AUSTRALIA

Communicable Diseases Intelligence

Bulletin number 81/5
Issue date: 13 March 1981

Contents:

VIRUS REPORTING SCHEME - A total of 695 reports were received this period. Reports of interest include:

- A further 14 cases of echovirus type 9 infections were reported by Fairfield Hospital, Melbourne, among the children of a residential home (see CDI 81/4). All patients presented with a rash and high fever. Echovirus type 9 was also isolated from the nasal aspirate of a one year old boy with otitis media.
- Adenovirus type 3 was isolated by the State Health Laboratory, Perth, from a nasal aspirate and faecal specimens of a three year old boy presenting with a typical hand, foot and mouth disease syndrome.
- Q fever was diagnosed by Fairfield Hospital, Melbourne, in a meat-worker who had only been involved in butchering kangaroo meat.

TOXIC SHOCK SYNDROME

A Perth woman aged 30 developed fever two days following normal menstruation. The patient was using Meds (rounded ends) tampons marketed by Johnson and Johnson, and had done for a number of years. She was admitted to a local hospital on 3 March 1981, and transferred the next day to St John of God Hospital, a private hospital in Subiaco. She had begun vomiting the afternoon prior to admission, and developed diarrhoea on the second admission day. Her condition deteriorated rapidly to shock, with oliguria and erythroderma 18 hours after onset. She was transferred to Sir Charles Gairdner Hospital, Perth, on 9 March, where she underwent two renal dialyses.

S. aureus was isolated from a vaginal swab. The seven unused tampons from the patient were tested for microflora. Five tampons were cultured at the private hospital, and the isolates examined by the State Health Laboratory, Perth. Bacillus species were isolated from all the tampons, and a staphylococcus species, which was not S. aureus, isolated from two. The two remaining tampons were cultured at the State Health Laboratory; one grew a staphylococcus species other than S. aureus.

(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.
Contributions are solicited, and do not preclude later publication elsewhere.

Figures given may be subject to revision.

GIARDIASIS SURVEILLANCE - QUEENSLAND

(Contributed by P.F.L. Boreham, Queensland Institute of Medical Research, Brisbane.)

In October 1980, a preliminary non-random survey conducted in Logan Shire identified nine positive Giardia infections on a single parasitological examination of 70 diarrhoeal stool samples. Positive specimens came from seven of 48 families investigated in the survey. The suggested high incidence of giardiasis in Shailer Park, Logan Shire, prompted a second survey.

Shailer Park is a new development area just south of Brisbane, with much new building work and considerable population growth. There is a lack of mains sewerage in the area, and, due to the nature of the subsoil, run-off from septic tanks has been found in several parts of the suburb. Waterborne giardiasis transmission has been implicated in several community outbreaks[1,2,3], but the role of sewerage and septic tanks is still poorly understood. To investigate possible transmission from septic tank run-off, Rochedale, Logan Shire, was included in the survey as a control because of its close proximity to Shailer Park and its socio-economic similarity. However, almost all of Rochedale has mains sewerage.

Households included in the survey were selected randomly from the rates list using either random number tables (Shailer Park) or a computer program maintained in the Department of Social and Preventive Medicine, University of Queensland Medical School (Rochedale). Introductory letters were delivered, and each selected household was visited by two medical students to explain the survey and request assistance. Households lacking children below 11 years or resident for less than six months were excluded. Stool samples were collected from each child less than 11 years living in study households. Interviewing and collection of samples was performed between 1-23 December 1980.

Stool samples were preserved in polyvinyl alcohol fixative when returned to the laboratory, and stored at 4°C until parasitological examination. The faecal material (1-2g) was concentrated by zinc sulphate flotation, and examined microscopically (x250) for Giardia cysts. All specimens were examined by the same person spending a similar time over each.

Details of the survey are shown in Table 1 on page 3.

The survey had a very high compliance rate. In addition it was conducted over a short time period in both areas eliminating any possibility of seasonal variation. Most specimens were formed stools, and since trophozoites are rarely found in these, the omission of screening for this motile stage is unlikely to affect the results. However, Giardia cysts are not continually passed in faeces, and a recent study has indicated that a single stool examination may identify only 76% of known positive cases[4]. Thus the prevalences reported must be considered minimum figures.

TABLE 1 Details of Giardia survey in two areas of Logan Shire, December 1980

	Shailer Park	Rochedale
Number of households	661	2122
Number sampled	299 (45.2)	390 (18.4)
Number excluded	156 (52.2)	260 (66.7)
(a) No children <11 years	121 (40.5)	180 (46.2)
(b) Resident < 6 months	7 (2.3)	6 (1.5)
(c) Other	28 (9.3)	74 (19.0)
Number of households participating	143 (47.8)	130 (33.3)
Number of children <11 years	246	256
Number of samples received	245	250
Number of *Giardia* cases	14 (5.7)	5 (2.0)
Number of infected households	14 (9.8)	4 (3.1)

. The figures in parenthesis are percentages.

Travel histories of the children and household members indicated that infection was acquired locally. There was no evidence that giardiasis was associated with clinical symptoms in the two areas, since 32% of Shailer Park children and 23% of Rochedale children reported symptoms of diarrhoea in the previous three months. The possible effects of different socio-economic standards, primarily determined by the mothers' education and the occupation of either parent, also failed to explain the differing prevalences. No correlation existed between families keeping pets and the prevalence of *Giardia* parasites.

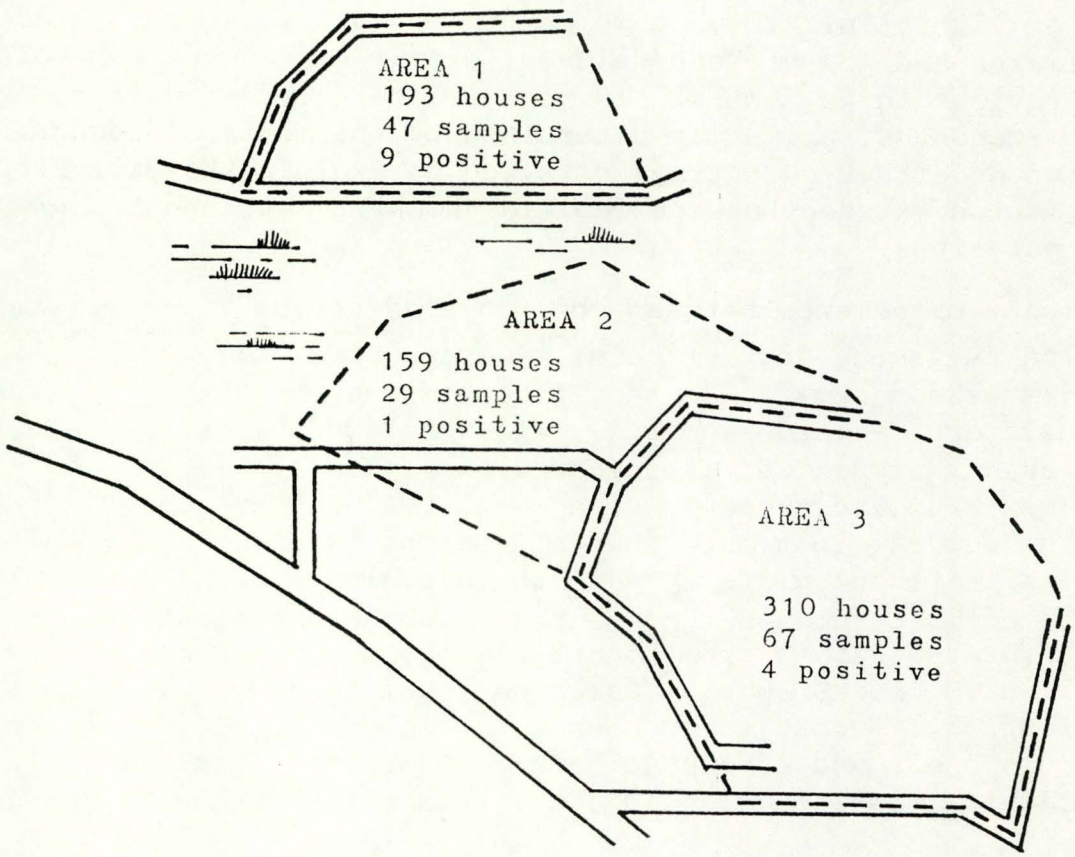
The major difference between the two areas which might relate to the prevalences is the lack of mains sewerage at Shailer Park. At Shailer Park 81% of households use septic tanks, whereas 98% of the houses at Rochedale are on mains sewerage. In Shailer Park the 14 cases of giardiasis represented; 11 houses with septic tanks, two houses where mains sewerage had recently been connected, and one house which had been on mains sewerage for more than six months (see Table 2). Although there was no significant difference in the prevalence of giardiasis and the methods of waste disposal connected to the households, the findings must be interpreted with extreme caution since mains sewerage is not being installed in blocks, but is based on local topography and ease of installation. Two adjacent houses may well have different methods of waste disposal, and if septic tanks and effluent run-off is involved in transmission, infection could occur from neighbouring properties.

Nine of the 14 cases at Shailer Park were in one area which is separated from the rest of Shailer Park by a deep gully and marshy area, with no direct connections (see Figure 1). No common factor has yet been identified which might indicate a point source, and investigations into the topography and soil structure are continuing.

TABLE 2 Method of waste disposal in households sampled

	Shailer Park			Rochedale		
	Negative	Positive	Total	Negative	Positive	Total
Septic Tank	105 (81.4)	11 (78.8)	116 (81.1)	2 (1.6)	0	2 (1.5)
Recent Mains <6 months	14 (10.9)	2 (14.3)	16 (11.2)	0	0	0
Mains	10 (7.8)	1 (7.1)	11 (7.8)	124 (98.4)	4 (100)	128 (98.5)
	129	14	143	126	4	130

Figure 1 Shailer Park, Logan Shire



Since little data are available on the prevalence of Giardia in Australia, it is not easy to assess the clinical importance of this finding. In developed countries, incidences may range from 1.1% to 12.5%, with figures of 2% to 6% most commonly encountered[5]. In Adelaide, trophozoites were found in 2.1% of adult patients having gastrointestinal endoscopy[6]. Studies among Aboriginal communities have generally shown higher infection rates, but variations between communities occur, for example, positive stools were found in 70% of children at Cherbourg (Queensland)[7], whereas between zero and 62.5% of children less than 15 years were reported positive in 20 communities in Western Australia[8].

The role of waste disposal in Giardia epidemiology in this situation is being investigated further by isolating Giardia from septic tanks, studying the viability of Giardia cysts in septic effluent, and continuing surveillance of the prevalence as influenced by mains sewerage installation and seasonal changes.

A more comprehensive report is available from the author.

References

1. CDI (1980) 80/23:2
2. In: 'Waterborne Transmission of Giardiasis' (1979) Environmental Protection Agency, Cincinnati. pp. 127-147
3. Am. J. Epid. (1980) 112:495
4. In: 'Waterborne Transmission of Giardiasis' (1979) Environmental Protection Agency, Cincinnati. pp.39-48
5. Scan. J. Gastroent (1972) 7 Supplement 14 : 1-44
6. Am. J. Dig. Dis. (1978) 23:940
7. MJA (1975) 1:14
8. MJA (1980) 2:375

AUSTRALIAN ENCEPHALITIS MONITORING PROGRAM

Sentinel chickens have been placed in a number of receptive areas in Victoria and New South Wales as a continuation of the Australian Encephalitis early warning monitoring program.

In Victoria, ten chicken flocks, each containing 20 young white leghorn pullets, have been placed at Mildura, Swan Hill, Kerang, Echuca, Robinvale, Shipparton, Wodonga, Cobram, Rutherglen and Barmah Town. The chickens are bled weekly and tested for sera conversions to group A and group B arboviruses. Four groups of six rabbits each have also been established at Barmah Town, Swan Hill, Kerang and Mildura as Culex annulorostris, an important vector of Australian Encephalitis virus, frequently exhibits a host preference for mammals.

In New South Wales, sentinel chicken flocks have been set up at Barham, Albury, Deniliquin and Wentworth.

To date all specimens have been negative by HAI for antibody to group A and group B arboviruses.

S. SENFTENBERG FOODBORNE OUTBREAK - WESTERN AUSTRALIA

(Contributed by V. Bamford, State Health Laboratory Services, Perth.)

Routine sewage monitoring in the metropolitan area indicated that S. senftenberg was absent in October 1980, but was the predominant salmonella serotype in December 1980 and January 1981. Also, from December a few sporadic human infections were encountered scattered throughout the State.

The distribution of these cases suggested smallgoods as the likely vehicle of infection. In an attempt to curtail a possible outbreak, sampling was performed in the nine factories that manufactured these food items. Handwashing specimens were tested from seven factories, and the smallgoods

were tested from two. Faecal specimens were also examined from some of the factories. S. senftenberg was isolated from the handwashings and equipment of one factory, and nine of 18 employees were found to be faecal excretors. The factory was closed for cleaning from 2-18 February 1981.

The course of the outbreak is shown in Table 1.

TABLE 1 Human S. senftenberg infections

	October	November	December	January	February	TOTAL
Metropolitan	Nil	1	5	31	39	76
Country	Nil	2	4	14	7	27
	Nil	3	9	45	46	103

ERRATA

CDI 81/4 page 4 - Penicillin resistance in N. gonorrhoeae - Determination of MICs by agar plate dilution method.

- In the 'Media' section under heading 2, 'Saponin lysed defibrinated horse blood', 0.5ml of filter-sterilized saponin is added for each 10ml of horse blood, not 100ml as in text.
- In the 'Reading the MIC' section, the MIC is determined from the 10^{-2} dilution of the original suspension (10^4 organisms per replicator drop) not the 10^{-4} dilution as recorded.

(continued from page 1)

A 15 year old girl was admitted to Westmead Hospital, Sydney, at 1.00a.m. on 10 March 1981, with abdominal pain, fever and vomiting. There was no diarrhoea. She was in her last day of menstruation, and had been using Carefree Regular tampons, changing them four times daily. However, the tampon in use at admission, and removed then, had been in situ for 7 hours. Her blood pressure was 50/0 mm Hg, and her temperature peaked at 39.5°C. Supportive IV fluid therapy and flucloxacillin were administered. Twelve hours after admission she developed a "sunburn" rash on her abdomen, thorax and hands, which then cleared in 24 hours. There were no vaginal mucosal lesions on visual examination. The patient's blood pressure has since risen to 90/60 mm Hg.

A heavy growth of S. aureus was cultured from the removed tampon. Further blood analyses and phage typing of the culture are continuing.

A full clinical history and bacteriological report on the two cases will follow.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 3

PERIOD : 19/2/81 to 4/3/81 .... 81/5
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.

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0100 ADENOVIRUS NOT TYPED	1	1					1				
0101 ADENOVIRUS TYPE 1		1									
0102 ADENOVIRUS TYPE 2		2					2				
0103 ADENOVIRUS TYPE 3											1
0104 ADENOVIRUS TYPE 4		1									
0107 ADENOVIRUS TYPE 7	1	1									
0131 ADENOVIRUS TYPE 31	1						1				
0201 INFLUENZA A VIRUS		1									
0301 PARAINFLUENZA VIRUS TYPE 1		5									
0302 PARAINFLUENZA VIRUS TYPE 2		2									
0303 PARAINFLUENZA VIRUS TYPE 3		5									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)		9									
0500 RHINOVIRUS (ALL TYPES)		12					1				
0600 MYCOPLASMA PNEUMONIAE		6				1					
0700 ORNITHOSIS-PSITTACOSIS		2									
0809 COXSACKIEVIRUS A9		1		2			1				1
0816 COXSACKIEVIRUS A16											3
0902 COXSACKIEVIRUS B2		1		2			4				
0904 COXSACKIEVIRUS B4	1										
1007 ECHOVIRUS TYPE 7			1								
1009 ECHOVIRUS TYPE 9		2	1	2		1	2				9
1011 ECHOVIRUS TYPE 11						1					
1022 ECHOVIRUS TYPE 22	6						2				
1030 ECHOVIRUS TYPE 30				3							
1031 ECHOVIRUS TYPE 31		1		1							
1101 POLIOVIRUS TYPE 1							1				
1103 POLIOVIRUS TYPE 3	2						1				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 19/2/81 **to** 4/3/81 .... 81/5

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 83 -Enceph-alitis; 03 -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.....				1							
1300 HERPES VIRUS GROUP-NOT TYPED..	1								1		9
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1	1	1								39
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	2										
1303 VARICELLA-ZOSTER VIRUS.....	2										5
1306 HERPES SIMPLEX TYPE 1.....		3					1				33
1307 HERPES SIMPLEX TYPE 2.....	2										41
1401 COXIELLA BURNETI.....	5	1									
1502 PICORNA VIRUS-NOT TYPED.....						1					
1514 MOLLUSCUM CONTAGIOSUM.....											1
1521 MEASLES VIRUS.....						2					5
1522 RUBELLA VIRUS.....	1	1									11
1532 HEPATITIS B ANTIGEN.....	23							29			
1535 HEPATITIS A ANTIBODY.....	5							23			
1541 CHLAMYDIA A - TRIC TYPE.....	1	2									
1556 CMV - CYTOMEGALOVIRUS.....	7	6				1		2		4	
1562 REOVIRUS (ALL TYPES).....							3				
1563 CORONAVIRUS.....							2				
1564 ROTAVIRUS.....	1						8				
ROSS RIVER VIRUS											1
SMALL VIRUS (LIKE) PARTICLE							4				
DENGUE (TYPE 3)	1										
Total.....	64	67	3	11		7	34	54	1	4	159

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD - 19 - 2 - 81 - 4 - 3 - 81 BULLETIN NUMBER - 81/5

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) / WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
0100 ADENOVIRUS NOT TYPED	2		2		1		1	2	8
0101 ADENOVIRUS TYPE 1				1		1			2
0102 ADENOVIRUS TYPE 2	1			1	1				3
0103 ADENOVIRUS TYPE 3								1	1
0104 ADENOVIRUS TYPE 4			3						3
0105 ADENOVIRUS TYPE 5						1			1
0107 ADENOVIRUS TYPE 7		1		1	1				3
0109 ADENOVIRUS TYPE 9				1					1
0114 ADENOVIRUS TYPE 14								1	1
0119 ADENOVIRUS TYPE 19			1	1				6	8
0131 ADENOVIRUS TYPE 31					1	1			2
0199 ADENOVIRUS TYPING PENDING					1	2			3
0201 INFLUENZA A VIRUS							1	1	2
0301 PARAINFLUENZA VIRUS TYPE 1						5			5
0302 PARAINFLUENZA VIRUS TYPE 2				1		1			2
0303 PARAINFLUENZA VIRUS TYPE 3	1				1	1	1	1	5
0399 PARAINFLUENZA VIRUS TYPING PENDING						1		1	2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)		4			1		4		9
0500 RHINOVIRUS (ALL TYPES)	2			1	6	1	4		14
0600 MYCOPLASMA PNEUMONIAE	1		6	2		2			11
0700 ORNITHOSIS-PSITTACOSIS	1			3					4
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED								1	1
0809 COXSACKIEVIRUS A9				3			1	1	5
0816 COXSACKIEVIRUS A16	1						2		3
0899 COXSACKIEVIRUS GROUP A TYPING PENDING						2			2
0902 COXSACKIEVIRUS B2		5			1				6
0904 COXSACKIEVIRUS B4						1			1
1006 ECHOVIRUS TYPE 6								1	1
1007 ECHOVIRUS TYPE 7						1			1
1009 ECHOVIRUS TYPE 9	1			17	3	1			22

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 19-2-81 - 4-3-81 BULLETIN NUMBER - 81/5

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) / WVR (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1011 ECHOVIRUS TYPE 11								1	1
1022 ECHOVIRUS TYPE 22			1		6			1	8
1030 ECHOVIRUS TYPE 30				4					4
1031 ECHOVIRUS TYPE 31			1					1	2
1099 ECHOVIRUS TYPING PENDING						2			2
1101 POLIOVIRUS TYPE 1						1			1
1103 POLIOVIRUS TYPE 3						1	2		3
1200 MUMPS VIRUS				2			1		3
1300 HERPES VIRUS GROUP-NOT TYPED	13		6	3		4			26
1301 HERPES SIMPLEX VIRUS NOT-TYPED		5		4			1	57	67
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	3		1	1		1		1	7
1303 VARICELLA-ZOSTER VIRUS	3		1			3			7
1306 HERPES SIMPLEX TYPE 1	1		5	16		15	14		51
1307 HERPES SIMPLEX TYPE 2	35		7	26		21	15		104
1399 HERPES VIRUS TYPING PENDING			4		4	2			10
1401 COXIELLA BURNETI	9		1	4		5	11		30
1502 PICORNA VIRUS-NOT TYPED								1	1
1514 MOLLUSCUM CONTAGIOSUM						1			1
1521 MEASLES VIRUS	1	1	1	3		1			7
1522 RUBELLA VIRUS	2		2	1			4	3	12
1532 HEPATITIS B ANTIGEN	9		5	23	1	6	2	6	52
1535 HEPATITIS A ANTIBODY	1		1	14		7		5	28
1541 CHLAMYDIA A - TRIC TYPE	11					1		42	54
1556 CMV - CYTOMEGALOVIRUS	8	1	17	7	1	4	2	7	47
1562 REOVIRUS (ALL TYPES)					2	1			3
1563 CORONAVIRUS				2					2
1564 ROTAVIRUS		2			4	2		1	9
1599 ENTEROVIRUS TYPING PENDING			5		4		2		11
ROSS RIVER VIRUS							4	1	5
SMALL VIRUS (LIKE) PARTICLE	2			2					4
DENGUE	1								1
Total	109	19	70	144	39	99	72	143	695

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5

81/5

PERIOD : 19/2/81 to 4/3/81 ...

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	1							1	1	
0101 ADENOVIRUS TYPE 1							1			
0104 ADENOVIRUS TYPE 4	1					1				
0105 ADENOVIRUS TYPE 5							1			
0107 ADENOVIRUS TYPE 7								1		
0109 ADENOVIRUS TYPE 9								1		
0114 ADENOVIRUS TYPE 14	1									
0119 ADENOVIRUS TYPE 19	6	3								
0201 INFLUENZA A VIRUS							1	1		
0303 PARAINFLUENZA VIRUS TYPE 3								2		
0500 RHINOVIRUS (ALL TYPES)								1		2
0600 MYCOPLASMA PNEUMONIAE			1				1	1	1	
0700 ORNITHOSIS-PSITTACOSIS							1	1		
0809 COXSACKIEVIRUS A9							1	1		
0902 COXSACKIEVIRUS B2								1		
1006 ECHOVIRUS TYPE 6								1		
1009 ECHOVIRUS TYPE 9								16		
1030 ECHOVIRUS TYPE 30								1		
1200 MUMPS VIRUS			2		1					
1300 HERPES VIRUS GROUP-NOT TYPED		7						1	2	
1301 HERPES SIMPLEX VIRUS NOT-TYPED		27					1			
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		1	2	1				1		
1306 HERPES SIMPLEX TYPE 1	5	10						1		
1307 HERPES SIMPLEX TYPE 2		61								
1401 COXIELLA BURNETI				1	1		7	16	1	
1521 MEASLES VIRUS								1		
1522 RUBELLA VIRUS					2			2		
1541 CHLAMYDIA A - TRIC TYPE		51								
1556 CMV - CYTOMEGALOVIRUS		1	2	5	1	4	5	7	4	
ROSS RIVER VIRUS					4			2		
Total	14	161	7	7	9	5	19	60	9	2

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

.13th Weekly Period for...1980.

29.11.80 to 26.12.80 inclusive

Bulletin ..80/5..

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.			2				2	4	53
Ankylostomiasis	N.N.			N.N.					—	* 219
Anthrax									—	2
Arbovirus infection		2	3	N.N.					5	30
Brucellosis	1			1					2	49
Campylobacter infections	N.N.	N.N.	N.N.	76	N.N.	N.N.	N.N.	N.N.	76	501
Chancroid	N.N.			N.N.	N.N.	N.N.	N.N.		—	30
Cholera									—	3
Congenital rubella syndrome	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	4	4	7
Diphtheria									—	1 + 2 CARRIERS
Donovanosis	N.N.	N.N.	24	N.N.	N.N.	N.N.	2		26	108
Giardiasis	N.N.	N.N.	N.N.	59	N.N.	N.N.	N.N.	N.N.	59	568
Genital herpes	N.N.	N.N.	N.N.	46	N.N.	N.N.	N.N.	N.N.	46	410
Gonococcal ophthalmia neonatorum	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Gonorrhoea	344	169	57	88	101	17	46	11	833	11,477
Hepatitis A (infectious)	42	19	14	9		3	14	1	102	1,385
Hepatitis B (serum)	6	4	1	9	2		4	2	28	646
Hepatitis - unspecified	N.N.	N.N.		2	6	N.N.	N.N.		8	178+1 CARRIER
Hydatid disease	1								1	39
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.	N.N.	—	—
Leprosy		1			1				2	35
Leptospirosis		4			8	1			13	64
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	1
Malaria	6	1	14	4				2	27	553
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.		4			N.N.			4	71
Non-specific urethritis	N.N.	N.N.	N.N.	27	N.N.	N.N.	N.N.	N.N.	27	1,232
Ornithosis									—	17
Pertussis (whooping cough)	N.N.	3	N.N.	1	N.N.	N.N.	N.N.	N.N.	4	124
Plague									—	—
Poliomyelitis									—	—
Q. fever	2	19		38	N.N.		N.N.		59	* 621
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	78	16	7	70	18		19	3	211	* 2,294
Shigella infections	N.N.	1	11	13			16		41	545
Smallpox									—	—
Syphilis	139	14	77	13	31		50	1	325	* 2,895
Tetanus										9
Trachoma	N.N.	N.N.		N.N.	N.N.	N.N.				1
Tuberculosis (all forms)	26	21	33	12	9		6	6	113	* 1,549
Typhoid fever									—	19+4 CARRIERS
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

* Corrections to the Cumulative Total since last report

Ankylostomiasis	+	42 cases for N.T.
Q. fever	+	1 case for N.S.W.
Salmonella	-	1 case for S.A.
Syphilis	-	2 cases for N.S.W.
Tuberculosis	-	4 cases for W.A.