



Communicable Diseases Intelligence

Bulletin number 83/22

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VIRUS REPORTING SCHEME - Following resumption of a full mail delivery service, this issue contains the virus reports for the previous generation CDI 83/21 (1194 reports) and the current reporting period (1532 reports), although the two sets of data from the State Health Laboratory, Brisbane, had to be merged and are tabulated in the CDI 83/22 tables. Reports from the Brisbane laboratory continue to indicate widespread rubella activity in Queensland (43 reports in generation 22 compared with 24, 17 and 12 for the previous three periods).

- . Fourteen of the adenovirus type pending reports from the Royal Alexandra Hospital for Children, Sydney, comprised an outbreak of adenovirus infection in one ward. Eight children aged two months to three years (all with tracheostomies) were ill for one week with spiking fever and rhinorrhoea. Three developed pneumonia, one requiring ventilation. Three also developed conjunctivitis, unilateral with conjunctival haemorrhage in two patients. All had loose stools, one child requiring intravenous rehydration. Three staff members were also affected, one with unilateral conjunctivitis.
- . Fifteen of the echovirus type 11 isolates reported by Fairfield Hospital, Melbourne, were from CSF specimens collected between July and September from 39 patients in an outbreak of meningitis among neonates in Suva, Fiji.

Another report of interest includes;

- . Three young drug users (two male; one female) were admitted recently to Fairfield Hospital, each with a several day history of fever, myalgia and painful lumps in the scalp. Candida albicans was grown from skin biopsy, and all three reported using a mouldy lemon to dissolve the heroin. They became ill 12 hours after the injection, but all are responding to anti-fungal therapy.

GONOCOCCAL SURVEILLANCE - AUSTRALIA, JULY 1982 - JUNE 1983

(Contributed by the Australian Gonococcal Surveillance Program (AGSP). Co-ordinator - J.W. Tapsall, Department of Microbiology, Prince of Wales Hospital, Sydney).

Since its inception in July 1981, the AGSP has collated the national prevailing penicillin sensitivities of *N. gonorrhoeae* isolates. This report contains data for the second year of operation ending June 1983 (see CDI 82/20 for July 1981 - June 1982), and includes the additional information for the October - December 1982 quarter (CDI 83/14) and the previously unreported figures for January-March and April-June 1983. Table 1 gives the percentage of gonococcal isolates classed as either sensitive (minimal inhibitory concentration (MIC) value $\leq 0.008 \mu\text{g/mL}$) or less sensitive (MIC = $0.12 \mu\text{g/mL}$) to penicillin.

TABLE 1. Penicillin sensitivity of *N. gonorrhoeae* isolates, July 1982 - June 1983

Centre	Percentage of isolates							
	1982		1983		1983		1983	
	July-Sept		Oct-Dec		Jan-Mar		Apr-June	
	A	B	A	B	A	B	A	B
Brisbane	51.6	38.8	51.3	38.3	39.5	48.3	38.0	49.0
Sydney	28.9	62.5	16.5	74.8	22.5	68.4	19.0	67.8
Melbourne	44.8	45.6	41.4	43.8	48.0	46.0	31.2	53.2
Adelaide	19.2	54.3	35.7	42.6	45.0	40.0	39.0	50.0
Perth	27.7	52.9	25.0	57.0	37.0	37.8	45.0	38.0

Strains examined	1593	1563	1771	1204
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A = Sensitive strains (MIC $\leq 0.008 \mu\text{g/mL}$)

B = Less sensitive strains (MIC = $0.12 \mu\text{g/mL}$)

The two categories accounted for the majority of the isolates. Strains regarded as relatively resistant to penicillin (MIC $\geq 1 \mu\text{g/mL}$) represented approximately 3% of all isolates, and are not shown in Table 1. As noted previously (CDI 82/20), Sydney had the lowest proportion of sensitive strains of any of the centres, and this proportion varied little over the 12 months. In Melbourne, the two categories were isolated in approximately equal numbers, a pattern which has also been constant over the past two years, except during April-June 1983, when less sensitive strains predominated. On the other hand, Adelaide, Brisbane and Perth displayed fluctuations in the relative proportions of sensitive and less sensitive strains. For Adelaide and Brisbane, the proportions in the second quarter of 1983 were similar to those observed at the same period in 1982. In Perth, sensitive strains now predominate. Data were also received from R. Tucker, Royal Hobart Hospital, Tasmania, in April and June. The majority of strains were in the "sensitive" category and no penicillinase-producing *N. gonorrhoeae* (PPNG) strains were isolated, but since the number of strains tested was low relative to the other participating laboratories, the data were not included in the tabulated percentages.

The isolation percentages of PPNG strains also varied between centres and quarterly periods (Table 2).

TABLE 2. Isolation percentages of PPNG strains reported to AGSP, July 1982-June 1983

Percentages for corresponding periods between July 1981 and June 1982 are in parentheses

Centre	Percentage of isolates			
	July-Sept	1982 Oct-Dec	Jan-Mar	1983 Apr-June
Brisbane	2.6 (1.7)	3.8 (4.9)	5.7 (7.8)	6.5 (6.7)
Sydney	4.0 (1.6)	2.8 (7.0)	3.9 (3.9)	6.5 (7.0)
Melbourne	2.4 (1.1)	2.5 (3.0)	3.7 (3.2)	2.5 (0.08)
Adelaide	6.6 (0.8)	4.5 (2.9)	4.7 (0.07)	2.2 (1.9)
Perth	7.0 (4.2)	7.9 (11.5)	5.2 (7.2)	4.8 (5.8)
Hobart	-	-	-	0
PPNG strains (Australia)	58	61	81	50

Comparison of the data with the previous 12 months indicated that the percentages of PPNG isolates were slightly less in Sydney, Brisbane and Perth, but increased in Melbourne and Adelaide although these two centres still recorded the lowest incidences of PPNG.

Details of some of these PPNG strains have been published previously (CDI 83/14 and 82/25). In January-March 1983, PPNG strains were isolated from 81 patients (63 males; 18 females). When stated, sites of isolation comprised 49 urethral, three rectal and two pharyngeal cultures among male patients, and ten urethral/cervical and two pharyngeal cultures among the females. Eighteen patients (17 males; 1 female) acquired their disease in Manila, four in Thailand and Indonesia, three in Papua New Guinea, two in Singapore and one each in Fiji and the United States. Five males and seven females acquired their disease locally, while three female patients were contacts of overseas visitors. No details were available for 33 patients.

Fifty PPNG strains (40 males; 10 females) were isolated during April-June 1983; thirty urethral isolates were reported from the male patients, and six urethral/cervical, two pharyngeal and one rectal isolate were cultured from the female patients. Nineteen infections were acquired overseas, and included Thailand (8 cases), Manila (3), Indonesia (2), Malaysia (2), Taiwan (1), Hong Kong (1) and Arabian Gulf (1). Fourteen cases were acquired locally, and an additional four patients were contacts of overseas visitors. No information was available for 13 patients.

GONOCOCCAL SURVEILLANCE - SOUTH AUSTRALIA

(Contributed by G. Handke, Institute of Medical and Veterinary Science, Adelaide).

Further to the description of poorly growing strains of *N. gonorrhoea* isolated in Victoria (see CDI 83/20), it is reported that these, or similar strains, are also appearing with increased frequency in South Australia. As with the Victorian strains, these organisms produce only small colonies on routinely used G.C. isolation media (modified New York City medium), and fail to grow in sugar utilisation media. The isolation and identification of these strains can be difficult especially where colonies are scant. Further difficulty can be experienced in the performance of plate dilution sensitivity testing using the AGSP standard medium.

Investigations at the Institute of Medical and Veterinary Science have shown that normal growth of these strains can be promoted by the addition of cocarboxylase to the culture medium. Cocarboxylase (5 mg/L) is now incorporated routinely in the G.C. isolation medium and sugar utilisation medium.

ARBOVIRUS SURVEILLANCE - NEW SOUTH WALES (1982-83)

(Contributed by H. Naim, L. Rathswohl, C.R. Boughton and R.A. Hawkes, Arbovirus Research Unit, University of New South Wales, Kensington, Sydney).

In association with an extensive arbovirus sero-surveillance program in humans, a sentinel-monitoring project involving chickens was instituted from December 1982 to April 1983. The areas surveyed were increased from the southern sites examined in 1981-82 (see CDI (1982) 82/22 : 5) to include four areas in the north and west of New South Wales.

Through the collaborative efforts of staff of the New South Wales State Departments of Health and Agriculture, the Pastures Protection Board (Narrabri) and New South Wales Flying Doctor Service, serum and blood clots were collected periodically from pre-bled seronegative chickens at the sites listed in Table 1. Approximately 2200 sera were tested.

TABLE 1 Location of sentinel chicken flocks and periodicity of testing

<u>Site</u>	<u>Number of chickens</u>	<u>Frequency of bleeds</u>
Albury	15	weekly
Griffith	15	weekly
Deniliquin	15	weekly
Berrigan	15	weekly
Wentworth	15	weekly
Narrabri	28	monthly
Bourke	17	monthly
Broken Hill		
Wyman Street	11	monthly
Duff Street	11	monthly
Menindee	6	monthly

The sera were transported under refrigeration to Sydney, acetone extracted and tested by haemagglutination inhibition for antibodies to three alphaviruses (Ross River virus, Getah and Sindbis) and eight flaviviruses (Sepik, Saumarez Reef, Murray Valley encephalitis, Kunjin, Alfuy, Stratford, Kokobera and Edge Hill). Specimens from the first five southern sites were tested immediately and the results were generally available within five days of collection. Specimens from Narrabri, Bourke, Broken Hill and Menindee, where early warning was not an objective, were batch-tested retrospectively.

No seroconversions were detected to any virus at any of the ten sites surveyed, this was in contrast to the 1981-82 summer when many seroconversions to both alpha- and flaviviruses were seen in sentinel chickens, as well as some positive findings in longitudinal studies in humans. Laboratory methodology was the same in both seasons, and the field aspects were even more streamlined in the current survey. Consequently, it is felt that the 1982-83 results are a genuine reflection of epidemiological differences between the two seasons.

Whether such differences relate only to the worsening of the drought between the two summers, with consequent reduction in animal/vector cycling of the viruses, cannot be stated with certainty. However, the recent breaking of the drought with flooding in the northern part of the State and in Queensland, justifies the continuation of the program in the summer of 1983-84. An important part of the program will be to once again contrast the situation in the Murray-Murrumbidgee area with that occurring in the northern parts of the State. The theory of the periodic introduction of Australian encephalitis to southern climes because of preceding northern inundation has never been proven, and studies involving both areas concurrently may help clarify the issue. More importantly, the early warning system using chickens has been shown to be feasible, and might provide the means by which the presence of Murray Valley encephalitis virus could be detected at an early stage of the season.

The authors would like to acknowledge the enthusiastic help of officers of the New South Wales Department of Health in the Murray-Riverina, the New South Wales Agricultural Department at Bourke and Broken Hill, the Pastures Protection Board (Narrabri), and the New South Wales Flying Doctor Service.

THE USE OF A MICROCOMPUTER IN INFECTION CONTROL

(Contributed by R.P. Evans, Dandenong and District Hospital, Dandenong, Victoria).

Microcomputers are available in many hospitals, and simple programs can be written in 'basic language' to facilitate the process of infection control. In fact, only a few hours of machine access time are required each month to complement the systems described.

IN-PUT

Monitoring bacterial infections - Dandenong and District Hospital is a 340 bed general hospital, and there are between 50-100 infections detected each month. In more than 90% of these, one of 15 common bacteria are involved (Staphylococcus aureus, methicillin-resistant S. aureus, S. epidermidis, Escherichia coli, Pseudomonas, Klebsiella, Streptococcus groups A and D, Proteus, Enterobacter, Serratia, Acinetobacter, Haemophilus, Candida and contaminants). The samples collected fall into 11 main categories (surgical wounds, non-surgical wounds, skin, sputum, urine, drain tubes, vaginal swabs, blood cultures, faecal cultures, central nervous system, and upper respiratory tract). The patients are located in one of 20 wards. With so many variables it is difficult to detect trends, so a systematic analysis by means of computer table has been adopted.

Data collection - The Infection Control Sister investigated whenever a bacterial infection was detected. She worked in co-operation with the pathologist, and adopted a set of standardised definitions. A record was entered for each isolation with the following information:-

- . Identification number.
- . Source category (code 1-11).
- . Whether hospital or community acquired.
- . The ward in which the patient was accommodated.
- . Bacterial type code (codes 1-15 as in text; 16 - no culture; 17 - other).

For infected surgical wounds, the wound category (clear, potentially infected and infected) and the theatre number was included. For urinary infections the record included whether it was "catheter-associated" or not.

OUT-PUT

A suite of programs written in the 'basic language' was used to print a standard series of tables and reports. This was accomplished in 50 minutes work each month using a small 32K micro-computer.

Infection control in operating theatres - The control of the operating theatre environment is very important. Regular cleaning, maintenance of appropriate air flow, sterilisation of equipment, gowning and masking of staff are all part of a total plan to prevent infections in surgical wounds. The most sensitive indicator of success or failure is the rate of infection for clean surgical wounds. By the use of an "electronic broadsheet display" the trends from month to month against the total number of operations performed was readily monitored. When the rate was unacceptably high, source documents were reviewed to see if there was a common factor. In this way, failure of sterilizers and/or the presence of carriers could be detected.

The ward and bacterial tables - Tables with selection for wards and bacteria were also of use. With the ward table, the code for each ward was shown at the top of the table and source of the specimen from which the bacteria were isolated was given on the right. In each 'cell' the number of isolations were displayed with the totals for each ward given at the bottom of the sheet. This table was produced each month, and facilitated the monitoring of bacterial isolations, and by selecting for bacterial types, patterns for particular organisms could be displayed. With the ward table, the bacterial types were given across the top, and the source categories printed down the left. Each bacterial category was totalled at the bottom. This table facilitated review of each bacterial type, and when selected for a particular ward, was helpful in the review of antiseptic procedures adopted by staff in that ward.

Prior to the use of the micro-computer, the infection control data were displayed by manual methods. The effect of computerisation has been beneficial in several ways:-

- . The computer system has caused staff to review the definitions and categories of bacteria and infection sources, giving the exercise a more rational and comprehensive basis.
- . Members of the Infection Control Committee have been made more aware of the details of the system, and are enabled to participate more effectively in the process of control.
- . The three basic tables with selection for wards and bacteria could not be produced manually. Thus, with the availability of a more comprehensive picture of isolation patterns, discussions between the Infection Control Sister and the ward staff have become more meaningful. The Infection Control Sister can establish priorities for her activities and devise particular plans to control problem areas (e.g. a special review of the procedure for catheterisation was undertaken when a high incidence of urinary tract infections was noted).

Consequently, the use of micro-computers in infection control should be encouraged, since the systems are flexible, can be implemented quickly with low cost, and the tables produced enable staff to monitor and investigate infections more effectively.

TOXIC SHOCK SYNDROME (TSS) - VICTORIA

(Contributed by D.W. Rankin, Public Health Division, Health Commission of Victoria).

A 36 year old woman from an outer Melbourne suburb was admitted to Fairfield Hospital, Melbourne, on 24 September 1983 with fever, headache, vomiting, pruritis and rash (which desquamated 11 days later). Her temperature was 38.5°C, pulse rate 120/min, respirations 24/min and blood pressure 90/60 mm Hg. A diagnosis of TSS was made. The patient's menstrual cycle had ceased on 22 September, and she had vaginitis. She had a history of re-insertion of an intrauterine device (IUD) in August, which was removed on admission. Staphylococcus aureus was isolated on 25 September from a cervical swab as well as from a swab of the IUD. Both blood cultures were negative, but a mixed growth was cultured from urine. The patient responded promptly to intravenous fluid therapy and antibiotics, and was discharged on 5 October.

Editorial Comment

This is the second case of TSS reported this year, both from Victoria. Doctors are urged to continue to report confirmed or suspect TSS cases to the Department of Health, when they will be asked to complete an epidemiological survey form concerning the patient's medical, social, menstrual and tampon use history.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

 REPORTING PERIOD - 29/9/83 - 12/10/83 BULLETIN NUMBER . 83/21
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICFMR	RAHC	PHH/	FAIR-	RCH	INVS	STATE	STATE	Total
	(NSW)/ MVH (ACT)		PCN (NSW)	FIELD (VIC)			(VIC)	LAB (QLD)	
0100 ADENOVIRUS NOT TYPED.....	4	4	2		6	3		3	22
0101 ADENOVIRUS TYPE 1.....	1	2	3			3			9
0102 ADENOVIRUS TYPE 2.....				2	6	3			11
0103 ADENOVIRUS TYPE 3.....				3	2	1			6
0104 ADENOVIRUS TYPE 4.....					1				1
0105 ADENOVIRUS TYPE 5.....					1	2			3
0199 ADENOVIRUS TYPING PENDING.....			5		7	2			14
0201 INFLUENZA A VIRUS.....	12		3	2				3	20
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....	1			1	2				4
0203 INFLUENZA B VIRUS.....	1		1						2
0206 INFLUENZA A VIRUS SUBTYPE H1N1.....				3					3
0299 INFLUENZA VIRUS.....					4				4
0301 PARAINFLUENZA VIRUS TYPE 1.....				1	2				3
0303 PARAINFLUENZA VIRUS TYPE 3.....	4				4	4		4	16
0304 PARAINFLUENZA VIRUS TYPE 4.....								1	1
0399 PARAINFLUENZA VIRUS TYPING PENDING.....					2				2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	3	3	1	8	3	8		23	49
0500 RHINOVIRUS (ALL TYPES).....	1			4	10	13			28
0600 MYCOPLASMA PNEUMONIAE.....	56	3	6	29		38		8	140
0700 ORNITHOSIS-PSITTACOSIS.....	1								1
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....								5	5
0809 COXSACKIEVIRUS A9.....					2				2
0816 COXSACKIEVIRUS A16.....								1	1
0902 COXSACKIEVIRUS B2.....				1	1	1			3
0903 COXSACKIEVIRUS B3.....								2	2
0904 COXSACKIEVIRUS B4.....	1								1
1003 ECHOVIRUS TYPE 3.....								3	3
1006 ECHOVIRUS TYPE 6.....				1		1			2
1009 ECHOVIRUS TYPE 9.....	2								2
1011 ECHOVIRUS TYPE 11.....	4			1		1			6
1012 ECHOVIRUS TYPE 12.....						1			1
1014 ECHOVIRUS TYPE 14.....						1			1
1022 ECHOVIRUS TYPE 22.....			1		2				3
1030 ECHOVIRUS TYPE 30.....					4				4
1033 ECHOVIRUS TYPE 33.....						1			1
1101 POLIOVIRUS TYPE 1.....		1					1		2
1102 POLIOVIRUS TYPE 2.....	1			1				1	3
1103 POLIOVIRUS TYPE 3.....	1								1
1104 POLIOVIRUS-VACCINAL STRAIN.....			1		1				2
1200 MUMPS VIRUS.....				1	1			3	5
1300 HERPES VIRUS GROUP-NOT TYPED.....	25			3		7		1	36
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1		4	1			1	7
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	16							7	23
1303 VARICELLA-ZOSTER VIRUS.....	8			1		2		1	12
1306 HERPES SIMPLEX TYPE 1.....	12			34		25		21	92
1307 HERPES SIMPLEX TYPE 2.....	107			39		28		39	213
1399 HERPES VIRUS TYPING PENDING.....			16			5			21
1401 COXIELLA BURNETI.....	2			2					4
1502 PICORNA VIRUS-NOT TYPED.....	6								6
1521 MEASLES VIRUS.....	1		1	5		1			8
1522 RUBELLA VIRUS.....	5	1		4					10
1532 HEPATITIS B ANTIGEN.....	45		6	50	1	37		8	147
1535 HEPATITIS A ANTIBODY.....	3		1	3		7		17	31
1541 CHLAMYDIA A - C TRACHOMATIS.....	15		5			1		44	65
1556 CMV - CYTOMEGALOVIRUS.....	9			31	2	3		6	51
1562 REOVIRUS (ALL TYPES).....	1								1
1564 ROTAVIRUS.....	7	10	21		3	15		2	58
1599 ENTEROVIRUS TYPING PENDING.....			7		5	1			13
ASTROVIRUS.....		2							2
SMALL VIRUS (LIKE) PARTICLE.....		3		1					4
ARBO. GROUP B.				1					1
Total.....	355	30	80	236	76	213		204	1,194

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 29/9/83 to 12/10/83

83/21

Viral Identifications by Clinical Information Table 1.

Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0100 ADENOVIRUS NOT TYPED.....								1			
0101 ADENOVIRUS TYPE 1.....		5						4			
0102 ADENOVIRUS TYPE 2.....		6						3			
0103 ADENOVIRUS TYPE 3.....		3		1							
0104 ADENOVIRUS TYPE 4.....		1									
0105 ADENOVIRUS TYPE 5.....		3									
0201 INFLUENZA A VIRUS.....	4	11		1		1		1			
0202 INFLUENZA A VIRUS SUBTYPE H3N2		3						1			
0203 INFLUENZA B VIRUS.....		1									
0206 INFLUENZA A VIRUS SUBTYPE H1N1		1		1				1			
0299 INFLUENZA VIRUS.....		1									
0301 PARAINFLUENZA VIRUS TYPE 1....		3									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	14									
0304 PARAINFLUENZA VIRUS TYPE 4....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	3	44							1		
0500 RHINOVIRUS (ALL TYPES).....	1	26									
0600 MYCOPLASMA PNEUMONIAE.....	16	110	1						3		1
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0809 COXSACKIEVIRUS A9.....		1					1				
0816 COXSACKIEVIRUS A16.....											1
0902 COXSACKIEVIRUS B2.....		2									
0903 COXSACKIEVIRUS B3.....		1									
0904 COXSACKIEVIRUS B4.....	1										
1003 ECHOVIRUS TYPE 3.....				1		1		1			
1006 ECHOVIRUS TYPE 6.....		1		1							
1009 ECHOVIRUS TYPE 9.....			1			1					
1011 ECHOVIRUS TYPE 11.....	2	3		1							
1012 ECHOVIRUS TYPE 12.....							1				
1014 ECHOVIRUS TYPE 14.....		1									
1022 ECHOVIRUS TYPE 22.....		1		1			1				
1030 ECHOVIRUS TYPE 30.....		2					2				
1033 ECHOVIRUS TYPE 33.....		1									
1101 POLIOVIRUS TYPE 1.....		1						1			
1102 POLIOVIRUS TYPE 2.....	1										
1103 POLIOVIRUS TYPE 3.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN....							1				
1200 MUMPS VIRUS.....		1		2							
1300 HERPES VIRUS GROUP-NOT TYPED..											1
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1									3
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	4	1	1					2			
1303 VARICELLA-ZOSTER VIRUS.....	3	1									5
1306 HERPES SIMPLEX TYPE 1.....	2	8						2			37
1307 HERPES SIMPLEX TYPE 2.....	2										39
1401 COXIELLA BURNETI.....	1	2									1
1502 PICORNA VIRUS-NOT TYPED.....									1		
1521 MEASLES VIRUS.....		1			1						6
1522 RUBELLA VIRUS.....	2										5
1532 HEPATITIS B ANTIGEN.....	93							47			1
1535 HEPATITIS A ANTIBODY.....	6							22	1		
1556 CMV - CYTOMEGALOVIRUS.....	12	7					1	2		1	
1562 REOVIRUS (ALL TYPES).....							1				
1564 ROTAVIRUS.....	3						52				
9993 ASTROVIRUS.....							2				
9994 SMALL VIRUS (LIKE) PARTICLE...	1						3				
Total.....	158	270	3	9	1	3	78	76	6	1	100

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 29/9/83 to 12/10/83 ... 83/21

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.....	1							1	1	
0103 ADENOVIRUS TYPE 3.....			1					1		1
0201 INFLUENZA A VIRUS.....					1		1	1	1	
0202 INFLUENZA A VIRUS SUBTYPE H3N2								2		
0203 INFLUENZA B VIRUS.....								1		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								1		
0303 PARAINFLUENZA VIRUS TYPE 3....									1	
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								1		
0500 RHINOVIRUS (ALL TYPES).....							1			
0600 MYCOPLASMA PNEUMONIAE.....			1				4	4	2	
0902 COXSACKIEVIRUS B2.....							1			
0903 COXSACKIEVIRUS B3.....								1		
1102 POLIOVIRUS TYPE 2.....									1	1
1104 POLIOVIRUS-VACCINAL STRAIN....										1
1200 MUMPS VIRUS.....			1					1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1						1	1	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			10	1	1			4	3	
1303 VARICELLA-ZOSTER VIRUS.....		2			1					
1306 HERPES SIMPLEX TYPE 1.....	3	40						2	3	
1307 HERPES SIMPLEX TYPE 2.....		172							1	
1401 COXIELLA BURNETI.....								1		
1521 MEASLES VIRUS.....	1									
1522 RUBELLA VIRUS.....				1	1	1				
1532 HEPATITIS B ANTIGEN.....					1				6	
1535 HEPATITIS A ANTIBODY.....								1	1	
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	64								
1556 CMV - CYTOMEGALOVIRUS.....		6				3	4	4	15	1
1564 ROTAVIRUS.....							2		1	
9998 ARBO. GROUP B.								1		
Total.....	6	285	13	2	5	4	13	28	37	4

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

 REPORTING PERIOD - 13/10/83 - 26/10/83 BULLETIN NUMBER 83/22
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ MVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR- FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED.....	2	2			3	1	23	2	33
0101 ADENOVIRUS TYPE 1.....				4	1	8			13
0102 ADENOVIRUS TYPE 2.....				4	4	3			11
0103 ADENOVIRUS TYPE 3.....				1	1				2
0105 ADENOVIRUS TYPE 5.....						4			4
0106 ADENOVIRUS TYPE 6.....						2			2
0108 ADENOVIRUS TYPE 8.....				1					1
0119 ADENOVIRUS TYPE 19.....				1		5			6
0199 ADENOVIRUS TYPING PENDING.....		9	6		8	2			25
0201 INFLUENZA A VIRUS.....	10		1	1			37	1	50
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....					1	1	6		8
0203 INFLUENZA B VIRUS.....				1				2	3
0206 INFLUENZA A VIRUS SUBTYPE H1N1.....				3			1		4
0301 PARAINFLUENZA VIRUS TYPE 1.....					4	2			6
0303 PARAINFLUENZA VIRUS TYPE 3.....		2		6	14	2	7	5	36
0304 PARAINFLUENZA VIRUS TYPE 4.....								1	1
0399 PARAINFLUENZA VIRUS TYPING PENDING.....						3			3
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)....	2	1	4	2	4	4	2	5	24
0500 RHINOVIRUS (ALL TYPES).....	1			6	17	31	11		66
0600 MYCOPLASMA PNEUMONIAE.....	37	1	2	24		47	34	15	160
0700 ORNITHOSIS-PSITTACOSIS.....	4					1			5
0809 COXSACKIEVIRUS A9.....							1		1
0816 COXSACKIEVIRUS A16.....				1	1				2
0902 COXSACKIEVIRUS B2.....				2				1	3
0903 COXSACKIEVIRUS B3.....								2	2
0904 COXSACKIEVIRUS B4.....						3			3
1009 ECHOVIRUS TYPE 9.....	2			1	1		4		8
1011 ECHOVIRUS TYPE 11.....				4					4
1014 ECHOVIRUS TYPE 14.....					1	1			2
1022 ECHOVIRUS TYPE 22.....			1						1
1025 ECHOVIRUS TYPE 25.....					1				1
1030 ECHOVIRUS TYPE 30.....					3				3
1101 POLIOVIRUS TYPE 1.....				12		1	1	1	15
1102 POLIOVIRUS TYPE 2.....						1	1		2
1103 POLIOVIRUS TYPE 3.....						3	1		4
1104 POLIOVIRUS-VACCINAL STRAIN.....					4				4
1200 MUMPS VIRUS.....	1			2			1	1	5
1300 HERPES VIRUS GROUP-NOT TYPED.....	11			1		5		1	18
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1		3					4
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	10							5	15
1303 VARICELLA-ZOSTER VIRUS.....	7	1	1	3		1			14
1306 HERPES SIMPLEX TYPE 1.....	15		12	25		12	39	13	116
1307 HERPES SIMPLEX TYPE 2.....	79		19	46		17	106	52	319
1399 HERPES VIRUS TYPING PENDING.....					2	2		1	5
1401 COXIELLA BURNETI.....				3			7		10
1402 OTHER RICKETTSIAE.....							1		1
1502 PICORNA VIRUS-NOT TYPED.....	5							1	6
1521 MEASLES VIRUS.....	1			5	2		1		9
1522 RUBELLA VIRUS.....	9			10			67		87
1532 HEPATITIS B ANTIGEN.....	37		5			21	25	3	91
1535 HEPATITIS A ANTIBODY.....		1	3			9	10	6	29
1541 CHLAMYDIA A - C TRACHOMATIS.....	7		1			2	37	58	105
1556 CMV - CYTOMEGALOVIRUS.....	4	1	1	33	2	1	19	8	69
1562 REOVIRUS (ALL TYPES).....							1		1
1564 ROTAVIRUS.....	26	3	13	9	12	14		1	78
1599 ENTEROVIRUS TYPING PENDING.....		1	7		8	1	1		18
ROSS RIVER VIRUS.....							11		11
SMALL VIRUS (LIKE) PARTICLE.....	1								1
PARAMYXOVIRUS.....						2			2
Total.....	271	23	76	214	94	212	456	186	1,532

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Viral Identifications by Clinical Information Table 1.

Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0100 ADENOVIRUS NOT TYPED.....		1									
0101 ADENOVIRUS TYPE 1.....	1	8					3		1		
0102 ADENOVIRUS TYPE 2.....		9					3				
0103 ADENOVIRUS TYPE 3.....		1					1				
0105 ADENOVIRUS TYPE 5.....		4					1				
0106 ADENOVIRUS TYPE 6.....		2									
0199 ADEHOVIRUS TYPING PENDING.....		1					1				
0201 INFLUENZA A VIRUS.....	1	35	1						1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		7		1							
0203 INFLUENZA B VIRUS.....		3									
0206 INFLUENZA A VIRUS SUBTYPE H1N1		1	1			1					
0301 PARAINFLUENZA VIRUS TYPE 1....		6									
0303 PARAINFLUENZA VIRUS TYPE 3....		35									1
0304 PARAINFLUENZA VIRUS TYPE 4....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	4	22					1				
0500 RHINOVIRUS (ALL TYPES).....	2	62	1			1	2		2		
0600 MYCOPLASMA PNEUMONIAE.....	16	128				1	1				5
0700 ORNITHOSIS-PSITTACOSIS.....	1	3									
0809 COXSACKIEVIRUS A9.....							1				
0816 COXSACKIEVIRUS A16.....											1
0902 COXSACKIEVIRUS B2.....		1		1					1		
0903 COXSACKIEVIRUS B3.....						1					
0904 COXSACKIEVIRUS B4.....		3									
1009 ECHOVIRUS TYPE 9.....	1	3			3						1
1011 ECHOVIRUS TYPE 11.....					2						
1014 ECHOVIRUS TYPE 14.....					2						
1022 ECHOVIRUS TYPE 22.....							1				
1030 ECHOVIRUS TYPE 30.....		1					1				
1101 POLIOVIRUS TYPE 1.....		2					1				
1102 POLIOVIRUS TYPE 2.....							2				
1103 POLIOVIRUS TYPE 3.....	1					1	2				
1104 POLIOVIRUS-VACCINAL STRAIN....							4				
1200 MUMPS VIRUS.....											1
1301 HERPES SIMPLEX VIRUS NOT-TYPED										1	1
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	4	1						1			1
1303 VARICELLA-ZOSTER VIRUS.....		1									12
1306 HERPES SIMPLEX TYPE 1.....	12	6					1			2	49
1307 HERPES SIMPLEX TYPE 2.....	71					2				1	41
1399 HERPES VIRUS TYPING PENDING...											1
1401 COXIELLA BURNETI.....	1										
1402 OTHER RICKETTSIAE.....											1
1502 PICORNA VIRUS-NOT TYPED.....									1		
1521 MEASLES VIRUS.....	1	1									7
1522 RUBELLA VIRUS.....	3										76
1532 HEPATITIS B ANTIGEN.....	52	2					1	37		1	1
1535 HEPATITIS A ANTIBODY.....	6							22			
1541 CHLAMYDIA A - C.TRACHOMATIS...	5							1			
1556 CMV - CYTOMEGALOVIRUS.....	8	21				2	1	4		5	
1564 ROTAVIRUS.....	23	3					73				2
9992 ROSS RIVER VIRUS.....	3										
9994 SMALL VIRUS (LIKE) PARTICLE...	2										
9996 PARAMYXOVIRUS.....		2									
Total.....	218	376	3	9		9	101	65	6	10	200

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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 ...

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VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/mal-aise	Other	SIDS
0100 ADENOVIRUS NOT TYPED.....								1		
0101 ADENOVIRUS TYPE 1.....				1				1		
0103 ADENOVIRUS TYPE 3.....								1		
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	5	1								
0201 INFLUENZA A VIRUS.....			1					21		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								1		
0500 RHINOVIRUS (ALL TYPES).....								1		1
0600 MYCOPLASMA PNEUMONIAE.....			1		1	2	4	9	3	
0700 ORNITHOSIS-PSITTACOSIS.....								1		
0816 COXSACKIEVIRUS A16.....								1		
0902 COXSACKIEVIRUS B2.....						1				
0903 COXSACKIEVIRUS B3.....								1		
1009 ECHOVIRUS TYPE 9.....								2		
1011 ECHOVIRUS TYPE 11.....								2		
1025 ECHOVIRUS TYPE 25.....									1	
1030 ECHOVIRUS TYPE 30.....								1		
1101 POLIOVIRUS TYPE 1.....								11		1
1200 MUMPS VIRUS.....			2		1			2	1	
1300 HERPES VIRUS GROUP-NOT TYPED..	1									
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2						1		
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			7					2	2	
1303 VARICELLA-ZOSTER VIRUS.....								1	1	
1306 HERPES SIMPLEX TYPE 1.....	3	52		1	1			3		
1307 HERPES SIMPLEX TYPE 2.....		269				1			1	
1401 COXIELLA BURNETI.....								9		
1521 MEASLES VIRUS.....			1							
1522 RUBELLA VIRUS.....					24			1	4	
1532 HEPATITIS B ANTIGEN.....		1							1	
1535 HEPATITIS A ANTIBODY.....								1		
1541 CHLAMYDIA A - C.TRACHOMATIS...	1	103								
1556 CMV - CYTOMEGALOVIRUS.....	1	6	1	3	1	4	6	4	12	2
1562 REOVIRUS (ALL TYPES).....										1
9992 ROSS RIVER VIRUS.....					6			2		
Total.....	12	434	13	5	34	8	10	80	26	5