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Communicable Diseases Intelligence

Bulletin number 83/20
Issue date: 7 October 1983

Contents:

VIRUS REPORTING SCHEME - Because of the continuing local mail dispute, only virus data (1341 reports) for the previous reporting period of CDI 83/19 were received. Patterns suggested by these reports included an increase in rubella infections, principally in adults, throughout Queensland (12 reports received from the State Health Laboratory, Brisbane, compared with 5, 5 and 0 for the previous three periods). Although pregnancy remains a contraindication to rubella vaccination because of the theoretical, albeit small, risk of congenital rubella syndrome (CRS), the CRS pregnancy register maintained by CDC, Atlanta, has shown that no CRS-like defects were noted among 959 pregnant women who were vaccinated either within three months before or three months after their presumed dates of conception (MMWR (1983) 32:429). Thus, rubella vaccination of a pregnant female should not in itself indicate interruption of pregnancy.

- Cytomegalovirus (CMV) infections - A CF antibody titre of 2 against CMV was detected by the Institute of Clinical Pathology and Medical Research, Sydney, in the CSF of a 62 year old female renal transplant recipient with meningo-encephalitis. The patient had a serum CF antibody titre against CMV of 64, and the virus was also isolated from urine and bronchial washings. High incidences of increased CSF/serum antibody ratios for CMV antibody have also been detected in schizophrenic patients. This finding, together with a similar histology of diffuse glial proliferation found at necropsy in the brains of some schizohrenics and of some immunosuppressed patients with known generalised CMV infection, and the established CMV characteristics of neurotropism, affinity for the limbic system and potential for latency, have promoted the hypothesis that CMV is a possible causative agent in schizophrenia (Science (1982) 216:892).

  CMV was also isolated by Fairfield Hospital, Melbourne, from seminal fluid of six patients. Four patients were homosexual, two of whom presented with lymphadenopathy, one with proctitis, and one recurrent epididymo-orchitis and abnormal semen.

- Clinical dengue was diagnosed by Fairfield Hospital in a 40 year female who returned recently from a holiday in Sri Lanka and the Maldives Islands.

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GONOCOCCAL SURVEILLANCE - VICTORIA

(Contributed by J.R.L. Forsyth, Microbiological Diagnostic Unit (MDU), University of Melbourne, and J. Davies, Deakin University, Victoria).

During January-June 1983, 1317 reports of Neisseria gonorrhoeae were collated by MDU. Data were received primarily from Melbourne Communicable Diseases Centre (560 males; 154 females), public hospitals (123 males; 86 females) and private pathologists (221 males; 65 females).

Where information was available, 5.9% of the male patients were infected overseas and 2.9% interstate. All the female patients acquired their infection in Victoria. Prostitutes were the primary contact of 18.6% of male cases. In addition, 15% of males admitted to being homosexual and 2.4% bisexual. Although only 3.3% of male patients were asymptomatic, gonococci were isolated from 30.3% of females without symptoms.

Thirty-three strains of penicillin-resistant N. gonorrhoeae (PPNG) were isolated, of which eight were known to be acquired overseas and six in Victoria. Neisseria meningitidis was also isolated from the urethra of two homosexual and two heterosexual males, from the rectum of eight homosexual and two bisexual males and from the cervix of two females. In addition, Branhamella catarrhalis was isolated from the urethra of a heterosexual male, and Neisseria lactima was cultured from the rectum of a homosexual male and from the urethra and pharynx of two females.

Two hundred and thirty strains were examined for plasmids. Of the 22 PPNG strains tested all had the 4.4 Mdal penicillinase coding plasmid and 18 (82%) had the 24.5 Mdal conjugative plasmid. Nine of the 17 (53%) "poor growing" strains tested also carried the conjugative plasmid. The incidence of these poor growers, which form small colonies even after prolonged incubation on Columbia agar base with 7% saponin-lysed horse blood plates in 5% CO_2, has appeared to increase over the past year. Attempts to improve growth by adding various supplements including different yeast extracts, more blood, vitamin B6, glucose etc., have indicated heterogeneous growth requirements. Of the 191 "normal" strains tested, 22% possessed the conjugative plasmid. All strains carried the cryptic plasmid (unknown phenotype) which in 12 occurred as direct trimer repeats.

Editorial Comment

Intracellular Gram-negative diplococci in smears of purulent urethral exudates from males with urethritis are usually considered pathognomonic for gonorrhoea, but other diplococcal species may be isolated on culture. B. catarrhalis, previously regarded as a harmless commensal of the upper respiratory tract of humans, may cause a clinical syndrome indistinguishable from gonococcal urethritis[1,2,3], as well as being implicated in acute otitis media, acute sinusitis, pneumonia, endocarditis and meningitis. Similarly a 42.5% oropharyngeal carriage, a 0.7% urethral and a 2.0% rectal colonisation of N. meningitidis was found in one prevalence study of 815 homosexual males.[4] Although N. meningitidis urethral isolates were associated with urethral discharge in five of six patients, N. meningitidis in the oropharynx or rectum was not usually associated with clinical illness.

References

1. Am. J. Clin. Pathol. (1963) 39 : 360
2. J. Urol. (1976) 115 : 471
3. Sex. Trans. Dis. (1982) 9 : 202
4. JAMA (1980) 244 : 2060

IMPORTED MALARIA - U.K.
(Based on CDR (1983) 83/33 : 1).

Three patients who had not visited endemic areas developed falciparum malaria in England recently. The disease was confirmed in a male aged 45 years living in Sussex who had not been abroad for two years and a female aged 35 years also living in Sussex who had been on holiday in Majorca about seven weeks before onset. A woman aged 27 years living in London who visited Rome, first became unwell during her holiday and was found to have the disease after returning to London. None of these persons had had transfusions or any other injections.

It is postulated that infected mosquitoes must have arrived with passengers from endemic areas. This is an exceedingly rare event in view of the volume of international air traffic, but such incidents have also been recorded in Belgium, France, the Netherlands and Switzerland.

Editorial Comment

Although climatic conditions in the UK make it impossible for indigenous anopheline mosquitoes to transmit Plasmodium falciparum, Australia is vulnerable and receptive to the re-establishment of malaria to the north of latitude 19°S.

AIDS - AUSTRALIA

The first Australian AIDS case was identified in Sydney in November 1982 in a male homosexual who had previously resided in New York. The patient presented with life-threatening pulmonary consolidation of unknown aetiology, but responded to antibiotic therapy. Five more cases of AIDS have since been reported to the Victorian Health Commission, all in males who admitted homosexual or bisexual activity. Four patients had travelled recently to the USA. Three patients were hospitalised, two with bronchopneumonia and one with chronic diarrhoea but who later developed pneumonia. Two of the patients subsequently died (18 July and 1 October 1983 respectively). Cytomegalovirus (CMV) pneumonia, CMV colitis and Pneumocystis carinii pneumonia have comprised the primary diagnoses. The two other Victorian AIDS cases are of extended lymphadenopathy syndrome with inverted helper:suppressor T-lymphocyte ratios and are being treated as outpatients. Similar cases are also under active surveillance in New South Wales.

AIDS UPDATE - USA
(Based on MMWR (1983) 32 : 465).

As of 2 September 1983, 2259 persons who met the surveillance case definition for AIDS had been reported in the USA and Puerto Rico. Of these, 917 (41%) are known to have died. Pneumocystis carinii pneumonia (PCP) was the most common life-threatening opportunistic infection in these AIDS patients accounting for 52% of primary diagnoses; 26% of patients had

Kaposi's sarcoma (KS) without PCP, and 7% had both KS and PCP. Many patients may also have had other opportunistic infections, and 15% of AIDS patients had such infections without KS or PCP. Of these patients, 71% were males with homosexual or bisexual orientations, 17% (including 51% of females) had used intravenous drugs, and 1% were haemophiliacs. Of the other 11% of cases, means of disease acquisition was less clear, but in none of the cases did casual contact appear to be involved. The 11% included patients who were born in Haiti but were now living in the USA (5%), heterosexual partners of persons with AIDS or persons at increased risk of AIDS (1%), those exposed to blood transfusions (1%), and cases that belonged to none of the above groups (1%). Information about risk factors was either absent or incomplete for the remaining 3% of total.

CDC have classified AIDS cases into groups at greatest risk of acquiring the disease since it is an essential element of any epidemiological investigation and serves such purposes as formulating prevention recommendations, providing direction for research and identifying medical needs. However, the classification of certain groups as being more closely associated with the disease has been misconstrued by some to mean that these groups are likely to transmit the disease through non-intimate interactions. This view is not justified by available data. Nonetheless it has been used unfairly as a basis for social and economic discrimination.

The occurrence of AIDS cases among homosexual men, IV drug abusers, persons with haemophilia, sexual partners of members of these groups, and recipients of blood transfusions is concomitant with the hypothesis that AIDS is caused by an agent that is transmitted sexually, or, less commonly, through contaminated needles or blood. About 91% of reported cases have occurred in these patient groups. Among the remaining cases, there has been no evidence that the disease was acquired through casual contact with AIDS patients or with persons in population groups with an increased incidence of AIDS. AIDS is not known to be transmitted through food, water, air or environmental surfaces.

The greatest majority of persons in population groups with increased incidence of AIDS have not been affected by the disease. Until epidemiological studies identify the subgroups within these populations that are truly at risk for acquiring AIDS, the classification system will lack precision. However, such classifications should not be construed to imply that usual social contact with such groups is involved in the transmission of AIDS.

INHALANT ALIPHATIC NITRITES AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

(Based on MMWR (1983) 32 : 457).

Initial epidemiological studies indicated that the use of inhalant drugs, such as amyl nitrite, isobutyl nitrite (IBN) and butyl nitrite, may be a risk factor for AIDS. Because the immunotoxic potential of these drugs was unknown, CDC, Atlanta, undertook an evaluation of one of the most commercially available inhalants-IBN.

Balb/c mice were exposed to IBN vapour at three concentrations for a set time daily over several weeks, and then tested for immunocompetency and histological and pathological changes. None of the animals exposed to IBN showed any evidence of immunotoxic reactions. Methaemoglobinaemia was noted in

animals exposed to 300 ppm of IBN, and some evidence of thymic atrophy, probably stress-related, was found in this group, but all detailed histological examination have not been completed.

The results of the study, as well as the occurrence of AIDS among populations not commonly using inhalant nitrites suggests that these drugs are not responsible for the basic immune defects characteristic of AIDS. Although data obtained in this study indicate that IBN was not immunotoxic for mice, these drugs do have toxic effects. They have been shown to be mutagenic in vitro and are highly flammable. Reported side effects include; dizziness, headache, tachycardia, syncope, hypotension and increased intraocular pressure. Nitrites have also been associated with methaemoglobinaemia and, rarely, sudden death. Nitrite inhalants do not appear to be implicated as a cause of the immunosuppression seen in AIDS, but their role as co-factor in some of the illnesses found in this syndrome has not been ruled out.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 1/9/83 - 14/9/83 BULLETIN NUMBER . 83/20

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	1			1			12	4	18
0101 ADENOVIRUS TYPE 1	1		1	3	3	3			11
0102 ADENOVIRUS TYPE 2					4	6			10
0103 ADENOVIRUS TYPE 3				1		1			2
0105 ADENOVIRUS TYPE 5			1	1		2			4
0107 ADENOVIRUS TYPE 7					1	2			3
0108 ADENOVIRUS TYPE 8				1					1
0119 ADENOVIRUS TYPE 19	1								1
0199 ADENOVIRUS TYPING PENDING		2	8		6	3			19
0201 INFLUENZA A VIRUS	10			4	3	6	14	17	54
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1		4	1			9		15
0203 INFLUENZA B VIRUS	1								1
0206 INFLUENZA A VIRUS SUBTYPE H1N1				2			2		4
0299 INFLUENZA VIRUS					1				1
0301 PARAINFLUENZA VIRUS TYPE 1					4	5	1	2	12
0302 PARAINFLUENZA VIRUS TYPE 2								4	4
0303 PARAINFLUENZA VIRUS TYPE 3	1			1	1	4	5	2	14
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	15	9	2	16	18	48	6	6	120
0500 RHINOVIRUS (ALL TYPES)	5			2	7	3	8		25
0600 MYCOPLASMA PNEUMONIAE	35	1		25	6	17	16	4	104
0700 ORNITHOSIS-PSITTACOSIS								1	1
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED								3	3
0809 COXSACKIEVIRUS A9			1	1					2
0902 COXSACKIEVIRUS B2				1	2			1	4
0903 COXSACKIEVIRUS B3						1			1
1000 ECHOVIRUS NOT TYPED							1		1
1003 ECHOVIRUS TYPE 3								2	2
1011 ECHOVIRUS TYPE 11				2	2				4
1015 ECHOVIRUS TYPE 15							1		1
1022 ECHOVIRUS TYPE 22			1						1
1101 POLIOVIRUS TYPE 1						1	1	2	4
1102 POLIOVIRUS TYPE 2								1	1
1104 POLIOVIRUS-VACCINAL STRAIN			1		2				3
1200 MUMPS VIRUS				2				3	5
1300 HERPES VIRUS GROUP-NOT TYPED	17					3			20
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1		2					3
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	9							6	15
1303 VARICELLA-ZOSTER VIRUS	2						1	1	4
1306 HERPES SIMPLEX TYPE 1	8			35		3	23	7	76
1307 HERPES SIMPLEX TYPE 2	114			64		14	66	47	305
1399 HERPES VIRUS TYPING PENDING			10		2	5			17
1401 COXIELLA BURNETI	1			3			6		10
1514 MOLLUSCUM CONTAGIOSUM						1			1
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)						1			1
1516 MILKERS NODULE VIRUS								1	1
1521 MEASLES VIRUS	1			6	5	1			13
1522 RUBELLA VIRUS	1			3			12		16
1532 HEPATITIS B ANTIGEN	42		5	30		17	7	5	106
1535 HEPATITIS A ANTIBODY	1			6		6	1	12	26
1541 CHLAMYDIA A - C TRACHOMATIS	18						18	60	96
1556 CMV - CYTOMEGALOVIRUS	11	1		30	5	4	9	17	77
1564 ROTAVIRUS	20	6	23	1	5	14		2	71
1599 ENTEROVIRUS TYPING PENDING		2	6		13	1			22
ROSS RIVER VIRUS							3		3
ARBO. GROUP B. ...				1					1
Total	316	22	63	245	90	173	222	210	1,341

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 1/9/83 to 14/9/83 .... 83/20

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					2				
0102 ADENOVIRUS TYPE 2.....		7					3				
0105 ADENOVIRUS TYPE 5.....		2					1				
0107 ADENOVIRUS TYPE 7.....	1	2									
0199 ADENOVIRUS TYPING PENDING.....							1				
0201 INFLUENZA A VIRUS.....	6	38	2	1		5			1		1
0202 INFLUENZA A VIRUS SUBTYPE H3N2		14									
0206 INFLUENZA A VIRUS SUBTYPE H1N1		4									
0301 PARAINFLUENZA VIRUS TYPE 1....		12					1				
0302 PARAINFLUENZA VIRUS TYPE 2....	1	3									
0303 PARAINFLUENZA VIRUS TYPE 3....		14									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	4	115							1		1
0500 RHINOVIRUS (ALL TYPES).....		25					1				
0600 MYCOPLASMA PNEUMONIAE.....	15	81					1				1
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0809 COXSACKIEVIRUS A9.....				2							
0902 COXSACKIEVIRUS B2.....		1	1	1							1
0903 COXSACKIEVIRUS B3.....		1									
1003 ECHOVIRUS TYPE 3.....		1				1					
1011 ECHOVIRUS TYPE 11.....		1		1			3				
1015 ECHOVIRUS TYPE 15.....	1										
1022 ECHOVIRUS TYPE 22.....							1				
1101 POLIOVIRUS TYPE 1.....	1	2									
1104 POLIOVIRUS-VACCINAL STRAIN....		2					1				
1200 MUMPS VIRUS.....		2		1			1				
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1									
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	3	1				1		1			1
1303 VARICELLA-ZOSTER VIRUS.....					1						2
1306 HERPES SIMPLEX TYPE 1.....	3	9								6	36
1307 HERPES SIMPLEX TYPE 2.....	9		1								56
1401 COXIELLA BURNETI.....	1										
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....											1
1516 MILKERS NODULE VIRUS.....											1
1521 MEASLES VIRUS.....	1	3									10
1522 RUBELLA VIRUS.....	2	1									14
1532 HEPATITIS B ANTIGEN.....	63							40			
1535 HEPATITIS A ANTIBODY.....	1							25			
1541 CHLAMYDIA A - C.TRACHOMATIS...	1										
1556 CMV - CYTOMEGALOVIRUS.....	22	21						1		5	
1564 ROTAVIRUS.....	4	1					66				
1599 ENTEROVIRUS TYPING PENDING....				1							
9992 ROSS RIVER VIRUS.....											1
Total.....	139	374	4	7	1	7	82	67	2	11	126

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 1/9/83 to 14/9/83 ... 83/20
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.....								1		
0103 ADENOVIRUS TYPE 3.....	1								1	
0105 ADENOVIRUS TYPE 5.....							1			
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	1									
0201 INFLUENZA A VIRUS.....				1		1		2	3	
0202 INFLUENZA A VIRUS SUBTYPE H3N2									1	
0203 INFLUENZA B VIRUS.....									1	
0206 INFLUENZA A VIRUS SUBTYPE H1N1									1	
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....									1	
0500 RHINOVIRUS (ALL TYPES).....										1
0600 MYCOPLASMA PNEUMONIAE.....								3	6	
1003 ECHOVIRUS TYPE 3.....									1	
1011 ECHOVIRUS TYPE 11.....									2	
1101 POLIOVIRUS TYPE 1.....										1
1102 POLIOVIRUS TYPE 2.....									1	
1200 MUMPS VIRUS.....				2						
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1							1	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).				7				2		
1303 VARICELLA-ZOSTER VIRUS.....	1								1	
1306 HERPES SIMPLEX TYPE 1.....	7	17		1					2	1
1307 HERPES SIMPLEX TYPE 2.....		260								1
1401 COXIELLA BURNETI.....									9	
1514 MOLLUSCUM CONTAGIOSUM.....		1								
1522 RUBELLA VIRUS.....					3					
1532 HEPATITIS B ANTIGEN.....										3
1541 CHLAMYDIA A - C.TRACHOMATIS...		95								
1556 CMV - CYTOMEGALOVIRUS.....	1	3				6	3	3	16	1
9992 ROSS RIVER VIRUS.....					3					
9998 ARBO. GROUP B.								1		
Total.....	12	377		11	7	6	11	33	24	3

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(Weeks;- 21 - 24)

(22 May to 18 June 1983)

Bulletin 83/20

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	3					4	22
Ankylostomiasis			1	5					6	32
Anthrax									—	—
Arbovirus infection									—	3
Brucellosis									—	11
Campylobacter infections	58	N.N.	N.N.	71	N.N.	N.N.	3	N.N.	132	725
Chancroid				N.N.		N.N.	N.N.		—	4
Cholera									—	—
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.		N.N.		N.N.	4		4	48
Giardiasis	27	N.N.	N.N.	48	N.N.	N.N.	N.N.	N.N.	75	431
Genital herpes	52	N.N.	54	10	N.N.	N.N.	2	N.N.	118	995
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	N.N.	N.N.	—	3
Gonorrhoea	246	175	129	74		10	47	6	687	5916
Hepatitis A (infectious)	21	17	9	14			7	2	70	461
Hepatitis B (serum)	30	34	6			2	2		74	392
Hepatitis - unspecified	4	1		1		N.N.	5		11	155
Hydatid disease									—	1
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease		1	N.N.		N.N.	N.N.	N.N.	N.N.	1	5
Leprosy	2	1	1						4	36
Leptospirosis			10						10	53
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	4
Malaria	6	10	25	6			3	1	51	262
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	2		12			N.N.	1		15	39
Non-specific urethritis	230	N.N.	N.N.	105	N.N.	N.N.	N.N.	N.N.	335	2449
Ornithosis									—	11
Pertussis (whooping cough)	6	10	N.N.		N.N.	N.N.	N.N.	N.N.	16	158
Plague									—	—
Poliomyelitis									—	—
Q. fever	2		11		N.N.		N.N.		13	65
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	76	16	41	28		4	34	9	208	1894
Shigella infections	4		6	9			27		46	275
Smallpox									—	—
Syphilis	104	26	33	6		1	40	3	213	1221
Tetanus		1	2						3	4
Trachoma		N.N.			N.N.	N.N.			—	2
Tuberculosis (all forms)		25	20	6			2	3	56	332
Typhoid fever	1		1						2	9
Typhus (all forms)			4						4	8
Vibrio parahaemolyticus infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Yellow Fever									—	—
Yersinia enterocolitica infections		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—

(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:

Arbovirus infections	+2 NT.
Campylobacter infections	+1 NT.
Donovanosis	+2 NT.
Gonorrhoea	+23 NT.
Hepatitis A	+1 VIC.
	-12 SA.
	+5 NT.
Hepatitis B	+1 QLD.
	+1 VIC.
	-1 SA.
Leptospirosis	-1 QLD.
Malaria	-1 QLD.
Salmonella infections	-2 SA.
	-1 QLD.
	+8 NT.
Shigella infections	+1 NT.
Syphilis	+42 NT.
Tuberculosis	-2 QLD.

Statistics from Western Australia are unavailable because of staff shortages.