



Communicable Diseases Intelligence

Bulletin number 84/24
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ANNOUNCEMENT - SEMINAR ON INFECTIOUS DIARRHOEA IN THE YOUNG: STRATEGIES FOR CONTROL IN HUMAN AND ANIMALS

As a follow-up to the earlier announcement of the forthcoming seminar on diarrhoeal diseases in humans and food animals to be held at Deakin University, Geelong, Victoria, on 11-15 February 1985 (see CDI (1984) 84/13: 6), the proposed scientific program has been appended as a detachment at the end of the issue. Registration fee is A\$200.00, with an additional late registration fee of A\$40.00 charged after 31 December 1984. Enquiries and requests for further details should be addressed to: The Conference Secretary, Diarrhoeal Disease Seminar, Attwood Institute for Veterinary Research, Mickleham Road, Westmeadows, Victoria 3047.

NEW LBM* ANTISERUM POOLS AVAILABLE FOR TYPING ENTEROVIRUSES (Based on WER (1984) 59: 345)

* Prepared by the Lim and Benyesh-Melnick method.

In 1973, two sets of enterovirus typing antisera were prepared and assayed for homologous and heterotypic reactions through the collaborative studies of the WHO Centres for Virus Reference and Research. Forty-two different sera were prepared for the enteroviruses that are readily propagated in cell cultures. Ninety different sera were prepared for those enteroviruses which normally require the use of infant mice for assay. The first set of 42 antisera were distributed into eight combination pools, designated as A through H for the identification of the 42 viruses. Over a period of ten years these were made available for typing new isolates throughout the world. Similarly the 19 sera of the second set were distributed into J through P combination pools.

The stock of the first set of A-H pools has been exhausted and a new set has now been prepared and re-standardised by the WHO Collaborating Centre for Virus Reference and Research, Baylor College of Medicine, Houston, Texas. They are now stored at the State Serum Institute, Copenhagen, which is also responsible for their distribution. Arrangements for obtaining the sera can be made through the Virus Diseases Unit, WHO, Geneva. In order to obtain a set of reagents, each laboratory is asked to inform WHO of their recent experiences with

(continued on page 6)

COMMUNICABLE DISEASE SURVEILLANCE - SENTINEL PRACTICES, SOUTH AUSTRALIA

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

As an adjunct to the notifiable diseases reporting scheme, the Health Commission and the Research Committee of the South Australian Faculty of the Royal Australian College of General Practitioners established a sentinel practice reporting system in January 1983 (see also CDI 83/10 and 84/7).

In addition to the number of reports of the twelve nominated conditions (influenza-like illness, upper respiratory tract infection, sore throat, infectious mononucleosis, measles, mumps, whooping cough, diarrhoea, genital warts, genital herpes simplex, upper limb repetitive injury, and "cycle" accidents), the data were expressed as percentages of the total encounters for each two week period (average of 3830 encounters/fortnight). These percentages are illustrated in Figure 1A-D for the six month period January-June 1984.

Manual tallies of cases reported were very useful in the last months to gauge the extent of winter respiratory illnesses, when it appeared that "influenza-like" illness, although more common in winter, did not have the impact that was recorded in 1983.

LEPTOSPIROSIS SURVEILLANCE

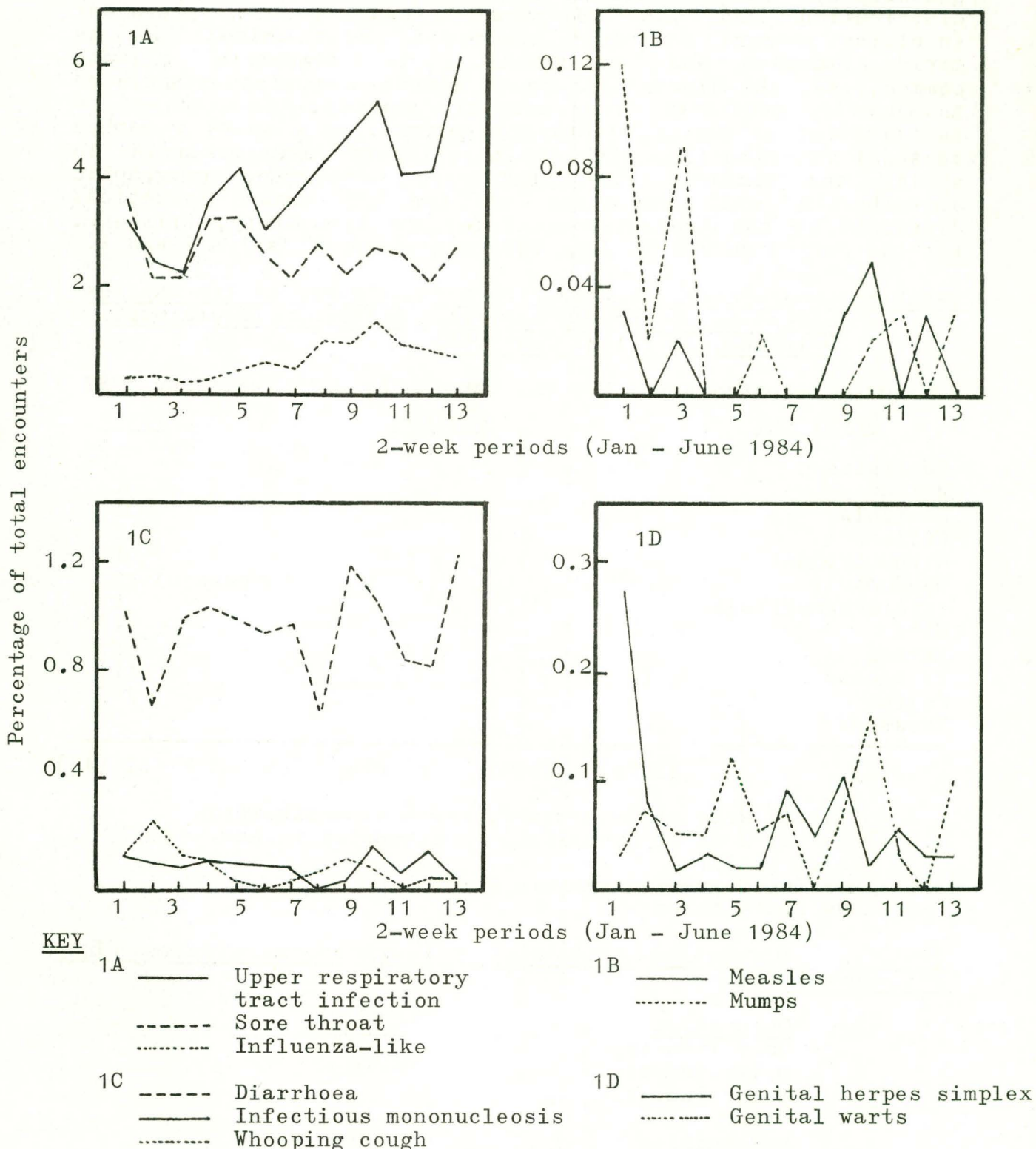
(Based on CDR (1984) 84/44:3, and Annual Report (1983), Queensland Health and Medical Services).

Leptospirosis is thought to be the most widespread zoonosis in the world. The natural reservoir for many leptospire is wild animals, particularly the rodent family. Domestic animals such as dogs or farm livestock may become infected, either directly with leptospiral serogroups specific for their species, eg. Canicola in dogs and Hebdomadis serovar hardjo in cattle; or indirectly by contact with contaminated urine from another host eg. dogs with Icterohaemorrhagiae. Man is an accidental host. The host animal is often asymptomatic but will carry leptospira in high numbers ($>10^{10}$ mg/g) in their kidneys, excreting them in the urine to rivers, irrigation systems and animal feedstuffs on farms. Human infection may result from exposure to this contaminated environment, although some infections, such as hardjo, are usually the result of direct animal contact. Leptospire enter the body through cuts and abrasions of the skin or by contact with mucous membrane of the nose, mouth or eyes. In the UK, the predominating infecting serogroups are L. interrogans var Icterohaemorrhagiae, var Canicola and var Hebdomadis, particularly serovar hardjo. Of the 120 cases confirmed by the Leptospirosis Reference Unit in 1983, 39 (32%) were var Ictohaemorrhagiae, 55(46%) var Hebdomadis (hardjo), 8(7%) Canicola and 18(15%) belonged to other serogroups or were not determined.

In the past, persons in occupations associated with water or sewage were considered to be at particular risk from leptospirosis, as they often worked in rat-infested conditions and in water polluted with leptospira infected urine. Today, with modern pest control measures, the use of protective clothing and the presence in waste waters of detergents which rapidly destroy leptospire, the epidemiological pattern of leptospirosis has changed. Today the major occupational risk is among farm workers. Of the 177 cases of Icterohaemorrhagiae

FIGURE 1

Selected conditions expressed as percentage of total encounters by two week periods - sentinel practices, South Australia (January-June 1984).



infections diagnosed in the period 1978-83 in the UK, 50 occurred in the farming industry. Similar protective measures to those used by the Water Authority to protect sewer men cannot easily be applied to current farming practices. Nevertheless, awareness of the risk involved is often helpful in itself. Water-associated activities have also been shown to have risk factors for leptospirosis, and 45 of the 177 Icterohaemorrhagiae infections were linked to water exposure. Most of the cases were in bathers in freshwater ponds and streams, some were in canoeists practising capsizing drills, and more recently cases have occurred in people pursuing the latest leisure activity - "raft racing".

The epidemiology of human leptospirosis in Australia may be categorised into tropical and temperate types (see CDI (1980) 80/21:2). The tropical pattern is restricted to north Queensland, where there is no particular occupational distribution and many different serovars are prevalent involving several different species of host animal such as field rodents and marsupials. In temperate climate communities, the disease is almost always occupation-associated and usually contracted from domestic animals. In contrast to the tropical situation, temperate leptospirosis shows a marked seasonal distribution, with the majority of cases occurring in spring and summer. The leptospire serogroup, geographic distribution and occupation of the 92 human infections diagnosed at the Leptospirosis Reference Laboratory, Brisbane, for the period July 1982-June 1983 are given in Tables 1 and 2.

TABLE 1 Geographical distribution and serogroup of leptospires diagnosed at the Leptospirosis Reference Laboratory, Brisbane, July 1982-June 1983

Figures in parentheses are the totals for July 1981-June 1982

Serogroup	Regions				Total
	A	B	C	D	
Australis	1	2			3
Ballum				1	1
Canicola	1				1
Celledoni	3	1			4
Gryppotyphosa		1			1
Hebdomadis	3			10(hardjo)	13
Icterohaemorrhagiae		1			1
Mini	1				1
Pomona	5	7	10	4	26
Pyrogenes	10	1			11
Sejroe	8	14	5		27
Tarassovi	1	2			3
Total	33(73)	29(38)	15(23)	15(12)	62(146)

- A - Coastal area of Queensland, north of Rockhampton
 B - Coastal area of Queensland, Rockhampton to New South Wales border
 C - Darling Downs and western Queensland
 D - New South Wales

TABLE 2 Occupation categories of leptospirosis cases (July 1982-June 1983).

Occupation	Number
Meat industry	30
Dairy industry	10
Sugar industry	1
Other	17
Unspecified	60
Total	118*

*Includes 26 cases referred from Fiji, Papua New Guinea and Solomon Islands.

Studies in the UK have shown that the high prevalence of cattle-associated leptospirosis due to the Hebdomadis serovar hardjo has put at least 4% of all dairymen at risk. This milder form of leptospirosis usually presents as a flu-like illness with fever, severe headache and, often mental confusion. In untreated cases full recovery may take several

months, and lethargy is the most common symptom during the convalescent period. In a small minority of cases, the infection progresses to lymphocytic meningitis, occasionally hepato-renal failure and rarely, death. Amoxycillin orally 500mg tds for five days has been shown empirically to be a successful treatment for these infections.

CONDYLOMATA ACUMINATA SURVEILLANCE

Since condylomata acuminata (genital and venereal warts) is not a notifiable condition in Australia, a telephone survey was conducted of the major sexually transmissible diseases (STD) clinics to estimate the prevalence of the disease in the community as a follow-up to the review on human papillomavirus infections in CDI 84/23. Table 1 details the total number of patients presenting to each clinic in 1982 and 1983, together with the number in whom a specific diagnosis was made and the number of genital warts cases.

TABLE 1 Condylomata acuminata cases diagnosed at selected STD centres 1982-1983

Percentages are in parentheses

<u>Centre</u>	<u>No. of cases</u>	
	<u>1982</u>	<u>1983</u>
STD Clinic, Woden Valley Hospital, Canberra	No statistics available, but 2-3 cases/day estimated.	
STD Clinic, Macquarie Street, Sydney	1. 43425	40596
	2. 14816 (34.12)	12849 (31.65)
	3. 1412 (3.25)	1024 (2.52)
STD Clinic, Prince of Wales Hospital, Randick, Sydney	1. 2555	2593
	2. ~2000	~2000
	3. 98 (3.84)	79 (3.05)
Communicable Diseases Centre, Melbourne	1. N/A	26144
	2. N/A	14202
	3. N/A	432 (1.65)
Male STD Clinic, Brisbane	1. 5252	7050
	2. 4258 (81.07)	5325 (75.53)
	3. 128 (2.44)	217 (3.08)
Female STD Clinic, Brisbane	1. 2182	3803
	2. 1572 (72.04)	2763 (72.65)
	3. 69 (3.16)	105 (2.76)
STD Clinic, Townsville General Hospital	1. 463	654
	2. 33 (7.13)	28 (4.29)
	3. 3 (0.65)	2 (0.31)
Venereal Diseases Control Centre, Adelaide	1. 11685	12237
	2. 7325 (62.69)	7695 (62.88)
	3. 402 (3.44)	390 (3.19)
Special Clinic for Venereal Diseases, Port Adelaide	1. 2105	2151
	2. 640 (30.40)	655 (30.45)
	3. 38 (1.80)	39 (1.81)
Sexually Related Diseases Clinic, Flinders Medical Centre, Adelaide	1. 230	208
	2. 208 (90.43)	N/A
	3. 20 (8.70)	23 (11.06)

	6.		
Special Clinic, Royal Hobart Hospital, Tasmania	1.	265	248
	2.	201 (75.85)	187 (75.40)
	3.	14 (5.28)	17 (6.85)
STD Clinic, Alice Springs Hospital Complex	1.	492	842
	2.	N/A	243 (28.86)
	3.	N/A	21 (2.49)
STD Clinic, Moore Street, Perth	1.	50450	50530
	2.	28252 (56)	28514 (56.43)
	3.	3622 (7.18)	3264 (6.46)

1. = Number of persons attending the clinic
 2. = Number of patients in whom a specific diagnosis was made
 3. = Number of genital warts cases
- N/A = not available.

Condylomata acuminata are papillomavirus-induced soft, pink growths that appear singly or in clusters in moist areas around the genitalia and rectum. Recent studies have indicated a positive association between the condition and cervical carcinoma (see CDI (1984) 84/23). From the above data, it can be seen that it is one of the most common sexually transmissible diseases. In the USA, the estimated number of consultations for condylomata acuminata with office-based private physicians rose from 169,000 in 1966 to 946,000 in 1981, compared with 295,000 for genital herpes in the same year(1). More than 69% of the 1981 consultations were with persons aged 15-29 years.

Unlike gonorrhoea, syphilis, genital herpes and genital chlamydia infections, relatively little is known about the epidemiology, microbiology and complications of genital warts. Although they tend to recur, no specific treatment is available to prevent further episodes. At present, no laboratory tests exist to detect incubating condylomata acuminata, and therapy can be difficult, prolonged and only marginally efficacious (2).

References

1. MMWR (1983) 32:306
2. Rev. Inf. Dis. (1982) 4:S829

(continued from page 1)

isolating and typing enteroviruses, and of their planned use of the new pools. Only one set of typing reagents will be sent per year to a single laboratory.

The present set of typing pools was prepared by the same methods that were used for the original pools, namely, reading CPE endpoints in the tube cultures, using 0.1 ml of 50-antibody-unit antiserum per culture. However, laboratories experienced in microtitre assays should also apply such reagent-saving techniques when using the new pools.

It is also recommended to use the pools mainly to determine the cause of an epidemic. As soon as the enterovirus type responsible has been determined, all other isolates from the outbreak should then be identified with a locally prepared monovalent antiserum. Furthermore, it is not necessary to type every single enterovirus isolate. These reference sera, which are of limited supply, should be reserved for identifying important human pathogens isolated from cases of particular epidemiological importance or from patients who have severe illnesses, such as paralysis or encephalitis.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

 REPORTING PERIOD - 8/11/84 - 21/11/84 BULLETIN NUMBER
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

84/24

VIRUS OR VIRAL ANTIGEN	ICPMR	RAHC	PHH/	FAIR-	RCH	IMVS	STATE	STATE	Total
	(NSW)/ WVH (ACT)	(NSW)	POW (NSW)	FIELD (VIC)			LAB (QLD)	LAB (WA)	
0100 ADENOVIRUS NOT TYPED.....	2	1	6		3	1	27	2	42
0101 ADENOVIRUS TYPE 1.....	2	1				12		1	16
0102 ADENOVIRUS TYPE 2.....	1			4				1	6
0103 ADENOVIRUS TYPE 3.....						2		2	4
0105 ADENOVIRUS TYPE 5.....				1		1		1	3
0107 ADENOVIRUS TYPE 7.....		1							1
0108 ADENOVIRUS TYPE 8.....	1								1
0114 ADENOVIRUS TYPE 14.....								1	1
0124 ADENOVIRUS TYPE 24.....				1					1
0199 ADENOVIRUS TYPING PENDING.....		2	2		4	3			11
0201 INFLUENZA A VIRUS.....	1		1			12	1	2	17
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....				1	1	16			18
0203 INFLUENZA B VIRUS.....	4		1	3		4	4	9	25
0301 PARAINFLUENZA VIRUS TYPE 1.....					1	4			5
0302 PARAINFLUENZA VIRUS TYPE 2.....	1					3	1		5
0303 PARAINFLUENZA VIRUS TYPE 3.....	6	4		2	4	11	2	4	33
0399 PARAINFLUENZA VIRUS TYPING PENDING.....		3			4	3			10
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	2	5		4	9	6	2	2	30
0500 RHINOVIRUS (ALL TYPES).....	2			8	16	21	3	2	52
0600 MYCOPLASMA PNEUMONIAE.....	4	1	1			2	1	10	19
0809 COXSACKIEVIRUS A9.....	4	1		1					6
0816 COXSACKIEVIRUS A16.....				1					1
0903 COXSACKIEVIRUS B3.....		1		1					2
0905 COXSACKIEVIRUS B5.....		2		7		7			16
1003 ECHOVIRUS TYPE 3.....		1							1
1006 ECHOVIRUS TYPE 6.....	1					1		1	3
1009 ECHOVIRUS TYPE 9.....	1	1		1					3
1011 ECHOVIRUS TYPE 11.....								1	1
1015 ECHOVIRUS TYPE 15.....	1								1
1021 ECHOVIRUS TYPE 21.....								1	1
1022 ECHOVIRUS TYPE 22.....	1								1
1030 ECHOVIRUS TYPE 30.....				3					3
1100 POLIOVIRUS NOT TYPED.....			2						2
1101 POLIOVIRUS TYPE 1.....						1			1
1102 POLIOVIRUS TYPE 2.....							1		1
1103 POLIOVIRUS TYPE 3.....		1							1
1200 MUMPS VIRUS.....	5			1	1				7
1300 HERPES VIRUS GROUP-NOT TYPED.....	15			2		5	1	1	24
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		5						1	6
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	8	5			3			15	31
1303 VARICELLA-ZOSTER VIRUS.....	4	1		1			4	1	11
1306 HERPES SIMPLEX TYPE 1.....	6	1		21		11	27	21	87
1307 HERPES SIMPLEX TYPE 2.....	54			41		26	61	64	246
1399 HERPES VIRUS TYPING PENDING.....					4	3			7
1401 COXIELLA BURNETI.....	9						5	1	15
1502 PICORNA VIRUS-NOT TYPED.....	2		3				1	2	8
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....						1			1
1521 MEASLES VIRUS.....	3	4		1		1		3	12
1522 RUBELLA VIRUS.....	17		12			45	2	13	89
1532 HEPATITIS B ANTIGEN.....	63	2	6	24	1	17	13	8	134
1535 HEPATITIS A ANTIBODY.....	1	1	1	2		1		1	7
1541 CHLAMYDIA A - C TRACHOMATIS.....	20		7	29			39	28	123
1543 CHLAMYDIA A - LGV TYPE.....								2	2
1556 CMV - CYTOMEGALOVIRUS.....	5	6	1	6	7	2	4	18	49
1562 REOVIRUS (ALL TYPES).....				1					1
1563 CORONAVIRUS.....				1					1
1564 ROTAVIRUS.....	11	8	9		3	5			36
1599 ENTEROVIRUS TYPING PENDING.....		3	4		15	1			23
9902 POXVIRUS GROUP NOT TYPED.....				1					1
9992 ROSS RIVER VIRUS.....							13		13
9994 SMALL VIRUS (LIKE) PARTICLE.....	5	1							6
Total.....	262	62	56	169	76	228	212	219	1,284

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 8/11/84 to 21/11/84

84/24

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
0100 ADENOVIRUS NOT TYPED.....						1		2			
0101 ADENOVIRUS TYPE 1.....		11						4			1
0102 ADENOVIRUS TYPE 2.....	1	3						1			
0103 ADENOVIRUS TYPE 3.....								1			
0105 ADENOVIRUS TYPE 5.....		2						1			
0107 ADENOVIRUS TYPE 7.....		1									
0201 INFLUENZA A VIRUS.....	1	9						1			3
0202 INFLUENZA A VIRUS SUBTYPE H3N2		18									
0203 INFLUENZA B VIRUS.....		17		1					1		
0301 PARAINFLUENZA VIRUS TYPE 1....		3									1
0302 PARAINFLUENZA VIRUS TYPE 2....		5									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	30				1					
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		28						1			1
0500 RHINOVIRUS (ALL TYPES).....		49									1
0600 MYCOPLASMA PNEUMONIAE.....	1	15						1			
0809 COXSACKIEVIRUS A9.....			1	2		1					
0816 COXSACKIEVIRUS A16.....											1
0903 COXSACKIEVIRUS B3.....		1						1			
0905 COXSACKIEVIRUS B5.....	1	2		8		1		2			2
1003 ECHOVIRUS TYPE 3.....				1							
1006 ECHOVIRUS TYPE 6.....		1		1							
1009 ECHOVIRUS TYPE 9.....				1							
1011 ECHOVIRUS TYPE 11.....	1										
1015 ECHOVIRUS TYPE 15.....								1			
1021 ECHOVIRUS TYPE 21.....					1						
1022 ECHOVIRUS TYPE 22.....			1								
1030 ECHOVIRUS TYPE 30.....				3							
1101 POLIOVIRUS TYPE 1.....		1									
1102 POLIOVIRUS TYPE 2.....								1			
1200 MUMPS VIRUS.....	1		2	3							
1301 HERPES SIMPLEX VIRUS NOT-TYPED			1								5
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	4	4	1					1			
1303 VARICELLA-ZOSTER VIRUS.....	1	1									9
1306 HERPES SIMPLEX TYPE 1.....		3						1		1	48
1307 HERPES SIMPLEX TYPE 2.....	4										47
1401 COXIELLA BURNETI.....	6	1									
1502 PICORNA VIRUS-NOT TYPED.....						1					
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....											1
1521 MEASLES VIRUS.....	2	1									10
1522 RUBELLA VIRUS.....	9	2	2	1		1					66
1532 HEPATITIS B ANTIGEN.....	72						1	49			
1535 HEPATITIS A ANTIBODY.....								7			
1541 CHLAMYDIA A - C.TRACHOMATIS...		1									1
1556 CMV - CYTOMEGALOVIRUS.....	4	17	1		1	1	1	2		4	
1562 REOVIRUS (ALL TYPES).....								1			
1563 CORONAVIRUS.....								1			
1564 ROTAVIRUS.....							36				
9902 POXVIRUS GROUP NOT TYPED.....											1
9992 ROSS RIVER VIRUS.....	1										3
9994 SMALL VIRUS (LIKE) PARTICLE...							6				
Total.....	110	226	9	22	1	7	64	59	1	5	201

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 8/11/84 to 21/11/84 ...

84/24

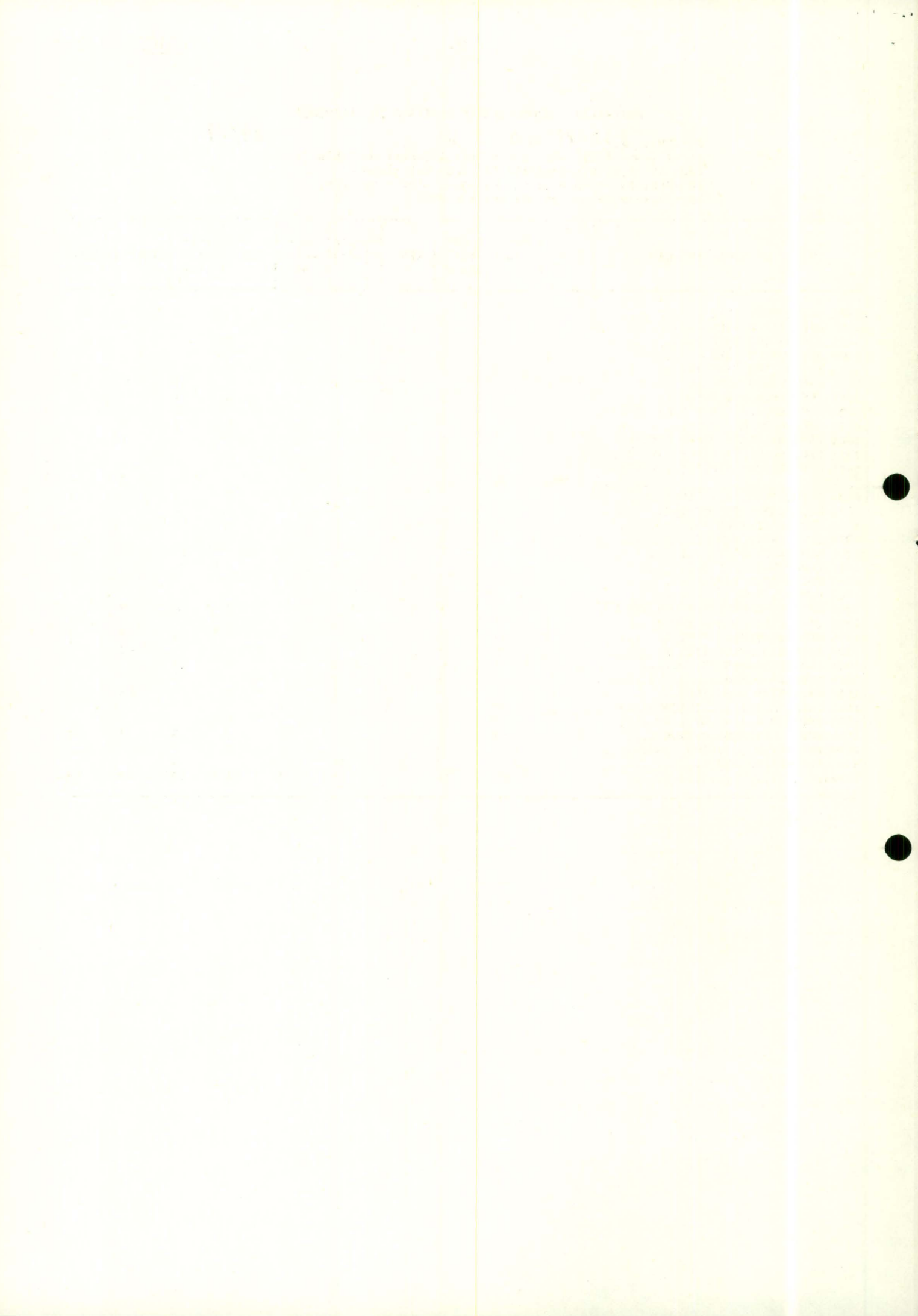
Viral Identifications by Clinical Information Table 2.

Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;

38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;

68 -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
0102 ADENOVIRUS TYPE 2.....								1		
0103 ADENOVIRUS TYPE 3.....	2								1	
0105 ADENOVIRUS TYPE 5.....							1			
0108 ADENOVIRUS TYPE 8.....	1									
0114 ADENOVIRUS TYPE 14.....		1								
0124 ADENOVIRUS TYPE 24.....								1		
0201 INFLUENZA A VIRUS.....			1				3	1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2								1		
0203 INFLUENZA B VIRUS.....							2	8	1	
0301 PARAINFLUENZA VIRUS TYPE 1....									1	
0303 PARAINFLUENZA VIRUS TYPE 3....									1	
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1								1	
0500 RHINOVIRUS (ALL TYPES).....							2	1		1
0600 MYCOPLASMA PNEUMONIAE.....					1		1	2	1	
0809 COXSACKIEVIRUS A9.....								2		
0905 COXSACKIEVIRUS B5.....							1			
1006 ECHOVIRUS TYPE 6.....										1
1009 ECHOVIRUS TYPE 9.....									2	
1103 POLIOVIRUS TYPE 3.....									1	
1200 MUMPS VIRUS.....		1								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			15				2	2	4	
1303 VARICELLA-ZOSTER VIRUS.....	1									
1306 HERPES SIMPLEX TYPE 1.....	4	27						1	2	1
1307 HERPES SIMPLEX TYPE 2.....		193							2	
1401 COXIELLA BURNETI.....					1		4	5		
1522 RUBELLA VIRUS.....			3		7			6	3	
1532 HEPATITIS B ANTIGEN.....					1		1		12	
1541 CHLAMYDIA A - C.TRACHOMATIS...		120		1		1				
1543 CHLAMYDIA A - LGV TYPE.....		2								
1556 CMV - CYTOMEGALOVIRUS.....		5				2	3	3	7	2
1599 ENTEROVIRUS TYPING PENDING....							1			
9992 ROSS RIVER VIRUS.....					10			4		
Total.....	9	349	19	1	20	3	21	38	39	5



NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks 37 - 40)

9 September - 6 October 1984

Bulletin 84/24

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	36
Ankylostomiasis	1			8					9	57
Anthrax									-	-
Arbovirus infection	1								1	859
Brucellosis									-	8
Campylobacter infections	71	N.N.	N.N.	114	N.N.	N.N.	N.N.	N.N.	185	1279
Chancroid	1			N.N.	1	N.N.			2	12
Cholera									-	1
Congenital rubella syndrome	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	1
Diphtheria									-	-
Donovanosis		N.N.	5	N.N.		N.N.	2		7	177
Giardiasis	46	N.N.	N.N.	39	N.N.	N.N.	N.N.	N.N.	85	802
Genital herpes	63	N.N.	7	4	N.N.	N.N.	1	N.N.	75	1001
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.		N.N.	-	5
Gonorrhoea	146	138	125	43	114	1	50	12	629	6924
Hepatitis A (infectious)	10	2	19	4	7	1	2	1	46	530
Hepatitis B (serum)	38	8	29	21	13	2		1	113	1223
Hepatitis - unspecified	5	1			1	N.N.	N.N.		7	107
Hydatid disease	2								2	9
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		1					3	20
Leptospirosis		3			2	1			6	169
Lymphogranuloma venereum	1	N.N.	N.N.	N.N.	N.N.	N.N.	1		2	2
Malaria	11	11	24				1	1	48	532
Marburg Disease			N.N.			N.N.	N.N.	N.N.	-	-
Meningococcal infections		2	2	1	1	N.N.			6	81
Non-specific urethritis	243	N.N.	N.N.	93	N.N.	N.N.		N.N.	336	3795
Ornithosis				3					3	37
Pertussis (whooping cough)	4	2	N.N.	2	N.N.	N.N.	N.N.	N.N.	8	178
Plague									-	-
Poliomyelitis									-	-
Q. fever	2		9	1	N.N.		N.N.		12	155
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	12	9	15	8	1	15		106	1638
Shigella infections	3	2	2	1	5		5		18	342
Smallpox										-
Syphilis	34	16	32	12	12		47	2	155	1713
Tetanus	1		1						2	3
Trachoma		N.N.			N.N.	N.N.				1
Tuberculosis (all forms)	34	20	12	4	12	1	8	5	95	923
Typhoid fever		1	2						3	34
Typhus (all forms)									-	8
Vibrio parahaemolyticus infections		N.N.	N.N.	1	N.N.	N.N.	N.N.	N.N.	1	8
Yellow Fever									-	-
Yersinia enterocolitica infections	1	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	1	7

(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

Campylobacter infections
Hepatitis A
Hepatitis B

Hepatitis unspecified
Shigella infections
Syphilis
Tuberculosis

+1 South Australia
+3 Queensland
-1 Queensland
+8 South Australia
+1 South Australia
+1 Queensland
+4 South Australia
+1 South Australia