ISSN 0725-3141

Communicable Diseases Intelligence

Bulletin number 86/1
Issue date: 10 January 1986

Contents:

Editor: Dr I F Cook.

VIRUS REPORTING SCHEME - Since the CDI was not published over the Christmas/New Year period, this issue contains a compilation of the virus reports for two generations, 9-22 December 1985 and 23 December 1985 to 5 January 1986. A total of 2,415 reports were received for the two periods.

There has been an apparent epidemic of coxsackievirus B4 over the last quarter of 1985 (Table 1).

Table 1: Reports of coxsackievirus B4 by collection date.

Year	September	October	November	December
1985	10	27	53	24*
1984	4	3	4	2
1983	3	1	-	-
1982	1	4	-	2

* Not final figure.

In the current reporting period there have been 53 reports of this virus associated with gastrointestinal disease (17), respiratory tract infection (17), central nervous system infection (7) and other syndromes (12).

The demographics of these cases were:

SEX: Male, 26; Female, 26; Not known, 1.
AGE: 0-1 year, 24; 2-5 years, 14; 6-10 years, 7; >10 years, 5; Not known, 3.

The virus was isolated from 3 patients with meningitis (a 1 month old male, an 8 year old male and a 39 year old male) and a 1 month old male with encephalitis.

Other reports of interest:

. Four cases of dengue fever; one indigenously acquired case (serotype 4) in a 63 year old Cairns woman and three infections acquired while travelling overseas (2 S.E. Asia, 1 Maldive Islands).

(continued on page 8)

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STREPTOBACILLUS MONILIFORMIS CELLULITIS WITH BACTERAEMIA FOLLOWING A DOG BITE.

(Contributed by Dr J.H. Maynard, Dr W.M. McNaughton and Mr V. Travis of the Pathology Laboratory, Dandenong and District Hospital, Victoria.)

A previously well 50 year old male presented to Casualty with a history of having been bitten on the right hand by a dog two weeks before attendance. The wound had caused little trouble until two days before presentation when swelling and pain developed.

On examination he was febrile (39.6°C) and unwell with a painful right hand. Gross swelling on the dorsal aspect of the hand and puncture marks were visible. Tender lymph nodes were palpable in the epitrochlear region and axilla. There was a mild neutrophil leukocytosis (16,000 per cubic millimetre). Following admission, management included rest, arm elevation, intravenous penicillin and oral metronidazole for four days. On the third day he was afebrile and was discharged on oral penicillin for a further five days. Recovery was uneventful.

A blood culture (Bactec) was taken on admission and after seven days the aerobic culture gave a growth index value of 78. A Gram stain of this culture showed pale-staining, almost undetectable, gram-negative bacilli.

However on examination of a fluorescent Acridine orange preparation numerous well stained bacilli were seen. The anaerobic blood culture failed to grow the Streptobacillus after 14 days. On subculture pin point colonies were evident on HBA after 3 days incubation. The organism grew equally well in 5% carbon dioxide, air and anaerobic culture. A Gram stain of the colonies showed slightly pleomorphic gram-negative bacilli. After a further 3 days incubation highly pleomorphic bacilli were seen; some were curved and looped and some showed elongated bulbous forms. The organism was non-motile, catalase and oxidase negative. There was no growth on nutrient or MacConkey agar. There was acid from CTA glucose and maltose but not from lactose or sucrose. The reactions and morphological characteristics were consistent with those of Streptobacillus moniliformis. The identification was confirmed by the Microbiological Diagnostic Unit, University of Melbourne.

As Streptobacillus moniliformis is a very slow growing organism and may be difficult to see microscopically, it may not be isolated by usual routine culture and therefore must be looked for if its presence is clinically suspected.

Streptobacillus moniliformis is one cause of rat bite fever which is an acute febrile illness usually associated with a skin rash. This may result from the bite of a rat (wild or laboratory), or less commonly the bite or scratch of a mouse, squirrel, weasel, dog or cat. The antibiotic of choice is penicillin G or tetracycline and streptomycin if allergic to penicillin(1).

Infectious complications from dog bite wounds include cellulitis, lymphangitis, abscess, osteomyelitis, meningitis and bacteraemia. A wide range of organisms have been isolated from dog bite wounds, the most common being Staphylococcus aureus, Staphylococcus epidermidis, Enterobacter cloacae, Pasteurella multocida, Streptococci, Peptostreptococcus species and Fusobacterium species. Recommended management includes

debridement, cleansing by high pressure syringe, irrigation and suturing before onset of infection. For the infected wound penicillin and cloxacillin have been recommended as antibiotics to be used in combination before definitive culture and sensitivity results are known.(2)

References:

1. Hoeprich P.D., ed. Infectious Diseases. Philadelphia: Harper and Row, 1983, p 1241-43.

2. Postgrad Med (1985) 77: 169-73, 176-8, 180.

HUMAN SALMONELLA, SHIGELLA, CAMPYLOBACTER, ENTEROPATHOGENIC E. COLI AND V. CHOLERAE INFECTIONS - AUSTRALIA 1984

(Contributed by J. Taplin, Microbiological Diagnostic Unit (MDU), University of Melbourne).

In 1984, 4397 salmonella, 707 shigella and 1720 campylobacter isolations from human sources were notified to the National Salmonella Surveillance Scheme compared with 5195,864 and 1458 reports respectively in 1983. In addition reports of isolations of 52 enteropathogenic E.coli types and one V.cholerae were received. The distribution of isolations by State and Territory together with the most common salmonella and shigella serotypes is given in Table 1. These figures include overseas acquired infections as well as cases acquired in Australia. The top ten Australian acquired human salmonella serotypes, S.typhimurium phage types and animal salmonella serotypes are represented in pie charts in Figure 1.

TABLE 1. Salmonella, shigella, campylobacter, E.coli & V.cholerae isolations-Australia 1984.

	TOTAL	ACT	NSW	VIC	QLD	SA	NT	WA	TAS
Salmonella	4397	37	927	809	1039	373	460	656	96
Shigella	707	3	108	64	41	30	130	327	4
Campylobacter	1720	12	509	413	177	126	37	446	
E.coli	52	2	9	40			1		
V.cholerae	1	1							
Most common salmonella serotypes:									
S. typhimurium *	1328	14	433	243	158	213	30	178	59
S. virchow	198	3	10	9	171	3	2	-	-
S. saintpaul	189	2	22	13	90	5	15	41	1
S. muenchen	157	1	7	1	52	9	41	46	-
S. singapore	157	1	62	68	2	11	3	10	-
S. bovismorbificans	128	-	48	19	9	23	7	18	4
S. havana	121	-	11	11	17	10	45	27	-
S. chester	118	-	9	5	44	7	21	32	-
S. anatum	117	-	15	14	41	7	13	27	-
S. agona	77	2	25	15	12	4	6	10	3
Most common shigella isolates									
Sh. Flexneri 2	154	-	3	-	1	-	6	144	-
Sh. Flexneri 6	149	-	15	4	-	-	35	95	-
Sh. sonnei	138	1	54	-	2	-	3	78	-

* This figure includes different S. typhimurium phage types. The ten most common phage types were:

Phage type	Number
135	254
170	108
12A	84
141	61
44	47
9	45
108	37
22	36
6	33
26	31

The following serotypes and phage types were notified for the first time to the NSSS in 1984:

S.arechavaleta (Vic)
S.brandenburg (Vic)
S.bornum (NT)
S.butantan (Vic)
S.cambridge (SA)
S.chicago (Vic)
S.hindmarch (NSW)
S.kaastad (WA)
S.merseyside (TAS)
S.pullorum (NSW)
S.paratyphi B Dundee (VEC).
S. typhimunium phage types: 14(Vic); 151(SA); 165(WA); 184(WA)
S. typhi phage types: 34(Qld), 38(NSW), 40(NSW), 51(Vic), D1-N (NSW)

TYPHOID: There were 33 cases of typhoid reported in 1984. Twenty-four of the patients contracted their infection overseas, one was a secondary infection from an incubating case from overseas, one was traced to a carrier and the source of infection was not proved in 7 cases. Six new carriers were found - one a migrant from El Salvador and another a refugee from Vietnam, two in a home for mentally retarded adults and one urinary carrier in an elderly Italian man and one was an elderly woman from Kampuchea. Four old carriers were still excreting.

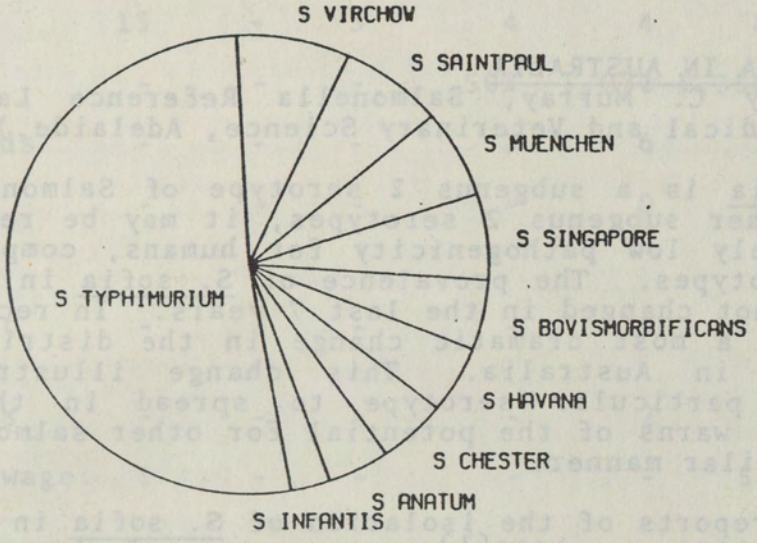
PARATYPHOID:

1. Twelve cases of paratyphoid by S.paratyphi A were reported. All cases were acquired overseas. Two carriers were detected - one from Vietnam and the other was an engineer on a ship where the crew was screened for a typhoid carrier after a case of typhoid on board.

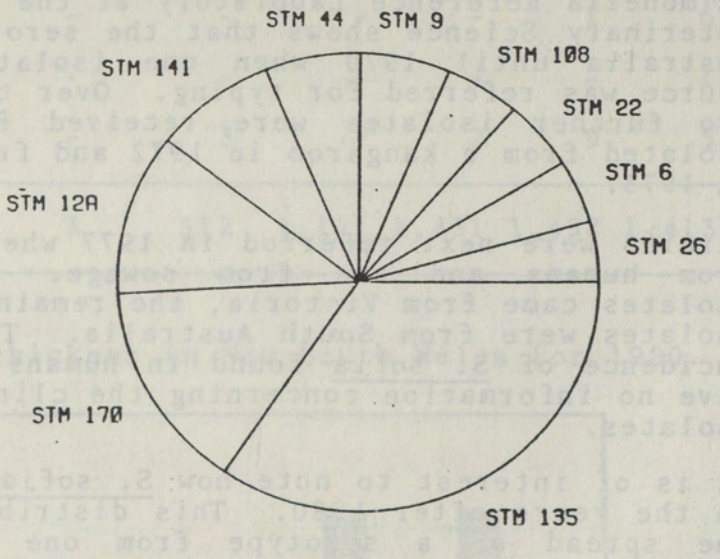
2. There were 4 cases of paratyphoid due to S.paratyphi B phage type Dundee - one had returned from Lebanon, one returned from Egypt and Manila; one gave no indication of overseas travel and the fourth had not travelled overseas but had had a visitor from Egypt the previous month. S.paratyphi B phage type Taunton was isolated from an abscess on the tibia.

CHOLERA: V.cholerae el Tor serotype Inaba was isolated from a patient with diarrhoea after a bushwalking trip in North Queensland. Follow up of contacts failed to find any other cases.

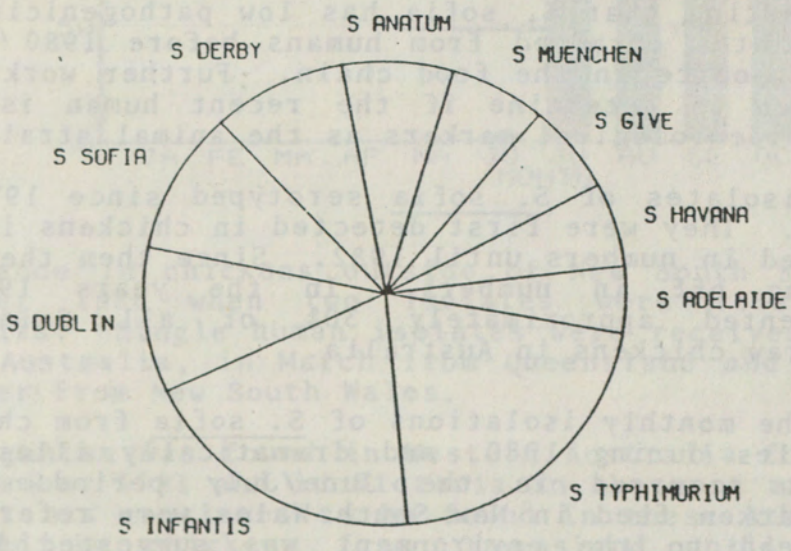
FIGURE 1 Top 10 Australian acquired human salmonella serotypes, S.typhimurium phage types and animal salmonella serotypes.



TOP-10 HUMAN SALMONELLA SEROTYPES 1984



TOP-10 S TYPHIMURIUM PHAGE TYPES 1984 (HUMAN)



TOP-10 ANIMAL SALMONELLA SEROTYPES 1984

Further details of human salmonella isolations, including serotypes isolated from blood cultures, unusual sites of infection and details of salmonella outbreaks can be obtained from Ms Taplin at MDU.

SALMONELLA SOFIA IN AUSTRALIA

(Contributed by C. Murray, Salmonella Reference Laboratory, Institute of Medical and Veterinary Science, Adelaide.)

Salmonella sofia is a subgenus 2 serotype of Salmonella. In common with other subgenus 2 serotypes, it may be regarded as having relatively low pathogenicity for humans, compared with subgenus 1 serotypes. The prevalence of S. sofia in humans in Australia has not changed in the last 7 years. In recent years there has been a most dramatic change in the distribution of this serotype in Australia. This change illustrates the ability of a particular serotype to spread in the animal environment and warns of the potential for other salmonellae to spread in a similar manner.

There were no reports of the isolation of S. sofia in Australia in the years 1950 to 1962[1]. A review of data from the Salmonella Reference Laboratory at the Institute of Medical and Veterinary Science shows that the serotype was not recorded in Australia until 1970 when one isolate from an unidentified source was referred for typing. Over the next three years only two further isolates were received for typing. These were isolated from a kangaroo in 1972 and from an undisclosed source in 1973.

Strains were next referred in 1977 when 15 isolates were typed from humans and one from sewage. Fourteen of the human isolates came from Victoria, the remaining human and the sewage isolates were from South Australia. This has been the highest incidence of S. sofia found in humans in any one year and we have no information concerning the clinical significance of the isolates.

It is of interest to note how S. sofia spread to other sources in the years after 1980. This distribution is consistent with the spread of a serotype from one animal source to other animals, to animal feeds and to the environment. However there was not a corresponding increase in the number of human isolations, suggesting that S. sofia has low pathogenicity for humans. The isolates obtained from humans before 1980 cannot be linked to any source in the food chain. Further work needs to be carried out to determine if the recent human isolates carry the same epidemiological markers as the animal strains.

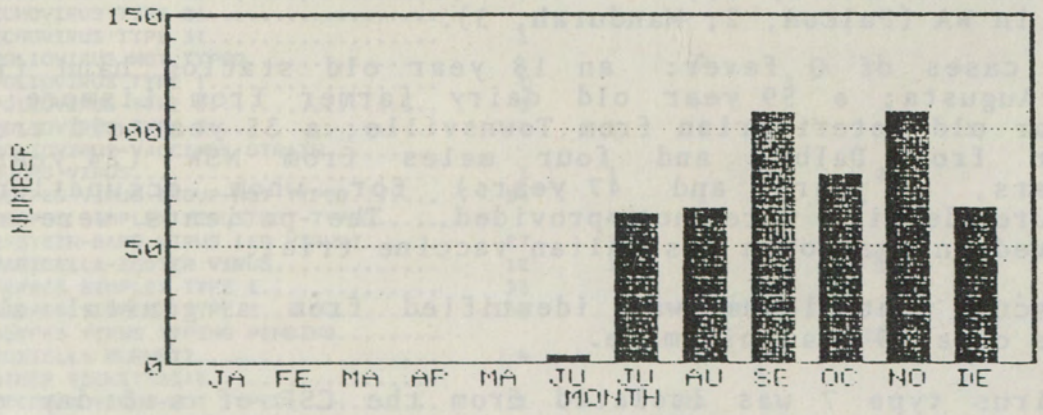
The numbers of isolates of S. sofia serotyped since 1977 are shown in Table 1. They were first detected in chickens in 1980 and then increased in numbers until 1982. Since then there has been a levelling off in numbers. In the years 1982-84, S. sofia represented approximately 30% of all Salmonella isolations from raw chickens in Australia.

Figure 1 shows the monthly isolations of S. sofia from chickens in New South Wales during 1980, and dramatically illustrates the change that occurred in the June/July period. Three isolates from chicken feed in New South Wales were referred in October and spread to the environment was suggested by the detection of S. sofia in oysters in New South Wales during December 1980 when three were referred for typing. Its first

TABLE 1 S. sofia isolations in Australia 1977-1984.

	1977	1978	1979	1980	1981	1982	1983	1984	TOTAL
Human	15	-	3	4	4	8	7	6	47
Chicken	-	-	-	502	1,072	1,358	1,384	1,359	5,674
Animal Feeds	-	-	-	3	6	3	8	5	25
Avian	-	-	-	-	9	5	24	15	53
Abattoir & Factory Environment	-	-	-	-	12	2	5	14	33
Domestic & Zoo Animals	-	-	-	-	2	1	1	2	6
Water & Sewage	1	-	-	-	-	52	13	-	66
Raw Meats (Other than Poultry)	-	-	-	-	-	-	1	6	7
Ovine	-	-	-	-	-	-	-	1	1
Miscellaneous	-	25	-	3	7	2	9	5	51
TOTAL	16	25	3	512	1,111	1,431	1,452	1,413	5,963

FIGURE 1 S. sofia from chickens in New South Wales for 1980.



appearance in chickens outside of New South Wales occurred in November 1980 when two isolates were received from South Australia. Single human isolates were received in January from South Australia, in March from Queensland and in September and November from New South Wales.

The organism was found in Western Australia for the first time in November 1981 and in Victoria in the next month. Since that time it has continued to be found in these states. It was not detected in chickens from Queensland until 1984, when two isolates were recorded for the year.

S. sofia was found among poultry isolates sent to the Salmonella Reference Laboratory from Singapore in 1980, and from chickens in Saudi Arabia and Malaysia in 1981. However as the serotype appeared in chickens in Malaysia at the same time as it appeared in Australia, it is possible some common factor such as a feed source may have been involved.

Interesting features of this serotype are its ability to colonise chickens with no signficant pathogenicity, and its low pathogenicity for humans. A later review will look at the effect of S. sofia on other serotypes found in chickens.

The spread of S. sofia in Australia illustrates how a Salmonella can be introduced into our food chain from an unknown source. Perhaps we have been lucky in this instance that it has shown such low virulence. However, the way in which spread occurred points out the vulnerability of our food chain to the introduction of potentially virulent serotypes.

References:

1. World Problem of Salmonellosis. ed. E. Van Oye, New York: Humanities Press Inc, 1964.

(continued from page 1)

. A 71 year old female from Gladstone, Qld, had serology consistent with acute infection by Kokoberra virus.

. Twenty-six cases of Ross River Virus infection; 17 in Qld (Mackay, 3; Townsville, 3; Toowoomba, 3; Cairns, 2; Rockhampton, 2; Marroochy Shire, 1; Gladstone, 1; Goldcoast, 1; Johnstone Shire, 1), 4 in NSW (Lismore, 1; 3 not stated) and 5 in WA (Falcon, 2; Mandurah, 3).

. Eight cases of Q fever: an 18 year old station hand from Port Augusta; a 59 year old dairy farmer from Lismore; a 47 year old veterinarian from Townsville; a 35 year old truck driver from Dalby; and four males from NSW (24 years, 25 years, 45 years and 47 years) for whom occupational exposure details were not provided. The patients were not involved in the South Australian vaccine trial.

. Molluscum contagiosum was identified from a genital skin sample of a 59 year old male.

. Echovirus type 7 was isolated from the CSF of a 6 day old twin with meningitis. The same virus was isolated from lung, liver and CNS samples of the second twin at postmortem. Echovirus types 4, 6, 7 and 11 were isolated from 9 CSF samples. Five of these were echovirus type 7.

. Congenital rubella; a 4 month old female with encephalitis and a 3 month old male.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 9/12/85 - 5/1/86 BULLETIN NUMBER 86/1

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	3		6	1	4	4	6		24
0101 ADENOVIRUS TYPE 1				6	4	5		2	17
0102 ADENOVIRUS TYPE 2				2	1	2		1	6
0103 ADENOVIRUS TYPE 3					1	8		1	10
0105 ADENOVIRUS TYPE 5				1	1			2	4
0106 ADENOVIRUS TYPE 6						1			1
0107 ADENOVIRUS TYPE 7	1					3			4
0108 ADENOVIRUS TYPE 8	3								3
0111 ADENOVIRUS TYPE 11								1	1
0119 ADENOVIRUS TYPE 19								1	1
0124 ADENOVIRUS TYPE 24	2								2
0199 ADENOVIRUS TYPING PENDING	3				5	4			12
0201 INFLUENZA A VIRUS	10			1		1			12
0202 INFLUENZA A VIRUS SUBTYPE H3N2	3								3
0203 INFLUENZA B VIRUS	4			7		1		2	14
0206 INFLUENZA A VIRUS SUBTYPE H1N1						1			1
0301 PARAINFLUENZA VIRUS TYPE 1					1				1
0302 PARAINFLUENZA VIRUS TYPE 2								1	1
0303 PARAINFLUENZA VIRUS TYPE 3	14	7		12	16	48	10	1	108
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	1	1	5			3	1	5	16
0500 RHINOVIRUS (ALL TYPES)	12		1	11	35	38	4	2	103
0600 MYCOPLASMA PNEUMONIAE	9		2	5		1	1	5	23
0700 ORNITHOSIS-PSITTACOSIS	2			4		3			9
0809 COXSACKIEVIRUS A9				1					1
0816 COXSACKIEVIRUS A16	3			3					6
0904 COXSACKIEVIRUS B4	6	2	1	8	13	1	22		53
0905 COXSACKIEVIRUS B5						2			2
1002 ECHOVIRUS TYPE 2						1		1	2
1003 ECHOVIRUS TYPE 3				1					1
1004 ECHOVIRUS TYPE 4				1					1
1006 ECHOVIRUS TYPE 6			1			1			2
1007 ECHOVIRUS TYPE 7				10	7	1		5	23
1008 ECHOVIRUS TYPE 8						1			1
1011 ECHOVIRUS TYPE 11			1						1
1014 ECHOVIRUS TYPE 14			1						1
1020 ECHOVIRUS TYPE 20	1								1
1021 ECHOVIRUS TYPE 21				1					1
1031 ECHOVIRUS TYPE 31	1								1
1100 POLIOVIRUS NOT TYPED			8		1				9
1101 POLIOVIRUS TYPE 1	1			1				1	3
1102 POLIOVIRUS TYPE 2	3								3
1103 POLIOVIRUS TYPE 3	2	1				3			6
1104 POLIOVIRUS-VACCINAL STRAIN				1			4		5
1200 MUMPS VIRUS	1	1		1	2		1		6
1300 HERPES VIRUS GROUP-NOT TYPED	54		1	1			1	2	59
1301 HERPES SIMPLEX VIRUS NOT-TYPED		4		1				1	6
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	27	3						12	42
1303 VARICELLA-ZOSTER VIRUS	12	1		1	1			3	18
1306 HERPES SIMPLEX TYPE 1	33		12	57		32	74	35	243
1307 HERPES SIMPLEX TYPE 2	189		22	102		38	138	82	571
1399 HERPES VIRUS TYPING PENDING				6	12	3			21
1401 COXIELLA BURNETI	4					1	3	1	9
1402 OTHER RICKETTSIAE							2		2
1502 PICORNA VIRUS-NOT TYPED	11		14				13	3	41
1514 MOLLUSCUM CONTAGIOSUM								1	1
1521 MEASLES VIRUS				1			1		2
1522 RUBELLA VIRUS	2	3		4	1	9	1	11	31
1531 HEPATITIS B VIRUS				1					1
1532 HEPATITIS B ANTIGEN	106	3	10	40		46	33	15	253
1535 HEPATITIS A ANTIBODY	20	1		4		22	11	29	87
1541 CHLAMYDIA A - C TRACHOMATIS	64		2			56	50	117	289
1556 CMV - CYTOMEGALOVIRUS	11	2	1	28	13	11	6	5	77
1563 CORONAVIRUS	3							2	5
1564 ROTAVIRUS	25		9	2	9	14		3	62
1599 ENTEROVIRUS TYPING PENDING		1	26		24				51
9902 POXVIRUS GROUP NOT TYPED				1					1
9992 ROSS RIVER VIRUS							21	5	26
9994 SMALL VIRUS (LIKE) PARTICLE	5	2							7
9995 DENGUE							3	1	4
9998 ARBO. GROUP B.							1		1
Total	651	32	123	327	151	365	407	359	2,415

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 9/12/85 - 5/1/86.

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	Respiratory	Encephalitis	Meningitis	Paralysis	CNS other unspec	GI	Hepatic	CVS	Urinary	Skin/mucs memb
0100 ADENOVIRUS NOT TYPED.....		6					9				
0101 ADENOVIRUS TYPE 1.....		10					4				1
0102 ADENOVIRUS TYPE 2.....	1	4						1			
0103 ADENOVIRUS TYPE 3.....		5					4				
0105 ADENOVIRUS TYPE 5.....		2					1				
0106 ADENOVIRUS TYPE 6.....		1									
0107 ADENOVIRUS TYPE 7.....							4				
0108 ADENOVIRUS TYPE 8.....											1
0111 ADENOVIRUS TYPE 11.....										1	
0124 ADENOVIRUS TYPE 24.....											2
0199 ADENOVIRUS TYPING PENDING.....		2					1				
0201 INFLUENZA A VIRUS.....		8				1					
0202 INFLUENZA A VIRUS SUBTYPE H3N2		3									
0203 INFLUENZA B VIRUS.....	1	2									
0206 INFLUENZA A VIRUS SUBTYPE H1N1		1									
0301 PARAINFLUENZA VIRUS TYPE 1....		1									
0302 PARAINFLUENZA VIRUS TYPE 2....								1			
0303 PARAINFLUENZA VIRUS TYPE 3....	4	99	1	2		1					
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	3	8						1	1		
0500 RHINOVIRUS (ALL TYPES).....	1	98	1								1
0600 MYCOPLASMA PNEUMONIAE.....	4	12									1
0700 ORNITHOSIS-PSITTACOSIS.....		4									
0816 COXSACKIEVIRUS A16.....		1									3
0904 COXSACKIEVIRUS B4.....	2	17	1	3		3	17		1		1
0905 COXSACKIEVIRUS B5.....							2				
1002 ECHOVIRUS TYPE 2.....											1
1003 ECHOVIRUS TYPE 3.....		1									
1004 ECHOVIRUS TYPE 4.....				1							
1006 ECHOVIRUS TYPE 6.....	1			1							
1007 ECHOVIRUS TYPE 7.....	2	7		7			2				2
1008 ECHOVIRUS TYPE 8.....							1				
1011 ECHOVIRUS TYPE 11.....				1							
1020 ECHOVIRUS TYPE 20.....		1									
1021 ECHOVIRUS TYPE 21.....				1							
1031 ECHOVIRUS TYPE 31.....	1										
1100 POLIOVIRUS NOT TYPED.....							8				
1101 POLIOVIRUS TYPE 1.....		2				1					
1102 POLIOVIRUS TYPE 2.....							3				
1103 POLIOVIRUS TYPE 3.....	1					1	2				
1104 POLIOVIRUS-VACCINAL STRAIN....		2					2				
1200 MUMPS VIRUS.....		1	1	3							
1300 HERPES VIRUS GROUP-NOT TYPED..	16			1		1					31
1301 HERPES SIMPLEX VIRUS NOT-TYPED	2										3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	11	2						1			1
1303 VARICELLA-ZOSTER VIRUS.....	2										14
1306 HERPES SIMPLEX TYPE 1.....	20	7		1			1				108
1307 HERPES SIMPLEX TYPE 2.....	37										115
1401 COXIELLA BURNETI.....	2	2	1								
1402 OTHER RICKETTSIAE.....	1										
1502 PICORNA VIRUS-NOT TYPED.....	1	7	1	4		1	18		2		2
1521 MEASLES VIRUS.....		1									
1522 RUBELLA VIRUS.....		1	1			1					22
1531 HEPATITIS B VIRUS.....											1
1532 HEPATITIS B ANTIGEN.....	95	1						127			
1535 HEPATITIS A ANTIBODY.....	7							79			
1541 CHLAMYDIA A - C.TRACHOMATIS...							1				
1556 CMV - CYTOMEGALOVIRUS.....	8	21	1	1			2	3	1	4	1
1563 CORONAVIRUS.....		2					2				
1564 ROTAVIRUS.....	7						55				
9902 POXVIRUS GROUP NOT TYPED.....											1
9992 ROSS RIVER VIRUS.....	2	3							1		6
9994 SMALL VIRUS (LIKE) PARTICLE...							7				
9995 DENGUE.....			1			1					1
9998 ARBO. GROUP B.	1										
Total.....	233	345	9	26		11	146	213	6	5	319

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 9/12/85 - 5/1/86.

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
0100 ADENOVIRUS NOT TYPED.....	3		1				1	2	1	
0101 ADENOVIRUS TYPE 1.....								2		1
0103 ADENOVIRUS TYPE 3.....	1								1	
0105 ADENOVIRUS TYPE 5.....	1									
0108 ADENOVIRUS TYPE 8.....		2								
0119 ADENOVIRUS TYPE 19.....	1									
0201 INFLUENZA A VIRUS.....							1		1	
0203 INFLUENZA B VIRUS.....							3			
0302 PARAINFLUENZA VIRUS TYPE 2....								1		
0303 PARAINFLUENZA VIRUS TYPE 3....							2	4	1	
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....					1			2	1	
0500 RHINOVIRUS (ALL TYPES).....								3		
0600 MYCOPLASMA PNEUMONIAE.....							2	1	1	
0700 ORNITHOSIS-PSITTACOSIS.....							1			
0809 COXSACKIEVIRUS A9.....								1		
0816 COXSACKIEVIRUS A16.....	1								1	
0904 COXSACKIEVIRUS B4.....							2	9	1	1
1002 ECHOVIRUS TYPE 2.....										1
1007 ECHOVIRUS TYPE 7.....			1				1	3		
1014 ECHOVIRUS TYPE 14.....								1		
1100 POLIOVIRUS NOT TYPED.....	-							1		
1103 POLIOVIRUS TYPE 3.....										2
1104 POLIOVIRUS-VACCINAL STRAIN....		1								
1200 MUMPS VIRUS.....								1		
1300 HERPES VIRUS GROUP-NOT TYPED..		4						2	4	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			17	4		1		7	3	
1303 VARICELLA-ZOSTER VIRUS.....								1	1	
1306 HERPES SIMPLEX TYPE 1.....	12	88						4	4	
1307 HERPES SIMPLEX TYPE 2.....	2	419								
1399 HERPES VIRUS TYPING PENDING...	1								1	
1401 COXIELLA BURNETI.....			1				2	3		
1402 OTHER RICKETTSIAE.....								1		
1502 PICORNA VIRUS-NOT TYPED.....	1						3			
1522 RUBELLA VIRUS.....				2	5	2		5	3	
1532 HEPATITIS B ANTIGEN.....								1	31	
1535 HEPATITIS A ANTIBODY.....								2	1	
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	286			1				1	
1556 CMV - CYTOMEGALOVIRUS.....		3			1	5	2	8	24	1
1563 CORONAVIRUS.....					1			1		
9992 ROSS RIVER VIRUS.....					15			12		
9995 DENGUE.....					2			2		
Total.....	24	803	20	6	26	8	20	80	81	6

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 8
14 July 1985 to 10 August 1985

Bulletin .86/1..

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	—	—	1	—	—	—	—	3	21
Ankylostomiasis	—	—	—	3	—	—	N.N.	—	3	27
Anthrax	—	—	—	—	—	—	—	—	—	—
Arbovirus infection	4	—	—	—	—	—	—	—	4	73
Brucellosis	1	—	2	—	—	—	—	—	3	9
Campylobacter infections	61	N.N.	N.N.	72	6	N.N.	2	N.N.	141	1365
Chancroid	1	—	—	N.N.	1	N.N.	—	—	2	5
Cholera	—	—	—	—	—	—	—	—	—	1
Congenital rubella syndrome	—	N.N.	N.N.	—	—	N.N.	—	N.N.	—	—
Diphtheria	—	—	1	—	—	—	—	—	1	6
Donovanosis	—	N.N.	—	N.N.	—	N.N.	2	—	2	52
Giardiasis	26	N.N.	N.N.	45	4	N.N.	N.N.	N.N.	75	741
Genital herpes	63	N.N.	39	17	N.N.	N.N.	3	—	122	1068
Gonococcal ophthalmia neonatorum	—	N.N.	N.N.	—	N.N.	N.N.	—	N.N.	—	5
Gonorrhoea	118	32	61	60	131	2	67	1	472	5030
Hepatitis A (infectious)	11	2	22	9	8	—	6	—	58	444
Hepatitis B (serum)	43	4	24	13	34	2	6	—	126	1001 *
Hepatitis - unspecified	8	—	N.N.	—	2	N.N	2	—	12	70
Hydatid disease	—	—	—	—	—	—	—	—	—	4
Lassa Fever	—	N.N	N.N.	—	—	N.N.	N.N.	N.N.	—	1
Legionnaires' disease	4	—	N.N.	—	—	N.N.	—	N.N.	4	16
Leprosy	1	—	1	—	1	—	3	—	6	29
Leptospirosis	4	2	9	—	1	1	—	—	17	139
Lymphogranuloma venereum	—	N.N.	N.N.	N.N.	N.N.	N.N.	—	—	—	3
Malaria	9	9	3	7	3	2	—	1	34	386 *
Marburg Disease	—	N.N.	N.N.	—	—	N.N.	N.N.	N.N.	—	—
Meningococcal infections	3	1	1	1	—	N.N.	—	—	6	29
Non-specific urethritis	349	N.N.	1	71	—	N.N.	1	N.N.	422	2938
Ornithosis	—	—	—	1	1	—	—	—	2	6
Pertussis (whooping cough)	9	5	N.N.	9	—	N.N.	—	N.N.	23	323
Plague	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Q. fever	3	—	12	2	1	—	N.N.	—	18	132
Rabies	—	N.N	N.N.	N.N.	—	N.N.	N N.	N.N.	—	—

2.

DISEASE	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Salmonella infections	40	16	19	24	9	3	17	1	129	1886
Shigella infections	3	8	4	2	2	—	3	—	22	498
Smallpox	—	—	—	—	—	—	—	—	—	—
Syphilis	36	6	11	49	19	—	75	—	196	1450
Tetanus	—	—	—	1	—	—	—	—	1	6
Trachoma	—	N.N.	1	—	—	N.N.	N.N.	—	1	4
Tuberculosis (all forms)	39	22	7	11	11	—	2	3	95	687
Typhoid fever	2	—	—	—	—	—	—	—	2	19
Typhus (all forms)	—	—	1	—	—	—	—	—	1	4
Vibrio parahaemolyticus infections	—	N.N.	N.N.	—	—	N.N.	—	N.N.	—	4
Yellow Fever	—	—	—	—	—	—	—	—	—	—
Yersinia enterocolitica infections	4	N.N.	N.N.	—	—	N.N.	1	N.N.	5	24

(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.)

N.N. Not Notifiable

* Adjustments to the Cumulative Total since last report:

Hepatitis B (Serum) +1 South Australia
Malaria +2 New South Wales