ISSN 0725-3141

Communicable Diseases Intelligence

Bulletin number 84/23
Issue date: 16 November 1984

Contents:

VIRUS REPORTING SCHEME - A total of 1366 reports were processed this period. Although there was no overall decline in the number of rubella notifications, the pattern of reports suggested a decreased incidence in New South Wales, but rises in South Australia and Western Australia. The reports also reflected a fall in influenza virus activity in most States, except for influenza A in South Australia. Apart from respiratory tract presentations, three encephalitis cases associated with influenza were recorded; in a 64 year old male who exhibited seroconversion to influenza A (Institute of Medical and Veterinary Science (IMVS), Adelaide); in a 39 year old female with acute organic psychosis who had a CF titre of $\geq$ 1/320 to influenza B (State Health Laboratory Services (SHLS), Perth); and the isolation of an influenza A (H_3N_2) strain from a one year old girl (Royal Children's Hospital, Melbourne). During October, only two influenza A (A/Philippines/2/82-like) and two influenza B (B/USSR/100/83-like) strains were isolated at the OIC WHO Influenza Reference Centre, Melbourne.

- Arbovirus infections - The State Health Laboratory, Brisbane, detected IgM antibody to flavivirus in a 48 year old male from Townsville. The five epidemic polyarthritis cases emanated from Boulia (2), Ingham, Townsville and Brisbane. No location was recorded for the case reported by Prince Henry Hospital, Sydney.

- Other miscellaneous reports of interest include;- the isolation of herpes simplex type 1 from oesophageal biopsy in a 16 year old male (IMVS, Adelaide); the isolation of adenovirus type 11 from urine of a 59 year old female renal transplant recipient, and the detection of IgA antibody to the viral capsid antigen of Epstein-Barr virus in a 71 year old female with nasopharyngeal carcinoma (Institute of Clinical Pathology and Medical Research, Sydney); and the seroconversion by CF to coronavirus in a 28 year old male with synovitis following an upper respiratory tract infection (SHLS, Perth).

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.

PARATYPHOID SURVEILLANCE

(Contributed by J. Taplin, Microbiological Diagnostic Unit, Melbourne, and K. Bradshaw, Health Commission of Victoria.)

Since the beginning of July 1984, there has been a sudden increase in isolations of Salmonella paratyphi B serotype Java phage type 1 var. 6 in Victoria and New South Wales, with a total to the end of September of 28 cases (Table 1).

TABLE 1. State distribution of S. paratyphi B serotype Java 1 var. 6, July - September 1984

Week beginning	No of cases VIC	NSW	SA	QLD	Total
9 July	3	-	-	-	3
16 July	4	-	1	-	5
23 July	4	-	-	-	4
30 July	1	1	-	-	2
6 August	-	-	-	-	-
13 August	-	-	-	-	-
20 August	-	-	-	-	-
27 August	-	5	-	-	5
3 September	2	2	-	1	5
10 September	1	2	-	-	3
17 September	-	-	-	-	-
24 September	1	-	-	-	1
Total	16	10	1	1	28

The first isolation in Victoria on 10 July, was from a 69 year old man who collapsed with acute renal failure after diarrhoea and vomiting. S. java 1 var 6 was isolated from blood and faeces. Within the same week, cultures were recovered from two males aged 25 and 15 years, both with diarrhoea. Four new patients were seen in the following week; a female with diarrhoea three days before giving birth to her son who subsequently was infected with the organism (isolated from blood, CSF and faeces); a seven year old boy and a 22 month old boy. In the next ten days a further five cases were reported (three males aged two, eight and 31 years, a female aged 24 and the four year old brother of a previous case).

No cases occurred in Victoria in August, but there was one report from an 11 year old boy in South Australia. Two new cases were reported in Victoria in the first week of September (two males aged three and 13 years), and another case in the following week from a 20 year old man. Seven of the Victorian cases were from country areas, and nine were from various Melbourne suburbs.

The first case in New South Wales was in a six year old boy on 31 July. No further cases were reported until 29 August, when a cluster of six cases were isolated within one week (three males aged eight, 13 and 27 years, one male of unknown age, and two females aged three and nine). Five of these cases and the first case in July all came from outer western suburbs of Sydney. The nine year old girl came from Newcastle and the 18 year old male reported in the same week resided in Albury. Two more cases from the outer western suburbs of Sydney (a nine month old girl and the five year old brother of a previous case) were reported in the following week.

There was one report from Queensland in a four year old boy in the first week of September.

The only isolates of S. java 1 var 6 before July this year were from a 14 month old child in Townsville in April and from the Burdekin river near Townsville in May. There were three cases in 1983 (two in Rockhampton and one in Townsville) and three cases in 1982 (all from Townsville). All the current cases have Anglo-Saxon names, with a predominance of males especially in Victoria. The age groups are evenly distributed between young children, teenagers and adults. None of the Victorian cases had travelled recently in Queensland, and as far as can be ascertained there appears to be no common food linking the cases, although investigations are continuing.

HUMAN PAPILLOMAVIRUSES

Genital and anal warts are often collectively referred to as condylomata acuminata. The wart virus, or human papillomavirus (HPV), describes a heterogeneous group of small DNA viruses currently of 24 types, at least four of which are specific for the urogenital tract.[1,2] Because these viruses are host and cell specific, requiring an epithelial cell in an advanced state of differentiation for replication, they have not been successfully propagated in cell culture,[3] and differentiation is based on the lack of DNA homology and immunological cross reactivity. The virus particle has a diameter of 55 nm containing double stranded DNA (MW approximately 5×10^6 daltons) in a nucleosome-like structure.[4]

The HPVs have long been associated with a variety of benign cutaneous carcinomas, with most of the HPV types associated with lesions that exhibit characteristic histopathological and cytological features.[1] HPV 1 is associated with deep, solitary, painful plantar warts; HPV 2 with common warts that may be located almost anywhere on the skin surface; HPV 3 and 10 with flat warts usually on the face and the dorsa of the hands; HPV 4 with hand warts (usually dome-shaped), HPV 5, 8, 9, 12, 14 and 15 with benign lesions in patients suffering from epidermodysplasia verruciformis (EV); HPV 7 with common warts on the hands of butchers; HPV 13 with focal epithelial hyperplasia of the oral mucosa, particularly in Greenland Eskimos and American Indians; and HPV 6, 11, 16 and 18 with papillomas of the larynx and/or genital skin and mucosa.[5,6,7] However, recent research has implicated HPV types in primary and metastatic squamous cell carcinomas of patients with EV, and with cervical intraepithelial neoplasia. The evidence of the role of HPV in cervical cancer remains circumstantial, but one study has shown that 93% of women with cancer of the cervix possessed an IgG antibody against a HPV group specific antigen.[8] HPV association with squamous cell carcinomas in animals is also well established.[9]

Squamous cell neoplasia (including cancer precursors) of the uterine cervix is the most prevalent neoplasm affecting women, resulting in an estimated 2000 deaths a year in England and Wales.[10] The significant increase of 60% in the past 15 years in the UK national prevalence of precancerous cervical lesions, especially in young women [11], is of considerable concern, since it coincides with the apparent doubling in the frequency of clinically obvious genital warts in both sexes in the past decade[12]. Indeed, the prevalence of these lesions must also be a gross underestimate since most are not reported.[13] Epidemiological studies have shown an association between carcinoma of the cervix and sexual behaviour, particularly with an increased number of partners and early age of first intercourse.[14,15] In addition, it

is feared that the apparent growing prevalence of oral-genital sexual intercourse may lead to a concomittant increase in oral papillomatous lesions.[16]

The apparent increase in the prevalence of cervical wart virus infection is also due to the detection of previously unrecognized flat lesions, containing mild cytological atypia and cells with densely staining irregular nuclei and perinuclear halos, only seen with the increased magnification of colposcopy.[17,18] These flat lesions have been classified into two types on the basis of nuclear DNA distribution patterns and the presence/absence of abnormal mitotic figures.[19] Lesions that are diploid or polyploid rarely contain abnormal mitotic figures and rarely progress, whereas lesions that are aneuploid have abnormal mitotic figures and commonly progress to a higher grade of cervical intraepithelial neoplasia or invasive cancer.[20] However, the precursors to cervical cancer are variable, and it is difficult to predict its course in individual patients. Regression is more common in the early stages. In many colposcopic studies nearly one third of all cervices have evidence of an associated HPV lesion,[21] so that the carcinogenic potential of HPVs is being actively researched.

It has been reported that HPV 6 and 11 are commonly found in acuminate warts but seldom found in invasive squamous cell carcinoma,[5,6] whereas HPV 16 and 18 are found almost exclusively in high grade cervical intraepithelial neoplasia and invasive cancer.[7] In published surveys, HPV 6 was found in 12 of 19 biopsy specimens of premalignant lesions in a group of London women,[22] HPV 11 in five of five similar lesions in Germany,[6] HPV 16 in almost two thirds[2] and HPV 18 in a fifth of 18 cervical cancers[7]. The presence of HPV 16 has been shown to correlate with the presence of abnormal mitotic figures in flat warts of the cervix,[23] and may therefore be a specific marker for early cancer precursors.

However, the question of whether the relationship of HPVs and cervical cancer is only casual rather than causal remains unanswered.[24] With bovine papillomas of the oesophagus and intestine (caused by bovine papillomavirus type 4), bracken is required as a cofactor to progress to cancer.[25] Ultraviolet light also seems to be a cofactor in the induction of ocular tumours in cattle exposed to the sun.[25] In humans, sunlight is required for HPV to exert its malignant potential to progress to EV.[26] Two possible cofactors with HPV cervical carcinoma are infection with herpes simplex virus (HSV) or other insults on the cervical epithelium[27] and smoking.[28] HSV-2 specific mRNA has been detected in premalignant and malignant cervical tissue,[29] but HSV-specific DNA has only rarely been found in cervical malignancy even with highly sensitive hybridisation techniques,[30] so that the role of HSV-2 as a sole cause of cervical cancer is doubtful. However, HSV might play a part as a tumour initiator with HPV acting as a promotor.[27] Smoking may act as a similar cofactor or promotor, since one study has shown that the relative risk of women developing carcinoma <u>in situ</u> after 12 or more "pack years" of exposure to cigarettes is increased by a factor of nearly 13.[28] It has been suggested that nicotine might have a toxic effect on epithelium, facilitating the entry of HPV.

An association between condylomata acuminata and vulvar cancer has also been proposed,[30,31,32] and HPV 6 DNA has been isolated from a genital verrucous carcinoma[33] and a vulvar

carcinoma in situ, and HPV 3 related genome has been found in vulvar cancer.[33] Ominously, one study reported that approximately a third of 50 young women attending a STD clinic with simple vulval warts had a premalignant cervical lesion after six months of observation.[34]

The management of HPV infection is controversial, but most gynaecological pathologists advocate an aggressive approach, with increased diligence in Papanicolaou-smear screening and in the removal of condylomata and dysplastic tissue, usually by laser or cryosurgery, even though many of these lesions would regress spontaneously without treatment.[2,35] A well organised computerised program of cervical cytological screening would also undoubtedly lead to a substantial reduction in mortality from invasive cancer of the cervix.[36]

References

1. Arch. Dermatol. (1983) 119 : 631.
2. BMJ (1984) 288 : 735.
3. Science (1984) 225 : 634.
4. J. Virol. (1977) 21 : 1205.
5. Int. J. Cancer (1982) 29 : 143.
6. Proc. Natl. Acad. Sci. USA (1983) 80 : 560.
7. Proc. Natl. Acad. Sci. USA (1983) 80 : 3812
8. Lancet (1983) 2 : 17.
9. Microbiol. Rev. (1982) 46 : 191.
10. BMJ (1984) 289 : 853.
11. Health Trends (1982) 14 : 41.
12. Dermatologic Clinics (1983) 1 : 93.
13. BMJ (1984) 288 : 735.
14. Cancer Res. (1973) 33 : 1353.
15. Cancer Res. (1976) 34 : 783.
16. JAMA (1984) 251 : 2185.
17. Acta Cytol. (Baltimore) (1976) 20 : 505.
18. Obstet. Gynecol (1980) 55 : 476.
19. NEJM (1984) 310 : 880.
20. Gynecol. Oncol. (1981) 12 : S220.
21. Br. J. Obstet. Gynaecol. (1983) 90 : 1082.
22. BMJ (1983) 287 : 784.
23. NEJM (1984) 310 : 880.
24. Lancet (1983) 2 : 546.
25. Jarret W.F.H. Papillomaviruses in benign and malignant tumours of cattle. In: Essex M, Todaro G, zur Hausen H, eds. "Viruses in naturally occurring cancers". Vol A. Cold Springs Harbor : Cold Spring Harbor Laboratory, (1980) : 215.
26. J. Virol. (1982) 43 : 436.
27. Lancet (1982) 2 : 1370.
28. JAMA (1983) 250 : 499.
29. J. Gen. Virol. (1981) 55 : 123.
30. Proc. Natl. Acad. Sci. USA (1972) 69 : 3784.
30. Obstet. Gynecol. (1979) 54 : 120.
31. Am. J. Obstet Gynecol. (1980) 136 : 830.
32. Pathol. Res. Pract. (1980) 170 : 91.
33. Nature (1982) 300 : 771.
34. Br. J. Vener. Dis. (1983) 59 : 327.
35. JAMA (1983) 249 : 2997.
36. BMJ (1984) 289 : 894.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 25/10/84 - 7/11/84 BULLETIN NUMBER 84/23

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			5	1	4		22	3	35
0101 ADENOVIRUS TYPE 1				3		7			10
0102 ADENOVIRUS TYPE 2					3			2	5
0103 ADENOVIRUS TYPE 3				1	1	1		2	5
0104 ADENOVIRUS TYPE 4			1						1
0105 ADENOVIRUS TYPE 5					2	2		1	5
0106 ADENOVIRUS TYPE 6					2	2			4
0107 ADENOVIRUS TYPE 7	2							1	3
0108 ADENOVIRUS TYPE 8			1					1	2
0111 ADENOVIRUS TYPE 11	1								1
0199 ADENOVIRUS TYPING PENDING			1		6	7			14
0201 INFLUENZA A VIRUS	2			1		24	4	8	39
0202 INFLUENZA A VIRUS SUBTYPE H3N2					5				5
0203 INFLUENZA B VIRUS	6		2	1		2	4	6	21
0301 PARAINFLUENZA VIRUS TYPE 1						3		1	4
0302 PARAINFLUENZA VIRUS TYPE 2					1	1	1		3
0303 PARAINFLUENZA VIRUS TYPE 3	4			1	9	7	4	5	30
0399 PARAINFLUENZA VIRUS TYPING PENDING						2			2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	6		3	3	8	13	4	4	41
0500 RHINOVIRUS (ALL TYPES)	3			1	20	25	2	4	55
0600 MYCOPLASMA PNEUMONIAE			1				4	4	9
0700 ORNITHOSIS-PSITTACOSIS						1	1	1	3
0809 COXSACKIEVIRUS A9	2		1	2					5
0903 COXSACKIEVIRUS B3				1					1
0905 COXSACKIEVIRUS B5	2					4		1	7
1002 ECHOVIRUS TYPE 2						1			1
1006 ECHOVIRUS TYPE 6								1	1
1009 ECHOVIRUS TYPE 9				3					3
1016 ECHOVIRUS TYPE 16								1	1
1030 ECHOVIRUS TYPE 30				3					3
1100 POLIOVIRUS NOT TYPED			3						3
1101 POLIOVIRUS TYPE 1							2		2
1103 POLIOVIRUS TYPE 3							2	1	3
1200 MUMPS VIRUS	5			2		1	1	1	10
1300 HERPES VIRUS GROUP-NOT TYPED	19		3	1		6		1	30
1301 HERPES SIMPLEX VIRUS NOT-TYPED				3			1	2	6
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	10					1		14	25
1303 VARICELLA-ZOSTER VIRUS	5		2			2		3	12
1306 HERPES SIMPLEX TYPE 1	7		10	29		26	57	17	146
1307 HERPES SIMPLEX TYPE 2	85		21	62		29	113	41	351
1399 HERPES VIRUS TYPING PENDING			1	1	1	2			5
1401 COXIELLA BURNETI	4						1	3	8
1502 PICORNA VIRUS-NOT TYPED			6				1		7
1521 MEASLES VIRUS	1		4					5	10
1522 RUBELLA VIRUS	6		7	9		23	1	18	64
1532 HEPATITIS B ANTIGEN	64		11	26		19	16	3	139
1535 HEPATITIS A ANTIBODY				1		2	1	1	5
1541 CHLAMYDIA A - C TRACHOMATIS	16		5			1	29	50	101
1556 CMV - CYTOMEGALOVIRUS	8			40	4	2	2	7	63
1562 REOVIRUS (ALL TYPES)				1					1
1563 CORONAVIRUS								5	5
1564 ROTAVIRUS			8	6	9	9			32
1599 ENTEROVIRUS TYPING PENDING			2		6				8
9902 POXVIRUS GROUP NOT TYPED				1					1
9992 ROSS RIVER VIRUS			1				4	1	6
9994 SMALL VIRUS (LIKE) PARTICLE				1					1
9996 PARAMYXOVIRUS						1			1
9998 ARBO. GROUP B.							1		1
Total	258		99	204	81	226	278	220	1,366

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 25/10/84 to 7/11/84 .... 84/23

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.....		8		1							
0102 ADENOVIRUS TYPE 2.....		3					1				1
0103 ADENOVIRUS TYPE 3.....		4									
0105 ADENOVIRUS TYPE 5.....		3				2	1				
0106 ADENOVIRUS TYPE 6.....		2					3				
0107 ADENOVIRUS TYPE 7.....		1									
0201 INFLUENZA A VIRUS.....	4	24	1			1					
0202 INFLUENZA A VIRUS SUBTYPE H3N2		3	1								
0203 INFLUENZA B VIRUS.....	2	15	1						1		
0301 PARAINFLUENZA VIRUS TYPE 1....		4									
0302 PARAINFLUENZA VIRUS TYPE 2....		2									
0303 PARAINFLUENZA VIRUS TYPE 3....		27		1		1	1				
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		39									
0500 RHINOVIRUS (ALL TYPES).....		47				1					2
0600 MYCOPLASMA PNEUMONIAE.....	1	8									1
0700 ORNITHOSIS-PSITTACOSIS.....		3				1					
0809 COXSACKIEVIRUS A9.....	1			4							
0903 COXSACKIEVIRUS B3.....						1					
0905 COXSACKIEVIRUS B5.....		1		1		1					2
1002 ECHOVIRUS TYPE 2.....		1									
1009 ECHOVIRUS TYPE 9.....				2							
1016 ECHOVIRUS TYPE 16.....						1					
1030 ECHOVIRUS TYPE 30.....				3							
1101 POLIOVIRUS TYPE 1.....						1					
1103 POLIOVIRUS TYPE 3.....		1					1				
1200 MUMPS VIRUS.....	1			3							
1301 HERPES SIMPLEX VIRUS NOT-TYPED						1					1
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	4	1						1			1
1303 VARICELLA-ZOSTER VIRUS.....	3			1					1		7
1306 HERPES SIMPLEX TYPE 1.....	8	8					1			3	64
1307 HERPES SIMPLEX TYPE 2.....	10	1							1		56
1401 COXIELLA BURNETI.....	2										
1521 MEASLES VIRUS.....	2	1	2			1					4
1522 RUBELLA VIRUS.....	3	1									41
1532 HEPATITIS B ANTIGEN.....	81	2						43			
1535 HEPATITIS A ANTIBODY.....								5			
1556 CMV - CYTOMEGALOVIRUS.....	7	3	1					7	1	7	1
1562 REOVIRUS (ALL TYPES).....		1									
1563 CORONAVIRUS.....		2									
1564 ROTAVIRUS.....		1					32				
9902 POXVIRUS GROUP NOT TYPED.....											1
9992 ROSS RIVER VIRUS.....	3										
9994 SMALL VIRUS (LIKE) PARTICLE...							1				
9996 PARAMYXOVIRUS.....		1									
Total.....	133	219	6	16		12	41	56	4	10	182

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 25/10/84 to 7/11/84 ... 84/23
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.....								2		
0102 ADENOVIRUS TYPE 2.....							1	1		
0103 ADENOVIRUS TYPE 3.....	2							1		
0104 ADENOVIRUS TYPE 4.....	1									
0107 ADENOVIRUS TYPE 7.....	2									
0108 ADENOVIRUS TYPE 8.....	1	1								
0111 ADENOVIRUS TYPE 11.....									1	
0201 INFLUENZA A VIRUS.....			1		1		2	8	1	
0202 INFLUENZA A VIRUS SUBTYPE H3N2							2			
0203 INFLUENZA B VIRUS.....								5		
0302 PARAINFLUENZA VIRUS TYPE 2....										1
0303 PARAINFLUENZA VIRUS TYPE 3....							1			
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....							2	2	1	1
0500 RHINOVIRUS (ALL TYPES).....					1		6	1		
0600 MYCOPLASMA PNEUMONIAE.....				1				2		
0905 COXSACKIEVIRUS B5.....									1	1
1006 ECHOVIRUS TYPE 6.....							1			
1009 ECHOVIRUS TYPE 9.....								1		
1101 POLIOVIRUS TYPE 1.....										1
1103 POLIOVIRUS TYPE 3.....							1			
1200 MUMPS VIRUS.....			6				1	1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2							2	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			10	1			2	5	2	
1303 VARICELLA-ZOSTER VIRUS.....							1			
1306 HERPES SIMPLEX TYPE 1.....	4	45	1				1	3	11	
1307 HERPES SIMPLEX TYPE 2.....		283							2	
1401 COXIELLA BURNETI.....					1		1	3	1	
1521 MEASLES VIRUS.....			1		1		2	1		
1522 RUBELLA VIRUS.....	1		3		9		2		15	
1532 HEPATITIS B ANTIGEN.....					1				12	
1541 CHLAMYDIA A - C.TRACHOMATIS...	3	97							1	
1556 CMV - CYTOMEGALOVIRUS.....		4	1			4	2	3	23	1
1562 REOVIRUS (ALL TYPES).....								1		
1563 CORONAVIRUS.....					2			2		
9992 ROSS RIVER VIRUS.....					3			1		
9998 ARBO. GROUP B.					1			1		
Total.....	14	432	23	2	20	4	28	44	73	5

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 33 - 36)
12 August - 8 September, 1984

Bulletin 84/23

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis				3			1		4	33
Ankylostomiasis				1					1	48
Anthrax									—	—
Arbovirus infection	1								1	858
Brucellosis							1		1	8
Campylobacter infections	23	N.N.	N.N.	68	N.N.	N.N.	N.N.	N.N.	91	1093
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.		N.N.	1	N.N.	10		11	170
Giardiasis	26	N.N.	N.N.	48	N.N.	N.N.	N.N.	N.N.	74	717
Genital herpes	52	N.N.	4	6	N.N.	N.N.	2	N.N.	64	926
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.		N.N.	—	5
Gonorrhoea	200	83	44	31	91	4	59	12	524	6295
Hepatitis A (infectious)	5	5	9	6	2	1		4	32	481
Hepatitis B (serum)	62	9	39	16	19			1	146	1103
Hepatitis - unspecified	11	4			2	N.N.	1		18	99
Hydatid disease	1								1	7
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease			N.N.		N.N.	N.N.	N.N.	N.N.	—	12
Leprosy		2	3						5	17
Leptospirosis	1	1	9	1					12	163
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	9	5	14		5			1	34	484
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	1		3	1		N.N.			5	73
Non-specific urethritis	283	N.N.	N.N.	92	N.N.	N.N.	1	N.N.	376	3459
Ornithosis									—	34
Pertussis (whooping cough)	1		N.N.		N.N.	N.N.	N.N.	N.N.	1	170
Plague									—	—
Poliomyelitis									—	—
Q. fever	3		12		N.N.		N.N.		15	143
Rabies		N.N.	N.N.			N.N.	N.N.	N.N.	—	—

2.

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	30	9	15	14	4	3	30	2	107	1532
Shigella infections	10	2	2	2	1		16		33	323
Smallpox									—	—
Syphilis	74	3	12	2	20		74	1	186	1554
Tetanus									—	1
Trachoma		N.N.			N.N.	N.N.			—	1
Tuberculosis (all forms)	27	20	8	1	11	1	8		76	827
Typhoid fever	2		1						3	31
Typhus (all forms)									—	8
Vibrio parahaemolyticus infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	7
Yellow Fever									—	—
Yersinia enterocolitica infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	6

(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.)

AJUSTMENTS

Arbovirus infection	-4	South Australia
Campylobacter infection	-2	South Australia
Giardiasis	-4	South Australia
Hepatitis A	-2	South Australia
Hepatitis B	+3	South Australia
Hepatitis unspecified	+4	South Australia
Legionnaires' Disease	+1	South Australia
Leprosy	+1	South Australia
Leptospirosis	+1	South Australia
Meningococcal infections	+1	South Australia
Salmonella infections	-1	South Australia
Tuberculosis	+3	South Australia