



Communicable Diseases Intelligence

Bulletin number 83/21

Issue date: 21 October 1983

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VIRUS REPORTING SCHEME - The local mail dispute has been settled, but delivery of the large backlog of mail has yet to be effected, so that the only complete set of virus reports are the previous generation of CDI 83/20 (1404 reports).

INFLUENZA ACTIVITY, JANUARY-SEPTEMBER 1983

(Based on data supplied by M. Evered, OIC WHO Influenza Reference Centre, Commonwealth Serum Laboratories (CSL), Melbourne).

Although there have been significant outbreaks of both H₃N₂ and H₁N₁ influenza in Australia this season, the H₃N₂ isolates showed no significant variation from the A/Bangkok - A/Philippines type. However, analysis of H₁N₁ isolates from New Zealand and Australia have revealed a more complex picture. Using an extensive range of antisera, all of the Australian H₁N₁ isolates, except two which were A/India/6263-like, resembled the prototype A/Victoria/7/83 which is considered to be a "new strain". This "new strain" most closely resembles A/Hong Kong/2/82 in results reported from London, and reacts with both A/England/333/80 and A/Dunedin/27/83 antisera but not in reverse. Results of a typical HI titration are given in Table 1.

TABLE 1. Haemagglutination-inhibition tests, post immunisation chicken sera.

<u>Reference Antigens.</u>	<u>Sera</u>						
	A/USSR/ 90/77 WHO	A/Brazil/ 11/78 WHO	A/England/ 333/80 WHO	A/India/ 6263/80 CSL	A/Victoria/ 7/83 CSL	A/Hong Kong/ 2/82 CSL	A/New Zealand/ 27/83 CSL
A/USSR/90/77	<u>320</u>	80	80	40	40	< 20	< 20
A/Brazil/11/78	160	<u>320</u>	80	80	40	20	20
A/England/333/80	80	80	<u>640</u>	80	160	240	30
A/India/6263/80	80	40	160	<u>320</u>	80	160	60
A/Victoria/7/83	80	60	320	80	<u>640</u>	320	160
A/Hong Kong/2/82	40	60	160	160	160	<u>320</u>	80
A/New Zealand/27/83	40	40	40	80	60	80	<u>320</u>
<u>Test Antigens.</u>							
A/Victoria/5/83	80	80	320	80	640	320	160
A/New Zealand/22801/83	40	40	320	80	40	160	30

OUTBREAK OF SALMONELLA VIRCHOW FOOD POISONING, ROCKHAMPTON

(Contributed by R. Lord, Commonwealth Department of Health, Rockhampton; G.J. Merry, Health Surveyor, City of Rockhampton; S. Hogben, Microbiological Diagnostic Unit, University of Melbourne).

In July 1983, an outbreak of food poisoning affected approximately 72 persons in the Rockhampton area following the consumption of barbequed chickens, chicken sandwiches and rolls. The chicken and chicken products were all purchased from the same shop in the town. The causative organism was found to be S. virchow.

The initial notification came from a doctor at the Base Hospital at 9 a.m. on 30 June 1983, advising that nine patients were involved. A check was then made of other hospitals for further cases. Numerous phone calls were received from the public following a newspaper story. The people complained of symptoms typical of salmonella food poisoning after eating chicken products from the implicated premises, even though the shop had not been named in the newspaper article.

Symptoms were headache, vomiting, stomach cramps, diarrhoea without blood, and muscle weakness with an incubation period of 15-20 hours. The duration of the illness was approximately six days. Some patients were hospitalised. However, to 12 July only nine cases of salmonellosis had been notified under Section 30 of the Health Act.

Health Surveyors of Rockhampton City Council inspected the food premises on the day of the initial notification. Various inadequacies were evident in the food handling procedures.

- . Chickens were stored in large polythene containers on the floor in the cold room prior to cooking.
- . Chickens, before and after cooking, were loaded onto a stainless steel tray. The tray was washed between the handling stages but due to its size, this washing may not have been adequate.
- . The standard double bowl sink was not large enough to allow adequate washing of commercial utensils (i.e. trays, cutting boards, and containers used for preparation of stuffing).
- . No handbasin was located in the preparation area. The double bowl sink was used for handwashing.
- . The sink was also used to wash chickens prior to placing in the rotisserie.
- . A soiled towelling hand towel was attached to the preparation area. This was used by all the food handlers.
- . The cutting boards, which had not been sanitized, were used for breaking up cold chickens and stuffing for sandwiches and rolls.

Approximately 600-650 chickens were sold per week on the premises and these arrived twice weekly with 20-30 crates per delivery. No salmonella species were isolated from the raw chickens. The stuffing was hand prepared from sliced bread, onion, mixed herbs, worcestershire sauce and water and mixed in large polythene containers. The chickens were then stuffed and

stored in the coldroom ready for use. Any remaining stuffing was kept in a nine litre bucket in the coldroom. This stuffing yielded S. virchow. Environmental swabbing showed the sink, cutting boards and handtowel to be positive for S. virchow. Of the five staff, two were positive for faecal and hand isolates, one for faecal isolates (she was away ill with gastroenteritis when hand swabbing was performed) and one for hand isolates. A part-time worker was negative for both faecal and hand specimens. At this stage, a notice was issued to close the premises to enable cleaning and sanitising of equipment and premises.

It would appear that the hand towel remained the "reservoir" of infection and the foodhandlers contaminated the stuffing during preparation. Cross contamination of the cooked product may have also occurred through the use of contaminated cutting boards and the hand towel.

During the interviewing of patients, it was established that a case of S. virchow food poisoning due to chicken from the implicated premises had been diagnosed on 13 June, but this had not been notified. Had this case been notified under the relevant sections of the Health Act, the large outbreak which occurred at the end of the month might have been prevented.

Queensland has the highest number of isolations of S. virchow for Australia. In 1982, there were 207 reports from Queensland out of a total of 238. During the three years of operation of the National Surveillance Scheme for Salmonella, Queensland has had 82.4% of all reports of S. virchow in humans.

FOOD POISONING OUTBREAK - SYDNEY

(Contributed by P. Christopher, D. Fox, J. McMahon and D. Sibraa, Institute of Public Health and Biosciences; G. Davey, Division of Analytical Laboratories; R. Pritchard, Royal North Shore Hospital; J. Harkness, St Vincent's Hospital, Darlinghurst; W. Morrison, Southern Metropolitan Health Region, NSW Department of Health).

On 10 September 1983, three persons presented at the casualty department of the Royal North Shore Hospital (RNSH) with severe gastroenteritis requiring admission. By the next day, a further six persons had been admitted, and it became apparent that a major outbreak of food poisoning was involved. The hospital ascertained that the common denominator was the consumption of chicken sandwiches (or rolls) purchased at a "fast-food" store in a major shopping complex in the centre of Sydney.

The food store was inspected on Monday morning 12 September. The sale of products containing chicken was ceased. Samples of raw and cooked chicken and other foods were provided for culture. The seven food handlers at the store submitted stool specimens for culture. One of the food handlers had had a history of gastroenteritis in the week preceding the outbreak. Samples of raw chicken were also submitted from the wholesale distributor. The outbreak became a major news item in Sydney on the 12 September. The Department of Health subsequently received over 60 complaints of persons suffering with acute gastroenteritis who were being treated at home, and who had eaten chicken sandwiches at the same store in the preceding week. The publicity prompted the screening of inpatients with acute gastroenteritis in other hospitals for the possibility of having consumed chicken at the implicated store. A further 27 such inpatients were notified to the Department giving a total

of 36 inpatients. These were scattered among 11 hospitals in metropolitan Sydney, Wollongong, Newcastle and Perth.

The incubation period in 15 of the hospital patients surveyed was 7-25 hours. The patients included both children and adults. S. typhimurium was cultured from most of the hospitalised patients. Many clinicians remarked on the virulence of the organism as demonstrated by the incredible severity of the illness and the magnitude of dehydration. Of note is that the organism was cultured from the urine, blood and faeces from one adult male admitted to St. Vincent's Hospital in an unconscious state and with acute renal failure. Among the RNSH patients, two had late positive blood cultures (sixth and seventh day after specimen collection), one patient had early tubular necrosis and one had pericarditis. At another hospital one of the patients had an appendectomy. There were no secondary cases reported among family members, but there was one report of nosocomial infection.

The strains of S. typhimurium isolated from the RNSH patients were determined to be sensitive to ampicillin, tetracycline, chloramphenicol, and co-trimoxazole. Where results are available to date, phage typing by the Microbiological Diagnostic Unit, University of Melbourne, yielded S. typhimurium phage type 25 from 16 hospital patients.

A sample of cooked chicken yielded S. typhimurium phage type 25. One of the other foods sampled (cocktail prawns which had been imported to Australia in the frozen state) also yielded S. typhimurium phage type 25. Two of the food handlers yielded S. typhimurium; phage type 25 was determined in one who had no history of prior illness, but the culture from the other, who also had no prior illness, was not referred for typing. The specimen of raw chicken taken at the store did not yield salmonellae (although the laboratory remarked that an insufficient quantity was received for adequate assay). Specimens of chickens from the wholesaler yielded two strains of S. typhimurium, phage types 108 and 170. The results of further investigations are not yet available.

S. typhimurium phage type 25 has been rare in New South Wales where there has been only nine isolations from human cases between 1980 and August 1983. In a survey of salmonellas isolated from chickens conducted between 1976-81 it accounted for 1% of the isolates (J. Taplin, personal communication, Microbiological Diagnostic Unit).

Review of the practices at this store indicated a likely source of contamination. It is known that raw chicken carcasses are frequently contaminated with salmonella⁽¹⁾. In this case, raw frozen chicken breasts were removed from a plastic bag onto a stainless steel sink draining tray. They were then placed into a saucepan, thawed under running water and then boiled. Subsequently they were placed onto the same drainage tray from where they were put through a slicing machine and stored in a refrigeration display case. It was not the custom to wash the drainage tray or for the foodhandler to wash his hands between the processing of the raw and the cooked chicken.

It became evident to the food inspectors that there was a general lack of knowledge of basic food hygiene, and a lecture on this topic was arranged for the staff at this store and other interested persons at the shopping complex.

Reference

1. "Salmonellosis: an increasing health hazard." MJA (1974) 1:337.

Outside the home, salmonella outbreaks occur primarily in restaurants and at receptions, with poultry being the commonest confirmed food vehicle of infection. Surveys of chicken carcasses examined by a whole body rinse technique conducted by the State Health Laboratory Services, Perth, during 1979-81 revealed contamination rates of 52%⁽¹⁾. In another survey in the UK, 79 of 100 frozen chickens purchased from normal retail outlets contained salmonella, some containing more than one serotype⁽²⁾. Inadequate thawing, undercooking and cross-contamination are the most frequent contributing factors among outbreaks, since the procedures carried out from thawing a frozen bird to serving the cooked meat offer many opportunities for the spread of contamination via hands, equipment and surfaces and for the survival and multiplication of salmonellas unless strict controls of hygiene and temperature of food storage are observed at all times.

In a retrospective epidemiological survey of more than 1000 outbreaks of food poisoning in the UK, advanced preparation combined with improper storage and inadequate cooking, cooling and reheating were the most common contributing factors⁽³⁾. Infected food handlers did not play a significant role except in instances of Staphylococcus aureus food poisoning.

References

1. J.B. Iveson, Zoonoses Seminar, School of Veterinary Studies, Murdoch University, Perth. December 1982. pp.96-121.
2. CDR (1980) 80/16 : 5.
3. J. Hyg. Camb. (1982) 89 : 491.

WHO PUBLICATION - "MASS CATERING" (Based on WER (1983) 58 : 308)

Nowadays it is becoming increasingly common for people to come together in large numbers in the course of many different activities, e.g. employment, education, hospitalisation, travel and leisure pursuits. All these people have to be fed.

This necessitates the provision of large quantities of food to be served to many people in a very short time (mass catering). Often it is necessary for the food to be prepared several hours or even days before it is served and eaten (time shift catering). These practices demand technology, premises, equipment, management and quality control procedures that differ both qualitatively and quantitatively from those that are adequate to ensure the safety of traditional forms of catering.

These special requirements are often insufficiently appreciated by health professionals, food officials and caterers. As a result time shift mass catering has frequently resulted in food poisoning. In England and Wales, for example, of more than 1000 outbreaks of food poisoning intensively investigated between 1970 and 1979, at least 60% were caused by holding food for more than six hours without adequate temperature control. Other countries record similar experiences.

The publication "Mass Catering" by R.H.G. Charles (1983), WHO Regional Office for Europe, 8, Scherfigsvej, DK-2100 Copenhagen, Denmark, is intended to alert health professionals and everyone involved in any aspect of mass catering to its

health implications. It is not intended to be a textbook for technical experts, but describes the problems and possible solutions in simple terms and gives an extensive list of sources of more detailed information.

(continued from page 1)

Further HI tests conducted at CSL have also suggested that there are two distinct New Zealand H₁N₁ strains indicated by the differences between A/Dunedin/27/83 and A/New Zealand/22801/83. These differences have been confirmed by the use of monoclonal antibodies. Common to the outbreaks caused by H₁ subtypes since its re-emergence in 1977, clinical infection has been restricted almost exclusively to individuals under the age of 30 years.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

 REPORTING PERIOD - 15/9/83 - 28/9/83 BULLETIN NUMBER 83/20
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) (ACT)	RAHC (NSW)	PHH/ PCW (NSW)	FAIR- FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED.....		1		2		3	9	1	16
0101 ADENOVIRUS TYPE 1.....	2				3	3		2	10
0102 ADENOVIRUS TYPE 2.....	4		1	1	7	5			18
0103 ADENOVIRUS TYPE 3.....					1	1			2
0104 ADENOVIRUS TYPE 4.....					1				1
0105 ADENOVIRUS TYPE 5.....	1		1			2			4
0107 ADENOVIRUS TYPE 7.....			1			1			2
0108 ADENOVIRUS TYPE 8.....				1					1
0110 ADENOVIRUS TYPE 10.....						1			1
0119 ADENOVIRUS TYPE 19.....	2					1		9	12
0127 ADENOVIRUS TYPE 27.....						1			1
0199 ADENOVIRUS TYPING PENDING.....			6		14	4			24
0201 INFLUENZA A VIRUS.....	17		15	4	1	3	9	18	67
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....	6			2	2		1		11
0203 INFLUENZA B VIRUS.....	2		1					3	6
0206 INFLUENZA A VIRUS SUBTYPE H1N1.....				1					1
0301 PARAINFLUENZA VIRUS TYPE 1.....					3	3	1	1	8
0302 PARAINFLUENZA VIRUS TYPE 2.....				1				1	2
0303 PARAINFLUENZA VIRUS TYPE 3.....	3			4	5	4	3	5	24
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	16	3	13	10	10	31	1	13	97
0500 RHINOVIRUS (ALL TYPES).....	3		1	1	12	8	5		30
0600 MYCOPLASMA PNEUMONIAE.....	9	2	17	14		48	11	5	106
0700 ORNITHOSIS-PSITTACOSIS.....			1	1		1	1		4
0809 COXSACKIEVIRUS A9.....				2					2
0816 COXSACKIEVIRUS A16.....	1						1		2
0899 COXSACKIEVIRUS GROUP A TYPING PENDING.....							2		2
0902 COXSACKIEVIRUS B2.....					3				3
1003 ECHOVIRUS TYPE 3.....								3	3
1006 ECHOVIRUS TYPE 6.....				3					3
1011 ECHOVIRUS TYPE 11.....		1			8				9
1012 ECHOVIRUS TYPE 12.....					2				2
1014 ECHOVIRUS TYPE 14.....					1				1
1015 ECHOVIRUS TYPE 15.....			1						1
1022 ECHOVIRUS TYPE 22.....					1				1
1025 ECHOVIRUS TYPE 25.....					1				1
1030 ECHOVIRUS TYPE 30.....					1				1
1101 POLIOVIRUS TYPE 1.....	2					1			3
1102 POLIOVIRUS TYPE 2.....	1					2	1	3	7
1103 POLIOVIRUS TYPE 3.....	2					2			4
1104 POLIOVIRUS-VACCIINAL STRAIN.....			1		3				4
1200 MUMPS VIRUS.....			2		1			4	7
1300 HERPES VIRUS GROUP-NOT TYPED.....	30		1	5		7			43
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		2		3		1	2		8
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	9							5	14
1303 VARICELLA-ZOSTER VIRUS.....	3		1	1	1	1	2		9
1306 HERPES SIMPLEX TYPE 1.....	15		9	24	1	14	22	19	104
1307 HERPES SIMPLEX TYPE 2.....	112		16	56		21	63	54	322
1399 HERPES VIRUS TYPING PENDING.....			5			2			7
1401 COXIELLA BURNETI.....				1			2		3
1502 PICORNA VIRUS-NOT TYPED.....	2		4						6
1521 MEASLES VIRUS.....	1			4		2	1	1	9
1522 RUBELLA VIRUS.....				1			17	1	19
1532 HEPATITIS B ANTIGEN.....	48		6	27		26	16	10	133
1535 HEPATITIS A ANTIBODY.....	2	1				7	3	15	28
1541 CHLAMYDIA A - C TRACHOMATIS.....	13		4			5	19	35	76
1543 CHLAMYDIA A - LGV TYPE.....								1	1
1556 CMV - CYTOMEGALOVIRUS.....	5	2	3	13	4	4	3	12	46
1562 REOVIRUS (ALL TYPES).....				1	1				2
1563 CORONAVIRUS.....				1					1
1564 ROTAVIRUS.....		17	7	2	6	19		3	54
1599 ENTEROVIRUS TYPING PENDING.....			7		1	3	2		13
SMALL VIRUS (LIKE) PARTICLE.....		1		1					2
Total.....	311	30	124	187	94	237	197	224	1,404

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 15/9/83 to 28/9/83

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	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ muc memb
0101 ADENOVIRUS TYPE 1.....		7			1	1	1				
0102 ADENOVIRUS TYPE 2.....		11			1		1				1
0103 ADENOVIRUS TYPE 3.....		2									
0104 ADENOVIRUS TYPE 4.....		1									
0105 ADENOVIRUS TYPE 5.....		2					1				
0110 ADENOVIRUS TYPE 10.....		1									
0127 ADENOVIRUS TYPE 27.....	1										
0201 INFLUENZA A VIRUS.....	4	44				1	1				
0202 INFLUENZA A VIRUS SUBTYPE H3N2	1	8									
0203 INFLUENZA B VIRUS.....		5									
0206 INFLUENZA A VIRUS SUBTYPE H1N1		1									
0301 PARAINFLUENZA VIRUS TYPE 1....	1	6									1
0302 PARAINFLUENZA VIRUS TYPE 2....		1									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	23									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	4	89									
0500 RHINOVIRUS (ALL TYPES).....		29				1					
0600 MYCOPLASMA PNEUMONIAE.....	8	82	1			1	1				
0700 ORNITHOSIS-PSITTACOSIS.....		3									1
0809 COXSACKIEVIRUS A9.....					1						
0816 COXSACKIEVIRUS A16.....											1
0902 COXSACKIEVIRUS B2.....		3									
1003 ECHOVIRUS TYPE 3.....					1	1					
1006 ECHOVIRUS TYPE 6.....		1									
1011 ECHOVIRUS TYPE 11.....		3			1	1	1				2
1012 ECHOVIRUS TYPE 12.....		1					1				1
1014 ECHOVIRUS TYPE 14.....		1									
1015 ECHOVIRUS TYPE 15.....					1						
1022 ECHOVIRUS TYPE 22.....				1							
1025 ECHOVIRUS TYPE 25.....						1					
1030 ECHOVIRUS TYPE 30.....		1									
1101 POLIOVIRUS TYPE 1.....		1						1			
1102 POLIOVIRUS TYPE 2.....		2						1			
1103 POLIOVIRUS TYPE 3.....	1	2									
1104 POLIOVIRUS-VACCINAL STRAIN....		2						3			
1200 MUMPS VIRUS.....		1			2					1	
1300 HERPES VIRUS GROUP-NOT TYPED..											1
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1									4
1302 EPSTEIN-BARR VIRUS (EB VIRUS)..	3							1			
1303 VARICELLA-ZOSTER VIRUS.....	1	1									7
1306 HERPES SIMPLEX TYPE 1.....		7		1					1		49
1307 HERPES SIMPLEX TYPE 2.....	2	3			1						54
1521 MEASLES VIRUS.....				1							7
1522 RUBELLA VIRUS.....	2	1									15
1532 HEPATITIS B ANTIGEN.....	70	6						2	47		
1535 HEPATITIS A ANTIBODY.....	2	3							21		
1556 CMV - CYTOMEGALOVIRUS.....	9	16					1		1	2	
1562 REOVIRUS (ALL TYPES).....								2			
1563 CORONAVIRUS.....								1			
1564 ROTAVIRUS.....	1	1						52			
9994 SMALL VIRUS (LIKE) PARTICLE...								2			
Total.....	111	372	4		9	8	71	70	2	2	145

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 15, 9, 83 to 28, 9, 83 ...

83/20

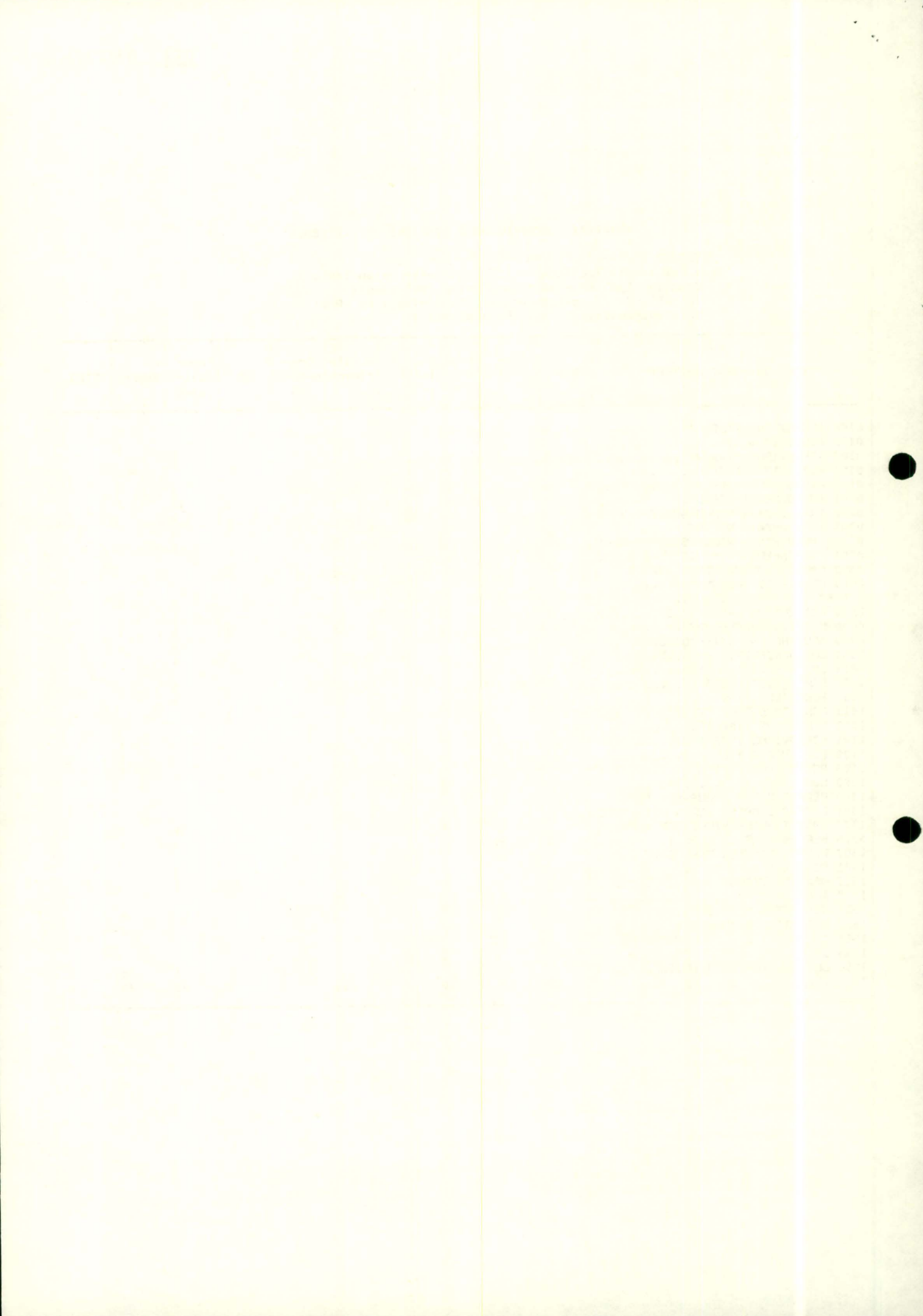
Viral Identifications by Clinical Information Table 2.

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	Con-genital	PUO	Fever/malaise	Other	SIDS
0102 ADENOVIRUS TYPE 2.....	4	1								
0105 ADENOVIRUS TYPE 5.....									1	
0107 ADENOVIRUS TYPE 7.....	2									
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	4	7						1		
0201 INFLUENZA A VIRUS.....				1	1		5	11	2	
0202 INFLUENZA A VIRUS SUBTYPE H3N2								4		
0203 INFLUENZA B VIRUS.....								1		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								1		
0301 PARAINFLUENZA VIRUS TYPE 1....					1					
0302 PARAINFLUENZA VIRUS TYPE 2....					1					
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								1	2	1
0500 RHINOVIRUS (ALL TYPES).....	1							1		
0600 MYCOPLASMA PNEUMONIAE.....			1		2	1	1	5	3	
0700 ORNITHOSIS-PSITTACOSIS.....								1		
0809 COXSACKIEVIRUS A9.....								1		
0816 COXSACKIEVIRUS A16.....	1									
1003 ECHOVIRUS TYPE 3.....								3		
1006 ECHOVIRUS TYPE 6.....			1					2		
1011 ECHOVIRUS TYPE 11.....							1			1
1012 ECHOVIRUS TYPE 12.....							1			
1101 POLIOVIRUS TYPE 1.....									1	
1102 POLIOVIRUS TYPE 2.....							1		1	2
1103 POLIOVIRUS TYPE 3.....									1	
1200 MUMPS VIRUS.....			2	1						
1300 HERPES VIRUS GROUP-NOT TYPED..		1								
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			5					5	2	
1306 HERPES SIMPLEX TYPE 1.....	5	37						6	1	
1307 HERPES SIMPLEX TYPE 2.....		260								
1401 COXIELLA BURNETI.....								3		
1521 MEASLES VIRUS.....	1				1			1		
1522 RUBELLA VIRUS.....					5	1				
1532 HEPATITIS B ANTIGEN.....									8	
1535 HEPATITIS A ANTIBODY.....									2	
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	75								
1543 CHLAMYDIA A - LGV TYPE.....		1	1							
1556 CMV - CYTOMEGALOVIRUS.....		7				3		1	6	2
Total.....	20	392	10	2	11	5	9	48	30	6



NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(weeks 25 - 28)

(19 June - 16 July 1983)

Bulletin 83/21

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis			2	2					4	26
Ankylostomiasis			2	11					13	45
Anthrax									—	—
Arbovirus infection									—	3
Brucellosis	1								1	12
Campylobacter infections	30	N.N.	N.N.	53	N.N.	N.N.	4	N.N.	87	812
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.	3	N.N.		N.N.			3	51
Giardiasis	14	N.N.	N.N.	68	N.N.	N.N.	N.N.	N.N.	82	513
Genital herpes	88	N.N.	46	12	N.N.	N.N.	4	N.N.	150	1145
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	N.N.	N.N.	—	3
Gonorrhoea	177	184	78	79		16	69		603	6517
Hepatitis A (infectious)	17	15	9	5		1	21		68	526
Hepatitis B (serum)	22	31	15	8			2		78	468
Hepatitis - unspecified	10	5		1		N.N.	4		20	176
Hydatid disease									—	1
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease		2	N.N.		N.N.	N.N.	N.N.	N.N.	2	5
Leprosy				1			1		2	27
Leptospirosis		3	9						12	65
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	4
Malaria	15	6	21	6			5		53	315
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	1		3	4		N.N.			8	46
Non-specific urethritis	302	N.N.	N.N.	97	N.N.	N.N.	N.N.	N.N.	399	2848
Ornithosis		1							1	12
Pertussis (whooping cough)	14	8	N.N.	4	N.N.	N.N.	N.N.	N.N.	26	184
Plague									—	—
Poliomyelitis									—	—
Q. fever	1	1	21		N.N.		N.N.		23	88
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	59	32	28	21		2	38	4	184	2078
Shigella infections	4	3	12	5		1	33	1	59	334
Smallpox									—	—
Syphilis	57	14	31	17			68		187	1407
Tetanus									—	4
Trachoma		N.N.			N.N.	N.N.			—	2
Tuberculosis (all forms)		11	8	15			8	3	45	608
Typhoid fever	4		1						5	14
Typhus (all forms)			2						2	10
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:

Gonorrhoea	-3	Tasmania
	+1	Victoria
Hepatitis A	-3	South Australia
Hepatitis B	-1	Victoria
	-1	South Australia
Hepatitis unspecified	+1	Victoria
Leprosy	-11	New South Wales
Malaria	-1	Queensland
	+1	Northern Territory
Meningococcal infection	-1	Queensland
Syphilis	-1	Northern Territory
Tuberculosis	+1	Queensland
	+230	New South Wales

Statistics from Western Australia are unavailable because of staff shortages.