Communicable Diseases Intelligence

Bulletin number 80/2
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Virus reports this period total 816. Reports of interest include:

- Influenza - two isolations of Influenza A subtype H_3N_2 have been reported by the Institute of Medical and Veterinary Science, Adelaide. They comprise a nine year old boy whose specimen was collected in July 1979 and an eight month old boy whose specimen was collected in November 1979. As far as is known neither of them had been abroad. These bring the total H_3N_2 reports for 1979 to four.

  There were also five reports of Influenza A subtype H_1N_1 this period, four being from Queensland.

- Ross River Virus - 10 reports, seven coming from Adelaide. This indicates a continuation of the outbreak reported from South Australia in the last issue of this bulletin. All the South Australian cases came from the Meningie region near the mouth of the River Murray.

- Lymphogranuloma venereum - one case, a 29 year old male crew member of a visiting ship, was reported by the laboratory at the Prince of Wales Hospital Sydney. The case was diagnosed, following surgery (at a different hospital) for suspected bilateral herniae, by histology of the lymph nodes and a single CF titre of 1:128.

- a haemorrhagic form of varicella - which proved fatal, was reported in a six year old boy from Noumea by the Royal Alexander Hospital for Children in Sydney. Current investigations indicate that herpes virus is also present in post-mortem liver and tongue specimens.

- The Royal Children's Hospital, Melbourne, reports the detection by electron microscopy, of three viruses, namely untyped adenovirus, rotavirus and "small virus-like particles" during a survey from a two week old baby with no symptoms of any infection.

- Rubella - 34 reports, similar to the previous few reporting periods, but running at approximately double the average number during equivalent periods a year ago.

- Echovirus type 11 - 62 reports. This indicates a decrease from previous weeks (80/1:84, 79/26:104, 79/25/108).

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PREVALENCE OF VIRAL HEPATITIS A AND B MARKERS IN A SYDNEY POPULATION.

(contributed by C.R. Boughton, Prince Henry Hospital and R.A. Hawkes, University of New South Wales).

The sera of 683 patients ranging in age from three months to seventy-eight years, admitted to hospital with non hepatitic illnesses either infectious or non-infectious, were examined for the presence of viral hepatitis A and B markers[1], firstly to allow comparison of the epidemiology of viral hepatitis A and viral hepatitis B in "Anglo Saxon" and "non-Anglo Saxon" sectors of the community[2], and secondly to determine the natural history of the markers themselves.

Hepatitis A. Age specific prevalence rates of antibody to hepatitis A virus (anti-HAV), are shown in table 1 below.

TABLE 1
Age Groups

	Months		Years									Total
	0-12	1-4	5-9	10-14	15-19	20-29	30-39	40-	50-	60-	70	
Anti-HAV positive	2	1	7	5	35	98	57	68	51	34	19	377
Total	7	28	31	13	94	224	102	76	54	35	19	683
% positive	29	4	23	39	37	44	56	90	94	97	100	55

Anti-HAV found in two children under the age of twelve months was probably maternal in origin. Anti-HAV prevalence increased steadily from the 1 - 4 year group (3.6%) to the 30 - 39 year group (56%), above which there was a sharp rise to 89.5% in the 40 - 49 year group. Seropositivity rates thereafter increased slowly to 100% in the 70 onward year age group. The pattern appeared to be cumulative, suggesting the long persistence of anti-HAV. On the basis of these figures an increased rate of HAV transmission probably occurred about thirty years previously, at the time of the Second World War and after. Lehman and Gust also found a rise in anti-HAV age specific prevalence rates exceeding 20% in urban subjects aged forty years and more in Victoria[3]. The age specific prevalence rates of anti-HAV according to ethnic origin are shown in table 2.

TABLE 2

	Age Groups - Years								Totals
	0-14	15-19	20-	30-	40-	50-	60-	70-	
ANGLO-SAXON GROUP:									
Anti-HAV positive	12	27	76	41	55	38	29	18	296
Total	66	80	199	84	62	40	30	18	579
% positive	18	34	38	49	89	95	97	100	51
NON ANGLO-SAXON GROUP:									
Anti-HAV positive	3	8	22	16	13	13	5	1	81
Total	13	14	25	18	14	14	5	1	104
% positive	23	57	88	89	93	93	100	100	78

In children less than fifteen years of age, both Anglo Saxon and non-Anglo Saxon, prevalence rates of anti-HAV were similar (about 20%); however most of the few non-Anglo Saxon children in the study had been reared in Australia. In the age groups 15 - 40 years, prevalence rates were almost 30% higher in non-Anglo Saxons; over that age, rates were similar. This suggests more extensive transmission of HAV earlier in life in a non-Anglo Saxon environment. Frosner et alii[4] similarly found anti-HAV prevalence much higher in France and Greece than in Scandinavian countries.

Hepatitis B. The age specific prevalence rates of hepatitis B virus (HBV) markers (seropositivity) is shown in table 3.

TABLE 3

	Age Groups - Years									Totals		
	0-14	15-19	20-24	25-29	30-	40-	50-	60-	70-	Male	Female	Totals
HBV Seropositive	9	4	20	11	13	5	6	4	2	49	25	74*
Total	79	94	129	95	102	76	54	35	19	369	314	683
% Seropositive	11	4	16	12	13	7	11	11	11	13	8	11

*Of 74 subjects HBV seropositive	Male	Female
(11 showed HBsAg	9	2
(6 showed anti-HBs only	3	3
(37 showed anti-HBc only	24	13
(20 showed anti-HBs & anti-HBc	13	7
	49	25

Age specific prevalence rates were remarkably uniform in contrast to the anti-HAV pattern, suggesting a limited duration of the HBV markers, and/or that relatively more HBV transmission is occurring in younger age groups in this country now than previously. Overall prevalence rates of HBV markers for males was 13% (49/369) and for females 8% (25/315) ($p<0.05$).

Of seventy-four patients with a serological marker of HBV infection, eleven had HBsAg, six had anti-HBs only, 37 showed anti-HBc only and 20 had both anti-HBs and anti-HBc; thus anti-HBc estimations would have missed only 6/63 individuals with antibodies to HBV. Anti-HBc is apparently a more consistent and/or persistent marker than anti-HBs.

The age specific prevalence rates of HBV markers related to ethnic origin is shown in tables 4a and 4b.

TABLE 4a
Anglo-Saxons

	Age Groups - Years				
	0-14	15-29	30-49	50+	Totals
HBV seropositive	6	25	10	10	51*
Total	66	279	146	88	579
% Seropositive	9	9	7	11	9

*Of 51 subjects HBV seropositive (6 showed HBsAg
(
(4 showed anti-HBs only
(
(28 showed anti-HBc only
(
(13 showed anti-HBs and anti-HBc

TABLE 4b
Non Anglo-Saxons

	Age Groups - Years				
	0-14	15-29	30-49	50+	Totals
HBV seropositive	3	10	8	2	23*
Totals	13	39	32	20	104
% seropositive	23	26	25	10	22

*Of 23 subjects HBV seropositive (5 showed HBsAg
(
(2 showed anti-HBs only
(
(9 showed anti-HBc only
(
(7 showed anti-HBs & anti-HBc

In all age groups, there was a consistently higher prevalence rate of HBV seropositivity by 2 - 4 fold in non-Anglo Saxons than in Anglo Saxons under the age of fifty years; over that age, rates were similar. The figures suggest more transmission of HBV early in life in non-Anglo Saxon environments. HBsAg prevalence in Anglo Saxon adults was 1/513 (0.19%) and in non-Anglo Saxons 3/91 (3.3%). This compares with 0.07% for the Sydney blood donor population (estimated by RIA technique (Austria II™ Abbott Laboratories)[5]; non-Anglo Saxons generally tend to be hesitant blood donors. Anti-HBs prevalence in Anglo Saxons was 2.9% and in non-Anglo Saxons 8.7%; anti-HBc prevalence was 7.1% and 15.4% respectively.

A higher prevalence of HBsAg carriers, especially maternal, greatly increases the likelihood of HBV transmission within the family to neonates and older individuals, whether in an Australian or other environment. However it may not be possible to determine the true attack rate of HBV in any population if as appears from this study, the serological markers of HBV infection have a limited duration.

References

1. Passive haemagglutination (PHA) for HBsAg and anti-HBs, radio immuno-assay in sera negative with PHA (Ausria II™ and Ausab ™); Corab™ for anti-HBc and Havab ™ for anti-HAV (Abbott Laboratories).

2. Anglo Saxons: Caucasoids from Australia, New Zealand, United Kingdom, North America, Western Europe.
Non-Anglo Saxons: Central, Southern Europeans, Africans, Asians (India, South East Asia, T.P.N.G.).

3. M.J.A. (1977) 2 : 631.

4. Amer. J. Epidemiol. (1979) 110 : 63

5. Hope, S. Unpublished results, 1979.

MALARIA OUTBREAK IN TORRES STRAIT

Notification has been received of three cases of Plasmodium falciparum malaria on Moa Island in the Torres Strait; the patients are being treated at the Thursday Island Hospital. Local transmission seems to have originated from carriers believed to be among the crew of a lugger which had visited the Papuan coast. If proven this could be defined as "introduced" malaria i.e. that the infection is the first step (direct secondary) of local transmission subsequent to a proved imported case.

Remedial measures were promptly commenced by the Queensland Health authorities on Moa and neighbouring islands. These include residual insecticidal spraying of houses, blood film and spleen surveys and presumptive treatment of inhabitants.

Preliminary focal entomological and epidemiological studies report two vectors, Anopheles hilli and Anopheles farauti at St Pauls on Moa Island. A. farauti is the most important vector of malaria in Papua New Guinea and A. hilli with sporozoite infections have previously been found at Cairns. Both vectors are normally exophilic but A. hilli, during the present survey, has been noted biting man indoors (between 10pm and 1am).

The last outbreak of malaria in Australia occurred at Bamaga, on the Cape York Peninsula in February 1977 and was due to introduced P. vivax. Studies at that time identified five Anopheline species including A. hilli and A. farauti

SALMONELLA ISOLATIONS (from the monthly report of November 1979 from the Microbiological Diagnostic Unit, University of Melbourne).

It has now been confirmed that S. typhimurium phage type 170 was the cause of an outbreak of food poisoning in a N.S.W. country town, previously reported in CDI 79/25. Cultures were isolated from patients and staff including food handlers. Chicken was suspected as the vehicle of infection but all isolates of S. typhimurium from chickens at the hospital and from the processing plant which supplied the hospital were all type 135. Isolated from chicken litter, feathers, offal and wash waters were also type 135. S. typhimurium phage type 170 was

isolated from a rice salad. As one of the food handlers (type 170) was asymptomatic it is assumed that the rice salad was the vehicle of infection.

S. typhimurium phage type 135 was the cause of an outbreak of food poisoning amongst two familes who ate, amongst other things, Spanish pudding. The pudding was prepared from milk, gelatin and duck eggs. S. typhimurium phage type 135 was isolated from the Spanish pudding and from duck faeces.

FORTHCOMING EVENTS

Second Australasian Symposium on Viral Hepatitis

24/25 March 1980 - Melbourne (Royal Australasian College of Surgeons)

Speakers include:

Prof. Friedrick Dienhardt	- Max Von-Pettenkofer - Institute, Munich, Germany
Dr Stephen Feinstone	- National Institute of Health, Bethesda USA
Dr Gary Gitnick	- University of California, Los Angeles, USA
Prof. Ken Murray	- Edinburgh University, U.K.
Dr Lacy Overby	- Abbott Diagnostic Division, Nth. Chicago, USA
Prof. Hiroshi Suzuki	- University of Tokyo, Japan

Registration - The Secretary, Hepatitis Symposium P.O. Box 101, Cronulla, N.S.W. 2230 - by 22 Feb. 1980.

Australasian Society for Infectious Diseases, Annual Meeting

26-28 March, 1980 - Healesville, Victoria

Speakers include: - Prof. Frank Fenner
Prof. Solomon Faine, Monash University

Registration - Dr C.R. Lucas, Honorary Secretary, Australian Society for Infectious Diseases, Fairfield Hospital, Fairfield, Vic. 3078.

Errata

The address of Dr G.L. Gilbert, the author of the article "Camplyobacter infection associated with septic abortion" in CDI 79/25 was wrongly given. It should have read: Royal Women's Hospital, Carlton, Vic.

The entries in both the "contributing laboratories" and "clinical information" tables for the period 27.12.79-9.1.80 in CDI 80/1, under virus No. 1566 - "Norwalk agent - 1", reported by R.C.H. Melbourne, should be deleted, and '1' be added to the entries under 1556, "Cytomegalovirus".

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

1

REPORTING PERIOD -10-1-80 - 23-1-80 BULLETIN NUMBER 80-2

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	8		5		4	5	8		30
0101 ADENOVIRUS TYPE 1						1			1
0102 ADENOVIRUS TYPE 2						4		2	6
0103 ADENOVIRUS TYPE 3						7			7
0104 ADENOVIRUS TYPE 4						7			7
0105 ADENOVIRUS TYPE 5						3		2	5
0106 ADENOVIRUS TYPE 6						1			1
0107 ADENOVIRUS TYPE 7			1						1
0108 ADENOVIRUS TYPE 8						1			1
0119 ADENOVIRUS TYPE 19				2					2
0131 ADENOVIRUS TYPE 31						1			1
0199 ADENOVIRUS TYPING PENDING		1	1		3	1			6
0201 INFLUENZA A VIRUS			1				2		3
0202 INFLUENZA A VIRUS SUBTYPE H3N2						2			2
0203 INFLUENZA B VIRUS	1						4		5
0301 PARAINFLUENZA VIRUS TYPE 1							1		1
0302 PARAINFLUENZA VIRUS TYPE 2				3	6		1		10
0303 PARAINFLUENZA VIRUS TYPE 3		1		1	6		11		19
0399 PARAINFLUENZA VIRUS TYPING PENDING						1			1
0400 RESPIRATORY SYNCITIAL VIRUS (RS)	1					5	3		9
0500 RHINOVIRUS (ALL TYPES)					3	3			6
0600 MYCOPLASMA PNEUMONIAE	7	1	3	3		3	9	3	29
0700 ORNITHOSIS-PSITTACOSIS	5								5
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED								1	1
0809 COXSACKIEVIRUS A9				1					1
0902 COXSACKIEVIRUS B2	1								1
0903 COXSACKIEVIRUS B3	1	1							2
0904 COXSACKIEVIRUS B4				3		2	3		8
1002 ECHOVIRUS TYPE 2						1			1
1007 ECHOVIRUS TYPE 7						1			1
1009 ECHOVIRUS TYPE 9	1			1					2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 10-1-80 -23-1-80 BULLETIN NUMBER 80-2
VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ MVD (ACT)	RAHC (NSW)	RMH/ PDW (VIC)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1011 ECHOVIRUS TYPE 11	6	9	4	15		6	22		62
1022 ECHOVIRUS TYPE 22					5				5
1023 ECHOVIRUS TYPE 23			1						1
1027 ECHOVIRUS TYPE 27	1					1			2
1030 ECHOVIRUS TYPE 30								1	1
1031 ECHOVIRUS TYPE 31	1								1
1101 POLIOVIRUS TYPE 1						1			1
1102 POLIOVIRUS TYPE 2						3			3
1103 POLIOVIRUS TYPE 3						2			2
1104 POLIOVIRUS-VACCINAL STRAIN			2						2
1200 MUMPS VIRUS	7	2	3	3	2	1	5	1	24
1300 HERPES VIRUS GROUP-NOT TYPED						3		1	4
1301 HERPES SIMPLEX VIRUS-NOT TYPED	6	2			3	1	18	45	75
1302 EPSTEIN-BARR VIRUS (EB VIRUS)						2			2
1303 VARICELLA-ZOSTER VIRUS	2	1		1		1			5
1306 HERPES SIMPLEX TYPE 1	11		5	8		14	2		40
1307 HERPES SIMPLEX TYPE 2	38		6	19		20			83
1399 HERPES VIRUS TYPING PENDING			3						3
1401 COXIELLA BURNETI	3			2			24		29
1521 ARBOVIRUS	1		5	2		1	4		13
1522 ROUBLA VIRUS	3	1		5		6	13	6	34
1530 HEPATITIS A VIRUS								6	6
1532 HEPATITIS B ANTIGEN	4	1	5	28		7	2	8	55
1533 HEPATITIS A ANTIBODY						9			9
1541 CHLAMYDIA A - TRIC TYPE	25		4					59	88
1543 CHLAMYDIA A - LGV TYPE			1						1
1555 CMV - CYTOMEGALOVIRUS	4	1	5	2	3		2	11	28
1564 ADENOVIRUS	3		3		6	2			14
1599 ENTEROVIRUS TYPING PENDING		5	4	1	23		1		34
ROSS RIVER VIRUS						7	3		10
ASTROVIRUS	2								2
SMALL VIRUS (LIKE) PARTICLE	1				2				3
Total	143	26	62	100	66	136	138	146	817

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 3

PERIOD : 10/1/80 to 23/1/80 ... Bulletin No 80/2.
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	3	13					7				1
0101 ADENOVIRUS TYPE 1							1				
0102 ADENOVIRUS TYPE 2		2				1	1				
0103 ADENOVIRUS TYPE 3		1					2				1
0104 ADENOVIRUS TYPE 4		3					1				
0105 ADENOVIRUS TYPE 5		2				1	2				
0106 ADENOVIRUS TYPE 6							1				
0107 ADENOVIRUS TYPE 7		1									
0131 ADENOVIRUS TYPE 31							1				
0201 INFLUENZA A VIRUS		1		1					1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		2									
0203 INFLUENZA B VIRUS	2	2									
0301 PARAINFLUENZA VIRUS TYPE 1		1									
0302 PARAINFLUENZA VIRUS TYPE 2	1	8		1							1
0303 PARAINFLUENZA VIRUS TYPE 3		14				1					
0400 RESPIRATORY SYNCYTIAL VIRUS (AG)		8									
0500 RHINOVIRUS (ALL TYPES)		3									
0600 MYCOPLASMA PNEUMONIAE	4	19									1
0700 ORNITHOSIS-PSITTACOSIS	1	3									
0800 COXSACKIEVIRUSES GROUP A - NOT TYPED		1									
0809 COXSACKIEVIRUS A9				1							
0902 COXSACKIEVIRUS B2				1							
0903 COXSACKIEVIRUS B3				2							
0904 COXSACKIEVIRUS B4	1	2		2			1		1		
1007 ECHOVIRUS TYPE 7				1							
1009 ECHOVIRUS TYPE 9				1							

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 4

PERIOD : 10/1/80 to 23/1/80 ... Bulletin No 80/2

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; 09 -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/mucous
1011 ECHOVIRUS TYPE 11	5	6	3	30		2	7		2		
1022 ECHOVIRUS TYPE 22	4										
1023 ECHOVIRUS TYPE 23							1				
1027 ECHOVIRUS TYPE 27	1						1				
1030 ECHOVIRUS TYPE 30		1		1							
1031 ECHOVIRUS TYPE 31				1							
1102 POLIOVIRUS TYPE 2		1					2				
1103 POLIOVIRUS TYPE 3		1					1				
1109 POLIOVIRUS-VACCINAL STRAIN							1				
1200 ENTERO VIRUS	5	2	1	5			1			1	
1300 PICORNA VIRUS GROUP-NOT TYPED											1
1301 RUBELLA LIKE VIRUS-NOT TYPED	36	1						1			18
1303 VARICELLA-ZOSTER VIRUS	2	1									3
1306 HERPES SIMPLEX TYPE 1	4	2					1				20
1307 HERPES SIMPLEX TYPE 2											1
1401 COXSACKIE GROUP A	9	6		1			1				
1521 MEASLES VIRUS	1		3	1							5
1522 RUBELLA VIRUS	5										28
1530 HEPATITIS A VIRUS	2							4			
1532 HEPATITIS B ANTIGEN	24							30			
1533 HEPATITIS B ANTIBODY								9			
1541 CHLAMYDIA A - TRIC TYPE	59										
1550 CMV - CYTOMEGALOVIRUS	10	4	1			1		2		2	
1564 ADENOVIRUS	6						8				
1599 ENTEROVIRUS TYPING PENDING	1										
4055 RIVER VIRUS	1										4
RETROVIRUS							2				
SMALL VIRUS (LIKE) PARTICLE	2						1				
Total	189	111	8	49		6	44	46	4	3	84

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 5

PERIOD : 10/1/80 to 23/1/80 --- Bulletin No 80/2
Viral Identifications by Clinical Information Table 2.
Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;
38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;
G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
0100 ADENOVIRUS NOT TYPED			1					4		
0102 ADENOVIRUS TYPE 2	1						1			
0103 ADENOVIRUS TYPE 3	3							1		
0104 ADENOVIRUS TYPE 4	2							1		
0106 ADENOVIRUS TYPE 6	1									
0119 ADENOVIRUS TYPE 19	2	1								
0201 INFLUENZA A VIRUS							1			
0203 INFLUENZA B VIRUS								1		
0301 PARAINFLUENZA VIRUS TYPE 1								1		
0303 PARAINFLUENZA VIRUS TYPE 3			4					9		
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)			1					2		
0500 MYCOPLASMA PNEUMONIAE			2				1	9		
0700 CHLAMYDIA-PSITTACOSIS								1		
0904 COXSACKIEVIRUS B4								2		
1002 ECHOVIRUS TYPE 2	1									
1009 ECHOVIRUS TYPE 9							1			
1011 ECHOVIRUS TYPE 11			1				5	4	1	
1022 ECHOVIRUS TYPE 22									1	
1101 POLIOVIRUS TYPE 1								1		
1104 POLIOVIRUS-VACCINAL STRAIN								1		
1200 MUMPS VIRUS			9					1	2	
1301 HERPES SIMPLEX VIRUS-NOT TYPED		15						2	2	
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		1						1		
1306 HERPES SIMPLEX TYPE 1	2	8					2	1		
1307 HERPES SIMPLEX TYPE 2		82								
1401 COXIELLA BURNETI			1				7	12		
1521 MEASLES VIRUS								4	2	

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 6

PERIOD : 10/1/80 to 23/1/80 ... Bulletin No. 80/2.
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		1			7		
1552 HEPATITIS B ANTIGEN									1	
1541 CHLAMYDIA A - PSIC TYPE	1	28								
1543 CHLAMYDIA A - LGV TYPE									1	
1556 CMV - CYTOMEGALOVIRUS				1		2		1	5	1
1655 RIVER VIRUS					5			1		
TOTAL	13	135	21	1	6	2	18	67	15	1