ISSN 0725-3141

Communicable Diseases Intelligence

Bulletin number 82/14/15
Issue date: 30 July 1982

Contents:

VIRUS REPORTING SCHEME - Since the CDI was not published on 16 July 1982, this issue contains the virus reports for the periods 24 June-7 July and 8-21 July 1982. Totals of 1325 (8-21 July) and 1131 (24 June-7 July) reports were received. Where the two reporting periods are separated in the text, the most recent figures are given first.

- Respiratory infections - Respiratory syncytial virus (RSV), influenza B virus and M. pneumoniae reports predominated. The seasonal rise in the numbers of RSV infections continued in all States, with infections primarily affecting young children (251 and 124 reports compared with 143, 120 and 131 for the previous three periods). 83% of the influenza B virus reports emanated from the two Melbourne laboratories. Fifty-seven isolates were reported by Fairfield Hospital in patients whose ages ranged from six months to 82 years, including six patients from a children's reception centre and two patients with meningitis. The 32 cases reported by the Royal Children's Hospital were all in the 8-21 July period. M. pneumoniae infections continued to be reported by the Institute of Clinical Pathology and Medical Research, Sydney (41 and 30 reports compared with 33, 16 and 28). The patients ages ranged from one to 42 years. In the UK, M. pneumoniae infections usually tend to show a cyclic pattern, with outbreaks recurring every four years and each lasting about two years (CDR (1982) 82/26:3). Each epidemic has had a tendency to peak in mid-winter.

- Arbovirus infections - In addition to the dengue cases emanating from Cairns (33), Townsville (20), Mareeba (4), Atherton (1), Innisfail (1) and Thursday Island (1), the State Health Laboratory, Brisbane, reported 27 seroconversions among the schoolchildren tested in the six month follow-up survey on Thursday Island (see CDI 82/2). Two dengue cases imported from Papua New Guinea were also reported. The retrospective cases of epidemic polyarthritis that occurred in February-March 1982 notified by Fairfield Hospital, were from Shepparton (6), Kerang (4), Mildura (1), Echuca (1), Swan Hill (1), Tenley (2), Launceston (2) and Hobart (1).

(continued on page 6)

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/SHIGELLOSIS SURVEILLANCE - 1981

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

In 1981, 5302 salmonella, 606 shigella and 552 campylobacter isolations were collated by the Microbiological Diagnostic Unit (see CDI 81/17, 81/19, 82/1 and 82/9 for reports on individual quarters). The distribution of isolations by State and Territory is given in Table 1.

TABLE 1 Salmonella, shigella and campylobacter isolations - Australia 1981

State	Salmonella	Shigella	Campylobacter
Australian Capital Territory	33	4	
New South Wales	1 077	20	92
Victoria	1 128	192	144
Queensland	900	10	46
South Australia	815	18	5
Northern Territory	472	62	
Western Australia	822	299	264
Tasmania	55	1	1
TOTAL	5 302	606	552

The ten most commonly isolated serotypes were S. newport (425), S. bovis-morbificans (235), S. saint-paul (205), S. chester (197) S. typhimurium phage type 101 (196), S. virchow (180), S. typhimurium phage type 135 (176), S. senftenberg (153), S. havana (152), S. muenchen (150). Both S. newport and S. bovis-morbificans were associated with major food-poisoning outbreaks in the third quarter. S. sonnei biotype A (217), S. flexneri 2A (191) and S. flexneri 6 (98) were the most common shigella infections.

A comprehensive computer tabulation of these isolations is available from the authors, Microbiological Diagnostic Unit, University of Melbourne, Parkville, Victoria 3052.

ENTERIC DISEASES ASSOCIATED WITH COLONIC IRRIGATION

(Based on California Morbidity (1982) No. 20)

Colonic irrigation is widely practised, but the procedure may result in the transmission of enteric pathogens to subsequent users after improper disinfection of the apparatus (see also CDI 81/10).

In January 1982, an investigation was conducted by the Los Angeles County Department of Health Services and the State Department of Consumer Affairs following two reports of enteric disease associated with colonic irrigation that had been administered by the same chiropractor. One patient had developed diarrhoea and severe abdominal cramps due to infection with Entamoeba histolytica and Giardia lamblia. Shigella sonnei was recovered from a stool specimen of the other.

The chiropractor reported that he provided colonic treatment four or five times per day using a gravity-dependent apparatus filled with three gallons of tap water. Since there were no check valves or devices to prevent backflow, all parts could

become contaminated with faeces during colonic treatment. Although the chiropractor stated that all hoses were disinfected in a hot water "sterilizer" between patients, his assistant reported separately that only the adapter piece that was inserted into the rectum was disinfected after each use. The only parts of the enema apparatus found in the sterilizer at the time of the visit were these adapters. Water samples taken from the machine after standard cleaning by the chiropractor's staff demonstrated $\geqslant$ 2400/100 mL faecal coliform counts.

Since colonic irrigation remains a common procedure, the public should appreciate its potential hazard. Also health authorities should be aware of this additional route for acquiring enteric pathogens. The Editor would be interested in receiving information on any Australian cases attributed to the procedure.

PARAGONIMIASIS IN A LOATIAN REFUGEE

(Contributed by I. Denham, P. Trembuth, R. Clarke and B. Bhathal, The Royal Melbourne Hospital, Melbourne)

A 27 year old Loatian farmer was found to have an abnormal chest X-ray while in a refugee camp in Thailand in mid 1981. Anti-tuberculosis treatment was initiated, but there was still a patchy infiltrate in the mid zone of the right lung on his arrival in Australia in January 1982. Although there was no evidence of tuberculosis in bronchoscopy-acquired specimens obtained at that time, anti-tuberculosis therapy was continued. The patient remained well and asymptomatic, but as the lung lesion gradually became larger, a second bronchoscopy was performed in June 1982. Again there was no evidence of a tuberculous, bacterial or fungal infection, but numerous ova of Paragonimus westermani (oriental lung fluke) were seen in the bronchial washings and brushings. Paragonimus ova were also found in the faeces. Therapy with praziquantel[1] has been commenced, but it is too early to make any judgement regarding its effectiveness in this case.

Editorial Comment

(Based on MMWR (1981) 30 : 176)

Eight confirmed and three suspected cases of P. westermani infection were recently reported by the Centers for Disease Control, Altanta, in Hmong refugees residing in Minneapolis and St Paul, Minnesota. Ova were identified in the sputum of the eight confirmed cases, and although the sputum and stools were negative for P. westermani ova in the three suspected cases, each was positive by complement fixation test. All 11 refugees (nine males and two females) were initially thought to have tuberculosis and were being treated for that infection. All had productive coughs, with associated haemoptysis in the confirmed cases.

Paragonimiasis is caused by the presence of the trematode P. westermani in the parenchyma of the lung or, less commonly, other tissues. Humans become infected by ingesting raw freshwater crabs or crayfish that harbour the parasites, and the disease is limited to areas of the world where such freshwater crustacea are commonly eaten raw or pickled. After ingestion of organisms in the infective stage, the metacercaria excyst in the intestine and usually migrate through the intestinal wall and diaphragm to the lung. Less frequently

they may migrate to other areas such as the central nervous system or skin. The infection frequently causes cough that is productive of tenacious brown or red sputum. Haemoptysis is common, as is pleurisy. Diagnosis is confirmed by finding the characteristic eggs in the sputum or faeces; CF tests may aid in the diagnosis but should not be used as the sole basis for therapy.

Paragonimiasis commonly mimics and may often coexist with tuberculosis. Infection should be considered in any Indochinese refugee, particularly Laotian (Hmong), who presents with lobar pneumonia, bronchiectasis, or any bronchopulmonary illness compatible with tuberculosis. Cough and haemoptysis in the absence of a reaction to tuberculin should increase suspicion of paragonimiasis. In addition to the chest X-ray examination, the evaluation of such patients should consist of a tuberculin skin test, sputum smear culture for tuberculosis, and sputum and stool examination for ova of P. westermani.

Paragonimiasis does not pose a public health threat in Australia. Transmission will not occur where adequate toilet and sewage disposal facilities exist and where crabs and crayfish are cooked before being eaten.

Reference

1. J. Paed (1982) 101 : 144

DOES HIRSCHSPRUNG'S DISEASE PREDISPOSE TO VACCINE-ASSOCIATED POLIOMYELITIS?

(Contributed by D.J. Formby, Department of Medicine, Princess Margaret Hospital for Children, Perth).

Hirschsprung's disease is the result of the congenital absence of the intramural myenteric parasympathetic nerve ganglia and sympathetic nerve plexus in a segment of colon that extends proximally from the anus for a varying distance. The aganglionic colon is then unable to transmit the coordinated peristaltic waves from the proximal colon, resulting in variable degrees of physiological intestinal obstruction.

During 1968-78, Hirschsprung's disease was confirmed in 42 children attending the Princess Margaret Hospital, Perth. Two of these children seen in 1972 developed a neurological disorder characterised by asymmetrical lower motor neurone weakness with no sensory loss, fulfilling the criteria for cases of vaccine-associated poliomyelitis.

- A 12 month old male infant developed a lower motor neurone paresis of his leg 18 days after his first dose of Sabin trivalent Oral Polio Vaccine (OPV). Although the patient required orthopaedic care, there was no permanent injury. Sensory changes were not present.

- A ten month old male developed lower motor neurone paresis of the right arm three weeks after his third dose of OPV. Polio virus type 2 was recovered from the faeces, but no serological studies were performed.

A third possible case was reported in CDI 79/19 at the Royal Alexandra Hospital for Children, Sydney.

. Poliovirus type 2 was isolated from urine, faeces and naso-pharyngeal aspirate of an eight month old male with lower motor neurone paralysis. The child had been in hospital for two months having been admitted from New Caledonia with Hirschsprung's disease. It was not established whether he had ever received any poliomyelitis vaccine. An IgM titre of 1/64 against cytomegalovirus was also demonstrated. The child subsequently died of a secondary infection.

The incidence of Hirschsprung's disease is approximately one in 8000 live births. The risk of developing OPV-associated paralytic poliomyelitis has been estimated to be once in approximately 3.2 million doses distributed. Consequently the association of the two conditions would be an extreme rarity. The possible causes for such an association with Hirschsprung's disease may relate to genetic predisposition, localised changes in the bowel related to the colon aganglionosis or the timing of the surgical procedures which were undertaken during the time of OPV administration. The above presentation of these retrospective cases is an attempt to stimulate larger centres to examine their records and possibly confirm or deny such possible association, and whether the Inactivated Polio Vaccine (IPV) should be used to vaccinate children with Hirschsprung's disease until the matter is clarified.

Editorial Comment

At present, patients with immume-deficiency diseases such as combined immunodeficiency, hypogammaglobulinaemia and agammaglobulinaemia should not be given OPV because of their substantially increased risk of vaccine-associated disease. Similarly patients with altered immune status due to diseases such as leukaemia, lymphoma or generalized malignancy, or with immune systems compromised by therapy with corticosteroids, alkylatory drugs, antimetabolites or radiation should not receive OPV. Immunisation with OPV of household contacts of an immunodeficient patient should also be avoided.

Vaccine-associated poliomyelitis is a very rare but significant complication of the widespread use of OPV leading to serious medical and legal problems, and laboratories are reminded of the advisability of retaining poliovirus isolates from such cases for marker characterization (see also CDI 82/9).

Travellers to areas or countries where poliomyelitis is epidemic or endemic should receive a single booster vaccination[1]. Outbreaks of paralytic poliomyelitis have also been reported recently in Jamaica[2] and in the north eastern Transvaal, South Africa.

References

1. CDI (1981) 81/13:6
2. MMWR (1982) 31:346

PARVOVIRUS-LIKE PARTICLES IN BLOOD
(Based on CDR (1982) 82/4 : 3)

In 1975, Cossart et al.[1] reported finding parvovirus-like particles in the sera of 11 people, nine of whom were healthy blood donors. The virus was found while testing sera for hepatitis B surface antigen (HBsAg) by counter-current electrophoresis. Their survey also showed that 30% of a group of 341 persons aged 11 years and over had antibody against

these particles suggesting past infection. In 1980 an acute parvoviraemia accompanied by a febrile illness was seen in two soldiers who had recently returned from Gambia and who stated that they had been tattoed nine days previously[2]. In the same year an association between parvovirus infection and hyoplastic crises in six children with sickle cell anaemia was reported[3]. Typically an aplastic crisis lasted five to ten days and was followed by spontaneous recovery; parvovirus-like particles were present in the blood for the first 2-3 days after which a rising antibody titre appeared.

It is now apparent that such crises may occur not only in people with sickle cell anaemia, but also with other haemolytic anaemias which stress the bone marrow. The following case report is an example:

. A 13 year old boy who had congenital pyruvate kinase deficiency detected at the age of three years, and who had a well compensated haemolytic anaemia (haemoglobin 10.8 g/dl, reticulocyte count 7.8%) was seen at an outpatient clinic on 5 May 1982. The child had a three day history of headache, backache, abdominal pain and nausea. A blood test showed pancytopoenia and reticulocytopoenia (haemoglobin 7.5 g/dl, white blood cell count 1.7×10^9/l, platelets 105×10^9/l, reticulocytes 0.2%). He was admitted to hospital because of increasing weakness and his haematological state. On 11 May a bone marrow examination showed normal myelopoiesis and a normal number of megakaryocytes; erythroid hyperplasia was present and preceded a rise in peripheral blood reticulocyte numbers two days later. He was discharged fit and well on 21 May 1982.

  The blood sample taken on 5 May showed numerous unclumped parvovirus-like particles by electron microscopy. A serum sample taken five days later did not contain any particles, but had IgM antibody that clumped the particles in the first sample and also the prototype parvovirus B19.

Editorial Comment

In Australia approximately 20% of adult blood donors and medical students tested have been shown to have antibody against parvovirus (Y.E. Cossart, personal communication). To expand this investigation Professor Cossart would be interested in receiving paired serum samples from hypoplastic anaemia patients of any suspected cause. These should be addressed to her at the Department of Bacteriology, School of Medicine, University of Sydney, Sydney, NSW 2006 (Telephone: (02) 6921122).

References

1. Lancet (1975) 1 : 72
2. BMJ (1980) 1 : 1580
3. Lancet (1981) 1 :664

(continued from page 1)

. Isolations associated with less common presentations included echovirus type 11 from the faeces of a 23 year old male with Guillain-Barré syndrome; echovirus type 31 and type 17 from faeces and nasal aspirate respectively from a seven month old infant with Reye's syndrome; herpes simplex virus type 1 from nasal aspirate of a nine year old male with Reye's syndrome; and the identification by immunofluorescence of C. burnetii antigen in the mitral heart valve of a 42 year old female.

1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 24/6/82 - 7/7/82 BULLETIN NUMBER - 82/14

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ MVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED	9		3				13	2	27
0101 ADENOVIRUS TYPE 1				1					1
0102 ADENOVIRUS TYPE 2			1			2			3
0103 ADENOVIRUS TYPE 3				1				1	2
0108 ADENOVIRUS TYPE 8				1					1
0112 ADENOVIRUS TYPE 12						1			1
0119 ADENOVIRUS TYPE 19	4			3					7
0199 ADENOVIRUS TYPING PENDING			2			4			6
0201 INFLUENZA A VIRUS	1		5						6
0202 INFLUENZA A VIRUS SUBTYPE H3N2				1					1
0203 INFLUENZA B VIRUS	2			22			4		28
0301 PARAINFLUENZA VIRUS TYPE 1				1			1	2	4
0302 PARAINFLUENZA VIRUS TYPE 2	8		1	1			3	1	14
0303 PARAINFLUENZA VIRUS TYPE 3							2		2
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCITIAL VIRUS (RS)	16	27	1	28		34	15	3	124
0500 RHINOVIRUS (ALL TYPES)	5		1			1	3	2	12
0600 MYCOPLASMA PNEUMONIAE	30	1	3	1		2	2	1	40
0700 ORNITHOSIS-PSITTACOSIS	1					1			2
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED								1	1
0809 COXSACKIEVIRUS A9							1		1
0903 COXSACKIEVIRUS B3		1					1	1	3
0905 COXSACKIEVIRUS B5								3	3
1006 ECHOVIRUS TYPE 6	2		1	1				1	5
1011 ECHOVIRUS TYPE 11								4	4
1015 ECHOVIRUS TYPE 15			1						1
1017 ECHOVIRUS TYPE 17				2				1	3
1021 ECHOVIRUS TYPE 21								1	1
1022 ECHOVIRUS TYPE 22							1		1
1024 ECHOVIRUS TYPE 24								1	1
1025 ECHOVIRUS TYPE 25								1	1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2.

REPORTING PERIOD - 24/6/82 - 7/7/82 BULLETIN NUMBER - 82/14

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
1101 POLIOVIRUS TYPE 1						1			1
1102 POLIOVIRUS TYPE 2								3	3
1103 POLIOVIRUS TYPE 3						2			2
1104 POLIOVIRUS-VACCINAL STRAIN	5		2			1			8
1200 MUMPS VIRUS	15	1	2	2		1	2		23
1300 HERPES VIRUS GROUP-NOT TYPED	23		3			4			30
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3		3				39	45
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	2							2	4
1303 VARICELLA-ZOSTER VIRUS	3		1			1			5
1306 HERPES SIMPLEX TYPE 1	3		20	11		6	15		55
1307 HERPES SIMPLEX TYPE 2	79		22	42		15	24		182
1399 HERPES VIRUS TYPING PENDING			12			2			14
1401 COXIELLA BURNETI	7		1			1	9		18
1502 PICORNA VIRUS-NOT TYPED	2		2					1	5
1521 MEASLES VIRUS	2		2	3		3	1		11
1522 RUBELLA VIRUS	3			6			11		20
1532 HEPATITIS B ANTIGEN	10		8	32		6	4	4	64
1535 HEPATITIS A ANTIBODY	4		2			6	3	2	17
1541 CHLAMYDIA A - C TRACHOMATIS	5		5			1		51	62
1556 CMV - CYTOMEGALOVIRUS	11	2	5	8		2	5	5	38
1564 ROTAVIRUS	11	15	34			61	3	2	126
1599 ENTEROVIRUS TYPING PENDING			6						6
ROSS RIVER VIRUS				20			22	3	45
SMALL VIRUS (LIKE) PARTICLE	4					1			5
DENGUE			1				31		32
KUNJIN VIRUS							1		1
ARBO. GROUP B.							2		2
Total	267	50	147	190		160	179	138	1,131

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 3

PERIOD : 24/6/82 **to** 7/7/82 .... 82/14

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 83 -Encepha-litis; 43 -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									
0102 ADENOVIRUS TYPE 2.....		2					1				
0103 ADENOVIRUS TYPE 3.....		1									
0112 ADENOVIRUS TYPE 12.....		1									
0201 INFLUENZA A VIRUS.....		2							1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		1									
0203 INFLUENZA B VIRUS.....	1	27		1							
0301 PARAINFLUENZA VIRUS TYPE 1....	1	3									
0302 PARAINFLUENZA VIRUS TYPE 2....		13									
0303 PARAINFLUENZA VIRUS TYPE 3....		2									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	4	120									1
0500 RHINOVIRUS (ALL TYPES).....	2	10									
0600 MYCOPLASMA PNEUMONIAE.....	15	23									
0809 COXSACKIEVIRUS A9.....											1
0903 COXSACKIEVIRUS B3.....		1					1				
0905 COXSACKIEVIRUS B5.....	1					2					
1006 ECHOVIRUS TYPE 6.....				3							
1011 ECHOVIRUS TYPE 11.....	1	1		2							
1015 ECHOVIRUS TYPE 15.....							1				
1017 ECHOVIRUS TYPE 17.....		1		1							
1022 ECHOVIRUS TYPE 22.....		1									
1024 ECHOVIRUS TYPE 24.....				1							
1025 ECHOVIRUS TYPE 25.....						1					
1101 POLIOVIRUS TYPE 1.....							1				
1102 POLIOVIRUS TYPE 2.....	1	1									
1103 POLIOVIRUS TYPE 3.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN....							8				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 24/6/82 to 7/7/82 .... 82/14

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 83 -Enceph-alitis; 83 -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
1200 MUMPS VIRUS.....	10	1	1	5		1	1				
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1		1			1		1			30
1302 EPSTEIN-BARR VIRUS (EB VIRUS).		1									1
1303 VARICELLA-ZOSTER VIRUS.....					1						4
1306 HERPES SIMPLEX TYPE 1.....	1	4	1								26
1307 HERPES SIMPLEX TYPE 2.....	1										11
1401 COXIELLA BURNETI.....	4										
1502 PICORNA VIRUS-NOT TYPED.....	1	2					1				
1521 MEASLES VIRUS.....	1	1		1		1					6
1522 RUBELLA VIRUS.....	2										3
1532 HEPATITIS B ANTIGEN.....	28						1	35			
1535 HEPATITIS A ANTIBODY.....	2							14			
1556 CMV - CYTOMEGALOVIRUS.....	8	5				1		5	1	6	
1564 ROTAVIRUS.....							121				
ROSS RIVER VIRUS	6										5
SMALL VIRUS (LIKE) PARTICLE							4				
DENGUE	2										21
ARBO. GROUP B.											2
Total.....	93	225	3	14	1	7	141	55	2	6	111

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 5

PERIOD : 24/6/82 to 7/7/82 ... 82/114
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
0103 ADENOVIRUS TYPE 3.....		1								
0108 ADENOVIRUS TYPE 8.....	1									
0119 ADENOVIRUS TYPE 19.....	5	2								
0201 INFLUENZA A VIRUS.....	1							1	1	
0202 INFLUENZA A VIRUS SUBTYPE H3N2								1		
0203 INFLUENZA B VIRUS.....							1	10		
0302 PARAINFLUENZA VIRUS TYPE 2....			1		1					
0600 MYCOPLASMA PNEUMONIAE.....								1	1	
0700 ORNITHOSIS-PSITTACOSIS.....									2	
0903 COXSACKIEVIRUS B3.....							1			
1006 ECHOVIRUS TYPE 6.....							1	1		
1017 ECHOVIRUS TYPE 17.....								1		
1021 ECHOVIRUS TYPE 21.....								1		
1102 POLIOVIRUS TYPE 2.....										1
1103 POLIOVIRUS TYPE 3.....										1
1200 MUMPS VIRUS.....			6						1	
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1	16						1		
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			2						1	
1306 HERPES SIMPLEX TYPE 1.....	2	19		1				4		
1307 HERPES SIMPLEX TYPE 2.....		170							1	
1401 COXIELLA BURNETI.....							2	11	2	
1521 MEASLES VIRUS.....									2	
1522 RUBELLA VIRUS.....						13		1	1	
1535 HEPATITIS A ANTIBODY.....									1	
1541 CHLAMYDIA A - C TRACHOMATIS...	2	60								
1560 CMV - CYTOMEGALOVIRUS.....		3	1	1		7	1		1	
1564 ROTAVIRUS.....								1	4	
ROSS RIVER VIRUS					39			4		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 6

PERIOD : 24/6/82 to 7/7/82 ... 82/14

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
SMALL VIRUS (LIKE) PARTICLE								1		
DENGUE					6		1	23		
KUNJIN VIRUS								1		
ARBO. GROUP B.								2		
Total.....	12	271	10	2	46	20	7	65	18	2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD - 8/7/82 - 21/7/82 BULLETIN NUMBER . 82/15

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)	T
0100 ADENOVIRUS NOT TYPED.....	18				4	1	12	2	37
0101 ADENOVIRUS TYPE 1.....				2	2	3			7
0102 ADENOVIRUS TYPE 2.....	1			2	3				6
0103 ADENOVIRUS TYPE 3.....							1		1
0105 ADENOVIRUS TYPE 5.....	1								1
0119 ADENOVIRUS TYPE 19.....				1					1
0199 ADENOVIRUS TYPING PENDING.....						6			6
0201 INFLUENZA A VIRUS.....	2				6				8
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....				6	4				10
0203 INFLUENZA B VIRUS.....	2			35	32	5	5		79
0299 INFLUENZA VIRUS.....				1					1
0301 PARAINFLUENZA VIRUS TYPE 1.....					2	1			3
0302 PARAINFLUENZA VIRUS TYPE 2.....	1				6	3		2	12
0303 PARAINFLUENZA VIRUS TYPE 3.....							1	1	2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	13	21		29	134	38	14	2	251
0500 RHINOVIRUS (ALL TYPES).....				7	12	2	5		26
0600 MYCOPLASMA PNEUMONIAE.....	41	3			1	7	8	7	67
0700 ORNITHOSIS-PSITTACOSIS.....						1		1	2
0902 COXSACKIEVIRUS B2.....					1				1
0905 COXSACKIEVIRUS B5.....				1	2		2		5
1011 ECHOVIRUS TYPE 11.....								7	7
1015 ECHOVIRUS TYPE 15.....					1				1
1017 ECHOVIRUS TYPE 17.....				2				2	4
1022 ECHOVIRUS TYPE 22.....								1	1
1026 ECHOVIRUS TYPE 26.....								1	1
1031 ECHOVIRUS TYPE 31.....								1	1
1101 POLIOVIRUS TYPE 1.....						1			1
1102 POLIOVIRUS TYPE 2.....							1		1
1104 POLIOVIRUS-VACCINAL STRAIN.....	6				2				8
1200 MUMPS VIRUS.....	19	3		2		1	3	1	29
1300 HERPES VIRUS GROUP-NOT TYPED.....	30			4		6			40
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....		1						44	45

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 8/7/82 - 21/7/82 BULLETIN NUMBER . 82/15.

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-C

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)	T
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	7				1				8
1303 VARICELLA-ZOSTER VIRUS.....	2	2		1	1	2		1	9
1306 HERPES SIMPLEX TYPE 1.....	1			21		6	7		35
1307 HERPES SIMPLEX TYPE 2.....	59			41		9	18		127
1399 HERPES VIRUS TYPING PENDING.....					8	4			12
1401 COXIELLA BURNETII.....	25					1	8		34
1502 PICORNA VIRUS-NOT TYPED.....	1								1
1521 MEASLES VIRUS.....	1			1	1				3
1522 RUBELLA VIRUS.....	6			3		1		1	11
1532 HEPATITIS B ANTIGEN.....	10			26	3	18	10	13	80
1535 HEPATITIS A ANTIBODY.....	4			8			6	1	27
1541 CHLAMYDIA A - C TRACHOMATIS.....	13							46	59
1543 CHLAMYDIA A - LGV TYPE.....								1	1
1556 CMV - CYTOMEGALOVIRUS.....	9			30	10	2	2	7	60
1563 CORONAVIRUS.....				1					1
1564 ROTAVIRUS.....	3	19		10	27	34	2	8	103
1599 ENTEROVIRUS TYPING PENDING.....		2			8				10
ROSS RIVER VIRUS							15		15
ASTROVIRUS	3								3
SMALL VIRUS (LIKE) PARTICLE	1					1			2
DENGUE							58		58
PARAMYXOVIRUS								1	1
TOTAL.....	279	51		234	271	161	178	151	1,325

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 3

PERIOD : 8/7/82 **to** 21/7/82 .... 82/15

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 83 -Encephalitis; 83 -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	Encephalitis	Mening-itis	Para-lysis	CNS other unspec	GI	Hepa-tic	CVS	Urin-ary	Skin/ Mucs Memb
0101 ADENOVIRUS TYPE 1.....		4					2				
0102 ADENOVIRUS TYPE 2.....		5					1				
0105 ADENOVIRUS TYPE 5.....		1					1				
0119 ADENOVIRUS TYPE 19.....		1									
0199 ADENOVIRUS TYPING PENDING.....	1										
0201 INFLUENZA A VIRUS.....		8									
0202 INFLUENZA A VIRUS SUBTYPE H3N2		9									
0203 INFLUENZA B VIRUS.....	1	64		3		1					1
0301 PARAINFLUENZA VIRUS TYPE 1....		3									
0302 PARAINFLUENZA VIRUS TYPE 2....		11									
0303 PARAINFLUENZA VIRUS TYPE 3....						1					
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	5	239		1			1			1	3
0500 RHINOVIRUS (ALL TYPES).....		20						1			
0600 MYCOPLASMA PNEUMONIAE.....	15	40		1			2		3		1
0700 ORNITHOSIS-PSITTACOSIS.....	1	1									
0902 COXSACKIEVIRUS B2.....		1									1
0905 COXSACKIEVIRUS B5.....	1	2		1							
1011 ECHOVIRUS TYPE 11.....	1			3	1	1	1				
1015 ECHOVIRUS TYPE 15.....							1				
1017 ECHOVIRUS TYPE 17.....		1	1			1		1			
1031 ECHOVIRUS TYPE 31.....								1			
1101 POLIOVIRUS TYPE 1.....							1				
1102 POLIOVIRUS TYPE 2.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN....	2	2					5				
1200 MUMPS VIRUS.....	10		1	9			1				
1301 HERPES SIMPLEX VIRUS NOT-TYPED	6	2									23
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1							1			

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 8/7/82 to 21/7/82 .... 82/15

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 03 -Encephalitis; 13 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 09 -Urinary; 06 -Skin/mucous.-Continued

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respiratory	Encephalitis	Meningitis	Paralysis	CNS other unspec	GI	Hepatic	CVS	Urinary	Skin/ mucs membr
1303 VARICELLA-ZOSTER VIRUS.....	1			1	1						5
1306 HERPES SIMPLEX TYPE 1.....	2	3	1			1				3	15
1307 HERPES SIMPLEX TYPE 2.....	2										5
1401 COXIELLA BURNETI.....	14	2					1				
1521 MEASLES VIRUS.....		1	1			1					1
1522 RUBELLA VIRUS.....	5										4
1532 HEPATITIS B ANTIGEN.....	28							42			
1535 HEPATITIS A ANTIBODY.....	1							26			
1556 CMV - CYTOMEGALOVIRUS.....	15	13				1		2		11	
1563 CORONAVIRUS.....							1				
1564 ROTAVIRUS.....		1				1	102				
ROSS RIVER VIRUS	3										3
ASTROVIRUS							3				
SMALL VIRUS (LIKE) PARTICLE							2				
DENGUE	31										24
PARAMYXOVIRUS		1									
TOTAL.....	146	435	4	19	2	8	126	74	3	15	86

5

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 8/7/82 **to** 21/7/82 ... 82/15

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.....								2		
0102 ADENOVIRUS TYPE 2.....							1			
0202 INFLUENZA A VIRUS SUBTYPE H3N2								1		
0203 INFLUENZA B VIRUS.....					1		4	16	1	1
0302 PARAINFLUENZA VIRUS TYPE 2....							1			
0303 PARAINFLUENZA VIRUS TYPE 3....	1									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....							1			2
0500 RHINOVIRUS (ALL TYPES).....										4
0600 MYCOPLASMA PNEUMONIAE.....					1		1	5		
0905 COXSACKIEVIRUS B5.....								1		
1022 ECHOVIRUS TYPE 22.....							1			
1026 ECHOVIRUS TYPE 26.....				1						
1200 MUMPS VIRUS.....		1	4				1	4	1	
1301 HERPES SIMPLEX VIRUS NOT-TYPED		14								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			4					1	2	
1306 HERPES SIMPLEX TYPE 1.....	4	6						2		
1307 HERPES SIMPLEX TYPE 2.....		118								
1401 COXIELLA BURNETI.....					1		7	8	2	
1521 MEASLES VIRUS.....							1			
1522 RUBELLA VIRUS.....					1	2				
1532 HEPATITIS B ANTIGEN.....					2				3	
1541 CHLAMYDIA A - C TRACHOMATIS...	3	56								
1543 CHLAMYDIA A - LGV TYPE.....		1								
1556 CMV - CYTOMEGALOVIRUS.....		4				4	1	4	9	1
ROSS RIVER VIRUS					12			1		
DENGUE					8			22		
TOTAL.....	8	200	8	1	26	6	19	67	18	8

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

5th and 6th ..... 4 Weekly Period for..... 1982
(25.4.82 to 19.6.82 inclusive)

Bulletin 82/14/15

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.		3	2				1	6	15
Ankylostomiasis	N.N.						2		2	7
Anthrax									—	—
Arbovirus infection	5	2		2					9	55
Brucellosis	4			1					5	18
Campylobacter infections	N.N.	N.N.	N.N.	45	— 4	N.N.	2	N.N.	43	181
Chancroid			3	N.N.		N.N.	N.N.		3	7
Cholera									—	—
Congenital rubella syndrome	N.N.	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria	1								1	1
Donovanosis		N.N.	8	N.N.		N.N.	5		13	44
Giardiasis	N.N.	N.N.	N.N.	89	N.N.	N.N.	N.N.	N.N.	89	315
Genital herpes	N.N.	N.N.	N.N.	92	N.N.	N.N.	2	N.N.	94	179
Gonococcal ophthalmia neonatorum		N.N.			N.N.	N.N.	N.N.	N.N.	—	1
Gonorrhoea	487	531	202	155	227	12	136	24	1774	5882
Hepatitis A (infectious)	65	54	32	24	20		1		196	618
Hepatitis B (serum)	22	79	13	19	2		3	2	140	371
Hepatitis - unspecified	N.N.	N.N.			26	N.N.	3		29	55
Hydatid disease	1			1				1	3	9
Lassa Fever	N.N.		N.N.			N.N.	N.N.	N.N.	—	—
Legionnaires disease	N.N.		N.N.	— 2	N.N.	N.N.	N.N.	N.N.	— 2	6
Leprosy		2	1		5		1		9	19
Leptospirosis	1	1	7		1				10	48
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.	1		1	3
Malaria	15	14	33	7	3			2	74	230
Marburg Disease	N.N.		N.N.			N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.	1	5	5		N.N.		1	12	30
Non-specific urethritis	N.N.	N.N.	N.N.	286	N.N.	N.N.	N.N.	N.N.	286	677
Ornithosis	1			3					4	8
Pertussis (whooping cough)	N.N.	11	N.N.	1	N.N.	N.N.	N.N.	N.N.	12	108
Plague									—	—
Poliomyelitis									—	—
Q. fever	5		22	7	N.N.		N.N.		34	83
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	CUMULATIVE TOTAL TO DATE FOR YEAR
Salmonella infections	105	58	77	48	16	17	35	2	358	1268
Shigella infections	N.N.	5	20	5	17	1	23		71	210
Smallpox									—	—
Syphilis	206	47	52	8	34	—	53	1	401	1547
Tetanus		1		1					2	7
Trachoma	N.N.	N.N.			N.N.	N.N.			—	—
Tuberculosis (all forms)	59	57	32	18	21		1	1	189	611
Typhoid fever	1	1	1		2				5	17
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.)

N.N. Not Notifiable

-4 Campylobacter reports W.A. May 1982

-3 Legionnaires' Disease S.A. May 1982