AUSTRALIA

Communicable Diseases Intelligence

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Contents:

- Human salmonellosis surveillance
- Guillain-Barré syndrome - Melbourne
- Toxic pneumonia - Spain
- Queensland tick typhus - NSW
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VIRUS REPORTING SCHEME - A total of 1,011 reports were received this period. Disease patterns suggested by the reports include a decrease in influenza A virus infections (23 reports received compared with 61, 56 and 62 for the previous three periods), but increases in infections caused by influenza B virus (15 compared with 5, 2 and 1), mumps virus (35 compared with 25, 22 and 11) and coxsackievirus B4 (11 compared with 1, 1, and 2).

Reports of interest include:

- Phase 1 antibody against Coxiella burneti was detected by CF at Fairfield Hospital, Melbourne, in a 39 year old butcher with endocarditis. He had contracted Q fever three years previously (see also CDI 81/6 : 8)

- Rotavirus antigen was detected by ELISA by the State Health Laboratory, Brisbane, from digestive tract specimens taken at a post-mortem performed on a one year old boy with gastro-enteritis.

- Fairfield Hospital, Melbourne, reported hand-foot-and-mouth disease in two boys aged four and six years. Coxsackievirus A16 was isolated from both.

- Two less commonly isolated adenoviruses were reported by the State Health Laboratory Services, Perth. Adenovirus type 8 was isolated from genital sources from a 17 year old symptomatic female who had recently returned from Bali. Of the five previous reports this year, four were associated with conjunctivitis and one with a respiratory infection. Adenovirus type 18 was isolated from the faeces of a two year old girl presenting with febrile convulsions. This serotype was isolated only once in 1980 and once in 1978.

- Systemic candidiasis was recently diagnosed by the Perth laboratory in two drug addicts who had been using the same syringe to inject IV heroin. The female was first admitted to the Royal Perth Hospital with malaise, nausea, vomiting, generalised constant headache, and later ocular involvement. Her boyfriend was later admitted with septicaemia. Although the fungus could not be isolated from either patient, specific antigens were identified by the precipitin test.

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

Figures given may be subject to revision.

HUMAN SALMONELLOSIS SURVEILLANCE

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

This issue contains reports tabulating the identification of salmonellas, shigellas and campylobacters isolated from humans in Australia for the second quarter of 1981 (see CDI 81/17 for tables for the first quarter). During the period 1,154 salmonella (79 serotypes), 135 shigella and 102 campylobacter isolations were reported.

Six reports of S. typhi were made in the quarter; one from a previous carrier in Victoria, three from New South Wales and two from Queensland. In New South Wales, S. typhi phage type E_1 was isolated from the faeces of a 26 year old female with intermittent fever following her return from India, and S. typhi phage type 46 was isolated from the drain site of a surgical repair to a fistula between the gall bladder and duodenum of a 30 year old female. S. typhi phage type untypable was isolated from the blood and faeces of a 12 year old boy in Queensland.

S. adelaide continued to exhibit a wide distribution. No single factor was found to explain the increase, despite an excellent response to a questionnaire circulated to all laboratories that had isolated S. adelaide from children aged less than two years. However, following the outbreak of S. kinondoni in Darwin (see CDI 81/17), only two isolations of the serotype were made this quarter.

Other serotypes that exhibited regional and/or isolation frequency variation include increases in the isolation of S. enteritidis (with 14 cases of gastro-enteritis and one from a post-mortem), and S. virchow (46 of the 57 reports) in Queensland. S. typhimurium phage type 9 isolations increased in Western Australia, and although there was no connection between the cases, the phage type is commonly isolated from chickens.

Additional reports of interest include the isolation of S. eastbourne from breast milk from four donors in a Northern Territory hospital. The organism could not be isolated from the faeces of the donors, and neither the source of infection, nor the reason for its continued presence was established. S. eastbourne had previously been isolated from one case of gastro-enteritis in the hospital. Also in the Northern Territory, the 11 cases of S. ball included a child with septicaemia and meningitis. The serotype was isolated from the faeces of this patient, but not from any of the family contacts. S. irumu was reported for the first time from New South Wales after its isolation from blood from a 65 year old male with alcoholic liver disease and malnutrition, and S. mississippi was isolated in Victoria from a 44 year old female who had recently returned from overseas. Under this reporting scheme, S. mississippi has only been isolated previously from Tasmania. S. typhimurium phage type 64 was isolated from ten clustered cases in Adelaide. Although the patients were from different suburbs, all the cases occurred during the first nine days of May.

Reports of food poisoning were attributed to several serotypes. Fourteen isolations of S. ohio were made following

an Easter smorgasbord function where hot and cold dishes were supplied by an external caterer. Three patients were admitted to hospital. Six of the nine food handlers at the reception were positive for the organism. Food samples were not available for testing. Other incidents include S. lansing, S. singapore and S. typhimurium phage type 26. Chicken was the vehicle of infection in the last two outbreaks.

Salmonella serotypes reported for the first time this quarter include S. bleadon, S. bootle and S. fitzroy from Western Australia; S. manhattan, S. neukoelln and S. poona from Victoria; S. san diego from Queensland; S. souza from Northern Territory and S. stanleyville from New South Wales.

GUILLAIN - BARRÉ SYNDROME - MELBOURNE
(Based on Fairfield Hospital Annual Report (1981))

In the three years between May 1978 and June 1981, 54 patients with acute polyneuritis (Guillain-Barré Syndrome - GBS) were admitted to Fairfield Hospital, Melbourne. Forty-one patients (75%) were transferred from other city or country hospitals, and 13 were referred directly by their local medical officers.

Of the 54 patients, 26 were male and 28 were female with an age distribution of 0-9 years (1 case); 10-19 years (4); 20-29 years (9); 30-39 years (6); 40-59 years (9); 50-59 years (6); 60-69 years (15) and > 70 years (4).

Thirty-nine patients (72%) had definite preceding illnesses of respiratory tract infection (27), gastro-enteritis (8), urinary tract infection (2), hepatitis B (1) and hepatitis A (1). These preceding illnesses resolved before the onset of polyneuritis in all cases except for a 23 year old male who developed his first symptoms while still jaundiced with an acute hepatitis B infection. Of the 27 patients with preceding respiratory tract infections, two had documented pneumonia, including a 64 year old female inpatient with an atypical pneumonia 12 days before the onset of polyneuritis. Three patients had cytomegalovirus infection, one of whom presented with a mild icteric hepatitis. GBS also developed in a 39 year old male after cholera, typhoid and smallpox vaccinations; in a 39 year old female six days after a hysterectomy, although she had a self-limiting upper respiratory tract infection one week earlier; and in a patient who was a hepatitis B carrier.

Motor paralysis of the lower limbs was the outstanding feature in all patients. Upper limbs were affected in 53 cases, respiratory muscles in 41 and cranial nerves in 33 cases. The cerebrospinal fluid was examined in 44 cases, with 41 showing typical cytoalbuminous dissociation. After onset, paralysis progressed for periods from one to 45 days, with an average of 12 days. In 27 cases respiratory muscle involvement necessitated tracheostomy and assisted ventilation for an average duration of 57 days (with a range of 10-230 days). Eleven of the ventilated patients were aged 60 years or over. Twenty-nine patients had facial nerve palsies, including 21 of the 27 requiring assisted ventilation. Sixteen patients had involvement of at least one of the 5th, 6th, 9th, 10th, 11th, and 12th cranial nerves. The average period of hospitalization was 120 days, although the period was extended to 180 days among the 27 assisted ventilation patients.

Four patients with very slowly progressive disease were treated with corticosteroids. One patient had a course of azathioprine without apparent benefit. Another patient, the only one with recurrent polyneuritis, was treated by plasmapheresis. Complications included catheter-associated urinary tract infections, of which 14 were treated with antibiotics; seven cases of clinically significant pulmonary collapse or consolidation; and three cases of cardiac arrhythmias. Isolated complications were septicaemia (1), pulmonary embolus (1) and inappropriate ADH secretion (1). Only two patients died; a 60 year old male with known ischaemic heart disease following an acute myocardial infarct, and a 68 year old male who died from ischaemic heart disease and cerebral thrombosis.

Editorial Comment
(Based on WER (1981) 56 : 124)

The Centers for Disease Control, Atlanta, conducted a special surveillance program for GBS for the period January 1978 to March 1979, principally to determine whether the influenza vaccine administered in the 1978-1979 campaign was associated with an increased risk of polyneuritis. In the 15 month period 1,034 reports were received, with an age distribution of seven months to 95 years. Attack rates were highest in the age group 50-74 years.

Investigation of antecedent events in the eight week period prior to the onset of neurological symptoms revealed that 682 cases had acute illness including respiratory infection (58%), gastro-intestinal infection (22%) or both (10%). The peak period of GBS occurred in the second week after onset of the antecedent illness. Forty-two cases had a history of both acute illness and recent immunisation or surgery. In 13 cases immunisation or tuberculin test, and in 28 cases surgery, were the only antecedent events reported.

TOXIC PNEUMONIA - SPAIN
(Based on MMWR (1981) 30 : 436)

In the period 1 May to 6 August 1981, 12,147 persons were hospitalised in Spain with "toxic pneumonia". The patients were principally from Madrid, with others from the Valladolid, León, Palencia, Avila and Segovia provinces (1,2,3). The illness was initially diagnosed as atypical pneumonia because of its clinical and X-ray findings. The most commonly reported symptoms included fever, muscle pains, a variable rash, pruritis and marked eosinophilia ($>1{,}500$ eosinophils/mm^3 for 67% of patients in one survey). Convalescence was protracted, and was marked at times by severe myalgia, with 10-25% of patients requiring rehospitalisation. Mortality remained at $<1\%$ for hospitalised patients.

Food was not incriminated as a source in the initial microbiological, serological and pathological studies. However, a subsequent survey of hospitalised patients indicated a very high usage of illicit, bargain, unlabelled oil that had been sold from house to house as olive oil. In families of patients there was a direct relationship between personal daily consumption of oil and illness, but only with the consumption of salads dressed with raw oil, and not with foods fried with oil. There was no association between illness and cooking, or being in the kitchen when food was being cooked.

Analysis of the implicated oil taken from the homes of patients showed it to be a mixture of rape-seed oil, liquified pork fat and a small amount of low-quality olive oil - possibly that obtained from the final pressing of olives including seeds (called "orujo"). The mixture also contained abnormally high levels of aniline, anilide-oil complexes and azobenzene. Legal and administrative measures were adopted to stop the distribution of the product, and the number of hospitalisations for toxic pneumonia subsequently decreased. Further analysis and animal toxicity studies are in progress.

Reports of illness associated with the use of cooking oil have been reported previously[4]. Usually such outbreaks have resulted from replacing cooking oil with a cheaper but toxic substitute such as fuel oil or from cooking oil contaminated with toxic substances such as polychlorinated biphenyls. In this outbreak, the specific agent has not been identified, although there is a strong epidemiological association between illness and consumption of the low cost, contaminated "olive-oil". The identified contaminants, rape-seed oil and pork fat, have not been associated previously with clinical illness. Rape-seed oil, extracted from the seed of Brassica napus, a member of the cabbage family, is commonly used in preparing food, making soap and producing high-temperature lubricating oils. The seed does contain glucosinolates which in some animals may be converted to toxic thiocyanates and isothiocyanates. However, the clinical syndrome of this current illness does not resemble cyanate compound toxicity. In addition the 14 oil samples tested only had erucic acid concentrations of $\leqslant 1\%$, which is compatible with edible rape-seed oil. High concentrations of erucic acid has produced necrosis of the myocardium, anaemia and stunted growth in animals, although the effects observed in this outbreak were again quite different. The significance of the pork fat in the olive oil, apart from being an indication of the oil's quality, is unclear. The other contaminants - aniline, azobenzene and anilide-oil complexes were present in low concentration i.e. <100 parts/million, which are levels not usually associated with clinical illness. The source of contamination with aniline and azobenzene has not been established, but it has been reported that an aniline extraction technique is sometimes used to remove unpalatable flavour from rape-seed oil. The anilide-oil complexes may represent compounds resulting from the mixture of aniline and oil. The high levels of circulating eosinophils have suggested an allergic reponse , but no allergen has been identified to date.

References

1. Boletin Epidemiologico Semanal (1981), Numbers 1.482 - 1.484 : 129 - 147.
2. MMWR (1981) 30 : 237
3. BMJ (1981) 283 : 424
4. Kuratsune M. Yusho. In: Kimbrough R, ed. Halogenated biphenyls, naphthalenes, dibenzodioxins and related products. (Topics in environmental health, Vol.4). North Holland: Elsevier, Biomedical Press, 1980 : 287-302.

QUEENSLAND TICK TYPHUS - NEW SOUTH WALES

(Contributed by G. Lambkin and C. Pettet, Consulting Pathologists, Brisbane).

On 18 August 1981, a 53 year old male from the Ballina region in northern New South Wales presented to his general practitioner with fever and diffuse maculopapular rash. Examination revealed a generalised lymphadenopathy and a necrotic pustule on his upper right arm. The patient reported that he had been bitten by a tick eight days previously.

A Weil-Felix test, using the Proteus OX19 strain, performed on consecutive serum samples taken on 18 and 28 August gave agglutinin titres of 1/20 and 1/640 respectively. All other serological tests were negative. This conversion demonstrated a strong presumptive diagnosis of a Rickettsia australis infection (see also CDI 80/19). The patient responded well following tetracycline therapy.

EPIDEMIC POLYARTHRITIS - NEW SOUTH WALES

(Contributed by M.J. Cloonan, Prince Henry Hospital, Sydney).

On 28 April 1981, the 38 year old wife of a dairy farmer from Gerringong on the south coast of New South Wales developed a stiff neck, followed by an extensive heat-sensitive rash two days later. On 1 May, the patient developed joint pain, especially in the knees, feet and hands, which persisted for approximately two months. An antibody titre by ELISA of 1/640 against Ross River virus was detected in a serum sample taken on 12 June, but there was insufficient serum for specific IgM testing. The patient had not travelled outside the Gerringong-Kiama area during the previous 18 months.

Although endemic in the central and northern regions of Australia, reports of epidemic polyarthritis have been recorded as far south as Perth and Tasmania this year. This present case is the first reported to CDI from southern New South Wales.

ERRATA

CDI 81/18 - The bulletin number at the top of page one should read "81/18" not "81/8"

In the computer printout tables detailing virus identification by clinical information, the entry "dengue (type 3)" should read "dengue".

HUMAN SALMONELLOSIS CASES

Period April - June 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. aberdeen	1			1				
S. abony	2				1	1		
S. adelaide	42	12	5	3	9	6		7
S. agona	5	1	3	1				
S. anatum	27	5	5	7	1	4		5
S. ball	11							11
S. bareilly	6		5			1		
S. birkenhead	19	6	2	11				
S. bleadon	1					1		
S. blockley	2					2		
S. bootle	1					1		
S. bovis-morbificans	45	12	6	5	19	1	1	1
S. braenderup	7	1	5			1		
S. bredeney	7		2	2	1		1	1
S. bukavu	3					1		2
S. chester	51	14	7	3	6	15		6
S. cubana	2	1				1		
S. derby	10	5	4			1		
S. eastbourne	11			2		2		7
S. eimsbuettel	1		1					
S. emek	2	1	1					
S. enteritidis	25	3		21	1			
S. fitzroy	1					1		
S. fremantle	2			1				1
S. give	9	1	2			6		
S. havana	34	5	2	6	9	3		9
S. heidelberg	2		1					1
S. houten	2			1		1		
S. hvittingfoss	3			1		2		
S. indiana	1	1						
S. infantis	24	10	1	2		9		2
S. irumu	1	1						
S. jangwani	1					1		
S. java	9	1		2		5		1
S. java UDNC	2			2				
S. java untypable	4			2		1		1
S. javiana	2			2				
S. kentucky	2		1	1				
S. kimberley	1					1		
S. kinondoni	2			1				1
S. kottbus	6		2	2		2		
S. krefeld	4		1			3		
S. lansing	11			10				1
S. lexington	2		2					
S. litchfield	10	1		6		3		
S. manhattan	1		1					
S. mississippi	3		3					
S. muenchen	40	3		2	4	13		18
S. neukoelln	1		1					
S. new brunswick	1	1						
S. newington	2			2				
S. newport	12	3	2	1	6			
S. nienstedten	4				4			
S. ohio	27	1	24	1		1		
S. onderstepoort	1							1

HUMAN SALMONELLOSIS CASES

Period April - June 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
S. oranienburg	16	1	2	7		5		1
S. orientalis	1		1					
S. orion	7	1		1		3		2
S. oslo	5		5					
S. paratyphi A1	2	2						
S. poona	1		1					
S. potsdam	7			2	1			4
S. reading	2	1				1		
S. rubislaw	7			2		1		4
S. san diego	1			1				
S. schwarzengrund	7	1	4	1	1			
S. senftenberg	24	1		6		13		4
S. singapore	25	4	1	17				3
S. souza	1							1
S. species	8		1		1	6		
S. stanley	2	1				1		
S. stanleyville	1	1						
S. tennessee	7	1	1			2		3
S. typhi*	9	3	4	2				
S. typhimurium*	407	99	80	38	93	90	4	3
S. untypable rough:F,G:-	1		1					
S. untypable rough:R:1,2	1		1					
S. untypable	2				1			1
S. urbana	4					4		
S. virchow	57	6	5	46				
S. wandsworth	14			2	1	6		5
S. waycross	13	3		10				
S. welikade	1					1		
S. weltevreden	8		1		1			6
S. zanzibar	2	1		1				
S. 4,12:D:-	3	1		1				1
TOTAL	1154	216	197	238	160	223	6	114
S. typhimurium*								
S. typhimurium	16	4		2	6	3		1
S. typhimurium UDNC	12	2	3	2	5			
S. typhimurium untypable	31	3	11	4	7	6		
phage type 1	4	1			1	2		
phage type 4	5		4			1		
phage type 5	3		1	1				1
phage type 6	14	1	3	1	5	2	1	1
phage type 8	4	1			2	1		
phage type 9	40	3	2		15	20		
phage type 12A	18	4	2	1	8	3		
phage type 21	2	2						
phage type 22	30	8	10	5	1	6		
phage type 24	11	7	1	3				
phage type 25	3	1				2		
phage type 26	16	4	6	1	2	3		
phage type 27	12	3	1		2	6		
phage type 29	2	1		1				
phage type 35	2			2				

HUMAN SALMONELLOSIS CASES

Period April - June 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
phage type 41	3	2	1					
phage type 44	9	1	3	3	1	1		
phage type 55	5		5					
phage type 58	7					7		
phage type 60	1					1		
phage type 61	2					2		
phage type 64	20	1		1	15	3		
phage type 90	1	1						
phage type 99	2		2					
phage type 101	11	7			2	1	1	
phage type 107	1	1						
phage type 108	2			1		1		
phage type 121	1					1		
phage type 126	2		2					
phage type 134	1					1		
phage type 135	54	28	6	3	10	7		
phage type 141	9		3		1	3	2	
phage type 143	2	1			1			
phage type 145	1	1						
phage type 170	8	1	1		5	1		
phage type 176	1	1						
phage type 179	25	1	11	6	2	5		
phage type 182	4	4						
phage type 183	8	3	2	1	2			
phage type 185	1					1		
phage type 202	1	1						
TOTAL	407	99	80	38	93	90	4	3
S. typhi*								
S. typhi C1	3		3					
S. typhi E1	2	1	1					
S. typhi untypable	2			2				
S. typhi 46	2	2						
TOTAL	9	3	4	2				

HUMAN SALMONELLOSIS CASES

Period April - June 1981

Serotype	Total	NSW & ACT	VIC	QLD	SA	WA	TAS	NT
Shigellae								
Sh. flexneri var Y	2		2					
Sh. flexneri 1A	1							1
Sh. flexneri 1B	3		2		1			
Sh. flexneri 2A	59	3		3	2	45		6
Sh. flexneri 3A	3		1			2		
Sh. flexneri 3C	1		1					
Sh. flexneri 4A	7		4	1				2
Sh. flexneri 6	19			1		17		1
Sh. sonnei BIO A	38	7	13		1	10		7
Sh. sonnei BIO G	2		2					
TOTAL	135	10	25	5	4	74		17
Campylobacter								
C. fetus	68		1			67		
C. jejuni	31	3	18	9	1			
C. species	3			1	2			
TOTAL	102	3	19	10	3	67		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD - 3/9/81 - 16/9/81 BULLETIN NUMBER . 81/19

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	11				2	2	8		23
0101 ADENOVIRUS TYPE 1	2		1		2				5
0102 ADENOVIRUS TYPE 2	3							2	5
0103 ADENOVIRUS TYPE 3				1		1			2
0105 ADENOVIRUS TYPE 5					2	1			3
0107 ADENOVIRUS TYPE 7		4	1		1				6
0108 ADENOVIRUS TYPE 8								1	1
0118 ADENOVIRUS TYPE 18								1	1
0119 ADENOVIRUS TYPE 19	1		2					2	5
0199 ADENOVIRUS TYPING PENDING		1	1		5	4			11
0201 INFLUENZA A VIRUS	11			1			1	1	14
0202 INFLUENZA A VIRUS SUBTYPE H3N2							1		1
0203 INFLUENZA B VIRUS	9	1	4			1			15
0206 INFLUENZA A VIRUS SUBTYPE H1N1	4	1					3		8
0301 PARAINFLUENZA VIRUS TYPE 1					1	1	1	2	5
0303 PARAINFLUENZA VIRUS TYPE 3				1	4	2	1	1	9
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	9	7	4	5	9	16	4	42	96
0500 RHINOVIRUS (ALL TYPES)		2		3	11		3	1	20
0600 MYCOPLASMA PNEUMONIAE	8		2			1	5		16
0700 ORNITHOSIS-PSITTACOSIS	2					4			6
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED								2	2
0816 COXSACKIEVIRUS A16				3					3
0902 COXSACKIEVIRUS B2				1					1
0904 COXSACKIEVIRUS B4	2	2			7				11
0905 COXSACKIEVIRUS B5						6			6
1006 ECHOVIRUS TYPE 6				2					2
1009 ECHOVIRUS TYPE 9						2		2	4
1014 ECHOVIRUS TYPE 14				1				1	2
1017 ECHOVIRUS TYPE 17						1			1
1022 ECHOVIRUS TYPE 22				1	1				2
1030 ECHOVIRUS TYPE 30				2					2

2.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 3/9/81 - 16/9/81 BULLETIN NUMBER . 81/19

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RAHC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1101 POLIOVIRUS TYPE 1	1			1				1	3
1102 POLIOVIRUS TYPE 2						1			1
1103 POLIOVIRUS TYPE 3	1					1		1	3
1104 POLIOVIRUS-VACCINAL STRAIN	5				7				12
1200 MUMPS VIRUS	18		1	6	1	2	3	4	35
1300 HERPES VIRUS GROUP-NOT TYPED	24			2		7			33
1301 HERPES SIMPLEX VIRUS NOT-TYPED		2		1				35	38
1302 EPSTEIN-BARR VIRUS (EB VIRUS)	2					3			5
1303 VARICELLA-ZOSTER VIRUS	6	1				1	1		9
1306 HERPES SIMPLEX TYPE 1	10			20		11	14		55
1307 HERPES SIMPLEX TYPE 2	78			18		10	19		125
1399 HERPES VIRUS TYPING PENDING			6		1	6			13
1401 COXIELLA BURNETI	10		1	1		1	4		17
1502 PICORNA VIRUS-NOT TYPED								1	1
1521 MEASLES VIRUS	15	3	1	1	1	1			22
1522 RUBELLA VIRUS	1		1	7			3	2	14
1532 HEPATITIS B ANTIGEN	2	2	7	28	1	8	4	10	62
1535 HEPATITIS A ANTIBODY	1	3				4	4	6	18
1541 CHLAMYDIA A - C.TRACHOMATIS	19		1					29	49
1556 CMV - CYTOMEGALOVIRUS	5		4	23	8	10	4	7	61
1564 ROTAVIRUS	23	43	8	6	7	20	6	2	115
1599 ENTEROVIRUS TYPING PENDING			4		3	4			11
POXVIRUS GROUP NOT TYPED				1					1
ROSS RIVER VIRUS			1				7	2	10
ASTROVIRUS	4								4
SMALL VIRUS (LIKE) PARTICLE	2					3			5
ARBO. GROUP B. ...			1						1
Total	289	72	51	136	74	135	96	158	1,011

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 3/9/81 to 16/9/81 .... 81/19

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
0100 ADENOVIRUS NOT TYPED.....		1									
0101 ADENOVIRUS TYPE 1.....		2					3				
0102 ADENOVIRUS TYPE 2.....	1	4									
0103 ADENOVIRUS TYPE 3.....		2									
0105 ADENOVIRUS TYPE 5.....				1			1				
0107 ADENOVIRUS TYPE 7.....	1	3									
0118 ADENOVIRUS TYPE 18.....						1					
0201 INFLUENZA A VIRUS.....	9	4									
0202 INFLUENZA A VIRUS SUBTYPE H3N2		1									
0203 INFLUENZA B VIRUS.....	5	8		1							
0206 INFLUENZA A VIRUS SUBTYPE H1N1		7									
0301 PARAINFLUENZA VIRUS TYPE 1....	1	3									
0303 PARAINFLUENZA VIRUS TYPE 3....		7							1		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....	2	93									
0500 RHINOVIRUS (ALL TYPES).....		20	1				1				
0600 MYCOPLASMA PNEUMONIAE.....	5	8									
0700 ORNITHOSIS-PSITTACOSIS.....	3	3									
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....	1										
0816 COXSACKIEVIRUS A16.....											3
0902 COXSACKIEVIRUS B2.....		1				1					
0904 COXSACKIEVIRUS B4.....	1	6		1		1	2				1
0905 COXSACKIEVIRUS B5.....		2		1			2				
1006 ECHOVIRUS TYPE 6.....				2							
1009 ECHOVIRUS TYPE 9.....	1	2									
1014 ECHOVIRUS TYPE 14.....				1							
1017 ECHOVIRUS TYPE 17.....		1									

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 3/9/81 to 16/9/81 .... 81/19

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
1022 ECHOVIRUS TYPE 22.....		1					1				
1030 ECHOVIRUS TYPE 30.....				2							
1101 POLIOVIRUS TYPE 1.....		2					1				
1102 POLIOVIRUS TYPE 2.....							1				
1103 POLIOVIRUS TYPE 3.....	1			1							
1104 POLIOVIRUS-VACCINAL STRAIN....	1	3		1			6				
1200 MUMPS VIRUS.....	6	2	2	3		3					1
1301 HERPES SIMPLEX VIRUS NOT-TYPED	2	1				1			1		21
1302 EPSTEIN-BARR VIRUS (EB VIRUS).	1	1									
1303 VARICELLA-ZOSTER VIRUS.....	2										7
1306 HERPES SIMPLEX TYPE 1.....		9	1								24
1307 HERPES SIMPLEX TYPE 2.....	2										7
1401 COXIELLA BURNETI.....	7							1	1		1
1521 MEASLES VIRUS.....	9	1	1								11
1522 RUBELLA VIRUS.....	2										10
1532 HEPATITIS B ANTIGEN.....	30						1	30			
1535 HEPATITIS A ANTIBODY.....	1							16			
1556 CMV - CYTOMEGALOVIRUS.....	7	17		1				2		11	1
1564 ROTAVIRUS.....	1	1					112				
ROSS RIVER VIRUS											3
ASTROVIRUS							4				
SMALL VIRUS (LIKE) PARTICLE	1						1				
Total.....	103	216	5	15		7	136	49	3	11	90

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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 3/9/81 to 16/9/81 ... 81/19
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
0105 ADENOVIRUS TYPE 5.....							1			
0107 ADENOVIRUS TYPE 7.....	1									1
0108 ADENOVIRUS TYPE 8.....		1								
0119 ADENOVIRUS TYPE 19.....	3	2								
0201 INFLUENZA A VIRUS.....							1	1		
0203 INFLUENZA B VIRUS.....								1		
0206 INFLUENZA A VIRUS SUBTYPE H1N1								1		
0301 PARAINFLUENZA VIRUS TYPE 1....			1							
0303 PARAINFLUENZA VIRUS TYPE 3....							1			
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....						1	1	1		
0500 RHINOVIRUS (ALL TYPES).....							1			
0600 MYCOPLASMA PNEUMONIAE.....							3			
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED.....										1
0904 COXSACKIEVIRUS B4.....					1		1			
0905 COXSACKIEVIRUS B5.....							1			
1009 ECHOVIRUS TYPE 9.....								1		
1014 ECHOVIRUS TYPE 14.....								1		
1022 ECHOVIRUS TYPE 22.....								1		
1103 POLIOVIRUS TYPE 3.....								1		
1104 POLIOVIRUS-VACCINAL STRAIN....										1
1200 MUMPS VIRUS.....			17					5		
1301 HERPES SIMPLEX VIRUS NOT-TYPED		17		1						
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			1	2			1			
1306 HERPES SIMPLEX TYPE 1.....	3	18					1	3		
1307 HERPES SIMPLEX TYPE 2.....		115							1	
1401 COXIELLA BURNETI.....							2	6		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 6

PERIOD : 3/9/81 to 16/9/81 ... 81/19

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
1521 MEASLES VIRUS.....					1		1	1		
1522 RUBELLA VIRUS.....								2	1	
1532 HEPATITIS B ANTIGEN.....				1						
1535 HEPATITIS A ANTIBODY.....								1		
1541 CHLAMYDIA A - C TRACHOMATIS...		49								
1556 CMV - CYTOMEGALOVIRUS.....		3	1	2	2	3	2	5	9	1
1564 ROTAVIRUS.....										1
ROSS RIVER VIRUS					9			1		
ARBO. GROUP B.								1		
Total.....	7	205	20	6	13	4	17	33	11	5

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

..8th4 Weekly Period for...1981.

(12.7.81 to 8.8.81 inclusive)

Bulletin ..81/19.

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	4		1			1	8	39
Ankylostomiasis	N.N.			N.N.					—	91
Anthrax									—	—
Arbovirus infection			1	1					2	18
Brucellosis	3			1					4	22
Campylobacter infections	N.N.	N.N.	N.N.	13	N.N.	N.N.	N.N.	N.N.	13	183
Chancroid			2	N.N.		N.N.	N.N.		2	16
Cholera									—	2
Congenital rubella syndrome	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Diphtheria									—	3+1 CARRIER
Donovanosis		N.N.	5	N.N.	1	N.N.			6	35
Giardiasis	N.N.	N.N.	N.N.	66	N.N.	N.N.	N.N.	N.N.	66	444
Genital herpes	N.N.	N.N.	N.N.		N.N.	N.N.	3	N.N.	3	213
Gonococcal ophthalmia neonatorum		N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Gonorrhoea	285	150	67	63	77	13	100	22	777	6771
Hepatitis A (infectious)	39	20	15	7	2	4	15		102	* 922
Hepatitis B (serum)	34	9	6	7			1		57	298
Hepatitis - unspecified	N.N.	N.N.		N.N.	3	N.N.	N.N.		3	36
Hydatid disease	2					1			3	15
Lassa Fever	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Legionnaires disease	N.N.	1	N.N.		N.N.	N.N.	N.N.	N.N.	1	16
Leprosy							2		2	25
Leptospirosis	1	1	3		1				6	39
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	—
Malaria	5	3	14	4	1	1		3	31	277
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.		3	1		N.N.			4	41
Non-specific urethritis	N.N.	N.N.	N.N.	6	N.N.	N.N.	N.N.	N.N.	6	798
Ornithosis									—	8
Pertussis (whooping cough)	N.N.	3	N.N.	2	N.N.	N.N.	N.N.	N.N.	5	96
Plague									—	—
Poliomyelitis									—	—
Q. fever	11	1	1	16	N.N.		1		30	269
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	185	23	6	45	3	1	16	2	281	* 1572
Shigella infections	N.N.	1	4	2	2		3		12	* 278
Smallpox									—	—
Syphilis	41	10	15	6	14		48	2	136	1810
Tetanus									—	9
Trachoma	N.N.	N.N.			N.N.	N.N.			—	1
Tuberculosis (all forms)	41	33	14	13	11		3	2	117	879
Typhoid fever	1			1					2	7
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

Hepatitis A -1 case for Vic
-1 case for S.A.

Salmonella infections -1 case for Vic

Shigella infections +1 case for Vic