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Communicable Diseases Intelligence

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Contents:

VIRUS REPORTING SCHEME - A total of 1407 reports were processed this period. The reports from the State Health Laboratory, Brisbane, suggest an increase in echovirus type 7 infections (22 reports compared with 3 (two periods), 0 and 0 for the previous four periods). The age distribution of these cases range from less than one month to 36 years (65% in children ⩽ 10 years), with 52% presenting with meningitis. Although enteroviruses are a major cause of epidemic disease during the summer months, and echovirus type 7 has been the most frequently reported enterovirus circulating in the UK this autumn (CDR (1984) 84/48 : 1), it is difficult to predict enterovirus incidences based on early isolation data from one State (MMWR (1984) 33 : 646).

- Arbovirus infections - There is as yet little laboratory evidence of epidemic polyarthritis activity this season compared with the 85, 394 and 567 reports for December, January and February respectively last summer. However, monitoring of mosquito densities in the south west region of New South Wales in December have resulted in very heavy light trap catches in some areas, with 90% identified as Culex annulirostris (P. Christopher, personal communication). In addition, the Victorian sentinel chicken program has recorded nine seroconversions to Sindbis virus (Mildura (5), Robinvale (2) Barmah (1) and Echuca (1)) and one seroconversion to Kunjin virus (Rutherglen) to 11 January 1985.

- To 23 January 1985, 47 cases of AIDS, fulfilling the criteria of case definition, have been reported to the AIDS Task Force.

State	Cases	Deaths
New South Wales	32	7
Victoria	8	7
Western Australia	2	-
Queensland	4	4
Total	46	18

The two publications "Fact about AIDS" and a revised edition of "Infection Control Guidelines; AIDS and related conditions" are available from the AIDS Task Force, P.O. Box 100, Woden, ACT 2606, and will be distributed to State and Territory health authorities and health professionals.

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

SALMONELLA SURVEILLANCE - NON-HUMAN ISOLATES

(Contributed by J. Taplin and L. Scott, Microbiological Diagnostic Unit, University of Melbourne).

A total of 2679 salmonella reports from non-human sources were collated by the National Salmonella Surveillance Scheme (NSSS) during April-June 1984. A State distribution and comparison of the reports with the same period in 1983 is given in Table 1.

TABLE 1. State distribution of salmonella reports from non-human sources for the second quarters of 1983 and 1984

State	March-June 1984	March-June 1983
Australian Capital Territory	4	-
New South Wales	123	80
Victoria	726	360
Queensland	205	1
South Australia	42	3
Northern Territory	53	-
Western Australia	1510	924
Tasmania	16	-
Total	2679	1368

The number of salmonella isolates from non-human sources has nearly doubled compared with the same period in 1983. The most outstanding increases have been in Western Australia, Victoria and Queensland. Figures in Queensland have risen after investigations into a salmonella-contaminated dehydrated meal produced in that State. The Victorian figures have risen mainly due to a survey into salmonellas present on pig carcasses and in a pig lairage. Most Western Australia strains have come from environmental studies of natural waters and effluents and animals especially native animals, birds and reptiles.

FOODSTUFFS - Following a health alert in May, S. 4, 12: d:-, S. singapore and S. senftenberg were isolated by laboratories in New South Wales, Victora, Western Australia, Queensland and the Australian Capital Territory from several varieties of a dehydrated meal produced in a Queensland factory. There was one isolation of S. bahrenfeld. S. 4, 12: d:-, S. singapore, S. senftenberg and S. arizonae were all isolated from the environment of the factory. S. singapore was also isolated from cockroaches.

Washings of lettuces grown in various areas of Queensland yielded S. lansing, S. saint paul (from two areas), S. singapore and S. virchow (two areas).

In Western Australia, 29 serotypes were recorded from foods or food processing sources, but no human cases were traced directly to a specific food. In raw meats; S. sofia and S. infantis were predominant in chicken, S. typhimurium and S. havana in beef, and S. anatum, S. derby and S. senftenberg in pork products.

Salmonellas recovered from imported foodstuffs included S. mgulani and S. weltevreden from pepper and peppercorn from Singapore (New South Wales); S. mbandaka and S. senftenberg from Philippines coconut (Victoria); S. mbandaka from lecithin from Germany (Victoria); S. tennessee from cocoa (Victoria); S. weltevreden from Malaysian shrimps (Victoria);

S. typhimurium phage type 1 from New Zealand oysters (Western Australia); S. abony, S. arizonae, S. orientalis, S. stanley and S. thompson from frogs legs and S. chester from prawns from Indonesia (Western Australia).

DAIRY PRODUCTS - S. adelaide, S. agona, S. anatum, S. bovis-morbificans, S. derby, S. havana, S. newport and S. ohio were all isolated from the environment of dairy factories in Victoria, and S. senftenberg was isolated from a factory in Victoria and one in New South Wales.

S. havana was isolated from two types of milk products (New South Wales), from skim milk powder (Victoria and New South Wales), and sodium caseinate (Victoria). In addition S. adelaide was recovered from sodium caseinate (Victoria); S. dublin from cheese (New South Wales); S. nienstedten from milk powder (New South Wales) and S. virchow from a milk drink (Queensland).

ANIMALS - Human infections with S. mississippi have been found only in Tasmania or from overseas acquired cases. The Public Health Labroratory, Hobart, has been monitoring native animals and the environment for the serotype, and has found it in quolls and Tasmanian devils, from the mixing tank at a sewage plant and from abattoir effluent piped to a paddock which attracts scavengers In ongoing wildlife studies in Western Australia, 15 serotypes were identified in marsupial quokkas located at an island vacation centre. Strains comprised both naturally occurring and introduced since settlement, and both groups were implicated in water supply contamination problems on the island.

S. dublin was isolated from cattle on 45 occasions in Victoria and from animals in Queensland. It was listed as the possible cause of abortion in 16 of 29 cases when isolated from placenta or foetal tissue. There were two isolates from sheep, and one each from a horse and a goat. In addition to S. dublin, there were 13 other serotypes and 11 different S. typhimurium phage types associated with cattle. S. typhimurium type 19 was common in Victoria and type 135 in South Australia. There were 12 isolates of S. anatum in the Northern Territory.

A continuing survey of pigs in four abattoirs in Victoria isolated mainly S. give (11), S. anatum (8), S. stanley (7), S. meleagridis (3), S. bredeney (2), S. chester (2) and S.arizonae (1). From porcine lairage the main isolates were S. infantis (29), S. give (25), S. nienstedten (24), S. eimsbuettel (17), S.anatum (16), S. bredeney (12), S.derby (10), S. havana (9) S. meleagridis (8), and occasional S. adelaide, S. agona, S. blukwa, S. fremantle, S. ohio, S. stanley and S. typhimurium phage types 41 and 135. Other porcine isolates were S. cholerae-suis var. Kunzendorf (2), S. derby and S. typhimurium phage type 68 from New South Wales, and S. typhimurium phage type 108 from Queensland.

Isolates from sheep came mainly from Western Australia and included S. adelaide, S. eastbourne, S. havana, S. orion, S. tennessee and S. typhimurium phage type 12A. S. bovis-morbificans and S. typhimurium phage types 64 and 202 were isolated in South Australia, S. typhimurium phage type 12A in New South Wales, and phage types 44 and 135 in Victoria.

Poultry-associated isolates were again mainly isolated in Western Australia. The most common strains were S. infantis (214), S. sofia (156), S. muenchen(14), S. anatum (13),

S. typhimurium (12), and S. schwarzengrund (8), with occasional isolates of S. adelaide, S. give, S. lille, S. potsdam, S. saint paul, S. senftenberg, S. tennessee and S. 4, 12:d:-. In Victoria, the main serotypes were S. sofia (20), S. typhimurium phage type 135 (9), S. singapore (8) and the occasional S. 4, 12:d:-, S. agona, S. anatum, S. derby, S. eimsbuettel, S. infantis and S. typhimurium phage type 179. S. typhimurium phage types 135 (12) and 44 and S. sofia were isolated in New South Wales, and S. eimbuettel, S. infantis and S. typhimurium phage types 12A and 135 in South Australia.

WATERS - The only isolates notified from potable waters were S. warragul from two towns in Western Australia, S. arizonae from Western Australia and Gippsland, and S. wandsbek from New South Wales. S. wandsworth (on two occasions), S. welikade, and S. bovis-morbificans were isolated from one area in Western Australia after flooding, and S. typhimurium, S. adelaide (2), S. chester, S. newington and S. birkenhead from another area over a two month period. S. weltevreden, S. havana, S. brisbane and S. ohlstedt were isolated from other areas of Western Australia.

Also in Western Australia, 32 serotypes were isolated from river waters and occasionally from lakes and dams. The main serotypes were S. wandsbek (36), S. orientalis (33), S. saint paul (17), S. muenchen (12), S. charity (9) S. weltevreden (9), S. adelaide (8), S. bootle (8), S. havana (6), and S. zehlendorf (5). Thirteen serotypes were isolated in Queensland, the most common being S. arizonae (6), S. anatum (2), S. livingstone (2), and S. virchow (3). S. birkenhead (3) was isolated from river water in New South Wales, and S. uganda from Northern Territory. Sea water studies in New South Wales gave 11 serotypes, the most prevalent being S. typhimurium phage type 27(11), S. give (8) and S. havana (5). Nine serotypes were isolated from sea water in Western Australia, S. muenchen (4) and S. derby (3) being the most common.

S. typhi phage type A was isolated from sewage effluent in Western Australia when searching for the carrier involved in a case of typhoid. S. paratyphi B phage type 3a 1 var 4 was isolated from sewage effluent in a routine study conducted in Victoria. S. paratyphi B serotype Java phage type 1 var 6 and untypable were recovered from river water in Queensland. S. goldcoast was isolated for the first time in Western Australia (from treated sewage), and has been provisionally classified alongside S. agona, S. mbandaka and S. zanzibar as potentially emergent types.

CHRONIC MENINGOCOCCAL SEPTICAEMIA - BRITISH COLUMBIA, CANADA

(Based on CDWR (1984) 10/51 : 201)

A 15 year old girl was admitted to Royal Island Hospital, Kanloops, on 4 November 1984, complaining of severe headache, photophobia, nausea and vomiting for 24 hours prior to admission. On further questioning, the patient admitted to being unwell for approximately five weeks with intermittent fever up to 39°C, malaise, fatigue, migratory arthralgias and skin rash. The rash was described as intermittent and transient, and had both petechial and maculopapular components. Despite these symptoms, the patient's appetite had been good and she had continued to attend high school classes until her condition suddenly worsened 24 hours prior to admission.

On examination, the patient appeared ill but not acutely so, and was awake, alert and coherent. Her temperature was 38°C and her peripheral WBC was 172 X 10^9/L with 85% neutrophils. She had a patchy erythematous maculopapular rash as well as a few petechiae. A lumbar puncture was performed and the CSF obtained was cloudy. On laboratory examination it contained 0.81g/L protein and 2.0 m mol/L glucose. A simultaneous serum glucose was 5.1 m mol/L. The CSF cell count was 2600 X 10^{10}/L with 88% neutrophils. Gram and acridine orange smears of CSF were negative but cultures grew a light growth of Neisseria meningitidis. The patient gave a history of allergy to penicillin and was therefore treated with a ten day course of intravenous followed by oral chloramphenicol. She has recovered completely and has no further pyrexia, malaise, fever, rash or arthralgia. Household contacts were contacted and treated prophylactically with oral rifampin. There were no confirmed secondary cases.

It is believed that this girl's illness represents the infrequently reported clinical entity chronic meningococcal septicaemia. Chronic meningococcaemia was first described by Saloman in 1902 and was originally defined by Dock in 1924 as "only those cases in which there is a febrile period of at least a week without meningial symptoms and whose clinical course changed abruptly if meningitis supervened"[1] Classical clinical findings are intermittent or sustained fevers, recurring maculopapular or petechial eruptions, and migratory arthritis or arthralgias [2]. This girl's illness corresponds to previous descriptions of this clinical entity. Meningococcaemia was not demonstrated because blood cultures were not done prior to admission.

Bacteraemia is often difficult to demonstrate and multiple blood cultures may be required before N. meningitidis is isolated[3]. A throat swab was taken prior to therapy but meningococcus was not isolated on culture. The CSF isolate was subsequently confirmed as N. meningitidis serogroup B by the Provincial Laboratories in Vancouver.

References

1. JAMA (1924) 83 : 31
2. Am. J. Dis. Child (1974) 127 : 94
3. Am. J. Med (1963) 35 : 103

PARALYTIC POLIOMYELITIS - FINLAND

(Based on WER (1985) 60 : 10 and CDR (1985) 85/1 : 1)

Four cases of paralytic poliomyelitis were reported in Finland during November and December 1984. Finland, which instituted a strong immunisation program in the early 1960's, has a coverage of more than 90% of the population, and no cases of poliomyelitis have been reported in the last two decades. The immunisation program is based on the use of six doses of inactivated poliovirus vaccine given at the age of five months, six months, two years, six years, 11 years and 16 years respectively. Men are given an additional dose of vaccine during military service at 20 years.

In mid-October 1984, a six year old boy with mild meningitis was shown to excrete poliovirus type 3. Investigation of healthy contacts of the case and other healthy persons in his neighbourhood close to Helsinki, showed the virus to be widespread. This was the first evidence of indigenous

poliovirus circulation in the last 20 years in Finland. Six isolates sent to a laboratory in the Netherlands for intratypic strain analysis were all found to be "not vaccine-like".

In November-December 1984, poliovirus type 3 was isolated from four patients with paralytic disease typical of poliomyelitis. One of the patients was a 31 year old woman 29 weeks pregnant who had had no poliovirus vaccinations; another was a 33 year old man with apparently only a single vaccine injection about 20 years ago who also suffered from Hodgkin's disease. The other two patients were boys aged 17 and 12 years who had both received five doses of the regular vaccine.

Two additional patients with mild disease associated with poliovirus type 3 have also been notified. Shedding of poliovirus type 3 into faeces and/or throat has been found in 99 healthy persons, mostly children, out of about 700 studied so far. Like the patients, the healthy carriers of the virus are from different locations throughout Finland. Poliovirus type 3 has also been isolated from all eight sewage water speciments collected at eight different sites in the Helsinki district. Previously, until 1981, sewage waters in Helskinki were regularly screened for viruses and not a single poliovirus was isolated from 408 speciments studied during the period 1971-81.

As soon as the widespread distribution of poliovirus type 3 throughout the country became evident, the health authorities recommended an extra dose of the regular Salk-type trivalent poliovirus vaccine to be given to all children under the age of 18 years. In addition, the Finnish authorities have decided to vaccinate the entire population, nearly five million people, through a mass campaign, using the live attenuated Sabin poliovirus vaccine (oral poliovaccine, OPV).

Travellers to Finland should be adequately immunised against poliomyelitis. Persons primarily immunised with three doses of trivalent OPV should be offered a booster dose of OPV if the last dose was received more than about three years previously.

CORRIGENDUM - CONDYLOMATA ACUMINATA SURVEILLANCE

In CDI 84/25 page 5, the number of persons attending the Sexual Health Clinic, Parramatta Hospital, Sydney, in 1982 was stated as 2559. However, this figure refers to total attendances, and not the number of patients. The total should read 1072.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 3/1/85 - 16/1/85 BULLETIN NUMBER 85/2

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	5	1	5	1	3		9	5	29
0101 ADENOVIRUS TYPE 1	1			2		5		2	10
0102 ADENOVIRUS TYPE 2	3					3			6
0103 ADENOVIRUS TYPE 3	1			3		3		2	9
0105 ADENOVIRUS TYPE 5						2		1	3
0106 ADENOVIRUS TYPE 6						1			1
0107 ADENOVIRUS TYPE 7								1	1
0108 ADENOVIRUS TYPE 8				1					1
0115 ADENOVIRUS TYPE 15	1								1
0119 ADENOVIRUS TYPE 19	2								2
0131 ADENOVIRUS TYPE 31	1							1	2
0199 ADENOVIRUS TYPING PENDING					1	3			4
0201 INFLUENZA A VIRUS			1			1		1	3
0202 INFLUENZA A VIRUS SUBTYPE H3N2					1				1
0203 INFLUENZA B VIRUS			2	3				4	9
0301 PARAINFLUENZA VIRUS TYPE 1					1	1			2
0302 PARAINFLUENZA VIRUS TYPE 2							2	1	3
0303 PARAINFLUENZA VIRUS TYPE 3	3			6	14	3	2	3	31
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	1		3	2	1	2		1	10
0500 RHINOVIRUS (ALL TYPES)	7			8	7	6	6		34
0600 MYCOPLASMA PNEUMONIAE	5	1	1	2		1		7	17
0700 ORNITHOSIS-PSITTACOSIS				1					1
0809 COXSACKIEVIRUS A9	2			2	1	1	7	1	14
0901 COXSACKIEVIRUS B1	2								2
0904 COXSACKIEVIRUS B4				2				1	3
0905 COXSACKIEVIRUS B5				3	2	3	3	3	14
1000 ECHOVIRUS NOT TYPED							1		1
1003 ECHOVIRUS TYPE 3	1								1
1006 ECHOVIRUS TYPE 6	1			1	1	1			4
1007 ECHOVIRUS TYPE 7	1						22		23
1009 ECHOVIRUS TYPE 9				1					1
1014 ECHOVIRUS TYPE 14							1		1
1020 ECHOVIRUS TYPE 20				2					2
1021 ECHOVIRUS TYPE 21	1								1
1022 ECHOVIRUS TYPE 22							2		2
1030 ECHOVIRUS TYPE 30	1			4	4				9
1031 ECHOVIRUS TYPE 31	1								1
1099 ECHOVIRUS TYPING PENDING			4				8		12
1100 POLIOVIRUS NOT TYPED					4		2		6
1101 POLIOVIRUS TYPE 1	1							2	3
1102 POLIOVIRUS TYPE 2						1		2	3
1103 POLIOVIRUS TYPE 3	1								1
1200 MUMPS VIRUS	5		2	4					11
1300 HERPES VIRUS GROUP-NOT TYPED	43			2				7	52
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2		7				2	11
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	7							13	20
1303 VARICELLA-ZOSTER VIRUS	3		2			3			8
1306 HERPES SIMPLEX TYPE 1	23			48		18	39	24	152
1307 HERPES SIMPLEX TYPE 2	128			94		22	44	77	365
1399 HERPES VIRUS TYPING PENDING				5	2	3			10
1401 COXIELLA BURNETI	8					1		1	10
1502 PICORNA VIRUS-NOT TYPED	4		1					1	6
1521 MEASLES VIRUS	2	4	2		1			4	13
1522 RUBELLA VIRUS	35	1	4	4		11		10	65
1532 HEPATITIS B ANTIGEN	90		3	19		16	12	8	147
1535 HEPATITIS A ANTIBODY	5			3	1		3	6	18
1541 CHLAMYDIA A - C TRACHOMATIS	15		5	17			50	56	143
1556 CMV - CYTOMEGALOVIRUS	13	1		16	4	3	1	8	45
1562 REOVIRUS (ALL TYPES)				1		1			2
1564 ROTAVIRUS	3		6		9	10			28
1599 ENTEROVIRUS TYPING PENDING		1	1		4				6
9992 ROSS RIVER VIRUS								4	4
9994 SMALL VIRUS (LIKE) PARTICLE	3	1							4
Total	429	12	42	264	61	126	214	259	1,407

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 3/1/85 to 16/1/85.... 85/2

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
0101 ADENOVIRUS TYPE 1.....		5					1			1	
0102 ADENOVIRUS TYPE 2.....		3					1				
0103 ADENOVIRUS TYPE 3.....		4					2		1		
0105 ADENOVIRUS TYPE 5.....		2									
0106 ADENOVIRUS TYPE 6.....							1				
0115 ADENOVIRUS TYPE 15.....	1										
0131 ADENOVIRUS TYPE 31.....	1										
0201 INFLUENZA A VIRUS.....		2							1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		1									
0203 INFLUENZA B VIRUS.....		6				1					
0301 PARAINFLUENZA VIRUS TYPE 1....		2									
0302 PARAINFLUENZA VIRUS TYPE 2....		3									
0303 PARAINFLUENZA VIRUS TYPE 3....		29		1			1				
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1	8									
0500 RHINOVIRUS (ALL TYPES).....		32				1	1	1			
0600 MYCOPLASMA PNEUMONIAE.....	3	12						1			
0700 ORNITHOSIS-PSITTACOSIS.....	1										
0809 COXSACKIEVIRUS A9.....		5		4			5				
0901 COXSACKIEVIRUS B1.....							2				
0904 COXSACKIEVIRUS B4.....		1		2							
0905 COXSACKIEVIRUS B5.....		4		6		2					
1003 ECHOVIRUS TYPE 3.....									1		
1006 ECHOVIRUS TYPE 6.....		1		2							
1007 ECHOVIRUS TYPE 7.....		4	1	13			2				
1009 ECHOVIRUS TYPE 9.....		1									
1014 ECHOVIRUS TYPE 14.....				1							
1020 ECHOVIRUS TYPE 20.....				1							
1021 ECHOVIRUS TYPE 21.....		1									
1022 ECHOVIRUS TYPE 22.....		1							1		
1030 ECHOVIRUS TYPE 30.....		1		7							
1031 ECHOVIRUS TYPE 31.....						1					
1099 ECHOVIRUS TYPING PENDING.....				1			1				
1101 POLIOVIRUS TYPE 1.....		1									
1102 POLIOVIRUS TYPE 2.....							1				
1103 POLIOVIRUS TYPE 3.....							1				
1200 MUMPS VIRUS.....	2			1		1					
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3	1									5
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	5	5		1				2	1		
1303 VARICELLA-ZOSTER VIRUS.....	3										
1306 HERPES SIMPLEX TYPE 1.....	6	4			1	1					63
1307 HERPES SIMPLEX TYPE 2.....	13	1			1					3	56
1401 COXIELLA BURNETI.....		3						1			
1521 MEASLES VIRUS.....	1	1				1					9
1522 RUBELLA VIRUS.....	4	1	1								47
1532 HEPATITIS B ANTIGEN.....	95							40			
1535 HEPATITIS A ANTIBODY.....	5							10			
1556 CMV - CYTOMEGALOVIRUS.....	5	5	1			2	1	5	1	4	
1562 REOVIRUS (ALL TYPES).....	1						1				
1564 ROTAVIRUS.....							28				
9992 ROSS RIVER VIRUS.....											1
9994 SMALL VIRUS (LIKE) PARTICLE...							3				
Total.....	150	150	3	40	2	10	52	60	6	8	186

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 3/1/85 to 16/1/85 ... 85/2
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	2	1	
0102 ADENOVIRUS TYPE 2.....									1	
0103 ADENOVIRUS TYPE 3.....	2							4		
0105 ADENOVIRUS TYPE 5.....									1	
0107 ADENOVIRUS TYPE 7.....	1							1		
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	2									
0131 ADENOVIRUS TYPE 31.....									1	
0203 INFLUENZA B VIRUS.....								3		
0303 PARAINFLUENZA VIRUS TYPE 3....							1			
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								2		
0500 RHINOVIRUS (ALL TYPES).....								1		
0600 MYCOPLASMA PNEUMONIAE.....							1	1		
0809 COXSACKIEVIRUS A9.....								2		
0905 COXSACKIEVIRUS B5.....							1	1		
1006 ECHOVIRUS TYPE 6.....							1			
1007 ECHOVIRUS TYPE 7.....							1	3		
1020 ECHOVIRUS TYPE 20.....	1									
1030 ECHOVIRUS TYPE 30.....			1					3		
1101 POLIOVIRUS TYPE 1.....									1	
1102 POLIOVIRUS TYPE 2.....									2	
1200 MUMPS VIRUS.....			4				2	2	1	
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2			1					
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1		6					1	2	
1303 VARICELLA-ZOSTER VIRUS.....								1		
1306 HERPES SIMPLEX TYPE 1.....	6	64						3	6	
1307 HERPES SIMPLEX TYPE 2.....		303							2	
1401 COXIELLA BURNETI.....							6	1		
1521 MEASLES VIRUS.....			1					1		
1522 RUBELLA VIRUS.....	1				6			1	7	
1532 HEPATITIS B ANTIGEN.....					1				11	
1535 HEPATITIS A ANTIBODY.....		3								
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	139							1	
1556 CMV - CYTOMEGALOVIRUS.....		3	2			3		3	15	
1564 ROTAVIRUS.....						1				
9992 ROSS RIVER VIRUS.....					4			1		
Total.....	16	514	14		12	4	14	37	53	