



Communicable Diseases Intelligence

Bulletin number

84/25

Issue date:

14 December 1984

Contents:

- . Arbovirus surveillance - Victoria.
- . Brucella suis surveillance - Queensland.
- . Mosquito eradication campaign - 1984.
- . Condylomata acuminata surveillance.

This is the final issue of CDI for 1984, and includes a subject index for the year as an attachment. The next issue will be published on 11 January 1985, and will contain a compilation of the reports for the two generations, 6-19 December and 20 December - 2 January 1985. The editorial staff takes this opportunity to extend seasonal greetings to all readers, with best wishes for the New Year.

VIRUS REPORTING SCHEME - A total of 1378 reports were received this period. The reports continue to show moderate influenza A activity in South Australia. There has also been no abatement in the incidence of rubella in South Australia and New South Wales. Apart from the usual presentations, rubella specific IgM was also detected at the Prince of Wales Hospital, Sydney, in a 15 year old boy and a 30 year old male with encephalitis and meningitis respectively. In addition, CF antibody to measles was reported in two boys aged five and 12 years with encephalitis at the Royal Alexandra Hospital for Children, Sydney. The hospital also detected measles antigen by immunofluorescence in a post-mortem lung specimen of a nine year old girl with fatal pneumonia. Similarly, IgM antibody to measles was detected by immunofluorescence at the State Health Laboratory Services, Perth, in a four year old girl with encephalitis. The serum was negative by CF.

Other reports of interest include:

- . Four cases of toxoplasmosis were diagnosed recently at Fairfield Hospital, Melbourne; three in females aged 20, 21 and 25 years. One patient exhibited a severe intrauterine infection, with her baby presenting with hepatosplenomegaly and hydrocephalus. The epidemiology of toxoplasmosis is still ill-defined. The two recognized means of transmission are via infectious oocysts in the faeces of young cats, and by viable organisms via raw or undercooked meat. However, if cats were an important means of transmission, a higher attack rate might be expected in young children who have close contact with animals, whereas studies have shown that the major risk of infection occurs in early adulthood (CDR (1983) 83/6 : 3).

ARBOVIRUS SURVEILLANCE - VICTORIA (1983-84)

(Contributed by J. Campbell and J. Aldred, Attwood Veterinary Research Laboratory, Westmeadows, Victoria).

Weekly testing for the presence of alpha- and flavivirus antibody in sera from ten flocks of 20 chickens located at selected sites along the Victorian border from Mildura to Wodonga and one flock at Toolamba near Shepparton, began on 28 November 1983 and was discontinued on 28 February 1984⁽¹⁾.

Antibody to Sindbis virus was present in 108 of the 200 sera, with seroconversions occurring in all the chicken flocks. The first seroconversion was at Swan Hill in a sample collected on the 5 December. All the flocks had Sindbis seropositive birds by the second week in January. No antibody to Murray Valley encephalitis (MVE) or Kunjin viruses was present in any sentinel chicken serum when testing stopped in February. However, following advice from Professor R.J. Hawkes, several of the chicken flocks were tested at the end of March, when Kunjin antibody was present in sera from two birds from Kerang, one from Swan Hill and one from Mildura.

Sentinel chicken flocks have again been established in the same localities as in previous years. Testing began on 26 November 1984, from which two Sindbis seroconversions were detected in the Robinvale flock. Sampling will continue until the end of April 1985, since seroconversions to Kunjin virus have usually taken place late in the season. Recent tests on the birds from last year indicated Kunjin seroconversions occurred after 28 February in five of the Toolamba flock, which is the area where a human Kunjin infection was contracted about 15 March⁽²⁾. The other Kunjin infection of significance was a fatal encephalitis in a horse from the Swan Hill area. Kunjin virus was isolated from the animal's spinal cord⁽³⁾.

The large number of epidemic polyarthritides cases last season, and the 60 reports of neuromuscular disorders in horses which exhibited corresponding antibody rises to Ross River virus, has prompted the establishment of horses as sentinel animals this year. Their suitability is currently being tested using horses located in northwest Victoria, and testing of 41 sera to date has shown a high incidence (85%) of animals with significant HI antibody titres to Ross River virus.

References

1. CDI (1983) 83/25:1
2. CDI (1984) 84/11:1
3. CDI (1984) 84/17:5

BRUCELLA SUIIS SURVEILLANCE - QUEENSLAND

(Contributed by P. Applegarth and T.B. Lynch, Pathology Laboratory, Rockhampton).

In the past five years, the Rockhampton laboratory has isolated Brucella suis from blood of three patients with septicaemia. The first case was a cane farmer from Mackay, when the suspected source of infection was rats on his property. The second case was a kangaroo shooter from Moura. His contact with feral pigs was believed to be the source of infection. The most recent case was a Blackwater resident. The source of infection is unknown. Although the patient's family run cattle on their property near Rockhampton, he denied any active interest in the farm and stated he had had no contact with

domestic or feral animals in the previous 18 months. The herd was tested, but was established to be brucellosis-free. Following initial oral tetracycline treatment given by his general practitioner, the patient suffered a relapse with fever and chills. B. suis was re-isolated from blood by subculture of the Trypticase Soy broth liquid media onto chocolate agar enriched with isovitalax, and incubated in a candle jar at 37°C. Species identification was confirmed at the Brucella Reference Laboratory, Canberra. The patient was retreated with tetracycline and intramuscular streptomycin for three weeks.

Editorial Comment

Brucellosis in Australia has become a rare and decreasing hazard of occupation since the introduction of eradication programs in domestic animals. The major species comprise B. abortus, B. melitensis and B. suis, within which biotypes are characterised on the basis of differential sensitivity to selected dyes, CO₂ requirement, H₂S production and agglutination reaction with antisera absorbed to render them specific for the A, M and R antigens⁽¹⁾. The four biotypes of B. suis are usually pathogenic for pigs and man, except biotype 2 which is not usually a human pathogen, and biotype 4 which is pathogenic for reindeer. Other animal species that may become infected include horses (fistular withers), cattle, dogs, hares and rodents (Mus. musculus, Microtus and Apodemus spp.). Although rare, biotype 1 is the main biotype found in Australia. Control is based on compulsory slaughter of all pigs in an infected herd, introduction of sanitary measures to reduce the likelihood of persistent infection in the environment, and re-introduction of brucellosis-free swine to the piggery. B. suis biotype 3 exists among bush rats, but its prevalence in feral pigs is unknown⁽²⁾.

The principal routes of transmission of brucellae to man are ingestion, contact through the skin of the hands or transfer to the conjunctivae, and inhalation. Infection is also possible as a result of accidental inoculation. B. suis (biotypes 1, 3 and 4) and B. melitensis often give rise to a more virulent form of infection than B. abortus. Oral tetracycline is the most effective and widely-used antibiotic because of its ability to penetrate cells, although several courses of treatment may be needed before cure is achieved in chronic infections.

References

1. "A Guide to the Diagnosis, Treatment and Prevention of Human Brucellosis". Ed. S.S. Elberg. WHO, Geneva. VPH/81.31 Rev 1.
2. "Brucellosis", in "Synopsis of Zoonoses in Australia". Ed. W.J. Stevenson and K.L. Hughes. Australian Government Publishing Service, Canberra, 1980.

(Contributed by N. Rajapaska, Commonwealth Department of Health)

The mosquito eradication campaign (MEC) was proposed by the Commonwealth Department of Health in 1983 as a community employment program to control the populations of container-breeding mosquitoes in the urban regions of tropical Australia. Indeed it was hoped that this labour intensive program would eradicate the dengue vector, Aedes aegypti, from northern Queensland following the re-introduction of dengue in 1981. A sum of A\$7.4 million was provided for the project to 1985, of which 80% was allocated for employment costs and the remainder for capital equipment and supplies. The format of the campaign was to:-

- . Create a work program for unemployed and underprivileged persons, who would be directed to clean-up and eliminate existing and potential mosquito breeding places, thus improving the quality of the environment.
- . Survey both large and small communities to determine the composition of mosquito species breeding in man-made habitats around the townships.
- . Publicise health education programs on mosquito-borne diseases through the media, and involve the public by organising lectures at schools and through community associations.

The campaign commenced in February 1984, and provided approximately 450 jobs in tropical Queensland, Northern Territory and Western Australia. At the end of the first survey cycle, a total of 179312 premises were visited and cleaned (Table 1).

TABLE 1. Number of premises surveyed and percentage of mosquito-breeding containers found and removed - MEC (1984)

<u>State</u>	<u>Survey period</u>	<u>Premises visited</u>	<u>Containers inspected</u>	<u>Containers positive</u>	<u>Percentage positive</u>
Queensland	Feb-Aug	158550	613710	17956	2.93%
Northern Territory	Feb-Jun	3694	64736	1888	2.90%
Western Australia	Feb-Sep	17068	96353	2159	2.30%

An average of 2.71% containers were found to be breeding mosquitoes in the three regions, although no Ae. aegypti were found in the Northern Territory and Western Australia. On the other hand, the species was widespread in northern Queensland, with an average of 36.7% containers recorded as Ae. aegypti positive (Table 2).

TABLE 2. Ae.aegypti prevalence in North Queensland - MEC (1984)

<u>Region</u>	<u>Premises inspected</u>	<u>Containers positive</u>	<u>Ae.aegypti positive</u>	<u>Percentage positive</u>
FAR NORTH	27247	5750	1860	32%
Cairns	7360	1258	581	46%
CENTRAL	54829	3000	1384	46%
Townsville	24201	1067	565	52%
Rockhampton	19290	642	271	42%
SOUTH	3886	716	201	38%
Total (3 regions)	85962	9382	3445	36.7%

The cost/benefit of this exercise will only be quantitated following a decrease in incidence of arbovirus infections in 1985, particularly in the tourist regions of north Queensland. However, the coupling of a community employment program with such public health measures will have a synergistic effect on the quality of life in these environs.

CORRIGENDUM AND ADDENDA - CONDYLOMATA ACUMINATA SURVEILLANCE

In CDI 84/25, the figures supplied by the STD Clinic, Macquarie Street, Sydney, referring to the number of patients in whom a specific diagnosis was made (Table 1, item 2) actually referred to the total diagnoses made. Some patients had more than one diagnosis, so the number of diagnoses will exceed the number of patients with a diagnosis.

Subsequent to the printing of the survey data tabulated in CDI 84/24, two other clinics forwarded the following figures.

Condylomata acuminata cases diagnosed at two STD Clinics, 1982
(cf. CDI 84/24 : 5)

<u>Centre</u>		<u>No. of cases</u>	
		<u>1982</u>	
Sexual Health Clinic, Parramatta Hospital, Sydney (Jan-Sept 1982)	1	2559	
	2	792	
	3	92	
STD Clinic, Western General Hospital, Melbourne		<u>Male</u>	<u>Female</u>
	1	901	430
	2	64%	59%
	3	7%	10%

1. Number of persons attending the clinic.
 2. Number (percentage) of patients in whom a specific diagnoses was made.
 3. Number (percentage) of condylomata acuminata cases.
-

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 22/11/84 - 5/12/84 BULLETIN NUMBER 84/25

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR		PHH/	FAIR-			STATE	STATE	Total
	(NSW)/ MVH (ACT)	RAHC (NSW)	POW (NSW)	FIELD (VIC)	RCH (VIC)	IMVS (SA)	LAB (QLD)	LAB (WA)	
0100 ADENOVIRUS NOT TYPED.....	3		6		1		18	2	30
0101 ADENOVIRUS TYPE 1.....	1	2				7		1	11
0102 ADENOVIRUS TYPE 2.....	1			3				1	5
0103 ADENOVIRUS TYPE 3.....				5		1		2	8
0105 ADENOVIRUS TYPE 5.....								1	1
0107 ADENOVIRUS TYPE 7.....		2							2
0108 ADENOVIRUS TYPE 8.....	3		1						4
0114 ADENOVIRUS TYPE 14.....								1	1
0116 ADENOVIRUS TYPE 16.....								1	1
0119 ADENOVIRUS TYPE 19.....	1								1
0137 ADENOVIRUS TYPE 37.....								1	1
0199 ADENOVIRUS TYPING PENDING.....		2	3		3				8
0201 INFLUENZA A VIRUS.....	1		3			16		1	21
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....					1	12			13
0203 INFLUENZA B VIRUS.....	3		3	1		7	1	8	23
0301 PARAINFLUENZA VIRUS TYPE 1.....					4	2			6
0302 PARAINFLUENZA VIRUS TYPE 2.....	1					1			2
0303 PARAINFLUENZA VIRUS TYPE 3.....	1	3		7	8	12	10	3	44
0399 PARAINFLUENZA VIRUS TYPING PENDING.....		1							1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	3	2	6	2	7	5	3		28
0500 RHINOVIRUS (ALL TYPES).....	1			7	14	1	8		31
0600 MYCOPLASMA PNEUMONIAE.....	3					1		4	8
0700 ORNITHOSIS-PSITTACOSIS.....	1					1			2
0809 COXSACKIEVIRUS A9.....	5			3	4				12
0904 COXSACKIEVIRUS B4.....					5				5
0905 COXSACKIEVIRUS B5.....				1	3	3	7	4	18
0999 COXSACKIEVIRUS GROUP B TYPING PENDING.....					1				1
1000 ECHOVIRUS NOT TYPED.....							1		1
1006 ECHOVIRUS TYPE 6.....						2			2
1009 ECHOVIRUS TYPE 9.....	2			1					3
1022 ECHOVIRUS TYPE 22.....		2							2
1030 ECHOVIRUS TYPE 30.....				5					5
1100 POLIOVIRUS NOT TYPED.....			2		1				3
1102 POLIOVIRUS TYPE 2.....						1		1	2
1103 POLIOVIRUS TYPE 3.....			2						2
1104 POLIOVIRUS-VACCINAL STRAIN.....					7	1			8
1200 MUMPS VIRUS.....	5			2	1		1		9
1300 HERPES VIRUS GROUP-NOT TYPED.....	26			1		3		1	31
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1		1					2
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	7	1				2		8	18
1303 VARICELLA-ZOSTER VIRUS.....	4		1			1	2		8
1306 HERPES SIMPLEX TYPE 1.....	11		9	27		7	23	22	99
1307 HERPES SIMPLEX TYPE 2.....	81		21	56		18	77	70	323
1399 HERPES VIRUS TYPING PENDING.....					9	4		1	14
1401 COXIELLA BURNETI.....	6		1				4	1	12
1402 OTHER RICKETTSIAE.....			1						1
1502 PICORNA VIRUS-NOT TYPED.....	5		6					1	12
1521 MEASLES VIRUS.....	1	5	1		1			5	13
1522 RUBELLA VIRUS.....	33	1	8	4		37	3	11	97
1532 HEPATITIS B ANTIGEN.....	74		13	20		23	7	8	145
1535 HEPATITIS A ANTIBODY.....	2		1	8		6	10		27
1541 CHLAMYDIA A - C TRACHOMATIS.*.....	36		2	26*			31	63	158
1556 CMV - CYTOMEGALOVIRUS.....	7			18	4	2	4	9	44
1562 REOVIRUS (ALL TYPES).....				1		1			2
1563 CORONAVIRUS.....				1				1	2
1564 ROTAVIRUS.....		3	3	3	1	13			23
1599 ENTEROVIRUS TYPING PENDING.....		2	3		10				15
9902 POXVIRUS GROUP NOT TYPED.....								1	1
9992 ROSS RIVER VIRUS.....						1	4	1	6
Total.....	328	27	96	203	85	191	214	234	1,378

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

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 22/11/84 to 5/12/84....

84/25

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
0100 ADENOVIRUS NOT TYPED.....							1				
0101 ADENOVIRUS TYPE 1.....				1			3				
0102 ADENOVIRUS TYPE 2.....	1	4									
0103 ADENOVIRUS TYPE 3.....	1	2					1				
0107 ADENOVIRUS TYPE 7.....		2					1				
0201 INFLUENZA A VIRUS.....	6	12								1	
0202 INFLUENZA A VIRUS SUBTYPE H3N2		11									
0203 INFLUENZA B VIRUS.....	3	16							2		1
0301 PARAINFLUENZA VIRUS TYPE 1....		6									
0302 PARAINFLUENZA VIRUS TYPE 2....		3									
0303 PARAINFLUENZA VIRUS TYPE 3....		40				1	2				
400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1	25					1				
0500 RHINOVIRUS (ALL TYPES).....		31					1				
0600 MYCOPLASMA PNEUMONIAE.....		7									
0700 ORNITHOSIS-PSITTACOSIS.....		2									
0809 COXSACKIEVIRUS A9.....		3		5		1					1
0904 COXSACKIEVIRUS B4.....		3		1			1				
0905 COXSACKIEVIRUS B5.....	1	3		8		1	2				1
1006 ECHOVIRUS TYPE 6.....		1									
1009 ECHOVIRUS TYPE 9.....				2							
1022 ECHOVIRUS TYPE 22.....		1				1					
1030 ECHOVIRUS TYPE 30.....			1	3					1		
1102 POLIOVIRUS TYPE 2.....				1							
1103 POLIOVIRUS TYPE 3.....							2				
1104 POLIOVIRUS-VACCINAL STRAIN....		1					2				
1200 MUMPS VIRUS.....	2			4							
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1									1
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	2	1						2			1
1303 VARICELLA-ZOSTER VIRUS.....	3	1									4
1306 HERPES SIMPLEX TYPE 1.....	5	8	1				1	1		1	49
1307 HERPES SIMPLEX TYPE 2.....	12	1		1							66
1401 COXIELLA BURNETI.....	3	2									
1521 MEASLES VIRUS.....	2	4	3								
1522 RUBELLA VIRUS.....	11	1	1	1			1				75
1532 HEPATITIS B ANTIGEN.....	86							43		1	
1535 HEPATITIS A ANTIBODY.....	3						1	23			
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	3									
1556 CMV - CYTOMEGALOVIRUS.....	2	9							1	5	
1562 REOVIRUS (ALL TYPES).....	1						1				
1563 CORONAVIRUS.....		1					1				
1564 ROTAVIRUS.....							23				
9902 POXVIRUS GROUP NOT TYPED.....											1
9992 ROSS RIVER VIRUS.....	1										3
Total.....	147	210	6	27		4	45	69	4	8	208

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 22/11/84 to 5/12/84 ...

84/25

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							1
0102 ADENOVIRUS TYPE 2.....								1		
0103 ADENOVIRUS TYPE 3.....	2							1		
0105 ADENOVIRUS TYPE 5.....										1
0108 ADENOVIRUS TYPE 8.....	4									
0114 ADENOVIRUS TYPE 14.....										1
0116 ADENOVIRUS TYPE 16.....		1								
0119 ADENOVIRUS TYPE 19.....		1								
0137 ADENOVIRUS TYPE 37.....		1								
0201 INFLUENZA A VIRUS.....								3		
0202 INFLUENZA A VIRUS SUBTYPE H3N2								1		1
0203 INFLUENZA B VIRUS.....						1		3		
0303 PARAINFLUENZA VIRUS TYPE 3....								6		1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....				1				1		
0500 RHINOVIRUS (ALL TYPES).....								1	1	
0600 MYCOPLASMA PNEUMONIAE.....								1		
0809 COXSACKIEVIRUS A9.....				2				2		
0905 COXSACKIEVIRUS B5.....						1		3		
1006 ECHOVIRUS TYPE 6.....										1
1009 ECHOVIRUS TYPE 9.....									1	
1102 POLIOVIRUS TYPE 2.....										1
1104 POLIOVIRUS-VACCINAL STRAIN....							1			4
1200 MUMPS VIRUS.....				3						
1302 EPSTEIN-BARR VIRUS (EB VIRUS)..				9					3	4
1303 VARICELLA-ZOSTER VIRUS.....									1	
1306 HERPES SIMPLEX TYPE 1.....	5	30							3	
1307 HERPES SIMPLEX TYPE 2.....		242								3
1401 COXIELLA BURNETI.....						1		5	1	1
1402 OTHER RICKETTSIAE.....								1		
1521 MEASLES VIRUS.....				1						1
1522 RUBELLA VIRUS.....		1		5	1	5			4	4
1532 HEPATITIS B ANTIGEN.....				2						14
1541 CHLAMYDIA A - C.TRACHOMATIS...	2	151		1						
1556 CMV - CYTOMEGALOVIRUS.....		4					4	2	2	16
9992 ROSS RIVER VIRUS.....						3		1	1	
Total.....	13	432	24	1	9	7	21	28	48	6

Entries indicate Issues : Page number.
Underlined entries refer to longer articles.
(c) refers to corrigenda of previous article(s).

- Adenoviruses - 8/2 ; 11/3 ; 17/1 ; 23/1
Aedes aegypti surveillance - 10/5 ; 25/4
AIDS - 9/4 ; 15/4
Arbovirus surveillance - 1/2 ; 17/4 ; 17/5 ; 25/2 ; 25/4
 - Alphaviruses - 11/6
 - Flaviviruses - 11/6 ; 14/1 ; 23/1
Australian encephalitis - 7/1 ; 12/1
- Brucella suis - 25/2
- Campylobacter infections - 18/4
Candida spp. - 15/1
Cat-scratch disease - 5/5
CDI reports 1983 - 11/2
Chlamydia trachomatis - 5/1 ; 11/2 ; 21/1
C. psittaci - 11/2 ; 14/5
Cholera - 4/2 ; 8/1 ; 15/2 ; 15/3 ; 20/1
Coccidioidomycosis - 6/2 ; 13/2 ; 16/5
Communicable disease surveillance ;
sentinel practices - 7/2 ; 14/1 ; 24/2
Condylomata acuminata - 24/5 ; 25/5(c)
Conference announcements - 1/5 ; 13/6 ; 24/1
Congenital infections - 1/1
Coronaviruses - 22/1 ; 23/1
Coxiella burnetii - 11/6 ; 12/2
Coxsackieviruses - 11/5
Coxsackievirus B - 4/1 ; 18/5
Cryptosporidiosis - 21/4
Cytomegalovirus - 1/1 ; 11/6
- Datura poisoning - 10/1
Dengue imported - 1/1 ; 3/1 ; 6/1 ; 14/1 ; 15/1
Dengue indigenous - 11/1 ; 12/1 ; 14/1
- Echoviruses - 5/1 ; 11/5
Enteroviruses - 24/1
Epstein Barr virus - 9/1 ; 11/6 ; 12/1 ; 16/1 ; 18/1 ; 22/1 ; 23/1
- Food virology - 6/4
- Gonorrhoea surveillance (AGSP) - 12/3 ; 22/1
Gonorrhoea - non PPNG - 1/4
Gonorrhoea - PPNG - 22/1
- Haemorrhagic fever with renal syndrome - 3/3
Haemophilus influenzae - 17/2 ; 22/4
Hepatitis A - 11/3
Hepatitis B - 11/2
Hepatitis unspecified - 16/1
- Herpes simplex - 8/4 ; 11/2
HSV type 1 - 5/1 ; 23/1
HSV type 2 - 5/1 ; 5/2 ; 13/5
Humidifier fever - 9/1
- Influenza surveillance - 6/1
Influenza A - 2/2 ; 6/1 ; 11/3 ; 20/1 ; 21/5 ; 23/1
Subtype H₁N₁ - 1/1 ; 4/1 ; 17/1 ; 18/1 ; 19/1 ; 21/1
Subtype H₃N₂ - 4/1 ; 17/1 ; 18/1 ; 19/1 ; 21/1
Influenza B - 6/1 ; 8/1 ; 11/3 ; 17/1 ; 18/1 ; 19/1 ; 21/1 ; 23/1
- Japanese encephalitis - 7/4
- Kunjin - 1/1 ; 5/1 ; 6/1 ; 7/1 ; 11/1 ; 14/1 ; 17/6
- Legionnaires' disease - 14/2 ; 14/4
Leprosy - 7/5
Leptospirosis - 24/2
Listeria monocytogenes - 13/3 ; 15/8 (c)
- Malaria - 1/5
Measles - 7/5 ; 11/5 ; 16/1 ; 25/1
Melioidosis - 6/2
Meningitis - 22/4
Molluscum contagiosum - 15/1
Mosquito surveillance - 10/5 ; 20/2 ; 25/4
Mumps - 11/6 ; 20/1
Mycoplasma pneumoniae - 15/5 ; 11/3 ; 20/1
- Norwalk Agent - 18/1
- Papillomaviruses - 23/3 ; 24/5(cc)
Parainfluenzaviruses - 11/1 ; 11/3 ; 18/1
Paratyphoid - 23/2
Parvovirus - 9/1
Pertussis - 9/2
Pneumocystis carinii - 15/1
Polioviruses - 11/5
Poxviruses - 11/6
Psittacosis - 14/5
- Rapid viral diagnosis - 22/5
Regional virus information exchange newsletter - 13/1
Respiratory syncytial virus - 4/1 ; 11/1 ; 11/3 ; 14/1 ; 22/1
Rhinoviruses - 11/3
Ross river virus - 1/1 ; 2/1 ; 3/1 ; 4/1 ; 4/5 ; 5/1 ; 6/1 ; 7/1 ; 11/1 ; 14/1 ; 17/5 ; 22/1 ; 23/1

Rotaviruses - 11/1 ; 11/2 ; 14/1 ; 17/1
 Rubella - 3/1 ; 11/6 ; 15/1 ; 19/1 ; 25/1
 Rubella (CRS) - 1/1 ; 15/1 ; 19/1 ;
23/1

Salmonella surveillance - 10/3 ; 17/6
 Salmonella surveillance (MDU - human)
 - 1/2 ; 4/2 ; 10/2 ; 16/2 ; 16/2 ; 19/2
 Salmonella surveillance (MDU -
 non-human) - 1/3 ; 4/2 ; 10/3 ; 18/2 ;
19/2

Scabies - 5/3

Sentinel chickens - 1/1 ; 25/2

Sjogren's syndrome - 9/1

Skin sepsis - 20/4

Smallpox surveillance - 20/2

Staphylococcal infections - 20/4

STD surveillance - 12/5 ; 21/2

Streptococcal infections - 20/4 ; 21/1

Tuberculosis - 19/6

Toxoplasmosis - 25/1

Varicella - 11/6 ; 12/1

Vibrio spp. - 15/2