AUSTRALIA

Communicable Diseases Intelligence

Bulletin number 81/18

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Contents:

VIRUS REPORTING SCHEME - A total of 961 reports were received this period. Respiratory infections continued to predominate. Of the 21 influenza A virus H_1N_1 notifications seven were characterised as resembling influenza A/Brazil/11/78. The State Health Laboratory, Brisbane, reported that in August the ten isolates characterised all resembled influenza A/Brazil/11/78. The one H_3N_2 isolation reported by the same laboratory this period from a 33 year old male from Brisbane resembled A/Bangkok/1/79. Three of the influenza B isolates reported by Brisbane resembled influenza B/Hong Kong/5/72.

Other reports of interest include:

- Two further cases of Australian encephalitis were confirmed by the State Health Laboratories in Perth and Brisbane. An HI titre of 1/80 with specific IgM against MVE virus was detected in a 39 year old female Aborigine from Minilya, about 100 Km north of Carnarvon. Although the blood specimen was taken on 17 August 1981, it is believed that the infection had occurred earlier in the year, and the patient has persisting IgM antibody. Australian encephalitis was also diagnosed by complement fixation in a six month old boy from north Queensland who became ill on 14 March 1981. This year nine cases of Australian encephalitis have been reported from Western Australia, three from Queensland and one from the Northern Territory.

- Four further cases of indigenous dengue (three serotyped as type 1 infections) were reported by the State Health Laboratory, Brisbane. The patients included a 70 year old male and a 19 year old female from Cairns, and two males aged 20 and 52 years from Townsville.

- Of the 22 cases of hepatitis A infection reported by the State Health Laboratory Services, Perth, 14 patients were from Kununurra. Their ages ranged from 8-42 years.

- Four isolations of adenovirus type 37 (see CDI 81/16) were reported by the Perth laboratory; one from a 26 year old

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Figures given may be subject to revision.

DETECTION OF VIBRIO CHOLERAE O1 IN THE GEORGES RIVER ESTUARY - NEW SOUTH WALES

(Contributed by G.R. Davey and J.K. Prendergast, Division of Analytical Laboratories, Health Commission of NSW; and M.J. Eyles, Division of Food Research, CSIRO, Sydney).

As part of a project designed to investigate the microbial ecology of oyster-growing areas, two permanent sampling sites were established on commercial oyster leases in the Georges River by the Health Commission of NSW and CSIRO with the co-operation of several oyster farmers. Various samples were collected from these sites every two weeks since February 1981, and tested for the presence of various indicator organisms and pathogens, including Vibrio cholerae. V. cholerae was also tested for in samples of oysters that had been harvested near these sites, and had been purified in commercial purification plants.

V. cholerae serotype O1, Ogawa, was isolated from two of the 119 samples tested to 30 June 1981. The isolations were from one Moore swab and one sample of purified oysters collected in late April - early May 1981. Tests performed by N. Ryan at the Enteric Pathogenicity Laboratory, Latrobe University, Victoria, showed that neither strain produced enterotoxin. In addition, a number of samples yielded V. cholerae serotypes that did not belong to O group 1 (formerly called non-agglutinable vibrios (NAG) or non-cholera vibrios (NCV)). Although capable of causing gastroenteritis and cholera-like illness, these serotypes are generally believed to be less significant to public health than O group 1 strains (see following article).

There were no reports of V. cholerae infections related to the consumption of oysters or to recreational use of the Georges River in the months prior to, or following these positive findings. Monitoring of the oysters and the Georges River estuary is continuing.

Editorial Comment

The ecology of autochthonous pathogenic vibrios and their significance to public health is poorly understood at present. V. cholerae non-O1 strains appear to be ubiquitous in brackish waters both in Australia and overseas, and are not associated with sewage pollution [1,2]. In addition, recent surveys have detected both toxigenic and non-toxigenic V. cholerae O1 strains in oysters and estuaries in several States of the USA [3,4].

References

1. Food Technol. Aust. (1978) 30 : 339
2. J. Food Sci. (1981) 46 : 66
3. Appl. Environ. Microbiol. (1981) 41 : 555
4. Appl. Environ. Microbiol. (1981) 41 : 559

SYSTEMIC VIBRIO CHOLERAE NON-O1 - NEW SOUTH WALES

(Contributed by I. Bowyer, Hamilton, New South Wales).

On 18 June 1981, a 49 year old man presented with pancytopenia and thrombocytopenia related to splenomegaly associated with advanced alcoholic liver disease with portal hypertension. He had a two week history of diarrhoea which had been treated with kaomagma, followed by several days of rigors and weakness. On examination the patient was febrile with 7 cm of firm

splenomegaly, and marked stigmata of liver disease with gynaecomastia, spider naevi and bilateral oedema of his ankles.

Two blood specimens were taken, and Gram-negative rods were isolated from both. The rods were identified as V. cholerae non-O1 by the Commonwealth Institute of Health, Sydney. The isolates grew in 1% peptone water without NaCl, produced acid from sucrose and were V-P positive. V. vulnificus is negative in these tests. The strain was agglutinated with antiserum VS3, which is one of a panel of 30 antisera prepared by the Commonwealth Institute of Health against strains isolated from a range of human and environmental sources.

No stool cultures were obtained. The patient made an uneventful recovery following treatment with ampicillin.

Editorial Comment

Reports of the isolation of V. cholerae non-O1 from extra-intestinal sites are increasing [1]. Sites include the ear, the respiratory tract, cerebrospinal fluid, wound infections and blood. Alcoholic liver disease has been shown to be associated with systemic vibrio infection [1,2].

References

1. MJA (1978) 1 : 286
2. MJA (1977) I : 405

HYDATID DISEASE - WESTERN AUSTRALIA

(Contributed by L.J. Holman and D.G. Hicks, Department of Health and Medical Services, Perth).

Further to the review in CDI 81/10 of hydatid disease in Australia which highlighted some of the inherent problems of data collection, more recent figures are now available which help to put in perspective the incidence by race of hydatidosis in Western Australia.

The numbers of admissions to Western Australian hospitals of hydatid disease (ICD code 122) between 1972 and 1979 inclusive are given in Table 1.[1]

TABLE 1: Western Australian hospital admissions for hydatid disease 1972-1979

Year	Non-Aboriginal	Aboriginal	Total
1972	1	0	1
1973	4	0	4
1974	4	0	4
1975	4	0	4
1976	6	0	6
1977	4	2	6
1978	3	1	4
1979	2	1	3
	28	4	32

The 1976 census indicated that the total population of Western Australia was 1,169,800, of which 26,106 stated their racial origin to be Aboriginal.[2] However, the Aboriginal figure is known to be a gross underenumeration, and a more realistic figure, supported by both the Community Health Services client encounter index and the Aboriginal Affairs Planning Authority annual reports [3], is approximately 34,000.

During the eight year period there were 28 non-Aboriginal and four Aboriginal cases of hydatidosis. The hospital admission rate for non-Aboriginals was 0.306 cases per 100,000 non-Aboriginal population per annum. Each new case only adds 0.0109 to the rate because of the large denominator involved. On the other hand, the rate of 1.47 cases per 100,000 Aboriginal population per annum is affected by 0.368 with each new case.

The four cases of hydatidosis among Aboriginals include:

. A 30 year old male from Perth, and a 44 year old female from a South West country town, in 1977.

. A 65 year old female from Perth admitted twice to hospital in 1978.

. A 31 year old female from a Kimberley town hospitalised twice in 1979.

This last case indicates that hydatidosis can occasionally occur over a much wider area of Western Australia than previously suspected, and justifies the use in the denominator of the total Aboriginal population of Western Australia rather than the Aboriginal population of the South West Region.

References

1. Western Australian Hospital Inpatient Statistics (1972-1979).
2. W.A. Yearbook (1979) p.139.
3. Aboriginal Affairs Planning Authority Annual Reports (1973-1979).

ADULT GONOCOCCAL CONJUNCTIVITIS - USA AND GERMANY

(Based on MMWR (1981) 30 : 342)

Gonococcal eye infections have been recently reported in several personnel at US military bases in California, Texas and Germany.

. California - In the two year period 1979-1980, four cases of conjunctivitis caused by penicillinase-producing Neisseria gonorrhoeae (PPNG) were seen at the Naval Regional Medical Centre, San Diego. Only one patient had evidence of urethral infection which was acquired in Asia. IV cefoxitin was administered for seven days to three patients, and the fourth given IV cefoxitin for two days followed by cefaclor for five days. All patients were cured.

. Texas - On 18 November 1980, a 21 year old male soldier presented to the Ophthalmology Clinic, Fort Hood, with gonococcal conjunctival discharge. The patient was given spectinomycin, 2g intramuscularly each day for three days, because of his allergy to penicillin. Both urethral and pharyngeal specimens were negative for N. gonorrhoeae. The patient's wife, his only known sexual contact, was not tested. Transmission by means of contaminated fomites between the patient and a male soldier with symptomatic gonococcal urethritis during a field training exercise five days before the onset of symptoms was considered possible.

. Germany - On 27 November 1980, a 25 year old male soldier who worked as a laboratory technician in Frankfurt, experienced irritation in his right eye. Antibiotic eye

drops, and later oral ampicillin and probenecid were administered, but due to continuing deterioration, he was admitted to hospital on 6 December. Examination showed a large corneal ulcer and pus in the anterior chamber of his right eye. Vision was limited to light perception. IV penicillin and chloramphenicol were given, and penicillin, methylprednisolone and epinephrine were injected beneath Tenon's capsule. Following culture of the conjunctival discharge which suggested a PPNG infection, the therapy was changed to doxycycline and spectinomycin. Topical chloramphenicol, sodium sulfacetamide and atropine were also administered. The corneal ulcer gradually healed in two weeks, but the patient's vision failed to improve. The source of the infection was not clearly established. Although the patient handled both clinical specimens and culture plates of N. gonorrhoeae, none were known to be penicillin resistant, and he was not aware of a self-inoculation. He had no other clinical symptoms of gonorrhoea, nor had he had any sexual contact with an infected individual.

Gonococcal conjunctivitis is a rare infection in adults, although an outbreak was reported earlier this year in Aborigines in central Australia [1]. In most cases conjunctivitis probably results from contamination of a patient's eye with infected genital secretions from either the patient or a sexual partner. Gonococci may survive outside the body for short periods [2,3], so that fomites could theoretically play a role in the non-venereal spread of infection, and could as a result have serious social, emotional and medicolegal problems. Eye infections in laboratory technicians have been reported previously[4,5]. Occular gonococcal infection has also been shown to present with minimal or no inflammatory response in both neonates and adults[5]. In that adult, the organism was an arginine-, hypoxathine- and uracil-requiring strain. These auxotrophic strains comprise the majority of isolates from males with asymptomatic urethral and disseminated gonococcal infection.

In any case of gonococcal conjunctivitis, efforts should be made to identify the source of infection. Anogenital and pharyngeal specimens from the patient and from his or her recent sexual partners should be cultured. Although optimal treatment schedules for adults have not been established, most regimens employ high doses of parenterally administered penicillin G. Many ophthalmologists also feel that topical antibiotics are a useful adjunct. If PPNG conjunctivitis is suspected, parenteral antibiotics known to be active against PPNG in vitro should be given. These include spectinomycin, cefoxitin, sulfamethoxazole/trimethoprim, kanamycin and gentamicin.

References

1. CDI (1981) 81/13 : 3
2. BMJ (1972) 2 : 403
3. J. Med. Micro (1980) 13: 593
4. JAMA (1979) 241 : 274
5. JAMA (1981) 246 : 242

SALMONELLA JAVA FROM TROPICAL FISH TANKS

(Based on CDR (1981) 81/31 : 4)

Salmonella java phage type Worksop was isolated from a 20 month old girl with moderate diarrhoea. The organism was also

isolated from her asymptomatic mother, father and six year old brother. Because of an initial suspicion of S. paratyphi B infection, Widal tests were conducted on these three family members. All showed titres of 1/40 to S. paratyphi B "O" antigen, and two showed titres of 1/80 to non-specific salmonella "H" antigen.

Culture of the water from the family's aquarium yielded the same phage type of S.java. The family had recently purchased two tropical fish from separate shops that stocked terrapins. However, all water sampled from the various tanks, including the terrapin tanks at both shops failed to grow salmonella.

The association of S.java with terrapins has been reported previously[1], but owners of tropical fish may also be at risk due to cross-infection at retail outlets. In a pet shop unconnected with the cases above, S.java of a non-specific phage type was isolated from a fish tank located near to the terrapin tank. Cross-contamination had probably occurred before the existing stock of terrapins was acquired, since only S. arizonae was isolated from the terrapin tank.

It is of interest that in both the present report and another associated with terrapins[1], the only symptomatic cases were in children less than three years of age. Older children and adults were asymptomic.

Editorial Comment

Another hazard not usually appreciated by "fish-fanciers" is the granulomatous skin nodules caused by Mycobacterium marinum.[2] Infection appears as an indolent papule, abscess or crusted ulcer, tending to spread proximally along the line of lymphatic vessels in a manner suggestive of sporotrichosis. The common water flea, Daphnia, which is used as a fish food, is the vector.

References

1. CDI (1981) 81/12 : 4
2. MJA (1981) 1 : 614

(continued from page 1)

female with conjunctivitis, and three from genital sources from a male aged 20 years and females aged 28 and 32 years.

- A serological response to Coxiella burneti was reported by the Institute of Medical and Veterinary Science, Adelaide, in a 30 year old female presenting with encephalitis. One Q fever encephalitis was reported by the same laboratory in 1980 (see CDI 80/14).

- Cryptococcus neoformans was isolated by the State Health Laboratory Services, Perth, from the nasal turbinates, nasal swabs and lung tissue from a family of two adults and one infant presenting with respiratory disease. The family dog also had a respiratory infection. Although the milk and mammary gland were free of the fungus, a blood specimen from a goat that supplied milk to the family was strongly positive for C. neoformans antigen. Blood specimens from the family and the dog were negative for the pathogen.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 20/8/81 - 2/9/81 BULLETIN NUMBER - 81/18

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	4		1		2	2	7		16
0101 ADENOVIRUS TYPE 1			1	1	4	2			8
0102 ADENOVIRUS TYPE 2				1	1	4			6
0103 ADENOVIRUS TYPE 3			1		2	1			4
0105 ADENOVIRUS TYPE 5					1	2			3
0106 ADENOVIRUS TYPE 6					1				1
0107 ADENOVIRUS TYPE 7			1						1
0114 ADENOVIRUS TYPE 14			1						1
0119 ADENOVIRUS TYPE 19	2					1			3
0199 ADENOVIRUS TYPING PENDING		2	2		4			4	12
0201 INFLUENZA A VIRUS	15		3	2		6	7	7	40
0202 INFLUENZA A VIRUS SUBTYPE H3N2							1		1
0203 INFLUENZA B VIRUS	4		1						5
0206 INFLUENZA A VIRUS SUBTYPE H1N1	4	2		7			7		20
0301 PARAINFLUENZA VIRUS TYPE 1	1	1		3	1		4	5	15
0303 PARAINFLUENZA VIRUS TYPE 3	2	3		1	3	1	1	1	12
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	8	8		9	15	26	3	15	84
0500 RHINOVIRUS (ALL TYPES)	1			7	13		1		22
0600 MYCOPLASMA PNEUMONIAE	7		1	1			9		18
0700 ORNITHOSIS-PSITTACOSIS	1		1						2
0816 COXSACKIEVIRUS A16				1					1
0901 COXSACKIEVIRUS B1		1							1
0904 COXSACKIEVIRUS B4				1					1
0905 COXSACKIEVIRUS B5						2			2
0906 COXSACKIEVIRUS B6						1			1
1006 ECHOVIRUS TYPE 6								1	1
1009 ECHOVIRUS TYPE 9								2	2
1017 ECHOVIRUS TYPE 17							1		1
1022 ECHOVIRUS TYPE 22				1	2				3
1023 ECHOVIRUS TYPE 23			1						1
1025 ECHOVIRUS TYPE 25						1			1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 1

REPORTING PERIOD - 20/8/81 - 2/9/81 BULLETIN NUMBER . 81/18

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
1027 ECHOVIRUS TYPE 27	1								1
1101 POLIOVIRUS TYPE 1		1				2			3
1102 POLIOVIRUS TYPE 2		1				5	1		7
1103 POLIOVIRUS TYPE 3						2			2
1104 POLIOVIRUS-VACCINAL STRAIN	1		2		1				4
1200 MUMPS VIRUS	12			4	2	1	3	3	25
1300 HERPES VIRUS GROUP-NOT TYPED	20		4	1		6			31
1301 HERPES SIMPLEX VIRUS NOT-TYPED		1					1	43	45
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	6					1		1	8
1303 VARICELLA-ZOSTER VIRUS	1		1	4	1		5		12
1306 HERPES SIMPLEX TYPE 1	7		2	16		20	16		61
1307 HERPES SIMPLEX TYPE 2	45		1	19		13	20		98
1399 HERPES VIRUS TYPING PENDING			6		2	2			10
1401 COXIELLA BURNETI	8			1		2	11	1	23
1514 MOLLUSCUM CONTAGIOSUM						1			1
1521 MEASLES VIRUS	8	9		2	1				20
1522 RUBELLA VIRUS	2			1	1	1	5	3	13
1532 HEPATITIS B ANTIGEN	6		9	27		20	7	9	78
1535 HEPATITIS A ANTIBODY	1		4	7		10	6	22	50
1541 CHLAMYDIA A - C TRACHOMATIS	10	1				1		26	38
1556 CMV - CYTOMEGALOVIRUS	11		3	2	2		3	5	26
1564 ROTAVIRUS	12	19	8		19	19	4	3	84
1599 ENTEROVIRUS TYPING PENDING		2	2		6	2			12
AUSTRALIAN ENCEPHALITIS							1	1	2
ASTROVIRUS	4								4
SMALL VIRUS (LIKE) PARTICLE	4					5			9
DENGUE							4		4
Total	208	51	56	119	84	163	128	152	961

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 20/8/81 to 2/9/81 ....

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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.

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.....		2	1				3				
0102 ADENOVIRUS TYPE 2.....		3					2				
0103 ADENOVIRUS TYPE 3.....		3									
0105 ADENOVIRUS TYPE 5.....	1	1					1				
0106 ADENOVIRUS TYPE 6.....							1				
0107 ADENOVIRUS TYPE 7.....							1				
0114 ADENOVIRUS TYPE 14.....							1				
0199 ADENOVIRUS TYPING PENDING.....	2										
0201 INFLUENZA A VIRUS.....	8	20	1	1				1			2
0202 INFLUENZA A VIRUS SUBTYPE H3N2		1									
0203 INFLUENZA B VIRUS.....		4									
0206 INFLUENZA A VIRUS SUBTYPE H1N1	1	17		2							
0301 PARAINFLUENZA VIRUS TYPE 1....		15									
0303 PARAINFLUENZA VIRUS TYPE 3....		12									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	6	77	1	1							
0500 RHINOVIRUS (ALL TYPES).....		18		1							
0600 MYCOPLASMA PNEUMONIAE.....	6	11									
0700 ORNITHOSIS-PSITTACOSIS.....	1	1									
0816 COXSACKIEVIRUS A16.....											1
0901 COXSACKIEVIRUS B1.....		1									
0904 COXSACKIEVIRUS B4.....		1									
0905 COXSACKIEVIRUS B5.....				1			1				
0906 COXSACKIEVIRUS B6.....							1				
1006 ECHOVIRUS TYPE 6.....			1								
1009 ECHOVIRUS TYPE 9.....	1										
1022 ECHOVIRUS TYPE 22.....	2	1									
1023 ECHOVIRUS TYPE 23.....							1				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

4

PERIOD : 20/8/81 to 2/9/81 .... 81/18

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
1025 ECHOVIRUS TYPE 25.....				1							
1027 ECHOVIRUS TYPE 27.....		1					1				
1101 POLIOVIRUS TYPE 1.....		1					2				
1102 POLIOVIRUS TYPE 2.....		2					5				
1103 POLIOVIRUS TYPE 3.....							2				
1104 POLIOVIRUS-VACCINAL STRAIN....							2				
1200 MUMPS VIRUS.....	10			7							
1300 HERPES VIRUS GROUP-NOT TYPED..											1
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3	1									8
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1							2			
1303 VARICELLA-ZOSTER VIRUS.....	1	1		1							10
1306 HERPES SIMPLEX TYPE 1.....	3	2									30
1307 HERPES SIMPLEX TYPE 2.....											6
1401 COXIELLA BURNETI.....	4	2	1								
1521 MEASLES VIRUS.....	7	2									10
1522 RUBELLA VIRUS.....		1									12
1532 HEPATITIS B ANTIGEN.....	41	1						38			
1535 HEPATITIS A ANTIBODY.....							2	48			
1541 CHLAMYDIA A - C TRACHOMATIS...		1									
1556 CMV - CYTOMEGALOVIRUS.....	10	6						1		1	
1564 ROTAVIRUS.....	5						77				
AUSTRALIAN ENCEPHALITIS	1		1								
ASTROVIRUS							3				
SMALL VIRUS (LIKE) PARTICLE							7				
DENGUE (TYPE 3)											2
Total.....	114	209	6	15			113	90		1	82

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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81/18

PERIOD : 20/8/81 to 2/9/81 ...

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
0101 ADENOVIRUS TYPE 1.....										2
0102 ADENOVIRUS TYPE 2.....	1									
0103 ADENOVIRUS TYPE 3.....	1									
0119 ADENOVIRUS TYPE 19.....	3									
0201 INFLUENZA A VIRUS.....					1		5	4		
0203 INFLUENZA B VIRUS.....								1		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								7		
0301 PARAINFLUENZA VIRUS TYPE 1....								1		
0303 PARAINFLUENZA VIRUS TYPE 3....								1		1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....								1		
0500 RHINOVIRUS (ALL TYPES).....									1	2
0600 MYCOPLASMA PNEUMONIAE.....			1							
1009 ECHOVIRUS TYPE 9.....								1		
1017 ECHOVIRUS TYPE 17.....								1		
1102 POLIOVIRUS TYPE 2.....										1
1104 POLIOVIRUS-VACCINAL STRAIN....										2
1200 MUMPS VIRUS.....			8				1	1		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		34								
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			4				1			
1306 HERPES SIMPLEX TYPE 1.....	3	21	1				1	1		
1307 HERPES SIMPLEX TYPE 2.....		92								
1401 COXIELLA BURNETI.....							3	16		
1514 MOLLUSCUM CONTAGIOSUM.....		1								
1521 MEASLES VIRUS.....										1
1522 RUBELLA VIRUS.....			1		1					
1541 CHLAMYDIA A - C TRACHOMATIS...	1	36								
1556 CMV - CYTOMEGALOVIRUS.....		2	1			1	1	3	2	

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 6

PERIOD : 20/8/81 to 2/9/81 ... 81/18

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
1564 ROTAVIRUS.....										2
ASTROVIRUS										1
DENGUE (TYPE 3)					3					
Total.....	9	186	16		5	1	12	38	3	12

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

7th. 4 Weekly Period for..1981..

(14.6.81 to 11.7.81 inclusive)

Bulletin ..81/18

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.								—	31
Ankylostomiasis	N.N.			N.N.			1	3	4	* 91
Anthrax									—	—
Arbovirus infection		1	6	N.N.					7	16
Brucellosis	3								3	18
Campylobacter infections	N.N.	N.N.	N.N.	22	N.N.	N.N.	N.N.	N.N.	22	170
Chancroid			2	N.N.		N.N.	N.N.		2	14
Cholera									—	2
Congenital rubella syndrome	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria							2		2	3+1 CARRIER
Donovanosis		N.N.		N.N.		N.N.			—	29
Giardiasis	N.N.	N.N.	N.N.	42	N.N.	N.N.	N.N.	N.N.	42	378
Genital herpes	N.N.	N.N.	N.N.	37	N.N.	N.N.	2	N.N.	39	210
Gonococcal ophthalmia neonatorum		N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Gonorrhoea	205	163	131	59	106	7	68	17	756	* 5994
Hepatitis A (infectious)	47	30	9	3	4	6	1	3	103	822
Hepatitis B (serum)	6	10	8	9	1				34	241
Hepatitis - unspecified	N.N.	N.N.		N.N.	6	N.N.	1		7	33
Hydatid disease									—	12
Lassa Fever	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Legionnaires disease	N.N.	1	N.N.	1	N.N.	N.N.	N.N.	N.N.	2	15
Leprosy		1	1				2		4	23
Leptospirosis				2	2				4	33
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	2	3	18	8	2			2	35	246
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.	1	5			N.N.			6	37
Non-specific urethritis	N.N.	N.N.	N.N.	82	N.N.	N.N.	N.N.	N.N.	82	792
Ornithosis		1							1	8
Pertussis (whooping cough)	N.N.	9	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	9	91
Plague									—	—
Poliomyelitis									—	—
Q. fever	1	1	15	7	N.N.		N.N.		24	* 239
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	36	11	24	28	5	1	13	2	120	* 1292
Shigella infections	N.N.	2	4		2	1	5		14	265
Smallpox									—	—
Syphilis	169	22	36	7	28		46	1	309	1674
Tetanus									—	9
Trachoma	N.N.	N.N.		N.N.	N.N.	N.N.			—	1
Tuberculosis (all forms)	26	34	19	10	10			1	100	762
Typhoid fever									—	5
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

Ankylostomiasis + 75 cases for N.T.

Gonorrhoea + 3 cases for N.S.W.

Q. fever + 5 cases for S.A.

Salmonella infections -2 cases for S.A.

Syphilis + 2 cases for W.A.