ISSN 0725-3141

Communicable Diseases Intelligence

Bulletin number 82/9
Issue date: 7 May 1982

Contents:

VIRUS REPORTING SCHEME - A total of 934 reports were received this period. Patterns suggested by the reports included an increase in respiratory infections (189 reports compared with 127, 113 and 121 for the previous three periods), primarily due to respiratory syncytial virus and parainfluenza virus type 2.

- The six rubella infections reported by Fairfield Hospital, Melbourne, included the detection of specific IgM in a 19 year old female who had been vaccinated 14 months previously, specific IgM in cord blood from a woman who had rubella at 18 weeks gestation, and the isolation of rubella virus from an aborted fetus.

(continued from page 4)

that future poliovirus isolates should be identified by type, country (or city), strain number and year of isolation. Thus P1/England/119/65 indicates a type 1 poliovirus strain 119 isolated in England in 1965.

References

1. J. Fam. Pract. (1976) 3:603
2. Bull. WHO (1976) 53:319
3. MMWR (1982) 31:97
4. Am. J. Clin. Path. (1978) 70:136
5. JAMA (1981) 246:236
6. WER (1980) 55:79
7. WER (1981) 56:231
8. WER (1980) 55:361

LEGIONNAIRES' DISEASE UPDATE - SOUTH AUSTRALIA

(Contributed by J. Pitt, D. Merry and T.W.Steele, Institute of Medical and Veterinary Science, Adelaide).

A further six cases of Legionnaires' Disease have been diagnosed in South Australia since the summary published in CDI 81/20: five infections with Legionella pneumophila serogroup 1 and one with serogroup 2. Four of the five serogroup 1 infections were diagnosed by antibody studies alone, and the fifth by a positive direct fluorescent antibody (DFA) test on bronchial washings as well as seroconversion. The serogroup 2 infection was diagnosed by DFA of post mortem lung and subsequent positive culture using charcoal yeast extract medium. To the authors' knowledge, this is the first serogroup 2 isolation in Australia.

Cases detected in South Australia now total 26, with eight deaths.

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.

HUMAN SALMONELLOSIS SURVEILLANCE

(Contributed by S.A. Hogben and J. Taplin, Microbiological Diagnostic Unit, University of Melbourne).

This issue contains reports tabulating the identification of salmonellas, shigellas and campylobacters isolated from humans in Australia for the quarter October-December 1981 (see CDI 82/1, 81/19 and 81/17 for tables for the previous three quarters). During the period 1182 salmonella (82 serotypes), 121 shigella and 150 campylobacter isolations were reported.

TYPHOID - In October an outbreak of S. typhi D1 occurred in New South Wales following a party attended by 50-60 people. The carrier was found to be the 66 year old mother of the hostess. S. typhi D1 was isolated from faeces of the 30 year old hostess, her ten year old daughter, two nieces aged 12 and 13 years, five female guests (aged ten, 20, 31, 38 and 42 years) and two male guests (aged 40 and 45 years). The serotype was also grown from blood cultures of the 12 year old girl and two female guests. S. typhi D1 was detected on all three occasions from faeces of the carrier who had had typhoid 20 years previously. In December, S. typhi D1 was isolated from the 43 year old daughter-in-law of the typhoid carrier associated with the outbreak. Her 12 year old daughter had been one of the original cases.

S. typhi K1 was isolated from a family who had recently returned from a three month stay in Turkey. The serotype was identified from blood and faeces of a three year old boy who had been ill prior to leaving Turkey. The stool specimens were also positive for Sh. flexneri 1B and hepatitis A virus. S. typhi K1 was isolated from blood and faeces of his four year old brother and 23 year old mother, both of whom had fever; and from faeces of his 24 year old father. In addition, E. histolytica was detected in the stool specimens from the mother and G. lamblia in the stool specimens from the father.

S. typhi D4 was isolated from blood and faeces of a nine year old boy who had recently visited Turkey. Blood cultures from a 26 year old female returning from Djakarta were positive for S. typhi untypable. The organism was Vi negative and had "H" antigen j (See CDI 81/10). Routine screening identified S. typhi D1 and S. typhi M4 in the stool specimens from two asymptomatic refugees.

PARATYPHOID - S. paratyphi B phage type Taunton was cultured from pus from a large abdominal abscess found at laparatomy in a 56 year old female. There was no obvious bowel perforation. S. paratyphi B phage type 3a1 was isolated from a two year old girl with diarrhoea.

OUTBREAKS - A significant increase in S. typhimurium phage type 101 isolations occurred during the quarter, with 141 reports compared with 16 for July-September (see CDI 82/2). Table 1 shows the distribution of isolates by State.

TABLE 1: Distribution of S. typhimurium phage type 101 cases

	New South Wales	Victoria	South Australia	Total
October	20	8	59	87
November	2	1	32	35
December	1	2	10	13
Total	23	11	101	135

The first case in South Australia was detected on 22 September. Most cases were from the Adelaide suburbs and the Port Pirie/Whyalla area. A cluster of isolations was also reported in the Mount Gambier area in October. The cause of this outbreak was not established.

A rapid increase in S. typhimurium phage type 134 isolations was also evident in South Australia, New South Wales and Victoria. The majority of cases occurred in children less than 10 years of age, but no other common factor or cause was found. In New South Wales, tenuous geographic foci could be assigned to the increased reports of S. typhimurium phage types 170 and 179. The majority of the S. typhimurium phage type 170 cases were from the North Shore suburbs of Sydney, and from Lismore and Grafton. The S. typhimurium phage type 179 reports comprised a family outbreak involving four children aged six months, two, four and five years, seven cases from the Wollongong area and three from a Sydney inner suburb.

Other serotypes that exhibited regional and/or isolation frequency variation included S. chester, S. new brunswick and S. saint-paul. The increase in S. chester isolates (71 compared with 13 for the previous quarter) was seen in four States; - 29 Queensland, 15 Northern Territory, 14 New South Wales and 10 Western Australia. Increases of this serotype were also recorded in the first six months of 1981, with a marked decrease in the July-September quarter. Isolations of S. new brunswick totalled 10 in New South Wales; the serotype is on average isolated only once per quarter among the States. S. saint-paul isolations increased in all States (81 reports compared with 23 for the previous quarter). The last isolation of S. newport associated with the contaminated salami outbreak in Victoria (see CDI 82/1) occurred on 23 September, after which incidence returned to the pre-outbreak level.

MISCELLANEOUS INFECTIONS - A mixed infection of S. senftenberg and S. coleypark was grown from a 26 year old male with loose watery stools which had persisted since his return from India. Other infections included S. give from a cholecystectomy wound in a 28 year old female; S. bovis- morbificans from the toe of an 18 year old male; S. typhimurium phage type 26 from the eye of a two month old girl with conjunctivitis and S. typhimurium phage type 66 from the brain of a four month old boy at post-mortem. Urine isolations comprised S. virchow and S. typhimurium phage types 12A, 22, 101, 141 and untypable.

Isolates reported for the first time this quarter were Sh. boydii 7 (Victoria), Sh. flexneri var. X (Western Australia), S. gatuni (Queensland), S. paratyphi B phage type Taunton (New South Wales), S. paratyphi B phage type Baor (New South Wales), S. portsmouth (Victoria), S. typhi K1 (Victoria) and S. typhimurium phage types 116 (New South Wales), 32 (Victoria), 49 (South Australia) and 52 (South Australia).

VACCINE-ASSOCIATED POLIOMYELITIS SURVEILLANCE
(Based on information supplied by B.P. Marmion, Institute of Medical and Veterinary Science, Adelaide).

Although the Inactivated Polio Vaccine (IPV) and Oral Polio Vaccine (OPV) are both effective in preventing poliomyelitis, OPV is the vaccine of choice in Australia. However vaccine-associated poliomyelitis is a very rare but significant complication of the widespread use of OPV, leading to serious medical and legal problems[1] including;

. The provision of evidence that the vaccine strains actually caused the poliomyelitis.

- The dispute over who is responsible for the incident - the medical practitioner who administered the vaccine, the government who recommended the immunisation or the manufacturer who supplied the vaccine.
- The grounds for possible compensation for the paralysed vaccine recipient.

Poliomyelitis is designated as being vaccine-associated if paralysis occurs in a recipient of vaccine 7-30 days after vaccination, or in a patient 7-60 days after contact with a recently vaccinated person.(2) In the period 1969-1980, 291.4 million doses of OPV were distributed in the USA, and 93 cases of vaccine-associated poliomyelitis were reported.(3) Of these, 36 (12 with immune-deficiency conditions) occurred among vaccine recipients (one case per 8.1 million doses of vaccine distributed) and 57 among household or community contacts of vacinees (one case per 5.1 million doses distributed). 92% of the vacinees who acquired poliomyelitis were $\leqslant$ four years of age, whereas 73% of persons who acquired poliomyelitis after contact were $\geqslant$ 20 years of age. In a WHO survey of eight countries there was a high association with type 3 virus in recipient cases and with type 2 virus in "contacts" and "possible contacts".(2) However, since paralytic poliomyelitis is a distinctive clinical-pathological entity caused not only by the three types of poliovirus but also by 19 other enteroviruses, the evidence for an OPV - associated case has to be strong and exclude another enterovirus aetiology.(4,5)

In view of these legal and compensation implications with vaccine-associated poliomyelitis, laboratories are reminded of the advisability of retaining isolates of poliovirus from persons with paralysis so that they may be characterised for the vaccine markers. Specimens should also be investigated for other enteroviruses by neutralising the poliovirus and inoculating samples into tissue culture and suckling mice.

Genetic markers for the international homeotypic standard vaccine include a neurovirulence test in monkeys and two *in vitro* markers; an inability to replicate at +40°C (rct_{40}), and a reduced ability to grow at a low pH (d-marker). However, the techniques of using highly strain-specific absorbed sera in a virus neutralisation on immuno double diffusion tests and oligonucleotide mapping ("fingerprinting") of the RNA genome are now available for the precise determination of the virus's antigenic and biochemical characteristics. Investigation of poliovirus isolates may be arranged through WHO, and national laboratories having cases of this nature and wishing to use this facility should request special forms from the Virus Diseases Unit, WHO, 1211, Geneva 27, Switzerland.(6) On consideration of the individual cases, the national laboratory would be then advised with respect to further action including details for the shipment of strains for investigation.

A WHO Expert Group held at the National Institute for Biological Standards and Control, Hampstead, London, 6-8 October 1980, discussed the application of these new techniques.(7) It was noted that the recent occurrence of cases of type 1 poliomyelitis in the Netherlands, Canada and the USA(8) could be shown by these tests to have a common strain of origin. In addition, all recent type 3 poliovirus isolates tested from whatever source in the UK could be shown to be related to the vaccine strain. The Expert Group proposed

(continued on page 1)

HUMAN SALMONELLOSIS CASES
Period October - December 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. aberdeen	5			5				
S. abony	5			5				
S. adelaide	11	4	2	1	2	1		1
S. agona	22	1	9	3		6	1	2
S. alachua	1		1					
S. albany	1		1					
S. anatum	25	5	3	5	9	2		1
S. arizonae	2			2				
S. bahrenfeld	2					2		
S. ball	3			2				1
S. bareilly	1	1						
S. birkenhead	11	5	1	1	4			
S. blockley	2		1	1				
S. blukwa	1				1			
S. bovis-morbificans	26	4	7	5	3	3		4
S. braenderup	2	1				1		
S. bredeney	5		1	1	3			
S. chester	71	14	2	29	1	10		15
S. cholerae-suis	1	1						
S. choleypark	1		1					
S. derby	8	4	1	1	1	1		
S. drypool	2		2					
S. eastbourne	2			1		1		
S. emek	2		2					
S. emmastad	1							1
S. enteritidis	15	1	1	13				
S. fremantle	5					2		3
S. gaminara	1							1
S. gatuni	1			1				
S. give	9	2	2	2		1	2	
S. haifa	3		1			2		
S. havana	41	8	1	4	11	8		9
S. heidelberg	1		1					
S. houten	1				1			
S. hvittingfoss	2					2		
S. infantis	16	2	2	2	2	7		1
S. java baor	1	1						
S. java battersea	1			1				
S. java dundee	2		1	1				
S. java untypable	4		2					2
S. johannesburg	4	1		2				1
S. kentucky	1	1						
S. kottbus	6	4	1	1				
S. lansing	10		1	9				
S. litchfield	10			7				3
S. mbandaka	2	1	1					
S. mississippi	2						2	
S. montevideo	1	1						
S. muenchen	23	3		7	3	4		6
S. muenster	1				1			
S. new brunswick	11	10			1			
S. newington	1			1				
S. newport	10	7	1	1		1		
S. ohio	2			2				
S. ohlstedt	2							2
S. onderstepoort	3				1			2

HUMAN SALMONELLOSIS CASES
Period October - December 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. oranienburg	16	1	5	3		2		5
S. orientalis	1			1				
S. orion	9				3	1		5
S. paratyphi B taunton	1	1						
S. paratyphi B 3A1	1	1						
S. poona	8		3					5
S. portsmouth	1		1					
S. potsdam	5			4		1		
S. reading	5			3				2
S. rubislaw	6					4		2
S. saint-paul	80	17	9	36	4	9	2	3
S. san diego	1	1						
S. schwarzengrund	6		6					
S. senftenberg	16	1	1		3	5		6
S. singapore	9	2		1	3	3		
S. sofia	4	4						
S. stanley	1	1						
S. tennessee	11	2		1		5		3
S. thompson	2			1		1		
S. typhi*	35	24	9	2				
S. typhimurium*	474	155	58	40	163	33	7	18
S. untypable	4	1		1				2
S. urbana	1					1		
S. virchow	42	2	5	26	6	1		2
S. wandsbek	2					2		
S. wandsworth	8					1		7
S. warragul	1	1						
S. waycross	11	3		2				6
S. welikade	3			1				2
S. weltevreden	6		1			1		4
S. zanzibar	1			1				
S. 1,4,5,12:-	1		1					
S. 1,4,5,12:1,2	1		1					
S. 16:-:1,5	1		1					
S. 4,12:D:-	3		3					
TOTAL	1182	299	155	237	226	124	14	127
S. typhimurium*								
S. typhimurium	7	2				5		
S. typhimurium UDNC	2	1		1				
S. typhimurium UDNC (1)	11	6		2	3			
S. typhimurium untypable	13		8		3	2		
phage type 1	2	2						
phage type 3	3	1		1	1			
phage type 4	8		2	1			5	
phage type 5	5	1		2	1			1
phage type 6	2	1			1			
phage type 8	3	3						
phage type 9	12	1	1		4	5		1
phage type 12A	17	3			12	1		1
phage type 21	1					1		
phage type 22	25	6	6	6	2	2		3
phage type 25	1		1					

HUMAN SALMONELLOSIS CASES
Period October - December 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
phage type 26	5	4	1					
phage type 27	5	1	1			3		
phage type 32	3		3					
phage type 41	3			3				
phage type 44	5	4		1				
phage type 49	1				1			
phage type 52	1				1			
phage type 55	2		2					
phage type 58	2				1	1		
phage type 64	1				1			
phage type 66	1			1				
phage type 88	1				1			
phage type 90	2							2
phage type 99	1	1						
phage type 101	141	23	11	3	101			3
phage type 102	1	1						
phage type 116	1	1						
phage type 121	3			1		2		
phage type 124	4	4						
phage type 126	3	1	2					
phage type 132	1			1				
phage type 134	47	24	3		16			4
phage type 135	38	13	4	5	9	5	1	1
phage type 141	11		6	3	1		1	
phage type 145	3				1	1		1
phage type 167	1			1				
phage type 170	35	27	2	6				
phage type 176	1							1
phage type 178	1				1			
phage type 179	35	23	4	2	2	4		
phage type 182	2	1	1					
phage type 202	1					1		
TOTAL	474	155	58	40	163	33	7	18
S. typhi*								
S. typhi D1	25	23		2				
S. typhi K1	8		8					
S. typhi M4	1		1					
S. typhi untypable V1 neg	1	1						
TOTAL	35	24	9	11				
Shigellae								
Sh. boydii 7	1		1					
Sh. dysenteriae 2	1		1					
Sh. flexneri var X	1					1		
Sh. flexneri 1A	4		1			3		
Sh. flexneri 1B	6		4			2		
Sh. flexneri 2A	40		1			31		8
Sh. flexneri 3C	3		3					
Sh. flexneri 4A	1							1
Sh. flexneri 6	39		1			38		

HUMAN SALMONELLOSIS CASES
Period October - December 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
Sh. sonnei BIO A	24		6			12		6
Sh. sonnei BIO G	1		1					
TOTAL	121		19			87		15
Campylobacters								
C. jejuni	121	18	28	9		66		
C. species	29	17	12					
TOTAL	150	35	40	9		66		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD - 15/4/82 - 28/4/82 BULLETIN NUMBER - 82/9

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	14			1		1	2	2	20
0101 ADENOVIRUS TYPE 1	1				3	3			7
0102 ADENOVIRUS TYPE 2	1			1	3	2			7
0105 ADENOVIRUS TYPE 5								1	1
0107 ADENOVIRUS TYPE 7								1	1
0115 ADENOVIRUS TYPE 15	1								1
0119 ADENOVIRUS TYPE 19	4			2					6
0199 ADENOVIRUS TYPING PENDING			3		5	3			11
0201 INFLUENZA A VIRUS	1								1
0203 INFLUENZA B VIRUS				1		1			2
0301 PARAINFLUENZA VIRUS TYPE 1					3	2			5
0302 PARAINFLUENZA VIRUS TYPE 2	1	2		4	15	9			31
0303 PARAINFLUENZA VIRUS TYPE 3		1							1
0399 PARAINFLUENZA VIRUS TYPING PENDING						4			4
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	14	23	1		14	2	24	1	79
0500 RHINOVIRUS (ALL TYPES)	1		1	4	9	5	4		24
0600 MYCOPLASMA PNEUMONIAE	13		7			1	6	4	31
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED							1		1
0802 COXSACKIEVIRUS A2	1								1
0803 COXSACKIEVIRUS A3			1			1			2
0805 COXSACKIEVIRUS A5	2	2		2	3		2		11
1000 ECHOVIRUS NOT TYPED							1		1
1002 ECHOVIRUS TYPE 2			1						1
1006 ECHOVIRUS TYPE 6					1				1
1007 ECHOVIRUS TYPE 7							1		1
1013 ECHOVIRUS TYPE 13	1								1
1017 ECHOVIRUS TYPE 17							2		2
1022 ECHOVIRUS TYPE 22		3	3		1			2	9
1030 ECHOVIRUS TYPE 30	1								1
1102 POLIOVIRUS TYPE 2						1	1	2	4
1103 POLIOVIRUS TYPE 3				1		2			3

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 15/4/82 - 28/4/82 BULLETIN NUMBER . 82/9

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

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
1104 POLIOVIRUS-VACCINAL STRAIN.....	1				1				2
1199 POLIOVIRUS TYPING PENDING.....						1			1
1200 MUMPS VIRUS.....	11			1		1	1	5	19
1300 HERPES VIRUS GROUP-NOT TYPED.....	12			3		3			18
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....				2				41	43
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	2								2
1303 VARICELLA-ZOSTER VIRUS.....	3			1	1	2			7
1306 HERPES SIMPLEX TYPE 1.....	12		7	25		9	10		63
1307 HERPES SIMPLEX TYPE 2.....	44		10	17		9	25		105
1399 HERPES VIRUS TYPING PENDING.....			6		2	3			11
1401 COXIELLA BURNETI.....	7		2			4	7		20
1502 PICORNA VIRUS-NOT TYPED.....								3	3
1521 MEASLES VIRUS.....	2	1				1		1	5
1522 RUBELLA VIRUS.....				6			1		7
1532 HEPATITIS B ANTIGEN.....	13		5	40	1	15	9	8	91
1535 HEPATITIS A ANTIBODY.....	7			9		8	12	8	44
1541 CHLAMYDIA A - C TRACHOMATIS.....	23		3			1		80	107
1556 CMV - CYTOMEGALOVIRUS.....	6		5	20	3	2	4	8	48
1564 ROTAVIRUS.....	1	1	1	4	6	1		5	19
1599 ENTEROVIRUS TYPING PENDING.....			2		5				7
ROSS RIVER VIRUS			1				14	17	32
SMALL VIRUS (LIKE) PARTICLE	4								4
DENGUE							2		2
PARAMYXOVIRUS						3			3
Total.....	204	33	59	144	76	100	129	189	934

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

3

PERIOD : 15/4/82 to 28/4/82 ....

82/9

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	Respiratory	Encephalitis	Meningitis	Paralysis	CNS other unspec	GI	Hepatic	CVS	Urinary	Skin/mucs memb
0101 ADENOVIRUS TYPE 1.....	1	4					2				
0102 ADENOVIRUS TYPE 2.....	1	2					3				
0105 ADENOVIRUS TYPE 5.....	1										
0203 INFLUENZA B VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....		5									
0302 PARAINFLUENZA VIRUS TYPE 2....	1	29		1							
0303 PARAINFLUENZA VIRUS TYPE 3....		1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	5	75									
0500 RHINOVIRUS (ALL TYPES).....		24									
0600 MYCOPLASMA PNEUMONIAE.....	3	24				1					
0902 COXSACKIEVIRUS B2.....				1							
0903 COXSACKIEVIRUS B3.....							2				
0905 COXSACKIEVIRUS B5.....		2		7			1				
1002 ECHOVIRUS TYPE 2.....						1					
1006 ECHOVIRUS TYPE 6.....							1				
1013 ECHOVIRUS TYPE 13.....							1				
1017 ECHOVIRUS TYPE 17.....	1										
1022 ECHOVIRUS TYPE 22.....		4					4				
1030 ECHOVIRUS TYPE 30.....						1					
1102 POLIOVIRUS TYPE 2.....	1	1				1	1				
1103 POLIOVIRUS TYPE 3.....	1						2				
1104 POLIOVIRUS-VACCINAL STRAIN....	1						1				
1200 MUMPS VIRUS.....	4		1	5		3					
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1	1								1	23
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1										
1303 VARICELLA-ZOSTER VIRUS.....											6
1306 HERPES SIMPLEX TYPE 1.....		7							2	1	21

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 15/4/82 to 28/4/82 .... 82/9

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Enceph-
alitis; 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	Encepa alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
1307 HERPES SIMPLEX TYPE 2.....											6
1401 COXIELLA BURNETI.....	8	1		1					1		
1521 MEASLES VIRUS.....				1		1					3
1522 RUBELLA VIRUS.....	2										3
1532 HEPATITIS B ANTIGEN.....	39							45			
1535 HEPATITIS A ANTIBODY.....	5							39			
1556 CMV - CYTOMEGALOVIRUS.....	7	4				3		2		9	1
1564 ROTAVIRUS.....							19				
ROSS RIVER VIRUS	2										17
SMALL VIRUS (PARVO) PARTICLE	1						3				
DENGUE											1
PARAMYXOVIRUS		3									
Total.....	66	139	1	16		11	40	86	3	11	81

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5

PERIOD : 15/4/82 to 28/4/82 ...

82/9

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
0102 ADENOVIRUS TYPE 2.....	1							1		
0107 ADENOVIRUS TYPE 7.....				1						
0115 ADENOVIRUS TYPE 15.....	1									
0119 ADENOVIRUS TYPE 19.....	4	2								
0201 INFLUENZA A VIRUS.....							1			
0302 PARAINFLUENZA VIRUS TYPE 2....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								1		
0600 MYCOPLASMA PNEUMONIAE.....				1			1	8		
0905 COXSACKIEVIRUS B5.....									1	
1007 ECHOVIRUS TYPE 7.....							1			
1017 ECHOVIRUS TYPE 17.....							1			
1022 ECHOVIRUS TYPE 22.....						1				
1200 MUMPS VIRUS.....			6				1			
1301 HERPES SIMPLEX VIRUS NOT-TYPED		15					1	1		
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			1							
1303 VARICELLA-ZOSTER VIRUS.....	1									
1306 HERPES SIMPLEX TYPE 1.....	4	27						4		
1307 HERPES SIMPLEX TYPE 2.....	1	98								
1401 COXIELLA BURNETI.....							2	7		
1522 RUBELLA VIRUS.....									2	
1532 HEPATITIS B ANTIGEN.....									7	
1541 CHLAMYDIA A - C TRACHOMATIS...	2	104							1	
1556 CMV - CYTOMEGALOVIRUS.....		4		2	1	11	4	5	1	1
ROSS RIVER VIRUS				1	27			1		
DENGUE								2		
Total.....	14	250	7	5	28	12	12	31	12	1

NOTIFIABLE DISEASES - AUSTRALIA 1981

(as notified to 23 April 1982)

Disease	N.S.W.	VIC	QLD	S.A.	W.A.	TAS.	N.T.	A.C.T.	TOTAL .
Amoebiasis	N.N.	7	30	18	4			3	62
Ankylostomiasis	N.N.		14	1			116	5	136
Anthrax									—
Arbovirus infection	1	3	10	2	1				17
Brucellosis	17	3	4	11		1			36
Campylobacter infections	N.N.	3	N.N.	327	5	N.N.	3	N.N.	338
Chancroid			16	N.N.	1	N.N.	N.N.	3	20
Cholera	2								2
Congenital rubella syndrome	N.N.	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—
Diphtheria		2 CARRIERS	1				15		16 + 2 CARRIERS
Donovanosis		N.N.	35	N.N.	8	N.N.	24		67
Giardiasis	N.N.	N.N.	N.N.	661	N.N.	N.N.	N.N.	N.N.	661
Genital herpes	N.N.	N.N.	N.N.	352	N.N.	N.N.	10	N.N.	362
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	3	N.N.	3
Gonorrhoea	3841	2243	1353	976	1458	172	967	187	11197
Hepatitis A (infectious)	594	356	149	107	66	40	115	26	1453
Hepatitis B (serum)	175	150	51	84	17		18	5	500
Hepatitis - unspecified	N.N.	N.N.		5	77	N.N.	20	6	108
Hydatid disease	15			3		4		2	24
Lassa Fever	N.N.		N.N.			N.N.	N.N.	N.N.	—
Legionnaires disease	N.N.	3	N.N.	14	N.N.	N.N.	N.N.	N.N.	17
Leprosy		5	6	2	8		17		38
Leptospirosis	5	64	4	11	11				95
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.	2		2
Malaria	70	73	172	38	30	2	9	14	408
Marburg Disease	N.N.		N.N.			N.N.	N.N.	N.N.	—
Meningococcal infections	N.N.	4		15		N.N.	1		20
Non-specific urethritis	N.N.	N.N.	N.N.	1297	N.N.	N.N.	N.N.	1	1298
Ornithosis		5		8					13
Pertussis (whooping cough)	N.N.		N.N.	80	N.N.	N.N.	N.N.	N.N.	80
Plague									—
Poliomyelitis									—
Q. fever	75	11	173	173	N.N.		1		433
Rabies	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
Salmonella infections	357	374	269	745	167	32	302	23	2269
Shigella infections	N.N.	144	94	38	74	4	162	8	424
Smallpox									—
Syphilis	1339	171	470	122	230		575	9	2916
Tetanus		5	2	5					12
Trachoma	N.N.	N.N.		1	N.N.	N.N.			1
Tuberculosis (all forms)	499	407	215	110	160		39	30	1460
Typhoid fever	17	5+1 CARRIER	2	1					25+1 CARRIER
Typhus (all forms)									—
Vibrio parahaemolyticus infections	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.	—

(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.)