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Communicable Diseases Intelligence

Bulletin number 83/24
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Contents:

VIRUS REPORTING SCHEME - A total of 1548 virus reports were received this period.

- Isolates from the ward outbreak of nosocomial adenovirus infections at the Royal Alexandra Hospital for Children, Sydney, reported in CDI 83/22 have been identified as adeno virus type 7. Of all the adenovirus types, types 7, 3 and 21 are the most likely to cause serious respiratory disease, particularly in young children. Significant mortality and long-term morbidity are sometimes associated with these infections, especially among infants and immuno-compromised children. Adenovirus types can be further differentiated by the technique of DNA restiction site mapping, and of the three subtypes of adenovirus type 7, type 7b appears to be responsible for a large proportion of the severe infections.

- Enterovirus type 68 was also isolated by the Sydney hospital from the faeces of a 7 year old boy who had two successive attacks of encephalitic illness. The child recovered spontaneously. This is the first report of this picornavirus to CDI.

- Arbovirus infections - The dengue case reported by the State Health Laboratory, Brisbane, was of a 32 year old male who had returned recently from Sri Lanka. IgM antibodies against MVE, Alfuy and Kunjin antigens were detected in a 37 year old male from Moura. The patient had a history of hysterical paralysis and unusual transverse myelitis. A broad cross reaction against arbovirus group B antigens was also detected in a 75 year old female with arthralgia from Rockhamptom. Kunjin virus infection was diagnosed in a 49 year old male from Goondiwindi, and IgM antibody against Ross River virus was detected in a 19 year old female from Newcastle whose principal symptoms were aseptic meningitis.

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HAEMOLYTIC URAEMIC SYNDROME (HUS)

(Based on MMWR (1983) 32 : 578)

First described in 1955, HUS is defined by the classic triad of microangiopathological haemolytic anaemia, acute nephropathy and thrombocytopenia[1]. HUS is usually preceded by a prodromal gastrointestinal illness, or less commonly, an upper respiratory illness. The gastrointestinal illness consists of vomiting, bloody and/or non-bloody diarrhoea, and abdominal cramps. Renal failure is common, often requiring dialysis; death has been reported in approximately 6-10% of child cases[2,3].

HUS occurs primarily among white infants and children less than five years of age, with equal distribution among males and females. The disease has been reported with greatest frequency from California, Argentina, the Netherlands and South Africa. Clusters of between nine and 14 cases have been reported from Sacramento, California, Canada, Wales, Bangladesh and Central America. In one outbreak in Toronto, Canada, 13 children developed HUS following ingestion of fresh apple juice at a local fair. No common organism or toxin was isolated from children or juice[4].

Although the cause of HUS is unknown, both viral and bacterial pathogens have been associated with the illness. Enteroviruses, including coxsackieviruses A and B and echoviruses, have been reported, and several investigators have noted a summer-autumn seasonality[5,6,7].

Recently Vero-toxin producing *Escherichia coli* were associated with 11 of 15 children with sporadic cases of HUS[8]. *E. coli* 0157:H7, a rare serotype associated with haemorrhagic colitis[9] was isolated in two of these 11 cases, as well as in three others from the UK[10]. Other bacterial pathogens isolated from patients with HUS include *Shigella*[11], *Campylobacter*[12], and *Yersinia*[13].

When investigating cases of HUS, stool specimens for viral and bacterial culture should be obtained as early as possible - preferably within seven days of onset of diarrhoeal illness. Specimens that will not be processed immediately should be stored at -70°C.

References

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CRYPTOSPORIDIOSIS SURVEILLANCE - VICTORIA CDI 83/24

(Contributed by S. Tzipori, "Attwood" Institute for Veterinary Research, Westmeadows, Victoria).

The genus Cryptosporidium is a protozoan in the subclass Coccidia (closely related to the coccidian genera Isospora, Toxoplasma and Sarcocystis) which completes its life cycle on intestinal and respiratory epithelial cell surfaces of mammals, birds and reptiles. Cryptosporidiosis is a common infection which to date has been described in 20 different species of animals including humans, and in at least 12 of them the infection has been associated with some illness.(1)

Although the infection was first observed in mice in 1907, the significance of the disease in humans and ruminants has been only recognised recently. Interest in Cryptosporidium has also intensified because of its association with Acquired Immune Deficiency Syndrome (AIDS), when infection causes persistant diarrhoea and malabsorption in a high proportion of patients.(2) The life cycle of Cryptosporidium follows that of other enteric coccidia with both sexual (gametocyte) and asexual (schizont) phases. The organism has been observed in the gastrointestinal tract of clinically healthy mice, rabbits, guinea pigs, cats and birds; and clinically ill calves, lambs, goats, piglets, deer, humans, monkeys, snakes and immunologically deficient foals. The disease has also been described in suckling goat kids and lambs, and in artificially-reared lambs and deer calves. In addition, Cryptosporidium has been reported to cause moderate to severe upper respiratory tract infections in turkeys and other birds.

Recent transmission experiments have shown that Cryptosporidium lacks host specificity, and is therefore a potential zoonosis. Organisms from some species can infect a wide variety of other animals, with or without causing illness. Isolates from calves, humans, deer, lambs and goats readily infect lambs, calves and piglets causing entercolitis; and mice, rats, guinea-pigs, chickens and foals without causing illness. Infection is diagnosed either histologically or by the demonstration of oocysts (3-4 μ) in Giemsa-stained faecal smears. These oocysts are extremely resistant to the action of the disinfectants commonly used in laboratories and hospitals.

Animal studies show that the lower small intestine is the organ most severely affected, although in very young animals the entire bowel may be infected. Cryptosporidium, unlike other coccidia, does not infect the cytoplasm of enterocytes but colonises the brush border. The most common mucosal changes observed are stunted, fused and swollen villi coated with immature absorptive cells, and the lamina propria is moderately infiltrated with macrophages, neutrophils and eosinophils. The infection has a marked effect on the level of membrane-bound digestive enzymes, and diarrhoea results from brush border maldigestion and malabsorption. Relapses of the disease have been reported several weeks after apparent recovery. Over 50 antimicrobial agents, including coccidiostats and other antiprotozoa, broad-spectrum antibiotics and antihelminthics have been tried in human medicine and experimentally in animals, but none have appeared to be effective against the infection.

The disease in humans was first recognised in 1976 and until 1981 clinical infections were thought to occur only in immunologically compromised patients, either due to congenital or acquired immunodeficiency, or as a consequence of treatment

with immunosuppressive drugs. In order to establish whether infection and disease can also occur in individuals who are immunologically normal, a survey was conducted between 1981-82 of patients admitted to Melbourne hospitals with gastroenteritis[3]. Among 884 hospital patients from the Royal Children's Hospital and Fairfield Hospital, 35 (4.1%) were excreting Cryptosporidium oocysts in their stools. Only five of these patients were also excreting other enteropathogens. No oocysts were detected in the stools of 320 hospital patients without gastroenteritis. Children were more commonly infected with Cryptosporidium (4.8%) than were adults (1.6%). The prevalence of infection was higher (7%) during the summer period of February to May 1981 than in the remainder of the survey period to the beginning of June 1982 (1.9%). The most common clinical manifestation of gastroenteritis in the Cryptosporidium - infected patients was diarrhoea lasting from three to over 14 days, accompanied by vomiting, anorexia and abdominal pain.

In the last 12 months, further cases of human Cryptosporidium infection have been confirmed from South Australia, Townsville (Queensland) and Geelong (Victoria). Recently, severe diarrhoea was reported in a mother and her one year old child lasting two and three weeks respectively. The child was kept under intensive care for eight days. The presence of oocysts, and the absence of other enteric pathogens, in the daily stools collected from mother and child during illness, and the demonstration of a rise of antibody titre by immunofluorescence in the child's serum from below detectable levels to above 80 indicated that the diarrhoea was caused by infection with Cryptosporidium. Five days prior to the onset of illness, the family consumed unpasteurised goat's milk that had been purchased locally. However, the relevance of this incident could not be established.

Editorial Comment

Until recently human cryptosporidiosis was thought to be rare, with only 12 sporadic cases recorded in the UK and USA from 1976 to 1982.[4] Eight infections were in immunocompromised individuals, and the outcome was death in six of these. Cryptosporidium infections have now been diagnosed in AIDS patients, in whom the diarrhoea is severe and prolonged, with considerable wasting, and since there is no effective drug available, the management of the diarrhoea continues to focus on supportive care[5,6].

However, cryptosporidiosis has now been recognized as a fairly frequent infection in normal adults, and a series of cases in young adults handling calves have been reported in the USA, and one case in the UK. In these individuals, a syndrome of mild fever, diarrhoea, abdominal pain, chills, sweating and severe headache occurred, with recovery sometimes prolonged to several weeks.

Similar to the above report, a recent survey has also identified sporadic cryptosporidiosis in children[7]. During May-mid August 1983, 500 faecal specimens from patients with diarrhoea were examined by a public health laboratory in North Wales. Five of the seven Cryptosporidium infections were in children aged less than ten years. Six patients had an acute uncomplicated diarrhoeal episode; the other was a one year old child with a history of failure to thrive and recurrent diarrhoea, in whom a variety of accepted gastrointestinal infective agents had been previously identified. In all cases

the parasite could only be detected for a short time, and all cases resolved spontaneously. No known or suggested reservoir of infection could be identified, and none of the patients had been abroad.

References

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3. Am. J. Trop. Med. Hyg. (1983) 32 : 931
4. CDR (1983) 83/30 : 6
5. CDI (1983) 83/23 : 1
6. MMWR (1982) 31 : 589
7. Lancet (1983) 2 : 679

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN SOUTH AUSTRALIAN HOSPITALS (JANUARY - SEPTEMBER 1983)

(Contributed by A.S. Cameron, Communicable Diseases Control Unit, South Australian Health Commission).

In May 1982, the South Australian Health Commission introduced a system of recording the numbers of MRSA-infected patients in selected hospitals (see CDI 83/5 : 4 for the period May - December 1982). Data on the number of admissions of infected patients each month were divided into two categories; colonised patients (those with superficial infections that did not warrant antibiotic therapy e.g. ulcers, stitch abscesses) and invasive infections (those patients with deep MRSA infections requiring specific antibiotic therapy). These two categories were then subdivided into old patients (infected prior to the present admission) and new patients (infected during the current admission). Table 1 gives the numbers of specified MRSA infected cases admitted to the ten reporting hospitals each month.

TABLE 1 Monthly incidence of admission of MRSA infected cases (January - September 1983)

Month	Colonised		Invasive		Total
	Old	New	Old	New	
January	12	11	10	3	36
February	12	32	10	4	58
March	12	34	3	8	57
April	20	36	1	3	60
May	10	33	4	6	53
June	22	19	3	0	44
July	26	26	0	5	57
August	26	31	4	13	74
September	19	28	3	10	60
TOTAL	159	250	38	52	499

The prevalence of MRSA colonisation of persons in the surveyed hospitals has remained fairly constant over the 17 month study period. Although it was first feared that the increase of new invasive infections in August and September was possibly predicting an upward trend, only six new cases were reported for October.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 10/11/83 — 23/11/83 BULLETIN NUMBER . 83/24

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	2		2		6	5	5		20
0101 ADENOVIRUS TYPE 1	2					10			12
0102 ADENOVIRUS TYPE 2				1		2			3
0103 ADENOVIRUS TYPE 3				6					6
0105 ADENOVIRUS TYPE 5				1		6		1	8
0106 ADENOVIRUS TYPE 6						2			2
0107 ADENOVIRUS TYPE 7	3	10				1			14
0114 ADENOVIRUS TYPE 14								1	1
0117 ADENOVIRUS TYPE 17						1			1
0119 ADENOVIRUS TYPE 19						1		10	11
0199 ADENOVIRUS TYPING PENDING			6		6	1			13
0201 INFLUENZA A VIRUS	2		4	2			2	1	11
0203 INFLUENZA B VIRUS			2						2
0301 PARAINFLUENZA VIRUS TYPE 1				1	2			1	4
0302 PARAINFLUENZA VIRUS TYPE 2	1			1					2
0303 PARAINFLUENZA VIRUS TYPE 3	4		1	4	14	22	5	2	52
0399 PARAINFLUENZA VIRUS TYPING PENDING						2			2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	1		3		2	1	2	15	24
0500 RHINOVIRUS (ALL TYPES)	5			7	22	26	3	1	64
0600 MYCOPLASMA PNEUMONIAE	73	1	11	43		57	23	12	220
0700 ORNITHOSIS-PSITTACOSIS				1					1
0816 COXSACKIEVIRUS A16				1			1		2
0901 COXSACKIEVIRUS B1		1							1
0902 COXSACKIEVIRUS B2				3		1	1	2	7
0903 COXSACKIEVIRUS B3								1	1
1005 ECHOVIRUS TYPE 5	1								1
1009 ECHOVIRUS TYPE 9							1		1
1017 ECHOVIRUS TYPE 17	2								2
1031 ECHOVIRUS TYPE 31	1								1
1101 POLIOVIRUS TYPE 1						3		1	4
1102 POLIOVIRUS TYPE 2	2					2			4
1103 POLIOVIRUS TYPE 3	1								1
1104 POLIOVIRUS-VACCINAL STRAIN			1						1
1200 MUMPS VIRUS	3						2		5
1300 HERPES VIRUS GROUP-NOT TYPED	26			3		6			35
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3		1				3	7
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	13	1						15	29
1303 VARICELLA-ZOSTER VIRUS	9		1	2		1	1	4	18
1306 HERPES SIMPLEX TYPE 1	16		11	32		13	37	25	134
1307 HERPES SIMPLEX TYPE 2	101		12	52		18	60	62	305
1399 HERPES VIRUS TYPING PENDING			6	1	4	2			13
1401 COXIELLA BURNETI				1			5		6
1502 PICORNA VIRUS-NOT TYPED	5								5
1514 MOLLUSCUM CONTAGIOSUM						1			1
1521 MEASLES VIRUS	1			4	3	2	1	1	12
1522 RUBELLA VIRUS	6	1	2	1		2	55	2	69
1532 HEPATITIS B ANTIGEN	45		5	30		23	15	12	130
1535 HEPATITIS A ANTIBODY	3		1	3		9	4	6	26
1541 CHLAMYDIA A - C TRACHOMATIS	36		3			1	40	47	127
1556 CMV - CYTOMEGALOVIRUS	5	1		18		3	7	11	45
1562 REOVIRUS (ALL TYPES)	1								1
1564 ROTAVIRUS	9	6	6	3	7	10		1	42
1568 ENTEROVIRUS TYPE 68		1							1
1599 ENTEROVIRUS TYPING PENDING		3	8		3	2			16
ROSS RIVER VIRUS						1	15		16
SMALL VIRUS (LIKE) PARTICLE				1					1
DENGUE							1		1
KUNJIN VIRUS							1		1
ARBO. GROUP B.							2		2
Total	380	28	85	223	69	237	289	237	1,548

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 10/11/83 to 23/11/83 .... 83/24

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.....		9		1							
0102 ADENOVIRUS TYPE 2.....		2					1				
0103 ADENOVIRUS TYPE 3.....		5									
0105 ADENOVIRUS TYPE 5.....	3	4									1
0106 ADENOVIRUS TYPE 6.....		2									
0107 ADENOVIRUS TYPE 7.....	4	9			1		6				
0114 ADENOVIRUS TYPE 14.....						1					
0201 INFLUENZA A VIRUS.....		6	1			1			1	1	1
0203 INFLUENZA B VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....		3									
0302 PARAINFLUENZA VIRUS TYPE 2....		1									1
0303 PARAINFLUENZA VIRUS TYPE 3....	2	49			1						
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1	23									
0500 RHINOVIRUS (ALL TYPES).....		60				1					1
0600 MYCOPLASMA PNEUMONIAE.....	27	175	1		1		2	1			9
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0816 COXSACKIEVIRUS A16.....											2
0901 COXSACKIEVIRUS B1.....		1									
0902 COXSACKIEVIRUS B2.....		3					1				1
1005 ECHOVIRUS TYPE 5.....							1				
1009 ECHOVIRUS TYPE 9.....		1									
1017 ECHOVIRUS TYPE 17.....						1	1				
1031 ECHOVIRUS TYPE 31.....				1							
1101 POLIOVIRUS TYPE 1.....	2	2									
1102 POLIOVIRUS TYPE 2.....							2				
1103 POLIOVIRUS TYPE 3.....		1									
1104 POLIOVIRUS-VACCINAL STRAIN....							1				
1200 MUMPS VIRUS.....	2		1	1							
1301 HERPES SIMPLEX VIRUS NOT-TYPED			2								4
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	5	3					1	3			
1303 VARICELLA-ZOSTER VIRUS.....		1				1					16
1306 HERPES SIMPLEX TYPE 1.....	7	5					1			1	65
1307 HERPES SIMPLEX TYPE 2.....	7										50
1514 MOLLUSCUM CONTAGIOSUM.....											1
1521 MEASLES VIRUS.....	1		1				1				10
1522 RUBELLA VIRUS.....	5	3									55
1532 HEPATITIS B ANTIGEN.....	66	1						54			1
1535 HEPATITIS A ANTIBODY.....	9							16			
1556 CMV - CYTOMEGALOVIRUS.....	4	7		1	1			1		9	
1562 REOVIRUS (ALL TYPES).....		1									
1564 ROTAVIRUS.....	2	2					39				
1568 ENTEROVIRUS TYPE 68.....			1								
9992 ROSS RIVER VIRUS.....	5			1							7
9994 SMALL VIRUS (LIKE) PARTICLE...							1				
9998 ARBO. GROUP B.					1						
Total.....	154	382	7	5	5	5	58	75	1	11	225

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 10/11/83 to 23/11/83 ... 83/24
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		
0119 ADENOVIRUS TYPE 19.....	1	10								
0301 PARAINFLUENZA VIRUS TYPE 1....								1		
0303 PARAINFLUENZA VIRUS TYPE 3....	1									
0500 RHINOVIRUS (ALL TYPES).....										2
0600 MYCOPLASMA PNEUMONIAE.....			3		1		7	11	1	
0700 ORNITHOSIS-PSITTACOSIS.....								1		
0902 COXSACKIEVIRUS B2.....								2		
0903 COXSACKIEVIRUS B3.....							1			
1102 POLIOVIRUS TYPE 2.....								1		1
1200 MUMPS VIRUS.....								1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED					1					
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			14	2	1		2	3	2	
1306 HERPES SIMPLEX TYPE 1.....	4	48		1	1			4		
1307 HERPES SIMPLEX TYPE 2.....		250								
1401 COXIELLA BURNETI.....								6		
1521 MEASLES VIRUS.....			1							
1522 RUBELLA VIRUS.....			2		16		1	1	2	
1532 HEPATITIS B ANTIGEN.....					1				8	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C.TRACHOMATIS...		127								
1556 CMV - CYTOMEGALOVIRUS.....		5		2		5	6	3	6	
9992 ROSS RIVER VIRUS.....					8					
9995 DENGUE.....								1		
9997 KUNJIN VIRUS.....					1					
9998 ARBO. GROUP B.					1					
Total.....	7	440	20	5	31	5	17	37	20	4

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

(weeks 29 - 36)

(17 July - 9 September 1983) Bulletin 83/24

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis			4	4					8	34
Ankylostomiasis				10	1				11	55
Anthrax									—	—
Arbovirus infection	1								1	4
Brucellosis		1					1		2	13
Campylobacter infections	75	N.N.	N.N.	132	N.N.	N.N.	1	N.N.	208	1021
Chancroid				N.N.		N.N.	N.N.		—	9
Cholera									—	4
Congenital rubella syndrome		N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	—
Donovanosis		N.N.	6	N.N.	9	N.N.	3		18	72
Giardiasis	17	N.N.	N.N.	112	N.N.	N.N.	N.N.	N.N.	129	669
Genital herpes	171	N.N.	101	5	N.N.	N.N.	1	N.N.	278	1423
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	6	N.N.	6	10
Gonorrhoea	361	240	234	110	238	19	102	14	1318	8142
Hepatitis A (infectious)	26	37	46	22	8	1	23	2	165	719
Hepatitis B (serum)	49	15	32	7	2	1	3	1	110	647
Hepatitis - unspecified	27	36	12	7	12	N.N.	1	1	96	237
Hydatid disease	1		1	1				1	4	6
Lassa Fever			N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease	-	5	N.N.	1	N.N.	N.N.	N.N.	N.N.	6	16
Leprosy	1		6	1	1		1		10	39
Leptospirosis	1	14	17	3	1				36	104
Lymphogranuloma venereum	1	N.N.	N.N.	N.N.	N.N.	N.N.			1	5
Malaria	43	14	27	5	9	1	4	2	105	427
Marburg Disease			N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	7	3	14	3		N.N.			27	77
Non-specific urethritis	588	N.N.	N.N.	193	N.N.	N.N.	N.N.	N.N.	781	3629
Ornithosis		1		1				1	3	15
Pertussis (whooping cough)	14	15	N.N.	1	N.N.	N.N.	N.N.	N.N.	30	214
Plague									—	—
Poliomyelitis									—	—
Q. fever		1	33	1	N.N.		1		36	125
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	38	39	70	41	5	10	35	7	245	2338
Shigella infections	6	4	16	8	7		51		92	452
Smallpox									—	—
Syphilis	114	23	71	16	33		136	2	395	1863
Tetanus		1	2						3	7
Trachoma		N.N.		1	N.N.	N.N.			1	3
Tuberculosis (all forms)	30	68	20	24	25		5	9	181	823
Typhoid fever	2		1					1	4	18
Typhus (all forms)		1	4						5	15
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:

Ankylostomiasis	−1	South Australia
Brucellosis	−1	Victoria
Campylobacter	+1	South Australia
Chancroid	+1	Western Australia
Gonococcal ophthalmia neonatorum	+1	South Australia
Gonorrhoea	−1	South Australia
	−1	Tasmania
Hepatitis A	+1	South Australia
	−2	Victoria
Hepatitis B	+2	Victoria
Meningococcal infection	+1	South Australia
Shigella infection	−1	Queensland