ISSN 0725-3141

Communicable Diseases Intelligence

Bulletin number 84/20
Issue date: 5 October 1984

Contents:

VIRUS REPORTING SCHEME - A total of 1437 reports were processed this period. The laboratory returns for influenza continue to indicate a low prevalence with the same State distribution established early in the season. The majority of influenza A reports emanated from laboratories in Victoria (45 cases) and South Australia (12), whereas the influenza B infections were limited to New South Wales (11), Queensland (5) and South Australia (4). When specified, the age distribution of the current reports was 33% for children $\leq$ 5 years, 26% for children 5-15 years, and 31% for adults $\geq$ 16 years for influenza A compared with 5%, 10%, and 70% for influenza B. Thus far in 1984, influenza types A (H_1N_1), A (H_3N_2), and B have been detected throughout the Southern Hemisphere, and although no clear pattern of large increases in one virus type or subtype compared to the others is evident, influenza B infections have appeared frequent (MMWR (1984) 33:515). A high titre to influenza A was detected at Fairfield Hospital, Melbourne, in a 38 year old male with encephalitis, and CF antibody to influenza A was reported by Fairfield Hospital and the State Health Laboratory Services, Perth, in two patients with resolved viral meningitis. Likewise, CF antibody against Mycoplasma pneumoniae was detected at the Institute of Medical and Veterinary Science, Adelaide, in a 30 year old male with encephalitis.

The reports also suggest increases in rubella infections in South Australia (18 reports compared with 7, 7 and 5 for the previous three periods) and mumps in Victoria (18 reports from Fairfield Hospital compared with 4, 4 and 7). Furthermore, mumps virus was isolated at the Royal Alexandra Hospital for Children, Sydney, on two occasions three weeks apart from the CSF of an immunocompromised eight year old boy with severe cerebral encephalitis. A brain biopsy was negative for herpes simplex virus.

Other reports of interest include:

. Vibrio cholerae-01 eltor inaba was isolated from faeces of a 36 year old woman who travelled from Perth, Australia, to London Heathrow via Bombay on 5 September 1984 (CDR (1984) 84/37 : 1). The woman, and two of her three schoolage children developed upper abdominal pain, and had diarrhoea the next day; the mother being the worse affected. Subsequent faecal specimens taken from all of them have been negative to date. The stopover at Bombay Airport lasted one hour only, and none of the family had anything to eat or drink there. On the flight to Heathrow a meal of chicken curry or lamb was served; the child who was not ill was the only family member not to choose the chicken dish.

The Bulletin is compiled and distributed by the Environmental Health Branch, Department of Health, P.O. Box 100, Woden, A.C.T. 2606, Australia, and is available on request.

MOSQUITO SURVEILLANCE - VICTORIA (1983-84)

(Contributed by I. Marshall, John Curtin School of Medical Research, Australian National University, Canberra).

In addition to the sentinel flocks of seronegative chickens stationed at various sites along the Murray Valley in New South Wales[1] and Victoria[2], the Barmah Forest in northern Victoria is being monitored on a monthly basis for mosquito and virus activity.

Although drought breaking rains occurred in autumn and winter 1983, the effect on adult mosquito activity was slight until spring. The catches per trap night for the survey period are given in Table 1.

Table 1. Mosquito catch per trap night, August 1983-March 1984

Month	Mosquito catch per trap night	
August	6.8	
September	92.4	
October	322.5	
November	301.6	
December	1740.0	
January	>2000	(processing not yet complete)
February	88.4	
March	37.9	

The precipitate reduction in activity in February reflected a typical summer dry period during which many Culex annulirostris breeding sites evaporated, although large populations persisted in the irrigation districts nearby. Virus activity was first detected in November 1983 (12 strains of Ross River virus and four of Trubanaman), which coincided with the first cases of epidemic polyarthritis in the Riverina district. In the following months, six Ross River virus, five Sindbis, ten Mapputta and one Trubanaman strains were isolated during December; 12 Sindbis strains in January; and one Ross River virus strain was isolated in March from the mosquito pools processed to date. Kunjin virus activity, as reported by others[1], was not detected.

Possibly because of much lower temperatures and less rain, mosquito activity during winter 1984 has been less than in 1983; but the current floods in the Barmah Forest and elsewhere in the Murray-Darling basin will promote a large spring Aedes population and, if the rains continue, a large build up of early summer C. annulirostris.

References

1. CDI (1984) 84/17 : 4
2. CDI (1983) 83/25 : 1

POST ERADICATION SMALLPOX SURVEILLANCE

(Based on California Morbidity (1984) No. 34; and WER (1984) 59: 142 and 278)

In 1980, the Thirty-Third World Health Assembly (WHA) endorsed the recommendation of the Global Commission for the Certification of Smallpox Eradication which states "In order to maintain public confidence in the fact of global eradication, it is important that rumours of suspected smallpox, which can be expected to occur in many countries, should be thoroughly investigated. Information should be provided to WHO, if

requested, so that it can be made available to the world community". The following account of a recent episode in Mexico illustrates one of the many ways in which smallpox rumours may be generated and, as in this case, broadcast far and wide by the sounding board of an international gathering.

A participant in a "Loving Relationships Training" (LRT) seminar conducted in the resort of Ixtapa, Mexico, called the Contra Costa County Health Department on 13 August 1984, to report that the New York organisers of the course recommended to attendees (250 from several countries) on the last day of the meeting that they consult their physicians on return home because a course member had been diagnosed by the hotel doctor as having smallpox.

Upon notification and relay of information, interrogation by CDC officers of a LRT staff person revealed that she had understood the doctor to say that he had made a diagnosis of smallpox on 9 August. She further reported that on 10 August the doctor clarified his diagnosis to "little pox", a "form of chickenpox intermediate in severity between chickenpox and smallpox and not found in the United States." However, further investigation ascertained that the hotel doctor claimed he had told LRT organisers that he had diagnosed varicella, but he had been misunderstood ("viruelas locas" is a term commonly used for chickenpox in Hispanic countries and "viruela" alone is the word for smallpox).

The patient, a woman from England, had travelled to Mexico on a direct flight from London via Los Angeles. Within a few days of arrival she developed a typical chickenpox illness with fever and a truncal (centripetal) vesiculo-pustular rash. When seen by health officials on 15 August the patient had recovered and only scabbed lesions remained. The diagnosis of varicella was confirmed by electronmicroscopy.

During 1983, 19 reports on suspect smallpox cases were recorded in the global smallpox rumour register by WHO. A report from Kenya caused some public concern because the patient, an ex-variolator, died three days after having developed a rash. Prompt reporting and laboratory investigations of specimens collected by the Kenyan health services proved within a week that the suspect case was actually chickenpox. In contrast to that situation, another report required nine months of investigation to prove that rumours of smallpox in some countries south of the Sahara were false.

Pursuant to its declaration of the achievement of global eradication of smallpox in 1980, the WHA recommended that smallpox vaccination should be discontinued in every country, except in the case of investigators at special risk. Currently all 165 WHO Member States and Associate Members have discontinued routine smallpox vaccination, except for Albania. The Committee on Orthopoxvirus Infections reviewed the situation on 28-30 March 1984, and made the following additional comment on the vaccination of military personnel.

"Eight countries (Belgium, Denmark, Finland, Netherlands, Norway, Switzerland, United Kingdom and Zimbabwe) have informed WHO that smallpox vaccination of military personnel has been discontinued. The Committee expresses the hope that other countries may elect to do likewise since vaccination of such personnel involves risk both to the vaccinees and to their contacts. In fact, a number of patients with vaccine complications are regularly being reported among contacts of recently vaccinated military personnel. Because of this, the

Committee recommends that military personnel who have been vaccinated be confined to their bases and prevented from contacting unvaccinated persons for a period of two weeks following vaccination."

SKIN SEPSIS IN MEAT HANDLERS - UNITED KINGDOM

(Based on CDS (1984) 84/25 : ix; and CDR (1983) 83/34 : 3)

Although meat is not a primary source of group A β-haemolytic streptococci, it can act as a vehicle for the survival and transfer of streptococci from person to person. Many serotypes of group A streptococci cause meat-associated sepsis though certain strains predominate, and some rarely cause sepsis elsewhere. It has been suggested that bone dust or fragments contribute to the establishment of sepsis[1]. There is no evidence that prolonged storage (e.g. during export or import processing) contributes to streptococci in meat products. Low grade colonisation of lesions with Staphylococcus aureus is also common, and in dual infections with β-haemolytic streptococci the wounds tend to become crusted and persist for days or weeks unless treated. Most episodes are self-limiting unless there is reintroduction of streptococci from home contacts or elsewhere.

During 1975-82, 13 outbreaks and 33 sporadic cases of group A streptococcal infection in meat handlers were reported to the Communicable Disease Surveillance Centre, London[2]. The numbers affected varied from 9-56% of those at risk. Outbreaks often reflected the seasonal increase in cattle slaughter and meat handling. Between November 1983 and February 1984, a preliminary survey of meat handlers was also undertaken at a number of abattoirs in Scotland. Of the 11 abattoirs visited, 152 swabs were taken from lesions which appeared clinically to be infected. Ninety-five (63%) yielded streptococcal and/or staphylococcal isolates (48% S. aureus; 15% β-haemolytic streptococci and 37% mixed staphylococcal and streptococcal growths). Among the 49 isolates of β-haemolytic streptococci, 32 (65%) proved to belong to Lancefield's Group A (or S. pyogenes).

Present evidence suggests that the prevention of sepsis and control of an outbreak must depend primarily on strict environmental hygiene measures together with antibiotic treatment for septic lesions. However, the relative importance of specific hygiene measures is poorly understood, and the benefits of using occlusive dressings or hand disinfectants are not proven. The interim recommendations of a Public Health Laboratory Service Working Group (UK) on reducing streptococcal sepsis in meat handlers were published in 1982[3]. One establishment in Scotland which admitted to experiencing a serious outbreak of skin sepsis in February 1983 subsequently improved its "hygiene profile" in the following ways:-

- By the introduction of a bactericidal soap in all the plant's soap-dispensers along with a medical rub.
- By supervision of hand-washing and the introduction of regular hand inspections.
- By ensuring availability of first-aid treatment, including the occlusion of all cuts and abrasions with dressing-plasters.

At the time of the survey-visit one year later, only one streptococcal and three staphylococcal isolations were obtained from the swabs which were taken.

References

1. J Hyg. Camb. (1981) 87 : 465
2. CDR (1983) 83/24 : 3
3. Environmental Health (1982) 10 : 256

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 13/9/84 - 26/9/84 BULLETIN NUMBER 84/20

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED		4	3	1	5	4	17	5	39
0101 ADENOVIRUS TYPE 1		1				6		1	8
0102 ADENOVIRUS TYPE 2	2								2
0103 ADENOVIRUS TYPE 3	2		1			1		3	7
0105 ADENOVIRUS TYPE 5				3				1	4
0106 ADENOVIRUS TYPE 6				1		2			3
0107 ADENOVIRUS TYPE 7		1				2			3
0108 ADENOVIRUS TYPE 8				1				2	3
0119 ADENOVIRUS TYPE 19				1					1
0199 ADENOVIRUS TYPING PENDING		2	1		3	9			15
0201 INFLUENZA A VIRUS			3	20		4		3	30
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1			3	22	8			34
0203 INFLUENZA B VIRUS	1	1	9			4	5		20
0301 PARAINFLUENZA VIRUS TYPE 1						7		2	9
0302 PARAINFLUENZA VIRUS TYPE 2	1			1		10		1	13
0303 PARAINFLUENZA VIRUS TYPE 3	1			1	4	38	2	2	48
0304 PARAINFLUENZA VIRUS TYPE 4								1	1
0399 PARAINFLUENZA VIRUS TYPING PENDING		1				4			5
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	10	7	3	12	24	91	26	12	185
0500 RHINOVIRUS (ALL TYPES)	1			11	6	22	9	6	55
0600 MYCOPLASMA PNEUMONIAE	2	1	7	6		4	5	4	29
0700 ORNITHOSIS-PSITTACOSIS	2			2				1	5
0809 COXSACKIEVIRUS A9							1		1
0905 COXSACKIEVIRUS B5				2		7			9
1002 ECHOVIRUS TYPE 2						1			1
1005 ECHOVIRUS TYPE 5								1	1
1006 ECHOVIRUS TYPE 6				1		1			2
1009 ECHOVIRUS TYPE 9		1		2				1	4
1011 ECHOVIRUS TYPE 11						2			2
1022 ECHOVIRUS TYPE 22							1		1
1100 POLIOVIRUS NOT TYPED			1						1
1101 POLIOVIRUS TYPE 1				1		3	1		5
1102 POLIOVIRUS TYPE 2						2		1	3
1200 MUMPS VIRUS		2		18	2	2	1	1	26
1300 HERPES VIRUS GROUP-NOT TYPED	21			2		7			30
1301 HERPES SIMPLEX VIRUS NOT-TYPED				1				4	5
1302 EPSTEIN-BARR VIRUS (EB VIRUS)						2		6	8
1303 VARICELLA-ZOSTER VIRUS	1			1		3	1		6
1306 HERPES SIMPLEX TYPE 1			12	37		30	29	19	127
1307 HERPES SIMPLEX TYPE 2			25	65		38	57	62	247
1399 HERPES VIRUS TYPING PENDING			19		6	1		2	28
1401 COXIELLA BURNETI				1		1	4	1	7
1502 PICORNA VIRUS-NOT TYPED			6					1	7
1514 MOLLUSCUM CONTAGIOSUM								1	1
1521 MEASLES VIRUS		2		3				2	7
1522 RUBELLA VIRUS	1		3	1		23	1	8	37
1532 HEPATITIS B ANTIGEN			5	25	2	53	14	10	109
1535 HEPATITIS A ANTIBODY		1	1	1	1	2	5	3	14
1541 CHLAMYDIA A - C TRACHOMATIS			4	9		1	27	20	61
1556 CMV - CYTOMEGALOVIRUS			1	7	2	10	8	10	38
1563 CORONAVIRUS				3					3
1564 ROTAVIRUS		13	32	6	14	31	3	3	102
1599 ENTEROVIRUS TYPING PENDING		1	9		3	1			14
9992 ROSS RIVER VIRUS			1				4	1	6
9994 SMALL VIRUS (LIKE) PARTICLE				2					2
9996 PARAMYXOVIRUS						3			3
Total	46	38	146	251	94	440	221	201	1,437

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 13/9/84 to 26/9/84 .... 84/20

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respiratory	Encephalitis	Meningitis	Paralysis	CNS other unspec	GI	Hepatic	CVS	Urinary	Skin/mucs memb
0100 ADENOVIRUS NOT TYPED.....							1				
0101 ADENOVIRUS TYPE 1.....	2	6					1				
0102 ADENOVIRUS TYPE 2.....		1									
0103 ADENOVIRUS TYPE 3.....		4								1	
0105 ADENOVIRUS TYPE 5.....		2									1
0106 ADENOVIRUS TYPE 6.....		3									
0107 ADENOVIRUS TYPE 7.....		1					1				
0201 INFLUENZA A VIRUS.....	2	19	1	2			2		1		1
0202 INFLUENZA A VIRUS SUBTYPE H3N2		29		1			1				
0203 INFLUENZA B VIRUS.....		15						1			
0301 PARAINFLUENZA VIRUS TYPE 1....		9									
0302 PARAINFLUENZA VIRUS TYPE 2....		12				1					
0303 PARAINFLUENZA VIRUS TYPE 3....		47				1					
0304 PARAINFLUENZA VIRUS TYPE 4....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1	179							1		2
0500 RHINOVIRUS (ALL TYPES).....		54		1							1
0600 MYCOPLASMA PNEUMONIAE.....	2	23	1								1
0700 ORNITHOSIS-PSITTACOSIS.....		4									
0809 COXSACKIEVIRUS A9.....				1							
0905 COXSACKIEVIRUS B5.....	1	5		1			2				
1002 ECHOVIRUS TYPE 2.....				1							
1005 ECHOVIRUS TYPE 5.....							1				
1006 ECHOVIRUS TYPE 6.....		2									
1009 ECHOVIRUS TYPE 9.....		1		1							1
1011 ECHOVIRUS TYPE 11.....		2									
1022 ECHOVIRUS TYPE 22.....		1									
1101 POLIOVIRUS TYPE 1.....		4		1							
1102 POLIOVIRUS TYPE 2.....		1					1				
1200 MUMPS VIRUS.....	8		1	5							
1300 HERPES VIRUS GROUP-NOT TYPED..						1					
1301 HERPES SIMPLEX VIRUS NOT-TYPED			2			1	1				
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	2	1									2
1303 VARICELLA-ZOSTER VIRUS.....	1										4
1306 HERPES SIMPLEX TYPE 1.....	1	6		1						2	73
1307 HERPES SIMPLEX TYPE 2.....	6		1								
1401 COXIELLA BURNETI.....	1	1						1			
1502 PICORNA VIRUS-NOT TYPED.....							1		1		
1514 MOLLUSCUM CONTAGIOSUM.....											1
1521 MEASLES VIRUS.....		1	1								5
1522 RUBELLA VIRUS.....	1	1									26
1532 HEPATITIS B ANTIGEN.....	30	1					3	38			
1535 HEPATITIS A ANTIBODY.....							1	13			
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	1									
1556 CMV - CYTOMEGALOVIRUS.....	3	14		1			1	3		5	1
1563 CORONAVIRUS.....		1					2				
1564 ROTAVIRUS.....		2					99				
9992 ROSS RIVER VIRUS.....	1	1									
9994 SMALL VIRUS (LIKE) PARTICLE...							2				
9996 PARAMYXOVIRUS.....		3									
Total.....	63	458	8	16		4	120	56	3	8	180

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 13/9/84 to 26/9/84 ... 84/20

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
0102 ADENOVIRUS TYPE 2.....							1			
0103 ADENOVIRUS TYPE 3.....	1						1			
0105 ADENOVIRUS TYPE 5.....								2		
0106 ADENOVIRUS TYPE 6.....			1							
0107 ADENOVIRUS TYPE 7.....	1							1		
0108 ADENOVIRUS TYPE 8.....	2	1								
0119 ADENOVIRUS TYPE 19.....	1									
0201 INFLUENZA A VIRUS.....							1	5		
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1						3	3		
0203 INFLUENZA B VIRUS.....			2					6	2	
0302 PARAINFLUENZA VIRUS TYPE 2....							1			
0303 PARAINFLUENZA VIRUS TYPE 3....							1			1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1						1		1	
0500 RHINOVIRUS (ALL TYPES).....								1	1	
0600 MYCOPLASMA PNEUMONIAE.....			2			1		3		
0700 ORNITHOSIS-PSITTACOSIS.....							1			
1009 ECHOVIRUS TYPE 9.....								2		
1102 POLIOVIRUS TYPE 2.....									1	
1200 MUMPS VIRUS.....			12					2		
1300 HERPES VIRUS GROUP-NOT TYPED..								1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED					1			1		
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			5				1			
1303 VARICELLA-ZOSTER VIRUS.....								1		
1306 HERPES SIMPLEX TYPE 1.....	3	40				1		1	3	
1307 HERPES SIMPLEX TYPE 2.....		178							2	
1401 COXIELLA BURNETI.....							1	2	2	
1521 MEASLES VIRUS.....			1							
1522 RUBELLA VIRUS.....			2		2		9		1	
1532 HEPATITIS B ANTIGEN.....									38	
1541 CHLAMYDIA A - C.TRACHOMATIS...		55				2		2		
1556 CMV - CYTOMEGALOVIRUS.....		6				2	1	2	4	1
1564 ROTAVIRUS.....						1	1			
9992 ROSS RIVER VIRUS.....					5			1		
Total.....	10	280	25	1	8	6	23	36	55	2

CDI 84/20

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 21 - 28)

20 May - 14 July 1984

Bulletin 84/20

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	1	1	1				6	24
Ankylostomiasis			1	14					15	41
Anthrax									—	—
Arbovirus infection	52	10		1	1				64	857
Brucellosis	1		1						2	6
Campylobacter infections	66	N.N.	N.N.	135	N.N.	N.N.	N.N.	N.N.	201	868
Chancroid	1		1	N.N.		N.N.	1		3	10
Cholera									—	1
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	7	N.N.	84	N.N.	7		98	153
Giardiasis	46	N.N.	N.N.	110	N.N.	N.N.	N.N.	N.N.	156	570
Genital herpes	142	N.N.	79	20	N.N.	N.N.	2	4	247	759
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	2	N.N.	2	4
Gonorrhoea	457	226	252	108	142	6	143	51	1385	5170
Hepatitis A (infectious)	15	28	68	8	12	1	2	3	137	399
Hepatitis B (serum)	85	50	158	26	41	2	1	5	368	817
Hepatitis - unspecified	13	1		2	5	N.N.	N.N.		21	69
Hydatid disease			1						1	6
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease	3	2	N.N.		N.N.	N.N.	N.N.	N.N.	5	11
Leprosy	3				1				4	9
Leptospirosis	7	1	59	2	1				70	139
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	19	10	42	4	4	3	2	2	86	346
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	5	2	12	3	2	N.N.			24	56
Non-specific urethritis	590	N.N.	N.N.	186	N.N.	N.N.	5	N.N.	781	2694
Ornithosis		4		11	3				18	30
Pertussis (whooping cough)	14	5	N.N.		N.N.	N.N.	N.N.	N.N.	19	157
Plague									—	—
Poliomyelitis									—	—
Q. fever	5	1	29	3	N.N.		N.N.		38	123
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	72	20	50	38	34	2	67	4	287	1314
Shigella infections	19	3	8	10	9	1	17	1	68	242
Smallpox									—	—
Syphilis	50	21	56	18	35		207	6	393	1199
Tetanus	1								1	1
Trachoma		N.N.			N.N.	N.N.	1		1	1
Tuberculosis (all forms)	60	53	19	19	21		7		179	668
Typhoid fever	4	4							8	26
Typhus (all forms)			2	1					3	6
Vibrio parahaemolyticus infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	7
Yellow Fever									—	—
Yersinia enterocolitica infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	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

Gonorrhoea	+3	Northern Territory
Hepatitis A	−2	New South Wales
Hepatitis B	+2	South Australia
Non-specific urethritis	+1	Northern Territory
Ornithosis	+1	South Australia
Q. fever	+31	New South Wales
Salmonella	−1	Queensland
	−1	South Australia
	−1	Western Australia
Syphilis	+10	Northern Territory