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Communicable Diseases Intelligence

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Contents:

Editor *Dr Robert Hall*

VIRUSES, CHLAMYDIAS, COXIELLAS, RICKETTSIAS AND MYCOPLASMAS REPORTING SCHEME: A total of 1,513 reports were processed during this period.

Q fever

Seventeen cases of Q fever (14 males, 2 females, 1 with gender not stated) were reported during this period. Ages ranged from 9 to 57 years. Occupational exposure details were only available for a 33-year-old South Australian abattoir worker (not involved in the Q fever vaccine trial).

Q fever from a stab wound: Dr Ewen McPhee of Charleville Hospital, Queensland, has reported a case of Q fever in a kangaroo shooter. The 32-year-old man was infected following a stab wound with a dirty knife which he had been using to skin a kangaroo. The CDI would be interested in hearing of any other reports of Q fever infection from stab wounds.

Q fever vaccine: On 5 March 1989 the Australian Drug Evaluation Committee approved the Q fever vaccine for general marketing. It is expected to be available in limited quantities from CSL in July. Because of the nature of the vaccine (the requirement for testing the recipient for evidence of previous exposure to Q fever, prior to administration of the vaccine since hypersensitivity reactions can occur) CSL is planning to distribute educational material on the vaccine before the vaccine comes onto the market.

- The Bulletin is compiled and distributed by the Communicable Diseases Section, Communicable Diseases and Social Health Branch, Telephone: (062) 89 1555, Department of Community Services and Health.
- Contributions are solicited, and do not preclude later publication elsewhere.

- Figures given may be subject to revision.

Ross River virus

One hundred and thirty-two reports of RRV were received, bringing the progressive total for the year to 1,171. To date, very few reports of RRV have been received from Queensland. CDI has been advised that a backlog of reports will be forwarded soon. The Queensland Department of Health has advised that 747 notifications of RRV had been received up to early April. (Note: Notifiable disease statistics are not directly comparable to the CDI virus reporting scheme. The CDI virus reporting scheme is a sampling program receiving data from a limited number of laboratories while the notifiable diseases system is based on reporting by medical practitioners throughout the state(s)).

Other reports

Dengue fever was serologically confirmed (using immunofluorescence) in a 46-year-old male with a 6 day history of chills, rigor, mild nausea and mild photophobia. The patient presented to the hospital 4 days after returning from a visit to Indonesia.

Mycoplasma pneumonia infection was confirmed (diagnostic rise in titre by complement fixation) in a 36-year-old male with meningism and chest consolidation.

OVERSEAS BRIEF: INDIA - IMMUNOGLOBULIN AND HIV

In March 1989, the CDI published an unconfirmed report of human immunodeficiency virus in batches of human normal immunoglobulin and anti RH(D) immunoglobulin, which was manufactured by Bharat Vaccines of Bombay [1].

Although clarification of the report was sought, it was not available at that time. The CDI noted that there had not been any previous reports of HIV in immunoglobulins - only of antibody to HIV - and that established manufacturing procedures for immunoglobulins can completely inactivate or eliminate HIV.

The Centre for AIDS Research and Control, National Institute of Virology, India, has now advised that the immunoglobulins referred to only contained antibody to HIV as detected by ELISA and Western blot. The batches were negative for HIV antigen by Abbott kit. As yet, no test for virus isolation/detection has been carried out.

REFERENCE

1. India: Report of batches of immunoglobulin contaminated by human immunodeficiency virus. CDI 1989;89/5:2-3.

NH&MRC WORKING PARTY ON NATIONAL DISEASE SURVEILLANCE - 17 MAY 1988

In November 1988, NH&MRC noted that national notifications of communicable diseases in Australia required urgent review because the current reporting scheme was ineffective for the purpose of national epidemiological surveillance and monitoring of communicable diseases.

Also, Council supported the establishment of a centralised agency to enable national data collection to be carried out for the purpose of national communicable disease surveillance and monitoring.

Consequently, as reported previously in the CDI [1], NH&MRC established a Working Party on National Disease Surveillance. This working party will meet on 17 May 1988, with the following terms of reference and membership:

Terms of reference

1. To determine a nationally acceptable list of diseases notifiable to the Commonwealth from all States and Territories.
2. To produce a national inventory of communicable diseases surveillance activities employed in each State and Territory of Australia.
3. To develop a uniform approach to a national disease surveillance scheme including standardising reporting format and streamlining notification processes.
4. To formulate uniform basic data requirements for diseases to be nationally notified.
5. To report to the Communicable Diseases Committee by June 1989.

Membership

Dr A Adams, Chief Medical Adviser, Department of Community Services and Health (Chairman).

Professor C Burrell, Director of Virology, Institute of Medical and Veterinary Science, Adelaide.

Dr A S Cameron, Director, Communicable Disease Control Unit, S.A. Health Commission.

Professor I Gust, Director, McFarlane Burnett Institute, Melbourne.

Dr M Hatton, Acting Director, Epidemiology Branch, Health Department of W.A.

Dr R Philpott, Director STD Clinic, Sydney Hospital, NSW.

Dr R Ramm, Director of Environmental and Occupational Health, Department of Health QLD.

Dr E Lo, Medical Services Advisor, Department of Community Services and Health.

REFERENCE

1. National Health and Medical Research Council (NH&MRC) Workshop on National Disease Surveillance - Summary of recommendations CDI 1988;88/24:1-2.

INFLUENZA VACCINATION LEVELS IN SELECTED U.S. STATES - BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 1987

(Based on MMWR 1989;38:124, 129-33)

During six influenza epidemics in the United States from 1972 to 1981, influenza resulted in an average of 20,000 excess deaths per year; more than 80% or these deaths were among persons aged 65 years or older [1]. During the 1987-88 influenza season, widespread or regional outbreaks were reported from 44 states and the District of Columbia, and 86% of the pneumonia and influenza (P&I) deaths occurred in persons aged 65 years of older [2]. Despite the continuing mortality caused by influenza among older adults, most do not receive annual immunisation.

This report summarises a population-based survey of influenza immunisation levels among U.S. adults obtained through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a state-based system that monitors self-reported risk behaviours. Multistage cluster design and random-digit dialling are used to conduct monthly telephone surveys of adults (aged 18 years or more) throughout the year [3]. Respondents are selected randomly from all adults in each household.

In 1987, one question asking whether the respondent had received an influenza vaccine in the previous 12 months was added to the survey. In addition to questions on specific risk behaviours, the interviews included questions on respondents' demographic characteristics. Questions concerning health conditions that increase the risk for complications and death from influenza were not asked. Thirty-one states and the District of Columbia participated in the 1987 BRFSS. Results were weighted to each state's most recent adult population estimates by age, sex, and racial distribution, as well as by the respondent's probability of selection. Investigators used a specialised statistical package for multistage sample design to analyse findings.

In 1987, interviews were completed for 48,878 persons; 99.4% of the respondents stated they knew whether they had received an influenza vaccination in the previous 12 months. Because there was no difference in the proportion of respondents who reported receiving an influenza vaccination by month of interview, the data for the entire year were combined for analysis.

Reported influenza immunisation levels varied by area and by age (Table 1). Of all participating states, 12% of respondents reported having received influenza vaccine in the previous 12 months; 7% of those aged 18-44 years, 11% of those aged 45-64 years, and 32% of those aged 65 years or older.

The state-specific prevalence of all persons who reported having received influenza vaccine in the previous year ranged from 9% to 19% (median 13%) for the 32 areas in the BRFSS. Hawaii (19%) and New Mexico (18%) had the highest overall prevalence of self-reported influenza vaccine coverage, and New York (9%) and California (10%), the lowest. Among persons aged 65 years or older (for whom influenza vaccine is universally recommended), Montana (41%) and Nebraska and Ohio (40% each) had the highest self-reported coverage, and Rhode Island (24%) and the District of Columbia (25%), the lowest.

Table 1: Percentage of persons in participating areas who reported receiving influenza vaccine, by age - Behavioral Risk Factor Surveillance System, 1987

State	Sample size	18–44 yrs %	18–44 yrs CI*	45–64 yrs %	45–64 yrs CI*	≥65 yrs %	≥65 yrs CI*	Total sample %	Total sample CI*
Alabama	1182	9	±3	16	±4	34	±7	15	±2
Arizona	1179	8	±3	11	±4	37	±7	14	±2
California	1793	6	±2	7	±3	28	±6	10	±2
District of Columbia	1120	10	±3	14	±5	25	±8	13	±2
Florida	1238	10	±3	11	±4	30	±6	14	±2
Georgia	1332	10	±3	12	±4	35	±6	14	±2
Hawaii	1863	18	±3	14	±5	34	±7	19	±2
Idaho	1786	8	±2	10	±3	36	±5	13	±2
Illinois	1763	7	±2	8	±3	30	±6	11	±2
Indiana	2091	8	±2	11	±3	27	±5	12	±2
Kentucky	1789	6	±2	13	±3	34	±5	12	±2
Maine	1226	9	±3	15	±4	31	±6	15	±2
Maryland	1050	7	±2	12	±4	28	±7	11	±2
Massachusetts	1419	7	±2	8	±3	32	±6	12	±2
Minnesota	3235	5	±1	10	±2	34	±4	11	±1
Missouri	1357	7	±2	9	±3	37	±6	13	±2
Montana	1186	7	±2	12	±4	41	±6	13	±2
Nebraska	1179	7	±3	16	±4	40	±6	16	±2
New Mexico	1161	15	±3	16	±5	37	±8	18	±3
New York	1171	3	±1	10	±4	28	±7	9	±2
North Carolina	1765	8	±2	17	±4	33	±5	14	±2
North Dakota	1613	11	±3	8	±3	29	±5	14	±2
Ohio	1490	5	±2	10	±3	40	±6	12	±2
Rhode Island	1787	8	±2	10	±3	24	±5	11	±2
South Carolina	1784	9	±2	13	±3	31	±6	13	±2
South Dakota	1185	8	±3	12	±4	36	±6	14	±2
Tennessee	2385	9	±2	14	±3	37	±5	15	±1
Texas	1181	9	±2	13	±5	34	±7	14	±2
Utah	1427	7	±2	9	±4	37	±7	11	±2
Washington	1172	7	±2	13	±4	38	±7	14	±2
West Virginia	1628	5	±2	15	±3	38	±6	13	±2
Wisconsin	1341	5	±2	12	±4	39	±7	13	±2
Range		3–18		7–17		24–41		9–19	
Median		8		12		34		13	
Mean overall		7		11		32		12	

*95% confidence intervals taking into account the complex sample design.

When gender differences were stratified by age group, men were more likely to report influenza immunisation than were women (statistically significant difference) only in the group aged 18-44 years (Table 2). Black respondents reported higher influenza immunisation levels than did white respondents among 18-44 year-olds, but among persons 65 years of age or older whites reported higher levels than did blacks. Whites reported higher immunisation levels than did Hispanics in the oldest age group (Table 2).

Table 2: Percentage of persons in participating areas who reported receiving influenza vaccine, by age, sex, and race - Behavioral Risk Factor Surveillance System, 1987.

	Sample size	18–44 yrs %	18–44 yrs CI*	45–64 yrs %	45–64 yrs CI*	≥65 yrs %	≥65 yrs CI*	Total (≥18 yrs) %	Total (≥18 yrs) CI*
Sex									
Male	20,470	8.7†	±0.8	9.8	±1.4	33.8	±2.9	12.4	±0.8
Female	28,408	5.3	±0.6	11.8	±1.3	31.1	±2.0	11.6	±0.6
Race									
White§	41,039	6.3	±0.5	10.4	±0.9	33.8†	±1.8	12.2	±0.5
Black§	3,821	9.9†	±1.9	15.0	±4.7	21.7	±5.2	12.6	±1.8
Other§	147	4.6	±5.0	9.8	±15.2	19.7	±25.4	8.0	±5.9
Hispanic	1,992	8.8	±2.3	13.0	±6.3	15.8	±7.6	10.1	±2.1
Total		**7.0**	**±0.5**	**10.9**	**±0.9**	**32.2**	**±1.7**	**12.0**	**±0.5**

*95% confidence intervals taking into account the complex sample design.
†Statistically significant differences.
§Excludes Hispanics.

MMWR Editorial Note:

Influenza vaccine is recommended annually for:

- persons with chronic cardiopulmonary disorders;
- residents of nursing homes and other chronic-care facilities;
- healthy adults 65 years of age or older;
- adults and children with:
  - renal dysfunction;
  - metabolic diseases (including diabetes mellitus);
  - severe anaemia; or
  - compromised immune function;
- children and teenagers receiving long-term aspirin therapy;
- health-care personnel caring for high-risk patients; and
- household contacts of high-risk persons [4-6]. The vaccine may be up to 90% effective in preventing illness in healthy young adults and approximately 75% effective in reducing deaths from influenza and its complications among high-risk elderly persons living in institutions [1].

The 1990 health objectives for the United States set a target of 60% influenza vaccine coverage for high-risk populations, including person aged 65 years or older [7]. Based on the BRFSS data for 1987 and a review of national influenza immunisation estimates for previous years, this objective is not likely to be met. Previous national estimates of influenza vaccine coverage have been based on the following two systems:

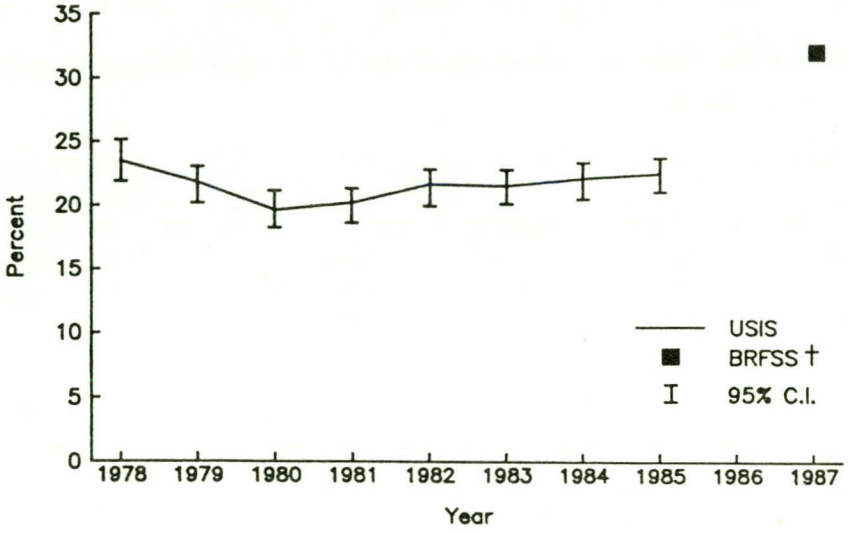
1) The United States Immunization Survey (U.S.I.S) (discontinued after 1985) represented responses to questions regarding immunisation with influenza and other vaccines, which had been added to the annual Current Population Survey conducted by the Bureau of the Census.

2) The CDC Biologics Surveillance (a national estimate of the number of vaccine doses administered annually) is based on manufacturer-provided data on the net number of doses distributed nationwide (i.e., total number distributed minus the number returned).

Based on U.S.I.S data, the proportion of persons aged 65 years or more who reported having received influenza vaccine remained stable from 1978 through 1985, ranging from 19.6% to 23.5% (Figure 1). In 1985, the last year for which U.S.I.S. data are available, the rate was 22.6% (CDC, U.S.I.S., unpublished data, 1979-1985).

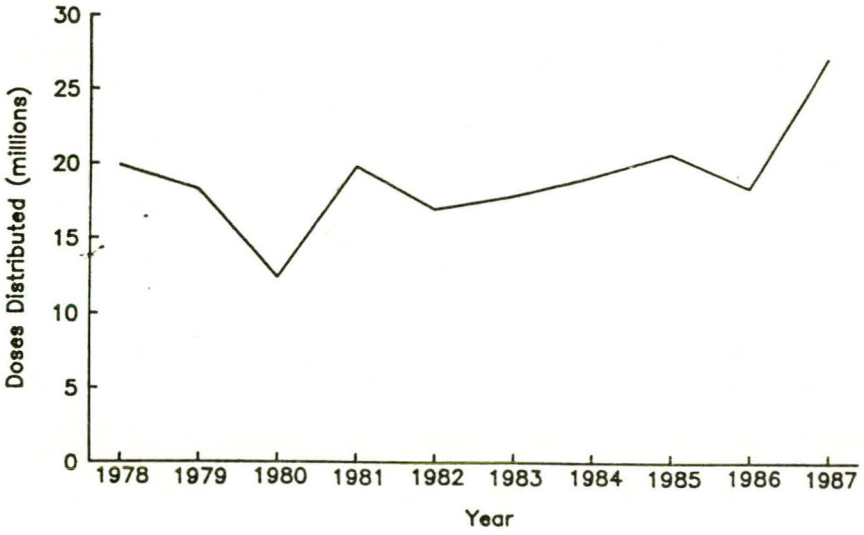
Data from the CDC Biologics Surveillance show that the net number of doses of trivalent influenza vaccine distributed from 1978 to 1986 averaged nearly 18.9 million, excluding 1980, when only 12,4 million doses were distributed (Figure 2) [8]. In 1987, 27.1 million doses were distributed, the largest number since 1976 (CDC, unpublished data, 1987) and over 25% more than the number of doses distributed in any subsequent year. These data do not provide any information on population coverage levels. However, the mean overall coverage prevalence of 32.2% among adults aged 65 years or older obtained in the states participating in the 1987 BRFSS survey (Table 2) suggests that the increased distribution of influenza vaccine in 1987 may have been associated with an increase in influenza vaccine coverage among older adults in the United States.

Figure 1: Percentage of persons 65 years of age or older reporting receipt of influenza vaccine within the preceding 12 months, by year, 1978-1987*



* United States Immunization Survey (USIS) was discontinued in 1985.
+ Behavioral Risk Factor Surveillance System.

Figure 2: Net number of doses of influenza vaccine distributed, by year - United States, 1978-1987



Several limitations of the BRFSS survey must be considered when the data for influenza immunisation coverage are interpreted. The data were collected from 32 nonrandomly selected states and, therefore, may not be used as estimates for the entire U.S. population. Although the results were weighted for each state's most recent adult population estimate by age, sex and race, bias of unknown direction and magnitude may remain if immunisation levels differ among households without telephones, persons who refused to participate, and persons who could not be contacted. In addition, these data were self-reports of immunisation status and were not verified through provider records. However, previous experience has shown that persons correctly recall receiving a 'flu shot' within the preceding

year (CDC, unpublished data, 1988). Finally, because no information was collected about medical conditions that increase the risk for complications or death from influenza, it is not possible to evaluate coverage among younger adults with these high-risk conditions, for whom influenza vaccine is also recommended. Further analysis of these data will include examination of the relationship between vaccination and other risk-reduction behaviour.

Despite these limitations, the data are useful in efforts to guide improved influenza vaccine delivery. Evaluation of states with higher vaccine coverage may identify factors that promote influenza vaccination. Influenza prevention is carried out primarily by private-sector providers and state and local health agencies. Influenza vaccine coverage has been improved in some state and local programs through activities such as collaboration with third-party payers and other private organisations, and state and county purchase of vaccine [9]. Two states, Delaware and South Dakota, have implemented regulations requiring nursing homes to provide influenza vaccination for residents as a condition for licensure. In addition, CDC and the Health Care Financing Administration are coordinating nine demonstration projects to assess the cost-effectiveness of furnishing influenza vaccine to Medicare Part B beneficiaries.

As many as 75% of persons at high risk for influenza or who die from P&I may have received care in outpatient clinics before their illness but did not receive influenza vaccination [1]. Because one of the most important factors in a person's decision to receive influenza vaccine is the recommendation by a health-care provider to be vaccinated [1,10], increased efforts of health-care providers to recommend influenza immunisation could improve influenza vaccine coverage. Health-care providers should incorporate annual influenza immunisation into their practices and offer this and all other vaccines appropriate for adults (pneumococcal, hepatitis B, measles, mumps, and rubella vaccines, and diphtheria and tetanus toxoids) [5,6] at every appropriate opportunity.

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AIDS UPDATE - EUROPE

(Based on WER 1989;64:109-12)

By 31 December 1988, a total of 19,058 AIDS cases had been reported to the WHO Collaborating Centre on AIDS by 31 countries (Table 1). The number of reported cases has increased by 87% (8,877 new cases) since December 1987.

Table 1. **Cumulative AIDS cases reported by 31 countries in the WHO European Region and estimated cumulative incidence rates per million population, 31 December 1988**

Country	December 1987	March 1988	June 1988	September 1988	December 1988	Rate per million[a]
Albania	...	—	—	—	—	—
Austria[b]	139	158	191	191	191	25.1
Belgium	277	336	368	408	424	42.8
Bulgaria	1	1	3	3	3	0.3
Czechoslovakia	8	10	11	12	12	0.8
Denmark	228	262	292	319	358	70.2
Finland	24	27	32	37	41	8.4
France	3 073	3 628	4 211	4 874	5 655	101.7
German Democratic Republic	6	6	6	6	11	0.7
Germany, Federal Republic of	1 669	1 906	2 210	2 488	2 779	45.6
Greece	88	106	127	151	170	17.0
Hungary	8	11	13	14	17	1.6
Iceland	4	5	6	7	10	50.0
Ireland	33	37	49	64	74	21.1
Israel	47	58	65	67	76	17.3
Italy	1 411	1 736	2 094	2 556	3 008	52.4
Luxembourg	9	10	12	13	13	32.5
Malta	7	10	12	12	14	35.0
Netherlands	420	487	539	605	694	47.5
Norway	70	81	88	91	100	23.8
Poland	3	3	3	3	5	0.1
Portugal	90	123	139	173	199	19.3
Romania	3	4	8	9	10	0.4
San Marino	...	—	—	—	—	—
Spain	789	1 126	1 471	1 850	2 165	55.5
Sweden	163	181	205	223	256	30.5
Switzerland	355	439	502	605	702	106.4
Turkey	...	...	...	10	17	0.3
United Kingdom	1 227	1 429	1 598	1 794	1 982	34.9
USSR	3	3	4	4	7	—
Yugoslavia	26	38	40	58	65	2.8
Total	**10 181**	**12 221**	**14 299**	**16 647**	**19 058**	

a) Source of population figures: Population & Societies, INED, Paris, 1987 (No 216).
b) June 1988 data (at 31.12.88 Austria had reported 243 cases, but detailed analysis was not possible due to reorganisation of the computing system).
Note: Monaco reported 4 cases, 3 of which have died.

Between September and December 1988, the greatest increases in the number of reported cases were noted in:

France	+781	(60-61 per week)
Italy	+452	(34-35 per week)
Spain	+315	(24-25 per week)
Germany, Fed. Rep. of	+291	(22-23 per week)
United Kingdom	+188	(14-15 per week)
Switzerland	+ 97	(7-8 per week)
Netherlands	+ 89	(6-7 per week)
Denmark	+ 39	(3 per week)
Portugal	+ 26	(2 per week)
Belgium	+ 16	(1-2 per week)

AIDS cases per million population have been calculated for each country from 1987 population estimates (Institut National d'Etudes Demographiques [INED], Paris). The highest cumulative incidence rates per million population were noted in:

Switzerland	106.4
France	101.7
Denmark	70.2

By way of comparison, the rate in the United States of America was 339.5 per million population (Centers for Disease Control, AIDS activity, 2 January 1989). Eastern European Countries present low numbers of cases and rates do not exceed 3 cases per million population.

Distribution by sex, age and transmission group

Of the total 19,058 cases:

- 455 (2.4%) were paediatric cases (under 13 years of age);
- 18,603 (87.6%) were adolescent adult cases;
- 87.8% (approx 16,730) were males;
- 12.2% (approx 2,325) were females;
- 35.3% (approx 670) were aged 30-39 years; and
- 85.3% (approx 16,260) were aged 20-49 years.

The age breakdown for each sex was:

Age	Male	Female
20-29 years	28.4%	50.3%
30-49 years	57.8%	29.3%
<20 or >49 years	13.8%	20.4%
	100.0%	100.0%

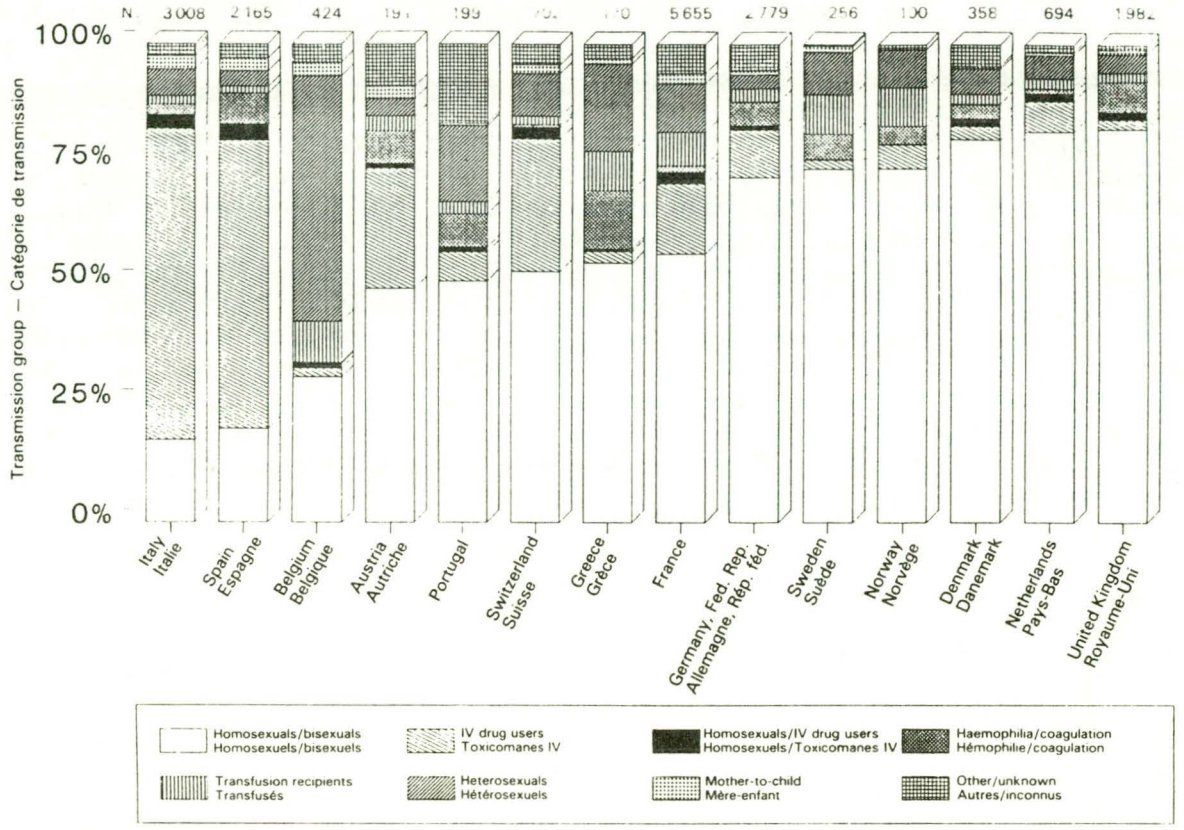
The distribution of all cases by transmission group for all ages (arranged by country of diagnosis) is shown in Table 2 and Figure 1.

Table 2. **Cumulative AIDS cases by country of diagnosis and transmission group, 31 countries in the WHO European Region, 31 December 1988**

Country	Male homo/ bisexual		IV drug user		Homo/bisexual IV drug user		Haemophilia/ coagulation disorders		Transfusion recipient		Heterosexual		Mother-to-child		Other/ unknown		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Albania	—		—		—		—		—		—		—		—		—
Austria	93	49	48	25	2	1	13	7	6	3	7	4	5	3	17	9	191
Belgium	128	30	8	2	4	1	1	—	36	8	219	52	12	3	16	4	424
Bulgaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	100	3
Czechoslovakia	11	92	—	—	—	—	—	—	—	—	—	—	—	—	1	8	12
Denmark	287	80	10	3	6	2	11	3	7	2	19	5	2	1	16	4	358
Finland	31	76	1	2	—	—	—	—	3	7	5	12	—	—	1	2	41
France	3 159	56	838	15	141	2	77	1	399	7	572	10	121	2	348	6	5 655
German Democratic Republic	7	64	—	—	—	—	2	18	—	—	1	9	—	—	1	9	11
Germany, Federal Republic of	2 003	72	278	10	27	1	138	5	74	3	84	3	24	1	151	5	2 779
Greece	92	54	4	2	1	1	21	12	14	8	31	18	2	1	5	3	170
Hungary	12	71	—	—	—	—	—	—	4	24	1	6	—	—	—	—	17
Iceland	8	80	—	—	—	—	—	—	2	20	—	—	—	—	—	—	10
Ireland	31	42	21	28	5	7	10	14	—	—	2	3	4	5	1	1	74
Israel	40	53	6	8	3	4	18	24	3	4	2	3	—	—	4	5	76
Italy	515	17	1 957	65	89	3	67	2	53	2	166	6	82	3	79	3	3 008
Luxembourg	6	46	2	15	—	—	1	8	1	8	—	—	—	—	3	23	13
Malta	5	36	—	—	—	—	8	57	—	—	—	—	—	—	1	7	14
Netherlands	568	82	45	6	11	2	7	1	14	2	34	5	4	1	11	2	694
Norway	74	74	5	5	—	—	4	4	8	8	8	8	—	—	1	1	100
Poland	4	80	—	—	—	—	—	—	—	—	1	20	—	—	—	—	5
Portugal	100	50	12	6	2	1	14	7	5	3	32	16	1	1	33	17	199
Romania	1	10	—	—	—	—	—	—	—	—	8	80	—	—	1	10	10
San Marino	—		—		—		—		—		—		—		—		—
Spain	421	19	1 305	60	76	4	140	6	31	1	70	3	57	3	65	3	2 165
Sweden	189	74	5	2	—	—	14	5	21	8	23	9	3	1	1	—	256
Switzerland	367	52	196	28	17	2	4	1	12	2	63	9	13	2	30	4	702
Turkey	4	24	3	18	—	—	4	24	3	18	1	6	—	—	2	12	17
United Kingdom	1 634	82	39	2	31	2	127	6	35	2	76	4	19	1	21	1	1 982
USSR	2	29	—	—	—	—	—	—	—	—	1	14	1	14	3	43	7
Yugoslavia	20	31	21	32	—	—	11	17	2	3	6	9	—	—	5	8	65
Total	**9 812**	**51%**	**4 804**	**25%**	**415**	**2%**	**692**	**4%**	**733**	**4%**	**1 432**	**8%**	**350**	**2%**	**820**	**4%**	**19 058**

Fig. 1

Cumulative AIDS cases by transmission group and country of diagnosis, 14 countries in the WHO European Region, 31 December 1988



In the Netherlands, the United Kingdom, Denmark, Sweden and the Federal Republic of Germany, over 70% of the cases have occurred in the homo/bisexual population. In Italy and Spain, respectively 65% and 60% have occurred among intravenous (IV) drug users.

Among the 18,603 adult AIDS cases;

. 9,812 (52.7%) were homosexual or bisexual;
. 4,804 (25.8%) were IV drug users; and
. 1,432 (7.7%) were infected by heterosexual contact.

Since December 1987 increases of 67% (3,947 newly reported cases) among homosexual and bisexuals and of 147% (2,860 newly reported cases) among IV drug users have been observed.

For the adults, the male:female ratio was 7.7:1.

The sex ratio was nearer 1 in the following transmission groups:

. IV drug users	3.1:1;
. transfusion	1.3:1;
. heterosexual contact	1.6:1;

Of the female adult cases, 54.5% have been reported among IV drug users; 95.5% of the adult cases resided in Europe.

Trends among certain transmission groups

Analyses by transmission group confirm that the epidemic (as measured by AIDS incidence) is spreading more rapidly among IV drug users than among homo/bisexual males in each of the 5 countries with more than 50 IV drug user cases. For the European Community taken as a whole, estimated doubling times among these groups are 9.3 months and 15.4 months respectively (11.2 months for heterosexual transmission). From mid-1989 onwards, newly diagnosed cases among IV drug users could will exceed those in homo/bisexual males, with cumulative cases in the two groups becoming approximately equal by mid-1990. Estimated doubling times among IV drug users are shortest (9.0 - 9.3 months) in Italy, France and Spain and rather longer in Switzerland (10.9 months) and the Federal Republic of Germany (12.6 months) and have lengthened since the start of the epidemic. A recent rapid increase in cases attributed to heterosexual transmission is noted in Italy; it is presumed that the majority of these cases have occurred in partners of IV drug users.

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 11. 9 October 1988 - 5 November 1988

DISEASE	NSW	VIC	QLD	SA	# WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Amoebiasis				7					7	59
Ankylostomiasis						1	NN		1	28
Anthrax										
Arbovirus infection		2	23	1			1	NN	27	646
Brucellosis			3						3	14
Campylobacter infection	135	NN	NN	112		NN	42		289	* 3291
Chancroid		NN		NN		NN				4
Cholera										2
Congenital rubella syndrome			NN			NN				2
Diphtheria							4		4	52
Donovanosis		NN	4	NN		NN	1	NN	5	103
Giardiasis	79	NN	NN	54		NN	NN		133	1499
Genital herpes	77	NN	121	NN	NN	NN	1	3	202	1534
Gonococcal ophthalmia neonatorum		NN			NN	NN	1	NN	1	4
Gonnorhoea	57		104	17			54		232	* 2810
Hepatitis A (infectious)	6	4	13	8		1			32	507
Hepatitis B (serum)	35	21	76	4		5	4		145	1325
Hepatitis - unspecified	2	1	1		NN	NN			4	59
Hydatid disease										14
Lassa fever										
Legionnaires disease		1	* 2	7		NN		NN	10	39
Leprosy			1						1	16
Leptospirosis	6	4				5			15	78
Lymphogranuloma venereum		NN		NN	NN	NN		NN		
Malaria	8	4		2			3		17	* 294

DISEASE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Marburg disease										
Measles	1	NN	37			NN	NN		38	173
Meningococcal infections	2	2	2	1		NN	4		11	95
Non-specific urethritis	196	NN		NN	NN	NN	1	NN	197	2676
Ornithosis		1						2	3	* 135
Pertussis (whooping cough)	1	5	NN	4		NN			10	106
Plague										
Poliomyelitis										
Q fever	19	1	17						37	319
Rabies						NN		NN		
Salmonella infections	69	17	76	22		1	14	1	200	* 2765
Shigella infections	4		14	4			16		38	* 502
Smallpox										
Syphilis	29		123	1			24	1	178	* 1740
Tetanus										4
Trachoma		NN	NN				NN			263
Tuberculosis (all forms)	29	15	10	10		1	2	2	69	* 962
Typhoid fever	1	1	1						3	38
Typhus (all forms)										6
Vibrio parahaemolyticus infections		NN	NN			NN		NN		2
Yellow fever										
Yersinia infections	2		NN	4		NN		NN	6	143

NN - Not notifiable

(Note: Data collected under the National Diseases Returns may bear little or no correlation to that collected under the CDI laboratory scheme. Whilst the latter is a sampling program, the Notifiable Diseases data is dependent upon reporting by medical practitioners etc.)

No WA Figures due to monthly totals.

* ADJUSTMENT TO THE CUMULATIVE TOTAL SINCE LAST REPORT

Campylobacter infection	+1	South Australia	Period 8
Gonorrhoea	-16	South Australia	Period 8
Malaria	-1	South Australia	Period 3
Ornithosis	-271	Queensland	
Salmonella infection	-1	South Australia	Period 8
Shigella	-1	South Australia	Period 6
Syphilis	-5	South Australia	Period 8
Tuberculosis (all forms)	+1	South Australia	Period 8
	+4	South Australia	Period 7

Cumulative Totals for period 10 should read.

Giardiasis	1366
Hepatitis A (infectious)	475
Hepatitis B (Serum)	1180
Legionnaires	29
Ornithosis	134
Tetanus	4

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 12. 6 November 1988 - 3 December 1988

DISEASE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Amoebiasis										59
Ankylostomiasis				1	3		NN		4	32
Anthrax										
Arbovirus infection	41	7	11	4			1	NN	64	710
Brucellosis										14
Campylobacter infection	178	NN	NN	172	38	NN	37	1	426	* 3715
Chancroid		NN		NN		NN				4
Cholera										2
Congenital rubella syndrome			NN			NN				2
Diphtheria							4		4	56
Donovanosis		NN	4	NN		8	1	NN	13	116
Giardiasis	34	NN	NN	72	23	NN	NN	1	130	* 1627
Genital herpes	98	NN	109	NN	NN	NN	5	4	216	1750
Gonococcal ophthalmia neonatorum		NN			NN	NN		NN		4
Gonnorhoea	73		102	28	113	2	36		354	3164
Hepatitis A (infectious)	13	5	5	12	16		1		52	559
Hepatitis B (serum)	26	26	74	2	33	5	4		170	1495
Hepatitis - unspecified		2	2		NN	NN			4	63
Hydatid disease										14
Lassa fever										
Legionnaires disease	2	3	1	7		NN		NN	13	* 53
Leprosy	2			1	1				4	20
Leptospirosis	3	7		1		2			13	91
Lymphogranuloma venereum		NN		NN	NN	NN		NN		
Malaria	2	4	3	1	6		2	4	22	316

DISEASE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Marburg disease										
Measles	4	NN	54	2	2	NN	NN		62	235
Meningococcal infections	3	4	2	5		NN	3		17	112
Non-specific urethritis	359	NN		NN	NN	NN	4	NN	363	3039
Ornithosis		1							1	135
Pertussis (whooping cough)	4	5	NN	2	11	NN			22	128
Plague										
Poliomyelitis										
Q fever	13		12	4					29	348
Rabies						NN		NN		
Salmonella infections	113	6	243	28	34	4	7	2	437	3202
Shigella infections	9		11	2	4		13		39	541
Smallpox										
Syphilis	50		75	4	16		30		175	1915
Tetanus										4
Trachoma		NN	NN				NN			263
Tuberculosis (all forms)	32	28	6	17	8	3	4	1	99	1057
Typhoid fever	1								1	39
Typhus (all forms)					2				2	8
Vibrio parahaemolyticus infections		NN	NN			NN		NN		2
Yellow fever										
Yersinia infections	12		NN			NN		NN	12	155

NN - Not notifiable

(Note: Data collected under the National Diseases Returns may bear little or no correlation to that collected under the CDI laboratory scheme. Whilst the latter is a sampling program, the Notifiable Diseases data is dependent upon reporting by medical practitioners etc.)

* ADJUSTMENT TO THE CUMULATIVE TOTAL SINCE LAST REPORT

Campylobacter infection	-2 South Australia	Period 3
Giardiasis	-2 South Australia	Period 5
Legionnaires	+1 South Australia	Period 7

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES
BASED ON DATE OF REPORTING

PERIOD 13/4/89 TO 26/4/89

1. CODE 019 - FAIRFIELD(VIC)
2. CODE 065 - STATE LAB(WA) PMH(WA)
3. CODE 110 - IMVS(SA)
4. CODE 111 - RCH(VIC)
5. CODE 112 - ICPMR(NSW) WVH(ACT)
6. CODE 113 - PHH POW(NSW)
7. CODE 114 - RAHC(NSW)
8. CODE 115 - STATE LAB(QLD)

		019	065	110	111	112 *	113	114	115	TOTAL
0100	ADENOVIRUS NOT TYPED	0	6	0	0	9	0	2	2	19
0101	ADENOVIRUS TYPE 1	3	0	0	2	0	0	0	0	5
0102	ADENOVIRUS TYPE 2	0	3	0	2	2	0	0	0	7
0103	ADENOVIRUS TYPE 3	0	0	1	3	2	0	0	0	6
0104	ADENOVIRUS TYPE 4	2	0	0	2	1	0	0	0	5
0105	ADENOVIRUS TYPE 5	0	1	0	0	1	0	0	0	2
0106	ADENOVIRUS TYPE 6	0	0	1	0	0	0	0	0	1
0108	ADENOVIRUS TYPE 8	0	0	0	0	3	0	0	0	3
0111	ADENOVIRUS TYPE 11	0	0	0	0	1	0	0	0	1
0119	ADENOVIRUS TYPE 19	0	1	0	0	0	0	0	0	1
0135	ADENOVIRUS TYPE 35	0	1	0	0	0	0	0	0	1
0199	ADENOVIRUS TYPING PENDING	0	0	0	4	0	0	0	0	4
0302	PARAINFLUENZA VIRUS TYPE 2	0	1	0	7	2	0	0	2	12
0303	PARAINFLUENZA VIRUS TYPE 3	2	0	0	2	0	1	1	2	8
0399	PARAINFLUENZA VIRUS TYPING PEN	0	0	0	0	0	1	0	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	3	16	0	2	17	38
0500	RHINOVIRUS (ALL TYPES)	4	1	5	8	2	0	0	1	21
0600	MYCOPLASMA PNEUMONIAE	3	3	2	0	4	0	1	0	13
0700	ORNITHOSIS-PSITTACOSIS	1	1	1	0	0	1	0	0	4
0903	COXSACKIEVIRUS B3	0	0	0	0	1	0	0	0	1
0904	COXSACKIEVIRUS B4	0	1	0	2	0	0	0	0	3
0905	COXSACKIEVIRUS B5	0	2	0	0	0	0	0	0	2
1004	ECHOVIRUS TYPE 4	1	1	0	0	0	0	0	0	2
1009	ECHOVIRUS TYPE 9	5	1	0	0	0	0	0	0	6
1030	ECHOVIRUS TYPE 30	4	8	0	2	10	0	1	0	25
1100	POLIOVIRUS NOT TYPED	0	0	0	5	0	3	0	0	8
1102	POLIOVIRUS TYPE 2	1	0	1	0	1	0	0	0	3
1104	POLIOVIRUS - MIXED VACCINAL ST	0	1	0	0	0	0	0	0	1
1200	MUMPS VIRUS	0	0	0	0	2	2	0	0	4
1300	HERPES VIRUS GROUP - NOT TYPED	0	1	0	0	26	5	0	0	32
1301	HERPES SIMPLEX VIRUS - NOT TYP	16	6	0	0	163	0	1	0	186
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	2	8	11	0	3	0	0	0	24
1303	VARICELLA-ZOSTER VIRUS	2	6	3	1	12	4	0	3	31
1306	HERPES SIMPLEX TYPE 1	35	20	20	40	10	8	0	27	160
1307	HERPES SIMPLEX TYPE 2	47	37	15	0	77	12	0	28	216
1399	HERPES VIRUS TYPING PENDING	1	2	0	1	0	0	1	1	6
1401	COXIELLA BURNETI	2	0	1	0	14	0	0	0	17
1502	PICORNIA VIRUS - NOT TYPED = E	0	0	0	0	0	14	0	16	30
1521	MEASLES VIRUS	0	0	0	0	4	1	0	0	5
1522	RUBELLA VIRUS	1	0	2	1	0	0	0	0	4
1532	HEPATITIS B ANTIGEN	16	32	14	0	51	5	2	24	144
1535	HEPATITIS A ANTIBODY	0	1	0	0	1	0	0	2	4
1541	CHLAMYDIA A - C. TRACHOMATIS	21	55	56	1	52	2	0	22	209
1555	PAPOVAVIRUS GROUP (PAPILLOMA -	0	0	0	0	0	1	0	0	1
1556	CMV - CYTOMEGALOVIRUS	21	8	2	4	5	9	1	15	65
1563	CORONAVIRUS	0	0	0	0	1	0	0	0	1
1564	ROTAVIRUS	1	11	2	0	5	0	0	0	19
1599	ENTEROVIRUS TYPING PENDING	0	0	0	3	0	15	0	0	18
9992	ROSS RIVER VIRUS	77	42	11	0	1	1	0	0	132
9993	ASTROVIRUS	0	0	0	0	1	0	0	0	1
9995	DENGUE	0	1	0	0	0	0	0	0	1
TOTAL		268	262	148	93	483 *	85	12	162	1513

* Includes two reporting periods from Westmead Hospital

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 1.

PERIOD 13/4/89 TO 26/4/89

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	3	4	5	6	7	8	9	10	11	TOTAL
0100	ADENOVIRUS NOT TYPED	0	2	0	1	0	0	14	0	0	0	0	17
0101	ADENOVIRUS TYPE 1	1	4	0	0	0	0	0	0	0	0	0	5
0102	ADENOVIRUS TYPE 2	2	4	0	0	0	0	0	0	0	0	0	6
0103	ADENOVIRUS TYPE 3	0	3	0	0	0	0	0	0	0	0	1	4
0105	ADENOVIRUS TYPE 5	1	0	0	0	0	0	0	0	0	0	0	1
0106	ADENOVIRUS TYPE 6	0	1	0	0	0	0	0	0	0	0	0	1
0199	ADENOVIRUS TYPING PENDING	0	2	0	0	0	0	1	0	0	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	8	0	0	0	0	0	0	0	0	0	8
0303	PARAINFLUENZA VIRUS TYPE 3	1	7	0	0	0	0	0	0	0	0	0	8
0400	RESPIRATORY SYNCYTIAL VIRUS (R	1	34	0	0	0	0	0	0	0	0	0	35
0500	RHINOVIRUS (ALL TYPES)	1	16	0	1	0	0	0	0	0	0	0	18
0600	MYCOPLASMA PNEUMONIAE	1	8	0	1	0	0	0	0	0	0	0	10
0700	ORNITHOSIS-PSITTACOSIS	0	1	1	1	0	0	0	0	0	0	0	3
0903	COXSACKIEVIRUS B3	1	0	0	0	0	0	0	0	0	0	0	1
0904	COXSACKIEVIRUS B4	0	0	0	0	0	0	0	0	1	0	0	1
0905	COXSACKIEVIRUS B5	0	1	0	0	0	0	0	0	0	0	0	1
1004	ECHOVIRUS TYPE 4	0	0	0	2	0	0	0	0	0	0	0	2
1009	ECHOVIRUS TYPE 9	1	1	0	3	0	0	0	0	0	0	0	5
1030	ECHOVIRUS TYPE 30	2	2	0	15	0	0	5	0	0	0	0	24
1100	POLIOVIRUS NOT TYPED	0	1	0	0	0	0	4	0	0	0	0	5
1102	POLIOVIRUS TYPE 2	0	0	0	0	1	0	0	1	0	0	0	2
1200	MUMPS VIRUS	0	0	1	0	0	0	0	0	0	1	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	3	2	2	0	0	0	0	0	0	1	4	12
1301	HERPES SIMPLEX VIRUS - NOT TYP	46	0	0	1	1	0	1	0	0	0	31	80
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	3	0	0	0	0	0	0	0	0	0	1	4
1303	VARICELLA-ZOSTER VIRUS	3	3	0	1	0	0	1	0	0	1	17	26
1306	HERPES SIMPLEX TYPE 1	2	16	0	2	0	0	0	0	0	1	96	117
1307	HERPES SIMPLEX TYPE 2	4	1	0	0	1	0	0	0	0	0	57	63
1399	HERPES VIRUS TYPING PENDING	0	0	0	0	0	0	0	0	0	0	4	4
1401	COXIELLA BURNETI	2	0	0	0	0	0	2	1	0	0	1	6
1502	PICORNIA VIRUS - NOT TYPED = E	0	8	0	0	0	3	18	0	1	0	0	30
1521	MEASLES VIRUS	1	0	0	0	1	0	0	0	0	0	1	3
1522	RUBELLA VIRUS	0	0	0	0	0	0	0	0	0	0	3	3
1532	HEPATITIS B ANTIGEN	54	2	0	0	0	0	1	66	0	0	0	123
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	0	4	0	0	0	4
1541	CHLAMYDIA A - C. TRACHOMATIS	31	0	0	0	0	0	0	0	0	0	0	31
1555	PAPOVAVIRUS GROUP (PAPILLOMA -	0	0	0	0	0	0	0	0	0	1	0	1
1556	CMV - CYTOMEGALOVIRUS	9	11	0	0	0	1	0	0	0	4	1	26
1563	CORONAVIRUS	0	0	0	0	0	0	1	0	0	0	0	1
1564	ROTAVIRUS	0	0	0	0	0	0	19	0	0	0	0	19
1599	ENTEROVIRUS TYPING PENDING	0	2	0	2	0	0	13	0	0	0	0	17
9992	ROSS RIVER VIRUS	42	0	0	0	0	0	0	0	0	0	7	49
9993	ASTROVIRUS	0	0	0	0	0	0	1	0	0	0	0	1
TOTAL		212	140	4	30	4	4	81	72	2	9	224	782

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 2.

PERIOD 13/4/89 TO 26/4/89

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	2	0	0	0	0	0	0	0	0	0	2
0102	ADENOVIRUS TYPE 2	1	0	0	0	0	0	0	0	0	0	1
0103	ADENOVIRUS TYPE 3	0	0	0	0	0	0	1	1	0	0	2
0104	ADENOVIRUS TYPE 4	5	0	0	0	0	0	0	0	0	0	5
0105	ADENOVIRUS TYPE 5	1	0	0	0	0	0	0	0	0	0	1
0108	ADENOVIRUS TYPE 8	3	0	0	0	0	0	0	0	0	0	3
0111	ADENOVIRUS TYPE 11	0	1	0	0	0	0	0	0	0	0	1
0119	ADENOVIRUS TYPE 19	1	0	0	0	0	0	0	0	0	0	1
0135	ADENOVIRUS TYPE 35	0	0	0	0	0	0	0	0	1	0	1
0199	ADENOVIRUS TYPING PENDING	0	0	0	0	0	0	0	0	0	1	1
0302	PARAINFLUENZA VIRUS TYPE 2	0	0	2	0	0	0	1	0	1	0	4
0399	PARAINFLUENZA VIRUS TYPING PEN	0	0	0	0	0	0	0	1	0	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	0	0	0	0	0	3	0	3
0500	RHINOVIRUS (ALL TYPES)	0	0	0	0	0	0	1	0	2	0	3
0600	MYCOPLASMA PNEUMONIAE	0	0	0	0	1	0	0	0	2	0	3
0700	ORNITHOSIS-PSITTACOSIS	0	0	0	0	0	0	0	1	0	0	1
0904	COXSACKIEVIRUS B4	1	0	0	0	0	0	0	1	0	0	2
0905	COXSACKIEVIRUS B5	1	0	0	0	0	0	0	0	0	0	1
1009	ECHOVIRUS TYPE 9	0	0	0	0	0	0	0	1	0	0	1
1030	ECHOVIRUS TYPE 30	0	0	0	0	0	0	0	0	1	0	1
1100	POLIOVIRUS NOT TYPED	0	0	0	0	0	0	0	0	0	3	3
1102	POLIOVIRUS TYPE 2	0	0	0	0	0	0	1	0	0	0	1
1104	POLIOVIRUS - MIXED VACCINAL ST	0	0	0	0	0	0	0	0	0	1	1
1200	MUMPS VIRUS	0	0	0	0	0	0	0	0	2	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	19	0	0	0	0	1	0	0	0	20
1301	HERPES SIMPLEX VIRUS - NOT TYP	2	101	0	0	0	0	0	1	2	0	106
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	0	14	0	3	0	0	2	1	0	20
1303	VARICELLA-ZOSTER VIRUS	0	0	0	0	1	0	0	0	3	1	5
1306	HERPES SIMPLEX TYPE 1	4	33	0	0	0	0	1	1	4	0	43
1307	HERPES SIMPLEX TYPE 2	1	149	0	0	0	0	0	0	3	0	153
1399	HERPES VIRUS TYPING PENDING	0	0	0	0	0	0	1	0	1	0	2
1401	COXIELLA BURNETI	0	0	0	0	0	0	6	2	3	0	11
1521	MEASLES VIRUS	0	0	0	0	0	0	0	0	2	0	2
1522	RUBELLA VIRUS	0	0	0	1	0	0	0	0	0	0	1
1532	HEPATITIS B ANTIGEN	0	0	0	0	0	0	0	2	19	0	21
1541	CHLAMYDIA A - C. TRACHOMATIS	3	173	0	0	1	0	0	0	1	0	178
1556	CMV - CYTOMEGALOVIRUS	1	6	0	1	1	6	0	8	16	0	39
1599	ENTEROVIRUS TYPING PENDING	0	0	0	0	0	0	0	0	0	1	1
9992	ROSS RIVER VIRUS	0	0	0	0	76	0	0	7	0	0	83
9995	DENGUE	0	0	0	0	0	0	0	1	0	0	1
TOTAL		26	482	16	2	83	6	13	29	67	7	731