



Communicable Diseases Intelligence

Bulletin number 80/23

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VIRUS REPORTING SCHEME - A total of 774 reports were received this period.

Reports of interest include:

- Influenza - Two isolations of influenza A virus resembling A/Texas/1/77 were made this reporting period, one by the Royal Alexander Hospital for Children, Sydney, and the other by the State Health Laboratory, Brisbane.

During October, Fairfield Hospital, Melbourne, isolated four strains of influenza A virus resembling A/Bangkok/1/79 and 13 strains of influenza B virus. Common clinical presentations in children were fever often associated with headache, coryza and cough.

- Gastrointestinal - Three identifications of small virus-like particles (from two adults and one child) and two identifications of rotavirus infection (in two infants) were made by the Institute of Clinical Pathology and Medical Research, Sydney, on faecal specimens received from Norfolk Island (see also CDI 80/19).
- The State Health Laboratory, Perth, reported a contact vaccinia conjunctivitis infection in a four year old boy. The virus was identified by electron microscopy following isolation in Vero cells and HF32 fibroblasts. Information on the contact source is unavailable.
- The State Health Laboratory, Perth, also reported the first 1980 notification of echovirus type 24. The viruses were isolated in monkey kidney, Vero and FLAM cells from the faeces collected earlier this year from two cases of sudden infant death syndrome involving a three month old boy and a one month old child.
- An abattoir worker from Terang was admitted to Fairfield Hospital, Melbourne, with suspected anthrax. He had characteristic multiple haemorrhagic blisters on the back of his hand. The patient had been treated with antibiotics prior to admission, and gram stain and cultures from the lesion were negative. However, the rapid healing of the lesions and lack of epidemiological evidence of contact with anthrax negated the initial diagnosis. One confirmed notification of anthrax has been received this year from Victoria.

GIARDIASIS

Interest in *Giardia* infections has been stimulated in the last decade following recognition of their potential pathogenicity and involvement in waterborne epidemics. Giardiasis is the most frequently diagnosed protozoan intestinal infestation in the U.K.⁽¹⁾ and U.S.A.⁽²⁾. Although the disease is notifiable in South Australia, with 391 reports received up to October for 1980, there are no national incidence data for Australia. However, the importance of the disease is indicated by the South Australian figures quoted above, by the 8% recovery rate from 546 refugees screened by the Western Australian Health authorities⁽³⁾, and the number of cases that are seen by some diagnostic laboratories.

TABLE Number of Giardia infections reported by selected laboratories

<u>Laboratory</u>	<u>Reporting period</u>	<u>Number of reports</u>
Fairfield Hospital, Melbourne	Jan-Sept 1980	39
Royal Brisbane Hospital	Jan-June 1980	95
Institute of Medical and Veterinary Science, Adelaide	July 1979-June 1980	71
State Health Laboratory, Brisbane	July 1979-June 1980	106
Institute of Clinical Pathology and Medical Research, Sydney	Jan 1979-Nov 1980	52

Comment

(Contributed by I.C. Roberts-Thomson, Department of Gastroenterology, The Royal Melbourne Hospital and the Immunoparasitology Laboratory, The Walter and Eliza Hall Institute of Medical Research.)

Organisms of the genus *Giardia* have been identified in almost all classes of vertebrates⁽⁴⁾. The organism in man has been called *G. lamblia* but the possibilities of human infection with more than one species of *Giardia* and of the existence of distinct serotypes of *G. lamblia* have not been explored in detail.

The failure of attempts to transmit *Giardia* between animal species led to the belief that *Giardia* was highly host-specific. Thus, human disease was considered to be solely due to ingestion of *G. lamblia* cysts excreted in human faeces. Person-to-person spread seemed likely to account for giardiasis in child-care nurseries and in homosexual males and spread of *G. lamblia* cysts in tap water was implicated as the main source of infection in Leningrad and in some outbreaks of giardiasis in the U.S.A.⁽⁵⁾

The possibility of an animal reservoir for human *Giardia* protozoa was first raised by reports of giardiasis in remote locations in the United States. Subsequent studies showed that human *G. lamblia* cysts could induce infection in beagle pups raised in a specific-pathogen-free facility. Furthermore, an epidemiological study of an outbreak of giardiasis in Camas, Washington State, identified *Giardia* cysts in the water supply, identified giardiasis in beavers in catchment areas and showed that cysts from beavers could induce infection in beagle pups⁽⁶⁾. While these findings are of interest, transmission of infection from animals to man has yet to be demonstrated.

Reports indicate that giardiasis is relatively common in Australia (see preceding note). Infection is recognized more frequently in children than in adults, and may contribute to protein-calorie malnutrition in disadvantaged groups⁽⁷⁾. About 30% of adults with giardiasis give a history of recent overseas travel (mainly to Asia) while 70% of cases appear to be sporadic, in both city and country areas. Epidemics of giardiasis have not been reported. Twenty-one of 1,000 patients (2.1%) having upper gastrointestinal endoscopy in Adelaide had *Giardia* trophozoites in fluid aspirated from the duodenum⁽⁸⁾.

Symptoms are very variable. Some patients are asymptomatic while others have mild to moderate diarrhoea, sometimes accompanied by abdominal cramps and abdominal distension. A minority of patients have clinical features of steatorrhoea with marked weight loss. Spontaneous resolution of infection is likely to be common, since 12 of 14 adult volunteers showed spontaneous cessation of cyst excretion after 5 to 41 days⁽⁹⁾. An Australian study⁽¹⁰⁾ of 48 patients with prolonged symptoms revealed a small number of individuals with immune defects, but most had normal serum immunoglobulin levels and otherwise appeared to be in good health. Histocompatibility locus (HLA) typing showed a higher than expected frequency of some HLA antigens, particularly HLA-B12, thus raising the possibility of a link between genetic factors and gastrointestinal defence mechanisms.

Diagnosis is made by identification of cysts in faeces or of trophozoites in small bowel aspirate, small bowel biopsy imprint or histological sections of small bowel. Faecal microscopy supplemented by concentration techniques should lead to detection of cysts from single stool samples in about 70% of patients. This yield is increased when several stool samples are examined. Small bowel studies are indicated in patients with relapse of diarrhoea following therapy (when faecal examinations are negative) and in patients with persistent symptoms in whom other small bowel disorders need to be excluded.

Several drugs including quinacrine, metronidazole, tinidazole and furazolidone are effective. Quinacrine appears to be the preferred drug in the United States⁽¹¹⁾ but is not readily available in Australia. Both metronidazole and tinidazole are effective, but eradication of the parasite may fail in 5% to 20% of cases. Tinidazole has been shown to be superior to metronidazole in at least one clinical trial⁽¹²⁾ and in an in-vitro study of drug efficacy⁽¹³⁾. Administration of 2g of tinidazole as a single dose minimises problems with patient compliance and has a cure rate of the order of 90%⁽¹⁴⁾. Furazolidone is the only drug currently available as a paediatric suspension but was marginally less effective than metronidazole and quinacrine in a study in Egypt in 1970⁽¹⁵⁾. If initial drug therapy fails, eradication of the parasite is usually achieved by a second course of the drug or by the use of an alternative drug. Resistance to drug therapy may occur but has not been confirmed by sensitivity testing in-vitro.

References

1. CDR (1978) 78/40-52
2. JAMA (1978) 239:2756

3. CDI (1979) 79/24
4. Adv. Parasitol. (1979) 17:1
5. NEJM (1978) 298:319
6. Ann. Int. Med. (1980) 92:165
7. Aust. N.Z.J. Med. (1973) 3:576
8. Am. J. Dig. Dis. (1978) 23:940
9. Am. J. Hyg. (1954) 59:209
10. Gut (1980) 21:397
11. Postgrad. Med. (1979) 66:151
12. Curr. Med. Res. Opin. (1977) 5:164
13. J. Inf. Dis. (1980) 141:317
14. Am. J. Trop. Med. Hyg. (1978) 27:758
15. J. Trop. Med. Hyg. (1970) 73:15

INFLUENZA NOMENCLATURE

(Based on WER (1980) 55:294 and MMWR (1980) 29:514)

The nomenclature for influenza A virus haemagglutinin (H) and neuraminidase (N) has been amended by the World Health Organization (WHO). The new recommendations were adopted in October this year. The changes accommodate the data derived from double immunodiffusion reactions involving the H and N antigens, and the ribonucleic acid (RNA) sequence homology of the gene fragments. The nomenclature for virus type, location, serial number and year of isolation is unchanged. Some previously isolated viruses that were originally considered distinctive enough to have individual designations have been reclassified into existing subtypes, and other isolates of animal origin have been given new subtypes. Tables 1 and 2 summarize the proposed new subtype designations and compare them with the former system⁽¹⁾.

TABLE 1. Proposed subtypes of haemagglutinin antigens of influenza A viruses

Proposed subtypes	Previous subtypes (1971 system)
H1	H0, H1, Hsw1
H2	H2
H3	H3, Heq2, Hav7
H4	Hav4
H5	Hav5
H6	Hav6
H7	Heq1, Hav1
H8	Hav8
H9	Hav9
H10.....	Hav2
H11.....	Hav3
H12.....	Hav10

TABLE 2. Proposed subtypes of neuraminidase antigens of influenza A viruses

Proposed subtypes	Previous subtypes (1971 system)
N1	N1
N2	N2
N3	Nav2,Nav3
N4	Nav4
N5	Nav5
N6	Nav1
N7	Neq1
N8	Neq2
N9	Nav6

Nomenclature of most strains (including current human epidemic strains) remains unchanged. Isolates from humans or animals (avian, equine or swine) that were previously designated as having Hsw1 or H0 haemagglutinins, will now be referred to as H1, since there is evidence of shared antigenic determinants among these viruses. The Heq2 and Hav7 subtypes previously used for animal isolates will be incorporated into the H3 group.

Because of the considerable antigenic variation between cross-reactive strains within a subtype, the strain specificity of isolates will, as in the past, be indicated by relation to reference strains.

Reference

1. Bull WHO (1971) 45:119

LEPTOSPIROSIS - U.K.

(Based on CDR (1980) 80/40)

A total of 43 human leptospiral infections were reported to the Communicable Disease Surveillance Centre, U.K. in 1979. Thirty-three reports were from England and Wales, and ten from Ireland.

Nineteen of the infections were identified as strains of the Icterohaemorrhagiae serogroup of Leptospira interrogans, comprising nine of serotype copenhageni, five of serotype icterohaemorrhagiae and in five the serotype was not determined. All 19 infections were in adult males, seven being farmers, and seven others being known to have been exposed to potentially infected water either during their work or while engaged in leisure activities. Most of the infections presented as typical Weil's disease.

Thirteen isolates were identified as serotypes of the Hebdamadis (Sejroe) serogroup. All infections were in adult males, and twelve patients had contact with cattle in their work. Infection presented as malaise and pyrexia only, with no symptoms or signs of liver damage.

Three infections were diagnosed as strains of the Canicola serogroup. All three patients presented with meningitis, and contact with a puppy was recorded in each.

One patient, who had contact with pet rodents, was infected with the unusual Ballum serogroup.

The serogroup was not determined for the remaining seven cases.

Editorial Comment

Leptospirosis is a notifiable disease in all States. For 1980, 35 cases have been reported to October, compared with 64 and 37 reports for the whole of 1979 and 1978 respectively. Although these figures have not been ascribed to serovars, the range of serovars isolated from all Australian sources is listed in CDI 80/21.

DISSEMINATED GONOCOCCAL INFECTION

(Based on Fairfield Hospital monthly report, November 1980.)

A 19 year old girl presented with a 36 hour history of fever and rigors, followed by a hot, painful right knee and a papular-pustular rash on her forearms. Soon after admission, she also developed swelling and pain on the dorsum of the left hand, consistent with tenosynovitis. No organisms were detected in purulent pus aspirated from the right knee joint, blood cultures or rash. However, Neisseria gonorrhoeae was isolated from her endocervix and urethra. She rapidly became afebrile with penicillin treatment; the tenosynovitis resolved, and with repeated aspiration almost full movement of the knee was achieved after seven days.

Editorial Comment

Septicaemia and its sequels are uncommon in gonorrhoea. Focal lesions, resulting from infective emboli, may occur in the skin, or in the mucous, synovial or other membranes. In the skin erythematous papules may progress to superficial vesicles and pustules, which heal in a few days without scarring. The limbs, and less often the trunk, are the main sites for these lesions. Arthritis, usually acute and in a single joint, as in the case above, sometimes develops as a part of generalised gonorrhoea. Tenosynovitis is occasionally seen.

More rarely still, meningitis, endocarditis, myocarditis and pericarditis may occur. In females, gonococcal peri-hepatitis is a rare sequel to pelvic infection.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 30-10-80 - 12-11-80 BULLETIN NUMBER 80/23

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.....	7	2	3	1	4	1	4	4	26
0101 ADENOVIRUS TYPE 1.....				1	2	1			4
0102 ADENOVIRUS TYPE 2.....	4			2	1				7
0105 ADENOVIRUS TYPE 5.....	5		1		1				7
0106 ADENOVIRUS TYPE 6.....					1				1
0107 ADENOVIRUS TYPE 7.....	1								1
0110 ADENOVIRUS TYPE 10.....				1					1
0119 ADENOVIRUS TYPE 19.....								9	9
0130 ADENOVIRUS TYPE 30.....									1
0199 ADENOVIRUS TYPING PENDING.....					2	3			5
0201 INFLUENZA A VIRUS.....	5	2	1	7	1	6	3	8	33
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....	1				4		1		6
0203 INFLUENZA B VIRUS.....	7	3		9	6	5	6		36
0301 PARAINFLUENZA VIRUS TYPE 1.....	1						1		2
0302 PARAINFLUENZA VIRUS TYPE 2.....					1				1
0303 PARAINFLUENZA VIRUS TYPE 3.....	5		1	2	11	3	5	1	28
0399 PARAINFLUENZA VIRUS TYPING PENDING.....						2			2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)....	4			1	2	9	1	3	20
0500 RHINOVIRUS (ALL TYPES).....				4	10	12		1	27
0600 MYCOPLASMA PNEUMONIAE.....	1		6	2			2	4	15
0700 ORNITHOSIS-PSITTACOSIS.....	1			2		1			4
0816 COXSACKIEVIRUS A16.....	2			1			2		5
0901 COXSACKIEVIRUS B1.....						1			1
0902 COXSACKIEVIRUS B2.....	2							3	5
0904 COXSACKIEVIRUS B4.....		1							1
1007 ECHOVIRUS TYPE 7.....								3	3
1009 ECHOVIRUS TYPE 9.....	1								1
1011 ECHOVIRUS TYPE 11.....			1						1
1022 ECHOVIRUS TYPE 22.....					2				2
1024 ECHOVIRUS TYPE 24.....								2	2
1025 ECHOVIRUS TYPE 25.....					5				5
1030 ECHOVIRUS TYPE 30.....				2					2

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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REPORTING PERIOD - 30-10-80 - 12-11-80 BULLETIN NUMBER

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VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR	RAHC (NSW)	PHH/	FAIR-	RCH (VIC)	IMVS (SA)	STATE	STATE	Total
	(NSW)/ WVH (ACT)		POW (NSW)	FIELD (VIC)			LAB (QLD)	LAB (WA)	
1101 POLIOVIRUS TYPE 1.....	1					1			2
1102 POLIOVIRUS TYPE 2.....								1	1
1103 POLIOVIRUS TYPE 3.....						1			1
1104 POLIOVIRUS-VACCINAL STRAIN.....	1				7				8
1200 MUMPS VIRUS.....	3		1	2		3			9
1300 HERPES VIRUS GROUP-NOT TYPED.....	5	5		1		6	1		18
1301 HERPES SIMPLEX VIRUS NOT-TYPED.....	5			2			5	40	52
1302 EPSTEIN-BARR VIRUS (EB VIRUS).....	13					3			16
1303 VARICELLA-ZOSTER VIRUS.....			2	2	1	3	1		9
1306 HERPES SIMPLEX TYPE 1.....	7		3	11		10	6		37
1307 HERPES SIMPLEX TYPE 2.....	48		6	14		11	18		97
1399 HERPES VIRUS TYPING PENDING.....					3	6			9
1401 COXIELLA BURNETI.....	5			2		8	12		27
1502 PICORNA VIRUS-NOT TYPED.....								1	1
1512 VACCINIA VIRUS.....								1	1
1514 MOLLUSCUM CONTAGIOSUM.....								1	1
1521 MEASLES VIRUS.....	1	4			2			1	8
1522 RUBELLA VIRUS.....	18			3		2	6	3	32
1531 HEPATITIS B VIRUS.....				1					1
1532 HEPATITIS B ANTIGEN.....	5		2	26		3	4	6	46
1535 HEPATITIS A ANTIBODY.....	1		1	6		6		7	21
1541 CHLAMYDIA A - TRIC TYPE.....	32		1					4	37
1556 CMV - CYTOMEGALOVIRUS.....	3		3	1	4	1		3	15
1564 ROTAVIRUS.....	9		4	6	1	8	1	4	33
1599 ENTEROVIRUS TYPING PENDING.....			5		7				12
ROSS RIVER VIRUS.....							2	1	3
ASTROVIRUS.....	1								1
SMALL VIRUS (LIKE) PARTICLE.....	11			2					13
Total.....	216	17	41	114	78	116	81	111	774

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 30/10/80 to 12/11/80

80/23

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	Respir atory	Enceph alitis	Mening -itis	Para- lysis	CNS other unspec	GI	Hepa -tic	CVS	Urin -ary	Skin/ mucs memb
0100 ADENOVIRUS NOT TYPED.....	2	10					9				2
0101 ADENOVIRUS TYPE 1.....		2		1			1				
0102 ADENOVIRUS TYPE 2.....	1	3									2
0105 ADENOVIRUS TYPE 5.....		5									
0106 ADENOVIRUS TYPE 6.....		1									
0107 ADENOVIRUS TYPE 7.....		1									
0130 ADENOVIRUS TYPE 30.....	1										
0201 INFLUENZA A VIRUS.....	2	20				1			1		
0202 INFLUENZA A VIRUS SUBTYPE H3N2		6									
0203 INFLUENZA B VIRUS.....	3	22					1				2
0302 PARAINFLUENZA VIRUS TYPE 2.....		1									
0303 PARAINFLUENZA VIRUS TYPE 3.....	1	21									2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	2	17		1							
0500 RHINOVIRUS (ALL TYPES).....		26									
0600 MYCOPLASMA PNEUMONIAE.....		14									
0700 ORNITHOSIS-PSITTACOSIS.....		3									
0816 COXSACKIEVIRUS A16.....		1									5
0901 COXSACKIEVIRUS B1.....		1									
0902 COXSACKIEVIRUS B2.....	2	2				1					
0904 COXSACKIEVIRUS B4.....		1									
1007 ECHOVIRUS TYPE 7.....		2					1				
1011 ECHOVIRUS TYPE 11.....				1							
1022 ECHOVIRUS TYPE 22.....	2										
1025 ECHOVIRUS TYPE 25.....	1	1				1	2				
1101 POLIOVIRUS TYPE 1.....							1				
1103 POLIOVIRUS TYPE 3.....							1				
1104 POLIOVIRUS-VACCINAL STRAIN.....		2					2	1			

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 30 / 10 / 80 to 12 / 11 / 80 80/23

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

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/ muc memb
1200 MUMPS VIRUS.....				3					1		
1300 HERPES VIRUS GROUP-NOT TYPED..				1							10
1301 HERPES SIMPLEX VIRUS NOT-TYPED	3						1				35
1302 EPSTEIN-BARR VIRUS (EB VIRUS) .	3				1						
1303 VARICELLA-ZOSTER VIRUS.....						1					8
1306 HERPES SIMPLEX TYPE 1.....		1		1							18
1307 HERPES SIMPLEX TYPE 2.....											3
1401 COXIELLA BURNETI.....	2	3									
1514 MOLLUSCUM CONTAGIOSUM.....											1
1521 MEASLES VIRUS.....		1	1	1					1		4
1522 RUBELLA VIRUS.....	1										25
1531 HEPATITIS B VIRUS.....								1			
1532 HEPATITIS B ANTIGEN.....	26	1						18	1		
1535 HEPATITIS A ANTIBODY.....	2							19			
1556 CMV - CYTOMEGALOVIRUS.....	2	6				1					
1564 ROTAVIRUS.....	1						31	1			
ASTROVIRUS							1				
SMALL VIRUS (LIKE) PARTICLE	1						12				
Total.....	58	174	1	9	1	5	63	40	4		117

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PERIOD : 30 / 10 / 80 to 12 / 11 / 80 ...

80/23

Viral Identifications by Clinical Information Table 2.

Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;

38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;

G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

-CONTINUED

VIRUS OR VIRAL ANTIGEN	Eye	Gen-ital	Endo/sal gland	RES	Muscle/joint	Con-genital	PUO	Fever/malaise	Other	SIDS
1307 HERPES SIMPLEX TYPE 2.....		94								
1401 COXIELLA BURNETI.....					2		10	15		
1512 VACCINIA VIRUS.....	1									
1514 MOLLUSCUM CONTAGIOSUM.....		1								
1522 RUBELLA VIRUS.....					2			1	5	
1532 HEPATITIS B ANTIGEN.....					1					
1535 HEPATITIS A ANTIBODY.....								1		
1541 CHLAMYDIA A - TRIC TYPE.....	1	36								
1556 CMV - CYTOMEGALOVIRUS.....		2	1				1	1		1
ROSS RIVER VIRUS					3					
Total.....	13	191	16	2	12		25	45	11	10

NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

9th & 10th... 4 Weekly Period for...1980
9.8.80 to 3.10.80 inclusive

Bulletin 80/23.

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						2	40
Ankylostomiasis	N.N.		34	N.N.					34	177
Anthrax									—	1
Arbovirus infection		1		N.N.					1	22
Brucellosis	1		1	3					5	43
Campylobacter infections	N.N.	N.N.	N.N.	74	N.N.	N.N.	N.N.	N.N.	74	308
Chancroid	N.N.		2	N.N.	N.N.	N.N.	N.N.		2	25
Cholera									—	3
Congenital rubella syndrome	N.N.	N.N.	N.N.	1	N.N.	N.N.	N.N.	N.N.	1	1
Diphtheria	1		1						2	*1+1 CARRIER
Donovanosis	N.N.	N.N.	10	N.N.	N.N.	N.N.	1		11	47
Giardiasis	N.N.	N.N.	N.N.	74	N.N.	N.N.	N.N.	N.N.	74	391
Genital herpes	N.N.	N.N.	N.N.	104	N.N.	N.N.	N.N.	N.N.	104	265
Gonococcal ophthalmia neonatorum	N.N.	N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Gonorrhoea	421	381	234	115	185	24	118	41	1519	* 8951
Hepatitis A (infectious)	118	43	16	19	7	3	30	1	237	1037
Hepatitis B (serum)	22	24	8	12	2		1	2	71	562
Hepatitis - unspecified	N.N.	N.N.	CARRIER	1	37	N.N.	N.N.		38+1carr	145+1 CARRIER
Hydatid disease	9			1					10	* 28
Lassa Fever	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Legionnaires disease	N.N.		N.N.	N.N.	N.N.	N.N.	N.N.	N.N.	—	—
Leprosy					1		3		4	22
Leptospirosis			2	1					3	35
Lymphogranuloma venereum		N.N.	N.N.	N.N.	N.N.	N.N.			—	1
Malaria	21	12	27	7	7		1	3	78	456
Marburg Disease	N.N.		N.N.	N.N.		N.N.	N.N.	N.N.	—	—
Meningococcal infections	N.N.	2	7	2		N.N.			11	59
Non-specific urethritis	N.N.	N.N.	N.N.	255	N.N.	N.N.	N.N.	N.N.	255	865
Ornithosis				1					1	14
Pertussis (whooping cough)	N.N.	10	N.N.	16	N.N.	N.N.	N.N.	N.N.	26	80
Plague									—	—
Polioyelitis									—	—
Q. fever	6	1	83	14	N.N.		N.N.		104	432
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	18	36	17	71	16	6	55	5	224	1797
Shigella infections	N.N.		6	11	1	2	21	2	43	406
Smallpox									—	—
Syphilis	376	10	79	20	19		79	1	584	2121
Tetanus				1					1	* 6
Trachoma	N.N.	N.N.		N.N.	N.N.	N.N.			—	1
Tuberculosis (all forms)	43	68	44	12	25	6	1		199	1211
Typhoid fever	1	CARRIER		1		1			3+1 CARR	14+4 CARRIERS
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 to the Cumulative Total since last report

Ankylostomiasis Total should have read 143 in last report

Diphtheria -4 cases for N.S.W.

Gonorrhoea +6 cases for N.S.W.

Hydatid disease -2 cases for S.A.

Tetanus +1 case for N.S.W.