B ANTIGEN	0	0	0	0	0	0	0	0	11	0	11
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	0	0	1	0	1
1536	HEPATITIS C VIRUS	0	0	0	0	0	0	0	0	44	0	44
1541	CHLAMYDIA TRACHOMATIS - UNSPEC	1	77	0	0	0	0	0	0	0	0	78
1556	CMV - CYTOMEGALOVIRUS	3	1	0	0	0	2	1	0	21	1	29
1566	NORWALK AGENT	0	0	0	0	0	0	0	0	1	0	1
1599	ENTEROVIRUS TYPING PENDING	0	0	0	0	0	0	0	4	1	0	5
1700	PARVOVIRUS	0	0	0	0	0	0	0	0	2	0	2
9992	ROSS RIVER VIRUS	0	0	0	0	2	0	0	0	0	0	2
TOTAL		13	165	16	1	2	2	1	25	97	1	323