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Communicable Diseases Intelligence

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Editor Dr I.F. Cook

Contents:

VIRUS REPORTING SCHEME: A total of 1 325 reports were processed for this period.

Seventeen cases of Q fever were reported, 1 from Victoria, 7 from New South Wales and 9 from Queensland. Occupational exposure data were only available for 5 of the Queensland cases:-

- 4 male meatworkers (1 from Inverell aged 20 years, 1 from Warwick aged 20 years, 1 from Tamworth aged 21 years and 1 from Beenleigh aged 15 years); and
- a 22 year old male butcher from Inverell.

Four additional cases of Q fever were reported in adult males, 3 graziers and 1 meatworker from Rockhampton (Dr Lynch - personal communication). None of these twenty-one patients was involved in the Q fever vaccine field trial conducted in South Australia.

Adenovirus type 1 was isolated from the nasal aspirate of a 5 month old male with a congenital cytomegalovirus syndrome complicated by a severe lower respiratory tract infection.

Parainfluenza type 2 virus was isolated from the nasal aspirate of a 5 month old female who had a chest infection and paroxysmal cough similar to that seen with B. pertussis infection.

Orf virus, demonstrated by electron microscopy, was isolated from cutaneous lesions on the lower arm of a 23 year old male shearer.

The Bulletin is compiled and distributed by the Communicable Diseases Branch, Department of Health, P.O. Box 100, Woden, A.C.T. 2606, Australia, and is available on request.

MENINGOCOCCAL SEPTICAEMIA - NEPAL

(Contributed by Dr P.J. Christopher, NSW Health Department, Dr A Lloyd, Prince Henry Hospital - Sydney, and Dr G. Rouch, Victoria Health Commission).

Neisseria meningitidis serogroup A was cultured from the blood of a 25 year old male who returned to Australia from a backpacking holiday in Nepal. During the return flight he became ill, developing a petechial rash. Upon arrival he was transferred to hospital and became comatose soon after admission. A diagnosis of meningococcal septicaemia was established, and despite intravenous aqueous penicillin treatment the patient failed to regain consciouness and died 15 days later. The patient had not been immunised with the bivalent A/C meningococcal vaccine.

CDI Editorial comment

Meningococcal disease is mostly due to serogroups A, B and C. Group A is generally associated with disease in the highly endemic areas such as the 'meningitis belt' across sub-Saharan Africa and Egypt. It has been associated with epidemics in Brazil, Nepal, Mongolia and Vietnam. Group C is the only other serogroup that causes major epidemics; it was responsible for much of the disease in a recent epidemic in Brazil and it appears that the dominant group in part of the 'meningitis belt' of Africa may be changing to C.

A bivalent A/C meningococcal meningitis vaccine is available in Australia through CSL (contact Mr David Murphy 03 3891911) in single dose ampoules at a minimum cost of $25. One dose of this vaccine provides protection against the A and C serogroups and is associated with minimal adverse reactions.

General practitioners should consider giving this vaccine to travellers/short-term residents who will be living in/backpacking through rural communities in Ghana, Burkina Faso (Upper Volta), Niger, Nigeria, Mali, Sudan, Chad, Egypt, Brazil, Nepal, Mongolia and Vietnam.

Further information in relation to this matter is available from:

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Meningococcal Meningitis Vaccine
Product Information (Commonwealth Serum Laboratories)

Vaccine: Mencevax(R) AC (Smith Klyne & French)
Group A and C polysaccharide meningococcal vaccine.

Age: Adults and children 2 years and over.

Immunising dosage:

0.5 mL

Optimum interval between doses:

Single dose

Route: Subcutaneous injection

Booster immunisation:

Data on the persistence of antibody response is limited and the optimal time for re-vaccination is not known at present. It appears likely that the antibody response will last for at least 1 year, possibly longer.

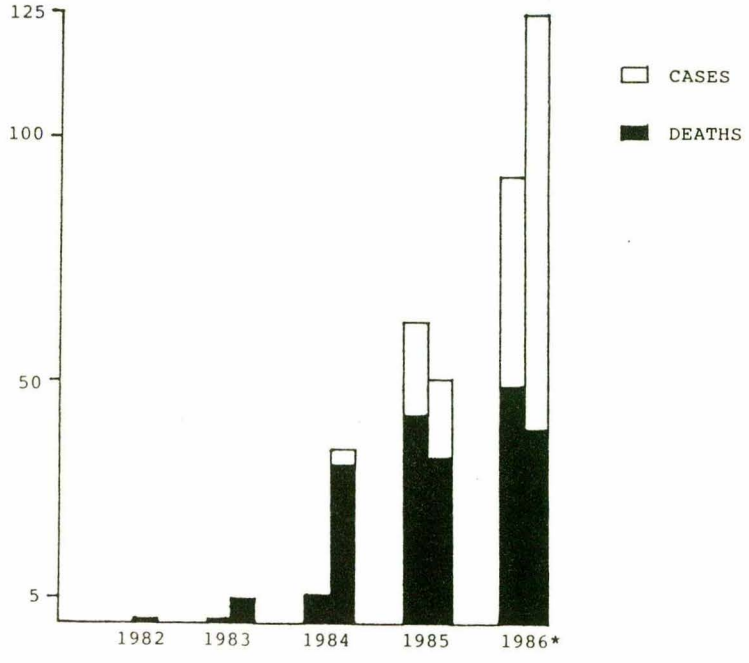
Vaccine storage:

2° to 8°C. Discard if not used within 8 hours of adding diluent.

AIDS SURVEILLANCE - AUSTRALIA

To 25 February 1987, 407 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 six monthly incidence of AIDS cases and deaths reported between July 1982 and December is depicted in Figure 1. 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.

Figure 1: Number of AIDS cases and deaths per six-month period - July 1982 to December 1986.



* data incomplete

TABLE 1: AIDS patients by State or Territory of notification

STATE/ TERRITORY	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
NSW	274	9	283	146	7	153
VIC	64	1	65	26	-	26
QLD	25	2	27	19	2	21
WA	20	2	22	8	1	9
SA	5	-	5	2	-	2
NT	2	-	2	1	-	1
TAS	1	-	1	1	-	1
ACT	2	-	2	1	-	1
	393	14	407	204	10	214

TABLE 2: AIDS patients by age group

AGE (YEARS)	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
0- 9	4	-	4	4	-	4
10-19	3	1	4	3	1	4
20-29	78	2	80	43	1	44
30-39	163	-	163	75	-	75
40-49	106	3	109	54	2	56
50-59	29	3	32	17	3	20
60+	10	5	15	8	3	11
	393	14	407	204	10	214

TABLE 3: AIDS patients by risk category

RISK GROUP	CASES	DEATHS
Homo-/Bi-sexual	357	181
IV drug abuser	1	-
Homo-/Bi-sexual IV drug abuser	12	3
Blood transfusion recipient	28	23
Person with haemophilia	5	4
Heterosexual transmission	2	2
None of the above	2	1
	407	214

TABLE 4: AIDS patients by clinical presentation

INITIAL DISEASE REPORTED	CASES	DEATHS
Opportunistic infection alone or with *P. carinii* pneumonia	302	168
Kaposi's sarcoma (KS)	75	34
KS and opportunistic infection	12	5
Lymphoma	18	7
	407	214

AIDS UPDATE - INTERNATIONAL
(Based on WER No. 17, 13 February 1987)

Global Data - AIDS cases reported to WHO, by country, as of 11 February 1987.

Country/Area	Date of report	Number of cases
Anguilla	30.06.86	–
Antigua and Barbuda	31.12.85	–
Argentina	31.01.87	69
Australia	22.01.87	382
Austria	31.12.86	54
Bahamas	30.06.86	68
Bangladesh	31.12.86	–
Barbados	30.06.86	4
Belgium	31.12.86	207
Belize	31.12.85	–
Benin	13.11.86	2
Bermuda	30.06.86	42
Bhutan	31.12.86	–
Bolivia	30.06.86	1
Botswana	26.09.86	6
British Virgin Islands	31.12.85	–
Brazil	31.12.86	1 012
Bulgaria	30.06.86	–
Burkina Faso	13.11.86	–
Burma	31.12.86	–
Cameroon	13.11.86	21
Canada	31.01.87	809
Cayman Islands	30.06.86	–
Central African Republic	13.11.86	202
Chad	13.11.86	1
Chile	30.06.86	12
China	03.11.86	1
China (Province of Taiwan)	26.01.86	1
Colombia	31.12.85	5
Comoros	13.11.86	–
Congo	13.11.86	250
Costa Rica	30.06.86	12
Côte d'Ivoire	13.11.86	118
Cuba	30.06.86	1
Cyprus	08.10.86	1
Czechoslovakia	31.12.86	6
Denmark	01.01.87	131
Dominica	31.12.85	–
Dominican Republic	08.12.86	127
Eastern Mediterranean Region	31.10.86	16
Ecuador	30.06.86	7
El Salvador	30.06.86	2
Ethiopia	13.11.86	–
Finland	30.09.86	14
France	31.12.86	1 253
French Guiana	31.12.85	31
Gabon	13.11.86	–
Gambia	13.11.86	–
Germany, Federal Republic of	31.01.87	875
German Democratic Republic	31.12.86	1
Ghana	13.11.86	73
Greece	31.12.86	35
Grenada	31.12.85	2
Guadeloupe	31.12.85	16
Guatemala	30.09.86	10
Guinea	13.11.86	–
Guinea Bissau	13.11.86	–
Guyana	31.12.85	–
Haiti	30.11.86	785
Honduras	30.06.86	6
Hong Kong	03.11.86	3
Hungary	31.12.86	1
Iceland	31.12.86	4
India	31.12.86	5

Country/Area	Date of report	Number of cases
Indonesia	31.12.86	–
Ireland	31.12.86	14
Israel	31.12.86	34
Italy	31.12.86	460
Jamaica	30.06.86	5
Japan	19.12.86	25
Kenya	13.11.86	109
Lesotho	13.11.86	1
Liberia	13.11.86	–
Luxembourg	31.12.86	6
Madagascar	13.11.86	–
Malawi	13.11.86	13
Maldives	31.12.86	–
Malta	31.12.86	5
Martinique	31.12.85	6
Mauritania	13.11.86	–
Mauritius	13.11.86	–
Mexico	08.12.86	249
Montserrat	31.12.85	–
Mozambique	31.12.86	1
Nepal	31.12.86	–
Netherlands	31.12.86	218
New Zealand	03.11.86	22
Nicaragua	31.12.85	–
Nigeria	13.11.86	–
Norway	31.12.86	35
Panama	30.06.86	9
Paraguay	31.12.85	–
Peru	30.06.86	9
Poland	31.12.86	1
Portugal	31.12.86	46
Republic of Korea	05.06.86	–
Romania	31.12.86	2
Saint Christopher and Nevis	31.12.85	1
Saint Lucia	30.06.86	10
Saint Vincent and the Grenadines	30.06.86	3
Senegal	13.11.86	–
Seychelles	13.11.86	–
Singapore	04.10.86	1
South Africa	24.10.86	41
Spain	19.11.86	242
Sri Lanka	31.12.86	1
Suriname	30.06.86	2
Swaziland	13.11.86	–
Sweden	24.01.87	93
Switzerland	31.12.86	192
Thailand	31.12.86	6
Togo	13.11.86	–
Trinidad and Tobago	30.06.86	108
Tunisia	14.05.86	2
Turkey	25.04.86	2
Turks and Caicos Islands	30.06.86	–
Uganda	13.11.86	766
USSR	31.12.86	1
United Kingdom	31.12.86	638
United States of America	19.01.87	29 536
United Republic of Tanzania	13.11.86	699
Uruguay	30.06.86	7
Vanuatu	30.09.86	–
Venezuela	08.12.86	69
Yugoslavia	31.12.86	8
Zambia	13.11.86	250
Zimbabwe	13.11.86	6
Total		40 638

AIDS UPDATE - UNITED STATES

(Based on MMWR Vol. 35/No. 49, 12 December 1986)

As at 8 December 1986, physicians and Health Departments in the U.S. had reported 28,098 patients (Table 1) meeting AIDS case definition for national reporting.

TABLE 1: AIDS cases and deaths, as at 8 December 1986, U.S.A.

	Cases	Deaths	Case-Fatality Rate
ADULTS	27 704	15 516	56%
CHILDREN	394	241	61%
TOTAL	28 098	15 757*	56%

*80% of deaths occurred in patients diagnosed before January 1985.

Since the initial reports of AIDS in early 1981, the number of cases reported for each 6-month period continues to increase. However, the increases are not exponential, as evidenced by the lengthening of case doubling time (Table 2).

TABLE 2: AIDS cases by reporting dates and case doubling time - U.S.A., 8 December 1986

Cumulative Cases Reported	Date*	Doubling time (months)*
110	Sept 1981	-
220	Jan 1982	5
439	Jun 1982	6
878	Dec 1982	6
1756	Jul 1983	7
3512	Feb 1984	8
7025	Dec 1984	9
14049	Oct 1985	11
18098	Dec 1986	13

*Doubling time was calculated in days but is reported here to nearest month.

During the past 8 months, an average of 58 AIDS cases, have been reported to CDC daily, compared with 35 cases reported during the same period in 1985, 20 cases in 1984, and 10 cases in 1983. Cases have been reported from all 50 States, the District of Columbia, and four U.S. Territories.

ADULT PATIENTS:

Ninety three percent (25,834 out of 27,704) of adult AIDS patients are men. There has been no significant change over time in distribution of male patients by:

. age: - 90% of men with AIDS are between 20 to 49 years of age (mean : 37 years)

. race: - 63% are white
- 22% are black
- 14% are Hispanic
- 1% are of unknown race/ethnicity.

Pneumocystis Carinii Pneumonia (PCP) continues to be the most common opportunistic disease report among AIDS patients:

- 64% of men had Pneumocystis Carinii Pneumonia (PCP);
- 21% had other opportunistic diseases without PCP;
- 15% had Kaposi's Sarcoma (KS) alone (95% of patients with KS have been homosexual or bisexual men).

Women with AIDS have been reported from 41 States, the District of Columbia, and three U.S. Territories. The number of cases varies greatly from one to 877 (median = 6) with 72% of female cases reported from Florida, New Jersey and New York (compared with 42% of male cases reported from these three States).

The distribution of female AIDS patients by age and race is as follows:

. age: 80% of women with AIDS are between 20 to 49 years of age (mean = 35 years)

. race: - 27% are white
- 52% are black
- 20% are Hispanic
- 1% are of unknown race/ethnicity.

PCP remains also the most common opportunistic disease reported among female AIDS patients:

- 67% of women AIDS patients had PCP
- 31% had other opportunistic diseases without PCP
- 2% had Kaposi's Sarcoma (KS) alone.

Ninety seven percent of all adult AIDS patients can be placed in groups that suggest a possible means of disease acquisition:

- 66% of all reported cases (70% of male cases) are homosexual or bisexual men who are not known IV drug users.
- 17% of all cases (15% of male cases and 51% of female cases) are heterosexual IV drug users.
- 8% of all cases (8% of male cases) are homosexual or bisexual) men who are IV drug users.
- 1% of all cases (1% of male cases; 0.4% of female cases) are persons with haemophilia or coagulation disorders.
- 4% of all cases (2% of male cases and 27% of female cases) are heterosexual sex partners of persons with AIDS or at risk for AIDS. This category includes persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role.

- 2% of all cases (1% of male cases and 10% of female cases) are recipients of transfused blood or blood products/components.
- 3% of AIDS patients (3% of male patients and 11% of female patients) have possible means of disease acquisition undetermined.

Except for women with a coagulation disorder, the number of AIDS cases report per year continues to increase in all patient groups (Table 3).

TABLE 3 AIDS cases reported by risk group, by year, and with percentage of yearly increases* - U.S., at 8 December 1986

RISK GROUP	Before 12/8/82 No.	12/9/82 - 12/8/83 No. (%incr)*	12/9/83 - 12/9/84 No. (%incr)*	12/9/84 - 12/9/85 No. (%incr)*	12/9/85 12/9/86 No. (%incr)*	TOTAL
ADULT (Male)						
Homo-/Bi-sexual	562	1252 (123%)	2720 (117%)	5306 (95%)	8322 (57%)	18162
IV drug abuser	98	295 (201%)	561 (90%)	1132 (102%)	1674 (48%)	3760
Homo-/Bi-sexual IV drug abuser	74	794 (162%)	396 (104%)	576 (45%)	925 (61%)	2165
Blood transfusion recipients	1	14 (1300%)	28 (100%)	96 (243%)	185 (93%)	324
Person with haemophilia	6	11 (83%)	31 (182%)	66 (113%)	119 (80%)	233
Heterosexual transmission	41	69 (68%)	106 (54%)	131 (24%)	195 (49%)	542
None of the above	16	51 (219%)	81 (59%)	158 (95%)	342 (116%)	648
Male Subtotal	798	1886 (136%)	3923 (108%)	7465 (90%)	11762 (58%)	25834
ADULT (Female)						
IV drug abuser	26	79 (204%)	152 (92%)	276 (82%)	430 (56%)	963
Blood transfusion recipients	2	12 (500%)	20 (67%)	57 (185%)	90 (58%)	181
Person with haemophilia	0	0	2	2 (0%)	3 (0%)	7
Heterosexual transmission	16	32 (100%)	60 (87%)	131 (118%)	275 (110%)	514
None of the above	7	17 (143%)	24 (41%)	65 (171%)	92 (42%)	205
Female Subtotal	51	140 (175%)	258 (84%)	531 (106%)	890 (68%)	1870
ADULT SUBTOTAL	849	2026 (139%)	4181 (106%)	7996 (91%)	12652 (58%)	27704
PAEDIATRIC	1	41 (4000%)	50 (22%)	124 (148%)	178 (44%)	394
TOTAL	850	2067 (143%)	4231 (105%)	8120 (92%)	12830 (58%)	28098

AIDS patients reported as not belonging to recognised risk groups are investigated by local health officials to determine if possible risk factors exist. Of all AIDS patients reported to CDC, who were initially identified as not belonging to a risk group and who were available for follow-up, 72% have been reclassified either because risk factors were identifed or because the patient was found not to meet the case surveillance definition.

Of the 853 AIDS patients currently listed as not belonging to recognised risk groups:

. information is incomplete on 206 due to

- 158 deaths
- 34 refused to be interviewed
- 14 lost to follow-up;

. information is being sought on the remaining 647 patients:

- 458 are currently under investigation
- 189 have no risk identified despite the fact that they were interviewed or for whom other follow-up information was obtained. However, of those patients responding to a standardised questionnaire:

  . 40/125 (32%) gave histories of gonorrhoea and/or syphilis; and
  . 19/70 men (27%) gave a history of prostitute contact, indicating that these AIDS patients were at potential risk for other sexually-transmitted infections.

The availability of laboratory tests to detect HIV antibody made it possible to increase the sensitivity and specificity of the AIDS case definition used for national reporting . Of the AIDS case reports submitted to CDC, HIV antibody test results were included for:

. 24.5% of the patients (6,897 patients - 6,558 with recognised risk factors and 339 for whom no risk has been identified)

. Eighty nine (1.4%) of the tested patients with recognised risk factors, compared with 27 (8%) of those without identified risk factors, were reported as HIV antibody negative ($P < 0.001$).

PAEDIATRIC PATIENTS

Among 394 AIDS patients aged less than 13 years, 347 (88%) are less than 5 years old. The following demographic and clinical breakdown is outlined:

. RACE: - 20% are white
  - 57% are black
  - 22% are Hispanic
  - 1% are of unknown race/ethnicity

. SEX: - 55% are male
  - 45% are female

. OPPORTUNISTIC DISEASES:

- 52% were diagnosed with PCP
- 47% with other opportunistic diseases and no PCP
- 1% with Kaposi's Sarcoma (KS) alone

. RISK GROUPS:

- 311 (79%) came from families in which one or both parents had AIDS or were at increased risk for developing AIDS;

- 22 (6%) had haemophilia;

- 51 (13%) had received transfusions of blood or blood components before onset of illness; and

- 10 (3%) had incomplete risk factor information on the parents.

Paediatric patients have been reported from 29 States, the District of Columbia, and Puerto Rico. Reported cases per area ranged from one to 141 (median = 4). Over 72% of the 311 paediatric patients who acquired infection perinatally, are residents of Florida, New Jersey and New York.

OTHER MODES OF TRANSMISSION

There continues to be no evidence of non-specific transmission through casual contact; insect bites; or foodborne, waterborne, or environmental spread among AIDS cases.

The situation is more clear in the 5 - to 15 - year old age group, which lies between the youngest children for whom perinatal transmission is the most important and the adult age groups where sexual and drug related transmission predominate. 5 to 15 year olds, who include the majority of school children, comprise 16% of the U.S. population. However, only 62 AIDS cases (0.2% of total cases) have occurred in this large group, which is exposed like other groups to casual contact with HIV - infected persons, insects, and environmental factors. Of these, 61 (98%) fit into established risk categories. The risk factor investigation is incomplete on the remaining case.

MMWR EDITORIAL COMMENT

The number of reported AIDS cases continues to increase. An analysis of past trends using empirical models projects a cumulative case total of 270 000 by 1991. The proportion of AIDS cases among most transmission categories has remained relatively constant. The geographic distribution of men and women with AIDS differs significantly ($P < 0.001$). Most reports of women with AIDS continues to come from Florida, New Jersey, and New York, while these States account for a much smaller proportion of male cases. Since most paediatric AIDS cases result from perinatal transmission of HIV, the race/ethnicity and geographic distribution of paediatric AIDS patients is similar to that of reported AIDS cases among women.

The proportion of AIDS patients diagnosed with KS is declining but most KS (95%) continues to be diagnosed among homosexual or bisexual men. KS alone is infrequently diagnosed among women (3% of cases) and children (4%) with AIDS. The reasons that certain patients develop KS remain unclear.

Numerous studies and continuing investigations of AIDS patients not belonging to recognised risk groups have not supported the existence of new modes of HIV transmission. History of other sexually transmitted diseases among the 'no identified risk' groups as well as prostitute contact among male AIDS patients suggest that sexual contact with partners whose risk was unrecognised or unreported by the patient may be the mode of HIV transmission for some of these patients. Given current epidemiologic data, AIDS patients who were born outside the United States and who do not have one of the predominant risk exposures have been moved from the 'undetermined' transmission category to the 'heterosexual contact' category. This move has increased the 'heterosexual contact' category from 2% to 4% of adult cases and has decreased the 'undetermined' category from 5% to 3%.

The HIV antibody test allows further refinement of the case definition, especially in disease categories of lower specificity. CDC proposes, with the advice of outside consultants, to revise the case definition for national reporting of AIDS. One major objective of this revision is to increase the sensitivity and specificity of the case definition through greater diagnostic use of HIV antibody test results.

AIDS UPDATE - CANADA

(Based on an updated report of the National AIDS Centre - Laboratory Centre for Disease Control, Ottawa, 2 February 1987)

To 2 February 1987, 873 cases (856 adults and 17 paediatric) of AIDS fulfilling the criteria of case definition have been reported to the National AIDS Centre of the Laboratory Centre for Disease Control, Ottawa. The distribution of those patients by Province of notification, by age group, and by risk category are shown below:-

TABLE 1: AIDS cases by Province of notification

PROVINCE	CASES	DEATHS	TOTAL	(%)
British Columbia	98	94	192	22.0%
Alberta	19	27	46	5.3%
Saskatchewan	6	6	12	1.4%
Manitoba	11	5	16	1.8%
Ontario	165	168	333	38.1%
Quebec	110	147	257	29.4%
New Brunswick	5	1	6	0.7%
Nova Scotia	8	2	10	1.1%
Prince Edward Island	0	0	0	0.0%
Newfoundland	1	0	1	0.1%
Yukon and Nth West Territories	-	-	-	-
TOTAL	423 (48.5%)	450 (51.5%)	873 (100%)	100%

TABLE 2: AIDS cases by sex and age groups

AGE (YEARS)	CASES			DEATHS		
	Male	Female	Total	Male	Female	Total
0 - 14	10	7	17	7	5	12
15 - 19	1	0	1	1	0	1
20 - 29	160	14	174	66	9	75
30 - 39	373	16	389	191	12	203
40 - 49	191	4	195	96	1	97
50+	90	6	96	57	5	62
unknown	1	0	1	0	0	0
TOTAL	826	47	873	418	32	450

TABLE 3: AIDS cases by risk category

RISK GROUP	CASES	DEATHS
ADULTS	856	438
Homo-/Bi-sexual	697	350+
IV drug abuser	3	2
Homo-/Bi-sexual IV drug abuser	24	+
Blood transfusion recipient*	30	19
Heterosexual transmission	19	13
None of the above	83	54
PAEDIATRIC	17	12
A. Children 0-1 year	10	6
Parent at risk	8	6
Blood transfusion recipient	2	0
None of the above	0	0
B. Children 1-14 years	7	6
Parent at risk	6	5
Blood transfusion recipient	1	1
None of the above	0	0

*include persons with haemophilia
+include deaths among homo-/bi-sexual IV drug abusers

AIDS UPDATE - UNITED KINGDOM

(Based on CDR 86/53)

Reports of cases of, and deaths from, AIDS received up to the end of December 1986 have been reviewed. The figure and tables below present the revised totals of reports which have accumulated since reporting began in 1982 until the end of December 1986.

FIGURE: Yearly incidence of AIDS cases and deaths - 1982 - 1986

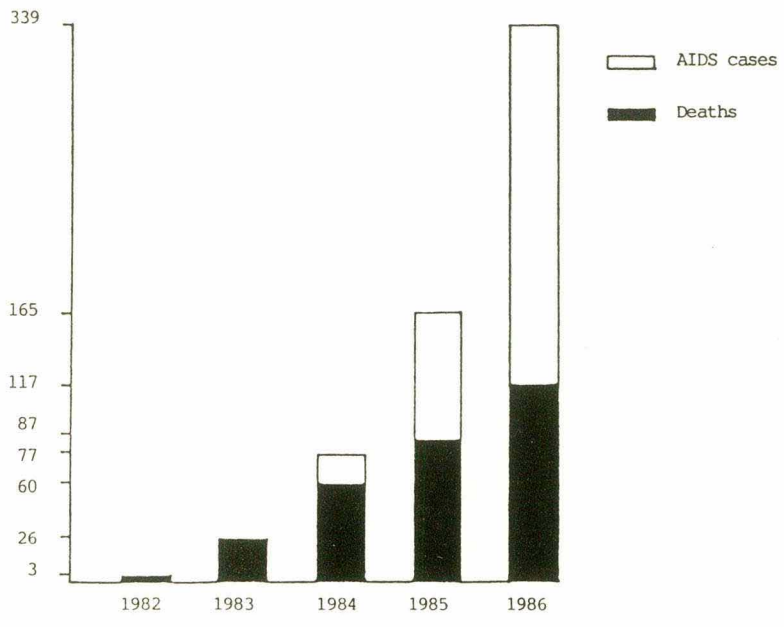


TABLE 1: Cumulative totals of AIDS cases by risk groups - at 31 December 1986

RISK GROUP	Number of Cases Male	Female	Total	Number of Deaths
Homo-/Bi-sexual	538	-	538	244
IV drug abuser	7	2	9	2
Homo-/Bi-sexual drug abuser	6	-	6	4
Blood transfusion recipient	6	4	10	9
Person with haemophilia	25	-	25	19
Heterosexual transmission	10	8	18	12
Child of HIV antibody positive mother	1	2	3	2
None of the above	-	1	1	1
TOTALS	593	17	610	293

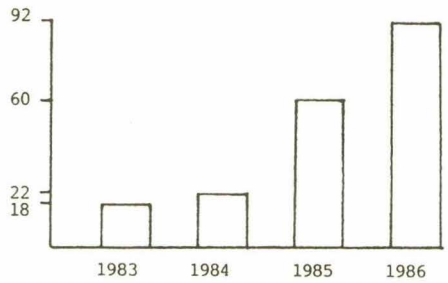
TABLE 2: Cumulative total of AIDS cases and deaths by region - at 31 December 1986

REGION	TOTAL CASES	TOTAL DEATHS
ENGLAND		
Northern	19	13
Yorkshire	8	1
Trent	10	5
East Anglia	5	3
NW Thames	302	122
NE Thames	105	51
SE Thames	52	25
SW Thames	14	8
Wessex	13	9
Oxford	6	3
South Western	9	8
West Midlands	13	9
Mersey	8	8
North Western	21	13
WALES	9	7
SCOTLAND	14	7
NORTHERN IRELAND	2	1
TOTALS	610	293

AIDS UPDATE - SWITZERLAND
(Based on WER No. 8, 20 February 1987)

Fifty four cases of AIDS have been notified since the end of June 1986, bringing the total number of cumulative AIDS cases to 192 by the end of 1986. Of these 192 cases, 100 have died. The yearly incidence of AIDS cases reported since 1983 is shown in the Figure below.

FIGURE: Yearly incidence of AIDS cases, 1983-1986



The distribution between sexes, and among risk groups has undergone no substantial change since 30 September 1986 (Table) with:
- 67% are homosexual or bisexual males
- 10% are intravenous drug abusers

TABLE: AIDS cases by risk groups and sex - at 31 December 1986

RISK GROUP	MALE	FEMALE
Homo-/Bi-sexual	128	-
IV drug abuser	13	6
Homo-/Bi-sexual drug abuser	7	-
Blood transfusion recipient	1	-
Person with haemophilia	2	-
Heterosexual transmission*	2	3
None of the above	17	13
TOTAL	170	22

*In 6 Swiss men and 6 Swiss women, heterosexual transmission was the only risk factor, but heterosexual transmission was definitely proved only in a few cases.

AIDS UPDATE - DENMARK
(Based upon WER, No. 7, 13 February 1987)

As at 31 December 1986, AIDS cases have been reported as follows:-

RISK GROUPS	MALE	FEMALE	TOTAL
Homo-/Bi-sexual	113	-	113
IV Drug Abuser	-	1	1
Homo-/Bi-sexual IV drug abuser	1	-	1
Blood transfusion recipients	1	2	3
Person with haemophilia	5	-	5
Heterosexual transmission	4	1	5
None of the above	3	-	3
	127	4	131

AIDS UPDATE - JAPAN
(Based on WER No. 7, 13 February 1987)

Since the first AIDS case was recognised in March 1985 and up to 19 September 1986, a total of 21 cases, all males (including 13 deaths) have been confirmed by the AIDS Surveillance Committee:-

. Risk groups: - 11 haemophiliacs (7 type B and 4 type A)
- 10 homosexuals (including 3 foreigners)

. Age groups: - 2/3 of cases aged between 20-39 years
- no paediatric cases have been diagnosed

. Clinical presentations:
- 9 cases presented with Pneumocystis carinii pneumonia
- 6 with candidiasis
- 1 with amoebic dysentery
- 1 with aspergillosis
- 3 with kaposi's sarcoma
- 3 with other symptoms

. Deaths: - 13 fatal cases (8 haemophiliacs and 5 homosexuals)
- 9 deaths occurred within 2 years of disease onset.

SEROPREVALENCE STUDIES

Blood donors:- 7 Laboratories collaborated in a study to assess the reliability of the ELISA test kit compared with confirmatory immunofluorescence (IF) and immunoblot tests in July 1985. Of 6 710 sera from healthy donors tested:

. 7 (0.1%) were repeatedly positive by ELISA
. none, however, was positive by either IF or immunoblot test.

Routine screening of blood donors was introduced in 9 blood centres in Tokyo and Osaka in February 1986. Up to the end of August 1986, about 150 000 donors had been screened, and 3 (0.002%) were confirmed positive by IF and immunoblot test.

RISK GROUPS

. about 400 haemophilia patients who regularly receive clotting agents were tested in a collaborative study involving 5 laboratories in July 1985 - 120 (30.1%) were confirmed to be HIV-antibody positive.

. 113 healthy male homosexuals (93 Japanese and 20 foreigners) were tested in July 1985 - 5 (4.4% - 3 Japanese and 2 foreigners) were positive. All had a T4/T8 ratio below 0.8 with the lowest value at 0.31. Some also reported chronic fever, diarrhoea, weakness or night sweating. All 3 HIV-confirmed Japanese males had had homosexual contact with foreigners.

. none of 40 female prostitutes investigated in April 1986 had signs of HIV infection.

HETEROSEXUAL TRANSMISSION

Limited data are available on heterosexual transmission of HIV infection in Japan:

. The wife of a haemophilia patient seroconverted in November 1985; their child born in February 1985, was seronegative, suggesting that the woman had become infected after the birth of the child.

. One of 2 female sexual partners of a seropositive haemophiliac and 2 of 3 female sexual contacts of another, reportedly also became infected.

. Among nearly 1 400 persons seeking advice at an AIDS clinic in Tokyo in the period October 1985 to June 1986, 24 were shown to be HIV-antibody positive. Most of them were homosexual males although 3 denied homosexual contacts. They had worked as volunteers in Africa and had sexual contacts with local women.

PREDICTIONS OF AN AIDS EPIDEMIC

Based on an estimated figure of:

. 200 000 homosexual males,
. a possible HIV prevalence rate of 4.4%,
. a probable 7 000 persons having received clotting agents,

there may be nearly 10 000 persons infected in Japan at present.

From this pool of infected persons between 1 000 and 1 500 AIDS cases could be expected to occur annually after the 3-5 year incubation period even if all further transmission of HIV is stopped now.

To counter the threat of further spread of HIV, an AIDS control project is being established to include:

- the development of a network of diagnostic laboratories capable of carrying out confirmatory HIV testing;
- the institution of research grants for:
  - epidemiological studies of risk groups
  - the development of improved diagnostic methods; and
- the screening of blood donors to be extended to cover all blood donations (nearly 10 million units per year) by March 1987.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD 23/2/87 to 8/3/87 BULLETIN NUMBER 87/5

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED	6		1		1	2	8		18
0101 ADENOVIRUS TYPE 1						1		1	2
0102 ADENOVIRUS TYPE 2				1		2		1	4
0103 ADENOVIRUS TYPE 3				1		1		1	3
0105 ADENOVIRUS TYPE 5				1		3			4
0106 ADENOVIRUS TYPE 6						1			1
0199 ADENOVIRUS TYPING PENDING			1		5				6
0201 INFLUENZA A VIRUS	2			1			1		4
0202 INFLUENZA A VIRUS SUBTYPE H3N2							2		2
0203 INFLUENZA B VIRUS	2						1		3
0301 PARAINFLUENZA VIRUS TYPE 1					1	1			2
0302 PARAINFLUENZA VIRUS TYPE 2	1			1				2	4
0303 PARAINFLUENZA VIRUS TYPE 3	2	1			1	1		2	7
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)					1	4	3	8	16
0500 RHINOVIRUS (ALL TYPES)	1			3	1	1			6
0600 MYCOPLASMA PNEUMONIAE	4		1	2		2	1	4	14
0700 ORNITHOSIS-PSITTACOSIS	1			8			1		10
0902 COXSACKIEVIRUS B2						1			1
1005 ECHOVIRUS TYPE 5				2					2
1006 ECHOVIRUS TYPE 6						1			1
1011 ECHOVIRUS TYPE 11	4			2	5		2	1	14
1018 ECHOVIRUS TYPE 18	1	1							2
1023 ECHOVIRUS TYPE 23						1			1
1100 POLIOVIRUS NOT TYPED			1		3	1			5
1102 POLIOVIRUS TYPE 2	1					1			2
1200 MUMPS VIRUS			2	1			1		4
1300 HERPES VIRUS GROUP-NOT TYPED	57			1		1		2	61
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2						3	5
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	11		5	12			12	4	44
1303 VARICELLA-ZOSTER VIRUS	8		2				2	2	14
1306 HERPES SIMPLEX TYPE 1	26		9	47		27	57	27	193
1307 HERPES SIMPLEX TYPE 2	65		24	63		21	92	61	326
1399 HERPES VIRUS TYPING PENDING					7				7
1401 COXIELLA BURNETI	7			1			9		17
1502 PICORNA VIRUS-NOT TYPED	2		3				2		7
1514 MOLLUSCUM CONTAGIOSUM						1			1
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)								1	1
1521 MEASLES VIRUS	1			3	3			13	20
1522 RUBELLA VIRUS	5			4		4	20	1	34
1532 HEPATITIS B ANTIGEN	21		8	41	1	18	16	23	128
1535 HEPATITIS A ANTIBODY	5		3	15	1	2		5	31
1541 CHLAMYDIA A - C TRACHOMATIS	48			20		78	4	26	176
1556 CMV - CYTOMEGALOVIRUS	5		8	20	8	1	9	7	58
1564 ROTAVIRUS	9					10	2	2	23
1571 ENTEROVIRUS TYPE 71 (BRCR)	1			1					2
1599 ENTEROVIRUS TYPING PENDING		6	13		4				23
9992 ROSS RIVER VIRUS			1				4	7	12
9995 DENGUE								1	1
9997 KUNJIN VIRUS							1		1
9998 ARBO. GROUP B.				1			1		2
Total	296	10	82	252	42	187	251	205	1,325

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 23/2/87 to 8/3/87. CDI 87/5

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0101 ADENOVIRUS TYPE 1.....		1									
0102 ADENOVIRUS TYPE 2.....		2									1
0103 ADENOVIRUS TYPE 3.....		1									
0105 ADENOVIRUS TYPE 5.....		4									
0106 ADENOVIRUS TYPE 6.....		1									
0201 INFLUENZA A VIRUS.....		4									
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1										
0203 INFLUENZA B VIRUS.....		1							1		
0301 PARAINFLUENZA VIRUS TYPE 1....		2									
0302 PARAINFLUENZA VIRUS TYPE 2....		3									
0303 PARAINFLUENZA VIRUS TYPE 3....		7									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		16									
0500 RHINOVIRUS (ALL TYPES).....		5									
0600 MYCOPLASMA PNEUMONIAE.....	2	10							1		
0700 ORNITHOSIS-PSITTACOSIS.....	1	7									
0902 COXSACKIEVIRUS B2.....									1		
1005 ECHOVIRUS TYPE 5.....				1							
1011 ECHOVIRUS TYPE 11.....	1	1		5			5				
1018 ECHOVIRUS TYPE 18.....				2							
1102 POLIOVIRUS TYPE 2.....								2			
1200 MUMPS VIRUS.....	2	1									
1300 HERPES VIRUS GROUP-NOT TYPED..	1										2
1301 HERPES SIMPLEX VIRUS NOT-TYPED			2								3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	14	6	1			2		1	1		1
1303 VARICELLA-ZOSTER VIRUS.....	2			1		1					6
1306 HERPES SIMPLEX TYPE 1.....	7	5		2						3	109
1307 HERPES SIMPLEX TYPE 2.....	16	1									89
1401 COXIELLA BURNETI.....	5		1								
1502 PICORNA VIRUS-NOT TYPED.....						2					
1514 MOLLUSCUM CONTAGIOSUM.....											1
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....											1
1521 MEASLES VIRUS.....	4	12					1				5
1522 RUBELLA VIRUS.....	2	2									22
1532 HEPATITIS B ANTIGEN.....	51							57			
1535 HEPATITIS A ANTIBODY.....	5							24			
1541 CHLAMYDIA A - C.TRACHOMATIS...	9										
1556 CMV - CYTOMEGALOVIRUS.....	8	10					1	3		2	
1564 ROTAVIRUS.....							23				
1571 ENTEROVIRUS TYPE 71 (BRCR)....											1
9992 ROSS RIVER VIRUS.....	5										
9995 DENGUE.....								1			
Total.....	136	102	4	11		5	30	88	4	5	241

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 23/2/87 to 8/3/87 CDI 87/5

Viral Identifications by Clinical Information Table 2.
Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;
38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;
G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
0101 ADENOVIRUS TYPE 1.....									1	
0102 ADENOVIRUS TYPE 2.....										1
0103 ADENOVIRUS TYPE 3.....	1						1			
0201 INFLUENZA A VIRUS.....								1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2					1			1		
0203 INFLUENZA B VIRUS.....			1					1		
0302 PARAINFLUENZA VIRUS TYPE 2....									1	
0303 PARAINFLUENZA VIRUS TYPE 3....								1		
0500 RHINOVIRUS (ALL TYPES).....								1		
0600 MYCOPLASMA PNEUMONIAE.....								3		
0700 ORNITHOSIS-PSITTACOSIS.....			1					2		
1005 ECHOVIRUS TYPE 5.....								1		
1006 ECHOVIRUS TYPE 6.....									1	
1011 ECHOVIRUS TYPE 11.....									2	
1023 ECHOVIRUS TYPE 23.....								1		
1200 MUMPS VIRUS.....			1					1		
1300 HERPES VIRUS GROUP-NOT TYPED..								1		
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			13	2				7	2	
1303 VARICELLA-ZOSTER VIRUS.....			1					2	3	
1306 HERPES SIMPLEX TYPE 1.....	3	63							4	
1307 HERPES SIMPLEX TYPE 2.....		220							1	
1401 COXIELLA BURNETI.....							2	10		
1521 MEASLES VIRUS.....	1									
1522 RUBELLA VIRUS.....			5		7		1	6	3	
1532 HEPATITIS B ANTIGEN.....									20	
1535 HEPATITIS A ANTIBODY.....									2	
1541 CHLAMYDIA A - C.TRACHOMATIS...		165							2	
1556 CMV - CYTOMEGALOVIRUS.....		3	1		1	5	2	6	16	
1571 ENTEROVIRUS TYPE 71 (BRCR)....							1			
9992 ROSS RIVER VIRUS.....					6			3		
9997 KUNJIN VIRUS.....					1					
9998 ARBO. GROUP B.									1	
Total.....	5	451	23	2	16	5	7	48	59	1

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 12 - 1 November 1986 to 28 November 1986 Bulletin..87/5.....

Disease	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	Cumulative Total to Date for Year
Amoebiasis		2	4	3					9	54
Ankylostomiasis				2			NN		2	35
Anthrax									-	-
Arbovirus infection			94		NN				94	1 293
Brucellosis									-	13
Campylobacter infections	145		NN	174	11	NN	5	NN	335	* 2 658
Chancroid				NN					-	9
Cholera									-	-
Congenital rubella syndrome			NN			NN		NN	-	1
Diphtheria							7		7	43
Donovanosis				NN	11		5		16	132
Giardiasis	27		NN	54	19	NN	NN	NN	100	1 184
Genital herpes	87		10	38	NN	NN		13	148	1 304
Gonococcal ophthalmia neonatorum		NN			NN	NN		NN	-	3
Gonorrhoea	84		69	70	146	5	49	1	424	4 403
Hepatitis A (infectious)	17	5	21	27	28	1	3	2	104	* 1 620
Hepatitis B (serum)	35	26	67	7	27	1		8	171	1 652
Hepatitis – unspecified	1			3	NN	NN			4	138
Hydatid disease			1					1	2	11
Lassa fever			NN			NN		NN	-	-
Legionnaires disease			NN		1	NN		NN	1	57
Leprosy	1						2		3	24
Leptospirosis		3	3		1	9			16	171
Lymphogranuloma venereum				NN	NN	NN		NN	-	5
Marburg disease			NN			NN		NN	-	-
Malaria	11	9	75	2	3	1	1	1	103	668
									-	-
Meningococcal infections		2		1		NN			3	43

Disease	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	Cumulative Total to Date for Year
Non-specific urethritis	284		NN	77	NN	NN	NN	NN	361	4 083
Ornithosis				1				1	2	* 43
Pertussis (whooping cough)	17	3	NN	7	21	NN	1	NN	49	* 511
Plague									-	-
Poliomyelitis									-	1
Q. fever	10		21						31	310
Rabies				NN		NN		NN	-	-
Salmonella infections	50	8	32	37	21	2	20	1	171	* 2 307
Shigella infections	2	1	4	3	20		30		60	774
Smallpox									-	-
Syphilis	37		24	13	30		124	2	230	2 046
Tetanus									-	6
Trachoma		NN			12	NN	NN		12	155
Tuberculosis (all forms)	35	37	17	9	14	1	5	3	121	983
Typhoid fever	2								2	37
Typhus (all forms)			2						2	14
Vibrio parahaemolyticus infections	1		NN			NN		NN	1	6
Yellow fever									-	-
Yersinia infections	1		NN	1		NN		NN	2	72

NN - Not Notifiable

(Note: Data collected under the Notifiable 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 voluntary reporting by medical practitioners etc.)

* Adjustment to the Cumulative Total since last report

Campylobacter infections	-6	South Australia
Hepatitis A	+1	South Australia
Ornithosis	+1	South Australia
Pertussis(whooping cough)	-1	South Australia
Salmonella infections	-2	South Australia