



Communicable Diseases Intelligence

Bulletin number 81/14

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VIRUS REPORTING SCHEME - A total of 892 reports were received this period. The reports suggest a general increase in both Coxiella burnetii infections (36 reports compared with 23, 25 and 18 for the previous three periods) and mumps infections (21 reports compared with 12, 14 and 8 for the previous three periods).

Reports of interest include:

- . Unusual arbovirus activity in Queensland and Tasmania

Dengue type 1 (endemic in S.E. Asia) has been confirmed by the State Health Laboratory and the Queensland Institute of Medical Research, Brisbane, in a 46 year old female from Cairns. She had no history of recent overseas travel. During a visit to a public park in March, she was severely bitten by mosquitoes. She developed fever and headache, with a generalised rash which persisted for five days. Joint and bone involvement was not a feature. Serum samples were taken two days, 12 days and ten weeks after onset. An HI titre of 1/80 with specific IgM to dengue type 1 virus was detected in her second serum sample. The possibility that this incident was a local transmission from an imported case is being considered, making it the first indication of indigenous dengue in Australia since 1955.

Fairfield Hospital, Melbourne, reported one suspected and one confirmed Ross River virus infection in a 44 year old female (serum taken on 28 May 1981) and in a 29 year old male truckdriver (serum taken on 13 April 1981) from Tasmania. Neither patient had travelled from the island in recent months. Serological and entomological studies are in progress.

- . The first 1981 reports of adenovirus type 10 were received from two laboratories; two isolations from genital sources from a 47 year old male and a 22 year old female by the State Health Laboratory Services, Perth, and one isolation from the nasal aspirate of a ten month old girl presenting with meningitis by Woden Valley Hospital, Canberra.
- . Specific IgM to rubella virus was detected in a three day old neonate at the Royal Alexandra Hospital for Children, Sydney. The girl presented with thrombocytopenic purpura, a congenital heart defect, possible pulmonary stenosis, bilateral dislocated hip and dislocated left knee. The mother had no history of vaccination.

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NATIONAL SALMONELLA/SHIGELLA SURVEILLANCE - 1980

(Contributed by C. Beaton and J. Taplin, Microbiological Diagnostic Unit, Melbourne).

Last year was the first time a computerised reporting system was used for collecting and collating data on enteric pathogens on a nationwide basis. Information was collected with the co-operation of the major enteric reference laboratories; the Salmonella Reference Laboratory, Adelaide; the State Health Laboratory, Perth; and the Microbiological Diagnostic Unit (MDU), Melbourne. However, the development of an accurate and current national data base could not have functioned effectively without the assistance of the many laboratories who supported the State laboratories, and the other laboratories who contributed their reports independently.

A total of 5,294 human salmonellosis cases involving 109 serotypes were reported under the scheme, with a State distribution of:- 39 from the Australian Capital Territory; New South Wales - 1,146; Victoria - 1,212; Queensland - 948; South Australia - 769; Northern Territory - 337; Western Australia - 770 and 73 from Tasmania. A further 250 shigella isolates were serotyped. Apart from S. typhimurium (2,340 reports) which is considered separately by phage type below, the ten most commonly isolated serotypes were:-

S. bovis-morbificans (376); S. saint-paul (232); S. havana (138); S. muenchen (137); S. chester (127); S. anatum (124); S. virchow (105); S. infantis (96); S. derby (74; 36 isolates from Indo-Chinese refugees) and S. enteritidis (72).

The ten most commonly isolated S. typhimurium phage types were:-

Phage type 179 (259); untypable (233); phage type 170 (168); phage type 12A (150); phage type 44 (135); phage type 135 (131); phage type 26 (113); phage type 9 (99); phage type 5 (83) and phage type 64 (68).

The large number of isolates of S. typhimurium phage type 44 was due to food-borne infections during October (see CDI 81/7). Normally this is an uncommon phage type.

Serotypes that were reported as causing septicaemia were S. abony (1); S. adelaide (1); S. anatum (1); S. bovis-morbificans (7); S. chester (2); S. cholerae-suis (1); S. infantis (2); S. muenchen (1); S. newport (1); S. paratyphi A (1); S. saint-paul (2); S. virchow (1) and the S. typhimurium phage types UDNC (2); untypable (2); 9 (1); 12A (1); 26(1); 35 (1); 44 (4); 135 (2); 179 (1) and 183 (1).

Several salmonella serotypes caused major food poisoning incidents during 1980.

- In July, S. alachua, S. bere, S. cerro, S. havana, S. mbandaka, S. neinstedten, S. senftenberg and also a Vibrio cholerae were isolated from passengers on a single flight (see CDI 80/14 and 81/3). The patient who presented with the symptoms of cholera was the only passenger from whom V. cholerae was isolated. The other salmonella serotypes were found on routine screening after approximately half of the passengers reported symptoms of gastrointestinal infection.

- S. ball and S. give were involved in an incident in Western Australia in May, when an inadequately cooked pig was served at a party.
- S. bovis-morbificans was involved in several outbreaks at the beginning of 1980. Two of these incidents involved the same club in a country town where large numbers of people attended parties over the holiday season (see CDI 80/8). The serotype was also involved in a hospital infection of geriatric patients in a Victorian country hospital (see CDI 80/20). Three patients were infected in March and a further 21 patients and 13 staff members over the next two weeks of April.
- S. singapore was involved in a nosocomial outbreak in Melbourne. Seven staff members who had attended a self-catered party were found to be excreting the serotype (see CDI 81/7).
- S. orientalis appeared in large numbers in a local outbreak on the Gold Coast of Queensland.

S. typhimurium was involved in four major incidents in 1980.

- In a S. typhimurium UDNC (resistant to ampicillin, streptomycin, chloramphenicol, tetracycline and sulphonamide) outbreak, the index case was admitted to a Melbourne hospital. During her sojourn, three other children became infected. The phage type was also isolated from two siblings of one of these patients, the mother and brother of the index case, and two further cases in the country town of origin.
- S. typhimurium untypable was responsible for an outbreak affecting at least 42 people at a birthday party in which contaminated chicken was served. The chicken had been prepared by the hosts of the party, but had been poorly handled.
- S. typhimurium phage type 170 was isolated from salami and 25 patients in Victoria and South Australia.
- S. typhimurium phage type 44 was isolated from cold roast pork and 40 cases in Victoria. Ten cases were from a number of country towns.

The 178 salmonella and nine shigella serotypes isolated from Indo-Chinese refugees include:-

Sh. boydii (1); Sh. flexneri (6); Sh. sonnei (2); S. abony (1); S. agona (26); S. anatum (11); S. bareilly (2); S. berta (2); S. blockley (3); S. bovis-morbificans (3); S. bredeney (2); S. cubana (1); S. derby (36); S. eastbourne (1); S. give (1); S. haifa (1); S. houten (1); S. indiana (1); S. java (1); S. javiana (3); S. kentucky (2); S. krefeld (9); S. lexington (2); S. london (4); S. mbandaka (2); S. meleagridis (1); S. montevideo (3); S. muenchen (1); S. oslo (2); S. panama (1); S. paratyphi A (1); S. senftenberg (13); S. singapore (2); S. stanley (4); S. typhi (7); S. typhimurium (6:- phage type 1 (1); phage type 9 (2); phage type 26 (2); untypable (1)); S. virchow (1); S. welikade (1); S. weltrevreden (3); S. worthington (4).

There were 11 reported isolations (from nine patients) of S. paratyphi A in 1980. Seven strains isolated from patients who had travelled overseas were phage-typed. Phage type 1 was identified in an asymptomatic Vietnamese refugee who had arrived in Australia 18 months previously and in an

asymptomatic male who had been in Lebanon five years previously. Phage type 5 was isolated from a 79 year old asymptomatic female who had been infected in Djarkarta in 1979, phage type 2 from a male who had recently visited Thailand and phage type 4 from a male who had visited India. There were 12 isolations of S. paratyphi B of which eight were phage typed. Phage type Dundee was isolated from a female who had been travelling in the Middle East, and phage type 3aI var 4 from urine of a 49 year old man with a urinary tract infection and poorly functioning kidneys; no history was available for the remaining isolates.

A total of 67 cultures of S. typhi from 35 patients were phage typed. Of the 25 new cases, 13 contracted the disease overseas:- Indonesia (6); Bali (3); Afghanistan (1); Chile (1); Malaysia/Singapore (1) and Lebanon (1). Two cases were from Indo-Chinese refugees. Three cases were infected by other family members, and no cause could be established for the remaining seven cases. Three of the new carriers were Indo-Chinese refugees detected on routine screening; two were detected after cholecystectomy and two were found on screening family contacts of new cases. All cultures tested were sensitive to ampicillin, chloramphenicol, streptomycin, tetracycline, sulphafurazole, trimethoprim and kanamycin.

Several serotypes exhibited changes in prevalence during the year. S. saint-paul exhibited a major frequency rise, particularly in South Australia; S. chester fluctuated throughout 1980; and S. bovis-morbificans, which usually increases during the first months of the year, showed a marked increased isolation rate due to food poisoning incidents.

Serotypes that are worthy of special mention or showing particular geographical distribution are:-

<u>S. aberdeen</u>	only from Queensland (5)
<u>S. albany</u>	only from Queensland (1)
<u>S. angola</u>	only from Western Australia (1)
<u>S. bahrenfeld</u>	mainly from Northern Territory (6), Western Australia (4) and Tasmania (1)
<u>S. ball</u>	only from Northern Territory (10), Western Australia (7) and Queensland (1)
<u>S. berta</u>	from an Indo-Chinese refugee, Victoria (1)
<u>S. birkenhead</u>	particularly prevalent in New South Wales (16) and Queensland (24)
<u>S. binza</u>	only from Western Australia (1)
<u>S. bournemouth</u>	only from Western Australia (2)
<u>S. braenderup</u>	only from Western Australia (1)
<u>S. breukelen</u>	only from Queensland (2)
<u>S. broughton</u>	only from Victoria (1)
<u>S. bukavu</u>	only from Northern Territory (5) and Western Australia (1)
<u>S. champaign</u>	only from Western Australia (3)
<u>S. corvallis</u>	only from Queensland (1)
<u>S. dublin</u>	only from New South Wales (2)
<u>S. emmastad</u>	only from Western Australia (1)
<u>S. emek</u>	only from New South Wales (1)
<u>S. fremantle</u>	only from Western Australia (1)
<u>S. houten</u>	only from Queensland (2) and Victoria (Indo-Chinese refugee-1)
<u>S. isangi</u>	only from New South Wales (1)

<u>S. johannesburg</u>	only from New South Wales (1) and Northern Territory (1)
<u>S. kimberley</u>	only from Western Australia (1)
<u>S. krefeld</u>	nine of the ten cases from refugees (Victoria)
<u>S. lansing</u>	principally from Queensland (12), Western Australia (7) and Northern Territory (3) in the last quarter of the year.
<u>S. lille</u>	only from New South Wales (1)
<u>S. lombruegge</u>	only from Queensland (1)
<u>S. mississippi</u>	only from Tasmania (10)
<u>S. newington</u>	only from Queensland (6) and Northern Territory (1)
<u>S. omderman</u>	only from New South Wales (1)
<u>S. orientalis</u>	principally from Queensland (30 of 34)
<u>S. ramatgan</u>	only from South Australia (1)
<u>S. schwarzengrund</u>	principally from Victoria (7 of 8)
<u>S. urbana</u>	only from Western Australia (3)
<u>S. virchow</u>	not isolated from Northern Territory or Western Australia
<u>S. warragul</u>	only from New South Wales (1)
<u>S. welikade</u>	principally from Queensland (5) and Northern Territory (4), and in the last quarter
<u>S. weltevreden</u>	principally from Northern Territory (16 of 28)
<u>S. zehlendorf</u>	only from Western Australia (2)

The figures in brackets refer to the number of isolations.

A comprehensive computer tabulation of the salmonella, shigella and E. coli isolations collated by the MDU in 1980 is available from the authors.

EVALUATION OF THE FUNGUS CULICINOMYCES FOR THE BIOLOGICAL CONTROL OF MOSQUITO LARVAE

(Contributed by A.W. Sweeny, Malaria Research Unit, RAAMC, Ingleburn, N.S.W.).

In recent years the environmental problems associated with the use of chemical insecticides, together with the development of insecticide resistance in some pest and vector species, have emphasised the need for alternative mosquito control methods. A promising area of research which may provide one such alternative is the use of naturally occurring mosquito pathogens. Culicinomyces, a mosquito pathogenic fungus discovered in Sydney in 1972, has been the subject of extensive Australian studies to evaluate the organism as a possible mosquito larvicide.

Spores are ingested by larvae, with mycotic invasion through the digestive tract. Laboratory investigations have shown that exposure to Culicinomyces is lethal to all mosquito species within the Anopheles, Culex and Aedes genera. Furthermore, it appears to be specific for mosquitoes and aquatic larvae of some other flies, and does not appear to harm other aquatic and terrestrial animals. A particular advantage of this entomogenous

fungus is that it can be produced in fermentation culture, offering the possibility for industrial mass production.

Field tests, using spores produced in the penicillin facility of the Commonwealth Serum Laboratories, Melbourne, were conducted in Mildura, Victoria, during March 1981 against the Australian encephalitis vector Culex annulirostris. The fungus successfully controlled mosquito larvae in three stable pools containing clear water, with no apparent effect on other non-target organisms present. However, complete control was not achieved in an anaerobic pond, nor in a pond polluted with sewage effluent.

Spores propagated on dead larvae are lethal to other susceptible specimens, so that the fungus has the potential to recycle following field application. However, to date Culicinomyces has not been shown to produce effective recycling control beyond one larval generation, although it has persisted for at least 18 months following application to a pond in Camden, NSW.

Further research is required before it will be known whether this fungus can be employed as a practical mosquito control agent. Existing strains of the fungus do not grow at 30°C or above, so that selection of more temperature tolerant strains may be required for use in tropical areas.

This work is being pursued as a collaborative project between the Australian Army Malaria Research Unit, and the Commonwealth Institute of Health, Sydney. Further field tests are planned to define the situations in which Culicinomyces can produce consistent and satisfactory control of mosquito populations. Attempts are also being made to improve the yields of spores in industrial fermenters, and to find means of prolonging their activity during storage.

MALARIA IN AUSTRALIA - 1980

(Contributed by R.H. Black, Central Registry of Malaria Cases, Commonwealth Institute of Health, Sydney).

There were 628 cases of malaria entered in the Central Register of Malaria Cases for 1980 (see also CDI 80/18 for an interim report). Of these, 625 were imported, two were introduced (see CDI 80/2) and one was a relapse of an introduced case. There was one death from falciparum malaria, the patient having been transferred critically ill from Papua New Guinea.

The distribution of cases by State and Territory was: Australian Capital Territory - 18; New South Wales - 176; Victoria - 120; Queensland - 190; South Australia - 59; Western Australia - 50; Tasmania - 8; Northern Territory - 7.

Plasmodium vivax was the most common infection (529 reports), followed by P. falciparum (89), P. malariae (1) and P. ovale (1). There were four mixed infections of P. vivax with P. falciparum, and four cases where the species was not determined. Since all P. falciparum patients were treated with primaquine and quinine, the number of chloroquine-resistant parasites is unknown. The origin of the 625 imported cases were Asia (309 reports), S.W. Pacific (295), Africa (5), Central America (3), with no information available on 13 cases. There were 225 cases of malaria in Indo-Chinese refugees, most being P. vivax infections acquired during transit in Indonesia.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 25-6-81 - 8-7-81 BULLETIN NUMBER
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

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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.....	7				1		8	4	20
0101 ADENOVIRUS TYPE 1.....	1			1	6	1		1	10
0102 ADENOVIRUS TYPE 2.....				3	2	3		1	9
0103 ADENOVIRUS TYPE 3.....	2				2			2	6
0105 ADENOVIRUS TYPE 5.....	1			1		1			2
0106 ADENOVIRUS TYPE 6.....						1			1
0107 ADENOVIRUS TYPE 7.....	1				1				2
0110 ADENOVIRUS TYPE 10.....	1							2	3
0119 ADENOVIRUS TYPE 19.....			2						2
0199 ADENOVIRUS TYPING PENDING.....		2			3	2			7
0201 INFLUENZA A VIRUS.....			2	3		5		1	11
0203 INFLUENZA B VIRUS.....			1						1
0301 PARAINFLUENZA VIRUS TYPE 1.....					3	3		12	18
0302 PARAINFLUENZA VIRUS TYPE 2.....						1			1
0303 PARAINFLUENZA VIRUS TYPE 3.....	1				1	2		1	5
0399 PARAINFLUENZA VIRUS TYPING PENDING.....						3			3
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)...	7	9	1	15	42	5	11	1	91
0500 RHINOVIRUS (ALL TYPES).....	2			2	10	1	3	1	19
0600 MYCOPLASMA PNEUMONIAE.....	2	1	1	2			7		13
0700 ORNITHOSIS-PSITTACOSIS.....			4						4
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....								1	1
0904 COXSACKIEVIRUS B4.....						1		1	2
1002 ECHOVIRUS TYPE 2.....	1								1
1005 ECHOVIRUS TYPE 5.....							1	1	2
1006 ECHOVIRUS TYPE 6.....	2		1		2				5
1009 ECHOVIRUS TYPE 9.....	1							2	3
1014 ECHOVIRUS TYPE 14.....					1				1
1017 ECHOVIRUS TYPE 17.....	2								2
1022 ECHOVIRUS TYPE 22.....			1		3		1	1	6
1025 ECHOVIRUS TYPE 25.....					1				1
1030 ECHOVIRUS TYPE 30.....				2	1				3

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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REPORTING PERIOD - 25-6-81 - 8-7-81 BULLETIN NUMBER
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

81/14

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.....		3		1				1	5
1102 POLIOVIRUS TYPE 2.....	1								1
1103 POLIOVIRUS TYPE 3.....						1	1	1	3
1104 POLIOVIRUS-VACCINAL STRAIN.....					7				7
1199 POLIOVIRUS TYPING PENDING.....		1							1
1200 MUMPS VIRUS.....	6	1	1	7			3	3	21
1300 HERPES VIRUS GROUP-NOT TYPED.....	22		4	6		2	1		35
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....	1	2		8			1	25	37
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	10					3			13
1303 VARICELLA-ZOSTER VIRUS.....	1		1	2	1	2	2		9
1306 HERPES SIMPLEX TYPE 1.....	5			16		15	9		45
1307 HERPES SIMPLEX TYPE 2.....	59			15		19	13		106
1399 HERPES VIRUS TYPING PENDING.....			11		9	3			23
1401 COXIELLA BURNETI.....	11		2	5		6	12		36
1502 PICORNA VIRUS-NOT TYPED.....								1	1
1514 MOLLUSCUM CONTAGIOSUM.....								1	1
1521 MEASLES VIRUS.....	2	4	1		2				9
1522 RUBELLA VIRUS.....		1	1	2		1	1		6
1532 HEPATITIS B ANTIGEN.....	5		7	36		7	5	9	69
1535 HEPATITIS A ANTIBODY.....	5			14		2	2		23
1541 CHLAMYDIA A - TRIC TYPE.....	11							32	43
1556 CMV - CYTOMEGALOVIRUS.....	3		3	14	3		4	2	29
1562 REOVIRUS (ALL TYPES).....						3			3
1564 ROTAVIRUS.....	7	5	1		12	29		3	57
1565 CALICI VIRUS.....	1								1
1599 ENTEROVIRUS TYPING PENDING.....			1		8				9
ARBO. GROUP A. (UNSPECIFIED)				1					1
ROSS RIVER VIRUS				3			27	3	33
ASTROVIRUS	5								5
SMALL VIRUS (LIKE) PARTICLE	3					1			4
DENGUE							1		1
Total.....	188	29	46	159	121	123	113	113	892

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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81/14

PERIOD : 25/6/81 to 8/7/81

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/mucous memb
0101 ADENOVIRUS TYPE 1.....		6					4				
0102 ADENOVIRUS TYPE 2.....	1	6					2				
0103 ADENOVIRUS TYPE 3.....		3							1		
0105 ADENOVIRUS TYPE 5.....		1					1				
0106 ADENOVIRUS TYPE 6.....							1				
0107 ADENOVIRUS TYPE 7.....		2							1		
0110 ADENOVIRUS TYPE 10.....	1			1							
0199 ADENOVIRUS TYPING PENDING.....		1									
0201 INFLUENZA A VIRUS.....		7		1							1
0203 INFLUENZA B VIRUS.....		1									
0301 PARAINFLUENZA VIRUS TYPE 1....		16				1					
0302 PARAINFLUENZA VIRUS TYPE 2....		1									
0303 PARAINFLUENZA VIRUS TYPE 3....		4							1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	1	93									
0500 RHINOVIRUS (ALL TYPES).....	3	13									1
0600 MYCOPLASMA PNEUMONIAE.....	3	10									
0700 ORNITHOSIS-PSITTACOSIS.....		2									
0904 COXSACKIEVIRUS B4.....							1		1		
1005 ECHOVIRUS TYPE 5.....	2										
1006 ECHOVIRUS TYPE 6.....		4	1				1				
1009 ECHOVIRUS TYPE 9.....	3										
1014 ECHOVIRUS TYPE 14.....				1							
1017 ECHOVIRUS TYPE 17.....		2									
1022 ECHOVIRUS TYPE 22.....	1	2					2				
1025 ECHOVIRUS TYPE 25.....	1										
1030 ECHOVIRUS TYPE 30.....				3							
1101 POLIOVIRUS TYPE 1.....		1	1			1					

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 25/6/81 to 8/7/81

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Viral identifications by Clinical Information Table 1.

Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.;

07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.-CONTINUED

VIRUS OR VIRAL ANTIGEN	No-ill or data	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
1103 POLIOVIRUS TYPE 3.....	1						1				
1104 POLIOVIRUS-VACCINAL STRAIN....	1	2				2	2				
1200 MUMPS VIRUS.....	1			1							
1300 HERPES VIRUS GROUP-NOT TYPED..	1										1
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2									15
1302 EPSTEIN-BARR VIRUS (EB VIRUS) .	4	2									
1303 VARICELLA-ZOSTER VIRUS.....			1			2		1			6
1306 HERPES SIMPLEX TYPE 1.....	1	2	1	1							30
1307 HERPES SIMPLEX TYPE 2.....	1										5
1401 COXIELLA BURNETI.....	6	4									1
1514 MOLLUSCUM CONTAGIOSUM.....											1
1521 MEASLES VIRUS.....						1					7
1522 RUBELLA VIRUS.....											4
1532 HEPATITIS B ANTIGEN.....	35							34			
1535 HEPATITIS A ANTIBODY.....	1							22			
1556 CMV - CYTOMEGALOVIRUS.....	10	5				1		1		2	
1562 REOVIRUS (ALL TYPES).....							3				
1564 ROTAVIRUS.....		1		1			54				
1565 CALICI VIRUS.....							1				
ROSS RIVER VIRUS	4										3
ASTROVIRUS							4				
SMALL VIRUS (LIKE) PARTICLE							4				
DENGUE (TYPE 3)											1
Total.....	82	193	4	9		8	81	58	4	2	76

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 25/6/81 to 8/7/81 ... 81/14
 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 ...

VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
0103 ADENOVIRUS TYPE 3.....	1									1
0110 ADENOVIRUS TYPE 10.....		2								
0119 ADENOVIRUS TYPE 19.....	2									
0201 INFLUENZA A VIRUS.....							1	3		
0301 PARAINFLUENZA VIRUS TYPE 1....								1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....							2			
0500 RHINOVIRUS (ALL TYPES).....										2
0600 MYCOPLASMA PNEUMONIAE.....								2		
0700 ORNITHOSIS-PSITTACOSIS.....								1	1	
1002 ECHOVIRUS TYPE 2.....							1			
1022 ECHOVIRUS TYPE 22.....								1		
1101 POLIOVIRUS TYPE 1.....										3
1102 POLIOVIRUS TYPE 2.....										1
1103 POLIOVIRUS TYPE 3.....										1
1104 POLIOVIRUS-VACCINAL STRAIN....										1
1200 MUMPS VIRUS.....			15	1	1			5		
1301 HERPES SIMPLEX VIRUS NOT-TYPED	1	19						2		
1302 EPSTEIN-BARR VIRUS (EB VIRUS) .			5	1				1		
1306 HERPES SIMPLEX TYPE 1.....	1	9						1		
1307 HERPES SIMPLEX TYPE 2.....		100								
1401 COXIELLA BURNETI.....			1		2		13	13		
1521 MEASLES VIRUS.....							1		1	
1522 RUBELLA VIRUS.....						1		1	1	
1541 CHLAMYDIA A - TRIC TYPE.....		43								
1556 CMV - CYTOMEGALOVIRUS.....				2		1		4	4	2
1564 ROTAVIRUS.....										1
ARBO. GROUP A. (UNSPECIFIED).....					1			1		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

6

PERIOD : 25/6/81 to 8/7/81 ... 8/14

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	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
ROSS RIVER VIRUS					27			11		
ASTROVIRUS										1
DENGUE (TYPE 3)								1		
Total.....	5	173	21	4	31	2	18	48	7	13

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

..5th Weekly Period for...1981.
(19.4.81 to 16.5.81 inclusive)

Bulletin ..81./14

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.			1					1	25
Ankylostomiasis	N.N.			N.N.					-	11
Anthrax									-	* -
Arbovirus infection				N.N.						* 9
Brucellosis	1	1		1					3	13
Campylobacter infections	N.N.	N.N.	N.N.	22	N.N.	N.N.	N.N.	N.N.	22	134
Chancroid			1	N.N.		N.N.	N.N.	2	3	9
Cholera									-	2
Congenital rubella syndrome	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	-	-
Diphtheria									-	1 + 1 CARRIER
Donovanosis		N.N.		N.N.		N.N.			-	24
Giardiasis	N.N.	N.N.	N.N.	56	N.N.	N.N.	N.N.	N.N.	56	298
Genital herpes	N.N.	N.N.	N.N.	35	N.N.	N.N.	1	N.N.	36	138
Gonococcal ophthalmia neonatorum		N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	-	-
Gonorrhoea	140	214	146	88	102	21	59	21	791	*4265
Hepatitis A (infectious)	22	34	7	6	2		8		79	610
Hepatitis B (serum)	9	21	1	8	4		1		44	172
Hepatitis - unspecified	N.N.	N.N.		N.N.		N.N.	N.N.	1	1	26
Hydatid disease									-	12
Lassa Fever	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	-	-
Legionnaires disease	N.N.		N.N.	3	N.N.	N.N.	N.N.	N.N.	3	9
.eprosy	1				1				2	17
Leptospirosis		1			1				2	27
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			-	-
Malaria	5	7	17	3	3			2	37	180
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	-	-
Meningococcal infections	N.N.	2	4			N.N.			6	29
Non-specific urethritis	N.N.	N.N.	N.N.	104	N.N.	N.N.	N.N.	N.N.	104	624
Ornithosis									-	7
Pertussis (whooping cough)	N.N.	8	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	8	71
Plague									-	-
Poliomyelitis									-	-
Q. fever	13	1	15	17	N.N.		N.N.		46	172
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	74	34	26	52	10		26	1	223	1,000
Shigella infections	N.N.	6	1	3	3		21	5	39	220
Smallpox									—	—
Syphilis	120	13	38	13	7		53	3	247	* 1,025
Tetanus			1						1	10
Trachoma	N.N.	N.N.		N.N.	N.N.	N.N.			—	1
Tuberculosis (all forms)	30	30	24	9	13		4	5	115	529
Typhoid fever									—	4
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 made to the Cumulative Total since last Report

Anthrax -1 case for W.A.

Arbovirus infection + 1 case for W.A.
- 2 cases for Vic.

Gonorrhoea +114 cases for N.S.W.

Syphilis +2 cases for Vic.

Tetanus -1 case for W.A.