Communicable Diseases Intelligence

Bulletin number 81/7

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Contents:

- Human salmonellosis surveillance
- Salmonellosis and marijuana - U.S.A.
- Echovirus type 9 outbreak in a residential home for children
- The Culicidae of the Australasian Region
- National Venereology Council for Australia

VIRUS REPORTING SCHEME - A total of 854 reports were received this period. The reports suggest a continuation of the unseasonal outbreak of respiratory syncytial (RS) virus with 32 reports from the State Health Laboratory, Brisbane, (compared with 15, 4 and 2 for the previous three periods) and 20 reports from the Royal Alexandra Hospital for Children, Sydney, (compared with 9, 4 and 1 for the previous three periods). The State Health Laboratory, Perth, reported two serological diagnoses of RS virus in a 59 year old male and a 67 year old female. However, para-influenza virus type 1 was the predominant respiratory infection affecting young children reported by the Institute of Medical and Veterinary Science, Adelaide - 24 reports received compared with 5, 5 and 0 for the previous three periods.

Seventeen reports of Ross River virus infections were received from the State Health Laboratory, Brisbane, compared with 6, 4 and 2 for the previous three periods. The laboratory also reported the serological confirmation of a Sindbis virus infection in a 31 year old male.

Reports of interest include:

- Australian Encephalitis was confirmed in a 29 year old male from Newman (W.A.), who presented with headache, fever and arthralgia. Serological tests give an HI titre of 1/160 with detectable IgM antibody. Ross River virus was also diagnosed in an 18 year old male from the same area.
- Echovirus type 30 was isolated from faeces of a 26 year old female presenting with salpingitis and appendicitis at Fairfield Hospital, Melbourne. The virus was also isolated from her husband and several family members.
- Legionnaires' Disease was serologically confirmed by the State Health Laboratory, Perth, in a 53 year old male with pneumonia at Fremantle Hospital. The patient made a good recovery after erthromycin treatment.
- Less common isolations reported this period include, adenovirus type 26 (from genital sources), and echovirus types 13 (from urine), 17, 18 and 33.

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

(Based on reports supplied by C. Beaton and J. Taplin, Microbiological Diagnostic Unit, University of Melbourne.)

This issue contains reports tabulating the identification of salmonellas and shigellas isolated from humans in Australia for the final quarter of 1980 (see CDI 80/17, 80/20 and 81/3 for tables for the first three quarters). During the quarter, 1258 salmonella isolations were reported, comprising 83 serotypes.

TYPHOID - The 18 isolations of *S. typhi* made during the three months include:

- *S. typhi* type E1 was isolated from blood and faeces of a 21 year old female, and blood and faeces of a 40 year old male and faeces of his 8 year old daughter (confirmed in September); all the patients had been holidaying in Indonesia.

  The serotype was also re-isolated from an asymptomatic refugee carrier admitted for review.

- *S. typhi* phage type A was re-isolated from faeces of a 68 year old female following cholecystectomy for gallstones. The serotype was first isolated from bile in September.

- *S. typhi* 27 was isolated from faeces of a 23 year old female who had just returned from Lebanon where she had experienced a feverish illness.

- *S. typhi* untypable (Vi negative) was isolated from faeces of a 42 year old male with diarrhoea, and a 74 year old female asymptomatic carrier who arrived from Laos in 1979.

- *S. typhi* untypable was isolated on two occasions from blood and faeces of a 30 year old male with a ten day history of pyrexia following his return from Indonesia. The serotype was also isolated from faeces of his 26 year old wife who was asymptomatic.

- *S. typhi untypable* was re-isolated from three cases identified in September involving two males who became ill six days after their return from Indonesia. The serotype was also isolated from faeces of their flat mate.

PARATYPHOID - The seven paratyphoid reports include:

- *S. paratyphi* A phage type 1 was isolated from faeces of a 55 year old female Vietnamese refugee who arrived in Australia 18 months previously. She had no symptoms and had been under examination for diabetes and a heart condition.

  The serotype was also isolated from faeces of a 26 year old asymptomatic male. He had been in Lebanon in 1974-75 when he had an *Ascaris* infection, and had not been out of Australia since.

- *S. paratyphi* B phage type 3a I var 4 was isolated from urine of a 49 year old male with a poorly functioning kidney and symptoms of a urinary tract infection.

- *S. paratyphi* A phage type 5 was re-isolated from a carrier first diagnosed in September 1979.

HOSPITAL OUTBREAKS - Nosocomial salmonella outbreaks include:

- S. singapore was isolated from a 77 year old woman with osteoporosis who developed diarrhoea. Three days later, a 72 year old woman in a different ward, but on the same floor, became ill. The serotype was also isolated from two kitchen staff, five domestic staff and one night nursing aide upon screening (see CDI 80/21). One of the domestic staff had had diarrhoea one month previous after attending a hospital party. S. singapore was isolated from another member of staff two months later.

- S. typhimurium phage type 27 was isolated from blood, and later faeces, of a 17 year old female presenting with diarrhoea in a hospital renal unit. Five days later S. typhimurium phage type 27 was isolated from urine of a 63 year old female in another ward after a cholecystectomy and appendectomy. Her food was prepared in the same special diet kitchen as the renal unit patients. Three days later the organism was isolated from faeces of a 56 year old male who had been in the renal unit for eight days before developing diarrhoea. He had no contact with the index patient. All cultures were ampicillin resistant. Several of the hospital staff had diarrhoea, but no salmonella species were isolated.

- S. typhimurium phage type 179 continued to be excreted by one of the nursing staff infected in the outbreak reported in August (see CDI 81/3). The serotype was also isolated from sewer swabs.

- S. typhimurium phage type 64 was isolated from six patients in the Mt. Gambier area of South Australia.

FOODBORNE OUTBREAKS - Four major outbreaks were reported involving S. orientalis, Sh. sonnei, S. typhimurium phage type 44 and S. typhimurium untypable.

- Between 24 October and 13 November 1980, 25 cases of gastro-enteritis caused by S. orientalis were reported from the Gold Coast, Queensland. The ages of the patients ranged from six months to 75 years, with no particular preponderance of one sex. No causative agency was found.

- Twenty-seven cases of gastro-enteritis due to Sh. sonnei were recorded from Casuarine and Katherine in the Northern Territory (see also CDI 81/3). The cases from Katherine showed a tendency to children aged 1-3 years, but also included visitors to the area.

- S. typhimurium phage type 44 caused a large outbreak of food poisoning in Victoria.

  (a) During the first week of December, five people from a town in N.E. Victoria were admitted to Fairfield Hospital, Melbourne, with food poisoning. S. typhimurium phage type 44 was isolated. Other people in the town reported food poisoning symptoms, and faeces from 13 of 22 patients cultured at the Microbiological Diagnostic Unit (MDU) grew the organism. One man was infected with S. typhimurium phage type 127. All patients had eaten sliced cold roast pork purchased at the delicatessen in the local supermarket.

(b) S. typhimurium phage type 44 was isolated one week later from two people in another country town. Both had eaten cold roast pork of the same brand. There were six cases involving three families.

(c) At the same time as outbreak (b) a food poisoning outbreak occurred in a Western suburb of Melbourne. Three members of one family were admitted to Fairfield Hospital after eating cold roast pork at a function two days previously. S. typhimurium phage type 44 was isolated at the MDU from six members of the family, and from two of the catering waitresses employed at the party. The organism was also isolated from the rolled meat served at the function and from a similar unopened roast stuffed pork roll. Seven other guests with symptoms examined at MDU were also excreting S. typhimurium phage type 44.

(d) Throughout December, cultures of S. typhimurium phage type 44 were received from many laboratories. The patients were mainly from the northern Melbourne suburbs. Most patients had purchased cold roast pork from a particular supermarket, from which the serotype was subsequently isolated. Forty cases were reported, ten of which came from various country towns. The majority of patients had a history of eating this particular brand of cold roast pork.

However, S. typhimurium was not cultured from any of the specimens taken from the factory concerned, although S. anatum and S. adelaide were isolated from sewer swabs.

Two of the patients admitted to hospital, a 56 year old male and a 61 year old female, developed septicaemia. Also S. typhimurium phage type 44 was isolated from urine as well as faeces in one 30 year old female.

- S. typhimurium untypable (resistant to streptomycin and sulphonamides) was isolated from faeces of fifteen people who became ill within 24 hours after attending a pre-Christmas party. The occasion was catered for by a "home-based" firm who purchased cooked chickens which were subsequently cut up at home, left on plates at ambient temperature overnight, and taken to the venue the following morning. A similar strain was isolated from the two female caterers, three children of one of the women, and from spoons used at the party. S. typhimurium untypable (streptomycin and sulphonamide resistant) was also isolated from the appendix of a fourth child admitted to hospital.

- S. typhimurium untypable and S. typhimurium phage type 108 were isolated from boiled rice, and S. typhimurium untypable from fried rice served at a private party. S. typhimurium phage type 170 and S. typhimurium untypable were isolated from two patients.

- S. typhimurium phage type 5 was isolated from a further three patients from the Alice Springs area (see CDI 81/3). From 17-22 September, 27 cases of gastro-enteritis were reported, of which 18 were in children aged less than ten years.

  The serotype was also isolated from three young children with diarrhoea in Toowoomba, Queensland.

- S. singapore caused a family outbreak in Sydney following their attendance at a Christmas party. Investigation by the Royal Alexandra Hospital for Children failed to isolate the salmonella source.

- Food poisoning incidents occurred with several other salmonellas. S. bovis-morbificans caused food poisoning in an Adelaide family, with two of the children becoming ill. No agent was reported. S. chester was implicated in one case in Rockhampton, Queensland, and S. havana caused a food poisoning incident through consumption of a home cooked chicken dish that was four days old.

  S. saint-paul continued to be the most commonly isolated salmonella apart from S. typhimurium, with a large number of cases reported from South Australia. Most cases reported symptomatic involvement, but as yet no confirmed source has been recognized for this upsurge. Chicken is the most suspect agent.

MISCELLANEOUS - Individual reports of interest include:

- Sh. flexneri 3A was isolated from a 31 year old pregnant woman who had returned from Tibet two weeks previously, and from her newborn baby one week later. The organism, which was resistant to ampicillin, streptomycin, tetracycline, chloramphenicol and sulphonamides was also isolated from one of the nursing staff, highlighting the highly infectious nature of Shigella infections.

- Sh. flexneri 5A was isolated from a 24 year old female after holidaying in Bali.

- Sh. sonnei biotype G was isolated from a laboratory worker who had previously isolated and identified a Sh. sonnei culture with similar biotype and antibiotic resistance from a patient's faeces.

- S. typhimurium phage type 5 was isolated from urine of a 69 year old female who was being treated with radium therapy for cervical cancer. Other urine isolations made during the quarter include S. typhimurium phage type 9 from a 65 year old female, S. typhimurium phage type 22 from a 52 year old female, and S. typhimurium phage type 127 from a 72 year old diabetic male with diarrhoea and in coma.

- S. typhimurium phage type 12A was isolated from blood and sputum cultures from a 67 year old male with bowel obstruction, peritonitis, diarrhoea and septicaemia. S. chester also caused three cases of septicaemia in a 21 year old male, a 16 year old male, and a five month old boy.

- Post-operative salmonella infections include S. typhimurium phage type 6 from faeces of an 18 year old female, S. typhimurium phage type 26 from faeces of a six year old female, and S. typhimurium phage type 179 from an abscess swab from a 24 year old female. The two latter patients had had appendectomies. S. typhimurium phage type UDNC was isolated from blood of a 60 year old female who was febrile post-laporatomy.

- S. saint-paul was isolated from spinal fluid in a mongoloid child with meningitis.

MIXED INFECTIONS - Reports of interest include:

- S. typhimurium phage type UDNC was isolated from faeces of a 40 year old male who had returned from the Philippines. He was treated for vomiting and diarrhoea there, and was further administered tetracycline on his return. Two cultures of S. typhimurium with the same phage pattern but different antibiotic resistance patterns were isolated. One was resistant to ampicillin, chloramphenicol, tetracycline, streptomycin, sulphonamides, trimethoprim, kanamycin and nalidixic acid, while the other was resistant to streptomycin, sulphonamides, kanamycin and nalidixic acid only.
- S. typhimurium phage type 25 and S. bovis-morbificans were isolated from faeces of a one year old boy.
- S. typhimurium untypable and S. havana were isolated from faeces of a female.

This report is the last for 1980. A yearly report will be issued, and the figures will be available from the authors on request. Statistics on monthly isolation rates will also be available on request.

SALMONELLOSIS AND MARIJUANA - U.S.A.

(Based on MMWR (1981) 30:77)

S. muenchen was isolated from 62 patients involved in a number of separate salmonellosis outbreaks in Ohio and Michigan from 12 December 1980 to 4 February 1981. Samples of marijuana obtained from the households of several of these patients were found to be contaminated with the same serotype.

The marijuana implicated in the outbreaks almost certainly originated from a common source, but since the use and distribution of marijuana are illegal activities, it is doubtful that the details concerning the preparation and dissemination of the contaminated product will be ascertained. The marijuana could have been contaminated with animal faeces either at the time of cultivation or at the time of drying and storage. Salmonella organisms can tolerate dry conditions and are frequently isolated from soil and dust around poultry-rearing facilities.

The precise method of salmonella infection in these circumstances is unknown. The most likely route of infection for the marijuana users was direct contact with the substance while preparing or smoking cigarettes. These patients may have been at additional risk because marijuana has shown to lower gastric acidity[1], so that a lower dose of salmonella organisms could lead to illness. The cases among children and other non-marijuana users indicate that secondary transmission probably occurred, although it is also possible that these patients had direct contact with contaminated environmental sources.

Other infections implicated with marijuana smoking include hepatitis B virus transmission through the saliva on shared cigarettes[2], and invasive pulmonary and allergic bronchopulmonary aspergillosis[3,4]. Aspergillus

organisms were found in 11 of 12 marijuana specimens tested in a recent survey[5], and A. fumigatus spores pass easily through the contaminated marijuana cigarettes when samples are smoked in an Anderson air sampler.

References

1. Lancet (1978) 2:859
2. JAMA (1975) 234:930
3. Am. Intern. Med. (1975) 82:682
4. Chest (1978) 73:871
5. NEJM (1981) 304:483

ECHOVIRUS TYPE 9 OUTBREAK IN A RESIDENTIAL HOME FOR CHILDREN

(Contributed by K. Taylor, Medical Officer, Allambie Reception Centre, Melbourne.)

The index cases were recognized on 1 February 1981, and during the following month, 30 of 35 young children in the nursery contracted the illness. The children, whose ages ranged from four months to five years, were located in three separate areas, in rooms which housed between two and seven inmates.

The illness presented with intermittent fever, peaking in late afternoon or evening. The most marked symptom was lethargy, the children sleeping much of the time between feeds. Eighteen of the children developed on extensive discrete rash, fine or macular, covering trunk, limbs and face, and generally appearing on the second or third day after the onset of fever. A few of the younger children produced very florid rashes which were in evidence for longer - up to seven days. Upper respiratory signs with no lower respiratory involvement were most frequently observed. One four months old boy was extremely irritable. Neck stiffness and photophobia were present, and he appeared to suffer discomfort when the chest or abdomen were palpated. These signs lasted for two days.

Two girls of eight months were also photophobic, irritable and disliked being handled. Surprisingly, their appetites appeared to be little affected. Neither child had clinical signs of gastro-enteritis, although two vomited at the beginning of the illness. Three children had a mild conjunctival discharge, and two produced transient febrile systolic murmers. Treatment was symptomatic, and the children recovered completely. The last case was symptom-free by 7 March.

The younger children suffered more markedly, although none was seriously ill. Five children remained well, although they may have had a sub-clinical infection. Fairfield Hospital, Melbourne, isolated echovirus type 9 from 19 throat swabs and several nasal swabs taken from 23 children (see CDI 81/4, 81/5).

About 20 members of the attendant staff showed evidence of mild upper respiratory tract infection which began about 10-14 days after the initial infection in the nursery. Duration of the illness in the adults was about four days. The main symptoms were tiredness, aching limbs, dizziness, headaches and sore throat. Mild rashes of similar type to those seen in the children were reported in only two instances.

THE CULICIDAE OF THE AUSTRALASIAN REGION

The Commonwealth Institute of Health, Sydney, has recently published an entomology monograph titled "The Culicidae of the Australasian Region",

Volume 1. This is one of a series of 12 volumes in which detailed information, both past and present, of all known species of mosquitoes from the Australasian region will be published. The present volume includes a history of Australian mosquito research, an alphabetic list of species and an extensive bibliography. Copies are available on request from the Commonwealth Institute of Health, University of Sydney, N.S.W. 2006.

NATIONAL VENEREOLOGY COUNCIL OF AUSTRALIA

The National Venereology Council of Australia has recently been inaugurated, and comprises of delegates from each State Venereology Society or equivalent. The functions of the Council include:

- The provision of advice to government, health and education authorities.
- The setting of high scientific and ethical standards in the principles and practice of venereology including; quality control of diagnostic methods; efficacy of treatment; contact tracing, epidemiological surveillance; information collection and dissemination.
- The establishment of guidelines for coordination of education programs and for research projects.
- To improve communication and liaison at national and international levels.
- To stimulate appropriate reactions to changes in the field of venereology.

The International Union against the Venereal Diseases and Treponematoses will hold its second regional meeting in Christchurch, New Zealand, on 23-26 October 1981.

Enquiries regarding registration and submission of papers should be addressed to:

I.U.V.D.T. Conference,
Postgraduate Office,
The Medical Centre,
Christchurch Hospital,
CHRISTCHURCH. NEW ZEALAND

CORRIGENDA

- In CDI 81/3 page 5, it was stated that mecillinam (Selexid) was marketed by Boehringer Ingelheim Pty Ltd. We have since been informed that the drug was imported for a veterinary trial, and is no longer available from the Company.
- In CDI 81/6 page 5 it was stated that "Trypticase soy broth or Trypticase soy broth with 6.5% NaCl were used as Staphylococcal selective media". This sentence should have read "The media used were Trypticase soy broth, or Trypticase soy broth with 6.5% NaCl to provide a selective environment for Staphylococci".

HUMAN SALMONELLOSIS CASES

Period October - December 1980

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. aberdeen	1			1				
S. abony	4	1				3		
S. adelaide	23	3	3	5	4	6		2
S. agona	3	2			1			
S. alachua	1					1		
S. anatum	45	4	9	14	1	15		2
S. angola	1					1		
S. bahrenfeld	4					1		3
S. ball	5					2		3
S. bareilly	1	1						
S. berta	1		1					
S. birkenhead	17	7	2	8				
S. blockley	3	2			1			
S. bournemouth	2					2		
S. bovis-morbificans	40	11	6	7	13	1		2
S. bredeney	17		3	1	8	3		2
S. bukavu	3					3		
S. champaign	2					2		
S. charity	1					1		
S. chester	27	6		12	1	7		1
S. cholerae-suis	1	1						
S. cubana	1					1		
S. derby	15	4	5		3	3		
S. dublin	1	1						
S. eastbourne	4			2		1		1
S. enteritidis	20	3	1	9	2	2	2	1
S. give	12	2	2	1		3		4
S. havana	27	3		5	2	11		6
S. heidelberg	5		4			1		
S. houten	1			1				
S. hvittingfoss	6		2	1	1	2		
S. infantis	23	9	3	4	3	4		
S. jangwani	3					1		2
S. java	4	2		1				1
S. java dundee	1	1						
S. johannesburg	1	1						
S. kentucky	1					1		
S. kottbus	6	3		1		1		1
S. krefeld	2	1	1					
S. lansing	9			3		3		3
S. litchfield	7			3				4
S. london	1					1		
S. mbandaka	1		1					
S. mississippi	1						1	
S. muenchen	43	4	2	8	8	15		6

HUMAN SALMONELLOSIS CASES

Period October - December 1980

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. muenster	2	1				1		
S. new brunswick	1			1				
S. newington	2			2				
S. newport	22	15		3	1	2	1	
S. ohio	2	1	1					
S. onderstepoort	4							4
S. oranienburg	7	1		4		1		1
S. orientalis	29	3		26				
S. orion	8				1	3		4
S. oslo	2		1	1				
S. panama	1				1			
S. paratyphi A	2	1			1			
S. paratyphi A1	2		2					
S. paratyphi A5	1		1					
S. paratyphi B taunton	1	1						
S. paratyphi B 3a I var 4	1		1					
S. potsdam	6	1		4	1			
S. rubislaw	11	2		1		7		1
S. saint-paul	91	4	8	18	50	2	1	8
S. schwarzengrund	2		2					
S. senftenberg	15		1			12		2
S. singapore	36	9	26					1
S. sofia	1	1						
S. staqueli	1							1
S. tennessee	12		2	1		6		3
S. thompson	1			1				
S. typhi*	18	12	5				1	
S. typhimurium*	494	105	216	29	104	27	4	9
S. untypable 1,4,5, 12:1,2	1		1					
S. untypable	11		1	3	2	3		2
S. virchow	27	1	1	23	2			
S. wandsworth	22			2		18		2
S. warragul	1	1						
S. waycross	4	2		2				
S. welikade	7			4				3
S. weltrevreden	5		1					4
S. zehlendorf	1					1		
S. 4,12:D	7		1	3	1			2
TOTAL	1258	233	316	215	212	181	10	91

HUMAN SALMONELLOSIS CASES

Period October - December 1980

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. typhimurium*								
S. typhimurium	33	9	22		1	1		
S. typhimurium UDNC	24	3	5	1	11	2		2
S. typhimurium untyp	40	8	26		3	2		1
phage type 1	3	1			2			
phage type 4	9	3	3		2	1		
phage type 5	10	1		5				4
phage type 6	6	3			3			
phage type 8	4		1		2	1		
phage type 9	44	6	12		17	9		
phage type 12	2				1		1	
phage type 12A	36	5	5	2	23			1
phage type 21	1	1						
phage type 22	16	6	2	5		3		
phage type 23	2	1						1
phage type 24	2	2						
phage type 25	2	1	1					
phage type 26	11	3	5	1	1	1		
phage type 27	9		6	2	1			
phage type 30	1				1			
phage type 35	2	1		1				
phage type 44	99	3	94	1	1			
phage type 55	4	3			1			
phage type 64	12	1	2		9			
phage type 69	1				1			
phage type 72	2					2		
phage type 101	7	1	2	1			3	
phage type 102	1	1						
phage type 108	4	2		2				
phage type 121	5	4	1					
phage type 124	4	3	1					
phage type 127	6	1	2		3			
phage type 134	1	1						
phage type 135	39	14	4	3	8			
phage type 141	3			1	1	1		
phage type 145	4	2			2			
phage type 154	2				2			
phage type 155	1				1			
phage type 168	2				2			
phage type 170	7	5		1	1			
phage type 174	2				2			
phage type 176	1					1		
phage type 178	1	1						
phage type 179	21	3	11	3	1	3		
phage type 182	1	1						

HUMAN SALMONELLOSIS CASES

Period October - December 1980

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
phage type 183	5	4	1					
phage type 185	2	1			1			
TOTAL	494	105	216	29	104	27	4	9
S. typhi								
S. typhi A	1		1					
S. typhi E1	5		4				1	
S. typhi untyp	11	11						
S. typhi 27	1	1						
TOTAL	18	12	5				1	
Sh. boydii 4	1	1						
Sh. dysenteriae 2	1		1					
Sh. flexneri 2A	4							4
Sh. flexneri 3A	7		5	1	1			
Sh. flexneri 3C	1		1					
Sh. flexneri 4A	1	1						
Sh. flexneri 5A	3		3					
Sh. flexneri 5B	1	1						
Sh. flexneri 6	3							3
Sh. sonnei	4	1						3
Sh. sonnei BIO A	47		2		16			29
Sh. sonnei BIO B	1				1			
Sh. sonnei BIO G	4		4					
TOTAL	78	4	16	1	18			39

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 1

REPORTING PERIOD - 19-3-81 - 1-4-81 BULLETIN NUMBER . 81/7

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.....	12		1		2	3	6		24
0101 ADENOVIRUS TYPE 1.....	1					1		1	3
0102 ADENOVIRUS TYPE 2.....	2				1				3
0103 ADENOVIRUS TYPE 3.....	5	1						2	8
0104 ADENOVIRUS TYPE 4.....	1								1
0105 ADENOVIRUS TYPE 5.....	1	1				1			3
0107 ADENOVIRUS TYPE 7.....	2								2
0115 ADENOVIRUS TYPE 15.....	1								1
0119 ADENOVIRUS TYPE 19.....	2					1		3	6
0126 ADENOVIRUS TYPE 26.....								1	1
0199 ADENOVIRUS TYPING PENDING.....		3	2		1	3			9
0201 INFLUENZA A VIRUS.....			3			1			4
0301 PARAINFLUENZA VIRUS TYPE 1.....					2	24			26
0302 PARAINFLUENZA VIRUS TYPE 2.....					3	1			4
0303 PARAINFLUENZA VIRUS TYPE 3.....					3	1			4
0399 PARAINFLUENZA VIRUS TYPING PENDING.						5			5
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...		20	1	1	5	1	32	2	62
0500 RHINOVIRUS (ALL TYPES).....		1		1	14		7	1	24
0600 MYCOPLASMA PNEUMONIAE.....	4	1	2			2	2		11
0700 ORNITHOSIS-PSITTACOSIS.....	2		2						4
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....								1	1
0809 COXSACKIEVIRUS A9.....				1					1
0816 COXSACKIEVIRUS A16.....				3			1		4
0902 COXSACKIEVIRUS B2.....		1							1
1002 ECHOVIRUS TYPE 2.....	1						1		2
1006 ECHOVIRUS TYPE 6.....							2		2
1007 ECHOVIRUS TYPE 7.....	2								2
1009 ECHOVIRUS TYPE 9.....	1		1	1		1			4
1011 ECHOVIRUS TYPE 11.....			1		1	1			3
1013 ECHOVIRUS TYPE 13.....							1		1
1014 ECHOVIRUS TYPE 14.....							2		2
1017 ECHOVIRUS TYPE 17.....	1								1
1018 ECHOVIRUS TYPE 18.....			1						1
1022 ECHOVIRUS TYPE 22.....	2								2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2.

REPORTING PERIOD - 19-3-81 - 1-4-81 BULLETIN NUMBER . 81/7

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
1024 ECHOVIRUS TYPE 24	1								1
1025 ECHOVIRUS TYPE 25	2						1		3
1030 ECHOVIRUS TYPE 30				6	2				8
1031 ECHOVIRUS TYPE 31				1					1
1033 ECHOVIRUS TYPE 33			1						1
1101 POLIOVIRUS TYPE 1		1					2		3
1102 POLIOVIRUS TYPE 2	1					1	1		3
1103 POLIOVIRUS TYPE 3						3	1	1	5
1200 MUMPS VIRUS	1			1			1	1	4
1300 HERPES VIRUS GROUP-NOT TYPED	22		6	2		1			31
1301 HERPES SIMPLEX VIRUS NOT-TYPED		3		4		1		36	44
1302 EPSTEIN-BARR VIRUS (EB VIRUS)						1		3	4
1303 VARICELLA-ZOSTER VIRUS	1		2	1		1			5
1306 HERPES SIMPLEX TYPE 1	6		1	15		12	10		44
1307 HERPES SIMPLEX TYPE 2	62		5	27		15	14		123
1399 HERPES VIRUS TYPING PENDING			5		8				13
1401 COXIELLA BURNETI	9					4	9		22
1521 MEASLES VIRUS	3		1		1				5
1522 RUBELLA VIRUS							1	2	3
1532 HEPATITIS B ANTIGEN	21		3	33	2	13	2	8	82
1535 HEPATITIS A ANTIBODY	13	1		8		11	2	14	49
1541 CHLAMYDIA A - TRIC TYPE	29		2			4		27	62
1556 CMV - CYTOMEGALOVIRUS	4	3	16		1	1	3	4	30
1562 REOVIRUS (ALL TYPES)	2								2
1563 CORONAVIRUS				7					7
1564 ROTAVIRUS	1		1	3	3	5			13
1565 CALICI VIRUS	1								1
1599 ENTEROVIRUS TYPING PENDING		6	4		16				26
SINDBIS VIRUS							1		1
ROSS RIVER VIRUS							17	5	22
SMALL VIRUS (LIKE) PARTICLE	1								1
ARBO. GROUP B. ...								1	1
Total	220	42	61	115	65	119	119	113	854

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 3

PERIOD : 19/3/81 to 1/4/81 .... 81/7

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						2				
0102 ADENOVIRUS TYPE 2.....		1					2				
0103 ADENOVIRUS TYPE 3.....							3				1
0104 ADENOVIRUS TYPE 4.....							1				
0105 ADENOVIRUS TYPE 5.....							2			1	
0107 ADENOVIRUS TYPE 7.....		2									
0201 INFLUENZA A VIRUS.....		2									1
0301 PARAINFLUENZA VIRUS TYPE 1....		24									1
0302 PARAINFLUENZA VIRUS TYPE 2....		4									
0303 PARAINFLUENZA VIRUS TYPE 3....		3									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		64									
0500 RHINOVIRUS (ALL TYPES).....		11								1	
0600 MYCOPLASMA PNEUMONIAE.....	1	7									
0700 ORNITHOSIS-PSITTACOSIS.....		4									
0816 COXSACKIEVIRUS A16.....		1									3
0902 COXSACKIEVIRUS B2.....							1				
1002 ECHOVIRUS TYPE 2.....				2							
1006 ECHOVIRUS TYPE 6.....		1					1				
1007 ECHOVIRUS TYPE 7.....			2								
1009 ECHOVIRUS TYPE 9.....				2			2				
1011 ECHOVIRUS TYPE 11.....							2				
1013 ECHOVIRUS TYPE 13.....		1									
1014 ECHOVIRUS TYPE 14.....		2									
1018 ECHOVIRUS TYPE 18.....				1							
1022 ECHOVIRUS TYPE 22.....		1					1				
1024 ECHOVIRUS TYPE 24.....				1							
1025 ECHOVIRUS TYPE 25.....							1				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 19/3/81 to 1/4/81 .... 81/7

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	Respiratory	Encephalitis	Meningitis	Paralysis	CNS other unspec	GI	Hepatic	CVS	Urinary	Skin/mucs memb
1030 ECHOVIRUS TYPE 30				3		1	1				
1031 ECHOVIRUS TYPE 31				1							
1033 ECHOVIRUS TYPE 33				1							
1101 POLIOVIRUS TYPE 1	1	1									1
1102 POLIOVIRUS TYPE 2	1						1				
1103 POLIOVIRUS TYPE 3				1			3				
1200 MUMPS VIRUS				3							
1300 HERPES VIRUS GROUP-NOT TYPED	3	1									17
1301 HERPES SIMPLEX VIRUS NOT-TYPED	2		1								23
1303 VARICELLA-ZOSTER VIRUS	1	1									2
1306 HERPES SIMPLEX TYPE 1		1									33
1307 HERPES SIMPLEX TYPE 2											8
1401 COXIELLA BURNETI	8	1					1				
1521 MEASLES VIRUS	2										2
1522 RUBELLA VIRUS											3
1532 HEPATITIS B ANTIGEN	45							35			
1535 HEPATITIS A ANTIBODY	1							48			
1556 CMV - CYTOMEGALOVIRUS	8	1				1				2	1
1563 CORONAVIRUS							7				
1564 ROTAVIRUS							13				
1565 CALICI VIRUS							1				
ROSS RIVER VIRUS	1										4
Total	75	134	3	15		2	45	83		4	100

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

5

81/7

PERIOD : 19/3/81 to 1/4/81 ...
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;
38 -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									
0103 ADENOVIRUS TYPE 3.....	3									1
0115 ADENOVIRUS TYPE 15.....	1									
0119 ADENOVIRUS TYPE 19.....	3	3								
0126 ADENOVIRUS TYPE 26.....		1								
0201 INFLUENZA A VIRUS.....								1		
0301 PARAINFLUENZA VIRUS TYPE 1....							1			
0303 PARAINFLUENZA VIRUS TYPE 3....							1			
0600 MYCOPLASMA PNEUMONIAE.....							2	1		
0700 ORNITHOSIS-PSITTACOSIS.....							1			
0809 COXSACKIEVIRUS A9.....	1									
0902 COXSACKIEVIRUS B2.....								1		
1002 ECHOVIRUS TYPE 2.....								1		
1006 ECHOVIRUS TYPE 6.....							1			
1017 ECHOVIRUS TYPE 17.....							1			
1025 ECHOVIRUS TYPE 25.....							1	1		
1030 ECHOVIRUS TYPE 30.....					1			1	1	
1102 POLIOVIRUS TYPE 2.....										1
1103 POLIOVIRUS TYPE 3.....									1	
1200 MUMPS VIRUS.....			2							
1300 HERPES VIRUS GROUP-NOT TYPED..	1	5		1					2	
1301 HERPES SIMPLEX VIRUS NOT-TYPED		21								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).		1		3						
1303 VARICELLA-ZOSTER VIRUS.....									1	
1306 HERPES SIMPLEX TYPE 1.....	2	8						1		
1307 HERPES SIMPLEX TYPE 2.....		116								
1401 COXIELLA BURNETI.....							7	7		
1521 MEASLES VIRUS.....									1	

6

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

81/7

PERIOD : 19/3/81 to 1/4/81 ...
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 ...

-CONTINUED

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
1522 RUBELLA VIRUS.....								2		
1532 HEPATITIS B ANTIGEN.....									2	
1541 CHLAMYDIA A - TRIC TYPE.....	4	58								
1556 CMV - CYTOMEGALOVIRUS.....		2	1		1	4	1	6	5	
1562 REOVIRUS (ALL TYPES).....							2			
SINDBIS VIRUS					1			1		
ROSS RIVER VIRUS					20			7		
SMALL VIRUS (LIKE) PARTICLE										1
Total.....	16	215	3	4	23	4	18	30	13	3