



Communicable Diseases Intelligence

Bulletin number

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Contents:

- . Influenza surveillance and the use of monoclonal antibodies.
- . Influenza virus vaccine - 1983.
- . Communicable disease surveillance - SA.
- . Acute illnesses of psychosomatic aetiology.

VIRUS REPORTING SCHEME. A total of 1174 reports were received this period. Patterns suggested by the reports included the beginning of the seasonal rise in rotavirus infections (42 reports received compared with 12, 4 and 9 for the previous three periods), although no outbreaks of rotavirus gastroenteritis in paediatric wards have yet been reported. From 1 January - 10 May 1983, only 82 measles cases have been reported to CDI, which is 42% below the 141 cases reported during the same period of 1982. In the USA, their comprehensive, aggressive vaccination policy resulted in the record low incidence rate of 0.7 cases per 100 000 population of all ages (1697 cases) in 1982.

- . Arbovirus infections - HI antibodies against dengue-1 virus were detected by the State Health Laboratory Services, Perth, in a 59 year old man and his 54 year old wife who had returned recently from a holiday at Club Med, Tahiti. In addition, the State Health Laboratory, Brisbane, confirmed dengue in two travellers from Papua New Guinea. The laboratory also detected IgM against Ross River virus in a male who had visited Papua New Guinea, but whose exact itinerary could not be established. Serological evidence of alphavirus activity has been shown in both rural and urban communities in lowland and highland regions of the island, and although tropical polyarthritis is common, evidence for Ross River virus activity has so far been absent.
- . Chlamydia trachomatis was isolated by the Royal Alexandra Hospital for Children, Sydney, and the State Health Laboratory, Brisbane, from the respiratory tracts of a two month old boy and four month old boy respectively. Neonatal chlamydial infection is a major public health problem, warranting full provision of diagnostic services and treatment of infected pregnant women.
- . The first isolates of influenza for 1983 were reported recently by Fairfield Hospital, Melbourne. The influenza A infection was acquired locally with the isolate resembling A/Victoria/186/82. The influenza B isolate, similar to B/Singapore/222/79, was recovered from a traveller returning from Cairo.

INFLUENZA SURVEILLANCE AND THE USE OF MONOCLONAL ANTIBODIES.

(Based on information contributed by J. Downie, National Biological Standards Laboratory, Melbourne)

The activities of the influenza virus have come under increasingly effective international surveillance in recent years. Antigenic shift or significant antigenic drift can decrease the efficacy of a particular influenza vaccine, since it is directly related to the "closeness-of-fit" between the vaccine antigen(s) and the circulating strain(s).

The WHO Collaborating Centres for Reference and Research on Influenza found that the influenza A (H₃N₂) viruses isolated from all parts of the world in 1982 were antigenically heterogeneous in haemagglutination-inhibition (HI) tests, with strains resembling A/Texas/1/77, A/Bangkok/1/79, A/Bangkok/2/79, A/Shanghai/31/80 and A/Belgium/2/81.⁽¹⁾ About 20% of isolates were found to react poorly with all antisera, and were typified by the prototype A/Philippines/2/82, first identified during an outbreak in the Philippines in 1982. However, antiserum to A/Philippines/2/82 reacted broadly with the other prevalent strains, and was closely related to A/Bangkok/1/79 in neuraminidase - inhibition tests. Recently isolated influenza B viruses from Africa, Asia and Europe were all antigenically closely related to B/Singapore/222/79.

Monoclonal antibodies are identical antibodies with the same binding specificity generated in a continuous and virtually endless supply in cultures of single antibody-secreting cells. These cell lines are prepared by the chemically mediated fusion in vitro of lymphocytes from immunised mice and cells from a mouse myeloma tumour cell line.⁽²⁾ With the use of monoclonal antibodies to the influenza haemagglutinin antigen, it has been possible to detect single amino acid substitutions, classify substrains of virus, create genetic drift in vitro, and study the epidemiology and mechanism of antigenic drift.^(3,4,)

Both influenza A (H₃N₂) and B activity reached moderate epidemic proportions in Australia in 1982⁽⁵⁾. Although the influenza A strains isolated in Victoria (typified by A/Victoria/186/82) and A/Philippines/2/82 had similar HI titres using either recent chicken or ferret antisera to A/Bangkok/1/79, comparison of HI titres against a panel of 30 monoclonal antibodies to influenza A/Bangkok/1/79 haemagglutinin indicated that they appeared to exhibit quite different reactions. With the exception of three monoclonal antibodies, the reactions of A/Victoria/82 and A/Philippines/82 were mutually exclusive. Both strains had significant differences from previously isolated A/Bangkok/79-like strains and suggested that A/Philippines/82 and A/Victoria/82 strains may have altered at two different antigenic sites.

Further analysis will need to be done to determine the significance of antigenic differences between isolates determined by monoclonal antibody. It has been shown that the majority of antigenic variants of influenza viruses selected with monoclonal antibodies can not be distinguished with polyvalent antisera, suggesting that such variants would have no selective advantage in nature^(3,6). On the other hand, single amino acid substitutions at specific sites on polypeptide 1 of the haemagglutinin molecule have been shown to produce a variant which did have epidemiological significance. However, other factors besides changes in antigenicity

determine the epidemic potential of a particular virus strain, and include infectiousness and/or virulence, its transmissibility and access to susceptible people, the immune status of the host and environmental variables such as season and climate.

Although there was a severe influenza B epidemic during 1982 in Melbourne, all virus isolates reacted to B/Singapore/222/79 WHO reference serum to the same HI titre. When the influenza B isolates were tested against monoclonal antibody to influenza B/Oregon/5/80 haemagglutinin, it was found that there were at least three antigenically different strains co-circulating during the epidemic. These virus strains (54% like B/Victoria/102/82; 24% like B/Victoria/111/82 and 17% like B/Victoria/103/82) could be distinguished from each other, and were different from the strains circulating in 1981 and also from B/Singapore/222/79. All strains tested reacted to one monoclonal antibody to the same titre, indicating a highly conserved determinant. B/Victoria/102/82 and B/Victoria/103/82 were both isolated in May, and continued to be isolated until the end of the epidemic in August. The last influenza B isolate to be tested (B/Victoria/210/82) was antigenically different from the main 1982 epidemic strains and appeared to be more like the 1981 isolates. The B/Victoria/102/82, B/Victoria/111/82 and B/Victoria/103/82 were also shown to be similar to strains isolated in Japan and England in 1981-82(7).

References

1. WER (1983) 58 : 53
2. Science (1983) 219 : 637
3. J. Exp. Med. (1978) 148 : 383
4. Nature (1981) 290 : 713
5. CDI (1983) 83/8 : 4
6. Virology (1979) 98 : 226
7. Lu, B., Webster, R.G., Brown, L.E. and Nerome, K. (1983) WHO Bulletin (in press)

INFLUENZA VIRUS VACCINE

The 1983 influenza virus vaccine prepared and marketed by the Commonwealth Serum Laboratories is now available. The vaccine is a purified inactivated sub-unit vaccine, each ml of which contains the following antigens:-

A/Philippines/2/82	-	15µg
A/Victoria/186/82	-	15µg
B/Singapore/222/79	-	15µg

Vaccination is recommended for persons over 65 years and persons of all ages with chronic debilitating diseases, especially those with chronic cardiac, pulmonary, renal and metabolic disorders.

COMMUNICABLE DISEASE SURVEILLANCE - SOUTH AUSTRALIA

(Based on data contributed by A.S. Cameron, South Australian Health Commission, and M. Dunstone, South Australian Faculty of the Royal Australian College of General Practitioners).

During 1982, 3077 cases of infectious and notifiable diseases (representing 30 of the 46 diseases recommended by the National Health and Medical Research Council) were reported by medical practitioners and microbiology laboratories to the South Australian Central Board of Health. The number of

notifications has increased markedly since the introduction of laboratory reporting, and is now considered a fundamental part of the State's disease surveillance system. Data are now collected for each disease by age, sex, month and geographic region.

In January 1983, an additional surveillance program was initiated with the aim of collecting and assessing information on eight selected diseases exclusive of the notifiable scheme. These are influenza, measles, mumps, rubella, infectious mononucleosis and upper respiratory tract infections (URTI), sore throats and diarrhoea caused by non-specified agents. The new reporting system is based on data forwarded weekly from 14 sentinel general practices. In addition, information on senile dementia, tennis elbow and the number of consultations for bereavement counselling and on behalf of a third party are also collated. During the first three months of operation, the importance of URTI's was clearly demonstrated and constituted 6% of the 22718 patient encounters (100 cases of influenza-like illness, 615 sore throats, 677 URTI's). The 256 cases of non-specific diarrhoea were also of interest, although their impact represented only 1% of the workload. The incidence of most conditions was stable, but an upward trend of URTI's was evident at the end of the quarter, although this could not be correlated with any single identifiable viral agent. The number of cases of mumps and infectious mononucleosis were low, but they may reflect a real decline of their incidence in the community.

ACUTE ILLNESSES OF PSYCHOSOMATIC AETIOLOGY

(Based on MMWR (1983) 32 : 205 and CDWR (1983) 9 : 57)

The two incidents reported below emphasise that outbreaks of illness typified by sudden onset and rapid progression with a prevalence of hyperventilation may be mediated by psychological factors.

On 2 November 1982, several Royal Canadian Army Corps cadets became ill during an evening practice session at Borden, Ontario. Three consecutive events seemed to have constituted the outbreak. The initial incident involved four cadets who became dizzy (one cadet fainted) while on parade in the drill hall. One hour later seven cadets complained of dizziness, nausea and headache outside the hall, and one instructor became ill and vomited when he noticed a smell in the vicinity. There was a sudden mass reaction of illness when the chief cadet later announced that there was gas in the area. Sixty-eight cadets were seen at hospital, of whom 41 (24 males of mean age 13.6 years; 17 females of mean age 14.5 years) were regarded as cases of an illness characterised by at least four of the following; dizziness, headache, chills, drowsiness, nausea, eye irritation, difficulty breathing, throat irritation, fainting, abdominal pain, muscular pain and paralysis. The duration of symptoms varied from less than three hours up to 48 hours.

The findings of the investigation did not establish any common source contaminant; no toxic agent was identified from environmental and laboratory testing. In conclusion, the sudden onset and rapid progression, the lack of sufficient objective findings, the absence of illness in individuals from surrounding areas and the prevalence of hyperventilation strongly suggested a psychosomatic aetiology to the illness.

The second, much publicised, incident occurred from 21 March - 3 April 1983, in residents of communities throughout the West Bank, Jordan. The 943 cases of the acute, non-fatal illness were characterised by headache, dizziness, photophobia, blurred vision, abdominal pain, myalgia, weakness, difficulty breathing, fainting, mydriasis and peripheral cyanosis. Six hundred and sixty (70%) of patients were school girls between the ages of 12 and 17 years. Epidemiological assessment indicated that cases had occurred in three waves; at Arrabah (21-24 March), Jenin (26-28 March) and Hebron and Yattah (3 April).

Data collected in environmental studies to evaluate possible toxic aetiologies indicated that the West Bank epidemic was triggered either by psychological factors, or, more probably, by the odour of low, sub-toxic concentrations of H₂S gas escaping from a latrine at the secondary school in Arrabah. Subsequent propagation of the outbreak was mediated by psychological factors, occurred against a background of anxiety and stress, and may have been facilitated by newspaper and radio reports that described the symptoms in detail and suggested strongly that a toxic gas was the cause. The epidemic was probably terminated by the closing of West Bank schools. The evaluation of the pattern of illness was consistent with a diagnosis of stress-induced disease. Although patients in the first outbreak appeared to have been the most severely ill, their illnesses were less constant in pattern than those affected later e.g. 15% of patients at Arrabah noted an odour, contrasted with 89% at Yattah. Previous studies of psychogenic illness outbreaks have emphasised that perception of strange odours or gases by affected individuals has frequently preceded onset of illness⁽¹⁾. Also at Arrabah, the outbreak proceeded in a rather leisurely fashion with a slow beginning, a short peak perhaps occasioned by excitement of the search for the source of gas, and a long continuation phase. By contrast at Yattah, virtually all cases developed in the space of two hours, suggesting the existence of subconsciously learned response⁽¹⁾.

Reference

1. J. Occupat. Psychol. (1979) 52 : 77
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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE
 REPORTING PERIOD - 28/4/83 - 10/5/83 BULLETIN NUMBER 83/10
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR	RAHC	PHH/	FAIR-			STATE	STATE	Total	
	(NSW)/ HVH (ACT)	(NSW)	POW (NSW)	FIELD (VIC)	RCH (VIC)	IMVS (SA)	LAB (QLD)	LAB (WA)		
0100 ADENOVIRUS NOT TYPED.....	1	3	1			1	1	3	2	12
0101 ADENOVIRUS TYPE 1.....			1							1
0102 ADENOVIRUS TYPE 2.....	1			1			2		1	5
0103 ADENOVIRUS TYPE 3.....				1						1
0104 ADENOVIRUS TYPE 4.....								1		1
0105 ADENOVIRUS TYPE 5.....							1			1
0107 ADENOVIRUS TYPE 7.....			1				2			3
0119 ADENOVIRUS TYPE 19.....				2					2	4
0199 ADENOVIRUS TYPING PENDING.....			1		5	2				8
0201 INFLUENZA A VIRUS.....	1		1							2
0203 INFLUENZA B VIRUS.....			1							1
0301 PARAINFLUENZA VIRUS TYPE 1.....		2					9			11
0302 PARAINFLUENZA VIRUS TYPE 2.....							1	3		4
0303 PARAINFLUENZA VIRUS TYPE 3.....	4	2					4			10
0399 PARAINFLUENZA VIRUS TYPING PENDING.....							6	1		7
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	4	7			3	1	25	1		41
0500 RHINOVIRUS (ALL TYPES).....				5	3	5	2			15
0600 MYCOPLASMA PNEUMONIAE.....			2	3		11	2		4	22
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....									3	3
0809 COXSACKIEVIRUS A9.....									1	1
0816 COXSACKIEVIRUS A16.....				1						1
0899 COXSACKIEVIRUS GROUP A TYPING PENDING.....								2		2
0902 COXSACKIEVIRUS B2.....				1					1	2
0903 COXSACKIEVIRUS B3.....				1	1	2				4
1003 ECHOVIRUS TYPE 3.....									2	2
1005 ECHOVIRUS TYPE 5.....			1							1
1006 ECHOVIRUS TYPE 6.....				1						1
1007 ECHOVIRUS TYPE 7.....						1				1
1011 ECHOVIRUS TYPE 11.....	12		17	9	3	2	1			44
1014 ECHOVIRUS TYPE 14.....				1						1
1102 POLIOVIRUS TYPE 2.....									1	1
1103 POLIOVIRUS TYPE 3.....									1	1
1104 POLIOVIRUS-VACCINAL STRAIN.....					2	1				3
1200 MUMPS VIRUS.....	4		1	3				2		10
1300 HERPES VIRUS GROUP-NOT TYPED.....	21			1		5			6	33
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1		1			1		80	83
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	7		1						1	9
1303 VARICELLA-ZOSTER VIRUS.....				1		2	2			5
1306 HERPES SIMPLEX TYPE 1.....	11		4	19		25	7			66
1307 HERPES SIMPLEX TYPE 2.....	101		26	53		38	38			256
1399 HERPES VIRUS TYPING PENDING.....			22		5	6				33
1401 COXIELLA BURNETI.....								4		4
1502 PICORNA VIRUS-NOT TYPED.....		1	4	1					2	8
1521 MEASLES VIRUS.....						1				1
1522 RUBELLA VIRUS.....						1	1	3		5
1532 HEPATITIS B ANTIGEN.....	42		10	48		16	11	11		138
1535 HEPATITIS A ANTIBODY.....	5		2	8		8	5	17		45
1541 CHLAMYDIA A - C TRACHOMATIS.....	32	1					21	38		92
1556 CMV - CYTOMEGALOVIRUS.....	4	3	1	13	2	3	9	11		46
1562 REOVIRUS (ALL TYPES).....						2				2
1563 CORONAVIRUS.....				1						1
1564 ROTAVIRUS.....	1	8	3	2	5	11		12		42
1571 ENTEROVIRUS TYPE 71 (BRCR).....				3						3
1599 ENTEROVIRUS TYPING PENDING.....		1	11		13	5				30
ROSS RIVER VIRUS							30	1		31
SMALL VIRUS (LIKE) PARTICLE	7									7
DENGUE							2	2		4
PARAMYXOVIRUS						3				3
Total.....	258	29	111	180	43	177	173	203		1,174

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 28/4/83 to 10/5/83

83/10

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 unspc.; 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 unspc	GI	Hepatic	CVS	Urinary	Skin/ mucous memb
0100 ADENOVIRUS NOT TYPED.....		2									
0102 ADENOVIRUS TYPE 2.....		4						1			
0104 ADENOVIRUS TYPE 4.....								1			
0105 ADENOVIRUS TYPE 5.....											1
0107 ADENOVIRUS TYPE 7.....	1							1			1
0199 ADENOVIRUS TYPING PENDING.....								1			
0201 INFLUENZA A VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....			11								
0302 PARAINFLUENZA VIRUS TYPE 2....	1		3								
0303 PARAINFLUENZA VIRUS TYPE 3....	2		7								
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....			42								1
0500 RHINOVIRUS (ALL TYPES).....			14								
0600 MYCOPLASMA PNEUMONIAE.....			17								
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....		1				1					
0809 COXSACKIEVIRUS A9.....					1						
0816 COXSACKIEVIRUS A16.....											1
0902 COXSACKIEVIRUS B2.....									2		
0903 COXSACKIEVIRUS B3.....		2	1								
1003 ECHOVIRUS TYPE 3.....		1						1			
1005 ECHOVIRUS TYPE 5.....								1			
1006 ECHOVIRUS TYPE 6.....					1						
1007 ECHOVIRUS TYPE 7.....								1			
1011 ECHOVIRUS TYPE 11.....	2		3		20			14			1
1014 ECHOVIRUS TYPE 14.....					1						
1104 POLIOVIRUS-VACCINAL STRAIN....						1		1			
1200 MUMPS VIRUS.....		3			3						2
1301 HERPES SIMPLEX VIRUS NOT-TYPED	2		1								45
1302 EPSTEIN-BARR VIRUS (EB VIRUS)..	2		2								
1303 VARICELLA-ZOSTER VIRUS.....		1		1						1	2
1306 HERPES SIMPLEX TYPE 1.....	2		5							1	25
1307 HERPES SIMPLEX TYPE 2.....	6									1	13
1401 COXIELLA BURNETI.....			3								
1522 RUBELLA VIRUS.....											2
1532 HEPATITIS B ANTIGEN.....	76					1		53			
1535 HEPATITIS A ANTIBODY.....	12							29			
1541 CHLAMYDIA A - C.TRACHOMATIS...			4								
1556 CMV - CYTOMEGALOVIRUS.....	5		12	1	2			1		6	
1562 REOVIRUS (ALL TYPES).....								2			
1563 CORONAVIRUS.....								1			
1564 ROTAVIRUS.....								42			
1571 ENTEROVIRUS TYPE 71 (EBCR)....					1						2
9992 ROSS RIVER VIRUS.....	5		1								5
9994 SMALL VIRUS (LIKE) PARTICLE...								7			
9995 DENGUE.....	1										2
Total.....	119	138	3	29		3	74	83	2	9	103

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 28/4/83 to 10/5/83 ...

83/10

Viral Identifications by Clinical Information Table 2.

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

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

68 -Fever/malaise; 09 -Other; A1 -SIDS ...

VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUC	Fever/mal-aise	Other	SIDS
0100 ADENOVIRUS NOT TYPED.....	1									
0101 ADENOVIRUS TYPE 1.....	1									
0102 ADENOVIRUS TYPE 2.....							1			
0103 ADENOVIRUS TYPE 3.....	1								1	
0119 ADENOVIRUS TYPE 19.....	3	1								
0203 INFLUENZA B VIRUS.....									1	
0303 PARAINFLUENZA VIRUS TYPE 3....							1		1	
0500 RHINOVIRUS (ALL TYPES).....	1									
0600 MYCOPLASMA PNEUMONIAE.....			1		1		3		2	
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....							1			
0903 COXSACKIEVIRUS B3.....									1	
1011 ECHOVIRUS TYPE 11.....						2	2		2	
1102 POLIOVIRUS TYPE 2.....										1
1103 POLIOVIRUS TYPE 3.....							1			
1104 POLIOVIRUS-VACCINAL STRAIN....										1
1200 MUMPS VIRUS.....			1						2	
1301 HERPES SIMPLEX VIRUS NOT-TYPED		37								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			2				2		3	
1306 HERPES SIMPLEX TYPE 1.....	2	29					2		3	
1307 HERPES SIMPLEX TYPE 2.....		239								
1399 HERPES VIRUS TYPING PENDING...		1								
1401 COXIELLA BURNETI.....									4	
1521 MEASLES VIRUS.....					1					
1522 RUBELLA VIRUS.....					3				1	
1532 HEPATITIS B ANTIGEN.....										9
1535 HEPATITIS A ANTIBODY.....										4
1541 CHLAMYDIA A - C.TRACHOMATIS...		90								
1556 CMV - CYTOMEGALOVIRUS.....		6		2		6	3	1	4	1
1564 ROTAVIRUS.....									1	
9992 ROSS RIVER VIRUS.....					25				7	
9995 DENGUE.....									3	
Total.....	9	403	4	2	30	8	16	29	21	3

NOTIFIABLE DISEASES - AUSTRALIA (1 January - 31 December 1982).

(as notified to 16 May 1983)

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	TOTAL
Amoebiasis	6	1	14	10	—	—	1	1	33
Ankylostomiasis	1	—	13	3	—	—	93	—	110
Anthrax	—	—	—	—	—	—	—	—	—
Arbovirus infection	22	18	164	17	—	—	—	—	221
Brucellosis	16	2	1	8	—	—	1	—	28
Campylobacter infections	151	N.N.	N.N.	515	N.N.	N.N.	19	N.N.	685
Chancroid	1	—	7	N.N.	1	N.N.	1	—	10
Cholera	—	—	—	—	—	—	—	—	—
Congenital rubella syndrome	N.N.	N.N.	N.N.	—	N.N.	N.N.	N.N.	N.N.	—
Diphtheria	—	—	—	—	—	—	1	1	2
Donovanosis	—	N.N.	82	N.N.	8	N.N.	42	—	132
Giardiasis	51	N.N.	N.N.	565	N.N.	N.N.	N.N.	N.N.	616
Genital herpes	1783	N.N.	N.N.	291	N.N.	N.N.	22	N.N.	2096
Gonococcal ophthalmia neonatorum	—	N.N.	—	—	N.N.	N.N.	1	N.N.	1
Gonorrhoea	4652	3381	1360	887	1420	117	839	149	12805
Hepatitis A (infectious)	215	320	227	136	64	29	34	21	1046
Hepatitis B (serum)	174	307	81	114	20	—	15	14	725
Hepatitis - unspecified	181	N.N.	—	4	70	N.N.	17	5	277
Hydatid disease	2	2	1	2	—	2	—	3	12
Lassa Fever	N.N.	—	N.N.	—	—	N.N.	N.N.	N.N.	—
Legionnaires disease	2	—	N.N.	15	N.N.	N.N.	N.N.	N.N.	17
Leprosy	—	3	9	1	14	—	8	—	35
Leptospirosis	57	32	28	7	5	6	—	—	135
Lymphogranuloma venereum	—	N.N.	N.N.	N.N.	N.N.	N.N.	1	—	1
Malaria	142	92	219	39	20	1	15	20	548
Marburg Disease	N.N.	—	N.N.	—	—	N.N.	N.N.	N.N.	—
Meningococcal infections	12	7	—	15	1	N.N.	—	4	39
Non-specific urethritis	5473	N.N.	N.N.	1193	N.N.	N.N.	N.N.	N.N.	6666
Ornithosis	—	3	—	5	—	1	—	1	10
Pertussis (whooping cough)	39	204	N.N.	31	N.N.	N.N.	N.N.	N.N.	274
Plague	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—
Q. fever	155	5	134	50	N.N.	—	N.N.	—	344
Rabies	N.N.	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
Salmonella infections	441	222	419	333	97	42	267	45	1866
Shigella infections	40	23	87	30	87	3	165	2	437
Smallpox	—	—	—	—	—	—	—	—	—
Syphilis	1691	262	514	109	222	1	410	2	3211
Tetanus	—	6	1	5	—	—	—	—	12
Trachoma	N.N.	N.N.	1	—	N.N.	N.N.	—	—	1
Tuberculosis (all forms)	459	414	195	110	136	—	28	21	1363
Typhoid fever	—	3	2	—	2	—	—	1	8
Typhus (all forms)	1	—	9	—	1	—	—	—	11
Vibrio parahaemolyticus infections	N.N.	N.N.	N.N.	—	N.N.	N.N.	N.N.	N.N.	—
Yellow Fever	—	—	—	—	—	—	—	—	—
Yersinia enterocolitica infections	1	N.N.	N.N.	1	N.N.	N.N.	N.N.	N.N.	2

(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.)