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Communicable Diseases Intelligence

Bulletin number 84/7
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Contents:

AUSTRALIAN ENCEPHALITIS - WESTERN AUSTRALIA

(Contributed by M. Bucens, State Health Laboratory Services, Perth).

The first case of Australian encephalitis since 1981 has been diagnosed in a four month old part-Aboriginal boy from Halls Creek. He was admitted on 18 March to a local hospital with seizures, and his mother reported a four day history of diarrhoea, vomiting and weight loss. The child was rehydrated with difficulty (intraperitoneally), and was then transferred to Derby Hospital where his seizures were controlled with anticonvulsive drugs. On one occasion, he had a severe rise in blood pressure which also had to be controlled with therapy. On 24 March, the boy was transferred to the Princess Margaret Hospital, Perth, where on admission he was described as obtund, partly due to his condition and partly due to the anticonvulsive drug regimen. He was given ventilation, and although he is now off the ventilator and is slightly more alert, severe neurological sequelae are expected.

Three lumbar punctures were performed, all exhibiting increased protein with the last having a WBC count of 24 cells/cu mm, primarily lymphocytes. HI tests performed in parallel on sera collected on 21 March and 26 March indicated a rise in titre from negative to 1/20 with specific IgM against MVE virus. Kunjin serology has been negative, but neutralisation tests are in progress. A CSF specimen also exhibited an HI titre of 1/64 with specific IgM.

VIRUS REPORTING SCHEME - A total of 1686 reports were received this period. Although the virus tables contain data for two reporting periods from the State Health Laboratories, Brisbane, (see CDI 84/6) only the current fortnight is referred to in the following text.

- Arbovirus infections - The State distribution of the 266 epidemic polyarthritis cases reported this period is New South Wales (116), Queensland (100), South Australia (14), Victoria (9), Western Australia (9), Northern Territory (7), unspecified (10) and Papua New Guinea (1). The Brisbane laboratory also diagnosed a possible concurrent Kunjin/Ross River virus infection when specific IgM antibodies against

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COMMUNICABLE DISEASE SURVEILLANCE - SENTINEL PRACTICES, SOUTH AUSTRALIA

(Contributed by the Epidemiology Branch, South Australian Health Commission, and the South Australian Facility of the Royal Australian College of General Practitioners).

As an adjunct to the notifiable diseases reporting scheme, the Health Commission and the Research Committee of the South Australian Faculty of the Royal Australian College of General Practitioners established a sentinel-practice reporting system in January 1983 (see also CDI (1983) 83/10: 3). Statistical records were collected weekly from participating practices by pathology service couriers and were sent to the Communicable Disease Control Unit for processing. The practices were widely scattered through the Adelaide metropolitan area; with a total of 23 practices participating for part of 1983, and 12 to 16 providing a statistical return in any one week.

Twelve items were nominated for inclusion in the system: influenza-like illness; upper respiratory tract infections (URTI's); sore throat; infectious mononucleosis; measles; mumps; rubella-like illness; diarrhoea; consultation on behalf of a third party; tennis elbow; bereavement counselling and senile dementia. Standard definitions were developed to facilitate the collection of interpretable data. Two indices were used to express the findings attributed to a selected condition:

- The percentage of the total (99 018) practice encounters pertaining to specific items (Figures 1,A-B). This was used in preference to actual numbers of encounters, since the latter would have varied markedly during the year with changes in the numbers of participating practices.

- The attendance index which was calculated as;-

$$\frac{\text{Proportion of condition-specific encounters in a specified age group}}{\text{Proportion of State population in that specified age group (1981 Census).}} \times 100$$

  It was considered that this index would suggest the relative impact of a condition by age, although it was recognized as a crude index since variation in case-consultations rates and various other factors could well have a confounding effect (Figures 2,A-D).

It is evident from Fig. 1A that the percentage of attendances attributed to influenza-like illness, URTI's and sore throats increased markedly during the period June-September 1983. The peak for influenza-like illness tended to be short in duration, whereas those for URTI's and sore throat extended well into the spring. The median percentage of total encounters relating to these conditions varied from 0.75 for influenza-like illness to 3.15 for sore throat and 5.40 for URTI, with corresponding peak percentages of 2.53, 4.32 and 8.19 respectively. These peaks all related to four-week segments in the period from late June to early August. Based on encounters for the quarter July-September, it would appear that sore throats and URTI's had their greatest impact on children aged 1-4 years, whereas influenza had a greater impact on the 15-24 year old age group (Fig. 2A-C). A similar picture was evident from data for the preceding six month period. Rubella infections peaked in the latter part of the year, which was consistent with the

Fig. 1 A-B. Encounters at sentinel practices for selected conditions.

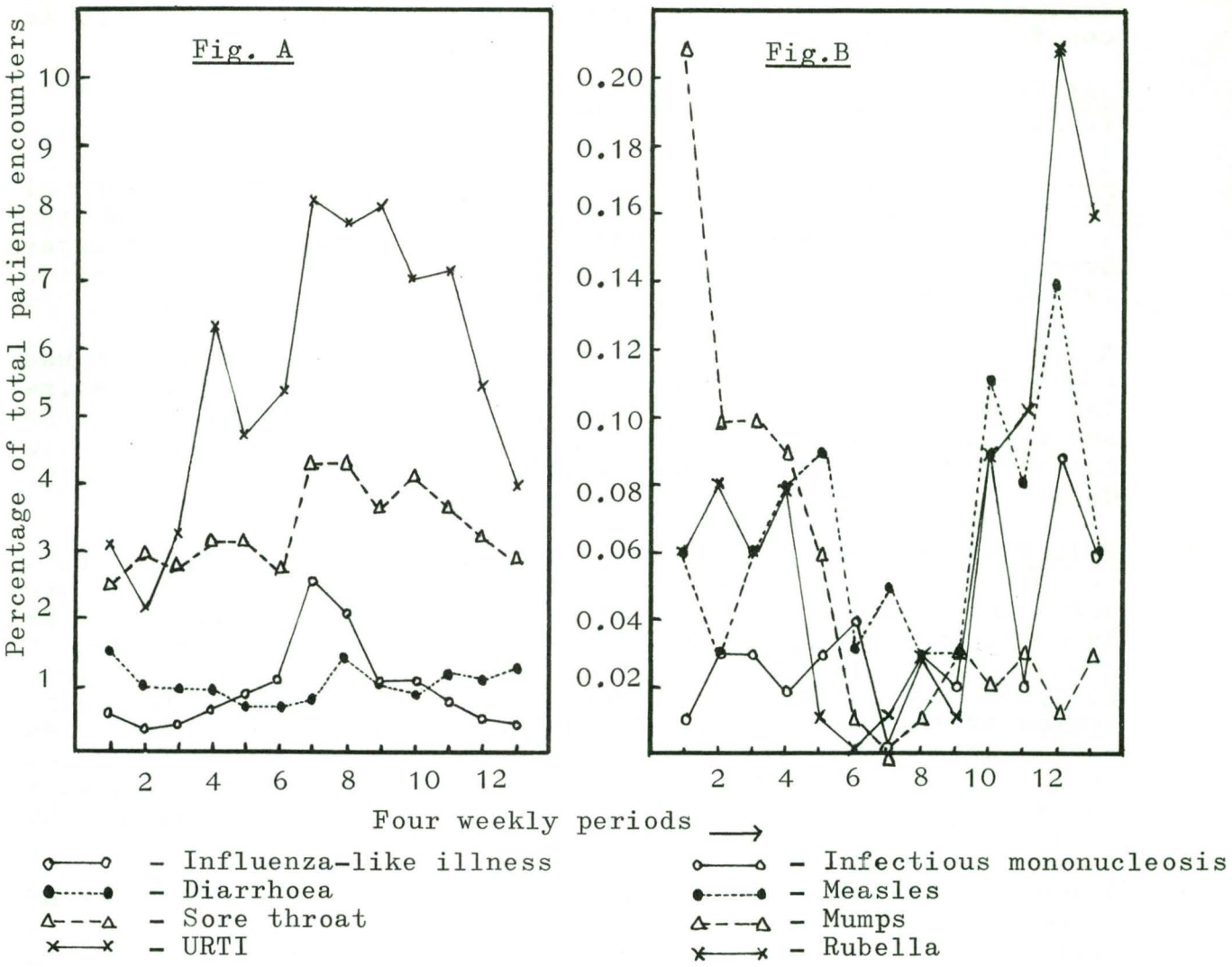
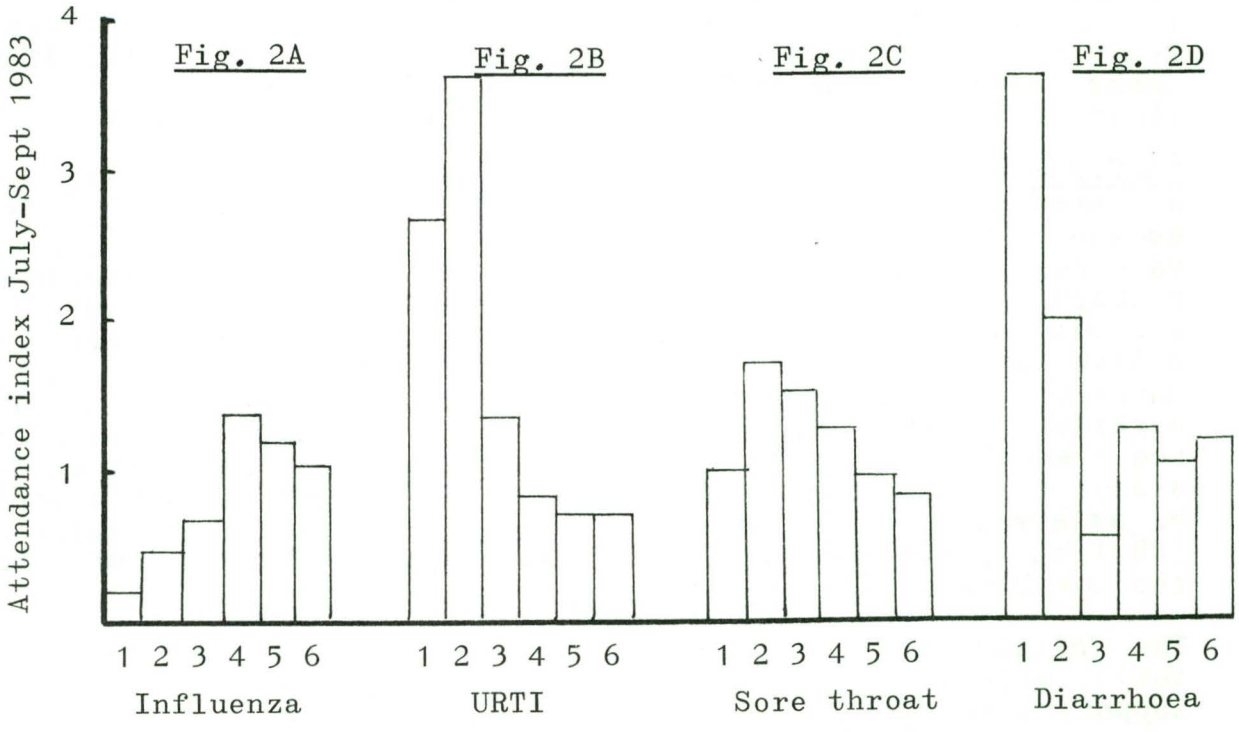


Fig. 2 A-D. Attendance index for selected conditions, July-Sept 1983.



spring-summer peak suggested by the statutory notifications. Peaks for measles and infectious mononucleosis were also suggested for this time period, although the numbers of cases reported were small and therefore would have been subject to considerable random variation.

JAPANESE ENCEPHALITIS - REPORT OF WHO WORKING GROUP
(Based on WER (1984) 59: 21).

Japanese encephalitis (JE) is a public health problem of increasing concern to countries in South-East Asia and the Western Pacific because of the occurrence of thousands of cases over the past decade, with high case-fatality and expansion into new areas.

A WHO Working Group on the prevention and control of JE was convened in Tokyo, Japan, from 19-21 December 1983, to review the current epidemiology, recommend ways of strengtheing the surveillance and control of the disease, and develop collaborative studies for vaccine development, production, control and utilisation.

EPIDEMIOLOGY - JE has changed epidemiologically during the past ten years. The disease has been recently recognized in new areas and has recurred in previously endemic areas. In the Republic of Korea, after a decade of very low incidence, a sudden resurgence of the disease was noted in 1982. Since 1978, JE has appeared as a new and major entity in the plains region of southern Nepal. It has been focally endemic in a few States of southern India for decades. In 1978, however, JE was recognized for the first time in Bihar, Uttar Pradesh and West Bengal States in the north. This focus is contiguous to the affected area in Nepal.

Since 1966, JE has been uncommon in Japan, in part because of widespread vaccination of children 3-15 years of age and a decline in the vector population, Culex tritaeniorhynchus. In China, the disease is prevalent in all provinces except Xinjiang, Chenghai, and Tibet; over 10 000 cases are reported annually, with a case-fatality of approximately 10%. In Thailand, JE has become an increasingly reported disease over the past ten years, primarily in the north and northeast regions. The attack rate and case-fatality rate were higher among children than adults. In Burma, fewer than 100 cases of JE are reported each year, mostly in children in tribal areas.

VACCINES - Formalin-inactivated vaccines have been manufactured and used in Japan and China for many years, and during the last decade, in the Republic of Korea. The Japanese and Korean vaccines are made in adult mouse brain; the Chinese vaccine in primary hamster kidney tissue culture. Presently, the vaccines are evaluated in the countries of origin by different methods. A live, attenuated vaccine has been developed in China, and has undergone extensive field trials in humans and horses. The Working Group requested that WHO consider formulating requirements for JE vaccine and for establishing a reference standard preparation. The potency of candidate vaccines would be assessed in collaborative studies in terms of international (WHO) antigenic units. Field trials could be conducted under the auspices of WHO.

The Collaborating Centre for Arbovirus Reference and Research, Tokyo, will be the focal point for the above-mentioned studies, supported by the WHO network of Collaborating Centres.

Comment
(Based on MMWR (1984) 33: 119)

The risk of any traveller developing JE is low, and short-term visits and tours confined to urban centres further decrease this low risk. Whether or not the traveller is vaccinated, precautions to guard against mosquito bites should be taken. These include: minimising outdoor exposure at dusk and dawn and on overcast days; sleeping in screened quarters or under mosquito netting; wearing clothing leaving a minimum of bare skin; and using insect repellents on exposed skin surfaces. Preferable repellents are those containing over 30% active ingredient (N,N-diethyl-meta-toluamide commonly abbreviated "DEET").

An inactivated highly purified mouse brain JE vaccine manufactured by Biken Laboratories, Osaka, Japan, is currently being evaluated in the USA. The vaccine has been administered to 88 participants according to the manufacturer's recommendations in two doses at an interval of 7-10 days, and a seroconversion to an antibody titre of 8 or higher by neutralisation occurred in 72% of 68 seronegative participants. Further trials are in progress to evaluate a three dose schedule (at 7-day intervals) in an effort to induce a more satisfactory neutralising antibody response.

LEPROSY SURVEILLANCE - WESTERN AUSTRALIA (1983)
(Contributed by State Health Laboratory Services, Department of Public Health, Perth).

During 1983, 18 new cases of leprosy were diagnosed compared with 13 in 1982 (see CDI 83/9). In eight cases the diagnoses were made on histological and microbiological examination of the skin; in four cases by histology alone; and in four cases by microbiology alone. One case was diagnosed on clinical grounds. No details could be ascertained for the single remaining case as there were no laboratory records and the notifying doctor had not stated his name. The laboratory confirmation of the 17 cases was made at the State Health Laboratory Services.

(continued from page 1)

both viruses were detected in a 26 year old male from Merbein in the Murray Valley region.

. Measles CF antibody was detected in serum and CSF by the Royal Alexandra Hospital for Children, Sydney, in a three year old boy with encephalomyelitis. The child had an illness resembling measles in October 1983, as well as a query herpetic stomatitis. In January, he developed convulsions for which he was hospitalised. During his seven week stay in an intensive care unit he presented with epilepsia partialis continua and developed retinopathy. The child had not been vaccinated because of a measles-like illness at nine months of age. Postinfectious encephalomyelitis, an acute perivenular inflammatory and demyelinating disease, is the most common neurological complication of measles. The complication is rare in children under two years of age, but according to US estimates it occurs at a rate of 0.74 per 1000 reported cases in older children. The mortality rate is 10-20%, and the majority of survivors have neurological sequelae. The abrupt onset of the encephalitis late in the course of the exanthem or respiratory disease, the usual failure to detect virus in the brain, and the neuropathological changes that resemble those of experimental allergic encephalomyelitis have suggested an autoimmune pathogenesis.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 15/3/84 - 28/3/84 BULLETIN NUMBER . 84/7

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	6	4	1	1	3	9	2	27
0101 ADENOVIRUS TYPE 1		2				1		1	4
0102 ADENOVIRUS TYPE 2						1			1
0103 ADENOVIRUS TYPE 3				2		1			3
0104 ADENOVIRUS TYPE 4								2	2
0105 ADENOVIRUS TYPE 5								2	2
0107 ADENOVIRUS TYPE 7		2							2
0108 ADENOVIRUS TYPE 8	1		2						3
0114 ADENOVIRUS TYPE 14						2			2
0119 ADENOVIRUS TYPE 19	1							1	2
0137 ADENOVIRUS TYPE 37								10	10
0199 ADENOVIRUS TYPING PENDING		1	3		7				11
0203 INFLUENZA B VIRUS	1								1
0301 PARAINFLUENZA VIRUS TYPE 1					1		1	1	3
0302 PARAINFLUENZA VIRUS TYPE 2				1	1				2
0303 PARAINFLUENZA VIRUS TYPE 3					2	1	3		6
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)				2	2				4
0500 RHINOVIRUS (ALL TYPES)	2			2	9	5	12	3	33
0600 MYCOPLASMA PNEUMONIAE	18	1		12	1	13	22	1	68
0700 ORNITHOSIS-PSITTACOSIS				3		1	1		5
0802 COXSACKIEVIRUS A2							2		2
0809 COXSACKIEVIRUS A9							2		2
0816 COXSACKIEVIRUS A16							3		3
0900 COXSACKIEVIRUS GROUP B - NOT TYPED						1			1
0903 COXSACKIEVIRUS B3	1					1			2
1000 ECHOVIRUS NOT TYPED							1		1
1009 ECHOVIRUS TYPE 9	3				1		3		7
1011 ECHOVIRUS TYPE 11					1				1
1014 ECHOVIRUS TYPE 14		1			2				3
1017 ECHOVIRUS TYPE 17					1		1		2
1018 ECHOVIRUS TYPE 18				1					1
1022 ECHOVIRUS TYPE 22							4		4
1030 ECHOVIRUS TYPE 30					1				1
1101 POLIOVIRUS TYPE 1					2	1		2	5
1102 POLIOVIRUS TYPE 2	1					2	2		5
1103 POLIOVIRUS TYPE 3	1	1						1	3
1104 POLIOVIRUS-VACCINAL STRAIN			1						1
1200 MUMPS VIRUS	7		1	1			1	1	11
1300 HERPES VIRUS GROUP-NOT TYPED	13					2	1		16
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2					3		5
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	9							5	14
1303 VARICELLA-ZOSTER VIRUS	5			1	1	1	4	1	13
1306 HERPES SIMPLEX TYPE 1	6		13	23		15	48	28	133
1307 HERPES SIMPLEX TYPE 2	109		24	50		22	102	48	355
1399 HERPES VIRUS TYPING PENDING					3	4			7
1401 COXIELLA BURNETI	3					1	9		13
1502 PICORNA VIRUS-NOT TYPED	9		9						18
1514 MOLLUSCUM CONTAGIOSUM						1			1
1521 MEASLES VIRUS		1			2				3
1522 RUBELLA VIRUS						1	11		12
1532 HEPATITIS B ANTIGEN	47	1	6	33		19	19	5	130
1535 HEPATITIS A ANTIBODY	1			7		1	16	2	27
1541 CHLAMYDIA A - C TRACHOMATIS	37					1	48	70	156
1556 CMV - CYTOMEGALOVIRUS	10		2	16	2	4	5	12	51
1563 CORONAVIRUS								1	1
1564 ROTAVIRUS	4		12	1	13	8			38
1599 ENTEROVIRUS TYPING PENDING		1	11		4	1			17
9901 ARBO. GROUP A.(UNSPECIFIED)				9		16			25
9992 ROSS RIVER VIRUS			38			1	345	16	400
9993 ASTROVIRUS			1						1
9994 SMALL VIRUS (LIKE) PARTICLE	1								1
9995 DENGUE							1		1
9997 KUNJIN VIRUS							2		2
Total	291	19	127	165	57	131	681	215	1,686

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 15/3/84 to 28/3/84 .... 84/7

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
0101 ADENOVIRUS TYPE 1.....							1				2
0102 ADENOVIRUS TYPE 2.....	1										
0103 ADENOVIRUS TYPE 3.....		1									
0104 ADENOVIRUS TYPE 4.....		1				1					
0105 ADENOVIRUS TYPE 5.....		2									
0107 ADENOVIRUS TYPE 7.....		1					1				
0114 ADENOVIRUS TYPE 14.....		1					1				
0199 ADENOVIRUS TYPING PENDING.....		1									
0301 PARAINFLUENZA VIRUS TYPE 1....		3									
0302 PARAINFLUENZA VIRUS TYPE 2....		2									
0303 PARAINFLUENZA VIRUS TYPE 3....		6					1				
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		3									
0500 RHINOVIRUS (ALL TYPES).....		30									
0600 MYCOPLASMA PNEUMONIAE.....	12	41				2					2
0700 ORNITHOSIS-PSITTACOSIS.....	1	2						1			
0802 COXSACKIEVIRUS A2.....				1			1				
0809 COXSACKIEVIRUS A9.....				2							
0816 COXSACKIEVIRUS A16.....											3
0900 COXSACKIEVIRUS GROUP B - NOT TYPED.....							1				
0903 COXSACKIEVIRUS B3.....	1										
1009 ECHOVIRUS TYPE 9.....	1	1		2			1				
1011 ECHOVIRUS TYPE 11.....		1									
1014 ECHOVIRUS TYPE 14.....				1			2				
1017 ECHOVIRUS TYPE 17.....		1									
1018 ECHOVIRUS TYPE 18.....				1							
1022 ECHOVIRUS TYPE 22.....		3		1							
1030 ECHOVIRUS TYPE 30.....		1									
1101 POLIOVIRUS TYPE 1.....		3		1			1				
1102 POLIOVIRUS TYPE 2.....	1						3				
1103 POLIOVIRUS TYPE 3.....	1										
1104 POLIOVIRUS-VACCINAL STRAIN....							1				
1200 MUMPS VIRUS.....	2	1	2	2		1					
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3										2
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	3							3			
1303 VARICELLA-ZOSTER VIRUS.....						2					10
1306 HERPES SIMPLEX TYPE 1.....	11	5	1				1			4	70
1307 HERPES SIMPLEX TYPE 2.....	18	1									51
1401 COXIELLA BURNETI.....	1	1	1								1
1521 MEASLES VIRUS.....			1								
1522 RUBELLA VIRUS.....											11
1532 HEPATITIS B ANTIGEN.....	67						1	49			
1535 HEPATITIS A ANTIBODY.....	1							26			
1541 CHLAMYDIA A - C.TRACHOMATIS...								2			
1556 CMV - CYTOMEGALOVIRUS.....	10	6			1	1		3	1	2	
1563 CORONAVIRUS.....		1									
1564 ROTAVIRUS.....							37				
9901 ARBO. GROUP A.(UNSPECIFIED)...	3										12
9992 ROSS RIVER VIRUS.....	133	1									68
9994 SMALL VIRUS (LIKE) PARTICLE...							1				
9997 KUNJIN VIRUS.....	1										1
Total.....	271	120	5	11	1	7	54	84	1	6	233

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 15/3/84 to 28/3/84 ... 84/7
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		1
0103 ADENOVIRUS TYPE 3.....	2									
0108 ADENOVIRUS TYPE 8.....	3									
0119 ADENOVIRUS TYPE 19.....		2								
0137 ADENOVIRUS TYPE 37.....	2	8								
0199 ADENOVIRUS TYPING PENDING.....						1				
0203 INFLUENZA B VIRUS.....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....						1				
0500 RHINOVIRUS (ALL TYPES).....		1							1	
0600 MYCOPLASMA PNEUMONIAE.....					2		4	10		
0700 ORNITHOSIS-PSITTACOSIS.....							1	1		
0903 COXSACKIEVIRUS B3.....							1			
1009 ECHOVIRUS TYPE 9.....								1		1
1017 ECHOVIRUS TYPE 17.....								1		
1101 POLIOVIRUS TYPE 1.....							1			
1102 POLIOVIRUS TYPE 2.....							1			
1103 POLIOVIRUS TYPE 3.....							1		1	
1200 MUMPS VIRUS.....			2					1		
1300 HERPES VIRUS GROUP-NOT TYPED..		2								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			8				2	1		
1303 VARICELLA-ZOSTER VIRUS.....								1		
1306 HERPES SIMPLEX TYPE 1.....	2	38	1					1	2	
1307 HERPES SIMPLEX TYPE 2.....		287								
1401 COXIELLA BURNETI.....			1		1		3	8		
1514 MOLLUSCUM CONTAGIOSUM.....		1								
1521 MEASLES VIRUS.....									2	
1522 RUBELLA VIRUS.....					4			3		
1532 HEPATITIS B ANTIGEN.....									13	
1541 CHLAMYDIA A - C.TRACHOMATIS...		154								
1556 CMV - CYTOMEGALOVIRUS.....		14	2	4		3	5	3	2	
1564 ROTAVIRUS.....										1
9901 ARBO. GROUP A.(UNSPECIFIED)...					14					
9992 ROSS RIVER VIRUS.....					242			15		
9993 ASTROVIRUS.....					1					
9995 DENGUE.....								1		
9997 KUNJIN VIRUS.....					1					
Total.....	9	507	14	4	265	5	19	49	21	3

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 1 - 4)
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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	2					3	3
Ankylostomiasis				5					5	5
Anthrax									—	—
Arbovirus infection	102	20							122	122
Brucellosis			1						1	1
Campylobacter infections	53	N.N.	N.N.	106	N.N.	N.N.	N.N.	N.N.	159	159
Chancroid	1		1	N.N.	2	N.N.	N.N.		4	4
Cholera									—	—
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	4	N.N.	2	N.N.	2		8	8
Giardiasis	16	N.N.	N.N.	48	N.N.	N.N.	N.N.	N.N.	64	64
Genital herpes	88	N.N.	32	8	N.N.	N.N.	1	N.N.	129	129
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	N.N.	N.N.	—	—
Gonorrhoea	260	102	165	85	147	2	59	10	830	830
Hepatitis A (infectious)	17	12	28	6		2	4	1	70	70
Hepatitis B (serum)	30	10	58	8	3		3	1	113	113
Hepatitis - unspecified	6	N.N.			3	N.N.	N.N.		9	9
Hydatid disease									—	—
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease	3	1	N.N.		N.N.	N.N.	N.N.	N.N.	4	4
Leprosy			2						2	2
Leptospirosis	7	7	7	1	1				23	23
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	8	3	23	3	1			3	41	41
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	3		4	2		N.N.			9	9
Non-specific urethritis	292	N.N.	N.N.	130	N.N.	N.N.	N.N.	N.N.	422	422
Ornithosis									—	—
Pertussis (whooping cough)		1	N.N.	22	N.N.	N.N.	N.N.	N.N.	23	23
Plague									—	—
Poliomyelitis									—	—
Q. fever	3		8		N.N.		N.N.		11	11
Rabies		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	69	8	35	52	7	27	22	3	223	223
Shigella infections	7	1	8	3	4		15		38	38
Smallpox									—	—
Syphilis	45	6	50	1	18		55		175	175
Tetanus									—	—
Trachoma		N.N.			N.N.	N.N.			—	—
Tuberculosis (all forms)		26	14	6	7			3	56	56
Typhoid fever	2		1						3	3
Typhus (all forms)									—	
Vibrio parahaemolyticus infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	
Yellow Fever									—	
Yersinia enterocolitica infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	1

(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