



# Communicable Diseases Intelligence

Bulletin number 85/25  
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Editor: Dr I F Cook.

This is the final CDI for 1985 and includes a subject index for the year. The next issue of the CDI will be published on 10 January 1986, and will contain a compilation of the reports for the two generations, 9-22 December and 23 December to 5 January 1986. The editorial staff takes this opportunity to extend seasonal greetings to all our readers, with best wishes for the New Year.

VIRUS REPORTING SCHEME - A total of 910 reports were processed during this period.

Twenty-five cases of Ross River Virus infection were reported (QLD 23\*, NT 1, WA 1). (\* Three cases, personal communication, Dr T.B. Lynch, Pathologist, Rockhampton, QLD).

Q fever was reported in four males, meatworkers from Maryborough and Ipswich, a grazier from Lismore and a resident from Murray Bridge in whom occupational exposure is unknown. The latter patient was not involved in the SA vaccine trial.

Cytomegalovirus was isolated from a four year old boy with hepatosplenomegaly, a two day old female with splenomegaly and failure to thrive and an 8 year old female with cardiac failure presumed to be due to myocarditis.

Coxsackievirus B4 was isolated from four patients with meningitis, a 7 year old female, a 6 day old female, a 29 year old male and a 14 day old patient whose sex was not specified. This virus was also isolated from the mesenteric lymph node of a 4 year old male with peritonitis.

## AIDS SURVEILLANCE

### 1) AUSTRALIA

To 11 December 1985, 142 cases of AIDS fulfilling the criteria of case definition have been reported to the AIDS Task Force. The distribution of those patients by disease category, risk group, age and state or territory of notification are shown below.

(continued on page 8)

CORYNEBACTERIUM DIPHTHERIAE IN CENTRAL AUSTRALIA

(Contributed by M. Patel, Community Physician, N.T. Department of Health.)

C. diphtheriae has been cultured from 13 patients, all of whom were either Aboriginal or part-Aboriginal, and who attended the Alice Springs Hospital over the last 6 months. While one isolate was from a throat swab, the remaining twelve were from skin lesions. The patients had lived within various communities in Central Australia, and included adults as well as children, the youngest of whom was aged 3 months.

None of the patients had any of the toxic manifestations of diphtheria, and in no case did the cutaneous lesions resemble the primary diphtheria ulcer. Almost all had a history of preceding trauma to the skin and two of the children had infected scabies.

Tests performed at the Institute of Medical and Veterinary Science laboratory in Adelaide revealed that the organisms were toxigenic in all the cutaneous cases but the toxigenic status of the pharyngeal isolate could not be determined for technical reasons.

In 1981, C. diphtheriae was identified in 14 isolates at the Hospital laboratory but none of them were toxigenic. Skin swabs are not routinely plated onto selective media except in those cases with organisms that morphologically resemble diphtheria on the initial Gram stain. We can therefore not determine whether our findings are indicative of a recent increase in the prevalence of the organism, but we conclude that it is endemic in Central Australia.

Little is known of the carriage rate of C. diphtheriae among the Aboriginal population and there is one report of a survey of 200 Aboriginals in Western Australia which revealed five carriers of non-toxicogenic C. diphtheriae (1).

The NH&MRC has recommended adult booster doses of the diphtheria vaccine, and hence its availability in combination with tetanus boosters in the form of ADT. The need for diphtheria boosters in adults who have already completed the primary course of vaccination has been questioned by workers in Canada and in Britain (2).

Our findings reinforce the need for continued wide coverage with primary immunisation but practical and logistical considerations would preclude implementation of the NH&MRC recommendation for immunisation of adults.

Editorial Comment:

Cutaneous diphtheria is uncommon in developed countries. Most cases occur in unimmunised persons in overcrowded underdeveloped parts of the world, particularly in tropical areas, and are associated with skin trauma and poor hygiene. There are three types of cutaneous diphtheria:

- (a) wound diphtheria: secondary infection with C. diphtheriae of a pre-existing wound, which becomes partially covered by a membrane and encircled by a zone of erythema;
- (b) primary cutaneous diphtheria: a disease of the tropics, which begins as a single or several pustules, usually on a

lower extremity, and progresses to a punched-out ulcer covered by a gray-brown membrane;

- (c) superinfection of eczematous skin lesions: a superficial membranous infection (3).

Cutaneous diphtheria may be as contagious as the respiratory form of the disease among school children. Occasionally membranous pharyngitis may accompany cutaneous diphtheria; however 20 - 40% of patients with cutaneous diphtheria carry C. diphtheriae in their upper respiratory tract (4).

At its Ninety-Eighth Session, the NH&MRC noted that a significant proportion of the Australian adult population is susceptible to diphtheria. Council therefore recommended that when tetanus boosting was required, ADT be used to maintain immunity to both tetanus and diphtheria.

#### References:

1. Med J. Aust (1977) 2:61.
2. Lancet (1985) i (8437): 1081.
3. Mandell G.L., Douglas R.G., Bennett J.E., eds. Principles and practice of infectious diseases. Second Edition. New York: John Wiley (1985) p 598-609.
4. J. Infect Dis. (1975) 131: 239-244.

#### ARBOVIRUS SURVEILLANCE - VICTORIA

(Contributed by J. Campbell and J. Aldred, Attwood V.R.L.)

Surveillance of the Murray Valley region using sentinel chickens for monitoring for the presence of alpha and flaviviruses has continued without interruption since 1973. There were a total of 12 Sindbis seroconversions in the three flocks sited at Mildura, Echuca and Barmah this year. These occurred between 24 December 1984 and 30 January 1985. One flavivirus seroconversion occurred in the Rutherglen flock on 27 December 1984. The causal agent was probably Edge Hill virus. Twenty horses were blood sampled at weekly intervals from 29 October 1984 to 17 February 1985 and tested for antibody to alpha and flaviviruses. The animals were held at Mildura, Swan Hill, Wangaratta, Tatura and Bendigo. No seroconversions occurred.

Sentinel chicken surveillance is being repeated this summer. Two hundred birds are being purchased and blood sampled at Bendigo on 18 November 1985. They will be distributed to Mildura, Robinvale, Swan Hill, Kerang, Echuca, Barmah, Cobram, Rutherglen, Wodonga and Shepparton. Weekly testing for alpha and flavivirus antibody will commence on 25 November 1985 and continue until April 1986. It is hoped to repeat the use of horses in the surveillance programme this year.

#### SALMONELLA SURVEILLANCE - NON-HUMAN ISOLATES (AUSTRALIA 1984)

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

A total of 9506 cultures of salmonella from non-human sources were collated by the National Surveillance Scheme for Salmonella (NSSS) during 1984. A State breakdown of the reports for each quarter of 1984 is given in Table 1.

TABLE 1 Salmonella reports from non-human sources received by NSSS - 1984

Period	No. of cultures isolated								
	ACT	NSW	VIC	QLD	SA	NT	WA	TAS	Total
Jan-Mar	10	252	462	52	28	14	1180	4	2002
Apr-Jun	4	123	726	205	42	53	1510	16	2679
Jul-Sep	11	123	748	40	38	70	1276	21	2327
Oct-Dec	17	318	644	98	27	39	1247	23	2413
Total	42	816	2580	395	135	176	5213	64	9421*

\* A further 85 cultures were received after the quarterly reports were compiled giving a total of 9506 reports for the year.

The cultures were divided into six categories on the basis of the type of cards used in the scheme (Table 2).

TABLE 2 Source of salmonella isolates collected by NSSS - 1984

Category	No. of cultures isolated								
	ACT	NSW	VIC	QLD	SA	NT	WA	TAS	Total
Water and Environment	12	430	1194	83	13	24	2731	23	4510
Foodstuffs	15	234	238	207	6	-	1047*	4	1751
Animal	-	82	447	91	110	85	991	36	1842
Animal Products	15	9	496	-	6	68	503	2	1099
Eggs	-	42	131	-	-	-	16	-	189
Dairy/Dairy Products	-	25	73	16	-	-	-	-	114
Total	42	822	2579	397	135	177	5288	65	9505

\* Includes isolates from 45 equipment swabs and 49 handwashes associated with food premises.

TABLE 3 Comparison of the reports notified by the Salmonella Reference Laboratory (SRL) and the reports collected by NSSS (1983).

Category	SRL	NSSS
Water and Environment	1036	4510
Foodstuffs	4477	1751
Animal	1495	1842
Animal Products	312	1099
Eggs	57	189
Dairy Products	46	114
Miscellaneous	310	1
Total	7733	9506

Laboratories throughout Australia have responded well to the NSSS and numbers have nearly doubled in all categories except those of eggs and dairy products.

A comparison of the NSSS figures with Salmonella notifications for the Commonwealth of Australia as detailed in the 1984 Annual Report of the Salmonella Reference Laboratory in Adelaide again shows a lack of reporting of isolates from the poultry industry to the NSSS. The SRL report lists 4033 cultures associated with chickens, either as chicken carcasses or as litter, while the NSSS figures show only 1562 which were associated with chickens.

#### Water and Environment:

Western Australia, which has a well established and continuing monitoring programme of abattoirs, factories and sewage effluents as well as rivers and water supplies, again reported the most Salmonella isolations (60% of all isolates). Victoria contributed 26% of the isolates mainly from dairy factory environments, porcine lairage and monitoring of water supplies. Thirty-four percent of isolates in Victoria came from dairy factories, 46% from porcine lairage and 5% from potable waters. The Division of Analytical Laboratories in N.S.W. continued a survey begun in 1983 of river waters and beach waters. There were 217 isolates from beach waters comprising 34 different serotypes and 9 different phage types of S.typhimurium. The 3 most frequent types S.give, S.derby and S.typhimurium 27 accounted for 28% of the isolates.

#### Foodstuffs:

The following serotypes were isolated from imported foodstuffs:

- . frogs legs - S.abony, S.arizonae, S.chingola, S.javiana, S.orientalis, S.stanley, S.thompson.
- . oysters - S.typhimurium 1.
- . prawns and other seafood - S.anatum, S.chester, S.java, S.thompson, S.weltevreden.
- . spices - s.binza, S.lexington, S.mgulani, S.mbandaka, S.weltevreden.
- . coconut - S.bareilly, S.derby, S.java, S.mbandaka, S.senftenberg, S.weltevreden.
- . cocoa - S.tennessee, S.bareilly, S.untypable 11:710:-
- . lecithin - S.mbandaka.
- . airline meals prepared overseas - S.cerro, S.derby, S.emek, S.havana, S.montevideo, S.ohio, S.saint-paul, S.senftenberg, S.virchow.
- . herbal tea - Eight different Salmonella serotypes, and 34 different Salmonella sub-genus II serotypes were isolated from herbal tea imported from South Africa. Several of the sub-genus II isolates were new serotypes.

S.singapore, S.senftenberg and S.4,12:d:- were isolated from a dehydrated meal produced in Queensland. The same serotypes were isolated from the factory environment and S.singapore and S.arizonae were isolated from cockroaches.

### Animals and Animal Products:

Most of the chicken-associated isolates came from Western Australia where S.sofia, S.infantis, S.4,12:d:-, S.muenchen and S.anatum were the predominant serotypes; from Victoria where S.sofia and S.4,12:d:- were the common types and from NSW where S.singapore was the most common. Thirty-one different serotypes and 7 phage types of S.typhimurium were associated with chickens.

Animal isolates from WA included 381 from marsupials as part of a monitoring programme. Twenty-eight serotypes were found, the most common being S.muenchen, S.adelaide, S.typhimurium, S.orientalis, S.javiana and S.chester.

In Tasmania a study of quolls and other native animals isolated S.mississippi (21), S.arizonae (1), S.typhimurium 141(1) and an unidentifiable Salmonella. S.mississippi is a serotype so far only found in Tasmania. It was also isolated from river and estuarine waters, abattoir effluent, sewage and compost.

In Northern Territory 18 different serotypes were isolated from buffalo carcasses, the main types being S.havana, S.saint-paul and S.tennessee.

Following the mouse plague in Victoria S.typhimurium phage types 4, 9 & 135 were isolated from mice. S.bovismorbificans and S.typhimurium phage types 6, 9, 135 & 185 were isolated from contaminated grain.

Meat meals accounted for 43% of the W.A. isolates of meat products. S.anatum and S.havana made up half of these isolates and the remaining half came from 27 other serotypes.

### Eggs:

The majority of the isolates from eggs came from Victoria, the most common serotypes being S.infantis, S.singapore, S.typhimurium 135 and S.typhimurium 6. There were 14 different serotypes and 6 different phage types of S.typhimurium.

### Dairy Products:

Isolates from dairy products came from Victoria (73), NSW (25) and QLD (16). The most common serotypes were S.agona (Vic), S.havana (Vic, NSW and QLD), S.newport (Vic) and S.ohio (Vic and NSW). Twelve different serotypes were reported. In Victoria there were continuing isolations of Salmonella from the environment of 8 dairy factories.

### YELLOW FEVER IN 1984

(Based on WER (1985) 60: 329-333)

Yellow fever notifications to the World Health Organisation during 1984 consisted of 31 cases (17 deaths) from Africa and 95 cases (67 deaths) from South America, as indicated below:

	<u>CASES</u>	<u>DEATHS</u>
<u>AFRICA:</u>		
Burkina Faso	17	16
Cameroon	1 (s)	-
Ghana	-	-
Nigeria	12	1
Togo	1	-
<u>SOUTH AMERICA</u>		
Bolivia	5	5
Brazil	45	28
Colombia	16	15
Ecuador	1	1
Peru	28	18
(s = suspected)		

Following serious epidemics in Burkina Faso (356 cases, 286 deaths) and Ghana (372 cases, 201 deaths) in 1983 the situation in these countries has stabilized.

The usual endemic jungle yellow fever situation in Bolivia, Ecuador and Peru existed during 1984 with a localized epidemic outbreak in Brazil being noteworthy.

CDI Editorial Comment:

Yellow fever immunisation with the live attenuated 17D virus vaccine is advised for all travellers to the yellow fever infected areas of South America and Africa.

These include

- |               |   |  |
|---------------|---|--|
| South America | - | Bolivia, Brazil, Columbia, Ecuador, Peru           |
| Africa        | - | Burkina Faso, Gambia, Ghana, Nigeria, Zaire, Sudan |

All persons who within 6 days of arrival in Australia have been in or passed through an infected area must be in possession of a current valid International Certificate of Vaccination against yellow fever.

The validity of a yellow fever vaccination certificate extends for 10 years, commencing 10 days after the date of vaccination, or, in the case of revaccination, before expiry of the previous certificate, from the date of that revaccination. The certificate, to be valid, must be issued by a yellow fever vaccination centre approved by the World Health Organisation. In Australia the Commonwealth Department of Health has the delegation in relation to yellow fever vaccination and travellers requiring yellow fever vaccination should thus be advised to contact the offices of the Commonwealth Department of Health in the various States, ACT or NT.

(continued from page 1)

Table 1: AIDS patients by disease category.

DISEASE CATEGORY	CASES	DEATHS
Opportunistic infection (OI)	101	42
Kaposi's Sarcoma (KS)	27	9
O.I. & K.S.	5	3
Others	7	4
No Data	2	2
<u>Total</u>	<u>142</u>	<u>60</u>

Table 2: AIDS patients by risk category

RISK GROUP	CASES	DEATHS*
Homo-/Bisexual	123	48
IV Drug Users	-	-
Haemophiliacs	3	3
Transfusion (only)	12	7
Homo-/Bisexual & IV Drug User	2	2
No known risk factor	1	-
Heterosexual	1	-
<u>Total</u>	<u>142</u>	<u>60</u>

\* It should be noted that of the 29 cases reported to 30 September 1984, 24 had died as at 11 December 1985.

Table 3: AIDS patients by age

AGE (yrs)	CASES
0-9	4
10-19	1
20-29	31
30-39	57
40-49	34
50-59	11
60+	2
No data	2
<u>Total</u>	<u>142</u>

Table 4: AIDS patients by state/territory of notification

STATE/TERRITORY	CASES	DEATHS
NSW	96	36
VIC	19	9
QLD	16	9
WA	8	4
TAS	1	1
NT	2	1
SA	-	-
ACT	-	-
<u>Total</u>	<u>142</u>	<u>60</u>

The number of new cases reported for the last four quarters are shown in Table 5.

Table 5: New cases reported per quarter.

QUARTER	NO OF CASES
1.10.85 - 31.12.84	21
1. 1.85 - 31. 3.85	20
1. 4.85 - 30. 6.85	30
1. 7.85 - 30. 9.85	23

2) INTERNATIONAL DATA

USA (25.11.85) 15053 Cases 7721 Deaths  
 UK (29.11.85) 257 Cases 140 Deaths

## AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 25/11/85 to 8/12/85 BULLETIN NUMBER 85/25  
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR	RAHC	PHH/	FAIR-			STATE	STATE	Total
	(NSW)/ WVH (ACT)	(NSW)	POW (NSW)	FIELD (VIC)	RCH (VIC)	IMVS (SA)	LAB (QLD)	LAB (WA)	
0100 ADENOVIRUS NOT TYPED.....				2		2	2		8
0101 ADENOVIRUS TYPE 1.....						3		2	5
0102 ADENOVIRUS TYPE 2.....	1					4			5
0103 ADENOVIRUS TYPE 3.....						2		1	3
0104 ADENOVIRUS TYPE 4.....				1					1
0105 ADENOVIRUS TYPE 5.....						2			2
0108 ADENOVIRUS TYPE 8.....				1					1
0199 ADENOVIRUS TYPING PENDING.....		1				3	2		6
0201 INFLUENZA A VIRUS.....				2			1		3
0203 INFLUENZA B VIRUS.....				1			2	1	6
0301 PARAINFLUENZA VIRUS TYPE 1.....						1	1	2	2
0303 PARAINFLUENZA VIRUS TYPE 3.....					2	14	20	1	41
0399 PARAINFLUENZA VIRUS TYPING PENDING.....		6				1		4	7
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...			3			3	2	1	9
0500 RHINOVIRUS (ALL TYPES).....				1		18	33	6	58
0600 MYCOPLASMA PNEUMONIAE.....							1	1	7
0809 COXSACKIEVIRUS A9.....				1					1
0816 COXSACKIEVIRUS A16.....				1					1
0904 COXSACKIEVIRUS B4.....				9					9
1003 ECHOVIRUS TYPE 3.....							1		1
1007 ECHOVIRUS TYPE 7.....							2		6
1011 ECHOVIRUS TYPE 11.....				1					1
1014 ECHOVIRUS TYPE 14.....								1	1
1100 POLIOVIRUS NOT TYPED.....				4					4
1101 POLIOVIRUS TYPE 1.....		2					2		4
1103 POLIOVIRUS TYPE 3.....							1		1
1104 POLIOVIRUS-VACCINAL STRAIN.....							2		2
1300 HERPES VIRUS GROUP-NOT TYPED.....	10				1			1	12
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1						1	2
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....		4	1					3	8
1303 VARICELLA-ZOSTER VIRUS.....				1			1	3	5
1306 HERPES SIMPLEX TYPE 1.....			15	40		20	22	16	113
1307 HERPES SIMPLEX TYPE 2.....			17	60		21	47	34	179
1399 HERPES VIRUS TYPING PENDING.....				9	2		2		13
1401 COXIELLA BURNETI.....							1	3	4
1502 PICORNA VIRUS-NOT TYPED.....		1	4					2	7
1521 MEASLES VIRUS.....			1						1
1522 RUBELLA VIRUS.....	7	1	2	2		1		2	15
1532 HEPATITIS B ANTIGEN.....			9	26	2	14	9	17	77
1535 HEPATITIS A ANTIBODY.....	2	1	2	8		5	3	9	30
1541 CHLAMYDIA A - C TRACHOMATIS.....		1	3	24		44	19	32	123
1543 CHLAMYDIA A - LGV TYPE.....	1								1
1556 CMV - CYTOMEGALOVIRUS.....		2	3	22	3	5	6	4	45
1564 ROTAVIRUS.....		1	9		10	5			25
1599 ENTEROVIRUS TYPING PENDING.....		1	17		10	2			30
9992 ROSS RIVER VIRUS.....							21	1	22
9994 SMALL VIRUS (LIKE) PARTICLE.....				1					1
9998 ARBO. GROUP B. ....							2		2
Total.....	21	22	97	210	67	205	145	143	910

## AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 25/11/85 to 8/12/85

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/ muc memb
0100 ADENOVIRUS NOT TYPED.....		2					3				
0101 ADENOVIRUS TYPE 1.....	1	3					1				1
0102 ADENOVIRUS TYPE 2.....		2					3				
0103 ADENOVIRUS TYPE 3.....							1				
0104 ADENOVIRUS TYPE 4.....		1									
0105 ADENOVIRUS TYPE 5.....		1					1				
0201 INFLUENZA A VIRUS.....		3									
0203 INFLUENZA B VIRUS.....		3						1			
0301 PARAINFLUENZA VIRUS TYPE 1....		2									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	38							1		
0399 PARAINFLUENZA VIRUS TYPING PENDING.....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	2	7			1						
0500 RHINOVIRUS (ALL TYPES).....		44									
0600 MYCOPLASMA PNEUMONIAE.....		4						1			
0816 COXSACKIEVIRUS A16.....							1				
0904 COXSACKIEVIRUS B4.....	1			5							1
1003 ECHOVIRUS TYPE 3.....	1						1				
1007 ECHOVIRUS TYPE 7.....				1		1	1				
1011 ECHOVIRUS TYPE 11.....		1									
1100 POLIOVIRUS NOT TYPED.....							4				
1101 POLIOVIRUS TYPE 1.....							3				
1103 POLIOVIRUS TYPE 3.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN....							2				
1300 HERPES VIRUS GROUP-NOT TYPED..						1					9
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1									
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1							1			1
1303 VARICELLA-ZOSTER VIRUS.....											3
1306 HERPES SIMPLEX TYPE 1.....	2	6								4	59
1307 HERPES SIMPLEX TYPE 2.....	8										45
1399 HERPES VIRUS TYPING PENDING...										1	
1401 COXIELLA BURNETI.....		1									
1502 PICORNA VIRUS-NOT TYPED.....						1	5				
1521 MEASLES VIRUS.....	1										
1522 RUBELLA VIRUS.....	3										11
1532 HEPATITIS B ANTIGEN.....	31							34			1
1535 HEPATITIS A ANTIBODY.....							1	27			
1541 CHLAMYDIA A - C.TRACHOMATIS...		1									1
1543 CHLAMYDIA A - LGV TYPE.....		1									
1556 CMV - CYTOMEGALOVIRUS.....	3	10				2	1	2	1		
1564 ROTAVIRUS.....							25				
9992 ROSS RIVER VIRUS.....	3			1							3
9998 ARBO. GROUP B. ....	2										
Total.....	60	132		7	1	5	53	66	2	5	135

## AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 25/11/85 to 8/12/85

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-genital	PUO	Fever/mal-aise	Other	SIDS
0100 ADENOVIRUS NOT TYPED.....							1			
0101 ADENOVIRUS TYPE 1.....								1		
0103 ADENOVIRUS TYPE 3.....		1						1		
0108 ADENOVIRUS TYPE 8.....	1									
0203 INFLUENZA B VIRUS.....					1			1	1	
0303 PARAINFLUENZA VIRUS TYPE 3....	1		1				1	1		
0600 MYCOPLASMA PNEUMONIAE.....							1	1	1	
0809 COXSACKIEVIRUS A9.....								1		
0904 COXSACKIEVIRUS B4.....				1				2		
1007 ECHOVIRUS TYPE 7.....								3		
1014 ECHOVIRUS TYPE 14.....										1
1101 POLIOVIRUS TYPE 1.....										1
1300 HERPES VIRUS GROUP-NOT TYPED..		2								
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).				3				1	1	
1303 VARICELLA-ZOSTER VIRUS.....										2
1306 HERPES SIMPLEX TYPE 1.....	4	39						4	1	
1307 HERPES SIMPLEX TYPE 2.....		128								
1399 HERPES VIRUS TYPING PENDING...		5								3
1401 COXIELLA BURNETI.....							1	3		
1502 PICORNA VIRUS-NOT TYPED.....										1
1522 RUBELLA VIRUS.....										1
1532 HEPATITIS B ANTIGEN.....					1					10
1535 HEPATITIS A ANTIBODY.....							1	1		
1541 CHLAMYDIA A - C.TRACHOMATIS...	3	118								1
1556 CMV - CYTOMEGALOVIRUS.....		3				6	3	1	16	1
1564 ROTAVIRUS.....								1		
9992 ROSS RIVER VIRUS.....					14			9		
Total.....	9	297	1	4	16	6	8	31	40	1



## NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

Period 7  
16 June 1985 to 13 July 1985.

Bulletin 85/25.

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Bacillae	-	1	1	-	-	-	-	-	2	18
Ankylostomiasis	-	-	-	3	-	-	N.N.	-	3	24
Anthrax	-	-	-	-	-	-	-	-	-	-
Arbovirus infection	2	-	-	-	-	-	-	-	2	69
Brucellosis	-	-	-	-	1	-	-	-	1	6
Campylobacter infections	52	N.N.	N.N.	80	-	N.N.	1	N.N.	133	1224
Chancroid	1	-	-	N.N.	1	N.N.	-	-	2	3
Cholera	-	-	1	-	-	-	-	-	1	1
Congenital rubella syndrome	-	N.N.	N.N.	-	-	N.N.	-	N.N.	-	-
Diphtheria	-	-	1	-	-	-	4	-	5	5
Donovanosis	-	N.N.	-	N.N.	-	N.N.	4	-	4	50
Giardiasis	45	N.N.	N.N.	67	2	N.N.	N.N.	N.N.	114	666
Genital herpes	55	N.N.	34	20	N.N.	N.N.	5	-	114	946
Gonococcal ophthalmia neonatorum	-	N.N.	N.N.	-	N.N.	N.N.	-	N.N.	-	5
Gonorrhoea	201	95	106	40	127	-	121	2	692	4558
Hepatitis A (infectious)	12	1	12	7	6	-	14	-	52	386
Hepatitis B (serum)	75	11	34	15	31	1	5	-	172	875*
Hepatitis - unspecified	3	-	N.N.	-	2	N.N.	-	-	5	58
Hydatid disease	-	-	-	-	-	-	-	-	-	4
Lassa fever	-	N.N.	N.N.	-	-	N.N.	N.N.	N.N.	-	1
Legionnaires' disease	2	-	N.N.	-	-	N.N.	-	N.N.	2	12
Leprosy	3	2	-	-	1	1	4	-	11	23
Leptospirosis	4	3	5	1	-	1	-	-	14	122
Lymphogranuloma venereum	-	N.N.	N.N.	N.N.	N.N.	N.N.	-	-	-	3
Malaria	7	4	6	4	4	-	3	1	29	350
Marburg Disease	-	N.N.	N.N.	-	-	N.N.	N.N.	N.N.	-	-
Meningococcal infections	2	1	-	2	2	N.N.	-	-	7	23
Non-specific urethritis	295	N.N.	N.N.	74	-	N.N.	-	N.N.	369	2516
Ornithosis	-	-	1	-	-	-	-	-	1	4
Pertussis (whooping cough)	24	13	N.N.	2	-	N.N.	-	N.N.	39	300
Plague	-	-	-	-	-	-	-	-	-	-
Polioarthritis	-	-	-	-	-	-	-	-	-	-
Q. fever	4	-	10	11	1	-	N.N.	-	26	114
Rabies	-	N.N.	N.N.	N.N.	-	N.N.	N.N.	N.N.	-	-

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	43	15	12	37	14	10	29	1	161	1757
Shigella infections	8	6	20	10	3	-	13	1	61	476
Smallpox	-	-	-	-	-	-	-	-	-	-
Syphilis	37	4	24	16	25	-	37	-	196	1254
Tetanus	-	-	-	-	-	-	-	-	-	5
Trachoma	-	N.N.	-	-	-	N.N.	N.N.	-	-	3
Tuberculosis (all forms)	40	24	13	8	3	-	4	N.N.	97	592
Typhoid fever	-	-	-	-	-	-	-	-	-	17
Typhus (all forms)	-	-	2	-	-	-	-	-	2	3
Vibrio parahaemolyticus infections	-	N.N.	N.N.	-	-	N.N.	-	N.N.	-	4
Yellow Fever	-	-	-	-	-	-	-	-	-	-
Yersinia enterocolitica infections	3	N.N.	N.N.	-	-	N.N.	-	N.N.	3	19

(Note: Data collected under the Notifiable Diseases Returns may bear little or no correlation to that collected under the QDI 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:

Hepatitis B (Serum)

+7 South Australia

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