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Communicable Diseases Intelligence

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Contents:

ACQUIRED IMMUNE DEFICIENCY SYNDROME SURVEILLANCE

To 27 May 1985, 84 cases of AIDS, fulfilling the criteria of case definition, have been reported to the AIDS Task Force.

States	No. cases	No. deaths
New South Wales	56	15
Victoria	13	8
Queensland	9	7
South Australia	-	-
Western Australia	5	2
Tasmania	1	1
Australian Capital Territory	-	-
Total	84	33

TABLE 1 AIDS patients by patient group

Patient group	No. cases (%)	No. deaths (%)
Homosexual/bisexual	68 (80.9)	23 (27.4)
I.V. drug user	0 (0)	0 (0)
Haemophilia patient	2 (2.4)	1 (1.2)
Transfusion recipient	9 (10.7)	7 (8.3)
Homosexual/bisexual + I.V. drug user	2 (2.4)	1 (1.2)
Non-characteristic	1 (1.2)	0 (0)
Unknown	2 (2.4)	1 (1.2)
Total	84 (100)	33 (39.3)

Age distribution - Four patients were under two years. The age distribution of the remainder was 16(20-29 years), 31(30-39 years), 18(40-49 years), 10(50-59 years) and five for whom no details of age were available.

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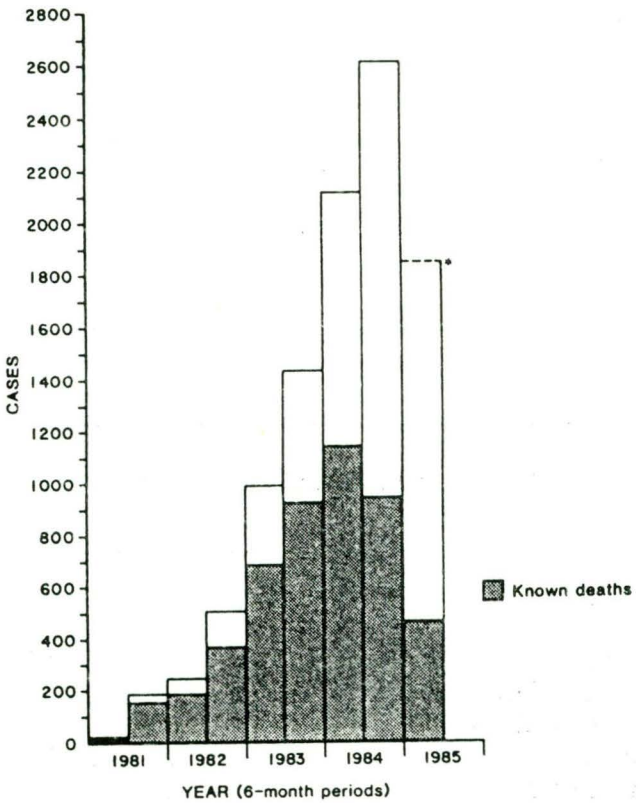
UPDATE : ACQUIRED IMMUNE DEFICIENCY SYNDROME - UNITED STATES
(Based on MMWR (1985) 34: 245-8).

As of 30 April 1985, physicians and health departments in the United States had reported 10,000 patients (9,887 adults and 113 children) meeting the surveillance definition for acquired immune deficiency syndrome (AIDS)[1,2]. Since the initial reports of AIDS in the spring of 1981[3,4] the number of cases reported each half-year has increased (Figure 1). Over half of the 10,000 cases have been reported within the last 12 months. A total of 4942 of all reported patients are known to have died (49% of the adults and 69% of the children); 75% of patients diagnosed before January 1983 are known to have died.

FIGURE 1. Acquired immune deficiency syndrome cases and known deaths, by 6-month period of report - United States, 1981 - April 1985



*Data incomplete

Adult patients: Among adult AIDS patients, there has been no significant change over time in distribution by age, race, and sex. Ninety percent of adult patients are 20-49 years old. Sixty percent are white; 25%, black; and 14%, Hispanic. Ninety-four percent are men.

Reported cases have increased substantially in all patient groups. However, some changes in the relative proportion of cases have been noted. Since 1981, the proportion of AIDS cases in transfusion recipients has increased significantly ($p<0.01$), while the proportion of cases in "other/unknown" patients has decreased significantly ($p<0.001$) (Table 1). The latter reflects a smaller rate of increase of AIDS among Haitian-born patients who are placed in the "other/unknown" category. Although there has been a slight increase in the proportion of patients who are homosexual/bisexual men, it is not statistically significant.

TABLE 1. Acquired immune deficiency syndrome patients, by patient group and date of report - United States, through April 1985.

Patient group	Cases reported: Before May 1983 No.	(%)	May 1983-April 1984 No.	(%)	May 1984-April 1985 No.	(%)	Total	(%)
Adult								
Homosexual/bisexual	992	(71.5)	2,070	(72.5)	4,199	(74.4)	7,261	(73.4)
IV drug user	233	(16.8)	510	(17.9)	942	(16.7)	1,685	(17.0)
Hemophilia patient	11	(0.8)	17	(0.6)	37	(0.7)	65	(0.7)
Heterosexual contact	13	(0.9)	23	(0.8)	45	(0.8)	81	(0.8)
Transfusion recipient	12	(0.9)	34	(1.2)	88	(1.6)	134	(1.4)
Other/unknown	126	(9.1)	202	(7.1)	333	(5.9)	661	(6.7)
Total	**1,387**	**(100.0)**	**2,856**	**(100.0)**	**5,644**	**(100.0)**	**9,887**	**(100.0)**
Pediatric								
Parent with AIDS or at increased risk for AIDS	11	(57.9)	27	(67.5)	43	(79.6)	81	(71.7)
Hemophilia patient	2	(10.5)	1	(2.5)	3	(5.6)	6	(5.3)
Transfusion recipient	2	(10.5)	8	(20.0)	5	(9.3)	15	(13.3)
Other/unknown	4	(21.1)	4	(10.0)	3	(5.6)	11	(9.7)
Total	**19**	**(100.0)**	**40**	**(100.0)**	**54**	**(100.0)**	**113**	**(100.0)**
TOTAL	**1,406**	**(100.0)**	**2,896**	**(100.0)**	**5,698**	**(100.0)**	**10,000**	**(100.0)**

The proportion of adult patients with Kaposi's sarcoma (KS) alone and with both KS and Pneumocystis carinii pneumonia (PCP) has decreased significantly ($p<0.001$) (Table 2). This is associated with a significant increase in the proportion of cases with PCP and no KS. The distribution of cases with other opportunistic diseases has remained relatively constant.

TABLE 2. Percent distribution of adult acquired immune deficiency syndrome patients, by disease and date of report - United States, through April 1985

Disease*	Before May 1983	May 1983-April 1984	May 1984-April 1985	Total
KS, no PCP	24.7	24.1	18.9	**21.2**
KS and PCP	10.3	6.7	4.3	**5.8**
PCP, no KS	51.3	51.7	59.5	**56.1**
Other opportunistic diseases	13.7	17.5	17.2	**16.8**
Total	**100.0**	**100.0**	**100.0**	**100.0**

*KS = Kaposi's sarcoma; PCP = *Pneumocystis carinii* pneumonia

Adult AIDS patients have been reported from 46 states, the District of Columbia, and three U.S. territories. Among cases reported before May 1983, 47% of the adults were residents of New York. Between May 1984 and April 1985, the proportion of adults reported with AIDS from this state decreased significantly ($p<0.001$) to 34% of the total.

Paediatric patients: Among AIDS patients under 13 years old, there has been no statistically significant change in distribution by age, race, sex, and disease presentation over time. Fifty-eight percent of the paediatric patients were under one year old at diagnosis. Fifty-five percent are black; 22%, white; and 21%, Hispanic. Sixty-three percent are male. Sixty-eight percent had PCP without KS; 2% had KS and PCP; 4% had KS without PCP; and 26% had other opportunistic diseases.

Eighty-one (72%) of the 113 paediatric patients came from families in which one or both parents had AIDS or were at increased risk for developing AIDS; 15 (13%) had received transfusions of blood or blood components before their onsets of illness, and six (5%) had haemophilia. Risk factor information on the parents of the 11 (10%) remaining patients is incomplete. Paediatric cases have been reported from 17 states; cases reported per state ranged from one to 53 (median one). Eighty-two percent of the paediatric cases have been reported from New York, New Jersey, Florida, and California. Of the 81 paediatric patients with a parent with AIDS or at increased risk for AIDS, 69 (85%) were residents of New York, New Jersey, or Florida - states in which over 84% of the heterosexual adult cases were reported.

Comment

The number of AIDS cases reported nationally continues to increase. The first 5,000 diagnosed cases were reported to CDC between June 1981 and June 1984 (37 months); the last 5,000 cases have been reported since June 1984 (10 months).

Haitian-born AIDS patients have now been placed into the "other/unknown" group. The previous separate listing for Haitian-born patients has been discontinued in light of current epidemiological information that suggests both heterosexual contact and exposure to contaminated needles (not associated with intravenous (IV) drug abuse) play a role in disease transmission [5-7]. Similar risk factors have been described for AIDS patients in some central African countries[8-10]. Evidence from surveillance case report forms is insufficient to establish the specific modes of transmission in particular cases reported among Haitian immigrants.

Among Haitian-American control patients who were age- and sex-matched to patients with AIDS, the prevalence of antibody to lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III) was 5%[7]. While this seroprevalence is lower than that found in other patient groups, it is several times higher than that seen in random blood donors. The following US Public Health Service guidelines continue to apply: Blood and/or plasma should not be donated by persons with symptoms and signs of AIDS, sexual partners of AIDS patients, sexually active homosexual/bisexual men with multiple partners, Haitian entrants to the United States, present or past abusers of IV drugs, patients with haemophilia, and sexual partners of individuals at increased risk for AIDS[11].

The proportion of AIDS patients with a history of blood transfusion as their only risk factor has increased significantly during the last two years, although these cases still contribute less than 2% of the total. Because the time from infection with LAV/HTLV-III to onset of AIDS may be several years, persons exposed to the virus through transfusion before institution of the self-deferral guidelines for blood donors in 1983 and screening of blood for LAV/HTLV-III antibody in 1985 may remain at risk of AIDS.

Over 93% of all AIDS patients who have KS are homosexual/bisexual men[12]. Although the proportion of homosexual/bisexual men reported with AIDS has been increasing, the proportion with KS has decreased significantly and has led to an overall decrease in the proportion of adult cases with KS. The reasons for the change in proportion of KS cases among homosexual/bisexual men are unclear.

Forty-five states, the District of Columbia, and Puerto Rico now require reporting of AIDS to health departments. Although the majority of cases have been reported from a few states, proportionately greater increases have recently been noted from other states. The geographic distribution of AIDS among children with parents in high-risk groups is similar to that seen for heterosexual adult AIDS patients. Since several years usually separate acquisition of infection with LAV/HTLV-III and onset of AIDS, current reports of AIDS cases may not reflect the present geographic distribution of infected persons.

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CHANGING PATTERNS OF ACQUIRED IMMUNE DEFICIENCY SYNDROME IN HAEMOPHILIA PATIENTS - UNITED STATES
(Based on MMWR (1985) 34: 241-3.

The pattern of haemophilia-associated AIDS appears to be changing in that the number of cases may be stabilising or declining, and the characteristics of new cases appear to be changing. As of 1 April 1985, CDC has received reports of 73 cases of haemophilia-associated acquired immune deficiency syndrome (AIDS) among US patients. The first case was diagnosed in 1981; eight cases were diagnosed in 1982; 13, in 1983; 45, in 1984; and six thus far in 1985 (Figure 1). Four of these 73 had known risk factors for AIDS other than a coagulation disorder requiring treatment with commercial factor concentrates or cryoprecipitate. Patients with severe haemophilia A (hereditary factor VIII deficiency) continue to account for the majority (52[71%]) of haemophilia-associated AIDS cases. Patients with mild or moderate haemophilia A account for an additional 13 (18%) cases. The remaining cases consist of three patients with haemophilia B (hereditary factor IX deficiency), three with von Willebrand's disease, one with an acquired inhibitor to factor VIII, and one with factor V deficiency. These patients resided in 27 different states. Cases reported per state ranged from one to nine (median two).

Ten patients had no documented use of blood products other than factor concentrates in the five years preceding their diagnoses. One patient with von Willebrand's disease,

diagnosed in January 1985, had no documented use of blood products other than cryoprecipitate in the three years preceding diagnosis.

Sera from 29 (40%) of the 73 cases were obtained and tested by the Western blot method[1] for antibody to lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III); 22 (76%) of the 29 were antibody-positive.

Of the opportunistic infections considered by CDC to be indicative of underlying cellular immune deficiency, Pneumocystis carinii pneumonia (PCP) remains the most common infection diagnosed in haemophilia-associated AIDS. Sixty-one (84%) of 73 patients had PCP alone or in combination with one or more other opportunistic infections.

Thirty-eight (52%) of the 73 haemophilia patients with AIDS have died. Seven (20%) of those still alive have survived one year or more since diagnosis; one (3%) has survived longer than two years.

Surveillance indicates the characteristics of recently diagnosed haemophilia-associated AIDS cases may be changing, and the number of new cases diagnosed by quarter may be stabilising in this population. Ten of the 23 patients diagnosed since 1 August, 1984, have disorders other than severe haemophilia A. This represents a change in proportion from earlier diagnosed cases (10 of 50 [p=0.05]). During 1984, more cases of haemophilia-associated AIDS were diagnosed than in all previous years of surveillance. However, unlike the epidemic pattern for all AIDS, the number of haemophilia-associated AIDS cases in 1984 has not increased in each quarter (Figure 1). It is possible that a significant number of haemophilia-associated AIDS cases not yet reported to CDC have already been diagnosed at some time in 1984, and the temporal distribution of cases is subject to change with receipt of reports of such cases. However, preliminary results from a simulation of 1985 haemophilia/AIDS reporting indicate that the expected number and distribution of cases would not sufficiently change the 1984 haemophilia-AIDS epidemic pattern.

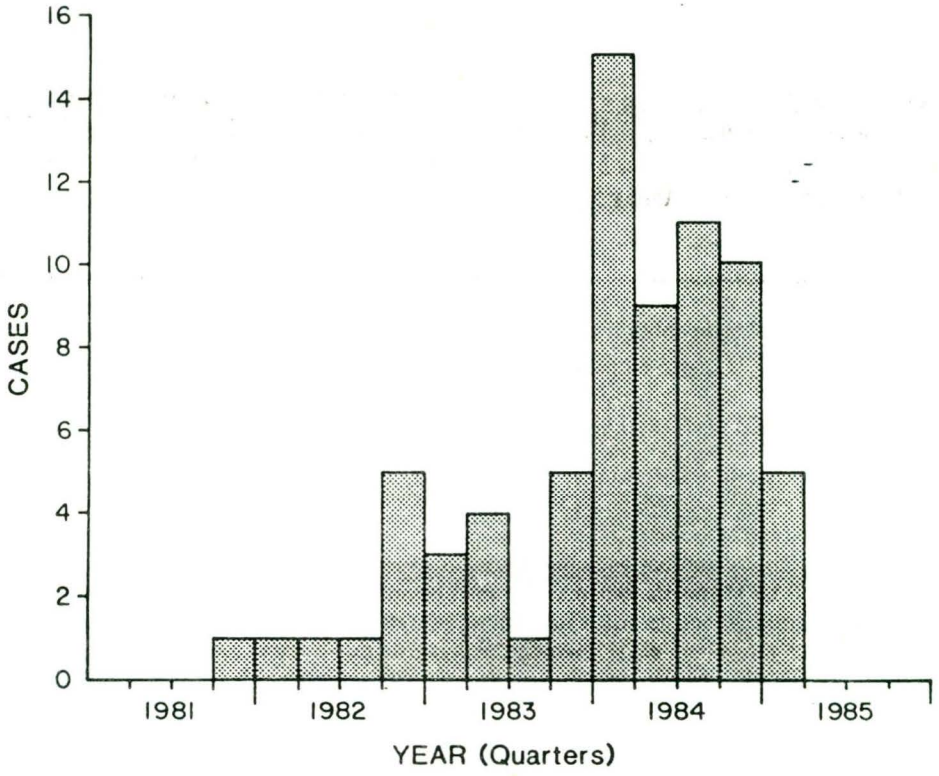
Comment

LAV/HTLV-III has been implicated as the causal agent of AIDS[2-5], and in the haemophilia population, commercial factor concentrates are suspected as the vehicle for transmission of the virus[6-8]. Recently, exposure to LAV/HTLV-III through use of cryoprecipitate has been documented in studies of the seroprevalence (two of six tested)[9] and seroconversion (two of 11 seroconverting during a one-year period)[10] in haemophilia patients using this product exclusively. The development of AIDS in three patients with von Willebrand's disease, one of whom had no documented blood product exposure other than cryoprecipitate and no other risk factor for AIDS, is further strong evidence to consider chronic use of cryoprecipitate a definite risk factor for AIDS. This may be especially true for those who are exposed to multiple donors (more than 80 per year). The magnitude of this risk may depend on geographic locality.

Trends in both the number and characteristics of recently reported haemophilia-associated AIDS appear to be changing. Patients with mild or moderate haemophilia and those with von

Willebrand's disease tend to use significantly less clotting factor products in their disease therapy than do those with severe haemophilia and are more likely to be treated with products other than commercial factor concentrates. The recent increase in AIDS cases reported among persons with milder haemophilia may reflect earlier exposure of persons with severe haemophilia A to LAV/HTLV-III than those with mild or moderate haemophilia or von Willebrand's disease. Continuous surveillance will be needed to monitor these trends. Physicians and other health-care personnel are encouraged to report suspected AIDS cases to CDC through their local or state health departments.

FIGURE 1. Haemophilia-associated acquired immune deficiency syndrome, by year - United States, 1981 - 1985.



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(continued from page 1)

TABLE 2. Disease category of reported cases

Disease	No. cases (%)	No. deaths (%)
Opportunistic infection (OI)	55 (65.4)	27 (32.1)
Kaposi's sarcoma (KS)	20 (23.8)	2 (2.4)
OI + KS	3 (3.6)	1 (1.2)
Other	3 (3.6)	1 (1.2)
Unknown	3 (3.6)	2 (2.4)
Total	84 (100)	33 (39.3)

A total of 762 cases (376 deaths) have been reported to 31 December 1984 in Europe (including the United Kingdom), and 10,000 cases (4942 deaths) to 30 April 1985 in the United States of America.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 9/5/85 - 22/5/85 BULLETIN NUMBER 85/11

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		1	4		4		6	5	20
0101 ADENOVIRUS TYPE 1				3	8	2			13
0102 ADENOVIRUS TYPE 2	1			1	6	1			9
0103 ADENOVIRUS TYPE 3			1			1			2
0104 ADENOVIRUS TYPE 4			1						1
0105 ADENOVIRUS TYPE 5				2				1	3
0107 ADENOVIRUS TYPE 7	1								1
0108 ADENOVIRUS TYPE 8	2		1	2				1	6
0111 ADENOVIRUS TYPE 11	1	1							2
0113 ADENOVIRUS TYPE 13	1								1
0119 ADENOVIRUS TYPE 19	2								2
0137 ADENOVIRUS TYPE 37				2				1	3
0199 ADENOVIRUS TYPING PENDING		2	2	1	1	2			8
0201 INFLUENZA A VIRUS	1		1			2		4	8
0203 INFLUENZA B VIRUS	3		2				1	1	7
0301 PARAINFLUENZA VIRUS TYPE 1					5	7			12
0302 PARAINFLUENZA VIRUS TYPE 2					1		2	9	12
0303 PARAINFLUENZA VIRUS TYPE 3					6	4			10
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	39	31	1	2	21	6	7	5	112
0500 RHINOVIRUS (ALL TYPES)	2			5	3	7	3	4	24
0600 MYCOPLASMA PNEUMONIAE	1						1	1	3
0700 ORNITHOSIS-PSITTACOSIS	1								1
1007 ECHOVIRUS TYPE 7	26		1	6	8			2	43
1021 ECHOVIRUS TYPE 21				4				1	5
1023 ECHOVIRUS TYPE 23								1	1
1030 ECHOVIRUS TYPE 30				1					1
1100 POLIOVIRUS NOT TYPED			6		1				7
1101 POLIOVIRUS TYPE 1		2						1	3
1102 POLIOVIRUS TYPE 2	1			1					2
1200 MUMPS VIRUS	2			3					5
1300 HERPES VIRUS GROUP-NOT TYPED	24		1	3		2		5	35
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2							2
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	7		1		1			11	20
1303 VARICELLA-ZOSTER VIRUS	3			1		1			5
1306 HERPES SIMPLEX TYPE 1	28			24		26	26	19	123
1307 HERPES SIMPLEX TYPE 2	170			55		27	49	39	340
1399 HERPES VIRUS TYPING PENDING					3	2			5
1401 COXIELLA BURNETI	4					3	1		8
1502 PICORNA VIRUS-NOT TYPED	1		11				20	1	33
1514 MOLLUSCUM CONTAGIOSUM						1			1
1521 MEASLES VIRUS	2		1						3
1522 RUBELLA VIRUS	2					3		1	6
1532 HEPATITIS B ANTIGEN	68		11	28		12	12	16	147
1533 HEPATITIS B ANTIBODY	21								21
1535 HEPATITIS A ANTIBODY	4	1					1	8	14
1541 CHLAMYDIA A - C TRACHOMATIS	35	1	15	87*			40	40	218
1556 CMV - CYTOMEGALOVIRUS	11	5	2	23	5	3		7	56
1564 ROTAVIRUS		3	6		3	26		4	42
1599 ENTEROVIRUS TYPING PENDING		2	7		8				17
9992 ROSS RIVER VIRUS			4				16	1	21
9994 SMALL VIRUS (LIKE) PARTICLE				1					1
Total	464	51	79	255	84	139	185	189	1,446

* Cultures performed at Microbiological Diagnostic Unit, Melbourne.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 9/5/85 to 22/5/85 ....
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.....		4					5				
0101	ADENOVIRUS TYPE 1.....		11		2		1	2				
0102	ADENOVIRUS TYPE 2.....		6	1			1	1				
0103	ADENOVIRUS TYPE 3.....							1				
0105	ADENOVIRUS TYPE 5.....		1					1				
0111	ADENOVIRUS TYPE 11.....		1									
0113	ADENOVIRUS TYPE 13.....	1										
0201	INFLUENZA A VIRUS.....		6									1
0203	INFLUENZA B VIRUS.....	2	3									
0301	PARAINFLUENZA VIRUS TYPE 1....		12									
0302	PARAINFLUENZA VIRUS TYPE 2....		10					1				
0303	PARAINFLUENZA VIRUS TYPE 3....		8									
0400	RESPIRATORY SYNCYTIAL VIRUS (RS).....	2	105					1				
0500	RHINOVIRUS (ALL TYPES).....	2	20									1
0600	MYCOPLASMA PNEUMONIAE.....	1	2									
1007	ECHOVIRUS TYPE 7.....	5	10		14		2	6				
1021	ECHOVIRUS TYPE 21.....				4			1				
1023	ECHOVIRUS TYPE 23.....		1									
1030	ECHOVIRUS TYPE 30.....				1							
1100	POLIOVIRUS NOT TYPED.....							6				
1101	POLIOVIRUS TYPE 1.....	1						1				
1102	POLIOVIRUS TYPE 2.....		1					1				
1200	MUMPS VIRUS.....				3							
1300	HERPES VIRUS GROUP-NOT TYPED..	1	1								1	12
1301	HERPES SIMPLEX VIRUS NOT-TYPED											1
1302	EPSTEIN-BARR VIRUS (EB VIRUS).	2	3				1		1			
1303	VARICELLA-ZOSTER VIRUS.....											5
1306	HERPES SIMPLEX TYPE 1.....	3	8	1						1	4	51
1307	HERPES SIMPLEX TYPE 2.....	8	2									44
1400	COXIELLA BURNETI.....	1							1			
1502	PICORNA VIRUS-NOT TYPED.....	2	7		2		1	18				
1521	MEASLES VIRUS.....	2					1					
1522	RUBELLA VIRUS.....											4
1532	HEPATITIS B ANTIGEN.....	82	2						47	1		
1533	HEPATITIS B ANTIBODY.....	15							5			
1535	HEPATITIS A ANTIBODY.....	1							13			
1541	CHLAMYDIA A - C.TRACHOMATIS...	1	2								1	
1556	CMV - CYTOMEGALOVIRUS.....	4	15		1			2	5		2	
1564	ROTAVIRUS.....	4						35				
9992	ROSS RIVER VIRUS.....	2	1									4
9994	SMALL VIRUS (LIKE) PARTICLE...							1				
Total	.....	142	242	2	27		7	83	72	2	8	123

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 9/5/85 to 22/5/85 ...
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.....	1	1								
0101 ADENOVIRUS TYPE 1.....										1
0103 ADENOVIRUS TYPE 3.....	1									
0104 ADENOVIRUS TYPE 4.....	1									
0105 ADENOVIRUS TYPE 5.....								1		
0107 ADENOVIRUS TYPE 7.....	1									
0108 ADENOVIRUS TYPE 8.....	7									
0111 ADENOVIRUS TYPE 11.....	1									
0119 ADENOVIRUS TYPE 19.....	2									
0137 ADENOVIRUS TYPE 37.....	3									
0201 INFLUENZA A VIRUS.....								3	1	
0203 INFLUENZA B VIRUS.....	1							1		
0302 PARAINFLUENZA VIRUS TYPE 2....					1			2		
0303 PARAINFLUENZA VIRUS TYPE 3....								1		1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....					1			3	2	1
0500 RHINOVIRUS (ALL TYPES).....									1	
0600 MYCOPLASMA PNEUMONIAE.....								2		
0700 ORNITHOSIS-PSITTACOSIS.....								1		
1007 ECHOVIRUS TYPE 7.....							2	4	2	
1100 POLIOVIRUS NOT TYPED.....						1				
1101 POLIOVIRUS TYPE 1.....										1
1200 MUMPS VIRUS.....			2							
1300 HERPES VIRUS GROUP-NOT TYPED..		5								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1	1	5	4			1	2	3	
1306 HERPES SIMPLEX TYPE 1.....	5	47	1					3	2	
1307 HERPES SIMPLEX TYPE 2.....		283	1						2	
1401 COXIELLA BURNETI.....							3	3		
1502 PICORNA VIRUS-NOT TYPED.....								2		1
1514 MOLLUSCUM CONTAGIOSUM.....		1								
1522 RUBELLA VIRUS.....						2				
1532 HEPATITIS B ANTIGEN.....		1						1	13	
1533 HEPATITIS B ANTIBODY.....								1		
1541 CHLAMYDIA A - C.TRACHOMATIS...	2	207							6	
1556 CMV - CYTOMEGALOVIRUS.....		4	2	2		2	4	2	12	
1564 ROTAVIRUS.....							1	1	1	
9992 ROSS RIVER VIRUS.....					16			4		
Total.....	26	550	11	6	18	5	11	37	45	5

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(26 January 1985 to 22 February 1985) Bulletin 85/11

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis	1			1					2	8
Ankylostomiasis				3					3	6
Anthrax									—	—
Arbovirus infection	7	3		1					11	14
Brucellosis									—	—
Campylobacter infections	109	N.N.	N.N.	89	N.N.	N.N.	16	N.N.	214	354
Chancroid				N.N.		N.N.			—	—
Cholera									—	—
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	1	N.N.	2	N.N.	6		9	14
Giardiasis	31	N.N.	N.N.	66	N.N.	N.N.	N.N.	N.N.	97	166
Genital herpes	94	N.N.	46		N.N.	N.N.	1	N.N.	141	354
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	1	N.N.	1	1
Gonorrhoea	240	114	145	51	114	5	53	13	735	1439
Hepatitis A (infectious)	17	15	25	7	2		2		68	117
Hepatitis B (serum)	49	20	40	17	10		5		141	231
Hepatitis - unspecified	3	1			1	N.N.	2		7	14
Hydatid disease						1		1	2	2
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease	1		N.N.	1	N.N.	N.N.	N.N.	N.N.	2	2
Leprosy					1				1	2
Leptospirosis	2	2	1	1	3	3			12	29
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.	2		2	2
Malaria	14	10	17	1	1			1	44	136
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	2		6			N.N.	1		9	17
Non-specific urethritis	232	N.N.	N.N.		N.N.	N.N.		N.N.	232	591
Ornithosis				1					1	2
Pertussis (whooping cough)	36	21	N.N.	22	N.N.	N.N.	N.N.	N.N.	79	129
Plague									—	—
Poliomyelitis									—	—
Q. fever	1		7		N.N.		N.N.		8	13
Rabies		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	121	8	80	25	8	8	69	8	327	582
Shigella infections	5	3	11	5	8		38		70	116
Smallpox								—	—	—
Syphilis	53	18	13	7	21		82	1	195	348
Tetanus								—	—	1
Trachoma		N.N.			N.N.	N.N.		—	—	1
Tuberculosis (all forms)	21	21	21	9	8			1	81	129
Typhoid fever	2	2							4	6
Typhus (all forms)									—	—
Vibrio parahaemolyticus infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	3
Yellow Fever									—	—
Yersinia enterocolitica infections	1	N.N.	N.N.	1	N.N.	N.N.	N.N.	N.N.	2	2

(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

Ankylostomiasis	+	1	Queensland
Donovanosis	+	4	Queensland
	-	2	Northern Territory
Genital herpes	-	40	Queensland
Gonorrhoea	-	57	Queensland
	-	3	Northern Territory
Hepatitis A	-	3	Queensland
Salmonella infections	+	10	South Australia
Syphilis	-	4	Queensland
	-	3	Northern Territory