ISSN 0725 - 3141

Communicable Diseases Intelligence

Bulletin number 88/25
Issue date: 19 December 1988

Contents:

Editor Dr I.F. Cook

A NOTE FROM THE EDITOR

This is my last bulletin as editor of the *CDI* as I am resigning from the Department of Community Services and Health.

I would like to thank the many Australian contributors to the bulletin for both their original material and constructive criticism of published articles. The bulletin has become a collation of educational and informative data on communicable diseases from international and Australian sources which warrants continued support.

I would also like to thank the editorial staff for their excellent assistance during my time as editor of the bulletin.

Seasons greetings.

Ian Cook.

VIRUSES, CHLAMYDIAS, COXIELLAS, RICKETTSIAS AND MYCOPLASMAS REPORTING SCHEME: A total of 1451 reports were processed during this period.

Seventeen cases of Q fever (12 males, 5 females) were reported during this period. Ages ranged from 5 to 69 years. Two cases were reported in unvaccinated meatworkers (aged 29 and 58 years) from South Australia.

- The Bulletin is compiled and distributed by the Public Health Section, Communicable Diseases Branch, Department of Community Services and Health.
- Contributions are solicited, and do not preclude later publication elsewhere.
- Material appearing in the Bulletin may be quoted provided suitable acknowledgement is made.
- Figures given may be subject to revision.

Seven cases of echovirus type 30 were reported - 1 from New South Wales, 3 from Western Australia, and 3 from Victoria. Echovirus type 30 was isolated from a faecal from a 3 month old girl with SIDS. The progressive total for 1988 is now 125 isolates.

An untyped adenovirus was isolated from the heart, lungs, trachea, pancreas, salivary glands and bowel of a 9 month old girl with SIDS.

A small round virus was identified (using electron microscopy) in the faeces of a 2 month old boy with meningococcal meningitis and diarrhoea.

HAEMOPHILUS INFLUENZAE MENINGITIS

Following a report of 4 cases of *Haemophilus influenzae* meningitis from St George Hospital, Kogarah, NSW[1], the editor solicited any other reports of increased activity of invasive *H. influenzae* infection this year. The following two cases have been reported by Dr E Cox of Launceston General Hospital, Tasmania:

Case 1: A 23 year old woman, 16 weeks pregnant, was admitted on 23 October 1988 with a 36 hour history of sore throat progressing to epiglotitis with obstruction to the airway. She was managed with a tracheostomy in ICU and recovered following a course of cefotaxime. *Haemophilus influenzae* type b resistant to ampicillin was isolated from blood samples.

Case 2: A 2 year old male infant was admitted on 5 December 1988 with an 18 hour history of fever, drowsiness and vomiting. *Haemophilus influenzae* type b resistant to ampicillin was isolated from CSF and blood samples. The child is being treated with chloramphenicol.

REFERENCE

1. CDI (1988) 88/22: 2-3.

THE MISERY OF MEASLES FOR PATIENTS AND THEIR FAMILIES - A STUDY IN LONDON, UK

(Based on CDR 88/46:3, 18 November 1988)

The value of eliminating measles through vaccination has been assessed by cost benefit analysis[1], which has tended to emphasise the medical care costs and earning losses of parents. On the other hand most studies of the natural history of measles illness have concentrated upon measuring the medical complication rate[2,3]. The effects of hospital admission for whooping cough on patients and their families have been measured[4] and the impact of uncomplicated measles illness has recently been described[5]. As part of a local vaccination initiative, a small study to measure the misery of measles was conducted by the Hampstead Health Authority.

Subjects, methods and results

An interview record schedule was designed to collect information about the effect of recent measles illness on the child, the family and the health service. The study covered a 6 week period during which there were 81 measles notifications, involving 75 households in 2 London Boroughs. It was possible to make a single visit in office hours to interview parents in 23 households. The average interval between onset date and interview was 25 days.

Data were collected on 35 cases of whom 32, in 21 households, fulfilled the case definition of rash for 3 or more days, and fever with cough, coryza or conjunctivitis. There were 12 households with a single case, 7 with 2 cases each and 2 households with 3 cases each. The 20 boys and 12 girls affected were aged between one and 11 years and 16 of them attended school. Only 6 of the cases were said to have had earlier measles vaccination, but no attempt was made to corroborate this information.

The average illness duration was about 4 days, with a mean of 4.9 days of feeling miserable and 2.5 nights of disturbed sleep for each child (Table 1). Nearly all cases experienced appetite loss and misery but a half had sleep disturbance. There was a close correlation between the number of days of feeling miserable and the duration of fever (correlation coefficient = 0.7). A total of 39 prescriptions were written for the 32 children, with antibiotics (18) and antipyretics (10) the most common.

Table 1. Average impact per child*

Days of school missed (if school-going)	10.1
Days feeling miserable	4.9
Days with poor appetite	4.7
Days of fever	3.9
Nights in parents bed	2.7
Nights disturbed sleep	2.5
Days sleepy during day	2.5

* n=32, except school-going, where n=16

Table 2. Average impact per household

	Single case* household	multi-case* household
Nights of disturbed maternal sleep	1.8	5.0
Home visits by doctor	0.6	1.0
Surgery visits by mother	1.0	2.1

* number of households not stated.

The impact per household was measured separately for single and multi-case households (Table 2). An attempt was made to assess time off work but, because the interviews occurred during working hours, working mothers were under-represented in the sample.

CDR Editorial Comment

As none of the cases examined in this paper was hospitalised, and no serious complications were diagnosed, they presumably represent the milder cases of measles in the community. Nevertheless, measles had a considerable impact on even these cases, as well as on family and health service. Frequently measles is dismissed as a mild illness but our study suggests that the burden of misery from the 90,000 measles cases notified annually in England and Wales is considerable. Most of this misery could be avoided by measles vaccination in the second year of life.

References

1. Am J Pub Hlth (1985) 75: 739-44.
2. Am J Epidemiol (1974) 100: 136-49.
3. Br Med J (1978) 1: 1253.
4. Br Med J (1985) 290: 1636-8.
5. Br Med J (1987) 294: 1527-8.

AIDS IN CANADA: INCIDENCE AMONG WOMEN

(Based on CDWR (1988) 14:157-9)

A major concern in relation to the AIDS epidemic in Canada is the degree to which the human immunodeficiency virus (HIV) has spread and will spread in the heterosexual population. It is clear from sexual partner studies that HIV is transmissible from both men to women and women to men by vaginal intercourse[1]. Factors such as patterns of sexual behaviour, eg. the number and choice of sexual partners and sexual practices, including the use of condoms, and the efficiency of transmission will determine the rate and extent of spread in the general, heterosexual population.

The occurence of AIDS among women provides some indication about the extent of heterosexual transmission. Most cases of AIDS among women in Canada are due to known or presumed heterosexual transmission. Those cases that are not, eg. women infected by a contaminated blood transfusion, represent a potential risk of further heterosexual spread of HIV infection.

A recent review was made of cases of AIDS among women in Canada reported to the national surveillance program co-ordinated by the Federal Centre for AIDS. Of the total 1918 cases reported to 15 August 1988, 98 or 5.1% were among adult females, ie. those 15 years of age or older. Table 1 shows the number of AIDS cases diagnosed since the beginning of the epidemic by year of diagnosis. The proportion of adult females among total cases decreased in the first few years of the AIDS epidemic but has stabilized between 4 and 6% since 1984. The proportion is slightly lower for cases diagnosed in 1988; however, these data

must be considered preliminary since less than 25% of the 900-1000 total cases expected to be diagnosed in 1988[2] have been reported. The number of adult female cases is currently doubling approximately every 16 months. The numbers of cases are too small for meaningful future projections.

Table 1: Adult* and pediatric cases of AIDS reported to the Federal Centre for AIDS to 15 August 1988, by year of diagnosis.

	<1982	1982	1983	1984	1985	1986	1987	1988	Total
Women*	2	4	6	6	18	20	35	7	98
Men*	7	17	44	136	297	463	618	204	1786
Children	2	1	4	5	12	5	5	0	34
Total	11	22	54	147	327	488	658	211	1918
Percent Women (%)	18.2	18.2	11.1	4.1	5.5	4.1	5.3	3.3	5.1

* 15 years of age or older.

The distribution of AIDS cases among women by risk category and year of diagnosis is presented in Table 2. Approximately one-third of the cases are found in each of the following 3 categories:

- immigrants from endemic regions, ie. from countries in which heterosexual transmission is considered to be the predominant mode of spread, which include certain Caribbean and Central and East African countries;
- heterosexual partners of men known to be infected with HIV or at risk of HIV infection; and
- 'others' (including intravenous drug users and recipients of blood and blood products).

Among the 91 women for whom the likely mode of transmission could be determined, 65 or 71% had acquired their infection through heterosexual contact.

The number of AIDS cases among women immigrants from endemic regions as a proportion of the total women cases is decreasing over time, from 19 or 53% of the 36 cases diagnosed before 1986 to 13 or 21% of the 62 cases diagnosed in 1986 or later (chi-square, D<0.01).

Table 2: Cases of AIDS among women reported to the Federal Centre for AIDS to 15 August 1988, by risk category and year of diagnosis

	<1982	1982	1983	1984	1985	1986	1987	1988	Total	(%)
Endemic region	2	1	5	3	8	5	7	1	32	(32.7)
Heterosexual partner	0	2	1	2	5	8	10	5	33	(33.7)
Other*	0	1	0	0	4	5	15	1	26	(26.5)
No risk factor identified	0	0	0	1	1	2	3	0	7	(7.1)
Total	2	4	6	6	18	20	35	7	98	(100.0)

* Includes intravenous drug use (2) and receipt of blood and blood products (24).

The distribution of cases of AIDS among women by risk category and province/territory of residence and is shown in Table 3. Cumulative incidence rates are also shown; the Province of Quebec has the highest rate at 22.5 cases per 1 000 000 population. Ontario and Quebec account for 82% of the AIDS cases in women in Canada. Of note also is that all but 2 of the 32 cases among immigrants from endemic regions have occurred among residence of the province of Quebec.

Table 3: Cases of AIDS Among Women Reported to the Federal Centre for AIDS to 15 August 1988, by Risk Category and Province/Territory of Residence

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	Nfld.	N.W.T.	Yukon	Canada	(%)
Endemic region	0	0	0	0	2	30	0	0	0	0	0	0	32	(32.7)
Heterosexual partner	5	2	0	0	5	20	1	0	0	0	0	0	33	(33.7)
Other*	3	5	0	0	9	7	0	2	0	0	0	0	26	(26.5)
No risk factor identified	0	0	0	0	3	4	0	0	0	0	0	0	7	(7.1)
Total	8	7	0	0	19	61	1	2	0	0	0	0	98	(100.0)
Rate($/10^6$)**	6.7	7.7	0.0	0.0	5.0	22.5	3.5	5.6	0.0	0.0	0.0	0.0	9.5	

* Includes intravenous drug use (2) and receipt of blood and blood products (24).

** Cumulative incidence rate per 1 000 000 women 15 years of age or older: population estimates 1987, Statistics Canada.

Data are not available concerning the risk category of the male sexual partners for the 33 women in Canada infected by an identifiable sexual partner. However, of the 20 female heterosexual partner cases in Quebec, 14 apparently contracted their infection from immigrants from endemic regions.

CDWR Editorial Note:

The use of AIDS surveillance data as an indicator of HIV transmission has several limitations. Most importantly, these cases represent transmission that occurred from 2 to 10 or more years before AIDS was diagnosed. Secondly, these cases represent the so-called 'tip of the iceberg' since they do not include other HIV-infected individuals who are asymptomatic or less severely ill. Because of delays in reporting of cases, data for 1988 and the end of 1987, classified by time of diagnosis, are not yet complete.

The number of cases of AIDS among women in Canada is still relatively small; 98 cases have been diagnosed to August 1988 and this represents 5.1% of the total 1918 cases diagnosed. The proportion of total cases made up by women was high in the early years of the epidemic, mostly due to the preponderance of immigrants from endemic regions among AIDS cases. However, this proportion has stabilized at 4 to 6% since 1984. This should not be interpreted as indicating that AIDS is not an important and growing problem among women and among heterosexual individuals in general. Rather, the stable proportion indicates that the incidence of AIDS among women is increasing at approximately the same rate as for men, largely comprised of homosexual and bisexual men, among whom the AIDS epidemic continues to be a serious problem.

It is also important to remember that the reported AIDS cases represent only the small subgroup of HIV-infected women who have developed serious illness to date. Although the precise number of HIV-infected women in Canada is unknown, calculations included in a recently published report on AIDS in Canada provide some indication[3]. On this basis, an estimated 800 to 4000 women are currently infected with HIV. These women are at substantial risk of developing severe illness and of transmitting HIV infection to their sexual partners and newborn children.

Thus, continued vigilance is necessary and preventive interventions aimed at sexually active women should be continued and reinforced.

REFERENCES

1. N Engl J Med (1987) 317: 1125-35.
2. Bureau of Epidemiology and Surveillance. Surveillance update: AIDS in Canada. Federal Centre for AIDS, 15 August 1988; Report 8.2:8.
3. Prevalence of HIV infection in Canada. In: AIDS: A Perspective for Canadians, Background Papers. Ottawa: The Royal Society of Canada, (1988) p101-13.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES
BASED ON DATE OF REPORTING

PERIOD 26/11/88 TO 13/12/88

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) 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	6	9	4	5	6	4	1	12	47
0101	ADENOVIRUS TYPE 1	1	2	1	0	0	0	0	0	4
0102	ADENOVIRUS TYPE 2	0	1	1	0	3	0	0	0	5
0103	ADENOVIRUS TYPE 3	0	2	4	0	0	0	0	0	6
0104	ADENOVIRUS TYPE 4	0	1	1	0	0	0	0	0	2
0108	ADENOVIRUS TYPE 8	0	0	0	0	2	0	0	0	2
0109	ADENOVIRUS TYPE 9	1	0	0	0	0	0	0	0	1
0110	ADENOVIRUS TYPE 10	0	0	0	0	2	0	0	0	2
0111	ADENOVIRUS TYPE 11	0	0	0	0	1	0	0	0	1
0119	ADENOVIRUS TYPE 19	0	0	0	0	1	0	0	0	1
0130	ADENOVIRUS TYPE 30	0	0	0	0	1	0	0	0	1
0199	ADENOVIRUS TYPING PENDING	2	0	0	2	0	1	0	0	5
0201	INFLUENZA A VIRUS	2	0	4	0	2	0	0	0	8
0203	INFLUENZA B VIRUS	0	2	0	0	1	0	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	0	1	0	0	0	0	0	1
0303	PARAINFLUENZA VIRUS TYPE 3	3	16	2	10	0	0	1	14	48
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	4	2	1	1	0	3	0	11
0500	RHINOVIRUS (ALL TYPES)	1	2	19	13	3	1	0	10	49
0600	MYCOPLASMA PNEUMONIAE	19	9	47	14	9	0	1	0	99
0700	ORNITHOSIS-PSITTACOSIS	4	0	0	0	0	0	0	0	4
0800	COXSACKIEVIRUSES GROUP A - NOT	0	1	0	0	0	0	0	0	1
0809	COXSACKIEVIRUS A9	0	0	1	0	0	0	0	0	1
0904	COXSACKIEVIRUS B4	0	1	0	0	1	0	0	0	2
1006	ECHOVIRUS TYPE 6	0	3	0	0	0	0	0	0	3
1007	ECHOVIRUS TYPE 7	0	1	0	0	0	0	0	0	1
1009	ECHOVIRUS TYPE 9	2	10	0	0	0	0	0	0	12
1019	ECHOVIRUS TYPE 19	0	1	0	0	0	0	0	0	1
1022	ECHOVIRUS TYPE 22	0	0	0	0	1	0	0	0	1
1030	ECHOVIRUS TYPE 30	3	3	0	0	1	0	0	0	7
1101	POLIOVIRUS TYPE 1	0	2	0	0	0	0	0	0	2
1102	POLIOVIRUS TYPE 2	0	2	0	0	1	0	0	0	3
1200	MUMPS VIRUS	0	0	0	0	1	1	0	0	2
1300	HERPES VIRUS GROUP - NOT TYPED	0	11	0	0	0	1	0	0	12
1301	HERPES SIMPLEX VIRUS - NOT TYP	0	4	0	0	129	0	1	0	134
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	13	12	0	12	2	0	0	39
1303	VARICELLA-ZOSTER VIRUS	3	5	3	0	4	3	0	4	22
1306	HERPES SIMPLEX TYPE 1	27	48	15	0	7	18	0	28	143
1307	HERPES SIMPLEX TYPE 2	43	81	17	0	33	39	0	39	252
1399	HERPES VIRUS TYPING PENDING	2	0	0	7	0	0	0	0	9
1401	COXIELLA BURNETI	2	1	2	0	12	0	0	0	17
1502	PICORNIA VIRUS - NOT TYPED = E	0	10	0	0	7	5	8	14	44
1515	CONTAGIOUS PUSTULAR DERMATITIS	0	1	0	0	0	0	0	0	1
1521	MEASLES VIRUS	1	0	0	0	0	0	0	0	1
1522	RUBELLA VIRUS	5	0	5	0	6	0	0	0	16
1531	HEPATITIS B VIRUS (CHANGE TO 1	1	0	0	0	0	0	0	0	1
1532	HEPATITIS B ANTIGEN	13	17	9	1	25	4	0	17	86
1535	HEPATITIS A ANTIBODY	1	10	1	1	3	0	0	1	17
1541	CHLAMYDIA A - C. TRACHOMATIS	0	29	38	0	15	0	1	12	95
1543	CHLAMYDIA A - LGV TYPE	0	0	0	0	0	2	0	0	2
1556	CMV - CYTOMEGALOVIRUS	19	13	1	3	16	8	3	14	77
1564	ROTAVIRUS	1	22	29	18	11	5	0	19	106
1566	NORWALK AGENT	0	0	0	1	0	0	0	0	1
1599	ENTEROVIRUS TYPING PENDING	0	0	0	9	0	7	1	0	17
9901	ARBOVIRUS GROUP A.(UNSPECIFIED	2	0	0	0	0	0	0	0	2
9902	ROSS RIVER VIRUS	8	7	0	0	0	0	0	0	15
9904	SMALL VIRUS (LIKE) PARTICLE	0	4	0	0	0	0	0	0	4
9905	DENGUE	0	2	0	0	0	0	0	0	2
TOTAL		172	352	319	85	317	102	20	134	1451

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 1.

PERIOD 26/11/88 TO 13/12/88

1. CODE 00, 99 ..... - NO ILL OR DATA
2. CODE 01, 02, 11, 12 - RESPIRATORY
3. CODE 03 ..... - ENCEPHALITIS
4. CODE 08 ..... - 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 69 ... - URINARY TRACCT
11. CODE 06 ... - SKIN MUCOUS

		1	2	4	5	6	7	8	9	10	11	TOTAL
0100	ADENOVIRUS NOT TYPED	2	14	0	1	0	26	0	0	0	0	43
0101	ADENOVIRUS TYPE 1	0	1	0	0	0	2	0	0	0	0	3
0102	ADENOVIRUS TYPE 2	0	1	0	0	0	3	0	0	0	1	5
0103	ADENOVIRUS TYPE 3	0	3	0	0	0	0	0	0	0	0	3
0104	ADENOVIRUS TYPE 4	0	1	0	0	0	0	0	0	0	1	2
0109	ADENOVIRUS TYPE 9	0	1	0	0	0	0	0	0	0	0	1
0111	ADENOVIRUS TYPE 11	1	0	0	0	0	0	0	0	0	0	1
0119	ADENOVIRUS TYPE 19	0	0	0	0	0	1	0	0	0	0	1
0130	ADENOVIRUS TYPE 30	0	0	0	0	0	1	0	0	0	0	1
0199	ADENOVIRUS TYPING PENDING	0	2	0	0	0	0	0	0	0	0	2
0201	INFLUENZA A VIRUS	0	4	0	0	0	0	0	2	0	0	6
0203	INFLUENZA B VIRUS	0	2	0	0	0	0	0	1	0	0	3
0302	PARAINFLUENZA VIRUS TYPE 2	0	1	0	0	0	0	0	0	0	0	1
0303	PARAINFLUENZA VIRUS TYPE 3	2	42	0	0	0	0	0	0	0	1	45
0400	RESPIRATORY SYNCYTIAL VIRUS (P	0	10	0	0	0	0	0	0	0	0	10
0500	RHINOVIRUS (ALL TYPES)	0	46	0	0	0	0	0	0	0	0	46
0600	MYCOPLASMA PNEUMONIAE	9	65	0	0	0	0	0	1	0	2	77
0700	ORNITHOSIS-PSITTACOSIS	1	2	0	0	0	0	0	0	0	0	3
0800	COXSACKIEVIRUSES GROUP A - NOT	0	0	0	0	0	0	0	0	0	1	1
0809	COXSACKIEVIRUS A9	0	1	0	0	0	0	0	0	0	0	1
0904	COXSACKIEVIRUS B4	0	1	0	0	0	1	0	0	0	0	2
1006	ECHOVIRUS TYPE 6	0	1	1	0	0	1	0	0	0	0	3
1009	ECHOVIRUS TYPE 9	1	2	4	0	0	1	0	0	0	0	8
1019	ECHOVIRUS TYPE 19	0	0	0	0	0	1	0	0	0	0	1
1022	ECHOVIRUS TYPE 22	0	0	0	0	0	1	0	0	0	0	1
1030	ECHOVIRUS TYPE 30	0	0	6	0	0	0	0	0	0	0	6
1101	POLIOVIRUS TYPE 1	0	1	0	0	0	1	0	0	0	0	2
1102	POLIOVIRUS TYPE 2	1	1	0	0	0	1	0	0	0	0	3
1200	MUMPS VIRUS	0	0	0	0	0	0	1	0	0	0	1
1300	HERPES VIRUS GROUP - NOT TYPED	1	0	0	0	0	0	0	0	0	9	10
1301	HERPES SIMPLEX VIRUS - NOT TYP	27	0	0	0	0	0	0	0	0	29	56
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	8	4	0	0	0	0	0	0	0	1	13
1303	VARICELLA-ZOSTER VIRUS	3	1	0	0	1	0	0	0	0	17	22
1306	HERPES SIMPLEX TYPE 1	3	2	0	0	0	0	0	0	0	88	93
1307	HERPES SIMPLEX TYPE 2	2	0	0	0	0	0	0	0	0	56	62
1399	HERPES VIRUS TYPING PENDING	0	3	0	0	0	0	1	0	0	3	7
1401	COXIELLA BURNETI	8	1	0	0	0	0	0	0	0	0	9
1502	PICORNIA VIRUS - NOT TYPED = E	3	8	4	0	0	13	2	1	1	0	34
1515	CONTAGIOUS PUSTULAR DERMATITIS	0	0	0	0	0	0	0	0	0	1	1
1521	MEASLES VIRUS	1	0	0	0	0	0	0	0	0	0	1
1522	RUBELLA VIRUS	1	0	0	0	0	0	0	0	0	10	11
1531	HEPATITIS B VIRUS (CHANGE TO 1	1	0	0	0	0	0	0	0	0	0	1
1532	HEPATITIS B ANTIGEN	37	0	0	0	0	0	43	0	0	0	80
1535	HEPATITIS A ANTIBODY	1	0	0	0	0	0	15	0	0	0	16
1541	CHLAMYDIA A - C. TRACHOMATIS	9	2	0	0	0	0	0	0	0	0	11
1543	CHLAMYDIA A - LGV TYPE	0	1	0	0	0	0	0	0	0	0	1
1556	CMV - CYTOMEGALOVIRUS	7	21	0	0	1	0	4	1	3	1	38
1564	ROTAVIRUS	1	0	0	0	1	104	0	0	0	0	106
1599	ENTEROVIRUS TYPING PENDING	0	3	4	0	0	4	0	0	0	2	13
9992	ROSS RIVER VIRUS	0	1	0	0	0	0	0	0	0	2	3
9994	SMALL VIRUS (LIKE) PARTICLE	1	0	0	0	0	3	0	0	0	0	4
9995	DENGUE	1	0	0	0	0	0	1	0	0	0	2
TOTAL		132	249	19	1	5	164	67	6	4	255	902

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

VIRAL IDENTIFICATIONS BY CLINICAL INFORMATION TABLE 2.

PERIOD 26/11/88 TO 13/12/88

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 P6 - 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	1	0	1	4
0101	ADENOVIRUS TYPE 1	1	0	0	0	0	0	0	0	0	0	1
0103	ADENOVIRUS TYPE 3	3	0	0	0	0	0	0	0	0	0	3
0108	ADENOVIRUS TYPE 8	2	0	0	0	0	0	0	0	0	0	2
0110	ADENOVIRUS TYPE 10	2	0	0	0	0	0	0	0	0	0	2
0199	ADENOVIRUS TYPING PENDING	0	0	0	0	0	0	0	1	2	0	3
0201	INFLUENZA A VIRUS	0	0	0	0	0	0	1	1	0	0	2
0303	PARAINFLUENZA VIRUS TYPE 3	0	0	0	0	0	0	0	2	0	1	3
0400	RESPIRATORY SYNCYTIAL VIRUS (R	0	0	0	0	0	0	0	0	1	0	1
0500	RHINOVIRUS (ALL TYPES)	0	0	0	0	0	0	1	1	1	0	3
0600	MYCOPLASMA PNEUMONIAE	0	0	1	0	1	0	2	5	13	0	22
0700	ORNITHOSIS-PSITTACOSIS	0	0	0	0	0	0	0	1	0	0	1
1007	ECHOVIRUS TYPE 7	0	0	0	0	0	0	0	0	1	0	1
1009	ECHOVIRUS TYPE 9	0	0	0	1	0	0	0	3	0	0	4
1030	ECHOVIRUS TYPE 30	0	0	0	0	0	0	0	0	0	1	1
1200	MUMPS VIRUS	0	0	1	0	0	0	0	0	0	0	1
1300	HERPES VIRUS GROUP - NOT TYPED	0	2	0	0	0	0	0	0	0	0	2
1301	HERPES SIMPLEX VIRUS - NOT TYP	1	74	0	0	0	0	0	0	3	0	78
1302	EPSTEIN-BARR VIRUS (EB VIRUS)	0	0	14	4	0	0	0	6	2	0	26
1306	HERPES SIMPLEX TYPE 1	4	40	0	0	0	0	0	3	3	0	50
1307	HERPES SIMPLEX TYPE 2	0	163	0	0	0	0	0	0	1	0	164
1399	HERPES VIRUS TYPING PENDING	0	2	0	0	0	0	0	0	0	0	2
1401	COXIELLA BURNETI	0	0	0	0	0	0	1	3	4	0	8
1502	PICORNIA VIRUS - NOT TYPED = E	0	0	0	2	0	0	1	1	6	0	10
1522	RUBELLA VIRUS	0	0	1	0	0	0	0	2	2	0	5
1532	HEPATITIS B ANTIGEN	0	0	0	0	0	0	0	1	5	0	6
1535	HEPATITIS A ANTIBODY	0	0	0	0	0	0	0	0	1	0	1
1541	CHLAMYDIA A - C. TRACHOMATIS	2	80	0	0	0	0	0	0	0	0	84
1543	CHLAMYDIA A - LGV TYPE	0	0	0	0	0	0	0	1	0	0	1
1556	CMV - CYTOMEGALOVIRUS	0	1	0	4	0	1	2	12	18	1	39
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	1	0	3	4
9901	ARBOVIRUS GROUP A.(UNSPECIFIED	0	0	0	0	0	0	0	2	0	0	2
9902	ROSS RIVER VIRUS	0	0	0	0	11	0	0	1	0	0	12
TOTAL		17	364	17	11	12	1	8	46	64	7	549

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