



Communicable Diseases Intelligence

Bulletin number 82/5
Issue date: 12 March 1982

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VIRUS REPORTING SCHEME - A total of 1053 reports were received this period.

- . Arbovirus infections - The localities of the 11 dengue cases diagnosed by the State Health Laboratory, Brisbane, included Cairns (6 cases), Townsville (2), Mossman (1) and Thursday Island (2). One of the cases originating on Thursday Island was a 14 year old girl who became ill in Weipar on the western coastline of the Cape York Peninsula. Vector surveys of this area are in progress. Fairfield Hospital, Melbourne, also reported clinical dengue fever in a 27 year old female on her return from Sri Lanka.

Kunjin virus was also diagnosed by the Brisbane laboratory in a 38 year old male from Charleville with fever and muscle pain. In the serum specimen taken on 6 January, specific IgM was detected against Kunjin virus, but not against the four types of dengue, MVE or Alfuy viruses.

Cases of epidemic polyarthrits were reported in five States; 41 from the State Health Laboratory, Brisbane; seven from the Institute of Medical and Veterinary Science, Adelaide (Renmark (2), Meningie (2), Waikerie (1), Berri (1) and Mt Gambier (1)); five from Fairfield Hospital (Mildura (2), Shepparton (2) and Echuca (1)); and three from the State Health Laboratory Services, Perth (Sawyer's Valley (1), Grass Valley (1) and Gove N.T. (1)).

To 10 March, 35 chickens among the flocks located at Barmah, Mildura, Cobram, Robinvale, Swan Hill, Kerang, Rutherglen and Echuca in Victoria have seroconverted against group A arbovirus antigen. Nine chickens at Swan Hill, Robinvale, Mildura and Rutherglen have seroconverted against group B arbovirus antigen (presumptively identified as Kunjin virus), and a single virus isolate (presumptively Kunjin virus) has been recovered from one of birds at Swan Hill.

- . Varicella pneumonia was diagnosed by Fairfield Hospital in a 23 year old 14-weeks pregnant female who because of the severity of the disease aborted her foetus and required artificial respiration. A similar case was reported in CDI 82/1.

GONOCOCCAL SURVEILLANCE - AUSTRALIA (OCTOBER - DECEMBER 1981)

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

This second quarterly report by the Australian Gonococcal Surveillance Program (AGSP) for the period October-December 1981 (see CDI 81/25 for the previous quarter) details the penicillin sensitivities of 1210 gonococcal isolates. The minimal inhibitory concentrations (MIC's) of penicillin for these strains were determined in the participating laboratories by the method outlined in CDI 81/4. The results on a national and regional basis are given in Table 1.

TABLE 1 AGSP (October-December 1981). Penicillin MIC values of 1210 isolates

Figures in parentheses are the percentages obtained for the previous quarter July-September 1981.

<u>Source</u>	<u>Percentage of isolates</u>		
	<u>Sensitive</u> (1)	<u>Decreased sensitivity</u> (2)	<u>PPNG</u>
Adelaide	35.4 (40)	55.3 (43.9)	2.9 (0.8)
Melbourne	45.7 (45.3)	40.3 (45)	3.0 (1.1)
Sydney	25.4 (18.7)	53 (66.3)	7 (1.6)
Perth	45.3 (50.1)	20.7 (33.1)	11.5 (4.2)
Brisbane	37.4 (52)	55.2 (42)	4.9 (1.7)
Australia	38 (40.5)	44.9 (45.3)	4.9 (2.01)

(1210 isolates)

1. MIC \leq 0.008 μ g/ml

2. MIC = 0.12 μ g/ml

The bimodal distribution of penicillin MIC values was again obtained, with approximately 90% of strains having values centred on 0.008 μ g/ml (sensitive) and 0.12 μ g/ml (decreased sensitivity). On a national basis, 38% of strains were sensitive and 44.9% exhibited decreased sensitivity. However a regional analysis indicated more significant variation, with the isolates from Sydney, Adelaide and Brisbane exhibiting the highest incidence of decreased sensitivity, those from Melbourne occupying an intermediate position and those from Perth the lowest. Comparison of the data with the previous quarter suggested a trend towards decreased sensitivity with the isolates from Adelaide and Brisbane. Temporal variation has been recorded in similar studies⁽¹⁾, and emphasises the need for a continuing study of gonococcal penicillin sensitivity patterns rather than a random assessment.

An increase in the number of penicillinase-producing *N. gonorrhoeae* (PPNG) isolates was also recorded in all regions (see CDI 82/3). The 60 isolates accounted for almost 5% of all strains.

Reference

1. Sex. Trans. Dis. (1979) 6 Supplement No. 2 : 103

STREPTOCOCCUS PYOGENES GRIFFITH TYPE 55 - WESTERN AUSTRALIA

(Contributed by S. Teal and V. Wymer, State Health Laboratory Services, Perth).

Two aboriginal children were recently admitted to Collie Hospital with acute haemorrhagic glomerulonephritis and impetiginous sores resulting from scabies.

- . A four year old boy was admitted on 3 December 1981 with nephritis and pyrexia. The child had a sore throat, but no group A streptococci were isolated. Haematuria and proteinuria were noted. One week after admission the patient's haemoglobin fell from 9.1 to 6.8 gm/L, whereupon iron and folate were administered. Subsequent serum titrations for anti-streptolysin O (ASO)(= 200 Todd units) and an anti-DNase B (= 1/960) were consistent with a recent streptococcal infection. The boy was discharged on 18 December.
- . A seven year old girl was admitted on 14 December 1981 with nephritis and pyrexia. Protein and ketones were detected in her urine, and her blood showed neutrophilia with a shift to the left. The patient was treated with penicillin, iron and folate, but was taken from the hospital against medical advice by the parents after ten days. Serum titres were ASO >1000 Todd units; anti-DNase B >1/1360 and C-reactive protein (species specific) + 8.

The strain of S. pyogenes isolated from the lesions of one child was typed at the Communicable Diseases Surveillance Centre, Colindale, U.K. as a representative of type 55. This type was first recognized in Trinidad among strains isolated from septic skin lesions associated with nephritis⁽¹⁾. Type 55 and type 6 can be distinguished from other group A streptococci because of their ability to ferment mannitol.

Editorial Comment

Poststreptococcal acute glomerulonephritis (AGN) is a delayed non-suppurative sequel of pharyngeal or cutaneous infections with a limited number of "nephritogenic" group A serotypes. The major pharyngitis-associated AGN serotypes include the M-types 1, 3, 4, 12 and 25; and the pyoderma-associated AGN serotypes include the M-types 2, 49, 55, 57, 59, 60 61,⁽²⁾ although not all strains belonging to these serotypes are nephritogenic. Streptococcal pyoderma in temperate climates occurs principally in young children during the summer and autumn months, with a 10-15% AGN attack rate (or higher in children aged six years and under) for "nephritogenic" strains⁽³⁾.

References

1. NEJM (1967) 277 : 728
2. A.L. Bisno. Glomerulonephritis. In: Principles and Practice of Infectious Diseases. John Wiley and Sons Inc. New York (1979) : 1583.
3. J. Clin. Invest. (1969) 48: 1697.

MYCOBACTERIUM SURVEILLANCE - AUSTRALIA 1981

(Contributed by P. Cavanagh and D.M. Johnson, Mycobacterium Reference Laboratory, Fairfield Hospital; N. Sloan, Tuberculosis Branch, Victorian Health Commission, Melbourne).

During 1981, 15,011 specimens were submitted to the Mycobacterium Reference Laboratory, Melbourne, for examination by microscopy and culture compared with 16,160 and 15,730 for 1980 and 1979 respectively (see Table 1). Specimens were received from government chest clinics, metropolitan and country hospitals, private practitioners and an increasing number from private pathology laboratories. Specimens were also received from Nauru (3 positive specimens) and the Solomon Islands (4). Two hundred and thirty cultures were submitted for identification and drug-sensitivity testing.

TABLE 1 Specimens examined during 1981

<u>Specimen type</u>	<u>Number</u>	<u>Percentage</u>
Sputum	11,315	75.4%
Urine	2,372	15.8%
Gastric lavage	193	1.3%
Cultures referred	230	1.5%
Biopsies	95	0.6%
CSF	66	0.4%
Other	740	5.0%
TOTAL	15,011	

Of the 408 positive specimens (see Table 2), 226 were M. tuberculosis strains recovered from 219 patients (157 males; 62 females), six (2.7%) of whom had multiple system involvement. One hundred and sixty-eight strains (76.7%) were recovered from patients suffering from pulmonary disease, and 58 strains (26.0%) were recovered from extra-pulmonary sites. Urogenital infection was confirmed in 30 patients (13.7%). Seven strains (3.2%) were recovered from bone and joint tuberculosis, and 12 strains (5.5%) were cultivated from lymph nodes. The age distribution of the patients was 0-9 years (6 cases); 10-19 years (4); 20-29 years (24); 30-39 years (23); 40-49 years (35); 50-59 years (44); 60-69 years (32); 70-79 years (31) and > 80 (20).

TABLE 2 Mycobacterium isolations - 1981

<u>Species</u>	<u>Number</u>	<u>Species</u>	<u>Number</u>
<u>M. tuberculosis</u>	219	<u>M. flavescens</u>	13
<u>M. bovis</u>	2	<u>M. xenopi</u>	2
<u>M. bovis (BCG)</u>	2	<u>M. chelonae</u>	7
<u>M. szulgai</u>	2	<u>M. fortuitum</u>	29
<u>M. avium</u>	23	<u>M. triviale</u>	7
<u>M. intracellulare</u>	18	<u>M. terrae</u>	11
<u>M. scrofulaceum</u>	41	<u>M. nonchromogenicum</u>	10
<u>M. marinum</u>	3	<u>M. gastri</u>	1
<u>M. gordonae</u>	17	<u>M. smegmatis</u>	1
TOTAL = 408			

M. bovis was recovered from the sputum of two patients, one of whom was a 68 year old female Indo-Chinese refugee. Both strains were sensitive to streptomycin, isoniazid, rifampicin and ethambutol. M. bovis (BCG) was recovered from two patients (a 12 year old female and a 14 year old male) who presented with abscesses following BCG vaccination.

Of the 189 strains of non-tuberculous mycobacteria that were identified from a wide variety of specimens, organisms of the MAIS complex (M. avium - M. intracellulare - M. scrofulaceum) were recovered from 82 patients. Seven strains (M. avium (4); M. intracellulare (2) and M. scrofulaceum (1)) were recovered on at least three occasions from sputum from patients aged 51-79 years with a history of chronic lung disease, and were therefore considered to be of pathogenic significance compared with the 52 other strains isolated only on single occasions from sputum. Sixteen strains of the MAIS complex were recovered from the lymph nodes of children (6 males; 10 females) of whom 12 were aged six years or less. Fifteen of the strains were recovered from the cervical nodes. Only two of the 14 strains recovered from adult lymphoid tissue were of the MAIS complex; the remaining 12 strains were

M. tuberculosis. Three strains of M. marinum were cultivated from patients who had contact with tropical fish tanks. The sites of isolation included a skin lesion on the finger, a skin lesion on the heel and the synovial fluid from a finger joint.

Susceptibility tests against streptomycin, isoniazid, ethambutol and rifampicin were performed on all new strains of M. tuberculosis (Table 3) M. bovis, M. bovis (BCG), M. marinum and M. szulgai.

TABLE 3 Drug resistance of M. tuberculosis strains

<u>Drug(s)</u>	<u>No. of specimens</u>	<u>No. of refugees</u>
Streptomycin	3	2
Isoniazid	1	-
Ethambutol	2	-
Rifampicin	3	-
Streptomycin/Isoniazid	3	1
Isoniazid/Rifampicin	2	-
Streptomycin/Ethambutol/Rifampicin	2	2
Streptomycin/Isoniazid/ Ethambutol/Rifampicin	<u>1</u>	<u>1</u>
TOTAL	<u>17</u>	<u>6</u>

Only 17 M. tuberculosis drug-resistant strains were characterised (compared with 28 in 1980), of which six were from Indo-Chinese refugees (13 in 1980). Nine strains were resistant to one drug, five strains to two, two strains to three and one strain was resistant to four. Methods for susceptibility testing to cycloserine, para-aminosalicylic acid (PAS), thiacetazone and pyrazinamide are also available upon request.

REYE'S SYNDROME AND SALICYLATE USAGE (Based on MMWR (1982) 31:53)

Reye's syndrome was first described in 1963 in New Zealand as a neurological disorder of unknown aetiology, associated with disturbed liver function. Studies have shown it occurs almost exclusively in children and adolescents with an annual incidence in the USA ranging from 0.31-0.88% per 100,000 population aged 18 years and under, and a case/fatality of 22-42%. An epidemiological association between Reye's syndrome and antecedent viral illness has been established, principally with influenza (particularly type B) and varicella, although cases have been recorded after infection with adenoviruses, echoviruses type 8 and 11, poliovirus type 1, parainfluenzaviruses, reovirus, rubella, coxackieviruses types A and B, measles and herpes simplex. Several reports have suggested the possibility that medication, particularly salicylate, taken during the antecedent illness of patients with Reye's syndrome has played a role in the development of the disease, with the result that the US Food and Drug Administration in 1976 advised caution in the treatment of children who develop vomiting associated with a viral illness⁽¹⁾.

The CDC issued a similar statement following a positive association in the results of four surveys conducted in Arizona, Michigan (two studies) and Ohio⁽²⁾. However, since several parameters had to be considered in interpreting the results and reaching the conclusions, eight independent consultants were asked to review and re-evaluate the four surveys. The consultants concluded that it was unlikely for

limitations of the studies, either singly or in combination, to explain totally the strength and consistency of the observed association between Reye's syndrome and salicylates. Furthermore, it was the consensus of the consultants that "... until the nature of the association between salicylates and Reye's syndrome is clarified, the use of salicylates should be avoided, when possible, for children with varicella infections and during presumed influenza outbreaks". In addition, they suggested that it would be prudent to reserve the use of all antipyretic agents for persons who have an illness of such a nature that the need to reduce elevated temperatures outweighs other considerations. The CDC commented that although salicylates may be a factor in the pathogenesis of Reye's syndrome, the observed epidemiological association does not prove causality. The pathogenesis of this disease and the possible role of salicylates remain to be determined.

References

1. FDA Drug Bulletin (1976) 6 No.5.
2. MMWR (1980) 30:321

BACTERIAL NOMENCLATURE

(Based on WER (1981) 56 : 399).

Bacterial nomenclature underwent its first major reform since 1753 when the International Committee on Systematic Bacteriology's Approved Lists of Bacterial Names went into effect on 1 January 1980. On that date, many familiar bacterial names lost all standing in nomenclature. As a guide to the use of approved names of bacteria, the WHO Technical Terminology Service has prepared a list that includes cross-references under numerous names that are no longer valid. Some of the more important recent changes are summarized in Table 1.

TABLE 1 Revised bacterial nomenclature

<u>Old name</u>	<u>New name</u>
<u>Actinomyces dassonvillei</u>	<u>Nocardiosis dassonvillei</u>
<u>Haemophilus vaginalis</u>	<u>Gardnerella vaginalis</u>
<u>Legionella bozemanii</u>	<u>Fluoribacter bozemanae</u>
<u>Legionella dumoffii</u>	<u>Fluoribacter dumoffii</u>
<u>Legionella gormanii</u>	<u>Fluoribacter gormanii</u>
<u>Legionella micdadei</u>	<u>Tatlockia micdadei</u>
<u>Legionella pittsburghensis</u>	<u>Tatlockia micdadei</u>
<u>"Legionnaires' disease organism"</u>	<u>Legionella pneumophila</u>
<u>Yersinia pestis</u>	<u>Yersinia pseudotuberculosis</u> subsp. <u>pestis</u>
<u>Yersinia pseudotuberculosis</u>	<u>Yersinia pseudotuberculosis</u> subsp. <u>pseudotuberculosis</u>

Although designed primarily for use in WHO programs, the new list will doubtless be of wider interest. A limited number of copies are available and they may be obtained, free of charge, from: Chief, Technical Terminology Service, WHO, 1211 Geneva 27, Switzerland (Request Terminology Circular TXB-1).

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD - 18/2/82 - 3/3/82 BULLETIN NUMBER

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VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) WVH (ACT)	RAHC (NSW)	PRH/ POW (NSW)	PAIR- FIELD (VIC)	RCH (VIC)	IBVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED.....	10	2				1	2	5	20
0101 ADENOVIRUS TYPE 1.....	1			1		3	1	1	7
0102 ADENOVIRUS TYPE 2.....	2					3	1		6
0103 ADENOVIRUS TYPE 3.....				1			1	3	5
0104 ADENOVIRUS TYPE 4.....	1								1
0105 ADENOVIRUS TYPE 5.....				1		3			4
0107 ADENOVIRUS TYPE 7.....						1		1	2
0108 ADENOVIRUS TYPE 8.....				1					1
0119 ADENOVIRUS TYPE 19.....				2			1		3
0131 ADENOVIRUS TYPE 31.....							1		1
0199 ADENOVIRUS TYPING PENDING.....			2			6	2		10
0201 INFLUENZA A VIRUS.....							1		1
0203 INFLUENZA B VIRUS.....		1		1		1	3		6
0301 PARAINFLUENZA VIRUS TYPE 1.....		2				2			4
0302 PARAINFLUENZA VIRUS TYPE 2.....				1		3	1		5
0303 PARAINFLUENZA VIRUS TYPE 3.....						1	2	1	3
0399 PARAINFLUENZA VIRUS TYPING PENDING.....							1		1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)....	1	3				1		1	6
0500 RHINOVIRUS (ALL TYPES).....	1	1				14		1	17
0600 MYCOPLASMA PNEUMONIAE.....	14		2	2			2	17	39
0816 COXSACKIEVIRUS A16.....	1	1		1					3
0904 COXSACKIEVIRUS B4.....	1						1	2	4
0905 COXSACKIEVIRUS B5.....	2	2	2	1			1	2	11
1000 ECHOVIRUS NOT TYPED.....								1	1
1006 ECHOVIRUS TYPE 6.....	1			1					2
1011 ECHOVIRUS TYPE 11.....								1	1
1013 ECHOVIRUS TYPE 13.....								1	1
1017 ECHOVIRUS TYPE 17.....	1					3			4
1022 ECHOVIRUS TYPE 22.....		1	1						2
1030 ECHOVIRUS TYPE 30.....								2	2
1101 POLIOVIRUS TYPE 1.....				1		1			2
1102 POLIOVIRUS TYPE 2.....			2	1			1		4

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

2.

REPORTING PERIOD - 18/2/82 - 3/3/82 BULLETIN NUMBER
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

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VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR- FIELD (VIC)	RCH (VIC)	IHVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1103 POLIOVIRUS TYPE 3.....			1			1	1		3
1104 POLIOVIRUS-VACCINAL STRAIN.....	2				1				3
1200 MUMPS VIRUS.....	16			2	1	2	4	5	32
1300 HERPES VIRUS GROUP-NOT TYPED.....	25		1	3		1			30
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		3					1	38	42
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	3					4		6	13
1303 VARICELLA-ZOSTER VIRUS.....	2	1	1	2		1		2	9
1306 HERPES SIMPLEX TYPE 1.....	8		7	21		17	19		72
1307 HERPES SIMPLEX TYPE 2.....	77		15	26		12	24		154
1399 HERPES VIRUS TYPING PENDING.....					5	3			8
1401 COXIELLA BURNETI.....	18					1	4		23
1521 MEASLES VIRUS.....	5	2		2		2	2		13
1522 RUBELLA VIRUS.....				7		1	7	3	18
1532 HEPATITIS B ANTIGEN.....	10		12	64	2	64	10	13	175
1535 HEPATITIS A ANTIBODY.....	4		2	6		7	3	6	28
1541 CHLAMYDIA A - C TRACHOMATIS.....	15		2					71	88
1556 CMV - CYTOMEGALOVIRUS.....	6	1	6	8	7	2	1	9	42
1563 CORONAVIRUS.....				1					1
1564 ROTAVIRUS.....		3	3		7				13
1599 ENTEROVIRUS TYPING PENDING.....		2	9		9		1		21
ARBO. GROUP A. (UNSPECIFIED)				5					5
ROSS RIVER VIRUS						7	48	3	58
ASTROVIRUS	1								1
SMALL VIRUS (LIKE) PARTICLE	1			1					2
DENGUE							11		11
PARAMYXOVIRUS						3			3
KUNJIN VIRUS							1		1
ARBO. GROUP B.				1					1
Total.....	233	25	69	163	75	150	168	170	1,053

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

3

PERIOD : 18/2/82 to 3/3/82

82/5

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 ous
0101 ADENOVIRUS TYPE 1.....		3					3	1			
0102 ADENOVIRUS TYPE 2.....		2					2				
0103 ADENOVIRUS TYPE 3.....		2									
0104 ADENOVIRUS TYPE 4.....							1				
0105 ADENOVIRUS TYPE 5.....		2				1	1				
0131 ADENOVIRUS TYPE 31.....				1							
0201 INFLUENZA A VIRUS.....		1									
0203 INFLUENZA B VIRUS.....		6									
0301 PARAINFLUENZA VIRUS TYPE 1....		4									
0302 PARAINFLUENZA VIRUS TYPE 2....		5									
0303 PARAINFLUENZA VIRUS TYPE 3....		5							1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		6									
0500 RHINOVIRUS (ALL TYPES).....	1	13					1				1
0600 MYCOPLASMA PNEUMONIAE.....	11	22									
0816 COXSACKIEVIRUS A16.....											3
0904 COXSACKIEVIRUS B4.....	1	2					1				
0905 COXSACKIEVIRUS B5.....	2	1		2		1	4				
1006 ECHOVIRUS TYPE 6.....	1			1							
1011 ECHOVIRUS TYPE 11.....		1									
1013 ECHOVIRUS TYPE 13.....							1				
1017 ECHOVIRUS TYPE 17.....	2	1				1					
1022 ECHOVIRUS TYPE 22.....							2				
1030 ECHOVIRUS TYPE 30.....				1		1					
1101 POLIOVIRUS TYPE 1.....		1					1				
1102 POLIOVIRUS TYPE 2.....						1	3				
1103 POLIOVIRUS TYPE 3.....							3				
1104 POLIOVIRUS-VACCINAL STRAIN....							1				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

4

PERIOD : 18 / 2 / 82 to 3 / 3 / 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/ muc memb
1200 MUMPS VIRUS.....	8		1	6		1					
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1		1								21
1302 EPSTEIN-BARR VIRUS (EB VIRUS) .	1							2			
1303 VARICELLA-ZOSTER VIRUS.....	2	1									6
1306 HERPES SIMPLEX TYPE 1.....	1	5				1					40
1307 HERPES SIMPLEX TYPE 2.....			1	1							11
1401 COXIELLA BURNETI.....	15						1				
1521 MEASLES VIRUS.....	5					1					5
1522 RUBELLA VIRUS.....	5										11
1532 HEPATITIS B ANTIGEN.....	93							79			
1535 HEPATITIS A ANTIBODY.....	1							26			
1556 CMV - CYTOMEGALOVIRUS.....	9	11				2		1		5	
1563 CORONAVIRUS.....							1				
1564 ROTAVIRUS.....		1					12				
ARBO. GROUP A. (UNSPECIFIED)											5
ROSS RIVER VIRUS	26										10
ASTROVIRUS							1				
SMALL VIRUS (LIKE) PARTICLE							2				
DENGUE											7
PARAMYXOVIRUS		3									
ARBO. GROUP B.		1									1
Total.....	185	99	3	12		10	41	109	1	5	121

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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5
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PERIOD : 18 / 2 / 82 to 3 / 3 / 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	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
0101 ADENOVIRUS TYPE 1.....	1									
0102 ADENOVIRUS TYPE 2.....										1
0103 ADENOVIRUS TYPE 3.....	3									
0105 ADENOVIRUS TYPE 5.....								1		
0107 ADENOVIRUS TYPE 7.....	1									
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	3									
0303 PARAINFLUENZA VIRUS TYPE 3....			1							
0600 MYCOPLASMA PNEUMONIAE.....			1					7		
0904 COXSACKIEVIRUS B4.....								1		
0905 COXSACKIEVIRUS B5.....							1			
1017 ECHOVIRUS TYPE 17.....							1			
1104 POLIOVIRUS-VACCINAL STRAIN....						1				1
1200 MUMPS VIRUS.....			14		1			1	2	
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3	16								
1302 EPSTEIN-BARR VIRUS (BB VIRUS) ..			7	4	1			1		
1306 HERPES SIMPLEX TYPE 1.....	2	21						2		
1307 HERPES SIMPLEX TYPE 2.....		141								
1401 COXIELLA BURNETI.....							3	4		
1521 MEASLES VIRUS.....				1			1	1		
1522 RUBELLA VIRUS.....					3				1	
1532 HEPATITIS B ANTIGEN.....					1		1		1	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C TRACHOMATIS...	3	85								
1556 CMV - CYTOMEGALOVIRUS.....		3				5		3	2	1
ARBO. GROUP A. (UNSPECIFIED)					5					
ROSS RIVER VIRUS					27			3		
DENGUE					5			3		
KUNJIN VIRUS					1			1		
Total.....	17	266	23	5	44	7	7	28	7	3

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5

PERIOD : 10/6/82 to 23/6/82 ...

82/13

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;

68 -Fever/malaise; 09 -Other; A1 -SIDS ...

VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
0102 ADENOVIRUS TYPE 2.....	1							2		
0104 ADENOVIRUS TYPE 4.....							1			
0109 ADENOVIRUS TYPE 9.....		1								
0119 ADENOVIRUS TYPE 19.....	4	3								
0201 INFLUENZA A VIRUS.....							1			
0203 INFLUENZA B VIRUS.....									2	
0303 PARAINFLUENZA VIRUS TYPE 3.....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....									1	3
0500 RHINOVIRUS (ALL TYPES).....										1
0600 MYCOPLASMA PNEUMONIAE.....								5		
0700 ORNITHOSIS-PSITTACOSIS.....							1			
1006 ECHOVIRUS TYPE 6.....										1
1011 ECHOVIRUS TYPE 11.....								1		
1025 ECHOVIRUS TYPE 25.....							1			
1030 ECHOVIRUS TYPE 30.....									1	
1104 POLIOVIRUS-VACCINAL STRAIN.....										4
1200 MUMPS VIRUS.....			11				1	3		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		16								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....			8		1			1		
1306 HERPES SIMPLEX TYPE 1.....	1	14					1	3	3	
1307 HERPES SIMPLEX TYPE 2.....		122				1			1	
1401 COXIELLA BURNETI.....					2		2	9		
1522 RUBELLA VIRUS.....					1	1			1	
1532 HEPATITIS B ANTIGEN.....									2	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C TRACHOMATIS....	2	83								
1543 CHLAMYDIA A - LGV TYPE.....		1								
1556 CMV - CYTOMEGALOVIRUS.....		1	1			6	2	7	10	1
ROSS RIVER VIRUS.....					34			7		
DENGUE.....								3		
Total.....	8	241	20		38	8	10	42	22	10

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5

PERIOD : 10/6/82 to 23/6/82 ...

82/13

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;
 68 -Fever/malaise; 09 -Other; A1 -SIDS ...

VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
0102 ADENOVIRUS TYPE 2.....	1							2		
0104 ADENOVIRUS TYPE 4.....							1			
0109 ADENOVIRUS TYPE 9.....		1								
0119 ADENOVIRUS TYPE 19.....	4	3								
0201 INFLUENZA A VIRUS.....							1			
0203 INFLUENZA B VIRUS.....									2	
0303 PARAINFLUENZA VIRUS TYPE 3.....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....									1	3
0500 RHINOVIRUS (ALL TYPES).....										1
0600 MYCOPLASMA PNEUMONIAE.....								5		
0700 ORNITHOSIS-PSITTACOSIS.....							1			
1006 ECHOVIRUS TYPE 6.....										1
1011 ECHOVIRUS TYPE 11.....								1		
1025 ECHOVIRUS TYPE 25.....							1			
1030 ECHOVIRUS TYPE 30.....									1	
1104 POLIOVIRUS-VACCINAL STRAIN.....										4
1200 MUMPS VIRUS.....			11				1	3		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		16								
1302 EPSTEIN-BARR VIRUS (EB VIRUS) ..			8		1			1		
1306 HERPES SIMPLEX TYPE 1.....	1	14					1	3	3	
1307 HERPES SIMPLEX TYPE 2.....		122				1			1	
1401 COXIELLA BURNETI.....					2		2	9		
1522 RUBELLA VIRUS.....					1	1			1	
1532 HEPATITIS B ANTIGEN.....									2	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C TRACHOMATIS....	2	83								
1543 CHLAMYDIA A - LGV TYPE.....		1								
1556 CMV - CYTOMEGALOVIRUS.....		1	1			6	2	7	10	1
ROSS RIVER VIRUS					34			7		
DENGUE								3		
Total.....	8	241	20		38	8	10	42	22	10