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Communicable Diseases Intelligence

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Contents:

VIRUS REPORTING SCHEME- A total of 923 reports were processed for this period.

Six cases of Q fever were reported, including a five year old girl from Cairns. Three cases were in meat workers, one from Broken Hill, one from Brisbane and one from Albert Shire, Qld. A farmer from Nagambie was diagnosed retrospectively as having had clinical Q fever in March 1985. No occupational details were available for a case in Coober Pedy. None of the cases were involved in the South Australian Q fever vaccine trial.

Influenza A & B activity was unchanged compared to the previous reporting period:

	Cases	Total no of reports
Influenza A		
Generation 19, 29 Aug-11 Sep	59	1,667
Generation 20, 12 Sep-25 Sep	37	923
Influenza B		
Generation 19, 29 Aug-11 Sep	105	1,667
Generation 20, 12 Sept-25 Sep	72	923

The Commonwealth Serum Laboratories reported the isolation of 50 type A (H3) viruses and 25 type B viruses in August. The type A isolations resembled A/Vic/3/85 and the type B isolations resembled the B/Vic/102/85, B/Vic/3/85 group in preliminary tests.

HTLV-III ANTIBODY REPORT FROM THE SOUTH AUSTRALIAN SEXUALLY TRANSMITTED DISEASE SERVICES

Seventy-one confirmed HTLV-III antibody positive patients were identified amongst the 584 patients screened to 30 September 1985 by the South Australian Sexually Transmitted Disease Services.

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SALMONELLA SURVEILLANCE - NON-HUMAN ISOLATES

(Contributed by J. Taplin, J. Powling and L. Scott, Microbiological Diagnostic Unit, University of Melbourne; comments on the Western Australian isolates have been contributed by J. Iveson, State Health Laboratory Services, Perth)

2413 salmonella reports were collated by the National Salmonella Surveillance Scheme (NSSS) during October-December 1984. A State distribution and comparison of the reports with the same period in 1983 is given in Table 1. There has been an increase of 87 isolations compared with the third quarter of 1984.

Table 1 State distribution of salmonella reports from non-human sources for the fourth quarters of 1983 and 1984

State	October-December 1984	October-December 1983
Australian Capital Territory (ACT)	17	3
New South Wales (NSW)	318	196
Victoria (Vic)	644	471
Queensland (QLD)	98	32
South Australia (SA)	27	13
Northern Territory (NT)	39	5
Western Australia (WA)	1247	940
Tasmania (Tas)	23	3
Total	2413	1663

Apart from six shigella isolates, all of the 2413 isolates were salmonella. All shigella isolates were from primates in zoos, those being of Sh.flexneri 3 from a gibbon in Perth and three of Sh.flexneri 2A from a siamang in Adelaide.

FOODSTUFFS - There were further isolations of S.4,12:d:- (from ACT, NSW, Vic, Qld and WA) from the dehydrated meal reported in the second quarter report.

Following a health alert, all States examined herbal tea imports from South Africa. A total of 40 different salmonella subgenus II serotypes were seen as well as S.typhimurium phage type 26 (Vic 1), S.irumu (Vic 1) S.senegal (NSW 3, Vic 2, Qld 1) and S.arizonae (Vic 1). Some are potentially new serotypes of subgenus II.

The following serotypes were isolated from imported foods:

. S.bareilly from ground cocoa from Singapore (Vic)

. S.untypable 11:Z10:- from unconched liquor from Nigeria (Vic)

. S.mbandaka from cocoa from Singapore (Vic)

. S.montevideo from a smoked salmon sandwich prepared for an airline meal (NSW)

. S.senftenberg from desiccated coconut from the Philippines (Vic). A sucrose positive variant was also isolated

. S.weltevreden from prawns from Malaysia

Other serotypes isolated were:-

. S.kinondoni from oysters (NSW)

. S.singapore from prawn salad (NSW)

. S.infantis from mayonnaise on follow-up of a food poisoning incident (WA)

. S.lexington from potato salad from a fast-food outlet connected with a food poisoning incident (WA)

. S.anatum from cabbage and S.lansing from lettuce (Qld)

. S.typhimurium phage type 135 in raw turkey which had been implicated in a food poisoning outbreak at a pre-Christmas dinner party involving 25 people (WA); the product had been imported from interstate

. S.anatum, S.chester, S.derby and S.typhimurium from sausage mix (WA)

. S.give in beef, beefburgers and pet meat (WA)

. S.typhimurium, S.derby and S.saint-paul from frankfurters (WA)

. S.4,12:d:- and S.senftenberg from a mass-produced meat product (WA)

. S.agona from raw minced meat and, together with S.bovis-morbificans, from sausage casings prepared at a small abattoir previously implicated as a source of S.agona (WA)

. S.mbandaka from a confectionary product prepared from contaminated cocoa imported from Singapore (Vic); the product had not been released for sale.

. S.mbandaka from ground sesame oil (NSW)

. S.thompson from peppitas (NSW)

. S.tennessee from soya bean meal (WA)

Investigation of rodent-infected wheat in Victoria yielded isolates of S.bovis-morbificans and S.typhimurium phage types 135, 6, 9, 4, 44, 185 and UDNC. S.anatum was isolated from barley in New South Wales.

DAIRY PRODUCTS - The following were isolated from dairy products:-

. S.agona from skim milk powder and instant milk powder produced at a factory where S.agona is a continuing environmental problem (Vic)

. S.newport from skim milk and environmental samples from another Victorian factory

. S.havana from full cream milk powder from a factory which has had a S.havana problem earlier in the year (Vic)

. S.havana from a full cream milk powder sample from a second Victorian factory and S.havana and S.singapore from environmental samples at this factory

. S.derby and S.ohio continuing to cause problems in two Victorian factories

. S.havana from skim milk powder in Queensland

. S.senftenberg reisolated from a factory in New South Wales

EGG PRODUCTS - The following serotypes occurred in egg products:

S.enteritidis (Vic 3), S.infantis (Vic 9), S.kottbus (Vic 1), S.ohio (Vic 1), S.singapore (Vic 4, NSW 1) and S.typhimurium phage types 135 (Vic 1, NSW 1), 9 (Vic 3, NSW 2), UDNC (Vic 1) and untypable (Vic 1, NSW 7)

ANIMALS - Poultry-associated isolates came mainly from Western Australia, the predominant serotypes being S.infantis, S.muenchen, S.sofia and S.typhimurium. S.braenderup and S.meleagridis were two unusual serotypes isolated from poultry in Western Australia. S.sofia was the most common type reported in Victoria and S.singapore, the most frequent in New South Wales.

Fifty-eight isolates of salmonella from cattle were collated (Vic 46, NSW 4, Qld 3, NT 4, WA 1). Forty-three of the isolates were S.dublin (Vic 41, NSW 2). S.dublin was isolated in Victoria from beef and abattoir equipment and twice from pigs. Other bovine isolates included S.havana (NT 2, Qld 1), S.newbrunswick (NT 1), S.orion (Qld 1) S.saint-paul (Qld 1, NT 1), S.bovis-morbificans (Vic 2, one being from a foetal membrane) and S.typhimurium phage types 12A (NSW 1), 26 (Vic 2) and 135 (Vic 1, NSW 1).

Most isolates associated with pigs came from a continuing study of pig carcasses and porcine lairage in Victoria. Nine serotypes were isolated from pig carcasses, the most common being S.agona (38), S.havana (36), S.give (24) and S.derby (11). Other isolates included S.bredeney, S.infantis, S.singapore, S.typhimurium and S.worthington. Twenty-eight of the S.agona isolates were negative in lysine decarboxylase. Sixteen serotypes were isolated from porcine lairage, the most common being S.derby (67), S.bovis-morbificans (12), S.havana (10), S.nienstedten (9) and S.anatum (8).

Salmonella serotypes found in pigs in other States were:-

NSW - S.derby, S.meleagridis and S.typhimurium

SA - S bredeney and S.derby

WA - S.adelaide, S.agona, S.derby, S.muenchen and S.typhimurium phage type 6

QLD - S.4,12:d:-, S.give and S.heidelberg

There were 19 isolation from horses (NSW 6, Qld 5, SA 3, Vic 3, WA 2). Serotypes included S.anatum from foods (Qld 2), S.bovis-morbificans (WA 1, and from SA, one each of phage types 4, 7 and UDNC), S.havana (Qld 1), S.hessarek var 27 (Vic 2, NSW 1), S.hvittingfoss (NSW 1) and the following phage types of S.typhimurium - 6 (Qld 1), 44 (NSW 3), 135 (Vic 1), untypable (Qld 1) and one isolate from Western Australia, not phage typed.

Five isolations of S.typhimurium came from sheep in Western Australia, S.typhimurium phage type 12A from a sheep in Tasmania and S.typhimurium phage type 135 from a sheep in South Australia.

S.mississippi was isolated from quolls in Tasmania. In Western Australia, monitoring of quokkas at a popular vacation centre showed an infection rate of 21% of 178 tested. The predominant strains isolated were S.adelaide, S.anatum, S.muenchen and S.wandsbek.

Studies on buffalo carcasses in the Northern Territory isolated mainly S.havana (18) with occasional isolations of S.adelaide (2), S.chester (1), S.give (1), S.newington (2) S.oranienburg (2), S.tennessee (2) and S.urbana (3).

WATERS AND EFFLUENTS

Western Australia - Twenty-three isolations comprising 12 serotypes were identified from wells, storage tanks and tap supplies mainly in the Kimberley region. S.champaign, a rare strain, which was isolated on four occasions from water supplies, has been detected previously in frogs, snakes, lizards, tortoises and drinking water in the Kimberleys. S.mikawashima which has not been identified in Western Australia before, was isolated from a water catchment stream. S.weltevreden was isolated from wells located on Cocos-Keeling Islands. There were 19 isolations from sea water in Western Australia which included S.anatum, S.blockley, S.bovis-morbificans, S.derby, S.havana, S.saint-paul, S.typhimurium and S.4,12:d:-.

New South Wales - There were 101 isolations from beach waters involving 26 serotypes, the more common being S.agona (20), S.saint-paul (10), S.singapore (8), S.havana (8), S.adelaide (7) and S.hadar (7). S.hadar is a rare serotype in Australia but is common in turkeys in the United Kingdom. There was one isolate from raw meat in NSW in 1983 and three isolates from patients in Victoria in 1982. S.paratyphi B was isolated from beach water in November.

Victoria - A total of 13 isolations comprising six different Salmonella serotypes and three different serotypes of S.arizonae were isolated from water supplies. They included S.bovis-morbificans, S.havana, S.thompson, S.victoria, S.wandsbek SG II and S.warragul (from two different areas).

A total of 151 Salmonella isolations from creeks and rivers came mainly from Western Australia (113) and New South Wales (27) with six isolates from Queensland, two each from Northern Territory and the Australian Capital Territory and one from Victoria. the predominant serotypes in Western Australia were S.wandsbek SG II, S.orientalis, S.charity, S.birkenhead and S.arizonae. S.agona, S.arizonae and S.warragul were isolated in NSW.

Dam waters in one area of New South Wales gave 27 isolates which included S.bovis-morbificans (12), S.sylvania SG II, S.eastbourne. Two untypable isolates and two different S.arizonae were isolated from dam waters in a Queensland town.

S.typhi 34 and S.typhi degraded were isolated from sewer swabs in Queensland following the finding of a clinical case of typhoid. S.java 1 var 6 was found during regular monitoring of sewer swabs in the Melbourne metropolitan area. This serotype had had a sudden increase in numbers in humans in the June-September quarter in Victoria and New south Wales. No cause had been found for the outbreak.

ORAL VIRAL LESION (HAIRY LEUKOPLAKIA) ASSOCIATED WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME

(Based on MMWR (1985) 34 549-50).

From October 1981 to June 1985, 13(11%) of 123 patients with hairy leukoplakia (HL) seen in San Francisco, California, were additionally diagnosed as having acquired immune deficiency syndrome (AIDS). Eighty (73%) of the 110 patients who did not have AIDS at the time of HL diagnosis were followed[1]. Twenty of these developed AIDS within 1-33 months (mean 7.5 months) of HL diagnosis. Seventy-nine serum specimens from the 123 patients with HL were tested for antibody to lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III) by indirect immunofluorescence[2]. Of these, 78(99%) were positive. The one negative result was also negative by Western blot test. All cases met the Centers for Disease Control (CDC) case definition for AIDS.

Oral viral "hairy" leukoplakia of the tongue appears as raised white areas of thickening on the tongue, usually on the lateral border. The lesions may not respond to traditional antifungal therapy and appear to have unusual virological features. Candida has been reported on the surface of the HL lesions. A number of viruses, including papilloma, herpes, and Epstein-Barr, have been identified by electron microscopy in biopsies obtained from the HL lesions. HL was first identified in San Francisco in 1981. The lesion has also been reported in patients examined in Los Angeles, California; Baltimore, Maryland; Ann Arbor, Michigan; Paris, France; Copenhagen, Denmark; and London, England.
(Reported by D Greenspan, BDS, J Greenspan, BDS, University of California, San Francisco, School of Dentistry; H Goldman, DDS, New York University Dental Center, New York City; Dental Disease Prevention Activity, Center for Prevention Svcs, CDC.)

MMWR Editorial Note: HL may be of diagnostic value as an early indicator of LAV/HTLV-III infections, especially when observed in combination with other clinical findings. Approximately 95% of patients with AIDS and AIDS-related complex are reported to have cervical lymphadenopathy and other head and neck manifestations of disease, which may be detected by dentists or others undertaking oral or facial examination[3].

Health-care providers, including dental personnel, are in a unique position to identify clinical oral symptoms and their potential association with AIDS. Kaposi's sarcoma (KS), candidiasis, recurrent herpetic infections, and papillomas are oral manifestations that have been associated with AIDS. Unresolved candidiasis may be one of the earliest signs of AIDS in persons in groups at risk of acquiring AIDS. Oral KS is virtually pathognomonic of AIDS in males aged 25-44 years. Squamous cell carcinomas, non-Hodgkins lymphomas, and malignant melanomas have also been reported to occur in the oral cavity in association with AIDS.

While careful histories and physical examinations alone will not identify persons with AIDS or related symptoms, oral findings, including this newly reported oral lesion, are important diagnostic tools for health-care providers in early identification and treatment of AIDS.

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2. Science 1984; 225: 840-2.
3. Journal of the Canadian Dental Association 1985; 51: 499-503.

RECOMMENDATIONS FOR PREVENTING POSSIBLE TRANSMISSION OF LYMPHADENOPATHY-ASSOCIATED VIRUS/HUMAN T-LYMPHOTROPIC VIRUS TYPE III FROM TEARS

(Based on MMWR(1985) 34, 533-534)

In the United States of America lymphadenopathy-associated virus/human T-lymphotropic-virus type III (LAV/HTLV-III), the etiological agent of AIDS, has been found in various body fluids, including blood, semen, and saliva. Recently, scientists at the National Institutes of Health isolated the virus from the tears of an AIDS patient[1]. The patient, a 33 year-old woman with a history of Pneumocystis carinii pneumonia and disseminated Mycobacterium avium-intracellulare infection, had no ocular complaints, and her eye examination was normal. Of the tear-samples obtained from six other patients with AIDS or related conditions, three showed equivocal culture results, and three were culture negative.

The following precautions are judged suitable to prevent spread of LAV/HTLV-III and other microbial pathogens that might be present in tears. They do not apply to the procedures used by individuals in caring for their own lenses, since the concern is the possible virus transmission between individuals.

1. Health-care professionals performing eye examinations or other procedures involving contact with tears should wash their hands immediately after a procedure and between patients. Handwashing alone should be sufficient but when practical and convenient, disposable gloves may be worn. The use of gloves is advisable when there are cuts, scratches or dermatological lesions on the hands. Use of other protective measures, such as masks, goggles, or gowns is not indicated.

2. Instruments that come into direct contact with external surfaces of the eye should be wiped clear and then disinfected by:
   (a) a 5-10 minute exposure to a fresh solution of 3% hydrogen peroxide; or
   (b) a fresh solution containing 5 000 parts per million (mg/l) free available chlorine - a 1/10 dilution of common household bleach (sodium hypochlorite); or
   (c) 70% ethanol; or
   (d) 70% isopropanol.

   The device should be thoroughly rinsed in tap water and dried before re-use.

3. Contact lenses used in trial fittings should be disinfected between each fitting by one of the following regimens:
   (a) Disinfection of trial hard lenses with a commercially available hydrogen peroxide contact lens disinfecting system currently approved for soft contact lenses. (Other hydrogen peroxide preparations may contain preservatives that could discolour the lenses). Alternatively, most trial hard lenses can be treated with the standard heat disinfection regimen used for soft lenses (78-80°C [172-176°F] for 10 minutes). Practitioners should check with hard lens suppliers to ascertain which lenses can be safely heat-treated.
   (b) Rigid gas-permeable (RGP) trial fitting lenses can be disinfected using the above hydrogen peroxide disinfection system. RGP lenses may warp if they are heat-disinfected.

(c) Soft trial fitting lenses can be disinfected using the same hydrogen peroxide system. Some soft lenses have also been approved for heat disinfection.

Other than hydrogen peroxide, the chemical disinfectants used in standard contact lens solutions have not yet been tested for their activity against LAV/HTLV-III. Until other disinfectants are shown to be suitable for disinfecting LAV/HTLV-III, contact lenses used in the eyes of patients suspected or known to be infected with LAV/HTLV-III are most safely handled by hydrogen peroxide disinfection.

The above recommendations are based on data from studies conducted at the National Institute of Health and Centers for Disease Control on infection/inactivation of LAV/HTLV-III virus (2-4). Additional information regarding general hospital and laboratory precautions have been previously published(5-9).

MMWR EDITORIAL NOTE: All secretions and excretions of an infected person may contain lymphocytes, host cells for LAV/HTLV-III; therefore, thorough study of these fluids might be expected to sometimes yield this virus. Despite positive cultures from a variety of body fluids of infected persons, however, spread from infected persons to household contacts who have no other identifiable risks for infection has not been documented. Furthermore, there is no evidence to date that LAV/HTLV-III has been transmitted through contact with the tears of infected individuals or through medical instruments used to examine AIDS patients.

References

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5. MMWR 1982:31:577-80.
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7. MMWR 1983:32:450:1.
8. MMWR 1985:34:101-3.
9. MMWR 1984:33:685-7.

IMMUNOMODULATORS AND THE ACQUIRED IMMUNE DEFICIENCY SYNDROME

At the Third International Conference on Immunopharmacology held in Florence 6-9 May 1985 preliminary data were presented on the successful use of two immunomodulators (isoprinosine and sodium diethyldithiocarbamate) in patients with the AIDS-related complex or the Lymphadenopathy Syndrome.

Glasky et al from the Newport Institute for Medical Research, California and the Mt Sinai School of Medicine, New York presented a paper entitled, "Isoprinosine (INPX) in Progressive Generalized Lymphadenopathy (PGL) - Kinetics of Action and Clinical Progress". The immunorestorative effect of INPX was demonstrated in a double-blind placebo-controlled study conducted in a group of male homosexual patients with Prolonged Generalized Lymphadenopathy (PGL). Patients were treated for 28 days and then followed for another 5 months. INPX-treated patients experienced a return to normal of the initially-depressed immunological parameters, particularly NK cell activity, and by the 6-month follow-up 29% of the INPX-treated patients had experienced clinical improvement as compared to

only 5% of the placebo patients. The kinetic profile of INPX's immunopotentiating effect shows an increase in NK cell cytotoxicity by Day 7, an increase in total T-cells by Day 28, and an increase in T-helper cells by Day 90. These elevations persisted to the 6-month follow-up. According to a quantitative model of immune response kinetics, estimated maximal increases were attained on Day 31 for NK activity, Day 106 for total T-cells and Day 115 for T-helper cells. These results indicate that INPX initiates events that affect the immune system and are responsible for beneficial clinical effects long after treatment has been terminated.

Lang et al from the Hopital de Hautepierre, Strasbourg and the Hopital Saint Vincent de Paul, Paris presented a paper entitled "Effects at Imuthiol^{R} in Patients with AIDS Related Complex Symptoms". Sodium diethyldithiocarbamate (Imuthiol^{R}) is a biological response modifier with a unique activity on T-cells. The possibility to use Imuthiol in treating patients with AIDS and AIDS related complex symptoms (ARC) was examined in vitro on peripheral blood mononuclear cells (85% lymphocytes) from six patients with ARC. Imuthiol (10 picograms/ml) induced early chromatin activation as measured by the nuclear refringency test and potentiated PHA in the same 20 minute assay in the absence of fetal serum. It also increased significantly both the proportion and the absolute number of T4+ cells when incubated with the cells for four days in RPMI medium supplemented with fetal calf serum. No change in T8+ cells was noted. Three patients with ARC symptoms were then treated orally with 5-10 mg/kg/week for four to six months. Clinical improvement and restoration of delayed cutaneous hypersensitivity to recall antigens (Multitest^{R}) was observed in all three patients. In the only patient with less than 500/cu mm T4+ lymphocytes and low E-rosette proportion a complete restoration of the OKT profile and E-rosette percentage was observed which returned to pre-treatment levels three months after Imuthiol was arrested, but skin tests remained within the normal range. No deleterious effects were observed.

(continued from page 1)

The sex and risk distribution of these patients are shown below;

Males (67):		Females (4):	
Number	Risk	Number	Risk
51	Homosexual	1	I.V. Drug User
2	Bi-sexual	2	I.V. Drug User/Prostitute/ Sexual contact of HTLV-3 positive male.
5	I.V. Drug Users		
1	Homosexual/I.V. Drug User	1	Renal Dialysis
1	Bi-sexual/I.V. Drug User/Male Prostitute.		
3	Haemophiliacs		
2	Multiple Blood Transfusions		
2	Unknown		

I.V. drug use was a risk factor in 22.6% of these patients, with it being the only risk factor in 8.5% of patients.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 12/9/85 to 25/9/85 BULLETIN NUMBER 85/20
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	1	3		9	1	16
0101 ADENOVIRUS TYPE 1				1		1		2	4
0102 ADENOVIRUS TYPE 2			1		5	3		2	11
0103 ADENOVIRUS TYPE 3	1							1	2
0105 ADENOVIRUS TYPE 5	1				4	3			8
0106 ADENOVIRUS TYPE 6					2	1			3
0107 ADENOVIRUS TYPE 7		2		1					3
0108 ADENOVIRUS TYPE 8	1							1	2
0110 ADENOVIRUS TYPE 10								1	1
0137 ADENOVIRUS TYPE 37				1					1
0199 ADENOVIRUS TYPING PENDING		1			4				5
0201 INFLUENZA A VIRUS	1		22	5		3	2	1	34
0202 INFLUENZA A VIRUS SUBTYPE H3N2				1	2				3
0203 INFLUENZA B VIRUS	2		2	23	18	13	4	6	68
0301 PARAINFLUENZA VIRUS TYPE 1				2					2
0303 PARAINFLUENZA VIRUS TYPE 3	1	1			2	5	10		19
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)			3	7	15	24	11	7	67
0500 RHINOVIRUS (ALL TYPES)					12	5	5		22
0600 MYCOPLASMA PNEUMONIAE			3	5				1	9
0700 ORNITHOSIS-PSITTACOSIS				3					3
0901 COXSACKIEVIRUS B1		2							2
0904 COXSACKIEVIRUS B4						1			1
1002 ECHOVIRUS TYPE 2						1			1
1005 ECHOVIRUS TYPE 5						2			2
1006 ECHOVIRUS TYPE 6						1			1
1007 ECHOVIRUS TYPE 7						1		1	2
1013 ECHOVIRUS TYPE 13						1			1
1021 ECHOVIRUS TYPE 21				1.					1
1100 POLIOVIRUS NOT TYPED			2						2
1104 POLIOVIRUS-VACCINAL STRAIN						1	5		6
1300 HERPES VIRUS GROUP-NOT TYPED	7		4	2				2	15
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2		3					5
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		2	3			1		6	12
1303 VARICELLA-ZOSTER VIRUS						2			2
1306 HERPES SIMPLEX TYPE 1				32		3	34	7	76
1307 HERPES SIMPLEX TYPE 2				60			66	35	161
1399 HERPES VIRUS TYPING PENDING					10	41			51
1401 COXIELLA BURNETI				1		2	3		6
1502 PICORNA VIRUS-NOT TYPED			1				1		2
1521 MEASLES VIRUS			1						1
1522 RUBELLA VIRUS		1	1	7		1	1	1	12
1532 HEPATITIS B ANTIGEN	9		2	22		19	6	13	71
1535 HEPATITIS A ANTIBODY		1	3	2		4	3		13
1541 CHLAMYDIA A - C TRACHOMATIS						42	3	18	63
1556 CMV - CYTOMEGALOVIRUS		1	1	23	6	11	5	7	54
1564 ROTAVIRUS		8	13	6	16	6	2	1	52
1599 ENTEROVIRUS TYPING PENDING		2	8		3				13
9992 ROSS RIVER VIRUS							10		10
9994 SMALL VIRUS (LIKE) PARTICLE		1							1
9998 ARBO. GROUP B. ...							1		1
Total	23	25	71	209	102	198	181	114	923

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 12/9/85 to 25/9/85 ....
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	7					5				
0101 ADENOVIRUS TYPE 1.....		3									
0102 ADENOVIRUS TYPE 2.....	1	6				1					1
0103 ADENOVIRUS TYPE 3.....		1					2				
0105 ADENOVIRUS TYPE 5.....		4				1	4				
0106 ADENOVIRUS TYPE 6.....		1					1				
0107 ADENOVIRUS TYPE 7.....		1									
0108 ADENOVIRUS TYPE 8.....	1										
0199 ADENOVIRUS TYPING PENDING.....							1				
0201 INFLUENZA A VIRUS.....	8	21		1							
0202 INFLUENZA A VIRUS SUBTYPE H3N2		3									
0203 INFLUENZA B VIRUS.....	1	51		2				1			2
03[illegible] PARAINFLUENZA VIRUS TYPE 1....		2									
0305 PARAINFLUENZA VIRUS TYPE 3....		18					1				
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	2	64							1		
0500 RHINOVIRUS (ALL TYPES).....		22									
0600 MYCOPLASMA PNEUMONIAE.....	1	8									
0700 ORNITHOSIS-PSITTACOSIS.....		3									
0901 COXSACKIEVIRUS B1.....		1									
0904 COXSACKIEVIRUS B4.....							1				
1002 ECHOVIRUS TYPE 2.....							1				
1005 ECHOVIRUS TYPE 5.....							2				
1007 ECHOVIRUS TYPE 7.....						1	1				
1013 ECHOVIRUS TYPE 13.....							1				
1021 ECHOVIRUS TYPE 21.....				1							
1100 POLIOVIRUS NOT TYPED.....							2				
1104 POLIOVIRUS-VACCINAL STRAIN....		4					1				
1300 HERPES VIRUS GROUP-NOT TYPED..	1				1						1
1301 HERPES SIMPLEX VIRUS NOT-TYPED											2
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	2	1						2			
1303 VARICELLA-ZOSTER VIRUS.....		1									1
1306 HERPES SIMPLEX TYPE 1.....	8	8						1		2	32
1307 HERPES SIMPLEX TYPE 2.....	17	1								1	48
1401 COXIELLA BURNETI.....	2	2									
1502 PICORNA VIRUS-NOT TYPED.....							2				
1521 MEASLES VIRUS.....	1										
15[illegible] RUBELLA VIRUS.....											5
1532 HEPATITIS B ANTIGEN.....	26						1	24			
1535 HEPATITIS A ANTIBODY.....								12			
1556 CMV - CYTOMEGALOVIRUS.....	3	21				1		2		8	1
1564 ROTAVIRUS.....		1					51				
9992 ROSS RIVER VIRUS.....	1										2
9994 SMALL VIRUS (LIKE) PARTICLE...							1				
9998 ARBO. GROUP B.											1
Total.....	76	255		4	1	4	78	42	1	11	96

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 12/9/85 to 25/9/85 ...
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
0102 ADENOVIRUS TYPE 2.....								1		2
0105 ADENOVIRUS TYPE 5.....							1	1		
0106 ADENOVIRUS TYPE 6.....				1						
0107 ADENOVIRUS TYPE 7.....	1								1	
0108 ADENOVIRUS TYPE 8.....	1									
0110 ADENOVIRUS TYPE 10.....		1								
0137 ADENOVIRUS TYPE 37.....	1									
0201 INFLUENZA A VIRUS.....							2	4	2	
0203 INFLUENZA B VIRUS.....	1						4	17	1	
0301 PARAINFLUENZA VIRUS TYPE 1....								1		
0303 PARAINFLUENZA VIRUS TYPE 3....								1		
0901 COXSACKIEVIRUS B1.....									1	
1006 ECHOVIRUS TYPE 6.....							1			
1104 POLIOVIRUS-VACCINAL STRAIN....										1
1300 HERPES VIRUS GROUP-NOT TYPED..								1	1	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).				3	2		1	2	1	
1306 HERPES SIMPLEX TYPE 1.....	2	22						4	3	
1307 HERPES SIMPLEX TYPE 2.....	-	97								
1401 COXIELLA BURNETI.....							1	1	1	
1522 RUBELLA VIRUS.....				1	1	3		1	3	
1532 HEPATITIS B ANTIGEN.....						1		1	18	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C.TRACHOMATIS...		63								
1556 CMV - CYTOMEGALOVIRUS.....		1		1		2	1	1	11	1
1564 ROTAVIRUS.....									1	
9992 ROSS RIVER VIRUS.....				1	5			5		
9998 ARBO. GROUP B.								1		
Total.....	6	184		6	3	6	6	11	42	45	5