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Communicable Diseases Intelligence

Bulletin number 84/16
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Contents:

VIRUS REPORTING SCHEME - A total of 1208 reports were processed this period.

- A CF titre of 1/40 to measles was reported by the State Health Laboratory Services, Perth, in a one year old girl with meningoencephalitis, severe dehydration and rash. Although up to 50% of the patients with measles and no symptoms suggesting cerebral involvement may have abnormalities on EEG, implying that viral invasion of the CNS is a common feature of infection, only 0.5-1/1000 patients develop clinical signs of encephalitis. Measles encephalitis ranges from mild to severe, with a high proportion of patients who recover being left with neurological sequelae. A household survey conducted throughout Australia in November 1983 indicated that an estimated 631,500 (68.4%) of children aged 2-5 years had received measles vaccine (Australian Bureau of Statistics, catalogue no. 4351.0). To achieve and maintain higher immunisation levels (in excess of 90%), further efforts are required to remind the public of the severity of the disease and the effectiveness of immunisation.

- IgM antibody to Epstein-Barr virus was detected by immunofluorescence at the Perth laboratory in a 20 year old male with bilateral optic neuritis following his return from a holiday in Bali. Heterophile antibodies were also detected by the Paul-Bunnell test. Although neurological complications occur in less than 1% of cases, they can dominate the clinical presentation, or on occasion be the first or only manifestation of infectious mononucleosis.

Other reports of interest include:

- During the last several months, reports in the Indian foreign press have described a large outbreak of hepatitis in the city of Ahmadabad (CDC, Atlanta, circular 5 July 1984). Unofficial reports estimate up to 6000 cases of jaundice with 500 deaths in the first 4 1/2 months of 1984. Some of these deaths have been reported to be due to hepatitis B and may have been nosocomially acquired. Whether the delta agent may be present and be contributing to a fulminating outcome is not clear. The majority of community acquired cases of

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HUMAN SALMONELLA, SHIGELLA AND CAMPYLOBACTER INFECTIONS - AUSTRALIA 1983

(Contributed by S.A. Hogben and J. Taplin, Microbiological Diagnostic Unit (MDU), University of Melbourne).

In 1983, 5195 salmonella, 863 shigella and 1458 campylobacter isolations were collated by MDU compared with 4348, 498 and 850 reports respectively in 1982 (see CDI 83/19). The distribution of isolations by State and Territory together with the most common salmonella and shigella serotypes is given in Table 1. The top ten salmonella for each quarter are also represented in pie charts in Figure 1.

TABLE 1 Salmonella, shigella and campylobacter isolations - Australia 1983

Organism	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Salmonella	5195	58	1320	792	1350	546	563	162	404
Shigella	864	3	78	135	42	53	388	3	162
Campylobacter	1458	9	615	312	128	72	320	1	1
Most common salmonella serotypes									
S.typhimurium*	1947	29	760	409	234	230	117	111	57
S. virchow	310	1	16	13	272	3	3	-	2
S. typhimurium 135	278	-	85	50	18	41	5	74	5
S.bovis morbificans	204	4	52	59	22	49	10	-	8
S.saint paul	200	1	23	14	95	15	31	1	20
S.muenchen	185	-	11	1	71	22	46	-	34
S.chester	182	-	24	4	70	20	36	-	28
S.typhimurium 9	166	2	65	64	10	8	13	4	-
Most common shigella serotypes									
S. sonnei	272	-	39	-	1	-	179	-	53
S. sonnei BIO A	183	-	7	48	20	44	57	-	7
S. flexneri 2A	145	-	3	11	14	3	55	-	59

* Different S. typhimurium phage types

HUMAN SALMONELLOSIS SURVEILLANCE

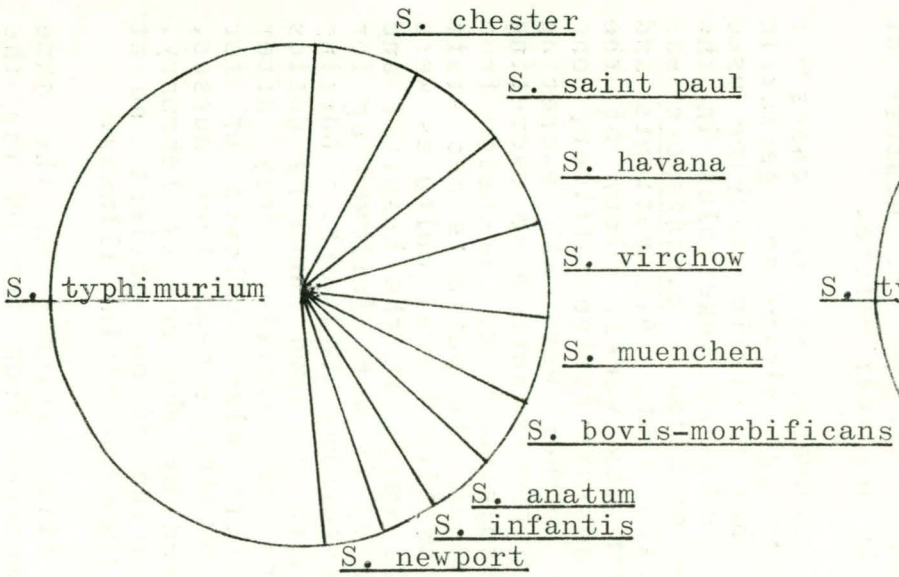
(Contributed by S.A. Hogben, J. Taplin and L.K. Scott, Microbiological Diagnostic Unit (MDU), University of Melbourne).

A total of 1603 salmonella (91 serotypes), 187 shigella and 419 campylobacter reports from human cases were collated in Australia during January-March 1984.

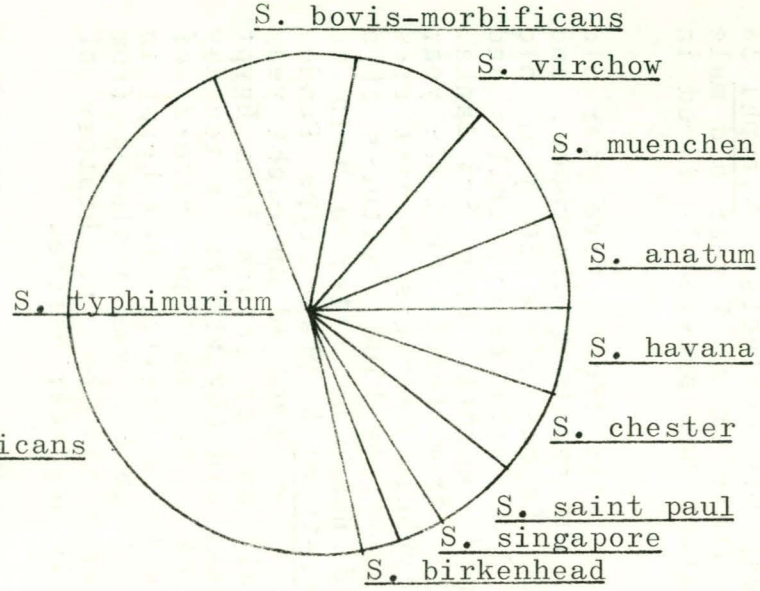
TYPHOID - In February, S.typhi untypable was isolated from blood of a 22 year old female with vomiting, diarrhoea and fever after returning from Bali. The culture was one of the unusual variants of S.typhi with a Z_{66} flagella antigen instead of the usual H-d. Other characteristics of these organisms are the same, and so far all of them have been untypable and have come from Indonesia. C. jejuni was also isolated from the patient's faeces. A second S. typhi untypable ("H" antigen Z_{66}) was cultured in March from a 20 year old male with fever after holidaying in Indonesia. S.typhi degraded was grown from blood culture of a 26 year old male Vietnamese one week after arrival from a refugee camp in the Philippines where he had spent six months. The phage reactions were similar to those seen in cultures from the Philippines. S.typhi degraded was also isolated from blood of a ten year old boy after a trip to India, and S.typhi untypable

TABLE 1. Top-ten salmonellas by quarter, 1983.

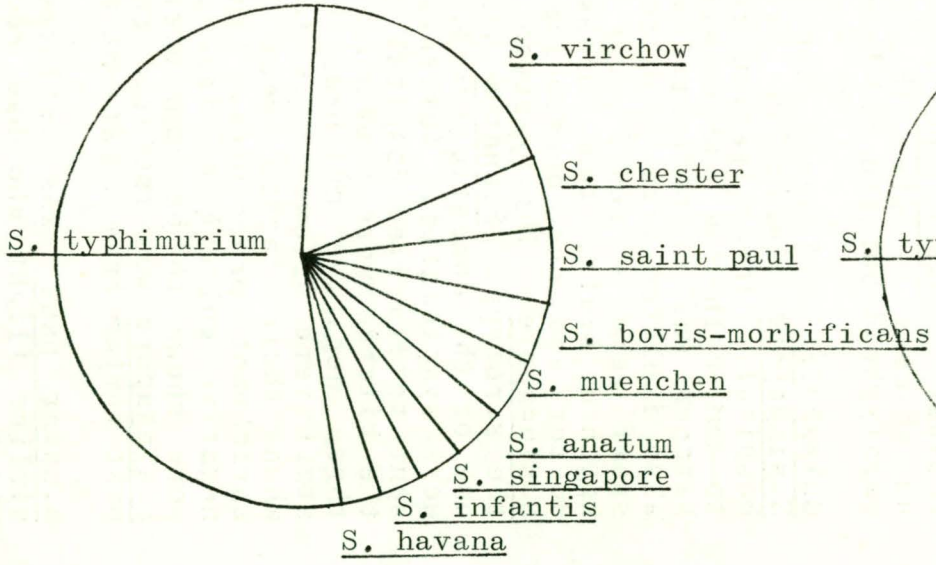
1st QUARTER 1983



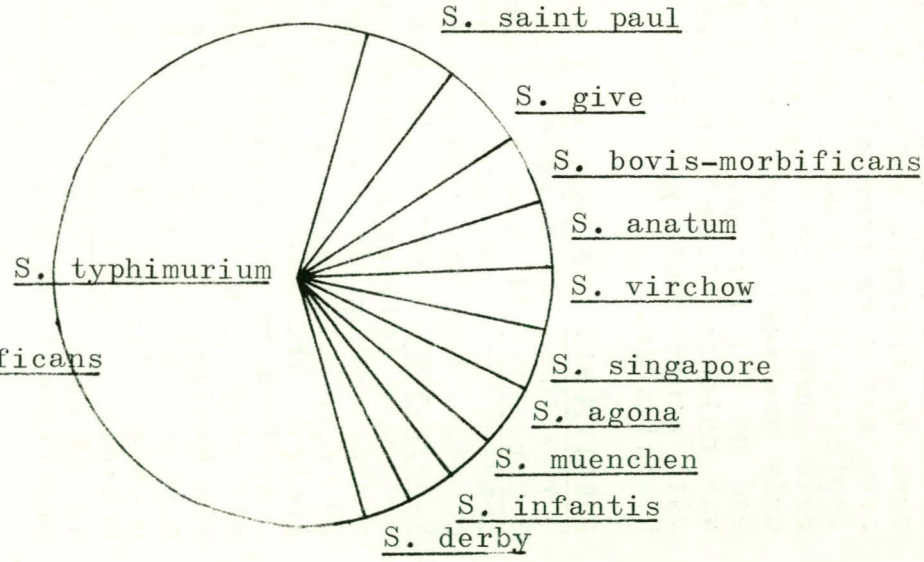
2nd QUARTER 1983



3rd QUARTER 1983



4th QUARTER 1983



from a 21 year old male with fever and diarrhoea after returning from overseas. S. typhi A was recovered from blood of a 46 year old male crew member of an international ship, which had Singapore as its last port of call. Screening of the crew in Victoria failed to find a carrier, although one of the crew was a carrier of S.paratyphi A untypable. S.typhi 40 was isolated from blood, faeces and bone marrow of a 28 year old male admitted to hospital with a one week history of PUO. His only overseas travel had been to the USA five years previously, and no carrier was detected amongst his contacts. S.typhi 38 was cultured from gall bladder aspirate of a 24 year old male with acute cholecystitis. The patient had previously lived in El Salvador.

PARATYPHOID - S.paratyphi A2 was isolated from a five year old boy with a five week history of intermittent diarrhoea, and S.paratyphi A1 was reisolated from faeces of a 30 year old female first reported in December 1983 with fever, chills and cough. Both patients had returned recently from Sri Lanka. S.paratyphi A untypable was cultured from faeces of a 25 year old male following screening for typhoid carriers amongst crew members of an international ship; and from blood cultures of a 29 year old male with fever and headache after a trip to India. The nine reports of S.paratyphi B phage type Dundee comprised two unrelated incidents. One involved an eight year old girl with fever and splenomegaly on her return from Egypt via Manila, and the other a five year old boy who had a ten day history of diarrhoea and vomiting. He had no record of overseas travel, but the family had had a visitor from Egypt in February. S.paratyphi B phage type Taunton was isolated from an abscess of the tibia of a woman who had no history of paratyphoid but who had been in Italy one year before.

OUTBREAKS - Towards the end of January, several cases of S.singapore infection occurred in a Victorian geriatric hospital. Investigation revealed that a slicing machine used to cut both raw and cooked meat and salad vegetables in the kitchen was contaminated with the organism. S.singapore was also isolated from a piece of cooked meat. All patients and staff were screened over the next few weeks. Four of the kitchen staff, ten nurses, one administrative officer, one doctor and one paramedical staff member were all excreting S.singapore. Thirty-seven of the patients were also excreting the serotype. S.anatum was also isolated on one occasion from one of the domestic staff. Not all of the patients and staff were symptomatic. Patients with positive faecal cultures were sent to Fairfied Hospital until all wards at the hospital and the kitchen were cleaned. Kitchen staff were followed up for three negative cultures before returning to work. Nursing staff were allowed back to work with no food handling duties when their faeces were known to be positive only after enrichment procedures. Patients were also followed up for negative culture of faeces. All staff, except four nurses, were shown to be completely cleared by the end of February. S.singapore was isolated from the urine of one patient and at post-mortem from a patient with another underlying illness.

S.saint paul was isolated from five patients on the same airline flight who had recently arrived from the UK via the Middle East, Singapore and Djakarta. The first three patients presented with severe diarrhoea, and the remaining two cases were detected on follow-up screening.

Family outbreaks involved S.adelaide, S.agona, S.havana, S.newport, S.ohio, S.typhimurium phage types 9, 12A, 22, 27, 44, 135, 145 and UDNC, Shigella flexneri 6 and S.sonnei.

SEROTYPE FLUCTUATIONS - In Western Australia, S.adelaide increased to 15 reports for the quarter compared with ten for the whole of 1983. Of these, 11 were in children less than five years of age, with two family associated outbreaks involving one parent and one child. Reports of S.derby rose steadily to 20 in the quarter in New South Wales, with 13 of the 18 locally acquired infections occurring in young children. After only sporadic reports of S.heidelberg in Queensland in the past few years, four cases were recorded from the Rockhampton area; three in children less than three years. Reports of S.potsdam also increased in the State, with 27 of the 29 cases emanating from the Brisbane area, and 16 occurring in children aged less than two years. In South Australia, S.typhimurium phage types 12A and 176 both increased in incidence, with again approximately half the cases occurring in young children. The majority of S.typhimurium phage type 176 cases were recorded from the Adelaide metropolitan area, but no geographic focus was evident for phage type 12A.

URINE ISOLATIONS - Isolations from urine comprised the serotypes S.anatum, S.havana, S.muenchen, S.ohio, S.saint paul, S.singapore, S.typhimurium phage types untypable, 39, 135 and 141, S.untypable 4,5:-:- and S.weltevreden.

BLOOD ISOLATIONS - Cases of septicaemia involved serotypes S.dublin, S.hessarek, S.paratyphi A2, S.paratyphi B Dundee, S.typhimurium phage types 22, 44, 108, and 141 and S.virchow.

Other isolations of interest included S.agona from bile, S.give from abscess and S.sonnei biotype A from the vagina. Organisms isolated for the first time this quarter were S.arechavaleta (Victoria) and S.paratyphi B phage type Dundee (Victoria).

LABORATORY HAZARD OF RESPIRATORY MYCOSES
(Based on CDR (1984) 84/28 : 3)

Many thousands of Australians visit the USA each year and travel through areas endemic for histoplasmosis. However, the number who become sensitised to histoplasmin through subclinical, or more rarely, acute histoplasmosis is not known. In addition, with the staging of the Olympic Games in Los Angeles, many visitors may holiday in the arid south-western States of California, Utah, Nevada and Texas, areas endemic for coccidioidomycosis.

Although coccidioidomycosis is uncommon in Australians recently returned from the USA (see CDI 84/13), the risk to laboratory personnel handling either of these agents inadvertently is a serious one. The aerosol dose they can be exposed to in making subcultures, examining plates, or making culture mounts for microscopy is likely to be many times higher than they would encounter in endemic areas of the USA. The physician should be aware of the need to enquire about recent travel of patients to the USA, to consider these two respiratory mycoses as diagnostic possibilities, and to advise the laboratory of recent (e.g. within a year) visits abroad, particularly to the USA. Similarly, it should be made clear if any material sent for laboratory examination originated from American bases or American visitors to this country. An example of the hazard to laboratory staff was highlighted recently at the Mycological Reference Laboratory, London School of Hygiene and Tropical Medicine, UK.

Two petri dishes containing cultures of mould fungi were submitted to the laboratory. Information accompanying the cultures indicated only that they originated from a 14 month old child with a "pre-auricular" mass. It had not been indicated on the form that the cultures originated at an air force base which accommodated USAF as well as RAF personnel, or that the isolate had been obtained from a biopsy specimen. The cultures were therefore submitted without any information which could have alerted the laboratory personnel to the possibility that one of them was the potentially infectious Coccidioides immitis. To confuse the situation further, one of these isolates was provisionally diagnosed and later confirmed as a dermatophyte, suggesting that the patient had a ringworm infection. Identity of the second culture was realised on microscopic examination of a culture mount, which had, reasonably enough, been prepared on the open bench.

Spores of C.immitis are very easily dislodged from their parent hyphae, and they could easily have been released into the atmosphere by removal of the petri dish lid. Immediate steps were therefore taken to fumigate the culture laboratory with formalin vapour, to identify all laboratory personnel at risk and to advise them of the hazard to which they had been exposed, and to inform appropriate safety and administrative bodies. Prophylactic oral ketoconazole was given for ten days to eight individuals who had handled cultures and were considered to be at risk. Baseline sera were also taken as a precaution, but since no respiratory illness developed subsequently, follow-up sera were not collected.

The risk to laboratory personnel in handling C.immitis should always be borne in mind. It is a Category III pathogen, and should only be handled in a laboratory of appropriate containment level. The dangerous nature of this agent and its associated disease is underlined by a recent fatal case in whom a diagnosis of coccidioidomycosis had not been considered (CDI 84/6). The 58 year old male patient died with widely disseminated coccidioidomycosis while being treated with steroids for fibrosing alveolitis. A visit to California eight months previously had not been noted at initial interview, or was not considered relevant to his primary asthmatic complaint, so that a diagnosis of coccidioidomycosis with appropriate antifungal therapy was not contemplated.

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jaundice are likely to be due to the faecal-oral type of non-A/non-B (NANB) hepatitis found in Asia. This virus has caused previous outbreaks in Ahmadabad in 1975 and 1982. It is transmitted similarly to hepatitis A; outbreaks are often due to waterborne spread. Most cases of this hepatitis have occurred in young adults; fatalities have been most common in pregnant females. Although travellers to western India should receive immunoglobulin prophylaxis to protect against hepatitis A infection, it is doubtful that immunoglobulin prepared in Australia would protect against the faecal-oral type of NANB hepatitis. Travellers must rely on the standard precautions of careful handwashing, avoidance of raw or unwashed foods, boiling of drinking water and other such efforts to avoid infection with enteric pathogens. Travellers should avoid parenteral injections abroad unless absolutely necessary.

HUMAN SALMONELLOSIS CASES

Period: January - March 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. aberdeen	9		1		8				
S. abony	3				3				
S. adelaide	26		2	2	2	1	15		4
S. agona	21		2	2	5	3	6	3	
S. anatum	38		7	5	16		6		4
S. arechavaleta	1			1					
S. arizonae	8				4		2		2
S. ball	3				1				2
S. bareilly	2		1	1					
S. birkenhead	25		10	3	10	1			1
S. blockley	3		2	1					
S. bonn	3		2				1		
S. bootle	1								1
S. bovis-morbificans	19		6	3	2	6	2		
S. braenderup	1					1			
S. bredeney	9		3	1	2				3
S. cambridge	1					1			
S. cerro	1				1				
S. charity	2				1		1		
S. chester	43		5	2	18	1	11		6
S. decatur	3						3		
S. derby	35		20	6	2	4	2		1
S. dublin	5		2	3					
S. eastbourne	7				5		2		
S. emmastad	2						1		1
S. enteritidis	26	1	3	2	17	3			
S. fitzroy	1								1
S. give	7		2		2				3
S. havana	46		4	4	8	4	9		17
S. heidelberg	4				4				
S. hessarek	2		1		1				
S. hindmarsh	1		1						
S. hvittingfoss	3			1	1		1		
S. infantis	25		8	1	5		5	1	5
S. jangwani	4		1		2		1		
S. java battersea	2				1				1
S. java dundee	1			1					
S. java untypable	3		1						2
S. javiana	2			1	1				
S. kaapstad	1						1		
S. kentucky	1						1		
S. kinondoni	1				1				
S. kottbus	3		1		1	1			
S. krefeld	2			2					
S. lansing	5				5				
S. lexington	1			1					
S. litchfield	13				6		2		5
S. livingstone	5		2				2		1
S. london	3			1			2		
S. mbandaka	2			1	1				
S. meleagridis	6			1		1	4		
S. mgulani	1				1				
S. mississippi	10			1		1		8	
S. montevideo	5			1	4				
S. muenchen	63		2		33	4	14		10
S. newbrunswick	1								1
S. newington	6		1		2		1		2
S. newport	7		5	2					

HUMAN SALMONELLOSIS CASES

Period: January - March 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. ohio	8		1	4				3	
S. ohlstedt	2								2
S. onderstepoort	3								3
S. oranienburg	21		4		1	1	7		8
S. orientalis	1				1				
S. orion	11		2		2		4		3
S. panama	2			1			1		
S. paratyphi A untypable	5		2	2					1
S. paratyphi A2	2			2					
S. paratyphi A6	1		1						
S. paratyphi B dundee	9			9					
S. paratyphi B taunton	1		1						
S. poona	2		1		1				
S. potsdam	34		4	1	29				
S. pollorum	2		2						
S. reading	5			1	4				
S. rubislaw	3						2		1
S. sachsenwald	1				1				
S. saint-paul	69	1	12	5	34	2	12		3
S. schwarzengrund	3			2	1				
S. senftenberg	18		2		1		6		9
S. singapore	217	1	22	184		5	3		2
S. sofia	3			2					1
S. stanley	4		1	3					
S. tennessee	6			1			3		2
S. thompson	5				5				
S. typhi*	13		9		1		3		
S. typhimurium*	501	7	163	78	69	99	43	29	13
S. untypable rough:K:ENX	2			2					
S. untypable 11:I:-	1				1				
S. untypable 3,10:E,H:-	1				1				
S. untypable 4,5:-:-	1				1				
S. urbana	11				1	3			7
S. virchow	66	1	3	2	56	3			1
S. wandsbek	1								1
S. wandsworth	2						2		
S. waycross	8		4	1	2				1
S. welikade	2				1		1		
S. weltevreden	13						1		12
S. worthington	1		1						
S. zanzibar	1						1		
S. zehlendorf	2								2
S. 4,12:D:-	5		2	1		2			
TOTAL	1603	12	335	347	389	147	184	44	145
S. typhi*									
S. typhi A	3						3		
S. typhi degraded	3		2		1				
S. typhi untypable	4		4						
S. typhi 38	1		1						
S. typhi 40	2		2						
TOTAL	13		9		1		3		

HUMAN SALMONELLOSIS CASES

Period: January - March 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
S. typhimurium*									
S. typhimurium	20	6	11				2		1
S. typhimurium UDNC	30		9	4	6	3	7		1
S. typhimurium untypable	33		16	3	5	6	1		2
phage type 1	1		1						
phage type 2	2					2			
phage type 3	2				2				
phage type 4	12		3	6		3			
phage type 5	7		1	3	2			1	
phage type 6	9		1	4	1			3	
phage type 8	4					4			
phage type 9	17		5	7	1	1	2	1	
phage type 12	1						1		
phage type 12A	29		2		7	17			3
phage type 13	1					1			
phage type 14	1			1					
phage type 16	2		1		1				
phage type 21	1						1		
phage type 22	17		6	3	4		2		2
phage type 26	9		2			1	6		
phage type 27	10		5	2	2	1			
phage type 29	7			1		4	1		1
phage type 31	4		1	2				1	
phage type 39	1			1					
phage type 41	6		3	1	1	1			
phage type 44	30	1	15	6	5	1		2	
phage type 46	1		1						
phage type 52	1		1						
phage type 55	8			1			7		
phage type 58	3						3		
phage type 64	5		2	1	1	1			
phage type 68	1			1					
phage type 70	1			1					
phage type 72	2			1			1		
phage type 88	1		1						
phage type 90	2		1			1			
phage type 99	1				1				
phage type 101	2					2			
phage type 102	7		4	1	1			1	
phage type 104	1			1					
phage type 108	17		9		8				
phage type 124	6		6						
phage type 135	72		18	12	7	13	3	18	1
phage type 141	22		11	4	2		3	2	
phage type 143	1		1						
phage type 145	4			1	2	1			
phage type 149	1			1					
phage type 150	1			1					
phage type 156	3					1			2
phage type 165	1						1		
phage type 170	44		19	5	2	17	1		
phage type 176	14					14			
phage type 179	12		4	4		4			
phage type 184	1						1		
phage type 185	1		1						
phage type 202	8		1		7				
TOTAL	501	7	163	78	69	99	43	29	13

HUMAN SALMONELLOSIS CASES

Period: January - March 1984

Serotype	Total	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Shigellae									
S. boydii 2	2		1						1
S. boydii 11	1								1
S. dysenteriae 1	1			1					
S. dysenteriae 2	1			1					
S. flexneri	2		1				1		
S. flexneri var X	1	1							
S. flexneri var Y	3		1		1				1
S. flexneri 1A	1				1				
S. flexneri 1B	2			2					
S. flexneri 2	22		1				21		
S. flexneri 2A	22		1	2	1	6			12
S. flexneri 2A(M-)	1			1					
S. flexneri 2B	2			1		1			
S. flexneri 3A	2			2					
S. flexneri 4A	3			1		1		1	
S. flexneri 5B	1			1					
S. flexneri 6	46		7				15		24
S. sonnei	46		17				27		2
S. sonnei BIO A	27		3	5	15	3			1
S. sonnei BIO G	1				1				
TOTAL	187		33	17	19	11	64	1	42
Campylobacter									
C. coli	3				3				
C. jejuni	344	1	88	92	37	26	100		
C. species	72		62	1	8	1			
TOTAL	419	1	150	93	48	27	100		
Escherichia coli									
E. coli 0111 K58 B4	2		2						
E. coli 0119 K69 B14	1		1						
E. coli 0124 K72 B17	1			1					
E. coli 0126 K71 B16	1								1
E. coli 0127 K63 B8	2			2					
E. coli 0128 K67 B12	2		1	1					
E. coli 0142 K86	2			2					
E. coli 026 K60 B6	2			2					
E. coli 044 K74	3			3					
E. coli 055 K59 B5	3		1	2					
E. coli 086 K61 B7	1		1						
TOTAL	20		6	13					1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 19/7/84 - 1/8/84 BULLETIN NUMBER 84/16

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED	4		1	4	4		11		24
0101 ADENOVIRUS TYPE 1	1								1
0102 ADENOVIRUS TYPE 2				4					4
0119 ADENOVIRUS TYPE 19				2					2
0199 ADENOVIRUS TYPING PENDING		1			3				4
0203 INFLUENZA B VIRUS	2						2		4
0301 PARAINFLUENZA VIRUS TYPE 1	2	1		5	7			1	16
0302 PARAINFLUENZA VIRUS TYPE 2	2			6	5		1		14
0303 PARAINFLUENZA VIRUS TYPE 3	1				3		2		6
0304 PARAINFLUENZA VIRUS TYPE 4								1	1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	29	21	6	14	26		36	1	133
0500 RHINOVIRUS (ALL TYPES)	3			7	7		7	1	25
0600 MYCOPLASMA PNEUMONIAE	29	1					4		34
0700 ORNITHOSIS-PSITTACOSIS								1	1
0809 COXSACKIEVIRUS A9							1		1
0816 COXSACKIEVIRUS A16	1			1					2
0904 COXSACKIEVIRUS B4	2								2
0905 COXSACKIEVIRUS B5	4								4
1000 ECHOVIRUS NOT TYPED							2		2
1005 ECHOVIRUS TYPE 5								1	1
1006 ECHOVIRUS TYPE 6							1		1
1007 ECHOVIRUS TYPE 7	1								1
1009 ECHOVIRUS TYPE 9	1								1
1010 ECHOVIRUS TYPE 10=REOVIRUS							1		1
1014 ECHOVIRUS TYPE 14								1	1
1022 ECHOVIRUS TYPE 22		1					1		2
1024 ECHOVIRUS TYPE 24				1					1
1025 ECHOVIRUS TYPE 25	1								1
1030 ECHOVIRUS TYPE 30				1					1
1101 POLIOVIRUS TYPE 1	2			2			1		5
1102 POLIOVIRUS TYPE 2		1		3			1		5
1103 POLIOVIRUS TYPE 3	1								1
1200 MUMPS VIRUS	5			1					6
1300 HERPES VIRUS GROUP-NOT TYPED	27			4				1	32
1301 HERPES SIMPLEX VIRUS NOT-TYPED				1					1
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	6							7	13
1303 VARICELLA-ZOSTER VIRUS	3		1	1					5
1306 HERPES SIMPLEX TYPE 1	20			27			17	7	71
1307 HERPES SIMPLEX TYPE 2	150			64			35	29	278
1399 HERPES VIRUS TYPING PENDING			16		8				24
1401 COXIELLA BURNETI	3						4	1	8
1502 PICORNA VIRUS-NOT TYPED	3		6				2		11
1521 MEASLES VIRUS				1				2	3
1522 RUBELLA VIRUS	8		1	3	2			1	15
1532 HEPATITIS B ANTIGEN	131	2	6	18			11	6	174
1535 HEPATITIS A ANTIBODY	4		1	1			4	1	11
1541 CHLAMYDIA A - C TRACHOMATIS	54	1	1	5			22		83
1556 CMV - CYTOMEGALOVIRUS	12		1	20	5		5	1	44
1564 ROTAVIRUS	18	10	19	4	27		4	3	85
1565 CALICI VIRUS	1								1
1599 ENTEROVIRUS TYPING PENDING		2	9		6				17
9902 POXVIRUS GROUP NOT TYPED				1					1
9992 ROSS RIVER VIRUS							4	9	13
9993 ASTROVIRUS	1								1
9994 SMALL VIRUS (LIKE) PARTICLE	2	2							4
9995 DENGUE							2		2
9998 ARBO. GROUP B.							3		3
Total	534	43	68	201	103		184	75	1,208

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 19/7/84 to 1/8/84 .... 84/16

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
0101 ADENOVIRUS TYPE 1.....	1										
0102 ADENOVIRUS TYPE 2.....		1				1	1				
0203 INFLUENZA B VIRUS.....		4									
0301 PARAINFLUENZA VIRUS TYPE 1....		14									
0302 PARAINFLUENZA VIRUS TYPE 2....		12							1		
0303 PARAINFLUENZA VIRUS TYPE 3....		5									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	4	126				1					
0500 RHINOVIRUS (ALL TYPES).....	1	23					1		1		
0600 MYCOPLASMA PNEUMONIAE.....	10	17									
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0816 COXSACKIEVIRUS A16.....											2
0904 COXSACKIEVIRUS B4.....							1				1
0905 COXSACKIEVIRUS B5.....	1	1	1				1				
1005 ECHOVIRUS TYPE 5.....				1							
1006 ECHOVIRUS TYPE 6.....	1										
1007 ECHOVIRUS TYPE 7.....	1										
1009 ECHOVIRUS TYPE 9.....	1										
1010 ECHOVIRUS TYPE 10=REOVIRUS....		1									
1014 ECHOVIRUS TYPE 14.....											1
1022 ECHOVIRUS TYPE 22.....		1					1				
1024 ECHOVIRUS TYPE 24.....		1									
1025 ECHOVIRUS TYPE 25.....		1									
1030 ECHOVIRUS TYPE 30.....				1							
1101 POLIOVIRUS TYPE 1.....	2	1									
1102 POLIOVIRUS TYPE 2.....		2				1			1		1
1103 POLIOVIRUS TYPE 3.....							1				
1200 MUMPS VIRUS.....		1	1	3							
1300 HERPES VIRUS GROUP-NOT TYPED..											6
1302 EPSTEIN-BARR VIRUS (EB VIRUS).		4						1			
1303 VARICELLA-ZOSTER VIRUS.....											4
1306 HERPES SIMPLEX TYPE 1.....	2	2		2							26
1307 HERPES SIMPLEX TYPE 2.....	8										25
1401 COXIELLA BURNETI.....	2	3							1		
1502 PICORNA VIRUS-NOT TYPED.....							3				
1521 MEASLES VIRUS.....		1									3
1522 RUBELLA VIRUS.....	3										3
1532 HEPATITIS B ANTIGEN.....	124							46			1
1535 HEPATITIS A ANTIBODY.....	2							9			
1556 CMV - CYTOMEGALOVIRUS.....	5	10			1			3		8	
1564 ROTAVIRUS.....							84				
1565 CALICI VIRUS.....							1				
9992 ROSS RIVER VIRUS.....	2										2
9993 ASTROVIRUS.....							1				
9994 SMALL VIRUS (LIKE) PARTICLE...							4				
9995 DENGUE.....											1
9998 ARBO. GROUP B.	1										2
Total.....	171	232	2	7	1	3	99	59	4	8	79

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 19/7/84 to 1/8/84 ... 84/16
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
0100 ADENOVIRUS NOT TYPED.....								1		
0102 ADENOVIRUS TYPE 2.....								1		
0119 ADENOVIRUS TYPE 19.....	2									
0203 INFLUENZA B VIRUS.....								1		
0301 PARAINFLUENZA VIRUS TYPE 1....								2		
0302 PARAINFLUENZA VIRUS TYPE 2....								2		
0303 PARAINFLUENZA VIRUS TYPE 3....								1		
0304 PARAINFLUENZA VIRUS TYPE 4....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								2	1	
0500 RHINOVIRUS (ALL TYPES).....								1		
0600 MYCOPLASMA PNEUMONIAE.....							4	3	2	
0809 COXSACKIEVIRUS A9.....							1			
1014 ECHOVIRUS TYPE 14.....								1		
1101 POLIOVIRUS TYPE 1.....										2
1102 POLIOVIRUS TYPE 2.....										1
1200 MUMPS VIRUS.....			2							
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			8				1			
1303 VARICELLA-ZOSTER VIRUS.....				1						
1306 HERPES SIMPLEX TYPE 1.....	5	36						1	1	
1307 HERPES SIMPLEX TYPE 2.....		246							1	
1401 COXIELLA BURNETI.....								4		
1522 RUBELLA VIRUS.....			1	4		3			1	
1532 HEPATITIS B ANTIGEN.....								1	2	
1541 CHLAMYDIA A - C.TRACHOMATIS...		83								
1556 CMV - CYTOMEGALOVIRUS.....		1		1		1	1	3	14	1
1564 ROTAVIRUS.....										1
9992 ROSS RIVER VIRUS.....					10					
9995 DENGUE.....					1			1		
9998 ARBO. GROUP B.					1			1		
Total.....	7	370	11	6	9	4	7	27	22	5

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 17 - 20)

(22 April 1984 - 19 May 1984) Bulletin 84/16

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			1	3	18
Ankylostomiasis				10					10	26
Anthrax									—	—
Arbovirus infection	58	32		3					93	793
Brucellosis	3								3	4
Campylobacter infections	18	N.N.	N.N.	67	N.N.	N.N.	N.N.	N.N.	85	667
Chancroid				N.N.		N.N.	N.N.		—	7
Cholera								1	1	1
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	3	N.N.		N.N.	4		7	55
Giardiasis	17	N.N.	N.N.	67	N.N.	N.N.	N.N.	N.N.	84	414
Genital herpes	47	N.N.	30	12	N.N.	N.N.		N.N.	89	512
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	1	N.N.	1	2
Gonorrhoea	229	43	94	73	159	1	65	4	668	3782
Hepatitis A (infectious)	4	16	5	7				2	34	265
Hepatitis B (serum)	37	13	7	8	4	1	2	2	74	447
Hepatitis - unspecified	7	N.N.		1		N.N.	N.N.		8	48
Hydatid disease					1			1	2	5
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease			N.N.		N.N.	N.N.	N.N.	N.N.	—	6
Leprosy	1								1	5
Leptospirosis	2	2	4		1	1			10	69
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	12	11	34	2	3	2		1	65	260
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	1	2	2	3		N.N.			8	32
Non-specific urethritis	254	N.N.	N.N.	88	N.N.	N.N.	N.N.	N.N.	342	1912
Ornithosis				2	6				8	11
Pertussis (whooping cough)	3	5	N.N.	1	N.N.	N.N.	N.N.	N.N.	9	138
Plague									—	—
Poliomyelitis									—	—
Q. fever		1	17	1	N.N.		N.N.		19	54
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	46	10	32	14	7	7	43	2	161	1031
Shigella infections	15	2	5	2	3		7		34	173
Smallpox									—	—
Syphilis	20	6	24	5	21		44		120	796
Tetanus									—	—
Trachoma		N.N.			N.N.	N.N.			—	—
Tuberculosis (all forms)	30	27	23	8	15		2	3	108	459
Typhoid fever		1			1				2	18
Typhus (all forms)	1								1	3
Vibrio parahaemolyticus infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	6
Yellow Fever										—
Yersinia enterocolitica infections	1	N.N.	N.N.	1	N.N.	N.N.	N.N.	N.N.	2	5

(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

Hepatitis A	−1	South Australia
Malaria	−1	Queensland
	+1	South Australia
Salmonella infections	−1	Queensland
Shigella infections	+1	Queensland