



Communicable Diseases Intelligence

Bulletin number 84/21

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VIRUS REPORTING SCHEME - A total of 1465 reports were processed this period. On the basis of the laboratory returns, influenza activity has remained static in the community, and has retained the apparent State distribution annotated to in earlier issues. Influenza A notifications predominated from laboratories in Victoria (24, including one influenza type A (H₁N₁)), Western Australia (7), South Australia (5) and New South Wales (2). Conversely the influenza B reports emanated from New South Wales (31), South Australia (2), Western Australia (1) and Northern Territory (1). This distribution is corroborated by the 21 isolations of influenza A (H₃N₂) reported by the OIC WHO Influenza Reference Centre, Melbourne; and the six influenza B and two influenza A infections diagnosed at a private pathology laboratory in Rockhampton (T.B. Lynch, personal communication) during September. Rubella continues to show a moderate degree of activity in New South Wales (47), South Australia (14) and Western Australia (10).

- . Seroconversion by CF against Chlamydia trachomatis was detected at the Prince of Wales Hospital, Sydney, in a 74 year old immunocompetent male presenting with diffuse interstitial pulmonary fibrosis. No cultures from the respiratory tract or other sites were performed. Although chlamydial pneumonia of infancy has been well characterised, especially in those groups with the highest incidence of sexually-transmitted infection, its aetiological role in adult respiratory disease is less clear. Patients have usually been immunocompromised (Lancet (1980) 1:116; NEJM (1982)307:95), sometimes having a dual cytomegalovirus infection, and in some cases failing to demonstrate an antibody response despite the isolation of the pathogen from sputum, bronchial brushings or lung tissue. However, one study has demonstrated serological evidence implicating C. trachomatis as an important pharyngeal pathogen (Science (1983) 222 : 927).
- . Penicillin-sensitive Streptococcus pneumoniae, type 14, was isolated recently from blood or sputum of three elderly male patients who developed moderately severe pneumonia and septicaemia while convalescing at Fairfield Hospital, Melbourne. All staff and patients in the ward were screened, but no carrier was detected. This incident raises the question whether elderly patients who are receiving long-term maintenance treatment in convalescent wards or awaiting transfer to nursing homes, should be considered for pneumococcal vaccination (MMWR (1984) 33: 273). Most of the patients in the Hospital's chronic respiratory paralysis ward have already received this vaccine.

SEXUALLY-TRANSMITTED DISEASES (STD's) - WESTERN AUSTRALIA
 (Based on "Infectious Diseases in Western Australia 1950-83",
 Western Australian Department of Public Health, Perth).

Medical practitioners in Western Australia have a statutory obligation to notify cases of certain venereal diseases (gonorrhoea, syphilis, granuloma inguinale, and chancroid) to the Commissioner of Public Health. A similar requirement is made of persons in charge or control of laboratories where the diagnosis of STD is confirmed by test results. Compliance with the notification procedures is thought to be very high in the State, since in 1983, 1729 cases of gonorrhoea were notified by medical practitioners compared with 1732 laboratory notifications. Of the notifications forwarded by medical practitioners, approximately 12% were reported by private practitioners and the remainder being notified by clinic, hospital and community health staff. The age - specific notification rates of STD's for 1980-83 are given in Table 1.

There were a total of 6802 notifications, averaging 1700 per year; of which 85.6% were gonorrhoea, 13.5% syphilis, 0.8% granuloma and 0.1% chancroid. The peaks in age-specific notification rates of gonorrhoea and syphilis occurred either at ages 20-24 years or, in the case of syphilis in females, at ages 15-19 years. Rates at ages 40 years or older were an order of magnitude lower than in young adults, although cases were observed to occur well into the +60 age group in males. The notification rate in males exceeded that in females at all ages, except for gonorrhoea in girls aged less than 15 years and syphilis in females aged less than 20 years.

Notifiable STD's represented only a small proportion of the total case load seen at STD clinics in Western Australia. In 1983, there were 15,590 attendees at the Special Clinic in Moore Street, Perth, of whom 43% could not be assigned a specific diagnosis (Table 2). In addition, of the 1727 Papanicolaou smears taken at the Clinic in 1980, 481 (28%) were abnormal when defined as A2 or above, with 147 categorised as A2 plus wart virus.

TABLE 2. STD's diagnosed at Moore Street Special Clinic, Perth (1983)

<u>Diagnosis</u>	<u>% of total patients (n = 8814)(1)</u>
Non-specific genital infection	34.04
Candida	17.88
Warts	11.45
Chlamydia	10.76
Gonorrhoea	9.96
Herpes	7.00
Trichomonas	3.60
Pubic pediculosis	2.73
Scabies	1.01
Syphilis	0.76
Cytomegalovirus	0.73
Granuloma inguinale	0.05
Chancroid	0.04

(1) Excludes 6776 patients in whom a specific diagnosis was not possible.

In 1980-83, the crude rate of notifiable STD's was 91 cases per 100,000 person years. Trends over time showed increasing rates to around 1970-74, since when the rate has fallen by 26%. It is uncertain whether this fall reflects a reduced rate of

TABLE 1 Notification rates of STD's in Western Australia (1980-83) by age, sex and diagnosis

Disease	Sex	Notification rates per 100,000 person-years												Total or crude rate	
		0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+		unknown
Gonorrhoea	Male	19.57	297.45	501.88	329.58	235.07	130.82	80.54	59.49	49.14	27.57	16.85	14.72	-	142.92
	Female	30.37	211.06	243.35	121.26	70.54	35.25	15.90	11.12	6.22	3.21	0.82	-	-	65.88
Syphilis	Male	3.19	35.93	51.93	40.89	38.41	17.36	14.88	9.28	11.64	11.92	9.19	6.93	-	19.36
	Female	14.95	43.79	28.23	19.49	17.31	12.34	7.48	3.51	8.98	2.41	5.77	4.47	-	13.95
Granuloma inguinale	Male	0.46	0.84	1.21	2.50	0.84	0.88	0.88	0.55	-	-	-	-	-	0.70
	Female	0.96	3.07	2.99	2.17	1.30	1.32	0.47	0.59	2.07	-	-	-	-	1.23
Chancroid	Male	-	-	1.21	0.42	1.25	-	0.44	-	-	-	-	-	-	0.28
	Female	-	0.44	-	-	-	-	-	-	-	-	0.82	-	-	0.08

sexual contact, or a reduced period of infectivity due to earlier medical consultation or more effective contact tracing. Nevertheless, it is hoped that these gains will continue in the future, especially in young adults and teenagers in whom STD's remain an important infectious disease problem. There is need for continuing education regarding STD's in schools, so as to acquaint the population with the risks and symptoms of the diseases prior to becoming sexually active.

CRYPTOSPORIDIOSIS IN CHILDREN - WESTERN AUSTRALIA

(Contributed by V. Wymer, State Health Laboratory Service, Perth)

From mid-March to 31 July 1984, a survey for Cryptosporidium species was performed on 510 faecal specimens that were either very loose or liquid. The findings are shown in Table 1.

TABLE 1. Faecal specimens examined for cryptosporidia

<u>Patient age</u> <u>(years)</u>	<u>Specimens</u> <u>examined</u>	<u>Number</u> <u>positive</u>	<u>% Positive</u>
<1	67	2	2.98
1-5	108	3	2.77
6-10	31	2	6.45
11-20	26	1	3.84
>20	278	0	0

Eight (1.56%) of the specimens contained Cryptosporidium oocysts; in seven the parasite was the only pathogen detected, and one had Giardia lamblia cysts also. Similar to previous studies^(1,2), the majority (62.5%) of the positive findings were in young children. No oocysts were observed in 278 specimens from persons older than 20 years. Seven patients had a similar history of diarrhoea with watery stools, abdominal cramps and vomiting; the clinical history of the remaining patient was unavailable. All had close contact with animals or birds including sheep, horses, dogs, cats, budgerigars, galahs and a marsupial rat (Bettongia lesueur). Specimens from family contacts were supplied in one case, and Cryptosporidium species were demonstrated in three of four of the family contacts. All patients resided either in country towns or rural areas of Western Australia.

Editorial Comment

Cryptosporidium species cause a short-term, flu-like, gastrointestinal illness in immunocompetent persons and severe, persistent, life-threatening diarrhoea in the immunodeficient individual^(3,4). The protozoan's life cycle is direct through faecal-oral transmission, and is typical of Eimeriidea with asexual and sexual stages of reproduction⁽⁵⁾. However experience of both cases and outbreaks, and opportunities for detailed studies, are still too limited to define the modes of transmission. Possible sources and modes of infection have included; contact with animals or their excreta; consumption of infected (? contaminated) raw milk; consumption of contaminated water; consumption of contaminated food; and person-to-person spread.

A follow-up study of an outbreak involving 19 patients who either lived within the environs of a small rural town in North Wales, or had a direct connection with it, concluded that in the lack of other common factors linking cases, the combination of low level, but widespread, milk and environmental contamination with Cryptosporidium, coupled with low levels of immunity in young people, was responsible for an increase in incidence, with seasonal farming practices explaining the temporal peak⁽⁶⁾. A similar survey for cryptosporidiosis in an urban community (Bristol, UK) identified 43(5%) positive faecal samples of 867 patients presenting with gastrointestinal symptoms over a three month period⁽⁷⁾. Again, the source of infection was not identified, but direct contact with farm animals was not a feature, and no association with a common water supply could be established. However, the apparent maximum observed incidence of infection coincided with the ages of maximum milk consumption; no infection was seen in children under ten months, below which age drinking of unboiled milk is less likely. Although none of the patients consumed untreated milk, it has been implied that cryptosporidia are killed only by temperatures above 65°C for 30 minutes⁽⁵⁾, in which case they may be able to survive some pasteurisation procedures.

At present there is no effective therapy available to eradicate Cryptosporidium once it becomes established in an immunodeficient individual⁽⁸⁾, but the recent demonstration of growth in cell culture now provides a means of studying the parasite's behaviour, development and metabolism as well as a mechanism for the rapid evaluation of potentially useful therapeutic agents⁽⁹⁾.

References

1. CDI (1983) 83/24: 3
2. Lancet (1983) 2: 679
3. MJA (1984) 140: 516
4. Lancet (1984) 1: 492
5. Microbiol Rev (1983) 47: 84
6. CDR (1984) 84/32: 3
7. BMJ (1984) 289: 814
8. MMWR (1984) 33: 117
9. Science (1984) 224: 603

RECENT AUSTRALIAN ISOLATES OF INFLUENZA A VIRUS

(Contributed by M.G. Evered, OIC WHO Influenza Reference Centre, Commonwealth Serum Laboratories (CSL), Melbourne).

In CDI 84/19, it was stated that some of the recent influenza A H₃N₂ isolates were reacting poorly with all standard antisera. However, further analysis using higher egg passaged virus and homologous antisera has demonstrated that the isolates do resemble A/Philippines /2/82 (Table 1). The CSL isolates A/Victoria /6/84 and A/Victoria /16/84 are similar to each other and to A/Philippines /2/82. The Fairfield hospital isolate A/Victoria/114/84 which was regarded as a possible variant at MK₂E₁ passage level demonstrates good homology with A/Philippines /2/82 at the MK₂E₃ passage level. This behaviour also occurred with some isolates in 1983.

TABLE 1 Haemagglutination-inhibition results of recent influenza A isolates

ANTIGEN	SERA(1)						
	C A/Texas/1/77	C A/Bangkok/1/79	F(2) A/Vic/186/82	F A/Philippines/2/82	C A/Vic/6/84	C A/Vic/16/84	C A/Vic/114/84
A/Texas/1/77	<u>240</u>	80	2560	480	30	40	40
A/Bangkok/1/79	80	<u>960</u>	1280	960	60	60	60
A/Victoria/186/82	480	160	<u>5120</u>	640	80	80	80
A/Philippines/2/82	40	120	1280	<u>1280</u>	60	120	120
A/Victoria/6/84	60	120	960	960	<u>120</u>	80	240
A/Victoria/16/84	40	120	1280	960	160	<u>160</u>	240
A/Victoria/114/84 (MK ₂ E ₁)	<20	30	320	320	30	40	<u>80</u>
A/Victoria/114/84 (MK ₂ E ₃)	60	120	1280	960	120	120	<u>160</u>

(1) C = Post infection chicken sera
F = Post infection ferret sera

(2) A/Victoria/186/82 is an
A/Texas-like strain

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

 REPORTING PERIOD - 27/9/84 - 10/10/84 BULLETIN NUMBER 84/21
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR	RAHC (NSW)	PHH/ POW	FAIR- FIELD	RCH (VIC)	IMVS (SA)	STATE LAB	STATE LAB	Total
	(NSW)/ WVH (ACT)		(NSW)	(VIC)			(QLD)	(WA)	
0100 ADENOVIRUS NOT TYPED.....	4	1	1		4			1	11
0101 ADENOVIRUS TYPE 1.....	2					1			3
0102 ADENOVIRUS TYPE 2.....	6	2	1	2					11
0103 ADENOVIRUS TYPE 3.....	2						8		10
0105 ADENOVIRUS TYPE 5.....	1						1		2
0106 ADENOVIRUS TYPE 6.....	1					4			5
0107 ADENOVIRUS TYPE 7.....	1	1							2
0108 ADENOVIRUS TYPE 8.....	1						3		4
0112 ADENOVIRUS TYPE 12.....	1								1
0119 ADENOVIRUS TYPE 19.....	2								2
0131 ADENOVIRUS TYPE 31.....							1		1
0199 ADENOVIRUS TYPING PENDING.....		3	2		3	1			9
0201 INFLUENZA A VIRUS.....	1			6		5	7		19
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....	1			9	8				18
0203 INFLUENZA B VIRUS.....	26		5			2	2		35
0206 INFLUENZA A VIRUS SUBTYPE H1N1.....				1					1
0301 PARAINFLUENZA VIRUS TYPE 1.....	1	1			3	2			7
0302 PARAINFLUENZA VIRUS TYPE 2.....	3	2				2			7
0303 PARAINFLUENZA VIRUS TYPE 3.....	5	5		3	3	8	4		28
0304 PARAINFLUENZA VIRUS TYPE 4.....							1		1
0399 PARAINFLUENZA VIRUS TYPING PENDING.....					1	2			3
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	12	5	2	10	12	26	7		74
0500 RHINOVIRUS (ALL TYPES).....	5			5	8	23	6		47
0600 MYCOPLASMA PNEUMONIAE.....	5		3			3	8		19
0700 ORNITHOSIS-PSITTACOSIS.....				1		1			2
0809 COXSACKIEVIRUS A9.....	1			4					5
0904 COXSACKIEVIRUS B4.....				1	2		1		4
0905 COXSACKIEVIRUS B5.....	1			2		2			5
0906 COXSACKIEVIRUS B6.....						1			1
1005 ECHOVIRUS TYPE 5.....							1		1
1006 ECHOVIRUS TYPE 6.....	3			3	1				7
1008 ECHOVIRUS TYPE 8.....							1		1
1009 ECHOVIRUS TYPE 9.....	3				1				4
1021 ECHOVIRUS TYPE 21.....							2		2
1100 POLIOVIRUS NOT TYPED.....			2		4				6
1101 POLIOVIRUS TYPE 1.....	3					1			4
1102 POLIOVIRUS TYPE 2.....		2					1		3
1103 POLIOVIRUS TYPE 3.....	1					1	1		3
1200 MUMPS VIRUS.....	5		1	3					9
1300 HERPES VIRUS GROUP-NOT TYPED.....	42		1			17	1		61
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		2		1					3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	11		1				8		20
1303 VARICELLA-ZOSTER VIRUS.....	5		1	2		2	3		13
1306 HERPES SIMPLEX TYPE 1.....	19		15	33		33	15		115
1307 HERPES SIMPLEX TYPE 2.....	186		20	47		12	32		297
1399 HERPES VIRUS TYPING PENDING.....					8				8
1401 COXIELLA BURNETI.....	1								1
1502 PICORNA VIRUS-NOT TYPED.....	6		8						14
1521 MEASLES VIRUS.....	5	1			1		3		10
1522 RUBELLA VIRUS.....	43	1	3	2		14	10		73
1532 HEPATITIS B ANTIGEN.....	96		6	18		18	8		146
1535 HEPATITIS A ANTIBODY.....	4			1	1	1			7
* 1541 CHLAMYDIA A - C TRACHOMATIS.....	53		6	19			64		142
1556 CMV - CYTOMEGALOVIRUS.....	10	4	3	45	4	3	12		81
1563 CORONAVIRUS.....	1	1		1					3
1564 ROTAVIRUS.....	16	6	19		8	10	7		66
1599 ENTEROVIRUS TYPING PENDING.....		1	2		3	1			7
9901 ARBO. GROUP A.(UNSPECIFIED).....				5					5
9993 ASTROVIRUS.....	6	2							8
9994 SMALL VIRUS (LIKE) PARTICLE.....	4	2							6
9996 PARAMYXOVIRUS.....						2			2
Total.....	605	42	102	224	75	198	219		1,465

* The C. trachomatis cultures tabulated under the Fairfield Hospital column are in fact diagnosed at the Microbiological Diagnostic Unit, University of Melbourne.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 27/9/84 to 10/10/84

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Viral Identifications by Clinical Information Table 1.

Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Enceph-

alitis; 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.....			3								
0102 ADENOVIRUS TYPE 2.....			5			1	5				
0103 ADENOVIRUS TYPE 3.....			5								
0105 ADENOVIRUS TYPE 5.....			1								
0106 ADENOVIRUS TYPE 6.....	1		3				1				
0107 ADENOVIRUS TYPE 7.....			1				1				
0131 ADENOVIRUS TYPE 31.....							1				
0201 INFLUENZA A VIRUS.....	1	15				1					
0202 INFLUENZA A VIRUS SUBTYPE H3N2		17				1					
0203 INFLUENZA B VIRUS.....	2	23							2	1	
0206 INFLUENZA A VIRUS SUBTYPE H1N1		1									
0301 PARAINFLUENZA VIRUS TYPE 1....		7									
0302 PARAINFLUENZA VIRUS TYPE 2....		6				1					
0303 PARAINFLUENZA VIRUS TYPE 3....		25									2
0304 PARAINFLUENZA VIRUS TYPE 4....		1									
0399 PARAINFLUENZA VIRUS TYPING											
PENDING.....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS											
(RS).....	1	72									
0500 RHINOVIRUS (ALL TYPES).....		45				1					
0600 MYCOPLASMA PNEUMONIAE.....	4	14									1
0700 ORNITHOSIS-PSITTACOSIS.....		2									
0809 COXSACKIEVIRUS A9.....		2			2						
0904 COXSACKIEVIRUS B4.....		3					1				
0905 COXSACKIEVIRUS B5.....			1			1	2		1		
0906 COXSACKIEVIRUS B6.....							1				
1005 ECHOVIRUS TYPE 5.....					1						
1006 ECHOVIRUS TYPE 6.....		2			2		1				
1008 ECHOVIRUS TYPE 8.....							1				
1009 ECHOVIRUS TYPE 9.....	1	1			1						
1021 ECHOVIRUS TYPE 21.....		1			1						
1100 POLIOVIRUS NOT TYPED.....							1				
1101 POLIOVIRUS TYPE 1.....		2					1				
1102 POLIOVIRUS TYPE 2.....		2									
1103 POLIOVIRUS TYPE 3.....	1						1				
1200 MUMPS VIRUS.....	4										
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2									
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	3	1						1			
1303 VARICELLA-ZOSTER VIRUS.....	1	1									9
1306 HERPES SIMPLEX TYPE 1.....	1	13	1		1	1			1	2	45
1307 HERPES SIMPLEX TYPE 2.....	1										30
1401 COXIELLA BURNETI.....	1										
1502 PICORNA VIRUS-NOT TYPED.....							3				
1521 MEASLES VIRUS.....		4	1			1					4
1522 RUBELLA VIRUS.....	10	2									43
1532 HEPATITIS B ANTIGEN.....	93							38			1
1535 HEPATITIS A ANTIBODY.....	3							4			
1541 CHLAMYDIA A - C.TRACHOMATIS...		1									
1556 CMV - CYTOMEGALOVIRUS.....	13	23				1		6		5	
1563 CORONAVIRUS.....		1					2				
1564 ROTAVIRUS.....	2	2	1				60				
9901 ARBO. GROUP A.(UNSPECIFIED)...	1										4
9993 ASTROVIRUS.....							8				
9994 SMALL VIRUS (LIKE) PARTICLE...			1	1			6				
Total.....	144	310	5	8	1	9	96	49	4	8	139

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 27, 9, 84 to 10, 10, 84 ...

84/21

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
0101 ADENOVIRUS TYPE 1.....								1		
0102 ADENOVIRUS TYPE 2.....								2		
0103 ADENOVIRUS TYPE 3.....	3						1		1	
0108 ADENOVIRUS TYPE 8.....	4									
0112 ADENOVIRUS TYPE 12.....										1
0119 ADENOVIRUS TYPE 19.....	2									
0131 ADENOVIRUS TYPE 31.....							1			
0201 INFLUENZA A VIRUS.....								2		
0202 INFLUENZA A VIRUS SUBTYPE H3N2								5		1
0203 INFLUENZA B VIRUS.....				1			6	1		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								1		
0301 PARAINFLUENZA VIRUS TYPE 1....							1			
0303 PARAINFLUENZA VIRUS TYPE 3....					1			1	1	
0304 PARAINFLUENZA VIRUS TYPE 4....							1			
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....				1				3		2
0500 RHINOVIRUS (ALL TYPES).....								1	1	
0600 MYCOPLASMA PNEUMONIAE.....							1	1	1	
0809 COXSACKIEVIRUS A9.....								3		
0905 COXSACKIEVIRUS B5.....										1
1006 ECHOVIRUS TYPE 6.....								3		
1009 ECHOVIRUS TYPE 9.....								2		
1101 POLIOVIRUS TYPE 1.....									1	
1102 POLIOVIRUS TYPE 2.....										1
1103 POLIOVIRUS TYPE 3.....				1						
1200 MUMPS VIRUS.....			4	1				1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			14					1	1	
1303 VARICELLA-ZOSTER VIRUS.....				1			2	1		
1306 HERPES SIMPLEX TYPE 1.....	7	45						3	2	
1307 HERPES SIMPLEX TYPE 2.....		264			1				1	
1502 PICORNA VIRUS-NOT TYPED.....						1	1			
1521 MEASLES VIRUS.....								1	1	
1522 RUBELLA VIRUS.....			3		6		7	1	4	
1532 HEPATITIS B ANTIGEN.....									14	
1541 CHLAMYDIA A - C.TRACHOMATIS...	2	139				2				
1556 CMV - CYTOME GALOVIRUS.....		4	1	4		6	3	7	14	
1564 ROTAVIRUS.....									2	
9901 ARBO. GROUP A.(UNSPECIFIED)...					2			2		
Total.....	18	453	22	9	10	9	24	43	44	6

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 29 - 32)

15 July - 11 August, 1984

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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	2	1		1	1				5	29
Ankylostomiasis				5	1				6	47
Anthrax									—	—
Arbovirus infection	4								4	861
Brucellosis					1				1	7
Campylobacter infections	45	N.N.	N.N.	90	N.N.	N.N.	1	N.N.	136	1004
Chancroid				N.N.		N.N.			—	10
Cholera									—	1
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	3	N.N.	3	N.N.			6	159
Giardiasis	12	N.N.	N.N.	65	N.N.	N.N.	N.N.	N.N.	77	647
Genital herpes	53	N.N.	39	7	N.N.	N.N.	4	N.N.	103	862
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	1	N.N.	1	5
Gonorrhoea	181	135	78	47	94	1	53	12	601	5771
Hepatitis A (infectious)	8	18	22	3	1	1			53	451
Hepatitis B (serum)	40	7	44	21	19	1	3	4	139	955
Hepatitis - unspecified	8					N.N.	N.N.		8	77
Hydatid disease									—	6
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease			N.N.		N.N.	N.N.	N.N.	N.N.	—	11
Leprosy		1					1		2	11
Leptospirosis	3		8						11	150
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	2	9	86	3	4				104	450
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections			10		1	N.N.			11	67
Non-specific urethritis	294	N.N.	N.N.	95	N.N.	N.N.		N.N.	389	3083
Ornithosis		1		3					4	34
Pertussis (whooping cough)	8	2	N.N.	1	N.N.	N.N.	N.N.	N.N.	11	169
Plague									—	—
Polioyelitis									—	—
Q. fever	3	1		1	N.N.		N.N.		5	128
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	27	6	25	29	6	2	13	3	111	1425
Shigella infections	15	3	10	1	10		9		48	290
Smallpox									—	—
Syphilis	23	20	16	18	12		80		169	1368
Tetanus									—	1
Trachoma		N.N.			N.N.	N.N.			—	1
Tuberculosis (all forms)	38	21	11	2	8				80	748
Typhoid fever		1	1						2	28
Typhus (all forms)			2						2	8
Vibrio parahaemolyticus infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	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

Hepatitis A	-1	South Australia
Hepatitis B	-1	South Australia
Pertussis	+1	South Australia