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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 1,284 reports were processed during this period.

Six cases of Q fever (5 males, 1 sex not stated) were reported during this period. Ages ranged from 25 to 58 years. No occupational exposure details were provided.

Update

Parainfluenza report in CSF: Further investigation of the parainfluenza isolate reported in the last issue of the *CDI*, was unable to determine the serotype. Further attempts to reisolate the virus from the CSF sample were unsuccessful.

Correction - Gancyclovir resistant CMV: The drug resistance of the CMV isolate reported as being gancyclovir resistant in the last issue of the *CDI* has not yet been determined; it is currently being investigated.

Influenza

Forty reports of influenza A untyped, 10 of influenza A (H3N2), and 29 of influenza B were received during this period.

Although not yet reflected in CDI reporting scheme data, the WHO Influenza Reference Laboratory reports that influenza

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activity is now decreasing in all States. A breakdown of influenza virus activity reported to the CDI so far this season is shown in Table 1.

Table 1: Influenza reports by sample collections date, January to September 1989, Australia - CDI reporting scheme.

VIRUS	MONTH									TOTAL
	J	F	M	A	M	J	J	A	S	
Influenza A -										
subtype not stated	4	1	-	-	2	7	19	121	128	282
subtype H3N2	-	-	1	-	-	1	117	87	36	142
subtype H1N1	1									1
Total	5	1	1	-	2	8	6	208	164	425
Influenza B	-	2	2	1	2	34	78	103	88	309
Influenza, typing pending	-	-	-	-	-	-	-	7	1	8

Reports received up to 11 October 1989 only. Figures are subject to change.

Table 2: Influenza reports by state of contributing sample collection date, January-September 1989, Australia - CDI reporting scheme.

State	Virus	J	F	M	A	M	J	J	A	S	Total
NSW	Influenza A	2	1	0				15	43	22	83
	Influenza B		1		1	1	1	5	21	12	42
VIC	Influenza A	2					1	1	65	72	141
	Influenza B			1				1	22	39	63
QLD	Influenza A					1	1	1	4	9	16
	Influenza B						1	2	19	8	30
SA	Influenza A			1			4	15	82	29	131
	Influenza B					1	3	6	23	23	56
WA	Influenza A	1				1	2	4	14	32	54
	Influenza B		1	1			29	64	18	6	119

Contributing Laboratories:
NSW: Institute of Clinical Pathology and Medical Research, Westmead/Woden Valley Hospital, ACT; Prince Henry Hospital/Prince of Wales Hospital; Royal Alexandra Hospital for Children;
VIC: Fairfield Hospital; Royal Childrens Hospital;
QLD: State Health Laboratory, Brisbane
WA: State Health Laboratory, Perth/Princess Margaret Hospital, Perth;
SA: Institute of Medical and Veterinary Science, Adelaide

NB: Figures are subject to change and are included to show trends only.

Influenza A: All Australian influenza A isolates identified in this season have been subtype H3N2. One influenza A(H1N1) reported early in 1989 is believed to have been acquired in Indonesia. The WHO Influenza Reference Laboratory, Melbourne, has advised that almost all isolates were of the A/Shanghai/11/87-A/Sichuan/2/87 class with a few minor variants also being reported. Two influenza A/Victoria/7/87-like isolates were identified in patients from the Royal Alexandra Childrens Hospital, Sydney, in July.

Influenza B: According to the WHO Influenza Reference Laboratory, Melbourne, the majority of influenza B isolates have been of the B/Victoria/2/87-B/Beijing/1/87 class, with smaller numbers of B/Yamagata/16/88 appearing later in the season in South Australia and Victoria. Islolates of B/Yamagata/16/88 have also been reported in Asia, but not from other parts of the world [1].

A breakdown of influenza isolates by state of contributing laboratory is shown in Table 2.

REFERENCE

1. Influenza. Antigenic analysis of recent influenza virus isolates. Wkly Epidem Rec 1989;64:302.

MENINGOCOCCAL MENINGITIS, VICTORIA AND CENTRAL AUSTRALIA

During August and September 1989, a total of 22 cases of *Neisseria meningitidis* bacteraemia and meningitis were notified to the Department of Health, Victoria. Of these cases, the serogroup was provided for 16 (group B, 7; group C, 7;Y, 1; W135, 1).

The sex distribution was 12 females, 9 males, and 1 unstated. Most of the cases were in children (see below).

Age	Number
Less than 1 year	1
1 year	4
2 years	4
3 years	1
4 years	3
5-14 years	5
15-25 years	2
78 years	1
Not stated	1

These 22 cases were reported over a 2 month period, in comparison with a total of 19 notifications received for the 1988 calendar year. Some of this increase may reflect more complete resporting but does seem to represent a genuine increase in numbers

The Northern Territory Department of Health and Community Services is currently investigating cases of meningococcal meningitis in Central Australia. Eight cases of meningococcal meningitis are thought to be vaccine failures (including 3

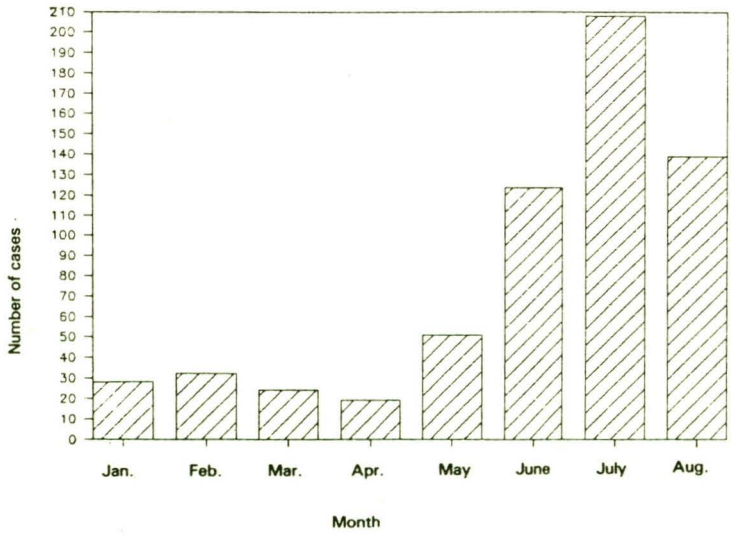
definite vaccine failures in 2-4 year-old children). These cases are associated with a continuation of the 1987 meningococcal meningitis outbreak in Central Australia. A fuller report on the investigation into the vaccine failures, prepared by the Northern Territory Department of Health and Community Services, will be published in the next issue of the *CDI*. However, this vaccine is not highly immunogenic in young children.

OVERSEAS BRIEF:
DENGUE FEVER AND DENGUE HAEMORRHAGIC FEVER

(Based on Wkly Epid Rec 1989;64:294-5)

In Singapore, a total of 313 cases of dengue fever and 312 cases of dengue haemonagic fever were reported up to 2 September 1989. The increase in the number of reported cases, first noted in mid-May, reached a peak in mid-July (Figure 1). Most of the cases were reported from the eastern and south-eastern parts of the country where the *Aedes* population was particularly high. The age-specific morbidity rate was highest in adolescents and young adults (15-24 years) and the sex ratio was 1.2:1. Dengue virus serotype 4 was isolated during the outbreak. The re-introduction of dengue 4, the low level of herd immunity against this serotype, and the localised build-up of the *Aedes* population have resulted in the rapid transmission of infection. The situation has been brought under control with the applicaton of epidemic vector control measures.

Figure 1: Number of reported cases of DF and DHF, Singapore, January - August 1989



TUBERCULOSIS AND INITIAL DRUG RESISTANCE IN AUSTRALIA

(Contributed by David J Dawson, Senior Scientist, Tuberculosis Section, State Health Laboratory, Brisbane, Qld, and Convenor, Special Interest Group in Mycobacteria, Australian Society for Microbiology).

Although tuberculosis is no longer regarded as a major public health problem in Australia, there are signs that its incidence has remained relatively static over the last decade [1]. The

disease has a higher prevalence in the non-Australian-born population, so it seems likely that it will continue to be detected at a low but significant level. Furthermore, the association of tuberculosis with AIDS is being recorded with increasing frequency [2].

Statistics collected by the Commonwealth Department of Community Services and Health (previously the Department of Health) indicate that a significant proportion (40%) of tuberculosis cases diagnosed in Australia are 'bacteriologically negative' [1]. Presumably, such cases had supportive clinical and/or radiological findings, but either had negative bacteriology or where not investigated further. It must be stressed that conclusive diagnosis can only be established by the demonstration of *Mycobacterium tuberculosis* in specimens. Bacteriology will also identify patients with positive sputum: this group has the potential to spread infection to others.

In Australia, almost every isolate of *M. tuberculosis* is either made by, or received by, one of the five State Tuberculosis Reference Laboratories. The workload of each laboratory is drawn more-or-less from the State in which it is located. The reference laboratories conduct *in vitro* tests intended to detect resistance to the common anti-tuberculosis drugs in the first isolates from new patients. Apart from assisting the clinician in formulating appropriate therapy, such testing also enables the monitoring of *initial drug resistance*, i.e. drug resistance in isolates from patients who are believed to have never been treated for tuberculosis. Initial drug resistance is due to one of three causes:

(i) the infecting organism possesses naturally-occurring resistance;
(ii) the disease was contracted from a person whose infecting organism has developed *acquired resistance**; or
(iii) the patient, unbeknown to the clinician, has previously received anti-tuberculosis therapy which has caused acquired resistance*.

Isolates fitting catagories (i) and (ii) are regarded as having *primary resistance*. Those in category (i) are very rare, and in a country such as Australia, where there is a high standard of tuberculosis control and treatment, one would expect a very low incidence of isolates fitting (ii) and (iii) above. Initial drug resistance should therefore be uncommon among isolates from Australians.

The Special Interest Group in Mycobacteria within the Australian Society for Microbiology is endeavouring to improve the extent and accuracy of data collected for mycobacterial infections. For the past three years basic data has been collected pertaining to isolates of *M. tuberculosis* from patients who are not known to have been previously diagnosed (or treated). For 1988, information concerning drug resistance was also collected.

*Acquired resistance is likely where treatment has been inadequate with regard to:

. the number of drugs used;
. the dosage of the drugs used;
. the duration of therapy; or
. compliance with therapy.

Table 1 shows the numbers of isolates investigated during the years 1986, 1987 and 1988 in the individual State Reference Laboratories. Table 2 shows the frequency of reported resistance to the common anti-tuberculosis drugs, alone and in combinations.

Table 1: Bacteriologically positive cases of tuberculosis in Australia, 1986-1988[a]

State[b]	Year		
	1986 Cases (%Total)	1987 Cases (%Total)	1988 Cases (%Total)
Queensland	86 (15.0)	82 (14.0)	67 (10.9)
New South Wales	180 (31.4)	190 (32.5)	246 (40.1)
Victoria	187 (32.6)	180 (30.8)	195 (31.8)
South Australia	57 (9.9)	75 (12.8)	46 (7.5)
Western Australia	64 (11.1)	57 (9.8)	59 (9.6)
TOTAL	574	584	613

a Data were collected by the Special Interest Group in Mycobacteria within the Australian Society for Microbiology, and relate to new patients investigated at the five State Tuberculosis Reference Laboratories.

b Isolated from Tasmania were referred to either Victoria or WA. Patients from Northern Territory were investigated in SA.

Table 2: Drug resistance in Australian isolates of Mycobacterium tuberculosis - 1988[a]

State[b]	Total Isolates	Drug Resistance: One Drug S	H	R	E	Multiple drugs SH	SHR	SHE	SHRE	Others	Total Resistant Number (%)
Queensland	67	1	-	-	-	1	-	-	-	-	2 (3.0)
New South Wales	246	17	9	1	5	9	2	4	3	3[c]	53 (21.5)
Victoria	195	5	6	-	-	5	-	-	1	1	18 (9.2)
South Australia	46	*	3	1	-	*	*	*	*	-	4 (8.7)
Western Australia	59	*	1	-	-	*	*	*	*	-	1 (1.7)
Total	613	23	19	2	5	15	2	4	4	4	78 (12.7)

[S = streptomycin H = isoniazid R = rifampicin E = ethambutol]

a Data were collected by the Special Interest Group in Mycobacteria within the Australian Society of Microbiology and relate to the first ('initial') isolate from each new patient investigated at the five State Tuberculosis Reference Laboratories.

b Isolates from Tasmania were referred to either Victoria or W.A. Patients from Northern Territory were investigated in S.A.

c This isolate was resistant to S,H,R and pyrazinamide.

Table 1 indicates that the incidence of bacteriologically-positive cases is continuing at about 600 (i.e. approx 4 per 100,000 population) annually. The reasons for the apparent 25% increase in incidence in New South Wales between 1987 and 1988 are not known; it is possible that AIDS is partly responsible.

So far as drug resistance is concerned, the relatively high prevalence (12.7%) of strains showing resistance to at least one drug has potentially serious implications for tuberculosis

control in Australia. Of particular note, is the fact that resistance to rifampicin was reported in 11 isolates. The data available to the Special Interest Group allow calculation of initial resistance only, rather than primary resistance and acquired resistance. It is therefore not possible to compare the present fingings with those in previous studies. One can speculate that most of the isolates with multiple-drug resistance might in fact have come from previously treated patients, and that a majority of the resistant isolates have probably come from recent arrivals from S.E. Asia. It is to be hoped that clinically-based surveillance schemes will in future provide better information.

Isolates from patients in New South Wales accounted for a majority of drug-resistant isolates. The reasons for this are not clear. However, it is likely that this State dealt with a disproportionate number of isolates from S.E. Asian patients, although this would not account for resistance to rifampicin. Another possible explanation is that some of the laboratory results indicating resistance are false, but the findings in a recent blind co-operative trial undertaken by the Special Interest Group do not support such a contention (Jackson K et al, unpublished).

The Special Interest Group intends to continue collecting data pertaining to initial isolates of *M. tuberculosis*. Such data, particularly that dealing with drug resistance, is needed to monitor the effectiveness of tuberculosis control programs in Australia. These figures show the importance of maintaining facilities with expertise in the diagnosis, treatment and public health aspects of tuberculosis.

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2. Plant AJ, Christopher PJ, Richards GA, Thomas M, Fox DG. The acquired immunodeficiency syndrome: a tuberculosis threat? Med J Aust 1988;148:609-15.

A CASE OF CREUTZFELDT-JAKOB DISEASE ASSOCIATED WITH A HUMAN DURA MATER GRAFT

(Contributed by Therapeutics Devices Branch [Dr M Brown], Department of Community Services and Health, Canberra)

In July 1989, a 62-year-old man was admitted to hospital in Australia with a three week history of abrupt onset of memory loss, transient diplopia and unsteadiness of gait. In 1982, aged 57, he had undergone neurosurgery for resection of an acoustic neuroma and at the end of the procedure the dura was closed with a dura mater graft (Lyodura, B. Braun Melsungen AG); later in the same year he underwent a hypoglossal-facial nerve anastamosis because of facial nerve palsy.

On admission he was normotensive and afebrile. He had poor short and long term memory with loss of abstract thinking, poor tandem gait and bilateral horizontal nystagmus. There was evidence of previous right lower motor neurone seventh and right twelfth nerve palsies. He subsequently become akinetic and mute with evidence of hypertonicity, hyperreflexia and a left Babinski

sign. He then developed decorticate posturing and myoclonic jerks. Electroencephalography showed biphasic periodic bilateral complexes which were thought to be consistent with Creutzfeldt-Jakob disease.

Death resulted from pulmonary embolus and at autopsy the brain showed spongiform changes involving the cerebral cortex and cerebellum and there were amyloid plaques predominantly in the cerebral cortex. The findings were typical of a spongiform encephalopathy and the presence of amyloid plaques with green/gold birefringence with Congo red staining was highly suggestive of Creutzfeldt-Jakob disease.

The batch number of the dural graft is not known. However, batch 2105 which has been previously implicated [1] in connection with Creutzfeldt-Jakob disease was not imported into Australia.

CDI Editorial Comment

This is the third report of Creutzfeldt-Jakob disease in a patient who had received a human cadaveric dura mater graft, Lyodura. With the first case, the batch number (2105) was known [1]. In this case and in the second case [2,3] the batch numbers were not known.

Following the initial report in 1987, case details were brought to the attention of health authorities, colleges and specialist societies, and it was strongly recommended that surgeons restrict the use of dural grafts to indications where there is no satisfactory alternative. In addition, import permits for cardaveric dura mater grafts were withdrawn and requirements for approval of future import permits were revised [3]. Cadaveric dura mater material is not currently imported into Australia.

REFERENCES

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2. CDC. Update: Creutzfeldt-Jakob disease in a second patient who received a cadaveric dura mater graft. MMWR 1989;38:37-8, 43.
3. Update: Creutzfeldt-Jakob disease in a second patient who received a cadaveric dura mater graft. CDI 1989;89/5:5-7.

AUSTRALIAN INFLUENZA VACCINE COMPOSITION - 1990 WINTER SEASON

The Influenza Vaccine Committee (comprised of representatives from the Department of Community Services and Health, the WHO National Influenza Reference Laboratory at CSL, Fairfield Infectious Diseases Hospital and Prince Henry Hospital) has conferred to decide the composition of the influenza vaccine for the 1990 winter season.

The Committee decided that the composition of the vaccine will be:

- A/Victoria/36/88 (H1N1)-like strain, 15 micrograms haemagglutinin;
- A/Shanghai/11/87 (H3N2)-like strain, 15 micrograms haemagglutinin;and
- B/Yamagata/16/88-like strain, 15 micrograms haemagglutinin.

AIDS AND HIV SURVEILLANCE, AUSTRALIA - 4 OCTOBER 1989

AIDS surveillance

To 4 October 1989, 1,498 cases of AIDS fulfilling the criteria of case definition were reported to the National Health and Medical Research Unit in AIDS Epidemiology and Clinical Research. The distribution of those patients by State or Territory of notification (Table 1), by age group (Table 2), by risk category (Table 3) and by clinical presentation (Table 4) are shown below.

TABLE 1: AIDS patients by State or Territory of notification

STATE/ TERRITORY	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
NSW	904	30	934	504	20	524
VIC	311	7	318	141	2	143
QLD	96	4	100	58	4	62
WA	67	4	71	27	1	28
SA	51	2	53	20	1	21
NT	2	0	2	1	0	1
TAS	4	1	5	2	0	2
ACT	15	0	15	10	0	10
TOTAL	1450	48	1498	763	28	791

TABLE 2: AIDS patients by age group

AGE (YEARS)	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
0 - 9	10	2	12	6	1	7
10 - 19	7	2	9	3	1	4
20 - 29	290	15	305	149	4	153
30 - 39	629	6	635	328	2	330
40 - 49	371	5	376	187	4	191
50 - 59	116	7	123	65	6	71
60 +	27	11	38	25	10	35
TOTAL	1450	48	1498	763	28	791

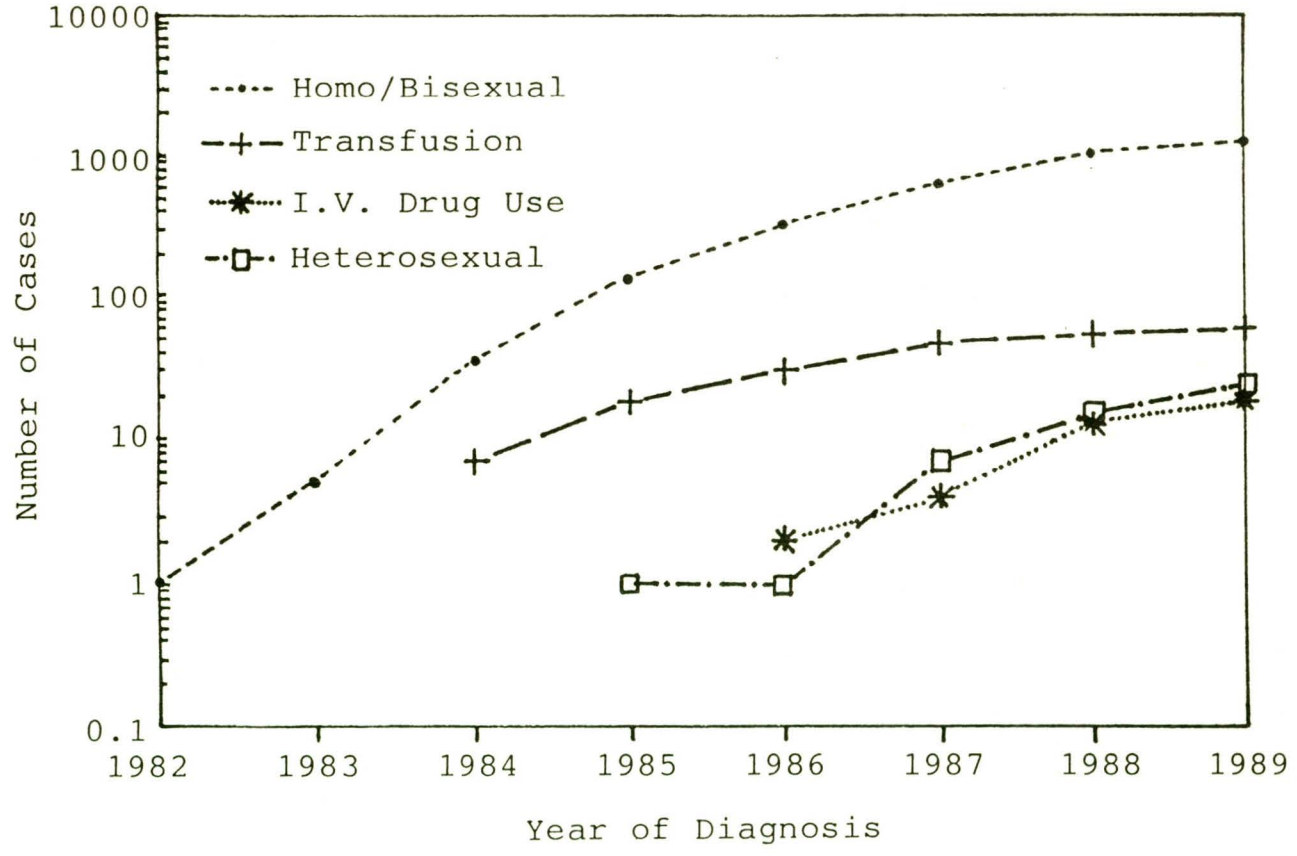
AIDS cases in Australia by risk/transmission group:

TABLE 3: AIDS patients by risk category

RISK GROUP	CASES	DEATHS
Homosexual/Bisexual	1322	689
IV drug user:	(59)	(24)
. Homosexual/Bisexual IV drug user	41	19
. Sexuality not stated	18	5
Blood transfusion recipient	57	48
Person with haemophilia	17	8
Heterosexual transmission	23	10
Under investigation	6	4
None of the above	14	8
TOTAL	1498	791

An illustration of the spread of the AIDS epidemic in Australia can be given by examining the cumulative number of cases over time by mode of transmission. Figure 1 presents the cumulative cases to 3 October 1989 for homosexual/bisexual men, blood transfusion recipients, intravenous drug users (IVDU) and persons infected through heterosexual contact. These data have been graphed on a logarithmic scale to allow better comparison of the rates of increase in cases between groups. The first AIDS case in a homosexual/bisexual man was diagnosed in 1982. This single case was followed by a a rapid increase in cases diagnosed for the next 4-5 years. This appears to have slowed somewhat in the last year. The first six transfusion cases were diagnosed in 1984. These were followed by a steady increase in numbers of cases until 1988-1989, when the rate of increase appears to have remained relatively constant. The first two cases of AIDS in IVDU were diagnosed in 1986 with a relatively rapid rate of increase in the numbers affected since that time. Similarly, the first two cases of persons acquiring the infection through heterosexual exposure were diagnosed in 1985 and 1986 respectively, with a rapid rate of increase occuring in 1987 and a steady rate of increase in numbers since then.

Figure 1: Cumulative AIDS cases by transmission group, Australia, 30 September 1989



AIDS cases by initial presentation:

TABLE 4: AIDS patients by clinical presentation*

INITIAL DISEASE REPORTED	CASES	DEATHS
GROUP IV:		
B: Neurological disease	36	16
C: Secondary infectious diseases	978	492
D: Secondary cancers	270	142
E: Other conditions	8	4
BC: Neurological disease + infectious diseases	12	8
BD: Neurological disease + cancers	1	1
CD: Infectious diseases + cancers	50	29
TOTAL	1355	692

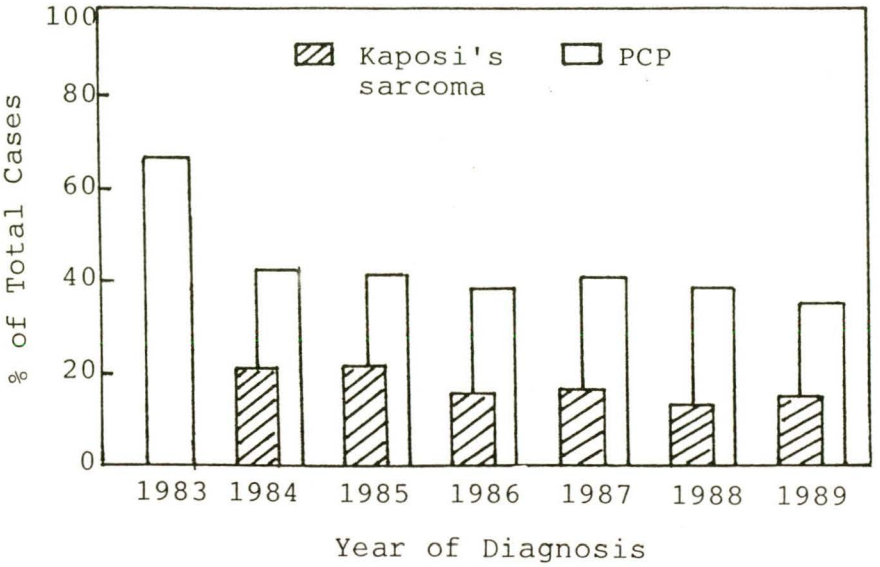
* The data in Table 4 includes both presumptive (clinical) and definitive diagnoses. However, cases which have not been designated as one of these two categories have not been included.

Recent US data [1] have indicated that there have been changes in the pattern of AIDS-defining conditions in that country. A review of cases reported to the Centers for Disease Control, USA, between 1983 and 1986 showed that the proportion of cases with an initial presentation of pneumocystis pneumonia (PCP) increased from 41.9% to 63.6% while the proportion of cases with Kaposi's sarcoma as the initial presentation decreased from 30.9% to 14.2%.

The NHMRC Special Unit in AIDS Epidemiology and Clinical Research has examined Australian data for these same diagnose for the period 1983 to the present, the results of which are presented in Figure 2. It is evident that in Australia, the proportion of cases presenting with PCP has remained constant at around 40% each year since 1984, as has the proportion of cases with Kaposi's sarcoma at approximately 15-16% each year.

It would appear that the changes reported for the AIDS epidemic in the US have not occurred in this country, suggesting possible differences in the epidemic in Australia that warrant further examination and monitoring.

Figure 2: Proportions of AIDS cases in Australia with Kaposi's sarcoma or with PCP: 1983-1989



HIV antibody surveillance

The Special Unit has formed a National HIV Surveillance Committee (NHSC) comprising representatives from each State and Territory and from the Commonwealth in addition to staff from the Special Unit. Its purpose is to work towards compatibility of HIV surveillance between the States and Territories and to oversee production of regular reports on the extent of HIV infection in Australia.

Surveillance data on HIV infection will now be included with the cumulative analyses of cases of AIDS. These data are provisional and subject to change as required by updated surveillance information.

The Collaborative Study Group of all Australian laboratories that test for antibody to HIV, coordinated by the National HIV Reference Laboratory (NRL), is providing information about the extent of testing performed in Australia. These figures are supplied by all licensed screening laboratories save one, and account for over 98% of all anti-HIV screening performed in Australia.

TABLE 5: Notifications of persons newly diagnosed as infected with HIV by State and Territory, 1989

STATE/ TERRITORY	Cumulative to week 30	Weeks 27-30
NSW	N/A	N/A
VIC	2072	23
QLD	745	11
WA	460	9
SA	290	5
TAS	43	3
ACT	92	N/A
NT	90	1
TOTAL	3792	52

N/A = NOT AVAILABLE

TABLE 6: Specimens tested for antibody to HIV at Public Health Laboratories by State and Territory, 1989

STATE/ TERRITORY	Cumulative to week 30	Weeks 27-30	Cumulative HIV + ve (*) specimens
NSW	61,600	3,955	6,004
VIC	33,328	735	389
QLD	38,134	5,598	158
WA	15,359	2,360	53
SA	21,394	3,454	202
TAS	3,885	631	23
ACT	4,831	1,296	7
NT	4,650	419	3
TOTAL	183,181	18,448	6,839

* Specimens found to be positive for anti-HIV. Because many people have more than one test within several weeks/months, this does not represent the number of people found to be infected with HIV. Moreover, the average number of tests performed on persons found to be positive varies between States and Territories, so differences in rates of discovery of positives between States and territories do not necessarily reflect differences in discovered prevalence.

TABLE 7: Donations tested for antibody for HIV at Red Cross Blood Transfusion Services by State and Territory

STATE/ TERRITORY	DONATIONS TESTED 1989		CUMULATIVE HIV +VE DONORS, 1985-89
	Cumulative to week 30	Weeks 27-30	
NSW	161,889	21,869	21
VIC	152,972	19,742	5
QLD	84,826	6,195*	5
WA	45,020	5,826	1
SA	51,322	7,501	-
TAS	15,266	2,140	-
ACT	11,601	1,735	-
NT	5,271	770	-
TOTAL	528,167	65,778	32

* Weeks 27-28 only

The presentation of HIV antibody surveillance data will be subject to review. The NHMRC Special Unit (150 Albion Street, Sydney) would welcome suggestions and comments from users of these data regarding possible improvements in presentation.

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AIDS UPDATE, INTERNATIONAL - DATA AS AT 30 SEPTEMBER 1989

(Based on WER 1989;64:305-6)

Country/Area	Number of cases	Date of report
Africa		
Algeria	13	26/03/88
Angola	104	31/12/88
Benin	36	31/03/89
Botswana	49	31/03/89
Burkina Faso	555	31/03/89
Burundi	1,975	31/12/88
Cameroon	78	31/03/89
Cape Verde	25	31/07/89
Central African Republic	662	31/12/88
Chad	14	30/06/89
Comoros	1	28/02/89
Congo	1,250	31/12/87
Cote d'Ivoire	250	20/11/87
Djibouti	3	31/01/89
Egypt	8	30/07/89
Equatorial Guinea	3	27/06/89
Ethiopia	187	31/07/89
Gabon	35	30/06/89
Gambia	62	31/12/88
Ghana	794	31/07/89

Country/Area	Number of cases	Date of report
Africa, cont.		
Guinea	52	31/05/89
Guinea-Bissau	76	18/05/89
Kenya	6,004	30/06/89
Lesotho	5	20/04/89
Liberia	2	11/03/88
Libyan Arab Jamahiriya	-	31/12/88
Madagascar	-	01/02/89
Malawi	2,586	30/06/88
Mali	29	14/01/88
Mauritania	-	31/07/88
Mauritius	2	01/08/89
Morocco	33	17/07/89
Mozambique	45	29/08/89
Niger	56	31/03/89
Nigeria	15	09/05/89
Reunion	30	12/04/89
Rwanda	1,302	28/02/89
Sao Tome and Principe	2	14/04/89
Senegal	207	04/08/89
Seychelles	-	20/04/89

Country/Area	Number of cases	Date of report
Africa, cont.		
Sierra Leone	21	30/06/89
Somalia	4	31/07/89
South Africa	244	31/07/89
Sudan	92	15/04/89
Swaziland	14	16/06/88
Togo	23	22/06/89
Tunisia	43	28/08/89
Uganda	7,375	15/04/89
United Republic of Tanzania	4,158	31/12/88
Zaire	335	30/06/87
Zambia	1,892	01/05/89
Zimbabwe	761	30/06/89
Total	31,512	
Americas		
Anguilla	3	31/03/89
Antigua and Barbuda	3	31/03/89
Argentina	342	31/03/89
Bahamas	308	31/03/89
Barbados	84	31/03/89
Belize	11	30/09/88
Bermuda	113	30/06/89
Bolivia	16	30/09/88
Brazil	7,538	29/07/89
British Virgin Islands	1	31/03/89
Canada	2,867	08/08/89
Cayman Islands	4	31/12/88
Chile	125	31/03/89
Colombia	308	30/09/88
Costa Rica	106	31/03/89
Cuba	51	31/12/88
Dominica	6	31/12/88
Dominican Republic	856	31/03/89
Ecuador	45	30/06/88
El Salvador	71	31/12/88
French Guiana	150	30/06/89
Grenada	11	31/12/88
Guadeloupe	122	31/12/88
Guatemala	47	31/12/88
Guyana	56	31/03/89
Haiti	2,041	31/03/89
Honduras	250	31/03/89
Jamaica	96	31/03/89
Martinique	58	31/12/88
Mexico	2,351	31/03/89
Montserrat	-	31/12/88
Nicaragua	3	31/03/89
Panama	84	31/12/88
Paraguay	12	31/03/89
Peru	156	31/03/89

Country/Area	Number of cases	Date of report
Americas, cont.		
Saint Kitts and Nevis	18	31/12/88
Saint Lucia	17	31/03/89
Saint Vincent and the Grenadines	17	31/03/89
Suriname	11	30/09/88
Trinidad and Tobago	401	31/03/89
Turks and Caicos Islands	7	31/12/88
United States of America	104,210	14/09/89
Uruguay	51	31/03/89
Venezuela	316	31/12/88
Total	123,343	
Asia		
Afghanistan	-	15/05/89
Bahrain	-	25/05/89
Bangladesh	-	30/06/89
Bhutan	-	30/06/89
Brunei Darussalam	1	01/06/89
Burma see Myanmar		
China	3	30/09/88
China (Province of Taiwan)	1	26/01/86
Cyprus	11	26/05/89
Democratic People's Republic of Korea	-	30/06/89
Democratic Yemen	-	31/12/88
Hong Kong	22	22/06/89
India	29	30/06/89
Indonesia	4	30/06/89
Iran (Islamic Republic of)	5	31/12/88
Iraq	-	30/05/89
Israel	85	30/06/89
Japan	97	31/01/89
Jordan	7	24/07/89
Kuwait	1	31/12/88
Lebanon	11	31/12/88
Malaysia	10	31/07/89
Maldives	-	30/06/89
Mongolia	-	30/06/89
Myanmar	-	30/06/89
Nepal	2	30/06/89
Oman	14	30/06/89
Pakistan	12	12/07/89
Philippines	26	31/07/89
Qatar	23	29/08/89
Republic of Korea	4	10/09/88
Singapore	13	26/07/89
Sri Lanka	3	31/12/88

Country/Area	Number of cases	Date of report
Asia, cont.		
Syrian Arab Republic	5	30/06/89
Thailand	22	31/07/89
Turkey	24	30/06/89
Vietnam	-	08/09/87
Yemen	-	31/12/88
Total	435	
Europe		
Albania	-	31/03/89
Austria	324	31/08/89
Belgium	519	30/06/89
Bulgaria	3	31/03/89
Czechoslovakia	17	30/06/89
Denmark	461	31/08/89
Finland	46	30/06/89
France	7,149	30/06/89
German Democratic Republic	14	30/06/89
Germany, Federal Republic of	3,739	31/08/89
Greece	226	30/06/89
Hungary	26	31/08/89
Iceland	12	30/06/89
Ireland	100	30/06/89
Italy	4,158	30/06/89
Luxembourg	18	30/06/89
Malta	14	31/03/89
Monaco	4	31/12/88
Netherlands	957	31/08/89
Norway	125	07/09/89
Poland	19	31/08/89
Portugal	279	31/08/89

Country/Area	Number of cases	Date of report
Europe, cont.		
Romania	10	31/03/89
San Marino	1	30/06/89
Spain	3,386	30/06/89
Sweden	312	31/07/89
Switzerland	921	30/06/89
USSR	7	30/06/89
United Kingdom	2,651	31/08/89
Yugoslavia	91	31/08/89
Total	25,589	
Oceania		
Australia	1,414	09/08/89
Cook Islands	-	08/09/87
Fiji	2	21/06/89
French Polynesia	8	17/07/89
Kiribati	-	18/01/88
Mariana Islands	-	05/08/87
New Caledonia and Dependencies	2	01/08/88
New Zealand	144	14/09/89
Papua New Guinea	13	28/06/89
Samoa	-	18/10/88
Solomon Islands	-	08/09/87
Tonga	1	01/08/88
Tuvalu	-	08/09/87
Vanuatu	-	25/01/89
Total	1,584	
WORLD TOTAL	182,463	

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES
BASED ON DATE OF REPORTING

PERIOD 28/9/89 TO 11/10/89

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

		019	065	110	112	113	114	115	TOTAL
0100	ADENOVIRUS NOT TYPED	4	4	3	3	3	0	6	23
0101	ADENOVIRUS TYPE 1	1	0	0	1	0	0	0	2
0102	ADENOVIRUS TYPE 2	1	0	7	1	0	0	0	9
0103	ADENOVIRUS TYPE 3	4	0	9	1	0	1	0	15
0104	ADENOVIRUS TYPE 4	9	0	1	0	0	0	0	10
0105	ADENOVIRUS TYPE 5	0	0	4	0	0	0	0	4
0106	ADENOVIRUS TYPE 6	0	0	1	0	0	0	0	1
0107	ADENOVIRUS TYPE 7	2	0	0	0	0	0	0	2
0108	ADENOVIRUS TYPE 8	0	1	0	0	0	0	0	1
0109	ADENOVIRUS TYPE 9	0	0	0	2	0	0	0	2
0111	ADENOVIRUS TYPE 11	0	0	0	1	0	0	0	1
0201	INFLUENZA A VIRUS	7	18	2	11	0	2	0	40
0202	INFLUENZA A VIRUS SUBTYPE H3N2	3	0	2	0	0	0	5	10
0203	INFLUENZA B VIRUS	10	1	6	4	0	2	6	29
0301	PARAINFLUENZA VIRUS TYPE 1	0	1	0	0	0	0	0	1
0302	PARAINFLUENZA VIRUS TYPE 2	0	0	2	5	0	0	0	7
0303	PARAINFLUENZA VIRUS TYPE 3	0	1	13	7	0	1	4	26
0399	PARAINFLUENZA VIRUS TYPING PEN	1	0	0	0	0	0	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	28	5	8	6	0	2	7	56
0500	RHINOVIRUS (ALL TYPES)	5	2	7	1	0	0	0	15
0600	MYCOPLASMA PNEUMONIAE	9	2	2	5	0	1	0	19
0700	ORNITHOSIS-PSITTACOSIS	1	0	0	1	0	0	0	2
0804	COXSACKIEVIRUS A4	0	1	0	0	0	0	0	1
0821	COXSACKIEVIRUS A21	1	0	0	0	0	0	0	1
0903	COXSACKIEVIRUS B3	2	0	0	0	0	0	0	2
0905	COXSACKIEVIRUS B5	0	1	0	0	0	0	0	1
1003	ECHOVIRUS TYPE 3	1	3	0	1	0	0	0	5
1004	ECHOVIRUS TYPE 4	1	0	0	0	0	0	0	1
1009	ECHOVIRUS TYPE 9	1	0	0	2	0	0	0	3
1011	ECHOVIRUS TYPE 11	1	0	0	0	0	0	0	1
1030	ECHOVIRUS TYPE 30	2	1	0	1	0	1	0	5
1100	POLIOVIRUS NOT TYPED	0	0	0	0	4	0	0	4
1102	POLIOVIRUS TYPE 2	0	0	0	0	0	1	0	1
1103	POLIOVIRUS TYPE 3	0	0	2	0	0	0	0	2
1200	MUMPS VIRUS	1	0	0	1	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	3	3	0	5	0	0	0	11
1301	HERPES SIMPLEX VIRUS - NOT TYP	8	1	0	47	0	0	46	102
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	3	2	19	2	0	0	0	26
1303	VARICELLA-ZOSTER VIRUS	1	2	1	3	0	1	2	10
1306	HERPES SIMPLEX TYPE 1	62	35	14	0	0	0	1	112
1307	HERPES SIMPLEX TYPE 2	58	86	23	0	0	0	1	168
1401	COXIELLA BURNETII	0	0	1	5	0	0	0	6
1502	PICORNIA VIRUS - NOT TYPED = E	0	0	0	0	4	0	6	10
1521	MEASLES VIRUS	1	0	1	0	0	0	0	2
1522	RUBELLA VIRUS	10	0	6	5	0	0	0	21
1532	HEPATITIS B ANTIGEN	16	17	22	25	3	0	20	103
1535	HEPATITIS A ANTIBODY	0	3	5	1	0	0	1	10
1541	CHLAMYDIA A - C. TRACHOMATIS	47	36	21	21	0	0	26	151
1555	PAPOVAVIRUS GROUP (PAPILLOMA -	0	0	0	1	0	0	0	1
1556	CMV - CYTOMEGALOVIRUS	22	3	3	6	0	2	6	42
1563	CORONAVIRUS	0	0	0	1	0	0	0	1
1564	ROTAVIRUS	32	8	59	44	28	8	6	185
1565	CALICI VIRUS	0	0	0	3	0	0	0	3
1566	NORWALK AGENT	0	0	0	2	0	0	0	2
1599	ENTEROVIRUS TYPING PENDING	0	0	0	0	5	0	0	5
9992	ROSS RIVER VIRUS	4	0	0	0	0	0	0	4
9993	ASTROVIRUS	0	0	0	1	0	0	0	1
9994	SMALL VIRUS (LIKE) PARTICLE	1	0	0	1	0	1	0	3
TOTAL		363	237	244	227	47	23	143	1284

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 1

PERIOD 20/9/89 TO 11/10/89

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	4	6	7	8	9	10	11	TOTAL
0100	ADENOVIRUS NOT TYPED	1	9	0	0	9	0	0	0	0	19
0101	ADENOVIRUS TYPE 1	1	1	0	0	0	0	0	0	0	2
0102	ADENOVIRUS TYPE 2	3	4	0	0	1	0	0	0	0	8
0103	ADENOVIRUS TYPE 3	1	10	0	0	1	0	0	0	0	12
0105	ADENOVIRUS TYPE 5	0	4	0	0	0	0	0	0	0	4
0106	ADENOVIRUS TYPE 6	0	1	0	0	0	0	0	0	0	1
0109	ADENOVIRUS TYPE 9	0	0	0	0	0	0	0	1	0	1
0111	ADENOVIRUS TYPE 11	1	0	0	0	0	0	0	0	0	1
0201	INFLUENZA A VIRUS	5	30	0	0	0	0	0	0	0	35
0202	INFLUENZA A VIRUS SUBTYPE H3N2	0	8	0	0	0	0	0	0	0	8
0203	INFLUENZA B VIRUS	4	21	0	0	0	0	0	0	0	25
0301	PARAINFLUENZA VIRUS TYPE 1	0	1	0	0	0	0	0	0	0	1
0302	PARAINFLUENZA VIRUS TYPE 2	2	5	0	0	0	0	0	0	0	7
0303	PARAINFLUENZA VIRUS TYPE 3	4	21	0	0	0	0	0	0	0	25
0399	PARAINFLUENZA VIRUS TYPING PEN	0	1	0	0	0	0	0	0	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	1	54	0	0	0	0	0	0	0	55
0500	RHINOVIRUS (ALL TYPES)	0	14	0	0	0	0	0	0	0	14
0600	MYCOPLASMA PNEUMONIAE	5	12	0	0	0	0	0	0	1	18
0700	ORNITHOSIS-PSITTACOSIS	1	1	0	0	0	0	0	0	0	2
0304	COXSACKIEVIRUS A4	0	0	0	0	1	0	0	0	0	1
0903	COXSACKIEVIRUS B3	0	0	2	0	0	0	0	0	0	2
0905	COXSACKIEVIRUS B5	0	0	1	0	0	0	0	0	0	1
1003	ECHOVIRUS TYPE 3	0	0	0	0	4	0	0	0	0	4
1004	ECHOVIRUS TYPE 4	0	0	1	0	0	0	0	0	0	1
1009	ECHOVIRUS TYPE 9	0	1	1	0	1	0	0	0	0	3
1011	ECHOVIRUS TYPE 11	0	0	1	0	0	0	0	0	0	1
1030	ECHOVIRUS TYPE 30	2	0	2	0	0	0	0	0	0	4
1100	POLIOVIRUS NOT TYPED	0	0	0	0	4	0	0	0	0	4
1102	POLIOVIRUS TYPE 2	0	1	0	0	0	0	0	0	0	1
1103	POLIOVIRUS TYPE 3	0	1	0	0	1	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	0	0	0	0	0	0	0	6	6
1301	HERPES SIMPLEX VIRUS - NOT TYP	13	3	0	0	0	0	0	0	35	51
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	4	1	0	0	0	1	0	0	0	6
1303	VARICELLA-ZOSTER VIRUS	1	0	0	0	0	0	0	0	7	8
1306	HERPES SIMPLEX TYPE 1	6	2	0	0	0	0	0	1	58	67
1307	HERPES SIMPLEX TYPE 2	4	0	0	0	0	0	0	0	63	67
1401	COXIELLA BURNETII	3	0	0	0	0	1	0	0	0	4
1502	PICORNIA VIRUS - NOT TYPED = E	0	2	0	0	7	0	0	0	0	9
1521	MEASLES VIRUS	1	1	0	0	0	0	0	0	0	2
1522	RUBELLA VIRUS	0	0	0	0	0	0	0	0	15	15
1532	HEPATITIS B ANTIGEN	47	0	0	0	0	42	0	0	0	89
1535	HEPATITIS A ANTIBODY	1	0	0	0	0	8	0	0	0	9
1541	CHLAMYDIA A - C. TRACHOMATIS	14	0	0	0	0	0	0	0	0	14
1555	PAPOVAVIRUS GROUP (PAPILLOMA -	0	0	0	0	0	0	0	0	1	1
1556	CMV - CYTOMEGALOVIRUS	5	10	0	1	0	0	0	2	0	18
1563	CORONAVIRUS	0	0	0	0	1	0	0	0	0	1
1564	ROTAVIRUS	23	0	0	0	161	0	1	0	0	185
1565	CALICI VIRUS	0	0	0	0	3	0	0	0	0	3
1566	NORWALK AGENT	0	0	0	0	2	0	0	0	0	2
1599	ENTEROVIRUS TYPING PENDING	0	0	0	0	4	0	0	0	1	5
9992	ROSS RIVER VIRUS	1	0	0	0	0	0	0	0	0	1
9993	ASTROVIRUS	0	0	0	0	1	0	0	0	0	1
9994	SMALL VIRUS (LIKE) PARTICLE	0	0	0	0	2	0	0	0	1	3
TOTAL		154	219	8	1	203	52	1	4	188	830

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 2

PERIOD 26/9/89 TO 11/10/89

12. CODE 10 - EYE
13. CODE 59 - GENITAL
14. CODE 39 - ENDOCRINE/SALIVARY GL.
15. CODE 30 - 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	16	17	18	19	20	21	TOTAL
0100	ADENOVIRUS NOT TYPED	1	0	0	0	0	1	0	2	0	4
0102	ADENOVIRUS TYPE 2	0	0	0	0	0	0	0	1	0	1
0103	ADENOVIRUS TYPE 3	3	0	0	0	0	0	0	0	0	3
0104	ADENOVIRUS TYPE 4	10	0	0	0	0	0	0	0	0	10
0107	ADENOVIRUS TYPE 7	1	0	0	0	0	1	0	0	0	2
0108	ADENOVIRUS TYPE 8	0	0	0	0	1	0	0	0	0	1
0109	ADENOVIRUS TYPE 9	0	0	0	0	0	0	0	1	0	1
0201	INFLUENZA A VIRUS	0	0	0	0	0	0	5	0	0	5
0202	INFLUENZA A VIRUS SUBTYPE H3N2	0	0	0	0	0	0	2	0	0	2
0203	INFLUENZA B VIRUS	0	1	0	0	0	0	2	1	0	4
0303	PARAINFLUENZA VIRUS TYPE 3	0	0	0	0	0	0	0	1	0	1
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	0	0	0	0	1	0	1
0500	RHINOVIRUS (ALL TYPES)	0	0	0	0	0	0	0	1	0	1
0600	MYCOPLASMA PNEUMONIAE	0	0	0	0	0	1	0	0	0	1
0821	COXSACKIEVIRUS A21	0	0	0	0	0	0	0	0	1	1
1003	ECHOVIRUS TYPE 3	0	0	0	0	0	0	1	0	0	1
1030	ECHOVIRUS TYPE 30	0	0	0	0	0	0	1	0	0	1
1200	MUMPS VIRUS	0	0	2	0	0	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	5	0	0	0	0	0	0	0	5
1301	HERPES SIMPLEX VIRUS - NOT TYP	2	49	0	0	0	0	0	0	0	51
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	0	18	0	0	0	1	1	0	20
1303	VARICELLA-ZOSTER VIRUS	1	0	0	0	0	0	0	1	0	2
1306	HERPES SIMPLEX TYPE 1	5	39	0	0	0	0	0	1	0	45
1307	HERPES SIMPLEX TYPE 2	0	100	0	0	0	0	0	1	0	101
1401	COXIELLA BURNETII	0	0	0	0	0	0	2	0	0	2
1502	PICORNIA VIRUS - NOT TYPED = E	0	0	0	0	0	0	0	0	1	1
1522	RUBELLA VIRUS	0	0	0	1	0	0	0	5	0	6
1532	HEPATITIS B ANTIGEN	0	0	0	0	0	0	2	12	0	14
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	1	0	0	1
1541	CHLAMYDIA A - C. TRACHOMATIS	2	135	0	0	0	0	0	0	0	137
1556	CMV - CYTOMEGALOVIRUS	0	1	0	0	0	1	2	20	0	24
9992	ROSS RIVER VIRUS	0	0	0	3	0	0	0	0	0	3
TOTAL		25	330	20	4	1	4	19	49	2	454

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 1. 1 January 1988 - 28 January 1988

DISEASE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Amoebiasis	1			3					4	4
Ankylostomiasis				3			NN		3	3
Anthrax										
Arbovirus infection	67	4	37		130		6	NN	244	244
Brucellosis			2		1				3	3
Campylobacter infection	156	NN	NN	95	41	NN	6	3	301	301
Chancroid		NN		NN		NN				
Cholera										
Congenital rubella syndrome						NN				
Diphtheria										
Donovanosis		NN	7	NN	1		5		13	13
Giardiasis	36	NN	NN	70	23	NN	NN	1	130	130
Genital herpes	36		180	NN	NN	NN	2	2	220	220
Gonococcal ophthalmia neonatorum		NN			NN	NN	1	NN	1	1
Gonorrhoea	79		148		88		13		328	328
Hepatitis A (infectious)	5	1	17	3	19		3		48	48
Hepatitis B (serum)	24	7	83	5	36	6	1	1	163	163
Hepatitis - unspecified					NN	NN		1	1	1
Hydatid disease				1					1	1
Lassa fever										
Legionnaires disease	3			5	2	NN		NN	10	10
Leprosy	1	1							2	2
Leptospirosis	5					2			7	7
Lymphogranuloma venereum		NN		NN	NN	NN	NN			

DISEASE	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	TOTAL	CUMULATIVE TOTAL
Malaria		2	27	6	6	1		3	45	45
Marburg disease										
Measles	1	NN	9	2	2	NN	NN		14	14
Meningococcal infections	2	1	1	5	3	NN	1		13	13
Non-specific urethritis	156	NN		NN	NN	NN	4	NN	160	160
Ornithosis		1							1	1
Pertussis (whooping cough)	2	1	NN	2	14	NN			19	19
Plague										
Poliomyelitis										
Q fever	10		21	1					32	32
Rabies						NN		NN		
Salmonella infections	125	3	158	44	23	19	6	2	380	380
Shigella infections	3	1	21	8	3		7		43	43
Smallpox										
Syphilis	22		115		11		13		161	161
Tetanus										
Trachoma		NN	NN		245		NN		245	245
Tuberculosis (all forms)	43	14	19	2	7	1	1	1	88	88
Typhoid fever	1	1	1	1					4	4
Typhus (all forms)			1						1	1
Vibrio parahaemolyticus infections	1	NN	NN			NN		NN	1	1
Yellow fever										
Yersinia infections	11		NN	9		NN		NN	20	20

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.)