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Communicable Diseases Intelligence

Bulletin number 82/3
Issue date: 12 February 1982

Contents:

. Pencillinase Producing N.gonorrhoeae (P.P.N.G.)
. Acute haemorrhagic conjunctivitis

VIRUS REPORTING SCHEME

A total 797 reports were received this period. Patterns indicated from the reports suggest a slight decrease in measles 18 (compared with 27 and 34 (two periods) from the previous three periods) and rubella 21 (compared with 33 and 58 (two periods)), infections. Mumps infections continue to be reported, predominantly from the Institute of Clinical Pathology and Medical Research (I.C.P.M.R.) Sydney.

A decrease in parainfluenza Type 3 was reported, 9 cases (compared to 18 and 61 (2 periods)).

Reports of interest include:

. Two cases of mumps encephalitis, one in a male from the I.C.P.M.R., Sydney and one in a seven year old male from Woden Valley Hospital

. Two cases of arbo-virus Group A (unspecified) were reported by Fairfield Hospital in patients from Kerang and Swan Hill. A total of 23 sero-conversions in the sentinel chicken flocks located in Victoria have been reported to date.

. Ross River virus has been reported by the Institute of Medical and Veterinary Science (I.M.V.S.) Adelaide from a 34 year old male from Renmark S.A.

. The I.M.V.S. reported 4 cases of adeno-virus type 8 infection all causing conjunctivitis, in a 19 year old female, a 20 year old female a 45 year old male, and a female of unspecified age. Throughout 1981 only 7 cases of adenovirus type 8, were reported throughout Australia.

. An uncommon report is 1 case of adenovirus type 11, causing haematuria in a 1 year old male from W.A. Only 1 case of adenovirus type 11 was reported throughout 1981.

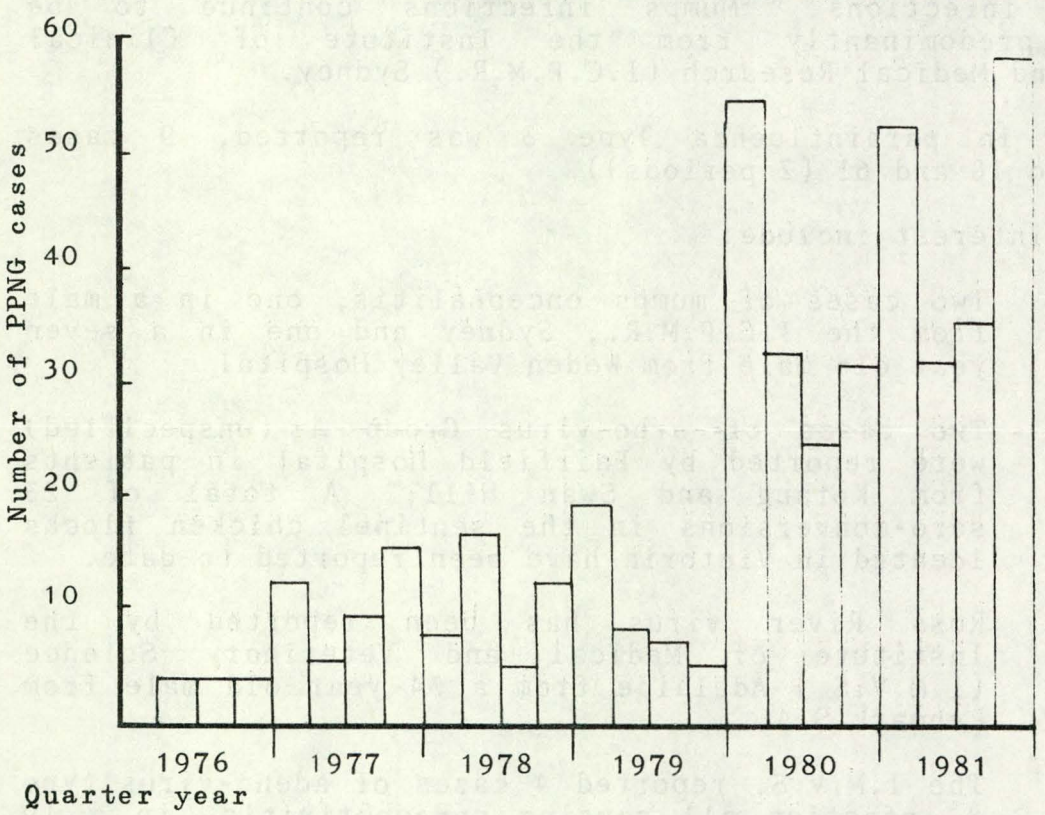
. Thirty five confirmed reports of dengue fever were received. Two of these were from Cairns, a 34 year old female and a 33 year old male. The remainder were laboratory confirmations from the recent Thursday Island outbreak.

The Bulletin is compiled and distributed by the Environmental Health Branch, Department of Health, P.O. Box 100, Woden, A.C.T. 2606, Australia, and is available on request.

PENICILLINASE-PRODUCING N. GONORRHOEAE (PPNG) - 1981

The increase in the number of PPNG isolations that began abruptly in 1980 continued steadily throughout 1981 (177 reports compared with 144 and 36 in 1980 and 1979 respectively). This trend mirrored that reported in the USA[1] (1910 for the first nine months of 1981 compared with 1099 and 328 in 1980 and 1979 respectively) and the UK[2] (272 for the weeks 1-52 in 1981 compared with 104 for the same period in 1980). The quarterly Australian totals since 1976 are illustrated in Figure 1.

FIGURE 1 - PPNG infections in Australia reported to CDI by quarter from January 1976 through December 1981



Since the majority of PPNG infections were acquired overseas, the high figures reported in the summer months corresponded with peak holiday travel.

Of the 177 infections, 144 were in males and 25 in females. The age distribution is shown in Table 1.

TABLE 1. Age distribution of PPNG infections - 1981

	Age groups (years)						
	15-20	21-30	31-40	41-50	41-60	61	unknown
Males	11	66	30	8	7	2	20
Females	2	14	6	-	1	-	2
Unknown	-	-	-	-	-	-	8
	13	80	36	8	8	2	30

Table 2 is an analysis of the State in which each PPNG was identified together with the suspected source of infection.

TABLE 2. Reports of PPNG cases by probable source of infection Australia - 1981

Probable source	ACT	NSW	VIC	QLD	SA	WA	NT	TAS	Total
Philippines		15	8	8	11	12			54
Thailand		9	9	1	4	13			36
Singapore		2	3			4			9
Malaysia						2			2
Indonesia		1			1	5			7
Korea			1						1
Papua New Guinea				1					1
Japan			2						2
Hong Kong			1						1
Europe		3							3
USA		1							1
Australia		6	11		1	9			27
S.E. Asia (so stated)		1		1	1	10			13
Borneo (so stated)		1							1
Other		1		2		2			5
Unknown		8	6						14
TOTAL		48	41	13	18	57	-	-	177

As in previous years, most PPNG infections were acquired overseas (136 cases), particularly from S.E. Asia (124 cases). There were no reports of infections orginating from Africa but this may reflect Australian travel patterns. The "African" variants carry the smaller penicillinase-mediating plasmid (3.2 megadaltons) without a transfer plasmid, compared with the constellation of the "Asian" variants of a 4.5 megadalton penicillinase-mediating plasmid and sometimes a 24 megadalton transfer plasmid.(3)

Only one of the PPNG infections was reported to be in a homosexual patient (South Australia). Sustained transmission of PPNG between male homosexuals has not been reported.(4) Possible hypotheses for the paucity include behavioural patterns (transmission of disease between homosexual and heterosexual persons mediated by bisexuals is uncommon) and biological factors such as a decreased ability of PPNG to infect the rectal mucosa of men.

Although PPNG accounted for only a very small proportion of the gonococcal infections reported in Australia, the recent increases are cause for concern and place escalating pressure on public health officials. Also the global increases in gonococcal salpingitis, and anogenital and pharyngeal infections together with the recent isolations of spectinomycin-resistant PPNG strains in the USA(5) and UK(6) demand further dose regimen increases and alternative antibiotics which are often less effective and more expensive.

The basis of this article has been passive reporting from each of the principal State diagnostic laboratories or STD clinics. However, following the implementation of the Australian Gonococcal Surveillance Program (CDI 81/25) in which data from the majority of government and private laboratories are collated, future analyses of the epidemiology of PPNG infections should be more complete.

References

1. MMWR (1982) 31 : 1
2. CDR (1982) 82/01 :4
3. Lancet (1977) 2 : 993
4. J. Inf. Dis. (1981) 144 : 191
5. MMWR (1981) 30 : 221
6. CDR (1981) 81/49 : 1

Epidemics of AHC and conjunctivitis of unknown aetiology have been reported in many islands in the South and Western Pacific including, Fiji, Tonga, Samoa, American Samoa, Guam, Saipan, Solomons, Cook and Wallis Islands, Niue, Tokelau, Truk, Tuvalu, Nauru and French Polynesia. Many imported cases have been identified in Hawaii, where small outbreaks of secondary transmission have occurred. Outbreaks of AHC have also been reported in New Zealand.

The disease was first reported in the Solomon Islands in mid-October, spreading to the other islands in the following months. Estimated total prevalences ranged from about 20% in Fiji to 90% in Samoa. No neurological complications have been reported to date. All ages were affected. Attempts to isolate the aetiological agent at the Wellcome Laboratory, Suva, from specimens collected from the Cook Islands, American Samoa, Solomon Islands and Fiji have so far proved unsuccessful. However, an untyped adenovirus has been isolated at the Royal Children's Hospital, Melbourne, from one of 38 specimens collected on the Solomon Islands, and two seroconversions to enterovirus type 70 have been diagnosed at Fairfield Hospital, Melbourne, from three sera referred from Fiji. No pathogens have been isolated from the 50 specimens from Fiji.

After a quiescence since the early 1970's, the first AHC epidemic was reported in Nigeria in January 1981. It then spread to Zaire, when enterovirus type 70 was implicated by serology although no isolations were made. In early May, an estimated 15-20 million cases were reported in the rural areas and major cities of India (Calcutta, Madras, Bombay and New Dehli). Karachi, Pakistan, experienced the epidemic in June to August, and enterovirus type 70 was isolated from the majority of cases tested. The first cases in the Western Hemisphere occurred in Brazil in February, where initial laboratory results suggested that an adenovirus was responsible. By August and September, AHC was reported in Central America (Guyana, Surinam, Belize, Mexico, Guatemala, Costa Rica, El Salvador and Nicaragua) and the Caribbean (Trinidad and Tobago, Bahamas, Antigua, Barbados, Dominican Republic and Cuba). AHC was also reported in the Democratic Yemen during this period.

In September, localised outbreaks occurred in two areas of Florida, USA, where the high density coastal populations and humid climate were significant factors. An outbreak attributed to workers from Miami also occurred in North Carolina. Apart from a 12 year old girl who developed Bell's palsy temporally associated with AHC, no neurological complications were reported. Secondary bacterial conjunctivitis was documented in less than 1% of reported cases. Enterovirus type 70 was isolated from a 16 year old female from Key West, Florida, following direct inoculation into human embryonic lung fibroblasts.

The clinical and epidemiological features of AHC appeared similar in all countries, affecting all age groups, and included a short incubation period, rapid secondary transmission in crowded settings, lack of systemic symptoms and signs and resolution within four to ten days. The symptoms of AHC are a bilateral conjunctival infection with irritation, a profuse watery discharge, sometimes accompanied by lid oedema, mild ocular pain, periauricular adenitis and fever. Subconjunctival haemorrhages were a feature in some outbreaks.

The CDI would be interested in receiving information on any Australian cases of this infection.

AUSTRALIA – COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD – 21/1/82 to 3/2/82 BULLETIN NUMBER – 82/3

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	8			1	1	2	4	1	17
0101 ADENOVIRUS TYPE 1	1				3	6		2	12
0102 ADENOVIRUS TYPE 2						4			4
0103 ADENOVIRUS TYPE 3						1			1
0105 ADENOVIRUS TYPE 5						1			1
0107 ADENOVIRUS TYPE 7	1							1	2
0108 ADENOVIRUS TYPE 8						4			4
0111 ADENOVIRUS TYPE 11								1	1
0114 ADENOVIRUS TYPE 14						1			1
0119 ADENOVIRUS TYPE 19	1			1		2			4
0199 ADENOVIRUS TYPING PENDING			4		5	5			14
0201 INFLUENZA A VIRUS						1			1
0203 INFLUENZA B VIRUS	2					3	1		6
0301 PARAINFLUENZA VIRUS TYPE 1					4	1			5
0302 PARAINFLUENZA VIRUS TYPE 2					1	1			2
0303 PARAINFLUENZA VIRUS TYPE 3		1		2	4		1	1	9
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)		1		1		1	3	2	8
0500 RHINOVIRUS (ALL TYPES)	3			2	4	3	2		14
0600 MYCOPLASMA PNEUMONIAE	8			2		6	4	1	21
0700 ORNITHOSIS-PSITTACOSIS	1								1
0809 COXSACKIEVIRUS A9			1						1
0816 COXSACKIEVIRUS A16				1					1
0902 COXSACKIEVIRUS B2						1			1
0904 COXSACKIEVIRUS B4	3					1			4
0905 COXSACKIEVIRUS B5	5	2	3	3	2	1	1		17
1002 ECHOVIRUS TYPE 2	1								1
1005 ECHOVIRUS TYPE 5								1	1
1009 ECHOVIRUS TYPE 9						1		1	2
1022 ECHOVIRUS TYPE 22			3		2				5
1101 POLIOVIRUS TYPE 1		1							1
1102 POLIOVIRUS TYPE 2						1	1		2
1103 POLIOVIRUS TYPE 3							1		1

See footnotes at end of table.

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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 21/1/82 to 3/2/82 **BULLETIN NUMBER** - 82/3

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) / HVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1104 POLIOVIRUS-VACCINAL STRAIN					1				1
1200 MUMPS VIRUS	16		1	3	2	1	5	2	30
1300 HERPES VIRUS GROUP-NOT TYPED	11			3		5			19
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1						51	52
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	3							2	5
1303 VARICELLA-ZOSTER VIRUS	7				1	1			9
1306 HERPES SIMPLEX TYPE 1	5		2	24		14	13		58
1307 HERPES SIMPLEX TYPE 2	60			37		11	30		138
1399 HERPES VIRUS TYPING PENDING			6		5	4			15
1401 COXIELLA BURNETI	5			1		2	2		10
1502 PICORNA VIRUS-NOT TYPED			1						1
1514 MOLLUSCUM CONTAGIOSUM								1	1
1521 MEASLES VIRUS	6	1			5	3	3		18
1522 RUBELLA VIRUS	3			11			6	1	21
1532 HEPATITIS B ANTIGEN	15	1	7	23	1	11		8	66
1535 HEPATITIS A ANTIBODY	5	1	5	8	1	3	1	9	33
1541 CHLAMYDIA A - C TRACHOMATIS	15		3			1		10	29
1556 CMV - CYTOMEGALOVIRUS	4		6	15	7	4	1	3	40
1562 REOVIRUS (ALL TYPES)					1				1
1564 ROTAVIRUS	1	5	2	2	2	1		3	16
1599 ENTEROVIRUS TYPING PENDING		1	6		6				13
ARBO. GROUP A. (UNSPECIFIED)				2					2
ROSS RIVER VIRUS						1	9	6	16
SMALL VIRUS (LIKE) PARTICLE	3								3
DENGUE							35		35
Total	193	15	50	142	58	109	123	107	797

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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 21/1/82 to 3/2/82....

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 03 -Encephalitis; 03 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

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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	3					1				
0101 ADENOVIRUS TYPE 1.....	1	6					5				
0102 ADENOVIRUS TYPE 2.....							4				
0103 ADENOVIRUS TYPE 3.....		1									
0105 ADENOVIRUS TYPE 5.....							1				
0111 ADENOVIRUS TYPE 11.....										1	
0114 ADENOVIRUS TYPE 14.....							1				
0119 ADENOVIRUS TYPE 19.....											1
0203 INFLUENZA B VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....		5									
0302 PARAINFLUENZA VIRUS TYPE 2....		2									
0303 PARAINFLUENZA VIRUS TYPE 3....	1	7									1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		7									1
0500 RHINOVIRUS (ALL TYPES).....	1	12									
0600 MYCOPLASMA PNEUMONIAE.....	1	17							1		1
0700 ORNITHOSIS-PSITTACOSIS.....		1									
0809 COXSACKIEVIRUS A9.....							1				
0816 COXSACKIEVIRUS A16.....											1
0902 COXSACKIEVIRUS B2.....							1				
0904 COXSACKIEVIRUS B4.....				1		1	1				
0905 COXSACKIEVIRUS B5.....	1	2		7		1	3		1		
1002 ECHOVIRUS TYPE 2.....		1		1							
1005 ECHOVIRUS TYPE 5.....							1				
1009 ECHOVIRUS TYPE 9.....							1				
1022 ECHOVIRUS TYPE 22.....	1					1	3				
1102 POLIOVIRUS TYPE 2.....	1						1				
1103 POLIOVIRUS TYPE 3.....							1				

See footnotes at end of table.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 21/1/82 to 3/2/82....

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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.-CONTINUED

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
1104 POLIOVIRUS-VACCINAL STRAIN....							1				
1200 MUMPS VIRUS.....	2		2	10		3					3
1300 HERPES VIRUS GROUP-NOT TYPED..			1								2
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3										29
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1										
1303 VARICELLA-ZOSTER VIRUS.....											8
1306 HERPES SIMPLEX TYPE 1.....	2	4	1			1				1	29
1307 HERPES SIMPLEX TYPE 2.....	1	1									15
1401 COXIELLA BURNETI.....	4										
1521 MEASLES VIRUS.....	1										17
1522 RUBELLA VIRUS.....	5										15
1532 HEPATITIS B ANTIGEN.....	31				1			34			
1535 HEPATITIS A ANTIBODY.....	1							32			
1556 CMV - CYTOMEGALOVIRUS.....	8	7				1				8	3
1564 ROTAVIRUS.....						1	16				
ARBO. GROUP A.(UNSPECIFIED).....											2
ROSS RIVER VIRUS	7										3
SMALL VIRUS (LIKE) PARTICLE	3										
DENGUE	34										1
Total.....	111	78	4	19	1	9	42	66	2	10	132

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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 21/1/82 to 3/2/82 ...
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
0100 ADENOVIRUS NOT TYPED	2									1
0101 ADENOVIRUS TYPE 1								1		
0107 ADENOVIRUS TYPE 7	1						1			
0108 ADENOVIRUS TYPE 8	4									
0119 ADENOVIRUS TYPE 19	3									
0201 INFLUENZA A VIRUS							1			
0203 INFLUENZA B VIRUS							2	1		1
0303 PARAINFLUENZA VIRUS TYPE 3								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)							1			
0600 MYCOPLASMA PNEUMONIAE							2	1		
0700 ORNITHOSIS-PSITTACOSIS							1			
0904 COXSACKIEVIRUS B4								1		
0905 COXSACKIEVIRUS B5				1			2	1		
1009 ECHOVIRUS TYPE 9							1			
1101 POLIOVIRUS TYPE 1										1
1200 MUMPS VIRUS			12							
1300 HERPES VIRUS GROUP-NOT TYPED		1					1			
1301 HERPES SIMPLEX VIRUS NOT-TYPED	2	18		2						
1302 EPSTEIN-BARR VIRUS (EB VIRUS)			1					2	2	
1303 VARICELLA-ZOSTER VIRUS	1									
1306 HERPES SIMPLEX TYPE 1	1	16						2	2	
1307 HERPES SIMPLEX TYPE 2		121								
1401 COXIELLA BURNETI							2	4		
1514 MOLLUSCUM CONTAGIOSUM		1								
1521 MEASLES VIRUS							1			
1522 RUBELLA VIRUS					2			1		
1535 HEPATITIS A ANTIBODY							1			

See footnotes at end of table.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 21/1/82 to 3/2/82 ...

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 ... **-CONTINUED**

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
1541 CHLAMYDIA A - C TRACHOMATIS...	1	28								
1556 CMV - CYTOMEGALOVIRUS.....				1		3	5	5	4	1
1562 REOVIRUS (ALL TYPES).....									1	
ROSS RIVER VIRUS					8					
Total.....	15	185	13	4	10	3	21	20	9	4

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

..11th Weekly Period for..1981..

Bulletin ..82/3..

(4.10.81 to 31.10.81 inclusive)

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis	N.N.	1	1	2	1				5	53
Ankylostomiasis	N.N.			1					1	94
Anthrax									—	1
Arbovirus infection									—	19
Brucellosis				1					1	28
Campylobacter infections	N.N.	N.N.	N.N.	42	1	N.N.		N.N.	43	279
Chancroid				N.N.		N.N.	N.N.		—	19
Cholera									—	2
Congenital rubella syndrome	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria							5		5	15+1 CARRIER
Donovanosis		N.N.	3	N.N.	1	N.N.	5		9	58
Giardiasis	N.N.	N.N.	N.N.	51	N.N.	N.N.	N.N.	N.N.	51	585
Genital herpes	N.N.	N.N.	N.N.	1	N.N.	N.N.	1	N.N.	2	286
Gonococcal ophthalmia neonatorum		N.N.		N.N.	N.N.	N.N.	1	N.N.	1	1
Gonorrhoea	383	152	98	84	93	19	49	12	890	9268
Hepatitis A (infectious)	58	33	6	4	10	4	1		116	1273
Hepatitis B (serum)	12	13	2	2			5		34	414
Hepatitis - unspecified	N.N.	N.N.			4	N.N.	5	2	11	93
Hydatid disease				2					2	19
Lassa Fever	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Legionnaires disease	N.N.		N.N.		N.N.	N.N.	N.N.	N.N.	—	16
Leprosy					1		2		3	38
Leptospirosis	1	7		2	2				12	59
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	4	6	8	1	1		1	1	22	357
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.		3	2		N.N.			5	58
Non-specific urethritis	N.N.	N.N.	N.N.	2	N.N.	N.N.	N.N.	N.N.	2	1013
Ornithosis									—	12
Pertussis (whooping cough)	N.N.	4	N.N.	3	N.N.	N.N.	N.N.	N.N.	7	131
Plague									—	—
Poliomyelitis									—	—
Q. fever	3	1	43	8	N.N.		N.N.		55	386
Rabies	N.N.	N.N.	N.N.	N.N.		N.N.	N.N.	N.N.	—	—

DISEASE	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	Total	CUMULATIVE TOTAL TO DATE FOR YEAR
Salmonella infections	51	13	10	88	6	1	18	1	188	2194
Shigella infections	N.N.	3	5	1	4	1	16	1	31	376
Smallpox									–	–
Syphilis	48	26	23	7	10		42		156	2472
Tetanus				1					1	11
Trachoma	N.N.	N.N.			N.N.	N.N.			–	1
Tuberculosis (all forms)	46	22	8	3	10		5	3	97	1207
Typhoid fever	1								1	8 + 1 CARRIER
Typhus (all forms)									–	–
Vibrio parahaemolyticus infections	N.N.	N.N.	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.	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