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Contents:

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VIRUSES, CHLAMYDIAS, COXIELLAS, RICKETTSIAS AND MYCOPLASMAS REPORTING SCHEME: A total of 1241 reports were processed during this period.

Thirteen cases of Q fever (8 males, 5 females) were reported during this period. Ages ranged from 7 to 73 years. Three patients had defined occupational risk - a 21 year old female abattoir worker from Western Australia, and 2 male meatworkers from Queensland. One case of Q fever was reported in a 73 year old male who had recently returned from a visit to the USSR. It should be noted that Q fever is endemic in western USSR. This infection may have been acquired through consumption of incompletely pasteurised milk products.

Seven cases of echovirus type 30 meningitis (4 males, 4 females) were reported by Fairfied Hospital, Victoria during this period. Ages ranged from 9 to 35 years. The progressive total for this year is now 102 cases - 101 of these being reported by Victoria. This is the most cases reported by Victoria, or any other state, since the CDI reporting scheme began in 1978. It is apparent that the level of reports received in 1980 (103 cases) and 1981 (102 cases) will be surpassed this year (see *CDI* 88/19 p2).

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AIDS SURVEILLANCE - AUSTRALIA

To 7 November 1988, 1079 cases of AIDS fulfilling the criteria of case definition have been 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. As previously stated the clinical classification of infection with HIV produced by CDC in Atlanta was adopted in Australia on 1 January 1988 and data is reported using that classification.

TABLE 1: AIDS patients by State or Territory of notification

STATE/ TERRITORY	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
NSW	675	25	700	353	17	370
VIC	214	6	220	73	2	75
QLD	62	4	66	39	3	42
WA	45	3	48	16	1	17
SA	27	1	28	11	1	12
NT	2	0	2	1	0	1
TAS	2	1	3	2	0	2
ACT	12	0	12	6	0	6
	1039	40	1079	501	24	525

TABLE 2: AIDS patients by age group

AGE (YEARS)	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
0 - 4	6	1	7	5	1	5
5 - 9	2	0	2	1	0	1
10 - 14	3	0	3	2	0	2
15 - 19	2	2	4	1	1	2
20 - 29	226	12	238	105	2	107
30 - 39	450	4	454	208	1	209
40 - 49	246	4	250	120	4	124
50 - 59	84	7	91	45	6	51
60 +	20	10	30	14	9	23
	1039	40	1079	501	24	525

Paediatric AIDS: Seven children aged less than 5 years have developed AIDS in Australia. Of these, 6 resulted from contaminated blood transfusions and one was congenitally acquired from an HIV infected intravenous drug using mother. Two children aged between 5 and 10 years developed AIDS from infected blood or blood products. An additional 3 children aged between 10 and 15 years developed AIDS. Two resulted from contaminated blood or blood products and the third from a contaminated organ through transplantation. All 12 children received their blood, blood products or organ prior to the introduction of routine screening of all potential blood, tissue or organ donors in early 1985.

TABLE 3: AIDS patients by risk category

RISK GROUP	CASES	DEATHS
Homosexual/Bisexual	950	450
IV drug user	10	2
Homosexual/Bisexual IV drug user	28	14
Blood transfusion recipient	48	41
Person with haemophilia	14	7
Heterosexual transmission	15	2
Under investigation	7	3
None of the above	7	6
	1079	525

TABLE 4: AIDS patients by clinical presentation

INITIAL DISEASE REPORTED	CASES	DEATHS
GROUP IV:		
B: Neurological disease	22	14
C: Secondary infectious diseases	790	376
D: Secondary cancers	211	102
E: Other conditions	4	2
BC: Neurological disease + infectious diseases	9	7
BD: Neurological disease + cancers	1	1
CD: Infectious diseases + cancers	42	23
	1079	525

The data in table 4 include presumptive (clinical) diagnosis.

These data are continually updated and therefore statistics may be revised.

GONOCOCCAL SURVEILLANCE - AUSTRALIA (1 APRIL - 30 JUNE 1988)

(Contributed by the Australian Gonococcal Surveillance Programme (AGSP). Co-ordinator, Dr J.W. Tapsall, The Prince of Wales Hospital, Sydney, NSW, 2031)

This report, which deals with 559 strains of gonococci isolated in April, May and June this year, completes the seventh year of reporting of the AGSP in the *CDI*.

Resistance amongst gonococci to the penicillins may be chromosomally or plasmid mediated. Chromosomally mediated (intrinsic) resistance is manifested as incremental changes in the sensitivity of the organism and is measured by determining the minimal inhibitory concentration (MIC) of the antibiotic. Standardised procedures are used by all AGSP participants for these determinations [1].

Details of the percentage of isolates which fell into the categories of 'sensitive' or 'less sensitive' (see table footnotes) or which were penicillinase-producing strains, for each mainland State capital, are shown in Table 1. Additional data from centres in Hobart, Canberra and Darwin and smaller numbers of isolates which did not fit into the stated categories are not included in the table.

Table 1: Penicillin sensitivity of isolates of N. gonorrhoea 1 April - 30 June 1988

Centre	Percentage of isolates		
	Sensitive*	Less Sensitive**	PPNG
Brisbane	27.6 (26.8)	55.2 (56.9)	6.9 (6.0)
Sydney	4.2 (8.7)	36.1 (46.7)	47.5 (21.2)
Melbourne	7.3 (8.6)	43.8. (41.4)	20.3 (34.8)
Adelaide	7.7 (21.6)	59.7 (49.1)	15.4 (3.4)
Perth	8.9 (15.2)	51.1 (56.5)	11.1 (3.5)

* Sensitive MIC = 0.004-0.016 mg/L
** Less Sensitive MIC = 0.06-0.24 mg/L
Figures in parenthesis represent data for the equivalent period in 1987.

The proportion of strains fully sensitive to the penicillins continued to decrease in this quarter. However, less than 5% of all isolates had a minimum inhibitory concentration for penicillin of 1.0 mg/L or more.

Penicillinase production, which is plasmid mediated, was noted in 124 (22.1%) of strains in this quarter, an increase in absolute and relative terms over the January to March quarter (94 strains representing 26.6% of isolates) - particularly in Sydney, Melbourne, and Adelaide. More than half of the total number of PPNG isolates were found in Sydney and over 80% of these resulted from local transmission. Sustained local transmission of PPNG was also identified in Melbourne, but in Adelaide infections with PPNG were either acquired overseas or in other Australian centres.

Another facet of recent AGSP reports has been the decline in numbers of gonococci isolated in recent times. The 559 isolates examined in this quarter represent about 75% of the numbers seen in the corresponding period in 1987 but do not show significant change from the previous quarter (556 isolates). Data over last two quarters may indicate that the decline in incidence in gonorrhoea noted in recent times is slowing or has ceased. Confirmation of this trend would require more detailed analysis over the next few quarters.

REFERENCES

1. Br J Vener Dis (1984) 60:226-30.

COMPOSITION FOR INFLUENZA VACCINE FOR THE 1989 SOUTHERN HEMISPHERE WINTER - AUSTRALIA

The Influenza Vaccine Committee has decided that the composition of influenza vaccine for the 1989 winter season will be:

A/Victoria/36/88 (H1N1)-like strain 15 micrograms haemagglutinin
A/Sichuan/2/87 (H3H2)-like strain 15 micrograms haemagglutinin
B/Beijing/1/87-like strain 15 micrograms haemagglutinin

The rationale for this decision follows:

Type A (H1N1) component: There has been a significant incidence of isolates of influenza A (H1N1) serotype in Australia in the last six months. These isolates, similar to A/Victoria/36/88, differ from the A/Singapore/6/86 strain included in last year's vaccine. A/Victoria/36/88 is similar to the A/South Carolina/6/88 strain. However, a strain of A/South Carolina/6/88 isolated in SPF eggs is not available. It was agreed to include an A/Victoria/36/88-like component.

Type A (H3N2) component: The majority of recent Australian isolates were similar to A/Victoria/7/87. The A/Sichuan strains prevalent in the northern hemisphere winter have not yet been evident in Australia. However, as A/Victoria/7/87 has been present in Australia for the last two seasons it is likely that there is now a considerable degree of immunity in the community to this strain. It is perhaps more likely that the new vaccine would need to protect against A/Sichuan-like strains. Serological cross protection afforded by A/Sichuan/2/87 is expected to give reasonable protection against A/Victoria/7/87-like strains. Consequently, it was agreed to include an A/Sichuan/2/87-like component.

Type B component: Most of the northern hemisphere isolates appear to be closely related to B/Beijing/1/87 which is antigenically equivalent to B/Victoria/2/87. It was agreed that the vaccine should contain a B/Beijing/1/87-like component. This will allow a manufacturer to use the B/Victoria/2/87 strain if they wish.

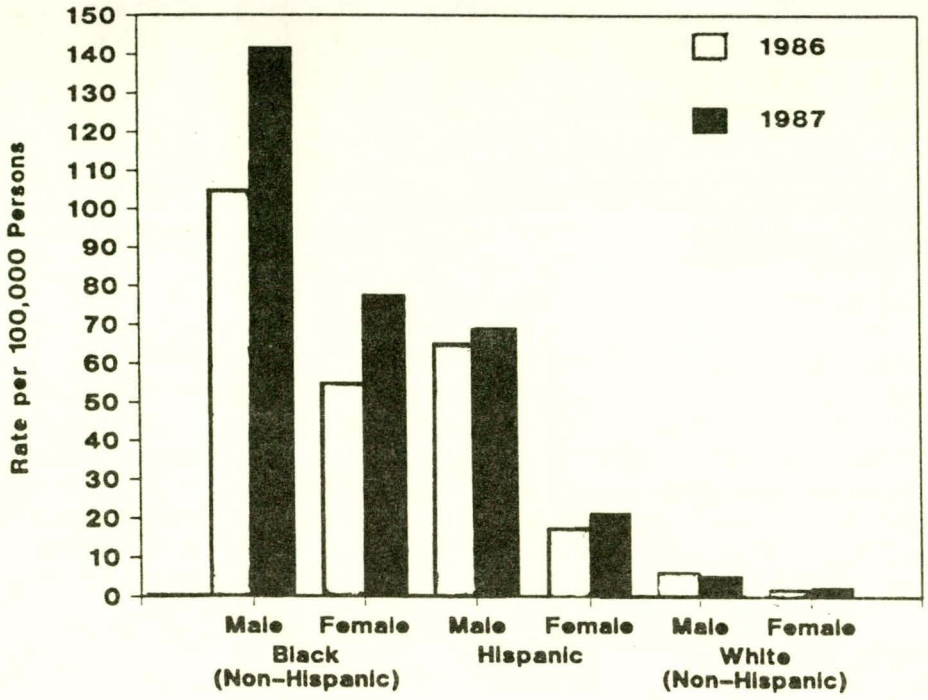
SYPHILIS AND CONGENITAL SYPHILIS - UNITED STATES, 1985 - 1988

(Based on MMWR (1988) 37: 486-489)

In 1987, 35,241 cases of primary and secondary syphilis were reported in the United States. The incidence of 14.6 cases per 100,000 persons equals that of 1982 - the highest rate since 1950. The 25% increase over the 1986 rate was the largest single-year increase since 1960. Because of this increase, the Public Health Service objective to reduce the incidence of primary and secondary syphilis to 7.0 cases/100,000 persons by 1990[1,2] is unlikely to be achieved.

The increase in incidence was greatest of blacks and Hispanics - groups for which incidence rates where already high (Figure 1). In all racial/ethnic groups, increases were greater for females than for males. From 1986 to 1987, the rate per 100,000 persons 15-64 years of age (which consisted of 99% of cases in 1987) increased 36% for black males (106.2 to 144.9), 43% for black females (55.5 to 79.4), 7% for Hispanic males (66.0 to 70.7), and 24% for Hispanic females (17.8 to 22.0). In contrast, the rate for white males decreased from 6.4 to 5.7, while for white females, rates increased 22% (2.2 to 2.6). The decrease among white males appears to be attributable to continuing decreases in syphilis incidence among homosexual men[3].

Figure 1: Incidence of primary and secondary syphillis in persons aged 15-64 years, by race/ethnicity and sex - United States, 1986-1987



In 1987, 57% of all reported U.S. cases were reported from Florida, California and New York (Table 1). Six additional states and the District of Columbia had 1987 incidence rates >7.0/100,000 and had increases between 1985 and 1987 (Table 1). (1985 was chosen as baseline for this comparison because, in several areas, the increases began during 1986). Eleven other states had 1987 incidence rates >7.0/100,000, but incidence did not increase from 1985 to 1987 (Figure 2). In Texas, rates decreased steadily from 28.4/100,000 in 1985 to 18.4/100,000 in 1987. In Nevada, Oregon, Delaware, Connecticut, and Pennsylvania, syphilis rates were below the 1990 objective of 7.0/100,000 in 1985.

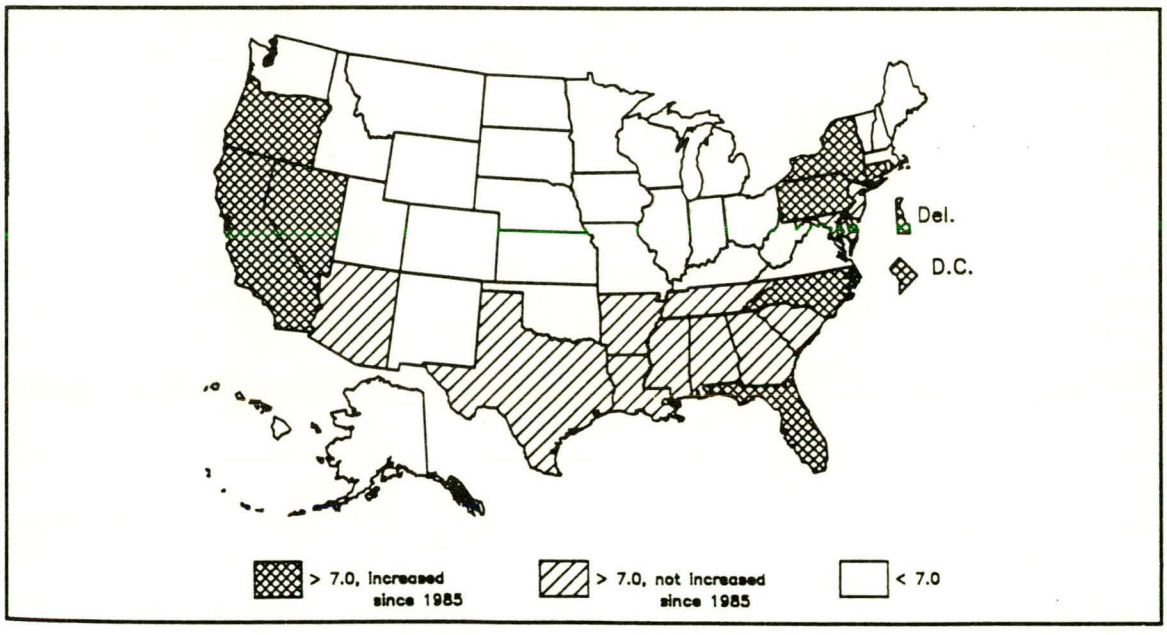
The highest rates were reported in urban areas; this was especially apparent in New York and Pennsylvania. The 1987 rate per 100,000 persons was 63.5 in New York City, compared with 3.4 for the rest of New York, and 41.6 in Philadelphia, compared with 2.5 for the rest of Pennsylvania.

The national increase was first noted in the last half of 1986 (Figure 3), reflecting increases in Florida, California and New York. The national increase peaked in the third quarter of 1987, then plateaued through the first half of 1988, again reflecting trends in Florida, California and New York. In other areas, such as Connecticut, Tennessee and Nevada, rates continued to increase during the first half of 1988. In Pennsylvania, where the incidence remained stable but elevated after a large increase in early 1986, the rate began to increase again in 1988.

Table 1: Areas with reported 1987 incidence rates of primary and secondary syphilis >7.0/100,000 persons and an increase in incidence between 1985 and 1987 - United States

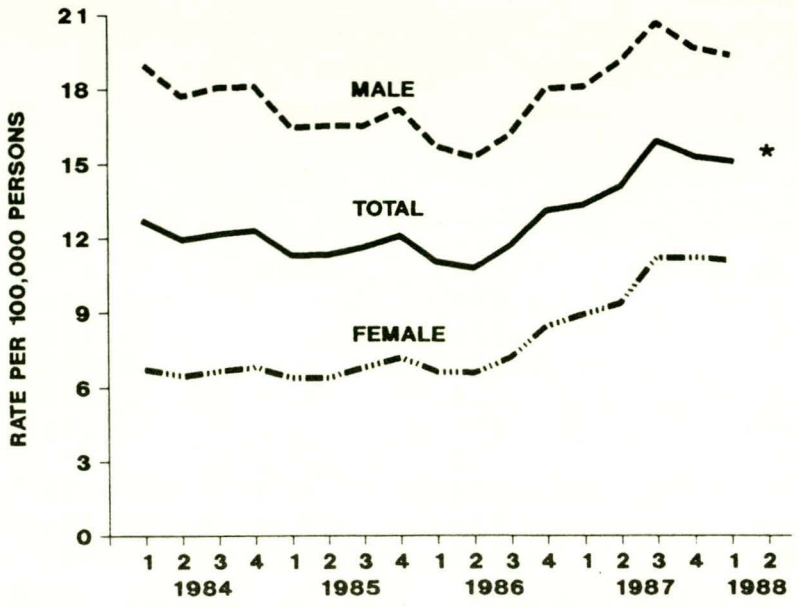
Area	1985		1987	
	No.	Rate	No.	Rate
District of Columbia	342	55.3	425	69.1
Florida	3,679	32.6	7,453	62.5
California	4,326	16.6	7,718	28.2
New York	2,530	14.2	5,004	28.1
Nevada	64	6.9	180	18.1
North Carolina	672	10.9	752	11.9
Oregon	112	4.2	310	11.4
Delaware	39	6.3	71	11.1
Connecticut	215	6.8	334	10.5
Pennsylvania	513	4.3	941	7.9
Total United States	27,143	11.5	35,241	14.6

Figure 2: Rates of primary and secondary syphilis per 100,000 persons in 1987 and change from 1985 - United States



In the second half of 1987, the rate of congenital syphilis cases increased 21% to 10.5 cases per 100,000 live births. Most cases occur in areas with high syphilis incidence among adult women; in 1987, 67% of all cases were reported from Florida, California and New York.

Figure 3: Rate of primary and secondary syphilis per 100,000 persons, by quarter and year of report - United States, 1984-1988



MMWR Editorial Note:

Decreases in syphilis and gonorrhoea[3-7] in homosexual men reflect changes in sexual behaviour related to controlling the spread of human immunodeficiency virus (HIV) in that population. The increases in incidence of syphilis described here suggest that efforts to achieve similar behavioural changes in minority populations have not been successful[8]. In addition, the evidence is strong, especially from Africa, that genital ulcer diseases like syphilis increase the efficiency of sexual transmission of HIV[9-12].

In March 1988, CDC reviewed the trends in syphilis with sexually transmitted disease experts from academic/medical institutions and state and local health departments. This group identified the following three research priorities:

1) defining the current epidemiology of syphilis, including the relationship with illegal drug use,
2) evaluating and improving the effectiveness of different intervention methods, and
3) evaluating the effect of HIV coinfection on syphilis transmission.

The following interventions were suggested as being essential if these trends of increased syphilis rates are to be reversed:

1. Reemphasise the traditional methods of syphilis control-interviews and sex partner notification.
2. Conduct screening for sexually transmitted diseases in high-risk populations.
3. Assure access to quality clinical care by removing financial barriers and other obstacles (eg, long waiting times and lack of evening hours).
4. Enhance current surveillance systems to allow ongoing evaluation of intervention strategies and effective resource allocation.

Congenital syphilis, a preventable consequence of untreated syphilis in pregnant women, causes fetal or perinatal death in 40% of affected pregnancies[13]. Because increases in congential syphilis lag behind increases in syphilis in women by about 1 year[14], congenital syphilis can be expected to continue to increase in frequency. This may be a particular problem for urban black and Hispanic women, who have a disproportionate increase in incidence and who are less likely than white women to receive adequate prenatal care[15].

Congenital syphilis can be prevented by appropriate treatment of the mother during pregnancy[13]. Syphilis screening in pregnant and childbearing-aged women is the best way to identify those who need treatment. In addition, efforts must be made to remove obstacles that prevent women from receiving early prenatal care, especially in areas with high syphilis incidence.

REFERENCES

1. Public Health Service. Promoting health/preventing disease: objectives for the nation. Washington, DC: US Department of Health and Human Services, Public Health Service, 1980.
2. MMWR (1987); 36:173-6.
3. MMWR (1988); 37:35-8.
4. MMWR (1984); 33:433-6, 441.
5. Am J Epidemiol (1987); 125:277-83.
6. Lancet (1983); 2:159-60.
7. MMWR (1984); 33:295-7.
8. Am J Public Health (1988); 78:66-7.
9. Plummer F, Cameron W, Simonsen N, et al. Co-factors in male-female transmission of HIV [Abstract]. IV International Conference on AIDS. Book 2. Stockholm, June 12-16, 1988:200.
10. Cameron DW, D'Costa LJ, Ndinya-Achola JO, Piot P, Plummer FA. Incidence and risk factors for female to male transmission of HIV [Abstract]. IV International Conference on AIDS. Book 1. Stockholm, June 12-16, 1988:275.
11. JAMA (1988); 259:1048-50.
12. N Engl J Med (1988); 319:274-8.
13. MMWR (1988) 37 (Suppl S-1).
14. Zaidi AA, Schnell D, Reynolds GH. Time series analysis of syphilis surveillance data. Presented at CDC Symposium on Statistics in Surveillance, Atlanta, May 5, 1988.
15. Am J Public Health 1986; 76:415-23.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES
BASED ON DATE OF REPORTING

PERIOD 29/10/88 TO 11/11/88

1. CODE 019 - FAIRFIELD(VIC)
2. CODE 065 - STATE LAB(WA)
3. CODE 110 - IMVS(SA)
4. CODE 111 - RCH(VIC)
5. CODE 112 - ICPMR(NSW) WVR(ACT)
6. CODE 113 - PHH PDN(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	4	2	1	0	1	0	10	18
0102	ADENOVIRUS TYPE 2	1	2	2	0	3	1	0	0	9
0103	ADENOVIRUS TYPE 3	1	0	0	0	1	0	1	0	3
0105	ADENOVIRUS TYPE 5	0	0	0	0	1	0	0	0	1
0106	ADENOVIRUS TYPE 6	0	1	0	0	0	0	0	0	1
0108	ADENOVIRUS TYPE 8	0	0	0	0	4	0	0	0	4
0111	ADENOVIRUS TYPE 11	0	0	0	0	1	0	0	0	1
0127	ADENOVIRUS TYPE 27	0	0	0	0	1	0	0	0	1
0201	INFLUENZA A VIRUS	1	2	9	0	0	6	0	23	41
0203	INFLUENZA B VIRUS	1	0	0	0	0	0	0	0	1
0303	PARAINFLUENZA VIRUS TYPE 3	0	7	14	4	0	1	1	6	33
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	9	8	6	4	1	1	0	29
0500	RHINOVIRUS (ALL TYPES)	6	6	12	10	1	0	0	10	45
0600	MYCOPLASMA PNEUMONIAE	7	7	31	4	6	2	0	1	58
0809	COXSACKIEVIRUS A9	1	0	0	0	2	0	0	0	3
0901	COXSACKIEVIRUS B1	0	0	0	0	0	0	1	0	1
0904	COXSACKIEVIRUS B4	2	0	0	0	0	1	0	0	3
0905	COXSACKIEVIRUS B5	1	0	0	0	0	0	0	0	1
1006	ECHOVIRUS TYPE 6	0	2	0	0	0	0	0	0	2
1009	ECHOVIRUS TYPE 9	1	8	0	0	1	1	0	0	11
1017	ECHOVIRUS TYPE 17	0	1	0	0	0	0	0	0	1
1022	ECHOVIRUS TYPE 22	1	0	0	0	0	0	0	0	1
1030	ECHOVIRUS TYPE 30	8	0	0	0	0	0	0	0	8
1101	POLIOVIRUS TYPE 1	2	0	3	0	1	0	0	0	6
1102	POLIOVIRUS TYPE 2	0	0	0	0	1	0	0	0	1
1103	POLIOVIRUS TYPE 3	0	0	0	0	1	0	1	0	2
1200	MUMPS VIRUS	0	0	0	0	0	1	0	1	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	5	0	0	101	1	0	0	107
1301	HERPES SIMPLEX VIRUS - NOT TYP	0	3	0	0	0	0	1	0	4
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	15	12	0	0	0	0	3	30
1303	VARICELLA-ZOSTER VIRUS	1	9	1	0	0	2	0	1	14
1306	HERPES SIMPLEX TYPE 1	45	27	13	0	3	4	0	25	117
1307	HERPES SIMPLEX TYPE 2	63	62	13	0	32	13	0	53	236
1399	HERPES VIRUS TYPING PENDING	0	0	0	4	0	0	0	0	4
1401	COXIELLA BURNETI	2	1	0	0	5	0	0	5	13
1502	PICORNIA VIRUS - NOT TYPED = E	0	2	1	0	0	0	0	15	18
1515	CONTAGIOUS PUSTULAR DERMATITIS	0	1	0	0	0	0	0	0	1
1521	MEASLES VIRUS	0	0	0	0	0	1	0	0	1
1522	RUBELLA VIRUS	1	2	4	1	0	2	0	1	11
1532	HEPATITIS B ANTIGEN	15	36	14	1	26	4	0	23	119
1535	HEPATITIS A ANTIBODY	1	4	7	0	1	1	0	0	14
1541	CHLAMYDIA A - C. TRACHOMATIS	0	36	34	0	8	2	1	16	97
1543	CHLAMYDIA A - LGV TYPE	2	0	0	0	0	0	0	1	3
1556	CMV - CYTOMEGALOVIRUS	23	8	3	3	5	9	1	7	59
1562	REOVIRUS (ALL TYPES)	0	2	0	0	0	0	0	0	2
1564	ROTAVIRUS	4	11	35	0	0	22	11	0	83
1566	NORWALK AGENT	1	0	0	0	0	0	0	0	1
1599	ENTEROVIRUS TYPING PENDING	0	0	0	9	0	2	0	0	11
9992	ROSS RIVER VIRUS	1	1	1	0	0	0	0	4	7
9994	SMALL VIRUS (LIKE) PARTICLE	0	2	0	0	0	0	0	0	2
TOTAL		192	276	219	43	209	78	19	205	1241

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 1.

PERIOD 29/10/88 TO 11/11/88

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	7	0	0	1	1	7	0	0	0	0	16
0102	ADENOVIRUS TYPE 2	1	5	0	0	0	0	1	0	0	0	0	7
0103	ADENOVIRUS TYPE 3	0	0	0	0	0	1	1	0	0	0	0	2
0105	ADENOVIRUS TYPE 5	0	0	0	0	0	0	1	0	0	0	0	1
0108	ADENOVIRUS TYPE 8	0	0	0	0	0	0	2	0	0	0	0	2
0111	ADENOVIRUS TYPE 11	0	0	0	0	0	0	0	0	0	1	0	1
0127	ADENOVIRUS TYPE 27	0	0	0	0	0	0	1	0	0	0	0	1
0201	INFLUENZA A VIRUS	5	17	0	0	0	0	0	0	0	0	2	24
0203	INFLUENZA B VIRUS	0	1	0	0	0	0	0	0	0	0	0	1
0303	PARAINFLUENZA VIRUS TYPE 3	0	32	0	0	0	0	0	0	0	0	1	33
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	27	0	0	0	0	0	0	0	0	0	27
0500	RHINOVIRUS (ALL TYPES)	1	44	0	0	0	0	0	0	0	0	0	45
0600	MYCOPLASMA PNEUMONIAE	7	38	0	0	0	0	0	0	0	0	0	45
0309	COXSACKIEVIRUS A9	0	0	0	0	0	0	1	0	0	0	1	2
0901	COXSACKIEVIRUS B1	0	0	0	1	0	0	0	0	0	0	0	1
0904	COXSACKIEVIRUS B4	0	0	0	2	0	0	1	0	0	0	0	3
0905	COXSACKIEVIRUS B5	0	0	0	1	0	0	0	0	0	0	0	1
1006	ECHOVIRUS TYPE 6	1	0	0	1	0	0	0	0	0	0	0	2
1009	ECHOVIRUS TYPE 9	0	4	0	4	0	0	1	0	0	0	1	10
1017	ECHOVIRUS TYPE 17	0	0	0	0	0	0	1	0	0	0	0	1
1030	ECHOVIRUS TYPE 30	0	0	0	8	0	0	0	0	0	0	0	8
1101	POLIOVIRUS TYPE 1	0	2	0	2	0	0	1	0	0	0	0	5
1102	POLIOVIRUS TYPE 2	0	0	0	0	0	0	1	0	0	0	0	1
1103	POLIOVIRUS TYPE 3	0	0	0	0	0	1	1	0	0	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	19	1	0	0	0	0	0	0	0	0	9	29
1301	HERPES SIMPLEX VIRUS - NOT TYP	2	0	0	0	0	0	0	0	0	0	2	4
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	7	3	0	0	0	0	0	1	0	0	1	12
1303	VARICELLA-ZOSTER VIRUS	1	0	1	0	0	0	0	0	0	0	10	12
1306	HERPES SIMPLEX TYPE 1	0	10	0	0	0	0	1	0	0	0	67	78
1307	HERPES SIMPLEX TYPE 2	0	0	0	0	0	0	0	0	0	0	86	86
1399	HERPES VIRUS TYPING PENDING	0	2	2	0	0	0	0	0	0	0	0	4
1401	COXIELLA BURNETI	5	1	0	0	0	0	0	0	0	0	0	6
1502	PICORNIA VIRUS - NOT TYPED = E	1	6	0	0	0	1	10	0	0	0	0	18
1515	CONTAGIOUS PUSTULAR DERMATITIS	0	0	0	0	0	0	0	0	0	0	1	1
1522	RUBELLA VIRUS	2	0	1	0	0	0	0	0	0	0	6	9
1532	HEPATITIS B ANTIGEN	60	0	0	0	0	0	0	50	1	0	0	111
1535	HEPATITIS A ANTIBODY	4	0	0	0	0	0	0	6	0	0	0	10
1541	CHLAMYDIA A - C. TRACHOMATIS	10	0	0	0	0	0	0	0	0	0	0	10
1543	CHLAMYDIA A - LGV TYPE	1	1	0	0	0	0	0	0	0	0	0	2
1556	CMV - CYTOMEGALOVIRUS	7	19	0	0	0	0	1	2	0	1	0	30
1562	REOVIRUS (ALL TYPES)	2	0	0	0	0	0	0	0	0	0	0	2
1564	ROTAVIRUS	2	0	0	0	0	0	81	0	0	0	0	83
1599	ENTEROVIRUS TYPING PENDING	0	2	0	2	0	0	2	0	1	0	0	7
9992	ROSS RIVER VIRUS	1	1	0	0	0	0	0	0	0	0	1	3
9994	SMALL VIRUS (LIKE) PARTICLE	0	0	0	0	0	0	1	0	0	0	0	1
TOTAL		139	223	4	21	1	4	116	59	2	2	188	759

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 2.

PERIOD 29/10/88 TO 11/11/88

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 C8 - 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	0	0	0	0	0	0	0	1	1	0	2
0103	ADENOVIRUS TYPE 3	1	0	0	0	0	0	0	0	0	0	1
0106	ADENOVIRUS TYPE 6	1	0	0	0	0	0	0	0	0	0	1
0108	ADENOVIRUS TYPE 8	2	0	0	0	0	0	0	0	0	0	2
0201	INFLUENZA A VIRUS	0	0	0	1	0	0	1	8	7	0	17
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	0	0	0	0	2	0	0	2
0600	MYCOPLASMA PNEUMONIAE	0	0	0	0	1	0	2	3	7	0	13
0809	COXSACKIEVIRUS A9	0	0	0	0	0	0	1	0	0	0	1
1009	ECHOVIRUS TYPE 9	0	0	0	0	0	0	1	0	0	0	1
1022	ECHOVIRUS TYPE 22	0	0	0	0	0	0	0	1	0	0	1
1101	POLIOVIRUS TYPE 1	0	0	0	0	0	0	0	0	0	1	1
1200	MUMPS VIRUS	0	0	0	0	0	0	0	2	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	2	74	0	0	0	0	0	0	2	0	78
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	0	12	3	0	0	0	3	0	0	18
1303	VARICELLA-ZOSTER VIRUS	0	0	0	1	0	0	0	1	0	0	2
1306	HERPES SIMPLEX TYPE 1	6	26	0	0	0	0	0	3	4	0	39
1307	HERPES SIMPLEX TYPE 2	0	150	0	0	0	0	0	0	0	0	150
1401	COXIELLA BURNETI	0	0	0	0	0	0	2	5	0	0	7
1521	MEASLES VIRUS	0	0	0	0	0	0	0	1	0	0	1
1522	RUBELLA VIRUS	0	0	0	0	0	0	0	1	1	0	2
1532	HEPATITIS B ANTIGEN	0	0	0	0	0	0	0	1	7	0	8
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	0	0	4	0	4
1541	CHLAMYDIA A - C. TRACHOMATIS	0	86	0	0	0	0	0	0	1	0	87
1543	CHLAMYDIA A - LGV TYPE	0	0	0	0	0	0	0	1	0	0	1
1556	CMV - CYTOMEGALOVIRUS	0	1	0	1	1	3	4	4	15	0	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	3	0	1	4
9992	ROSS RIVER VIRUS	0	0	0	0	4	0	0	0	0	0	4
9994	SMALL VIRUS (LIKE) PARTICLE	0	0	0	0	0	0	0	0	1	0	1
TOTAL		14	337	12	6	6	3	11	40	51	2	482