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Communicable Diseases Intelligence

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Contents:

VIRUS REPORTING SCHEME - A total of 1312 reports were processed this period.

Influenza activity continues to decline. Twenty-four cases of influenza A and 53 of influenza B were reported during this period. A 53 year old female with hydralazine induced erythematosus, neutropenia and a prolonged episode of pneumonia was found to have serology consistent with influenza B infection and a high titre for *Legionella pneumophila*.

Hepatitis B surface antigen and HTLV-III antibody were detected in persons at 'high risk' for AIDS. One of these apparently healthy hepatitis B carriers was a haemophiliac.

Adenovirus type 26 and type 39 were isolated from the faeces of a HTLV-III antibody positive adult male.

Ross River virus was diagnosed in a 45 year old male resident in the Perth metropolitan area who presented with rash and arthralgia.

Varicella was diagnosed in a 10 year old female oncology patient by electron microscopy of vesicle exudate.

AIDS SURVEILLANCE - AUSTRALIA

To 17 October 1985, 119 cases of AIDS fulfilling the criteria of case definition have been reported to the AIDS Task Force.

	Cases	Deaths
New South Wales	81	32
Victoria	17	8
Queensland	13	9
South Australia	-	-
Western Australia	6	4
Tasmania	1	1
Northern Territory	1	-
Australian Capital Territory	-	-
Total	119	54

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Contributions are solicited, and do not preclude later publication elsewhere.

Figures given may be subject to revision.

CORYNEBACTERIUM ULCERANS INFECTION

(Contributed by J. Bates and Y. Cossins, Laboratory of Microbiology and Pathology, Brisbane.)

Corynebacterium ulcerans is a rare isolate from patients exhibiting some symptoms of diphtheria infection. The organism causes a tonsillitis and a membrane may be formed in the throat but there is little evidence of toxaemia[1]. The Laboratory of Microbiology and Pathology in Brisbane has recently handled two strains of this organism, isolated within a short space of time.

The first isolate was referred to the laboratory by Dr M. Harrison of Sullivan and Nicholaides and Partners pathology laboratory in Brisbane as a gram positive rod for identification. The organism had been isolated twice from the throat of a 35 year old woman living at Hervey Bay. She presented with severe pharyngitis, enlarged cervical glands and a grey membrane on the pharynx. The isolate was identified biochemically as C. ulcerans and was sensitive to penicillin, tetracycline, erythromycin and amoxycillin.

The second isolate was obtained from a throat swab of a 47 year old woman living at Kingaroy. The patient presented with an acute sore throat and a pharyngeal membrane suggestive of diphtheria. Colonies subcultured from growth on Tellurite Blood Agar proved to be C. ulcerans biochemically. The organism was sensitive to penicillin and amoxycillin but resistant to erythromycin and tetracycline.

Both isolates were tested for toxigenicity by intradermal and subcutaneous injection in guinea pigs and produced similar results. In the intradermal test, the test guinea pigs died within a couple of days and on post-mortem had internal changes consistent with Corynebacterium diphtheriae toxin, ie. enlarged haemorrhagic adrenal glands. Guinea pigs protected with diphtheria antitoxin did not die but developed swollen ulcerated lesions around the injection site. This is consistent with reported results which state that the development of an ulcerating lesion is not inhibited by the administration of diphtheria antitoxin[2]. In the subcutaneous tests, both test pigs died within a couple of days of injection and showed typical post-mortem changes of enlarged and haemorrhagic adrenal glands. The control pigs also died but on post-mortem, the adrenals were only slightly enlarged and pale. It was concluded that the organisms were very toxigenic and that the inoculum was so large that the animals were overwhelmed despite protection with antitoxin.

References:

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2. Wiggins, G.L., Sottnek, F.O. and Hermann, G.J. 1981. Diphtheria and other corynebacterial infections p.317 in 6th ed. Balows, A. and Hausler, W.J. Pub. American Public Health Association. Washington, D.C.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) Update: August 1985
(Based on CDR (1985) 35: 3)

UNITED KINGDOM. - Since July 1985, 10 cases fulfilling the criteria for case definition have been reported. These are: 8 homosexual men aged between 24 and 58 years; 5, of whom 3 died, with Pneumocystis carinii pneumonia, 1 with Kaposi's sarcoma and 2 with other opportunistic infections; a 64-year-old man with haemophilia who died with P. carinii pneumonia and a 45-year-old woman with P. carinii pneumonia who was a contact of a seropositive man. The number of new cases by month of first report is shown in Table 1.

Table 1. New cases of AIDS by month of first report, United Kingdom, October 1982 - August 1985

	Jan.	Feb.	Mar	Apr	May	Jun	Jul	Aug	Sep.	Oct.	Nov.	Dec.
1982	-	-	-	-	-	-	-	-	-	-	-	3
1983	-	1	1	1	2	2	4	2	8	-	3	4
1984	5	2	2	2	5	4	3	15	12	7	14	6
1985	10	14	8	19	10	7	20	10				

Table 2. AIDS cases and deaths, by patient characteristics United Kingdom, October 1982 - August 1985

Patient characteristics	Cases	Deaths
At known risk:		
Homosexual*/bisexual men (*2 also IV-drug abusers)	182	98
Haemophilia	6	6
Recipient of whole blood	2	1
Intravenous drug abuser	1	1
Other:		
Visited USA/Caribbean	3	1
Heterosexual contact	2	1
Directly associated with sub-Saharan Africa	6	4
Indirectly associated with sub-Saharan Africa	2	1
LAV/HTLV-III antibody negative	2	1
Total	206	114

Table 2 shows the numbers of cases and deaths by patient characteristics; in Table 3 the patients have been grouped by clinical disease.

The epidemic curve continues to show an approximately log-linear increase with no signs of a plateau. The total number of cases is now 206 and the total number of deaths 114.

Table 3. AIDS cases and deaths, by clinical disease, United Kingdom, October 1982-August 1985

Disease	Cases	Deaths
Kaposi's sarcoma	52	25
Pneumocystis carinii pneumonia	83	44
Kaposi's sarcoma + Pneumocystis carinii pneumonia	13	10
Other opportunistic infection	56	33
Cerebral lymphoma	2	2
Total	206	114

UPDATE: EVALUATION OF LYMPHADENOPATHY-ASSOCIATED VIRUS HUMAN T-LYMPHOTROPIC VIRUS TYPE III INFECTION IN HEALTH-CARE PERSONNEL - USA

(Based on MMWR (1985) 34: 575-578)

The occurrence of the acquired immune deficiency syndrome (AIDS) in intravenous (IV) drug users, blood transfusion recipients, and persons with haemophilia indicates that parenteral transmission of lymphadenopathy-associated virus/human T-lymphotropic virus type III (LAV/HTLV-III) occurs via infectious blood or blood products[1]. Currently available practices have nearly eliminated these risks for transfusion recipients and persons with haemophilia[2,3]. Because health-care personnel may be inadvertently exposed to the blood of AIDS patients, several studies have been conducted to determine the prevalence of LAV/HTLV-III antibodies in health-care personnel who have cared for these patients[4-10]. Combining published results with data reported to Centers for Disease Control (CDC) shows that, to date, 1,758 health-care workers participating in such studies have been tested for antibodies to HTLV-III. Twenty-six (1.5%) were seropositive, and all but three of these persons belonged to groups recognized to be at increased risk for AIDS. Epidemiological information is not available for one of these three health-care workers who was tested anonymously. Because of the high level of interest in these studies and in the potential for occupational transmission of LAV/HTLV-III through parenteral and mucosal routes, the case histories for these two health-care workers are reported below.

Patient 1. A female health-care worker was tested for serum antibodies to HTLV-III in November 1984 as part of a study of hospital personnel. She had sustained accidental needlestick injuries in November 1983 and March 1984 (12 months and 8 months before) while drawing blood from patients with AIDS. At the time of enrolment in the study, serum antibodies to HTLV-III were detected by enzyme immunoassay (ELISA) and Western blot techniques. No serum obtained before or within 12 months after the needlesticks was available for testing. She was in good health until June 1984, when she developed mild but persistent lymphadenopathy, most marked in the axilla. Beginning in August 1984, she experienced intermittent diarrhoea. When interviewed by a physician, the patient denied IV drug use or blood transfusions and reported being heterosexually monogamous since 1981. Her long-term sex partner denied homosexual activity, IV drug use, or other known

risk factors when interviewed separately. Although repeatedly antibody negative by ELISA and Western blot methods over an 8-month period, HTLV-III was recovered from his peripheral lymphocytes in April 1985 but could not be recovered from lymphocytes obtained several months later.

Patient 2. A male laboratory worker was discovered to be lymphopenic after he volunteered to be tested in conjunction with a study in April 1985. At that time, he had serum antibodies to HTLV-III by ELISA and Western blot methods. No previous blood samples were available for testing. As part of his job, he processed platelets pooled from individual donors for transfusion. In December 1983, he sustained an accidental cut on the hand while processing blood from a patient with leukaemia. He also sustained an accidental needlestick injury in August 1984 while processing a unit of pooled platelets. Both incidents resulted in parenteral exposure to blood from other persons. It is not known whether any of the individual platelet donors or the patient with leukaemia had HTLV-III infection. The health-care worker is asymptomatic, although he had transient cervical lymphadenopathy during early 1985. HTLV-III was recovered from his peripheral blood lymphocytes in September 1985. During three independent interviews, he denied any homosexual activity, IV drug use, foreign travel, or blood transfusions. He described himself as heterosexual and was not aware that any of his approximately 12 lifetime sex partners had AIDS or were at increased risk for LAV/HTLV-III infection.

MMWR Editorial Note: These two health-care workers probably represent occupational transmission of LAV/HTLV-III due to parenteral exposure, although in neither was a pre-exposure serum samples available to date the onset of infection. Although not reported during investigations of these two cases, it is difficult to totally assure that additional risk factors for AIDS were absent. For purposes of epidemiological surveillance, a case of occupationally acquired LAV/HTLV-III infection should ideally include all the following features: a worker with no identifiable risk factors for AIDS whose serum, obtained within several days of the date of a possible occupational exposure, is negative for antibody to LAV/HTLV-III but whose follow-up serum, in absence of interim exposure to other risk factors, is positive for antibody to LAV/HTLV-III. The two cases reported here do not fully meet these ideal criteria. However, there is one published report from England of a nurse who developed LAV/HTLV-III antibody following an accidental needlestick injury[11]. Her serum was negative for antibody to LAV/HTLV-III at the time of exposure. This nurse reportedly had none of the recognized risk factors for AIDS and was asymptomatic at the time the report was published.

The two cases reported here represent the only known evidence of probable occupational transmission of LAV/HTLV-III in the United States. This confirms that the risk of transmission of LAV/HTLV-III infection to health-care workers from patients is extremely low[4-10] LAV/HTLV-III infections appear to be much less transmissible through needlesticks than hepatitis B; nearly 26% of persons comparably exposed to a hepatitis B surface antigen-positive patient develop infection[12]. Nonetheless, personnel should follow recommendations designed to minimize the risk of exposure to parenteral or mucosal (e.g., blood spatter on conjunctival) contact with potentially infectious materials from patients with AIDS or suspected AIDS[13,14].

Epidemiological studies of needlestick injuries in hospital personnel indicate that over 40% of the accidents are potentially preventable if recommended precautions are followed when handling used needles or other sharp objects[6]. Educational programs to familiarize health-care workers with the basic practices in infection control are essential to the prevention of AIDS and other infections. Health-care workers and others should become familiar with and follow recommended precautions when handling specimens, secretions, and excretions from persons known to be infected with LAV/HTLV-III. Health-care personnel whose serum is positive for LAV/HTLV-III antibody should follow the precautions that have been published for health-care workers with AIDS[15].

References

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11. Lancet (1984), ii: 1376-7.
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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD -26/9/85 to 13/10/85 BULLETIN NUMBER 85/21
VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED		1	4		8		7	1	21
0101 ADENOVIRUS TYPE 1	2			1		2		2	7
0102 ADENOVIRUS TYPE 2	2			2		1		1	6
0103 ADENOVIRUS TYPE 3	1		1						2
0104 ADENOVIRUS TYPE 4								1	1
0105 ADENOVIRUS TYPE 5	2								2
0106 ADENOVIRUS TYPE 6	2					1			3
0107 ADENOVIRUS TYPE 7	2								2
0108 ADENOVIRUS TYPE 8	1		1						2
0119 ADENOVIRUS TYPE 19								1	1
0126 ADENOVIRUS TYPE 26				1					1
0139 ADENOVIRUS TYPE 39				1					1
0199 ADENOVIRUS TYPING PENDING					11				11
0201 INFLUENZA A VIRUS	2		11			6		2	21
0202 INFLUENZA A VIRUS SUBTYPE H3N2					4				4
0203 INFLUENZA B VIRUS			2	7	9	8	1	26	53
0301 PARAINFLUENZA VIRUS TYPE 1					2				2
0302 PARAINFLUENZA VIRUS TYPE 2	1							1	2
0303 PARAINFLUENZA VIRUS TYPE 3	7				13	2	14	7	43
0399 PARAINFLUENZA VIRUS TYPING PENDING					2				2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	3		9	10	8	16	10	7	63
0500 RHINOVIRUS (ALL TYPES)	2			3	11	8	6	3	33
0600 MYCOPLASMA PNEUMONIAE	3	1						5	9
0700 ORNITHOSIS-PSITTACOSIS	3		1			1			5
0904 COXSACKIEVIRUS B4							1		1
1000 ECHOVIRUS NOT TYPED								1	1
1002 ECHOVIRUS TYPE 2								1	1
1003 ECHOVIRUS TYPE 3	2								2
1006 ECHOVIRUS TYPE 6						1			1
1007 ECHOVIRUS TYPE 7				1				1	2
1021 ECHOVIRUS TYPE 21	1								1
1024 ECHOVIRUS TYPE 24								2	2
1025 ECHOVIRUS TYPE 25	1								1
1100 POLIOVIRUS NOT TYPED			3						3
1101 POLIOVIRUS TYPE 1	1								1
1102 POLIOVIRUS TYPE 2	2								2
1104 POLIOVIRUS-VACCINAL STRAIN							1		1
1300 HERPES VIRUS GROUP-NOT TYPED	30			3			1	2	36
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3							3
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	17	1	2					8	28
1303 VARICELLA-ZOSTER VIRUS	3							2	5
1306 HERPES SIMPLEX TYPE 1	27	1	11	41		9	32	21	142
1307 HERPES SIMPLEX TYPE 2	148		24	63		11	60	43	349
1399 HERPES VIRUS TYPING PENDING				1	3				4
1401 COXIELLA BURNETI	1								1
1502 PICORNA VIRUS-NOT TYPED	4		1				4		9
1521 MEASLES VIRUS	2								2
1522 RUBELLA VIRUS	1	1	1	4				5	12
1532 HEPATITIS B ANTIGEN	47		10	29		36	14	21	157
1535 HEPATITIS A ANTIBODY	5		2	2		3	1	10	23
1541 CHLAMYDIA A - C TRACHOMATIS	23		3			10	20	48	104
1556 CMV - CYTOMEGALOVIRUS	10		1	31	2	3	6	4	57
1564 ROTAVIRUS		2	18	5	18	3		1	47
1599 ENTEROVIRUS TYPING PENDING			4		5				9
9992 ROSS RIVER VIRUS						1		2	3
9994 SMALL VIRUS (LIKE) PARTICLE		3							3
9996 PARAMYXOVIRUS								2	2
Total	358	13	109	205	96	122	178	231	1,312

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 26/9/85 to 13/10/85.

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	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0100 ADENOVIRUS NOT TYPED.....	1	5					1				1
0101 ADENOVIRUS TYPE 1.....		4				1	1				
0102 ADENOVIRUS TYPE 2.....	2	3				1					
0103 ADENOVIRUS TYPE 3.....		1									
0105 ADENOVIRUS TYPE 5.....		1					1	1			
0106 ADENOVIRUS TYPE 6.....							3				
0107 ADENOVIRUS TYPE 7.....	2										
0201 INFLUENZA A VIRUS.....	2	10							2		1
0202 INFLUENZA A VIRUS SUBTYPE H3N2		4									
0203 INFLUENZA B VIRUS.....		41				2			2		2
0301 PARAINFLUENZA VIRUS TYPE 1....		2									
0302 PARAINFLUENZA VIRUS TYPE 2....		1									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	40									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	2	54	1				1				3
0500 RHINOVIRUS (ALL TYPES).....		30		1			1				
0600 MYCOPLASMA PNEUMONIAE.....	1	8									
0700 ORNITHOSIS-PSITTACOSIS.....	2	1						1	1		1
0904 COXSACKIEVIRUS B4.....							1				
1002 ECHOVIRUS TYPE 2.....							1				
1003 ECHOVIRUS TYPE 3.....				1							
1007 ECHOVIRUS TYPE 7.....						1	1				
1021 ECHOVIRUS TYPE 21.....	1										
1024 ECHOVIRUS TYPE 24.....							2				
1025 ECHOVIRUS TYPE 25.....							1				
1100 POLIOVIRUS NOT TYPED.....							3				
1102 POLIOVIRUS TYPE 2.....		2									
1300 HERPES VIRUS GROUP-NOT TYPED..	8		1								17
1301 HERPES SIMPLEX VIRUS NOT-TYPED											3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	7	5						1			
1303 VARICELLA-ZOSTER VIRUS.....											5
1306 HERPES SIMPLEX TYPE 1.....	6	11								1	57
1307 HERPES SIMPLEX TYPE 2.....	14	1									55
1401 COXIELLA BURNETI.....							1				
1502 PICORNA VIRUS-NOT TYPED.....		2					1				1
1521 MEASLES VIRUS.....			2								
1522 RUBELLA VIRUS.....	4										
1532 HEPATITIS B ANTIGEN.....	71	1						57			
1535 HEPATITIS A ANTIBODY.....	5						1	17			
1541 CHLAMYDIA A - C.TRACHOMATIS...	2							1			
1556 CMV - CYTOMEGALOVIRUS.....	8	11	1			1		2	1	7	
1564 ROTAVIRUS.....		1					45				
1599 ENTEROVIRUS TYPING PENDING....		1									
9992 ROSS RIVER VIRUS.....											2
9994 SMALL VIRUS (LIKE) PARTICLE...							3				
9996 PARAMYXOVIRUS.....		2									
Total.....	139	242	5	2		6	68	80	6	8	154

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 26/9/85 to 13/10/85.
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		
0103 ADENOVIRUS TYPE 3.....	2									
0104 ADENOVIRUS TYPE 4.....	1									
0106 ADENOVIRUS TYPE 6.....								1		
0108 ADENOVIRUS TYPE 8.....	2									
0119 ADENOVIRUS TYPE 19.....	1									
0126 ADENOVIRUS TYPE 26.....									1	
0139 ADENOVIRUS TYPE 39.....									1	
0201 INFLUENZA A VIRUS.....					1		2		4	
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1									
0203 INFLUENZA B VIRUS.....			1		2		2	10	1	
0302 PARAINFLUENZA VIRUS TYPE 2....							1			
0303 PARAINFLUENZA VIRUS TYPE 3....							2	1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								3		
0500 RHINOVIRUS (ALL TYPES).....								2	1	
0600 MYCOPLASMA PNEUMONIAE.....								1		
0700 ORNITHOSIS-PSITTACOSIS.....					1			1		
1003 ECHOVIRUS TYPE 3.....									1	
1006 ECHOVIRUS TYPE 6.....						1				
1024 ECHOVIRUS TYPE 24.....										1
1101 POLIOVIRUS TYPE 1.....									1	
1104 POLIOVIRUS-VACCINAL STRAIN....					1					
1300 HERPES VIRUS GROUP-NOT TYPED..	2	2							2	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			6	3				3	5	
1306 HERPES SIMPLEX TYPE 1.....	4	62						2	2	
1307 HERPES SIMPLEX TYPE 2.....		281						1	1	
1502 PICORNA VIRUS-NOT TYPED.....							1		1	
1522 RUBELLA VIRUS.....					1	1		1	2	
1532 HEPATITIS B ANTIGEN.....									29	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C.TRACHOMATIS...		99							2	
1556 CMV - CYTOMEGALOVIRUS.....		2	1			4	3	4	19	
1564 ROTAVIRUS.....			1				1			
9992 ROSS RIVER VIRUS.....					2				1	
Total.....	13	446	9	3	8	6	12	31	75	1

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA
Period 6
18 May 1985 to 15 June 1985.

Bulletin 85/21

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis	1	–	–	1	–	–	–	–	2	16
Ankylostomiasis	–	–	2	1	–	–	–	–	3	21
Anthrax	–	–	–	–	–	–	–	–	–	–
Arbovirus infection	26	1	–	–	–	–	–	–	27	67
Brucellosis	–	–	–	–	–	–	–	–	–	5
Campylobacter infections	60	N.N.	N.N.	67	N.N.	N.N.	–	N.N.	127	1091*
Chancroid	–	–	–	N.N.	–	N.N.	1	–	1	1
Cholera	–	–	–	–	–	–	–	–	–	–
Congenital rubella syndrome	–	N.N.	N.N.	–	N.N.	N.N.	N.N.	N.N.	–	–
Diphtheria	–	–	–	–	–	–	–	–	–	–
Donovanosis	–	N.N.	–	N.N.	3	N.N.	4	–	7	46
Giardiasis	19	N.N.	N.N.	58	1	N.N.	N.N.	N.N.	78	552*
Genital herpes	98	N.N.	25	25	N.N.	N.N.	–	–	148	832*
Gonococcal ophthalmia neonatorum	–	N.N.	–	–	N.N.	N.N.	–	N.N.	–	5
Gonorrhoea	159	98	112	37	132	2	53	5	598	3866
Hepatitis A (infectious)	12	13	28	7	5	–	1	–	66	334
Hepatitis B (serum)	29	20	22	13	12	1	1	2	100	696*
Hepatitis - unspecified	3	–	–	–	3	N.N	–	–	6	53
Hydatid disease	–	–	–	–	–	–	–	–	–	4
Lassa Fever	–	–	N.N.	–	–	N.N.	N.N.	N.N.	–	1
Legionnaires' disease	1	–	N.N.	–	N.N.	N.N.	N.N.	N.N.	1	10
Leprosy	2	–	–	–	–	–	–	–	2	12
Leptospirosis	4	2	11	–	1	–	–	–	18	108
Lymphogranuloma venereum	–	N.N.	N.N.	N.N.	N.N.	N.N.	–	–	–	3
Malaria	12	7	5	4	1	–	2	2	33	321
Marburg Disease	–	–	N.N.	–	–	N.N.	N.N.	N.N.	–	–
Meningococcal infections	1	–	–	–	–	N.N.	–	–	1	16
Non-specific urethritis	235	N.N.	–	100	N.N.	N.N.	–	N.N.	335	2147*
Ornithosis	–	–	–	–	–	–	–	–	–	3
Pertussis (whooping cough)	23	13	N.N.	1	N.N.	N.N.	2	N.N.	39	261
Plague	–	–	–	–	–	–	–	–	–	–
Poliomyelitis	–	–	–	–	–	–	–	–	–	–
Q. fever	4	–	14	3	1	–	N.N.	–	22	88
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	44	13	32	30	14	5	15	–	153	1596*
Shigella infections	11	3	8	8	8	–	14	–	52	415
Smallpox	–	–	–	–	–	–	–	–	–	–
Syphilis	48	21	12	11	37	–	68	2	199	1058
Tetanus	–	–	1	2	–	–	–	–	3	5
Trachoma	–	N.N.	1	–	N.N.	N.N.	–	–	1	3
Tuberculosis (all forms)	46	41	15	4	6	–	6	–	118	495*
Typhoid fever	3	–	–	–	–	–	–	–	3	17
Typhus (all forms)	–	–	1	–	–	–	–	–	1	1
Vibrio parahaemolyticus infections	–	N.N.	N.N.	–	N.N.	N.N.	N.N.	N.N.	–	4
Yellow Fever	–	–	–	–	–	–	–	–	–	–
Yersinia enterocolitica infections	2	N.N.	N.N.	–	N.N.	N.N.	N.N.	N.N.	2	16

(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:

Campylobacter infections	-4	South Australia
Giardiasis	-1	South Australia
Genital herpes	+16	South Australia
Hepatitis B (Serum)	-2	South Australia
Non-specific urethritis	+95	South Australia
Salmonella infections	+2	South Australia
Salmonella infections	-2	South Australia
Tuberculosis (all forms)	+2	South Australia