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# Communicable Diseases Intelligence

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Contents:



## KAWASAKI SYNDROME SURVEILLANCE - NEW SOUTH WALES

(Contributed by W. Grigor, Royal Alexandra Hospital for Children, Sydney). A classical case of Kawasaki syndrome was diagnosed recently at the hospital in a boy aged two years and nine months. The patient had all the diagnostic symptoms and signs of this disease; prolonged fever, conjunctival injection, cracked red lips, erythema of his oral mucosa together with a strawberry tongue, and marked cervical adenitis. His palms and soles were erythematous and there was swelling of his hands and feet. He had a rash which was morbilliform during the second week of the disease. Subsequently he developed peeling of his fingers and toes, and this extended to his palms and soles. When last seen at the end of the fourth week of his disease, creasing of nails had not yet developed. A cardiac echo at the end of the second week of the disease showed definite but mild dilatation of both right and left coronary arteries. One month after this the study was repeated and the echo reported to be within normal limits. He had no evidence of myocarditis and had been treated on aspirin.

## AIDS SURVEILLANCE - AUSTRALIA

To 26 June 1985, 96 cases of AIDS fulfilling criteria of case definition have been reported to the AIDS Task Force.

| States | Cases | Deaths |
|---|---|---|
| New South Wales | 66 | 23 |
| Victoria | 14 | 8 |
| Queensland | 10 | 7 |
| South Australia | - | - |
| Western Australia | 5 | 2 |
| Tasmania | 1 | 1 |
| Australian Capital Territory | - | - |
| Total | 96 | 41 |

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## GONOCOCCAL SURVEILLANCE - AUSTRALIA (OCTOBER-DECEMBER 1984)

(Contributed by the Australian Gonococcal Surveillance Program (AGSP). Co-ordinator - J.W. Tapsall, Department of Microbiology, The Prince of Wales Hospital, Sydney)

The AGSP records the sensitivity to antibiotics of gonococci isolated in all States and Territories of Australia as determined by agar plate dilution techniques. A full description of the program and the laboratory methods employed have been published[1].

This report provides details of the penicillin sensitivities of 1309 isolates of Neisseria gonorrhoeae for the period October - December 1984. Table 1 gives the percentages of gonococcal isolates classified as either (A) sensitive (minimal inhibitory concentration (MIC) value = 0.008µg/ml) or (B) less sensitive (MIC = 0.12µg/ml) to penicillin, by region. Comparison is made with the data obtained over the same period in 1983.

TABLE 1 Penicillin sensitivity of N. gonorrhoeae isolates (October - December 1984)

| Centre | Percentage of Isolates Sensivitive (A) | Less Sensitive (B) | PPNG* |
|---|---|---|---|
| Brisbane | 29.9 (37)** | 60 (57) | 2.8 (4.1) |
| Sydney | 12.8 (12.8) | 70 (65.7) | 5.9 (9.9) |
| Melbourne | 17 (15.4) | 56 (50.9) | 10.8 (3.0) |
| Adelaide | 44 (50.0) | 45 (38.5) | 1 (1.0) |
| Perth | 35.7 (32.9) | 38.5 (25.2) | 5.0 (7.0) |

No. strains examined = 1309 (1057)
The A and B categories represent modal distribution peaks.
* Penicillinase-producing N. gonorrhoeae

** Figures in parenthesis represent data for the corresponding period in 1983

Increasing resistance to the penicillins may occur as the result of several separate chromosomal mutations which additively increase resistance (intrinsic resistance) either through alterations to penicillin-binding proteins or else through changes in the permeability of the outer membrane of the organism. When grouped according to their resistance, as determined by penicillin minimal inhibitory concentrations (MIC), the majority of gonococci are distributed in a bi-modal fashion into either sensitive or less sensitive categories. Infections with strains classified as sensitive or less sensitive to penicillin [(A) and (B) above], usually respond (>95%) to standard treatment regimes, e.g. oral amoxycillin 3G plus probenecid 0.5G.

In the current quarter the relative proportions of strains in the sensitive and less sensitive categories changed very little when compared with both the previous quarter (see CDI 85/4) and the corresponding period in 1983 (see CDI 84/12). In adddition to the material shown in Table 1, information was also available from Hobart, Canberra and Darwin. In the latter two laboratories, less sensitive strains predominated, although numbers of isolates were fewer than in other centres.

In addition to the sensitive and less sensitive grouping of intrinsically resistant gonococci, a third group of relatively-resistant gonococci (MIC $\geq$ 1.0 µg/ml) is also recognised. Infections with strains in this MIC range respond less well to standard doses of antibiotics. A number of outbreaks of infections with relatively resistant gonococci have been recorded in the USA[2,3]. However, in Australia the number of isolates in this category has remained low, these strains representing less than 2% of all isolates in this quarter.

A second and distinct form of resistance occurs when gonococci acquire extrachromosomal DNA (plasmids) which code for the production of beta-lactamase (PPNG). Acquisition of this plasmid by gonococci results in a single stage conversion to total penicillin resistance. The AGSP has been monitoring the incidence of PPNG in each centre and wherever possible seeks to determine whether the infection was acquired overseas or else as a result of sustained domestic transmission.

The two previous reports (see CDI 84/22 and CDI 85/4) have mentioned in some detail the incidence of PPNG in Sydney which rose to a peak of 18.1% in January - March 1984. This incidence fell in the two subsequent quarters and in this period these strains represented 5.9% of all isolates. A feature of the Sydney outbreak was the cycle of sustained domestic transmission involving prostitutes and their contacts. However, of the 25 PPNG infections, only one such case was found in Sydney this quarter.

The incidence of PPNG in Melbourne continued to rise (from 2.8% to 6.4% in the July - September 1984 quarter, to 10.8% in this quarter) and in contrast to Sydney, approximately one-third of the 31 Melbourne isolates were from local sources. In Brisbane, Adelaide and Perth, the incidence of PPNG was the same or lower than for the same period last year and the 18 PPNG isolates were the result of infections acquired in the South Pacific or South East Asia regions. PPNG strains were also isolated in Canberra.

REFERENCES

1. Br. J. Vener. Dis. (1984) 60 : 226
2. MMWR (1983) 32 : 273
3. MMWR (1984) 33 : 408

## AIDS SURVEILLANCE - VICTORIA

(Contributed by B. Monheit, G. Rouch and S. Paine, Health Commission of Victoria)

The acquired immune deficiency syndrome (AIDS) is presenting enormous challenges to public health authorities throughout the world. AIDS was first declared a legally notifiable condition in Victoria in May 1983 and proclaimed an infectious disease within the meaning of the Health Act in December 1984. In Victoria the lymphadenopathy syndrome became a notifiable disease in August 1984 and in the nine months since then 51 cases have been reported. Regulations making all blood donors sign a declaration that they do not belong to any high risk group for AIDS were proclaimed in January 1985.

In Victoria the first case of AIDS was diagnosed in mid 1983 in an Australian-born homosexual man who had returned from an

extended stay in the USA. As at the end of April 1985, 13 cases of AIDS which satisfy the Centre for Disease Control (CDC) case definition have been notified to the Victorian Health Commission. Seven of these have died so far (case fatality rate 54%). All cases were males and their age distribution was 2(25-29 years), 3 (30-34 years), 2(35-39 years), 3(40-44 years), 1(45-49 years), 1(50-54 years) and 1 (55-59 years). Of these 13 cases, nine (69%) have occurred in homosexuals, two (15%) in bisexuals, one (8%) was a haemophiliac patient and one (8%), a patient for whom no risk-group data were available. No AIDS cases have been notified yet amongst IV drug addicts.

Incidence rates of AIDS in Victoria were calculated using the CDC methodology[1] and are detailed in Table 1.

TABLE 1 Incidence rates of AIDS in Victoria

| Year | No. of cases | Incidence rate per 100,000 single men aged 15 years or older |
|---|---|---|
| 1983 | 2 | 0.46 |
| 1984 | 6 | 1.37 |
| 1985 (Jan-April) | 5 | 3.43 |

In Victoria, as in the USA, there is no reliable estimate of the number of homosexual or bisexual men. The denominator used in the calculations was therefore the number of single men (never married) aged 15 years or older reported in Victoria in the 1981 census (437,847 men). This compares with an incidence rate of 8.9 per 100,000 single males aged 15 years or older in the USA during June 1983 to May 1984.

TABLE 2 HEALTH COMMISSION OF VICTORIA HTLV-III VIRUS ANTIBODY TEST REQUEST

CODE OF PATIENT'S IDENTITY

NAME (First two letters of) DATE OF BIRTH SEX

☐☐ Surname ☐☐ Given Name ☐☐ Day ☐☐ Month ☐☐ Year ☐ M/F

Has there been a previous test carried out for HTLV-III Virus Antibody? Yes ☐ No ☐

DATE OF SPECIMEN

☐☐ Day ☐☐ Month ☐☐ Year

REASON FOR REQUEST (tick please)

Symptomatic ☐

Asymptomatic ☐

* PATIENT'S PRINCIPAL EXPOSURE CATEGORY (Please circle)

G H D T C Other

Notes: .....

DOCTOR'S NAME AND ADDRESS: .....

.....

DOCTOR'S SIGNATURE .....

DOCTOR'S REFERENCE NUMBER: .....

LABORATORY REFERENCE NUMBER: .....

RESULTS (Include name of test)

EXPLANATORY CODE
G = Homosexual/Bisexual
H = Haemophiliac
D = Intravenous drug user
T = Transfusion recipient
C = Heterosexual contact of any of the above
Other

On 19 April 1985 the HTLV-III antibody screening test became generally available to the community through doctors and three specialist AIDS clinics. In addition, all blood and organ donations are being screened. All samples which are positive on the ELISA test will be sent to Fairfield Hospital for confirmation by repeating the ELISA test and then by performing a Western Blot test or a radioimmunoprecipitation assay. Confirmed positive results will be notified to the Health Commission's Public Health Division. A standardised request form has been devised for all laboratories and doctors to use. It is hoped that this will gain wide acceptance in the State as it will enable epidemiological surveillance to be carried out while still maintaining strict confidentiality. The form is reproduced in Table 2.

REFERENCE

1. JAMA (1985) 253 : 215

AIDS IN TAIWAN
(Based on Epidemiology Bulletin, Republic of China, 15 June, 1985 Vol. 1 No. 7).

No cases of AIDS have been identified to date among Taiwan residents. Investigators at the National Taiwan University Hospital have tested sera from 163 patients in high risk groups for antibody by ELISA to LAV/HTLV-III (Table 1). One specimen from a 52 year old prostitute attending a Taipei City venereal disease clinic, was positive. This woman had no clinical signs or symptoms of AIDS and also had a strongly positive VDRL test. The potential for interference between the ELISA LAV/HTLV-III and VDRL tests is unknown. Presently, no other laboratory data from this woman are available. A specimen obtained from a blood donor was borderline positive on the first determination but negative when repeated. The specimens from the prostitute and the blood donor were negative when retested using ELISA.

TABLE 1. Anti-HTLV-III* antibodies in sera from Taiwan residents in high risk groups[1]

| Risk Groups | Number tested | Number positive |
|---|---|---|
| Homosexuals | 12 | 0 |
| Drug abusers | 34 | 0 |
| Prostitutes from veneral disease clinics | 68 | 1[2] |
| Blood donors | 40 | ±1[2] |
| HTLV-I positive patients | 9 | 0 |
| TOTAL | 163 | 1 |

* By ELISA.
1 Reported by CY Chuang, et al. National Taiwan University, Taipei, Taiwan.
2 Negative for LAV/HTLV-III antibodies when repeated using ELISA.

Editorial comment

This source also makes mention of unconfirmed reports of AIDS cases from Hong Kong, Singapore and Thailand. Of the two AIDS cases reported in Thailand, the second was in a German male aged 30 years who had been living in Bangkok for two years; he had had a homosexual contact in New York before entering Thailand (Weekly Epidemiological Surveillance Report (Thai), 16(10) - 15 March 1985).

## DIPHTHERIA SURVEILLANCE - UNITED KINGDOM
(Based on CDR (1985) 85/23 : 1)

On 28 May, a woman aged 71 years was admitted to a West London hospital with a throat infection. A toxigenic strain of Corynebacterium diphtheriae var. mitis was isolated from her throat swab. Apart from transient palatal palsy and minor ECG abnormalities, her general condition was satisfactory. On 8 June, a fully immunised house officer in the department was found to be carrying C. diphtheriae var. mitis in her throat. Her condition was also satisfactory, and the toxigenicity of the strain is still being assessed. Hospital, domestic and social contacts were identified and swabbed, and erythromycin prophylaxis offered where indicated. One child-contact who developed exudative tonsillitis recovered uneventfully, but there was no evidence of diphtheria.

Editorial Comment

Three cases of diphtheria were also diagnosed in London during 1984; in a six year old girl, in an unimmunised 24 year old male, and in a 52 year old male. Diphtheria vaccine for adults (commonly used as adult diphtheria-tetanus (ADT)) is intended primarily for boosting immunity to diphtheria in persons, such as hospital staff, particularly at risk of infection. In a recent study, 5.4% of Melbourne University students and 10.6% of school children in the western suburbs of Sydney were found to be non-immune to diphtheria by Schick test (MJA (1981) 1 : 128). Therefore, even with Australia's high national immunisation acceptance rate, persisting pools of susceptible young individuals still exist in the community. They could be infected by a symptom-free carrier and suffer clinical diphtheria or possibly transmit the infection to non-immune siblings.

In view of the demonstrated waning immunity to diphtheria in the Australian community, the National Health and Medical Research Council has recommended that when tetanus boosting is required, ADT vaccine be used to maintain immunity to both tetanus and diphtheria.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD 6/6/85 - 19/6/85 BULLETIN NUMBER 85/13

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 | 4 | | 2 | | 5 | | 3 | 2 | 16 |
| 0101 ADENOVIRUS TYPE 1 | | | | 2 | | 4 | | 1 | 7 |
| 0102 ADENOVIRUS TYPE 2 | | | | 1 | | 2 | | | 3 |
| 0103 ADENOVIRUS TYPE 3 | 1 | | | | | 1 | | | 2 |
| 0104 ADENOVIRUS TYPE 4 | | | 1 | | | | | | 1 |
| 0105 ADENOVIRUS TYPE 5 | | | | 2 | | | | | 2 |
| 0106 ADENOVIRUS TYPE 6 | | | | | | 2 | | | 2 |
| 0107 ADENOVIRUS TYPE 7 | 1 | | | | | 4 | | | 5 |
| 0108 ADENOVIRUS TYPE 8 | | | | 1 | | | | | 1 |
| 0119 ADENOVIRUS TYPE 19 | 1 | | | | | | | | 1 |
| 0199 ADENOVIRUS TYPING PENDING | | | 1 | | 9 | 3 | | | 13 |
| 0201 INFLUENZA A VIRUS | 1 | | 1 | | | 2 | 10 | 7 | 21 |
| 0202 INFLUENZA A VIRUS SUBTYPE H3N2 | | | | | 5 | | | | 5 |
| 0203 INFLUENZA B VIRUS | | | | | | | 18 | | 18 |
| 0301 PARAINFLUENZA VIRUS TYPE 1 | 1 | | | | 5 | 4 | | | 10 |
| 0302 PARAINFLUENZA VIRUS TYPE 2 | | | | | | 1 | 4 | 1 | 6 |
| 0303 PARAINFLUENZA VIRUS TYPE 3 | 2 | | | | 5 | | 1 | 1 | 9 |
| 0399 PARAINFLUENZA VIRUS TYPING PENDING | 1 | | | | 3 | 1 | | | 5 |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS) | 24 | | 2 | 5 | 41 | 9 | 17 | 15 | 113 |
| 0500 RHINOVIRUS (ALL TYPES) | | | | 4 | 17 | 7 | | 2 | 30 |
| 0600 MYCOPLASMA PNEUMONIAE | 1 | | 3 | 3 | | 1 | 1 | 2 | 11 |
| 0700 ORNITHOSIS-PSITTACOSIS | 1 | | | 4 | | | | 1 | 6 |
| 0816 COXSACKIEVIRUS A16 | 1 | | | | | | | | 1 |
| 0904 COXSACKIEVIRUS B4 | | | | | | 1 | | | 1 |
| 0905 COXSACKIEVIRUS B5 | | | | 1 | | | | | 1 |
| 1007 ECHOVIRUS TYPE 7 | 12 | | | 5 | | | | 2 | 19 |
| 1008 ECHOVIRUS TYPE 8 | | | | 1 | | | | | 1 |
| 1021 ECHOVIRUS TYPE 21 | | | | 1 | | | | | 1 |
| 1022 ECHOVIRUS TYPE 22 | | | | 1 | | | | | 1 |
| 1030 ECHOVIRUS TYPE 30 | | | | 2 | | | | | 2 |
| 1100 POLIOVIRUS NOT TYPED | | | 1 | | | | | | 1 |
| 1101 POLIOVIRUS TYPE 1 | 2 | | | | | 1 | | 1 | 4 |
| 1102 POLIOVIRUS TYPE 2 | 1 | | | | | 2 | | | 3 |
| 1103 POLIOVIRUS TYPE 3 | | | | | | 1 | | 2 | 3 |
| 1199 POLIOVIRUS TYPING PENDING | | | | | | 1 | | | 1 |
| 1200 MUMPS VIRUS | 2 | | | 9 | | | | 1 | 12 |
| 1300 HERPES VIRUS GROUP-NOT TYPED | 12 | | | 2 | | | | 2 | 16 |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | | | | 5 | | | | 1 | 6 |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS) | 4 | | 3 | 13 | 1 | 3 | | 10 | 34 |
| 1303 VARICELLA-ZOSTER VIRUS | 1 | | | | 1 | | | 1 | 3 |
| 1306 HERPES SIMPLEX TYPE 1 | 20 | | | 22 | 19 | 15 | 21 | 14 | 111 |
| 1307 HERPES SIMPLEX TYPE 2 | 63 | | | 53 | | 14 | 33 | 47 | 210 |
| 1399 HERPES VIRUS TYPING PENDING | | | | | 2 | | | | 2 |
| 1401 COXIELLA BURNETI | | | | | | 2 | 17 | | 19 |
| 1502 PICORNA VIRUS-NOT TYPED | 1 | | 10 | | | | 14 | | 25 |
| 1514 MOLLUSCUM CONTAGIOSUM | | | | | | | | 2 | 2 |
| 1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS) | | | | | | | | 2 | 2 |
| 1521 MEASLES VIRUS | 2 | | | | | | 1 | | 3 |
| 1522 RUBELLA VIRUS | 4 | | | 1 | | | 1 | | 6 |
| 1532 HEPATITIS B ANTIGEN | 49 | | 6 | 20 | | 13 | 36 | 14 | 138 |
| 1535 HEPATITIS A ANTIBODY | 5 | | 4 | 5 | | 4 | 2 | 2 | 22 |
| 1541 CHLAMYDIA A - C TRACHOMATIS | 18 | | 5 | 25 * | | | 17 | 22 | 87 |
| 1556 CMV - CYTOMEGALOVIRUS | 13 | | | 12 | 4 | 3 | 2 | 5 | 39 |
| 1563 CORONAVIRUS | 1 | | | | | | | 1 | 2 |
| 1564 ROTAVIRUS | 19 | | 10 | | 3 | 54 | | 13 | 99 |
| 1599 ENTEROVIRUS TYPING PENDING | | | 11 | | 5 | | | | 16 |
| 9992 ROSS RIVER VIRUS | | | 5 | 5 | | | 102 | | 112 |
| 9995 DENGUE | | | | | | | 4 | | 4 |
| 9997 KUNJIN VIRUS | | | | | | | 1 | | 1 |
| Total | 268 | | 65 | 205 | 125 | 155 | 305 | 174 | 1,297 |

* Cultures performed at Microbiological Diagnostic Unit, Melbourne

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 6 /6/85 to 19/6 /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 | | | | 2 | 2 | | | | |
| 0101 ADENOVIRUS TYPE 1..... | 1 | 2 | | | | | 3 | | | | 1 |
| 0102 ADENOVIRUS TYPE 2..... | | 2 | | | | | 1 | | | | |
| 0103 ADENOVIRUS TYPE 3..... | 1 | | | | | | 1 | | | | |
| 0105 ADENOVIRUS TYPE 5..... | | 2 | | | | | | | | | |
| 0106 ADENOVIRUS TYPE 6..... | | | | | | | 2 | | | | |
| 0107 ADENOVIRUS TYPE 7..... | | 2 | | | | | 3 | | | | |
| 0199 ADENOVIRUS TYPING PENDING..... | | 1 | | | | | | | | | |
| 0201 INFLUENZA A VIRUS..... | | 16 | | | | | | | 1 | | 1 |
| 0202 INFLUENZA A VIRUS SUBTYPE H3N2 | | 5 | | | | | 1 | | | | |
| 0203 INFLUENZA B VIRUS..... | | 18 | | | | | | | | | |
| 0301 PARAINFLUENZA VIRUS TYPE 1.... | | 10 | | | | | | | | | |
| 0302 PARAINFLUENZA VIRUS TYPE 2.... | | 6 | | | | | | | | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | 2 | 6 | | | | | 1 | | | | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | 3 | 105 | 1 | 1 | | | 1 | | | | |
| 0500 RHINOVIRUS (ALL TYPES)..... | | 29 | | | | | 1 | | | | |
| 0600 MYCOPLASMA PNEUMONIAE..... | 1 | 9 | | | | | | | | | |
| 0700 ORNITHOSIS-PSITTACOSIS..... | | 5 | | | | | | | 1 | | |
| 0816 COXSACKIEVIRUS A16..... | | | | | | | | | | | 1 |
| 0904 COXSACKIEVIRUS B4..... | | | | | | | 1 | | | | |
| 0905 COXSACKIEVIRUS B5..... | | | | 1 | | | | | | | |
| 1007 ECHOVIRUS TYPE 7..... | | 7 | | 4 | | | 6 | | | | |
| 1008 ECHOVIRUS TYPE 8..... | | | | | | | | | | | 1 |
| 1021 ECHOVIRUS TYPE 21..... | | | | 1 | | | | | | | |
| 1022 ECHOVIRUS TYPE 22..... | | | | | | | | 1 | | | |
| 1030 ECHOVIRUS TYPE 30..... | | 1 | | 1 | | | | | | | |
| 1100 POLIOVIRUS NOT TYPED..... | | | | | | | 1 | | | | |
| 1101 POLIOVIRUS TYPE 1..... | | 1 | | | | | 3 | | | | |
| 1102 POLIOVIRUS TYPE 2..... | | | | | | | 2 | | | | |
| 1103 POLIOVIRUS TYPE 3..... | | | | | | | 2 | | | | |
| 1200 MUMPS VIRUS..... | 1 | | | | | | | | | | |
| 1300 HERPES VIRUS GROUP-NOT TYPED.. | | | | | | | | | | | 2 |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | | | | | | | | | | | 5 |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS). | 5 | 3 | | | | | | | | | |
| 1303 VARICELLA-ZOSTER VIRUS..... | | 1 | | | | | 1 | 1 | | | |
| 1306 HERPES SIMPLEX TYPE 1..... | 3 | 7 | 1 | 1 | | 1 | | 1 | | 2 | 51 |
| 1307 HERPES SIMPLEX TYPE 2..... | 5 | | | | | | | | | | 42 |
| 1401 COXIELLA BURNETI..... | 7 | 5 | | | | | | | | | |
| 1502 PICORNA VIRUS-NOT TYPED..... | 2 | 4 | | 2 | | 2 | 13 | | | | |
| 1514 MOLLUSCUM CONTAGIOSUM..... | 1 | | | | | | | | | | 1 |
| 1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)..... | | | | | | | | | | | 2 |
| 1521 MEASLES VIRUS..... | 1 | | | | 1 | | | | | | |
| 1522 RUBELLA VIRUS..... | 1 | | | | | | | | | | |
| 1532 HEPATITIS B ANTIGEN..... | 63 | | | | | | | 60 | | | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | | 21 | | | |
| 1556 CMV - CYTOMEGALOVIRUS..... | 3 | 6 | | | | | | 2 | 1 | 4 | |
| 1563 CORONAVIRUS..... | | 1 | | | | | 1 | | | | 1 |
| 1564 ROTAVIRUS..... | 3 | | | 1 | | | 90 | | 1 | | 1 |
| 9992 ROSS RIVER VIRUS..... | 20 | 3 | | | | | | | | | 38 |
| 9995 DENGUE..... | | | | | | 1 | | | 1 | | |
| 9997 KUNJIN VIRUS..... | 1 | | | | | | | | | | |
| Total..... | 124 | 258 | 2 | 12 | 1 | 6 | 136 | 86 | 5 | 6 | 151 |

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 6/6/85 to 19/6/85 ...
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 | Genital | Endo/sal gland | RES | Muscle/joint | Congenital | PUO | Fever/malaise | Other | SIDS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0101 ADENOVIRUS TYPE 1..... | | | | | | | | 1 | | |
| 0104 ADENOVIRUS TYPE 4..... | 1 | | | | | | | | | |
| 0105 ADENOVIRUS TYPE 5..... | | | | | | | | 1 | | |
| 0108 ADENOVIRUS TYPE 8..... | 1 | | | | | | | | | |
| 0119 ADENOVIRUS TYPE 19..... | 1 | | | | | | | | | |
| 0201 INFLUENZA A VIRUS..... | | | | | | | | 12 | | |
| 0202 INFLUENZA A VIRUS SUBTYPE H3N2 | | | | | | | 1 | | | |
| 0302 PARAINFLUENZA VIRUS TYPE 2.... | | | | | | | | 1 | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | | | | | | | | | 1 | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | 1 | | | | | | 1 | 3 | 1 | |
| 0500 RHINOVIRUS (ALL TYPES)..... | | | | | | | | | | 1 |
| 1007 ECHOVIRUS TYPE 7..... | | | | | | | 1 | 4 | | |
| 1102 POLIOVIRUS TYPE 2..... | | | | | 1 | | | | | |
| 1103 POLIOVIRUS TYPE 3..... | | | | | | | | | | 1 |
| 1200 MUMPS VIRUS..... | | | 10 | | | | 1 | | | |
| 1300 HERPES VIRUS GROUP-NOT TYPED.. | | 1 | | | | | | | | |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 1 | | | | | | | | | |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS). | | | 20 | | | | | 4 | 2 | |
| 1306 HERPES SIMPLEX TYPE 1..... | 1 | 40 | | | | | | 3 | 2 | |
| 1307 HERPES SIMPLEX TYPE 2..... | | 163 | | | | | | | | |
| 1401 COXIELLA BURNETI..... | | | 1 | | 3 | | | 10 | | |
| 1502 PICORNA VIRUS-NOT TYPED..... | | | | | | | | | | 1 |
| 1521 MEASLES VIRUS..... | | | | | | | | 1 | | |
| 1522 RUBELLA VIRUS..... | | | | | | | | 4 | 1 | |
| 1532 HEPATITIS B ANTIGEN..... | | | | | 1 | | | | 14 | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | | | 1 | |
| 1541 CHLAMYDIA A - C.TRACHOMATIS... | 2 | 84 | | | | | | | | |
| 1556 CMV - CYTOMEGALOVIRUS..... | | 3 | | 1 | | 2 | | 6 | 12 | 1 |
| 1564 ROTAVIRUS..... | | | | | | | | 1 | 1 | |
| 9992 ROSS RIVER VIRUS..... | | | | | 85 | | | 20 | | |
| 9995 DENGUE..... | | | 1 | | 1 | | | 2 | | |
| Total..... | 8 | 291 | 32 | 1 | 91 | 2 | 4 | 73 | 35 | 4 |

## NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

23 February 1985 to 22 March 1985

Bulletin 85/13

| Disease | N.S.W. | VIC | QLD | S.A. | W.A. | TAS. | N.T. | A.C.T. | Total | CUMULATIVE TOTAL TO DATE FOR YEAR |
|---|---|---|---|---|---|---|---|---|---|---|
| Amoebiasis | | | | 3 | | | | | 3 | 12 * |
| Ankylostomiasis | | | 2 | 4 | | | | | 6 | 13 |
| Anthrax | | | | | | | | | – | – |
| Arbovirus infection | 4 | 1 | | | | | | | 5 | 19 |
| Brucellosis | | 1 | 1 | | | | | | 2 | 2 |
| Campylobacter infections | 112 | N.N. | N.N. | 129 | N.N. | N.N. | 6 | N.N. | 247 | 605 * |
| Chancroid | | | | N.N. | | N.N. | | | – | – |
| Cholera | | | | | | | | | – | – |
| Congenital rubella syndrome | | N.N. | N.N. | | N.N. | N.N. | N.N. | N.N. | – | – |
| Diphtheria | | | | | | | | | – | – |
| Gonovanosis | | N.N. | 1 | N.N. | 1 | N.N. | 1 | | 3 | 19 |
| Giardiasis | 37 | N.N. | N.N. | 84 | N.N. | N.N. | N.N. | N.N. | 121 | 287 |
| Genital herpes | 102 | N.N. | 15. | | N.N. | N.N. | 1 | N.N. | 118 | 433 |
| Gonococcal ophthalmia neonatorum | | N.N. | | | N.N. | N.N. | 1 | N.N. | 1 | 2 |
| Gonorrhoea | 202 | 107 | 63 | 58 | 125 | 6 | 36 | 5 | 602 | 2003 * |
| Hepatitis A (infectious) | 19 | 5 | 21 | 11 | 6 | | 2 | | 64 | 178 |
| Hepatitis B (serum) | 56 | 13 | 34 | 18 | 17 | | 3 | 3 | 144 | 378 * |
| Hepatitis - unspecified | 5 | 1 | | | 2 | N.N. | 1 | | 9 | 23 |
| Hydatid disease | | | | | | | | | – | 2 |
| Lassa Fever | 1 | | N.N. | | | N.N. | N.N. | N.N. | 1 | 1 |
| Legionnaires disease | 2 | 2 | N.N. | | N.N. | N.N. | N.N. | N.N. | 4 | 6 |
| Leprosy | | 1 | | | | | 1 | | 2 | 3 * |
| Leptospirosis | 1 | | 9 | | 1 | 1 | | | 12 | 41 |
| Lymphogranuloma venereum | | N.N. | N.N. | N.N. | N.N. | N.N. | | | – | 2 |
| Malaria | 13 | 12 | 16 | | 1 | | | | 42 | 178 |
| Marburg Disease | | | N.N. | | | N.N. | N.N. | N.N. | – | – |
| Meningococcal infections | 2 | | | 2 | 1 | N.N. | | | 5 | 22 |
| Non-specific urethritis | 339 | N.N. | N.N. | | N.N. | N.N. | 1 | N.N. | 340 | 931 |
| Ornithosis | | | | | | | | | – | 2 |
| Pertussis (whooping cough) | 20 | 21 | N.N. | 5 | N.N. | N.N. | N.N. | N.N. | 46 | 175 |
| Plague | | | | | | | | | – | – |
| Poliomyelitis | | | | | | | | | – | – |
| Q. fever | 2 | | 10 | 4 | N.N. | | N.N. | | 16 | 29 |
| 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 | 83 | 10 | 58 | 32 | 19 | 9 | 68 | 3 | 282 | 982 * |
| Shigella infections | 14 | | 14 | 17 | 5 | | 32 | | 82 | 204 * |
| Smallpox | | | | | | | | | — | — |
| Syphilis | 83 | 19 | 14 | 12 | 19 | | 50 | | 197 | 546 * |
| Tetanus | | | | | 1 | | | | 1 | 2 |
| Trachoma | 1 | N.N. | | | N.N. | N.N. | | | 1 | 2 |
| Tuberculosis (all forms) | 20 | 26 | 18 | 24 | 12 | | 2 | 2 | 104 | 231 * |
| Typhoid fever | 4 | 2 | | | | | | | 6 | 12 |
| Typhus (all forms) | | | | | | | | | — | — |
| Vibrio parahaemolyticus infections | 1 | N.N. | N.N. | | N.N. | N.N. | N.N. | N.N. | 1 | 4 |
| Yellow Fever | | | | | | | | | — | — |
| Yersinia enterocolitica infections | 3 | N.N. | N.N. | 1 | N.N. | N.N. | N.N. | N.N. | 4 | 6 |

(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:

| | | | |
|---|---|---|---|
| Amoebiasis | + | 1 | South Australia |
| Campylobacter infections | + | 4 | South Australia |
| Gonorrhoea | + | 15 | Northern Territory |
| Hepatitis B (serum) | + | 3 | South Australia |
| Leprosy | − | 1 | South Australia |
| Salmonella infections | + | 10 | Northern Territory |
| | + | 3 | South Australia |
| Shigella infections | + | 2 | South Australia |
| Syphilis | + | 4 | Northern Territory |
| Tuberculosis (all forms) | − | 2 | South Australia |