AUSTRALIA

Communicable Diseases Intelligence

Bulletin number 80/4
Issue date: 29 February 1980

In addition to the data on the 1979 virus reporting service, this issue also contains the tentative 1979 "notifiable diseases" figures for Australia.

Virus reports this period - 826. Reports of interest include:

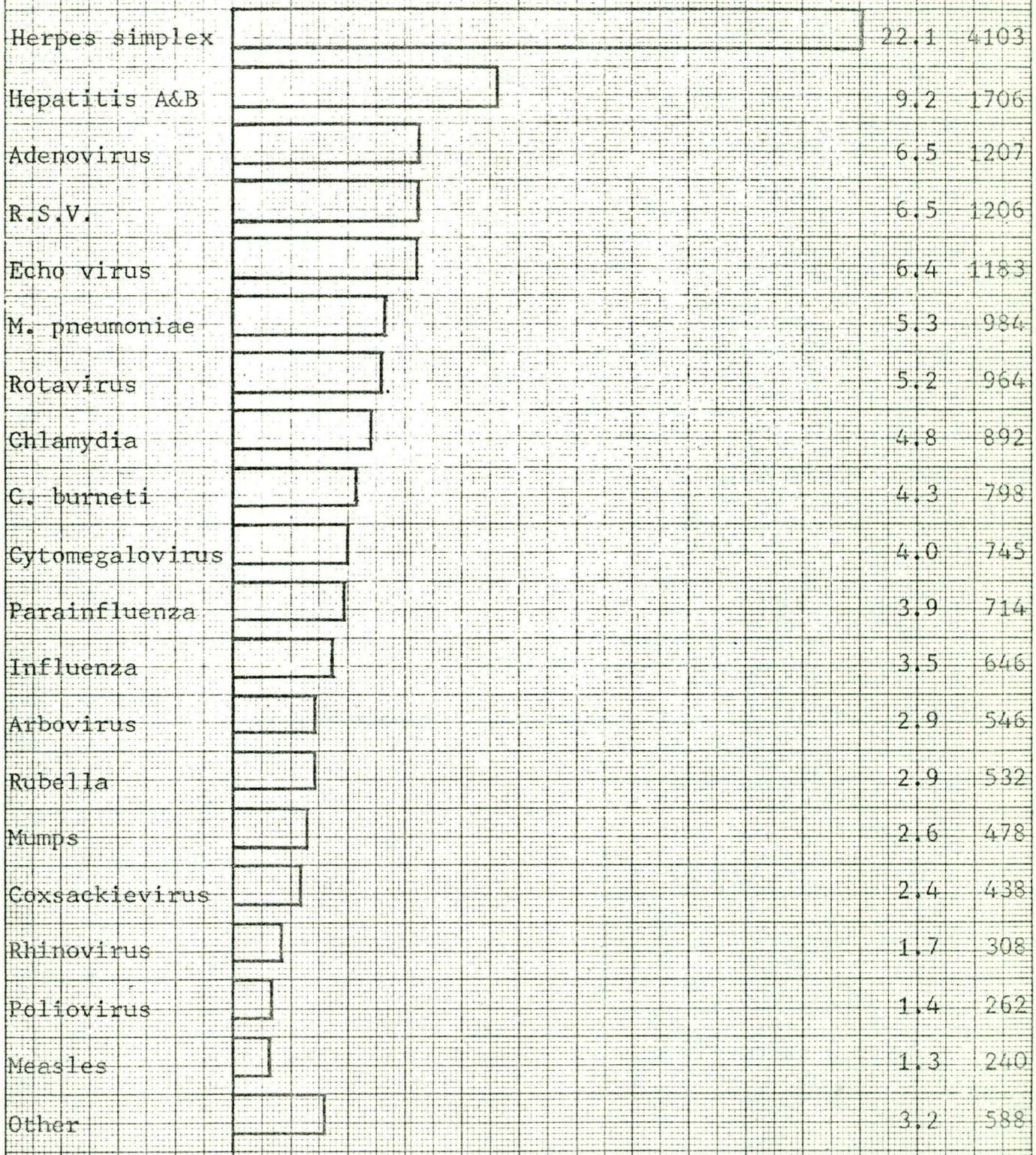
- Eye infections - 28 this period, compared with 15 and 13 the previous two periods. Adenovirus infections predominated (21 cases) mainly types 8 (the majority from Western Australia), 19 (the majority from South Australia), and 3. There were also 6 herpes simplex isolations from eyes and one chlamydia.
- Ross River Virus - 14 reports, 10 of which were from South Australia, and one from Alice Springs.
- Dengue fever - 1 report this period from Fairfield Hospital of a 21 year old male recently returned from the Philippines. Two cases reported last period by the State Health Laboratory, Brisbane, were of interest in that they were man and wife recently returned from the Philippines and Bangkok. Although only the wife had been clinically ill, both had titres $>$ 1:1520 to group B arbovirus and both were IgM positive to dengue type 2. In addition the wife had a titre of 1:320 to Ross River virus but was IgM negative, while the husband had a Ross River virus titre of 1:640 and was IgM positive.
- Mumps - 43 reports, compared with 12, 24 and 26 for the first three periods this year. One isolation, in Western Australia, was from the nasopharynx of a nine months old baby boy with myocarditis. However the infection is thought to be coincidental, with the myocarditis being associated with a pre-existing muco-polysaccharoidosis type 6.

  (A report of a fatal case of mumps myocarditis in the U.K. appears on page 6 of this bulletin.)
- Hepatitis B - There were 78 reports of the detection of the antigen. Seven of the 16 reports from South Australia were found in symptom free persons during a health survey in an Aboriginal reserve. The majority were adults although one case was a five year old boy.

The Bulletin is compiled and distributed by the Environmental Health Branch, Department of Health, P.O. Box 100, Woden, A.C.T. 2606, Australia, and is available on request.

FREQUENCY DISTRIBUTION OF 18 540 ISOLATIONS & IDENTIFICATIONS

REPORTED TO CDI 1979



	%	No.
Herpes simplex	22.1	4103
Hepatitis A&B	9.2	1706
Adenovirus	6.5	1207
R.S.V.	6.5	1206
Echo virus	6.4	1183
M. pneumoniae	5.3	984
Rotavirus	5.2	964
Chlamydia	4.8	892
C. burneti	4.3	798
Cytomegalovirus	4.0	745
Parainfluenza	3.9	714
Influenza	3.5	646
Arbovirus	2.9	546
Rubella	2.9	532
Mumps	2.6	478
Coxsackievirus	2.4	438
Rhinovirus	1.7	308
Poliovirus	1.4	262
Measles	1.3	240
Other	3.2	588

VIRUS REPORTS 1979

The table on page 2 illustrates the proportions of the various isolations and identifications made from specimens collected during 1979 and reported to CDI. Viruses, chlamydia, Coxiella burneti and Mycoplasma pneumoniae are included in the reporting scheme. The total number of reports (18,540) excludes isolations where final typing is still "pending" (1,055). Second and subsequent reports of the same virus from the same type of source specimen from the same patient but at a later date have been deleted wherever these could be identified from the reports submitted.

There were approximately 4000 more reports in 1979 than in 1978.

The final set of 1979 tables will be forwarded to contributing laboratories in the near future, and copies will be available to others on request. Variables available in the different tables include: type and number of virus isolations reported, by State (laboratory), date of collection of specimen, age, sex, clinical symptomatology (limited), source tissue, and method of isolation or detection; also by surveys or post mortem specimens.

Herpes simplex - was by far the most commonly reported virus, with 774 being type 1, 1599 type 2 and 1832 untyped. Type 1 was isolated most frequently from the skin or nasopharynx, but 15% were from genital sources and 4% from the eye. Of the type 2 isolations, 93% were from genital sources, but there were also two isolations from the eye. There were 15 isolations from CSF, all of untyped virus.

Hepatitis - Some 86% of the hepatitis reports were "Hepatitis B antigen". These comprised just over 20% of all isolations from the 15-24 year age group compared with approximately 10% for older adults.

Adenoviruses - Although some 40% of adenovirus isolations were untyped, the remainder can be loosely divided into three groups.

The first group comprises types 1 (109 reports), 2(170) and 5(81) which are described in the literature as producing a very mild, sporadic, upper respiratory tract infection of young children. 85% of the reports of these isolations were from children aged less than 5 years.

The second group, types 3(66), 4(27) and 7(135), is described as producing a mild pharyngitis and conjunctivitis but may also produce a more serious lower respiratory tract infection. CDI data on the epidemiology of this group in 1979 is still being collated.

The third group, adenovirus type 19, was most commonly isolated from genital sources (52%) in Western Australia - see CDI 79/8,21,22 and 23 - and the eye (45%). This virus has been reported to be associated with epidemic keratoconjunctivitis.

Respiratory syncitial virus (RSV) - 88% of the isolations were from children aged less than 5 years, and 46% from infants aged less than 6 months.

Echovirus - The most common were types 11(56%), 22(7%) and 30(14%). Of type 11 reports, 55% were from children below 5 years.

Mycoplasma pneumoniae - was most frequently reported (38%) in the 5-14 year age group.

Rotavirus - 76% of reports were from children aged less than 5 years. However there were reports from persons of all ages.

Chlamydia - Most commonly TRIC type (88%), three quarters of which were from Western Australia. Apart from four reports of lymphogranuloma venereum, the remainder were ornithosis/psittacosis.

Coxiella burneti - Queensland reported 45% of the isolations, while Victoria and New South Wales reported 27% and 20% respectively. There were only three reports from Western Australia, indicating that Q. fever is predominantly a disease of eastern and southern Australia.

Cytomegalovirus - was reported from all States with 47% being from children under 5 years.

Parainfluenza - types 1 and 3 were predominant.

Influenza - Although Influenza A (H1N1) predominanted (413 reports), there were 170 isolations of influenza B, 4 of A(H3N2) and 9 cases of influenza C.

Arboviruses - 546 reports, the majority (520) being Ross River Virus, with 15 reports of dengue, and 3 of Australian encephalitis.

Rubella - The majority (75%) of notifications were evenly distributed from Western Australia, Queensland and South Australia.

Mumps - Almost 20% of the mumps isolations were from CSF.

Coxsackie virus - Type B4 was the most frequently reported (39%), two-thirds of which were from children aged less than 5 years. Other types reported included B3(22%), B2(11%) and A9(10%).

"Other" - Incorporates numerous virus isolations each forming less than 1% of the total. Included are varicella-zoster, Norwalk agent, herpes group not typed, enterovirus 71, and also the pox, calici, corona, papova, arena, reo, astro and Epstein-Barr viruses.

Age groups - The most commonly reported isolations in the various age groups were as follows:

0-1 year (17% of total reports); RSV - 27% of reports in this age group; rotavirus - 12%; and adenoviruses - 11%

1-4 years (14% of total reports); adenoviruses - 15%; and RSV - 9%

5-14 years (11% of total reports); Mycoplasma pneumoniae - 19%; and mumps - 10%.

In the three age groups 15-24, 25-59 and 60+, the most commonly reported isolations for each group were herpes simplex and hepatitis B antigen.

PRIMARY AMOEBIC MENINGITIS - follow-up

Following publication of articles on this subject in CDI 80/3, Dr J.A. Bonnin, Director, Institute of Medical and Veterinary Science (IMVS), Adelaide, wrote to tell us of the work of the late Dr K.F. Anderson and Miss Adele Jamieson, carried out at IMVS in 1971 and 1972. Extracts from his letter follow.

Much of Dr Anderson's work remains unpublished. However he showed that the cause of South Australia's problem with primary amoebic meningitis lay in the pipeline from the River Murray to the northern cities. He strongly believed that one dangerous source of the organism lay in the end-reticulation of the water supply pipeline to houses and other users.

From his investigations of one case, Dr Anderson concluded that a child had contracted the disease in a bath. The family had been away from their house for two weeks holiday. On return they filled the bath with water which had been stagnant during their absence. It was suspected that the amoebae had multiplied in the absence of any effective chlorine at this point in the water supply.

Dr Anderson and Miss Jamieson were able to obtain the organism much more readily from taps and the end-reticulation than from the main circulating pipeline, and the chlorine levels were much lower or non-existent. Dr Anderson recommended, in conjunction with the Engineering and Water Supply Department, the additional chlorination of the pipeline immediately before it reached any of the cities concerned. This was done. In addition, the State Public Health authorities publicly advise that people when running baths, etc., particularly after holidays should allow the water to flow freely until they can smell chlorine.

Since these measures were introduced 8 years ago, there have been no further cases of amoebic meningoencephalitis in South Australia. These were sporadic cases up to that time (see CDI 80/3).

A further point possibly relevant to the Western Australian outbreak is that open storage tanks did exist along the South Australian pipeline. Dr Anderson believed that dust, containing amoebic cysts, could be blown into open tanks; they have since been covered.

Dr Anderson also showed that amoebic cysts could withstand high temperatures and dessication for long periods. Once introduced to paddling pools in the backyards of houses from a reticulated water supply, where favourable conditions for the multiplication of the organism exist, the surrounding ground might well become contaminated. Cysts could then be introduced on children's feet back into such a paddling pool after a considerable time, so it is suggested that adequate chlorine levels be maintained at all times.

South Australian authorities do not believe that filtration and chlorination of water as it leaves the dam give adequate protection against amoebic meningoencephalitis. In favourable temperature and pH conditions amoebae can proliferate in pipelines if chlorine levels

fall, as may occur in stagnant columns of water with an appreciable organic content.

FATAL MUMPS MYOCARDITIS IN AN EIGHT-MONTH-OLD CHILD (based on CDR 80/6)

A previously healthy eight-month-old baby girl was found (early in the afternoon) in her pram sweating profusely, with mottled blue patches on her face. She was taken to hospital by ambulance but was dead on arrival. No history of illness immediately preceding death was obtained

Autopsy established acute myocarditis as the cause of death. Mumps virus was isolated from the myocardium and an impression smear of the of the myocardium, tested by indirect immunofluorescence, revealed mumps virus antigen. On retesting, mumps virus was again isolated from the heart. No virus was isolated from a nasopharyngeal aspirate, the lung or the faeces, and bacteriological and biochemical investigations revealed no other abnormalities.

The source of the infection was not established. The baby had 2 older siblings, aged 2 and 4 years, but there was no recorded history of illness in these children during the weeks preceding the baby's death.

Although transient electrocardiographic changes occur quite frequently during mumps, clinical symptoms and signs of myocarditis are rare. This appears to be the first report of mumps myocarditis causing sudden death in infancy. Other deaths ascribed to mumps myocarditis have occurred from heart failure several months after the acute infection.

ROSS RIVER VIRUS INFECTION - AMERICAN SAMOA (from MMWR (1980) 29(5):50)

The first confirmed cases of infection with Ross River virus in American Samoa have been reported following an outbreak of epidemic polyarthritis in that country from August to October 1979.

The first recorded outbreak outside Australia, in the South Pacific, occurred in Fiji from April to June 1979 (CDI 79/12 and 15).

CORRIGENDUM

Health Status of Indo-Chinese Refugees (ref. CDI 79/24)

The Health Commission of N.S.W. has advised that nine cases, rather than one case as reported earlier, of tuberuloid leprosy have been reported in N.S.W. since 1977 in persons from Indo-China, the majority of whom were refugees. Several apparently developed symptoms after arrival in Australia.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 7-2-80 . 20-2-80 BULLETIN NUMBER 20.4

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

1

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	1	10	1		1	10	1	32
0101 ADENOVIRUS TYPE 1	1								1
0102 ADENOVIRUS TYPE 2				1	1	1			3
0103 ADENOVIRUS TYPE 3	3			2	1	3			9
0106 ADENOVIRUS TYPE 6						1			1
0107 ADENOVIRUS TYPE 7						3		1	4
0108 ADENOVIRUS TYPE 8								7	7
0115 ADENOVIRUS TYPE 15	2								2
0119 ADENOVIRUS TYPE 19				1		4		1	6
0131 ADENOVIRUS TYPE 31					4				4
0199 ADENOVIRUS TYPING PENDING		1	1		8	3			13
0201 INFLUENZA A VIRUS			1						1
0203 INFLUENZA B VIRUS							2		2
0204 INFLUENZA C VIRUS							2		2
0301 PARAINFLUENZA VIRUS TYPE 1		1							1
0302 PARAINFLUENZA VIRUS TYPE 2				4	4		1		9
0303 PARAINFLUENZA VIRUS TYPE 3		1		1	2		2		6
0399 PARAINFLUENZA VIRUS TYPING PENDING					1				1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	1					1	1		3
0500 RHINOVIRUS (ALL TYPES)				2		1	1		4
0600 MYCOPLASMA PNEUMONIAE	10		7	2		3	4		21
0700 ORNITHOSIS-PSITTACOSIS	3		2			1			6
0809 COXSACKIEVIRUS A9				1					1
0902 COXSACKIEVIRUS B2	1		1				1		3
0903 COXSACKIEVIRUS B3					1				1
0904 COXSACKIEVIRUS B4		1			1	4			6
0905 COXSACKIEVIRUS B5				1					1
1000 ECHOVIRUS NOT TYPED							2		2
1004 ECHOVIRUS TYPE 4							1		1
1009 ECHOVIRUS TYPE 9						1			1
1011 ECHOVIRUS TYPE 11	3	2	2	3		9	12	2	33
1014 ECHOVIRUS TYPE 14							2		2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 7-2-80 . 20-2-80 BULLETIN NUMBER 80. 4

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED 2

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
1015 ECHOVIRUS TYPE 15								1	1
1021 ECHOVIRUS TYPE 21							1		1
1022 ECHOVIRUS TYPE 22					1			1	2
1023 ECHOVIRUS TYPE 23			1						1
1030 ECHOVIRUS TYPE 30				5	1				6
1100 POLIOVIRUS NOT TYPED					2				2
1101 POLIOVIRUS TYPE 1						3			3
1102 POLIOVIRUS TYPE 2						2			2
1103 POLIOVIRUS TYPE 3						1		2	3
1200 MUMPS VIRUS	8	2	7	2		4	15	5	43
1300 HERPES VIRUS GROUP-NOT TYPED				2		3		2	7
1301 HERPES SIMPLEX VIRUS-NOT TYPED	15	2	8	1	1	1	29	41	98
1302 EPSTEIN-BARR VIRUS (EB VIRUS)						2			2
1303 VARICELLA-ZOSTER VIRUS	4			1		1	1	1	8
1306 HERPES SIMPLEX TYPE 1	7		5	18		11			41
1307 HERPES SIMPLEX TYPE 2	55		4	24		7			90
1399 HERPES VIRUS TYPING PENDING			5						5
1401 COXIELLA BURNETI	16			2		4	15		37
1512 VACCINIA VIRUS	1								1
1514 MOLLUSCUM CONTAGIOSUM								2	2
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)						2			2
1521 MEASLES VIRUS	4			1			4		9
1522 RUBELLA VIRUS	3			5	1	2	3	10	24
1530 HEPATITIS A VIRUS								9	9
1532 HEPATITIS B ANTIGEN	5		13	30		16	7	7	78
1535 HEPATITIS A ANTIBODY								1	1
1541 CHLAMYDIA A - TRIC TYPE	21		11					42	74
1556 CMV - CYTOMEGALOVIRUS	16	1	5	12	1	1	8	6	50
1564 ROTAVIRUS	1		5	1		2			9
1599 ENTEROVIRUS TYPING PENDING		1	6		1	2			10
ARBO. GROUP A.				1					1
ROSS RIVER VIRUS				1		11	2		14
DENGUE				1					1
Total	188	13	89	126	31	111	126	142	826

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 7/2/80 to 20/2/80 ... (80/4)
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 ...

3

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
0100 ADENOVIRUS NOT TYPED.....	3							5	3	
0102 ADENOVIRUS TYPE 2.....								2		
0103 ADENOVIRUS TYPE 3.....	3							2		
0107 ADENOVIRUS TYPE 7.....	1							1		
0108 ADENOVIRUS TYPE 8.....	7									
0115 ADENOVIRUS TYPE 15.....	2									
0119 ADENOVIRUS TYPE 19.....	5									
0204 INFLUENZA C VIRUS.....								2		
0303 PARAINFLUENZA VIRUS TYPE 3....								1		
0600 MYCOPLASMA PNEUMONIAE.....					2			4		
0700 ORNITHOSIS-PSITTACOSIS.....			1		1		1			
0902 COXSACKIEVIRUS B2.....								2		
0905 COXSACKIEVIRUS B5.....								1		
1004 ECHOVIRUS TYPE 4.....								1		
1011 ECHOVIRUS TYPE 11.....								6	1	
1022 ECHOVIRUS TYPE 22.....										1
1101 POLIOVIRUS TYPE 1.....									1	
1102 POLIOVIRUS TYPE 2.....									1	
1103 POLIOVIRUS TYPE 3.....								1		1
1200 MUMPS VIRUS.....			17		2			8	1	
1300 HERPES VIRUS GROUP-NOT TYPED..		1								
1301 HERPES SIMPLEX VIRUS-NOT TYPED	4	23						1	1	
1302 EPSTEIN-BARR VIRUS (EB VIRUS).			1							
1303 VARICELLA-ZOSTER VIRUS.....			1					1		
1306 HERPES SIMPLEX TYPE 1.....	2	6						6		
1307 HERPES SIMPLEX TYPE 2.....		87								
1401 COXIELLA BURNETI.....							9	15		
1521 MEASLES VIRUS.....								2		

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 7/2/80 to 20/2/80 ...(80/4)
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 ... 4 -CONTINUED

VIRUS OR VIRAL ANTIGEN	Eye	Genital	Endo/sal gland	RES	Muscle/joint	Congenital	PUO	Fever/malaise	Other	SIDS
1522 RUBELLA VIRUS.....			3		5			2	3	
1532 HEPATITIS B ANTIGEN.....									2	
1541 CHLAMYDIA A - TRIC TYPE.....	1	31								
1556 CMV - CYTOMEGALOVIRUS.....			1		1	1	5	9	7	
ARBO. GROUP A					1					
LOSS LIVER VIRUS					7			1		
DENGUE (TYPE 3)								1		
Total.....	28	148	24		19	1	15	74	20	2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 7/2/80 to 20/2/80 .... (80|4)
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.

5

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.....	2	12					9				
0101 ADENOVIRUS TYPE 1.....	1										
0102 ADENOVIRUS TYPE 2.....		1									1
0103 ADENOVIRUS TYPE 3.....	1			1			3				
0106 ADENOVIRUS TYPE 6.....							1				
0107 ADENOVIRUS TYPE 7.....							2				
0119 ADENOVIRUS TYPE 19.....	1										
0131 ADENOVIRUS TYPE 31.....	2		1				1				
0201 INFLUENZA A VIRUS.....		1									
0203 INFLUENZA B VIRUS.....	2										
0204 INFLUENZA C VIRUS.....		2									
0301 PARAINFLUENZA VIRUS TYPE 1....		1									
0302 PARAINFLUENZA VIRUS TYPE 2....	1	9									
0303 PARAINFLUENZA VIRUS TYPE 3....	2	3									
0400 RESPIRATORY SYNCYTIAL VIRUS (RS).....		3									
0500 RHINOVIRUS (ALL TYPES).....		4									
0600 MYCOPLASMA PNEUMONIAE.....	3	16									
0700 ORNITHOSIS-PSITTACOSIS.....	1	2									
0803 COXSACKIEVIRUS A9.....				1							
0902 COXSACKIEVIRUS B2.....		1					1	1			
0903 COXSACKIEVIRUS B3.....				1							
0904 COXSACKIEVIRUS B4.....			1	1			4				
1000 ECHOVIRUS NOT TYPED.....	1			1							
1009 ECHOVIRUS TYPE 9.....							1				
1011 ECHOVIRUS TYPE 11.....	2	3	1	14			8				
1014 ECHOVIRUS TYPE 14.....	2										
1015 ECHOVIRUS TYPE 15.....							1				

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 7/2/80 to 20/2/80 .... (80/4)
Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Enceph-
alitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.;
07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.-CONTINUED 6.

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
1021 ECHOVIRUS TYPE 21				1							
1022 ECHOVIRUS TYPE 22	1										
1023 ECHOVIRUS TYPE 23							1				
1030 ECHOVIRUS TYPE 30		1	1	5							
1100 POLIOVIRUS NOT TYPED							2				
1101 POLIOVIRUS TYPE 1							2				
1102 POLIOVIRUS TYPE 2							1				
1103 POLIOVIRUS TYPE 3							1				
1200 MUMPS VIRUS	9	5	1	3					1		
1300 HERPES VIRUS GROUP-NOT TYPED											3
1301 HERPES SIMPLEX VIRUS-NOT TYPED	15	4	3	1		1					46
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		1									
1303 VARICELLA-ZOSTER VIRUS	1										6
1306 HERPES SIMPLEX TYPE 1	1	2	1							4	22
1307 HERPES SIMPLEX TYPE 2											3
1401 COXIELLA BURNETI	11	4						2			
1512 VACCINIA VIRUS											1
1514 MOLLUSCUM CONTAGIOSUM											2
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)											2
1521 MEASLES VIRUS	3	2		2							3
1522 RUBELLA VIRUS	3	2									13
1530 HEPATITIS A VIRUS	3							6			
1532 HEPATITIS B ANTIGEN	22							54			
1535 HEPATITIS A ANTIBODY								1			
1541 CHLAMYDIA A - TRIC TYPE	42										
1556 CMV - CYTOMEGALOVIRUS	18	7				1		1		6	
1564 ROTAVIRUS							9				
ARBO. GROUP A											1
ROSS RIVER VIRUS	2	1									4
Total	152	87	9	31		2	47	65	1	10	107

NOTIFIABLE DISEASES RECORDED IN AUSTRALIA

13th 4 Weekly Period for 1979...

BULLETIN 80/4....

1.12.79 - 28.12.79 inclusive

DISEASE	Total	N.S.W.	VIC	QLD	S.A.	W.A.	T.S.	N.T.	A.C.T.	CUMULATIVE TOTAL TO DATE FOR YEAR
Amoebiasis	1								1	17
Ankylostomiasis	—									* 176
Anthrax	—									1
Arbovirus infection	1		1							65
Brucellosis	2	1			1					58
Campylobacter infections	—									—
Chancroid	1			1						20
Cholera	—									1
Congenital rubella syndrome	—									—
Diphtheria	—									—
Donovanosis	4			3				1		* 79
Giardiasis	—									—
Genital herpes	—									—
Gonococcal ophthalmia neonatorum	—									—
Gonorrhoea	729	152	187	107	55	95	12	96	25	*11,647
Hepatitis A (infectious)	96	33	16	17	15	3	2	3	7	*1,897
Hepatitis B (serum)	56	17	17	4	11	2		4	1	783
Hepatitis - unspecified	6					6				* 82
Hydatid disease	—									24
Lassa Fever	—									—
Legionnaires' disease	—									—
Leprosy	14	3	2	2		2		5		* 59
Leptospirosis	6		5		1					64
Lymphogranuloma venereum	—									* 2
Malaria	31	4	1	20	3	2			1	* 366
Marburg Disease	—									—
Meningococcal infections	10			10						84
Non-specific urethritis	—									—
Ornithosis	—									11
Pertussis (whooping cough)	2		2							174
Plague	—									—
Poliomyelitis	—									—
Q. Fever	18	12	3		3					566
Rabies	—									—

DISEASE	Total	N.S.W.	Vic.	Qld	S.A.	W.A.	T.S.	N.T.	A.C.T.	CUMULATIVE TOTAL FOR YEAR
Salmonella infections	112		10	8	31	34		27	2	1,784
Shigella infections	59			6	9	13		29	2	* 658
Smallpox	—									—
Syphilis	190	60	8	27	38	16		41		* 3,165
Tetanus	1		1							15
Trachoma	—									1
Tuberculosis (all forms)	101	8	37	10	16	20	2	8		* 1,587
Typhoid Fever	1					1				23
Typhus (all forms)	1					1				3
Vibrio parahaemolyticus infections	—									—
Yellow Fever	—									—
Yersinia enterocolitica infections	—									—

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.

Corrections made to the cumulative total since last report

Ankylostiasis	+ 29 cases for N.T.
Donovanosis	+ 11 cases for N.T.
Gonorrhoea	+ 95 cases for S.A. - 5 cases for W.A.
Hepatitis A	+ 1 case for N.T.
Hepatitis Unspecified	- 1 case for N.T.
Leprosy	- 1 case for Vic.
Lymphogranuloma venereum	+ 1 case for A.C.T.
Malaria	+ 3 cases for N.T.
Shigella infections	- 9 cases for N.T.
Syphilis	+ 2 cases for A.C.T. + 59 cases for S.A. + 3 cases for W.A. - 3 cases for N.T.
Tuberculosis	- 27 cases for Vic.