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Communicable Diseases Intelligence

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Contents:

VIRUS REPORTING SCHEME - A total of 1,427 reports was processed this period. The reports suggested that there was some influenza activity in the community, with fourteen notifications of influenza A virus, one of which was subtyped as H_3N_2. Eight cases were from Western Australia, one from South Australia and five from New South Wales. Two influenza B virus cases were reported from Western Australia and one from New South Wales.

In addition, the WHO Influenza Reference Centre, Melbourne, reported the isolation of three influenza A (H_3N_2) strains, two being from university students and one from a 57 year old patient. Preliminary HI results indicate that they most closely resemble A/Philippines/2/82. The Centre also advised that the strains B/Victoria/101/85 and 102/85 isolated at Fairfield Hospital represent a new strain to Australia. HI tests have shown them to differ from both B/Singapore/222/79 and B/USSR/100/83, and results from CDC, Atlanta, have indicated that they most closely resemble B/Hong Kong/8/83 virus.

The composition of the influenza vaccine for this winter season is:

- A/Chile/1/83 (H_1N_1)-like strain, 15µg haemagglutinin
- A/Philippines/2/82 (H_3N_2)- like strain, 15µg haemagglutinin
- B/USSR/100/83-like strain, 15µg haemagglutinin

One component, A/Philippines/2/82 (H_3N_2), has been carried over from the 1984 vaccine. The new H_1N_1 component (A/Chile/1/83) should afford the best protection to the Australian community against the range of H_1N_1 strains considered likely to be circulating in Australia during the 1985 winter season. B/USSR/100/83 is the new influenza B vaccine component.

An outbreak of an influenza-like illness beginning in mid-April was reported recently in the southern part of the South Island, New Zealand, (WER (1985) 60: 163). The outbreak had spread north to Dunedin by early May but began to decline in mid-May. All age groups were affected, but particularly children of school age. Influenza A (H_3N_2) virus was isolated from two children aged seven and nine years.

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HUMAN SALMONELLOSIS SURVEILLANCE

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

A total of 1069 salmonella (85 serotypes), 565 campylobacter, 169 shigella and 11 Escherichia coli reports from human cases were collated in Australia during the period October-December 1984. This was an increase on the corresponding period of 1983 of 252 isolates. New serotypes for this quarter were S. brandenburg, S. typhi 51 and S. java 1 var 3 from Victoria, S. typhi 34 from Queensland, and S. typhi D1-N and S. typhimurium UDNC 1 from New South Wales.

TYPHOID - A total of 39 cases was reported

New South Wales - There were eight new cases and all infections except two, were acquired overseas. They comprised:-

. S. typhi untypable from a four year old female and her three year old brother after their return from Jordan where they had been treated for typhoid;

. S. typhi B1 from a 27 year old female who had returned from the Philippines; she had had diarrhoea which had resolved while in Manila 4-6 weeks before, and had had a fever for two weeks after her return to Australia;

. S. typhi E1 from a ten year old female who had been holidaying with her family in Lebanon (all of the family had been febrile and had had diarrhoea four days after leaving Lebanon). S. 4,12:D:-, C. jejuni and G. lamblia were also detected in her faeces;

. S. typhi E1 from blood and faeces of a five year old female who had returned from Lebanon;

. S. typhi D2 from a 14 year old Indonesian male, in Sydney for cardiac surgery for congenital heart disease. He was febrile after surgery and S. typhi D2 was isolated from blood and faeces five days after surgery;

. S. typhi D1-N cultured from blood of a six year old male with fever and diarrhoea;

. S. typhi A from blood of a 54 year old male with no history of overseas travel.

Victoria - Two new cases reported were that of a Papua New Guinea sailor who had contracted typhoid when visiting his home and had become ill after joining his ship (S. typhi degraded was isolated from blood and faeces), and a three year old female after her return from Lebanon (S. typhi 51 was isolated from blood cultures).

A survey of typhoid carriers revealed five people to be excreting:- S. typhi M2 from a male first seen in 1979, S. typhi A from an 80 year old male first seen in 1968, S. typhi untypable from a 29 year old male, S. typhi 46 from a 50 year old male and S. typhi degraded from a 69 year old female refugee who was found on routine screening in September 1984, when the isolate was typed as D1-N.

Queensland - There were three isolations of S. typhi from intellectually handicapped adults identified following the

investigation of a clinical case of typhoid. The initial case was identified as S. typhi degraded while the other isolations were identified as phage type 34, degraded, and a mixture of type A and degraded respectively.

PARATYPHOID - Six new cases and one carrier were detected, all infections having been acquired overseas.

Victoria - S. paratyphi A untypable was isolated from a 23 year old female and her 25 year old female travelling companion, who had returned from the Philippines; both had become ill about ten days after their return. S. paratyphi A untypable was isolated from blood culture of a two year old female after her return from the Philippines. Routine screening led to the isolation of S. paratyphi A from a 49 year old Vietnamese female who had arrived from Saigon; she was a known carrier and the cultures reacted with the typing phages but did not conform to a known phage type (UDNC).

Western Australia - There was one isolate of S. paratyphi A1 from a 55 year old female who had been travelling in Sri Lanka.

New South Wales - S. paratyphi A6 was isolated from a 24 year old male who had been overseas recently.

South Australia - There was one isolate of S. paratyphi A untypable from a male overseas visitor.

BLOOD ISOLATIONS - Cases of septicaemia involved the serotypes S. flexneri 1B (culture was resistant to ampicillin, streptomycin, tetracycline and chloramphenicol). S. bovis-morbificans type 7, S. chester, S. muenchen, S. paratyphi A untypable, S. potsdam, S. typhi 51, S. typhi D1-N, S. typhi D2, S. typhi E1, S. typhimurium phage types 4, 9, 124 and 135 (one case of the latter phage type was that of a 74 year old male who later died), S. virchow, C. jejuni and C. fetus.

URINE ISOLATIONS - Isolations from urine comprised the serotypes S. ohio, S. typhimurium untyped, S. typhimurium phage type 26, S. typhimurium phage type 135 (in a 56 year old female with food poisoning after a Chinese meal - also isolated from faeces and blood), S. typhimurium phage type 12A (from a 38 year old female with a chronic urinary tract infection, for review after trimethoprim treatment), S. havana, S. tennessee (in a 15 year old female with haematuria for three weeks), S. bovis - morbificans 13 and 26, and S. virchow (from faeces and urine of a baby girl).

OUTBREAKS - A S. sonnei infection in four children aged from 17 months to 10 years was possibly acquired when swimming in a salt water lagoon in New South Wales. S. typhimurium 135 was detected in a 56 year old female, her husband and two others, after a meal at a Victorian Chinese restaurant, where one of the food handlers was found to be excreting S. typhimurium 135. From Western Australia, S. typhimurium 135 was isolated from 27 people who had eaten turkey at a special function dinner at a restaurant; S. typhimurium 135 was also isolated from the turkey.

Family outbreaks involved S. agona, S. bovis - morbificans, S. singapore, S. stanley, S. typhimurium phage types 9, 12A, 27, 135, 141, 170 and untypable, C. jejuni and S. sonnei.

MISCELLANEOUS INFECTIONS

Isolations of interest included C. jejuni from faeces from an 18 year old man with diarrhoea after an appendectomy, S. adelaide from faeces from a female who had undergone an operation for ileocolitis, S. richmond from a wound on the toe of a farm worker cut by a mower, S. singapore from a 55 year old female with a pelvic abscess, S. bareilly from an abdominal wound after a nephrectomy on a 58 year old male, S. typhimurium phage type 26 from the faeces of a 24 year old female student with a five days fever, diarrhoea and nausea (the patient, who was immunosuppressed, had been working with a S. typhimurium 26 culture in a practical class), S. typhimurium 156 from an infected burn on the hand of an 18 month old female and S. virchow from the vagina of a baby girl.

MIXED INFECTIONS - Reports of interest included C. jejuni and S. typhimurium 12A from a three year old female, C. jejuni and Aeromonas hydrophila from a 24 year old female, S. singapore and S. boydii 11 from a 28 year old male who had returned from Asia, S. alachua and S. mbandaka from a two year old female, S. dublin and C. jejuni from a three month old male who was living on a farm where a cow had died from a S. dublin infection and where another family member was also ill, S. bovis - morbificans and C. jejuni from a two year old female with febrile convulsions, S. sonnei and C. jejuni from a three year old male, S. typhimurium and C. jejuni from an 18 month old female, S. flexneri 2A and C. jejuni from seven year old female and S. havana and C. jejuni from a four month old male.

OVERSEAS ACQUIRED INFECTIONS - Apart from enteric fever, travellers acquired infections whilst overseas from a range of serotypes. Isolations from travellers who had returned from the Indian subcontinent included S. blockley, S. richmond, S. emek, S. virchow, S. typhimurium UDNC (resistant to tetracycline), three cases of S. indiana, two of which showed multiple resistance to antibiotics (ampicillin, streptomycin and sulphonamides, and ampicillin, tetracycline, kanamycin and gentamycin) and S. flexneri 2A (resistant to ampicillin, streptomycin, tetracycline, chloramphenicol and sulphonamides). S. anatum and S. saint-paul were isolated in travellers returned from China. Isolations from patients who had returned from South-East Asian countries included S. panama (resistant to streptomycin, tetracycline and sulphonamides), S. typhimurium untypable (resistant to ampicilliin, streptomycin, tetracycline, chloramphenicol, sulphonamides and kanamycin), S. sonnei (resistant to streptomycin, tetracycline and sulphonamides), C. jejuni and S. typhimurium phage type 179. Infections acquired by travellers returned from the Pacific region included S. mississippi, S. enteritidis, S. typhimurium phage type 16, S. virchow, S. bovis - morbificans and an untypable Salmonella 3,10:R:-. A traveller returned from South Africa with a S. typhimurium phage type 102 infection. No details concerning countries visited were available for two patients infected with S. mbandaka, two with S. sonnei, two with C. jejuni, one with C. species and one patient with a mixed S. boydii 11 and S. singapore infection.

DERMATOPHYTE SURVEILLANCE

(Contributed by D. Muir, Medical Mycology Reference Laboratory, Royal North Shore Hospital, Sydney)

The Medical Mycology Reference Laboratory receives material for examination in two forms; as clinical specimens (e.g. skin, hair) and as isolates for identification. A review of the dermatophytes identified during the period 1966-82 was published recently[1], and the following is an update to 1984 (Tables 1-3). Most of this material was received from major Sydney hospitals and private pathology laboratories within the Sydney area. Isolates were also received from other centres in New South Wales such as Wollongong, Newcastle, Wagga Wagga and Kempsey, and occasionally from other Australian States.

Table 1. Dermatophytes identified at the Medical Mycology Reference Laboratory (1983-84)

Organism	Number
Trichophyton rubrum	297
T. mentagrophytes (granular)	86
T. mentagrophytes (downy)	38
T. tonsurans	53
T. verrucosum	5
T. violaceum	2
T. terrestre	6
T. equinum var. autotrophicum	1
T. mentagrophytes var. quinckeanum	1
Microsporum canis	38
M. gypseum	9
M. audouini	1
Epidermophyton floccosum	80
Total	617

TABLE 2 Age distribution, when stated, of the cases

Organism	Age (years)								
	0-10	11-20	21-30	31-40	41-50	51-60	61-70	70+	Total
Total Trichophyton	15	43	59	47	42	34	14	24	278
T.mentagrophytes	3	11	10	14	14	13	4	9	78
T.tonsurans	10	9	6	0	4	2	2	4	37
T.rubrum	2	21	39	31	23	17	7	11	151
Total Microsporum	14	5	3	4	2	0	0	2	30
M.gypseum	1	0	1	1	1	0	0	0	4
M.canis	13	5	2	2	1	0	0	2	25
Epidermophyton floccosum	1	12	14	5	3	3	4	1	43
Total Dermatophytes	30	60	76	56	47	37	18	27	351

Table 3. Lesion sites of the dermatophytes isolated

Organism	Site											
	scalp	face	axilla	groin	arm	hand	leg	feet	finger nail	body	toe nail	to
M. canis	7	1	0	0	3	1	6	1	0	19	0	
M. gypseum	1	1	0	0	1	0	2	0	0	4	0	
M. audouini	0	0	0	0	0	0	0	0	0	1	0	
T. mentagrophytes												
(g)	0	5	0	3	1	10	11	45	1	8	2	
(d)	0	0	0	3	0	4	1	21	3	3	3	
var. quinckeanum	0	0	0	1	0	0	0	0	0	0	0	
T. rubrum	0	11	1	63	5	21	22	63	13	74	24	29
T. tonsurans	12	5	0	0	5	1	3	3	1	20	3	5
T. violaceum	1	0	0	0	0	0	0	0	1	0	0	
T. verrucosum	0	0	0	0	3	0	2	0	0	0	0	
T. equinum var. autotrophicum	0	0	0	0	0	0	0	1	0	0	0	
T. terrestre	0	0	0	1	0	1	1	1	0	2	0	
E. floccosum	0	0	2	42	2	3	3	10	0	18	0	8
Total	21	23	3	113	20	41	51	145	19	149	32	61

Editorial Comment

Dermatophytes are fungi which invade only superficial keratinised tissue (skin, hair and nails), but do not invade deeper tissues. Dermatophytes are conventionally divided into three categories (zoophilic, anthropophilic and geophilic)[2], and are classified into three genera:- Epidermophyton, Microsporum and Tricophyton. There is worldwide distribution of dermatophytes, but studies have shown that some species are more prevalent in particular geographical areas than others.

M. canis, T. verrucosum, T. mentagrophytes (granular) and T. equinum var. autotrophicum are amongst the zoophilic species (those parasitic of lower animals) present in Australia[3]. Spread of M. canis is mainly by cats but also through person to person contact[1]. The spread of T. verrucosum is by direct human contact with animals or through contact with contaminated clothing[1]. Wild rodents are the principal hosts for T. mentagrophytes (granular)[1]. T. equinum var. autotrophicum is commonly associated with horses in Australia[4].

Anthropophilic fungi (parasites of man, rarely causing disease in animals) which occur in Australia, include T. rubrum, T. mentagrophytes (downy), T. tonsurans, T. violaceum, M. audouini and E. floccosum.

M. gypseum, a geophilic species (existing as free living forms in the soil), is commonly found in Australian soils[1],[5].

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2. Ann. NY Acad. Med. (1960) 89: 30-8.
3. Aust. Vet. J. (1963) 39: 130-4.
4. Aust. Vet. J. (1979) 55: 403-7.
5. Aust. J. Dermatol. (1962) 6: 167-71.

WORLD HEALTH ORGANISATION WORKSHOP : CONCLUSIONS AND RECOMMENDATIONS ON ACQUIRED IMMUNE DEFICIENCY SYNDROME

(Based on MMWR (1985) 34 : 275-6)

An international conference on acquired immune deficiency syndrome (AIDS), sponsored by the US Department of Health and

Human Services and the World Health Organisation (WHO), was held in Atlanta, Georgia, on 15-17 April 1985. It was attended by over 3,000 participants from 50 countries and was followed on 18-19 April 1985 by a WHO consultation to review the information presented at the conference and to assess its international implications.

The group of WHO consultants concluded that information is now sufficient to permit health authorities to take actions that may decrease the incidence of AIDS among certain risk groups. The group submitted the following conclusions and recommendations:

1. WHO should:

   a. Establish a network of collaborating centres with special expertise in the field. The centres should assist in training staff members and providing reference panels of sera, evaluation of diagnostic tests, and provision of advice on the production of working reagents. They should also assist in preparing educational material and organising studies to determine the natural history of the disease and the extent of infection in different parts of the world.

   b. Coordinate global surveillance of AIDS using a compatible reporting format and the currently accepted case definition. WHO should disseminate these data and other important developments on the disease as widely and as rapidly as possible.

   c. Assist in developing an effective vaccine, and when appropriate, developing international requirements for the vaccines. WHO should take an active role in facilitating the evaluation of candidate vaccines.

   d. Encourage and assist in periodic serological studies in countries where AIDS has yet to be recognised and should ensure the collection of comparable data and representative selections of sera. Since lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III) infection precedes AIDS in an individual or a community, early recognition will require serological studies in groups with potential risk of infections.

2. Member countries should:

   a. Inform the public that LAV/HTLV-III infection is acquired through heterosexual and homosexual intercourse, needle-sharing by intravenous drug abusers, transfusion of contaminated blood and blood products, transmission by infected mothers to their babies, and probably repeated use of needles and other unsterile instruments used for piercing skin/mucous membranes. Information should be provided about the risk of LAV/HTLV-III infection and AIDS, especially to those men and women who may be at increased risk because of multiple sexual partners. There is currently no evidence of spread of LAV/HTLV-III by casual social contact even within households. Provision of timely and accurate information on these points is recommended to allay inappropriate public concern.

b. Ensure that health-care workers are informed about AIDS and LAV/HTLV-III infection, modes of transmission, clinical spectrum, available programs of management (including psychosocial support), and methods for prevention and control.

c. Assess the risk that AIDS poses to each country's population and establish methods of diagnosis, surveillance, and laboratory testing, including specific tests for LAV/HTLV-III.

d. Screen, where feasible, potential donors of blood and plasma for antibody to LAV/HTLV-III, and not use positive units for transfusion or for the manufacture of products where there is a risk of transmitting infectious agents. Potential donors should be informed about the testing in advance of the donation.

e. Reduce the risk of transmission of LAV/HTLV-III by factor VIII and IX concentrates by treating them by heat or other proven methods of inactivation. The use of such products is recommended.

f. Inform potential donors of organs, sperm or other human material about AIDS, and encourage groups at increased risk of infection to exclude themselves from donating. Whenever possible, serological testing should be performed before these materials are used. This is particularly important when donor material is collected from an unconscious or deceased patient on whom relevant information may be absent.

g. Refer individuals with positive tests for antibody to LAV/HTLV-III for medical evaluation and counselling. Such people should be encouraged to inform their health-care attendants of their status.

h. Develop guidelines for the total care of patients and for handling their specimens in hospital and other settings. These guidelines should be similar to those that have been effective for care of patients with hepatitis B.

i. Develop codes of good laboratory practice to protect staff against risk of infection. Such recommendations may be based on those found in the Laboratory Biosafety Manual published by WHO[1]. The level of care required for work with specimens from patients infected with LAV/HTLV-III is similar to that required with hepatitis B. The use of class II biological safety cabinets is recommended. These cabinets are adequate for containment of other agents, such as herpes and hepatitis viruses, mycobacteria, and protozoa, that may be present in the specimens. For work involving production and purification of LAV/HTLV-III, P3 biosafety containment levels must be employed.

j. Collect and store serum samples from representative laboratory workers at the time of employment and at regular intervals thereafter, to be able to assess the risk of laboratory acquired infection and effectiveness of biosafety guidelines. Countries should provide this information to WHO for collation and dissemination. Provision of samples and testing

should be carried out with the informed consent of the subjects.

k. Be aware of the importance of keeping confidential information about the results of serological testing and the identity of AIDS patients. Serological testing should be undertaken with the informed consent of the subject.

REFERENCE

1. WER (1983) 58 : 289-90

(continued from page 1)

The WHO Collaborating Centres for Reference and Research on Influenza, Atlanta and London, have reported that influenza A/Philippines/2/82 (H_3N_2) has continued to be the predominant variant among the influenza A (H_3N_2) isolates received during April and May (WER (1985) 60: 170). A few strains were more closely related to A/Caen/1/84/(H_3N_2) and some isolates reacted like a strain isolated in Hong Kong, A/Hong Kong/ 1/84(H_3N_2). Influenza A (H_1N_1) viruses were infrequently isolated during the 1984-1985 season. Among those characterised during April and May, strains similar to A/Chile/1/83 (H_1N_1) continued to predominate. One strain was closely related to A/Victoria/7/83 (H_1N_1) and a few A/Dunedin/27/83 (H_1N_1)-like strains occurred. Similarly, few strains of influenza B virus were received and all of those which could be characterised by antisera against current reference strains were B/USSR/100/83-like (see CDI 85/10).

. Seven cases of Q fever were reported. Three cases occurred in farm workers and three in abattoir employees. None of the seven cases was involved in the Q fever vaccine field trial being conducted in South Australia. In addition, one case of Q fever in a meatworker was reported from a private pathology laboratory in Rockhampton, Queensland (T.B. Lynch, personal communication).

HUMAN SALMONELLOSIS CASES

Period: October - December 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. aberdeen	3				3				
S. abony	3		1		1		1		
S. adelaide	15		3	2	2	1	4		3
S. agona	32	1	21	6	3	1			
S. alachua	1			1					
S. anatum	27		4	5	4	7	5		2
S. arizonae	2				1				1
S. bali	4				1				3
S. bareilly	2			1					1
S. binza	1		1						
S. birkenhead	11		6		3	2			
S. blockley	4					2	2		
S. bovis-morbificans	40		7	16	4	5	4	2	2
S. braenderup	1					1			
S. brandenburg	1			1					
S. bredeney	4				2		1		1
S. breukelen	1				1				
S. brisbane	1								1
S. bukavu	1								1
S. champaign	1						1		
S. chester	27		3		13	2	5		4
S. decatur	1						1		
S. derby	12			8	1		3		
S. dublin	1			1					
S. eastbourne	10			1	5		2		2
S. emek	2		1	1					
S. enteriditis	14		1	1	11		1		
S. give	6		2		3		1		
S. haifa	3		1		2				
S. havana	22		3	5	4	3	3		4
S. heidelberg	5		2		2			1	
S. hessarek	2		1	1					
S. hvittingfoss	3			1	1		1		
S. indiana	4			2	1	1			
S. infantis	9				1		5		3
S. java 1 var 3	1			1					
S. java 1 var 6	4		2		2				
S. java UDNC	2		2						
S. java untypable	1								1
S. javiana	3				3				
S. kentucky	1				1				
S. kottbus	7		1	1	4				1
S. krefeld	2			2					
S. lansing	8				8				
S. lexington	1						1		
S. litchfield	7				5	1			1
S. livingstone	1				1				
S. london	1			1					
S. mbandaka	7		1	6					
S. mississippi	7			1				6	
S. montevideo	1				1				
S. muenchen	38		3		1	4	12		18
S. muenster	1							1	
S. newington	4				2		2		
S. newport	9		1	1	5		2		

HUMAN SALMONELLOSIS CASES

Period: October - December 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. nienstedten	1					1			
S. ohio	13	5	5	1		3		1	
S. oranienburg	9		2				3		4
S. orientalis	3				3				
S. orion	7		3		1		1		2
S. oslo	3				1		2		
S. panama	2			1					1
S. paratyphi A1	1						1		
S. paratyphi A6	1		1						
S. paratyphi A UDNC	1			1					
S. paratyphi A untypable	5			4		1			
S. poona	1			1					
S. potsdam	9				5		2		2
S. reading	1				1				
S. richmond	2		2						
S. rubislaw	9						4		5
S. sachsenwald	2				2				
S. saint-paul	30		4	2	15	1	6		2
S. sandiego	1				1				
S. schwarzengrund	1		1						
S. senftenberg	8			2			4		2
S. singapore	31		20	4	1	3	2		1
S. sofia	2		2						
S. stanley	8			8					
S. tennessee	10		1	1			5		3
S. thompson	2		1		1				
S. typhi*	39		16	17	6				
S. typhimurium*	397	3	136	90	34	45	67	15	7
S. untypable 16: L V:-	2				2				
S. untypable 3, 10: R:-	1			1					
S. untypable 40:-: 1,5	1								1
S. untypable 6, 8: D:-	1								1
S. untypable rough: E H: 1,2	1		1						
S. untypable rough: R: 1,5	1					1			
S. urbana	1						1		
S. virchow	53		6	2	45				
S. wandsbek SO_2	4					2	1		1
S. wandsworth	4					1	1		2
S. waycross	1		1						
S. welikade	4				1				3
S. weltevreden	9					1			8
S. zanzibar	1				1				
S. 4,12:D:-	4		2		2				
TOTAL	1069	8	270	201	224	89	157	26	94
S. typhi*									
S. typhi 34	1				1				
S. typhi 46	3			3					
S. typhi 51	2			2					
S. typhi A	5		1	3	1				
S. typhi B1	2		2						
S. typhi D1-N	1		1						
S. typhi D2	4		4						

HUMAN SALMONELLOSIS CASES

Period: October - December 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. typhi degraded	7			3	4				
S. typhi E1	5		5						
S. typhi M2	3			3					
S. typhi untypable	6		3	3					
TOTAL	39		16	17	6				
S. typhimurium*									
S. typhimurium	12		7				5		
S. typhimurium UDNC	20		6	4	1	1	7		1
S. typhimurium UDNC 1	2		2						
S. typhimurium untypable	16	2	1	5	1	4	2		1
phage type 1	1		1						
phage type 2	5		1		4				
phage type 3	1		1						
phage type 4	10	1	3	6					
phage type 5	2					1			1
phage type 6	9		1	8					
phage type 8	3			1			1	1	
phage type 9	12		3	4	1		4		
phage type 12A	33		3	10	1	19			
phage type 13	3		3						
phage type 16	1				1				
phage type 21	3						3		
phage type 22	13		2		7	2	2		
phage type 25	2				2				
phage type 26				10					
phage type 27	5		3			1		1	
phage type 29	2							2	
phage type 31	2			2					
phage type 41	1		1						
phage type 44	12		6	2	3				1
phage type 52	5		3	2					
phage type 55	2			1			1		
phage type 64	6						6		
phage type 66	1		1						
phage type 90	1					1			
phage type 99	1			1					
phage type 101	8		5		3				
phage type 102	7		5	2					
phage type 104	1						1		
phage type 108	8		4	1	2	1			
phage type 124	11		11						
phage type 135	117	37	21	4	13	35	6	1	
phage type 141	8		3					5	
phage type 145	8		2	6					
phage type 156	2					1			1
phage type 170	21		17	2	1	1			
phage type 176	1		1						
phage type 179	4		2	2					
phage type 202	5		1		3				1
TOTAL	397	3	136	90	34	45	67	15	7

HUMAN SALMONELLOSIS CASES

Period: October - December 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Shigellae									
S. boydii 11	3		2						1
S. flexneri 1A	2				2				
S. flexneri 1B	4			2	2				
S. flexneri 2	55						55		
S. flexneri 2A	8			2	1	3			2
S. flexneri 3	2				1		1		
S. flexneri 3A	1			1					
S. flexneri 4A	4		2						2
S. flexneri 6	33		1				28		4
S. flexneri var Y	1						1		
S. sonnei	30		13		1		15		1
S. sonnei BIO A	26		3	4	2	2			15
TOTAL	169		21	9	9	5	100		25
Campylobacter									
C. coli	4				4				
C. fetus	1		1						
C. jejuni	520		132	127	63	45	133		20
C. species	40		34	1		2			3
TOTAL	565		167	128	67	47	133		23
Escherichia coli									
E. coli 0112 K66 B11	1			1					
E. coli 0125 K70 B15	2			2					
E. coli 0127 K63 B8	1			1					
E. coli 0128 K67 B12	3			3					
E. coli 026 K60 B6	2			2					
E. coli 044 K74 L	1			1					
E. coli 086 K61 B7	1			1					
TOTAL	11			11					

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD -23/5/85 - 5/6/85 BULLETIN NUMBER 85/12
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	1	2		9		10	2	25
0101 ADENOVIRUS TYPE 1				1		1			2
0102 ADENOVIRUS TYPE 2	1					6			7
0103 ADENOVIRUS TYPE 3	1					6			7
0105 ADENOVIRUS TYPE 5				1		1		1	3
0107 ADENOVIRUS TYPE 7						3			3
0108 ADENOVIRUS TYPE 8				2					2
0111 ADENOVIRUS TYPE 11				1					1
0137 ADENOVIRUS TYPE 37				4					4
0199 ADENOVIRUS TYPING PENDING		1			8				9
0201 INFLUENZA A VIRUS			5			1		7	13
0202 INFLUENZA A VIRUS SUBTYPE H3N2								1	1
0203 INFLUENZA B VIRUS			1					2	3
0301 PARAINFLUENZA VIRUS TYPE 1					1	10			11
0302 PARAINFLUENZA VIRUS TYPE 2					2	1	1	13	17
0303 PARAINFLUENZA VIRUS TYPE 3	1				2	1			4
0399 PARAINFLUENZA VIRUS TYPING PENDING			1				13		14
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	36	28	6	2	29	4	26	29	160
0500 RHINOVIRUS (ALL TYPES)				3	14	3	2	2	24
0600 MYCOPLASMA PNEUMONIAE								2	2
0700 ORNITHOSIS-PSITTACOSIS	1		1						2
0809 COXSACKIEVIRUS A9					1	1			2
0810 COXSACKIEVIRUS A10				1					1
0904 COXSACKIEVIRUS B4						2			2
1004 ECHOVIRUS TYPE 4	1								1
1007 ECHOVIRUS TYPE 7	8	1	1	7	2				19
1009 ECHOVIRUS TYPE 9								1	1
1020 ECHOVIRUS TYPE 20					1				1
1021 ECHOVIRUS TYPE 21	1								1
1030 ECHOVIRUS TYPE 30				1	2				3
1031 ECHOVIRUS TYPE 31				1					1
1034 ECHOVIRUS TYPE 34				1					1
1100 POLIOVIRUS NOT TYPED			3		5				8
1101 POLIOVIRUS TYPE 1						1			1
1102 POLIOVIRUS TYPE 2						1			1
1103 POLIOVIRUS TYPE 3						1			1
1104 POLIOVIRUS-VACCINAL STRAIN						1			1
1200 MUMPS VIRUS	1								1
1300 HERPES VIRUS GROUP-NOT TYPED	28			2		1		1	32
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3		1					4
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	17							5	22
1303 VARICELLA-ZOSTER VIRUS	2			1					3
1306 HERPES SIMPLEX TYPE 1	14		9	33		23	55	18	152
1307 HERPES SIMPLEX TYPE 2	93		29	39		15	120	60	356
1399 HERPES VIRUS TYPING PENDING				5	4	2			11
1401 COXIELLA BURNETI	4					2		1	7
1502 PICORNA VIRUS-NOT TYPED	4		3				19		26
1521 MEASLES VIRUS			2					1	3
1522 RUBELLA VIRUS			2	3		1			6
1532 HEPATITIS B ANTIGEN	58	1	6	10	1	15	12	10	113
1535 HEPATITIS A ANTIBODY	6		2	3	3	7	1	5	27
1541 CHLAMYDIA A - C TRACHOMATIS	21		7	20*			34	96	178
1556 CMV - CYTOMEGALOVIRUS	11	1		14	9	6	4	8	53
1562 REOVIRUS (ALL TYPES)						1			1
1563 CORONAVIRUS	1								1
1564 ROTAVIRUS	1	1	2		3	33		15	55
1599 ENTEROVIRUS TYPING PENDING		1	7		2	1			11
9992 ROSS RIVER VIRUS			1					3	4
9994 SMALL VIRUS (LIKE) PARTICLE	1								1
9996 PARAMYXOVIRUS						1			1
Total	313	38	90	156	98	152	297	283	1,427

* Cultures performed at Microbiological Diagnostic Unit, Melbourne.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD 23 /5/85 to 5 / 6/85 ....
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.....	1	6					7				
0101 ADENOVIRUS TYPE 1.....							1				
0102 ADENOVIRUS TYPE 2.....		3					4				
0103 ADENOVIRUS TYPE 3.....	1	3					3				
0105 ADENOVIRUS TYPE 5.....		1					1				
0107 ADENOVIRUS TYPE 7.....		3									
0199 ADENOVIRUS TYPING PENDING.....							1				
0201 INFLUENZA A VIRUS.....		6							1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		1									1
0203 INFLUENZA B VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....		11									
0302 PARAINFLUENZA VIRUS TYPE 2....		17									
0303 PARAINFLUENZA VIRUS TYPE 3....		4									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	6	153					3				
0500 RHINOVIRUS (ALL TYPES).....	1	10									
0600 MYCOPLASMA PNEUMONIAE.....	1	1									
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0809 COXSACKIEVIRUS A9.....		2									
0810 COXSACKIEVIRUS A10.....											1
0904 COXSACKIEVIRUS B4.....							1				
1004 ECHOVIRUS TYPE 4.....				1							
1007 ECHOVIRUS TYPE 7.....	3	3		7			3				
1009 ECHOVIRUS TYPE 9.....							1				
1020 ECHOVIRUS TYPE 20.....		1									
1021 ECHOVIRUS TYPE 21.....		1									
1030 ECHOVIRUS TYPE 30.....							1				
1031 ECHOVIRUS TYPE 31.....		1									
1100 POLIOVIRUS NOT TYPED.....		2		1							
1101 POLIOVIRUS TYPE 1.....							1				
1102 POLIOVIRUS TYPE 2.....							1				
1103 POLIOVIRUS TYPE 3.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN....							1				
1300 HERPES VIRUS GROUP-NOT TYPED..	1										27
1301 HERPES SIMPLEX VIRUS NOT-TYPED				1							3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	6							1			
1303 VARICELLA-ZOSTER VIRUS.....								1			2
1306 HERPES SIMPLEX TYPE 1.....	7	10	1			1	1			2	62
1307 HERPES SIMPLEX TYPE 2.....	6	3									78
1401 COXIELLA BURNETI.....	1										
1502 PICORNA VIRUS-NOT TYPED.....		3		1		13	2				1
1521 MEASLES VIRUS.....		1				2					1
1522 RUBELLA VIRUS.....	1										1
1532 HEPATITIS B ANTIGEN.....	61	1						35			
1535 HEPATITIS A ANTIBODY.....	7							18			
1541 CHLAMYDIA A - C.TRACHOMATIS...	3										1
1556 CMV - CYTOMEGALOVIRUS.....	8	12	1			1		2	1	6	
1562 REOVIRUS (ALL TYPES).....							1				
1563 CORONAVIRUS.....							1				
1564 ROTAVIRUS.....	5						37				
9992 ROSS RIVER VIRUS.....											1
9994 SMALL VIRUS (LIKE) PARTICLE...							1				
Total.....	119	262	2	11		17	73	57	2	8	179

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD :23 / 5/ 85 to 5 / 6 / 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	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genit-al	PUO	Fever/mal-aise	Other	SIDS
0100 ADENOVIRUS NOT TYPED.....		1		1				1		1
0101 ADENOVIRUS TYPE 1.....										1
0103 ADENOVIRUS TYPE 3.....	1	1								
0105 ADENOVIRUS TYPE 5.....			1					1		
0108 ADENOVIRUS TYPE 8.....	2									
0111 ADENOVIRUS TYPE 11.....									1	
0137 ADENOVIRUS TYPE 37.....	4									
0201 INFLUENZA A VIRUS.....					1		1	4	1	
0203 INFLUENZA B VIRUS.....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								1		
0700 ORNITHOSIS-PSITTACOSIS.....							1			
0904 COXSACKIEVIRUS B4.....										1
1007 ECHOVIRUS TYPE 7.....								3		
1030 ECHOVIRUS TYPE 30.....								2		
1034 ECHOVIRUS TYPE 34.....		1								
1100 POLIOVIRUS NOT TYPED.....										3
1200 MUMPS VIRUS.....			1							
1300 HERPES VIRUS GROUP-NOT TYPED..									1	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			7	3			3	4		
1306 HERPES SIMPLEX TYPE 1.....	4	61					1	2	1	
1307 HERPES SIMPLEX TYPE 2.....	1	267				1				
1401 COXIELLA BURNETI.....							4	2		
1502 PICORNA VIRUS-NOT TYPED.....					1		2	1		
1522 RUBELLA VIRUS.....								1	3	
1532 HEPATITIS B ANTIGEN.....				1					15	
1535 HEPATITIS A ANTIBODY.....									2	
1556 CMV - CYTOMEGALOVIRUS.....		4	3			2	3	3	8	2
1564 ROTAVIRUS.....							1			
9992 ROSS RIVER VIRUS.....					4					
9996 PARAMYXOVIRUS.....							1			
Total.....	16	504	12	5	6	3	17	26	33	8