AUSTRALIA
Communicable Diseases Intelligence

Bulletin Number 79/10
Issue Date: 23 May 1979

Virus reports this week: Total - 645

Interesting reports include:

Influenza A/USSR/90/77(H_1N_1) isolated early May from a 9 year old Brisbane girl. A previous isolate in March from a 14 year old school girl in central Queensland has been confirmed as A/USSR/90/77. (Advised by State Health Laboratory, Brisbane.)

Campylobacter isolates - Bendigo (Vic.). (Contributed by S. Chopra, Commonwealth Health Laboratory, Bendigo)

Since November 1978 until March 1979 (5 months' period) the Commonwealt Pathology Laboratory of Bendigo has isolated Campylobacter species from seven patients, their ages ranging from 16 months to 48 years.

Six of the patients presented with diarrhoea without blood, while the seventh patient presented with abdominal pain. Five of them came from within Bendigo while two came from country towns, namely Elmore and Rochester.

In one case of a 3 year old boy, both of his parents were followed and found to be positive asymptomatic carriers of Campylobacter sp.

Salmonella infections - February and March (from monthly reports of the Microbiological Diagnostic Unit, Melbourne University)

HOSPITAL OUTBREAKS

. S. typhimurium phage type 12A was isolated from faeces of 15 patients (aged from 59 years to 85 years) in different wards of a hospital in Adelaide. It was also isolated from the urine of one patient and blood of another after surgery. So far no cause has been found but a light diet was common to all patients.

S. typhimurium phage type 6 was isolated from suspect chicken. Ten of the cultures showed multiple antibiotic resistance to ampicillin, tetracycline, chloramphenicol, sulphonamide and kanamycin. Two strains were sensitive to these antibiotics. A "hospital" strain of Klebsiella also showed multiple resistance to the same antibiotics.

. A small outbreak of S. infantis occurred in the nursery of a maternity hospital in Victoria. One mother had diarrhoea and probabl infected her baby son. Two other male babies also acquired the

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infection. S. infantis was isolated from both faeces and urine of the first baby.

Typhoid and paratyphoid cases

. S. typhi phage type C5 isolated from blood and faeces of 32 year old male 2 weeks after returning from 5 weeks holiday in India. (Vic. - March)

. S. typhi phage type M4 isolated from blood culture of 27 year old male who had travelled through South East Asia. (N.S.W. - February)

. S. typhi phage type 46 isolated from faeces of 5 month old female child who had been ill for 10 days with moderately severe diarrhoea and fever. Screening of the family yielded S. typhi phage type 46 from faeces of 22 year old female - possible carrier. (N.S.W. - February)

. S. paratyphi B phage type Taunton isolated from a 42 year old woman with long standing history of osteomyelitis. Culture was isolated from pus from wound swab after operation on her hip. (Vic. - March)

. S. paratyphi A phage type 2 isolated from blood, faeces and urine of 32 year old female who had returned from travelling in India. Onset of fever occurred 5 days after her return. (Vic. - February)

. S. paratyphi A phage type 2 isolated from blood and faeces of 12 year old boy who had spent 2 months travelling in India. (Vic. - February)

International notes

. Viral haemorrhagic fever

Four cases of suspect viral haemorrhagic fever have been reported in recent issues of the Communicable Diseases Report (U.K.: CDR 79/16, 27 April 1979 and CDR 79/18 11 May 1979)

Two of three Swiss nationals who visited Togo in April died, one in Togo and one on return to Switzerland. Studies for V.H.F. on the second case have been negative. A virus has been isolated but not identified.

A 48 year old male returned to London on 5 May after a holiday in Nigeria. He travelled to his home in Birmingham by taxi late that evening. He was unwell and was seen at home by a general practitioner on the morning of 6 May; antibiotics were prescribed.

The patient's condition deteriorated and he was taken to the casualty department of East Birmingham Hospital on 7 May. He was febrile (39^{0}) and had glycosuria. He was transferred to the high security unit at Liverpool because of the possible diagnosis of Lassa fever. He died late on 7 May.

The clinical diagnosis was diabetes precipitated by an infection, the nature of which is not known. Specimens are being examined

for viral haemorrhagic fever.

Close contacts are under routine surveillance. Surveillance of other contacts, such as those on the flight on 5 May, is not considered necessary, and enquirers are being advised that no action is necessary although they should seek medical advice if they develop a febrile illness within 21 days of contact

. Giardiasis in apes and zoo attendants in U.S. (taken from Veterinary Public Health Notes, January 1979: CDC, Atlanta)

In the U.S. summer of 1978, an outbreak of clinical giardiasis occurred involving 6 apes and 3 of their attendants at a zoo in Kansas City, Missouri. The outbreak is considered unusual because of the suggested faecal-oral transmission of Giardia between apes and man.

The index case, a 7 year old male gibbon, was removed from display on July 5, 1978, for management reasons. While confined at the nursery building, this animal had several episodes of loose stools. On July 13 a woman attendant began having loose stools in which Giardia cysts were identified. By the first week of August another woman attendant, a 2 year old male orangutan, a 2 year old female gorilla, and two 2 year old chimpanzees, a male and a female, were experiencing diarrhea and vomiting. Giardia cysts were recovered from the faeces. Another woman attendant and an 11 month old gibbon became ill in mid-August. Further investigation revealed that other apes and attendants were shedding Giardia (asymptomatic infections).

The report offers the reminder that clinical illness following Giardia infection is well documented in both the medical and veterinary literature, but that asymptomatic infection also occurs in both animals and man. Although it is often claimed that the Giardia species are host specific, investigation of this outbreak suggests that some species are infective for, and produce clinical disease in a variety of animals including humans. A previous outbreak was recorded in Washington in 1976 in which Giardia cysts from beavers in the area of the outbreak, were morphologically identical to those obtained from humans. They were as infective for S.P.F. beagle pups as the cysts of human origin.

W.H.O. Diarrhoeal Diseases Control Programme (taken from the Weekly Epidemiological Record 79/16 20 April 1979)

It has been estimated that in 1975, there were about 500 million episodes of diarrhoea in children below 5 years of age in Asia, Africa, and Latin America; 3-4% of them usually end in death. In S.E. Asia, the incidence of diarrhoeal diseases has been shown to vary from 1.5 to 2 per 1000 population of all ages, and in one study in Latin America these

diseases were found to account for 28.6% of 35,095 deaths due to all causes in children below 5 years of age. Not only do the diarrhoeal diseases take the lives of millions of children in the develping world each year, but they also retard the physical growth and impair the quality of life of those who survive by contributing to malnutrition due to food withdrawal, food refusal and malabsorption. Diarrhoea is more common and more severe in the malnourished.

Recognition of the magnitude of the problem led the W.H.O. to embark upon a programme for the control of diarrhoeal diseases, and in May 1978 a technical Advisory Group defined certain objectives of this programme. The short-term objective is to reduce mortality and diarrhoea related malnutrition in children by means of oral rehydration therapy, and to develop improved tools and strategies. The long-term objective is to reduce morbidity due to diarrhoeal diseases by the improvement of child care practices, epidemiological surveillance, and the provision of simple excreta disposal and water supply facilities together with activities to encourage their acceptance and utilization. Health education is obviously an important part of the above strategies.

Implementation of the programme will involve the provision of oral rehydration therapy to be delivered at the household level by the village health worker, the maternal and child care worker and by mothers, together with education of the mother on proper feeding practices during and after diarrhoea. UNICEF is providing assistance in the local production of packages of glucose - electrolytes salts for oral rehydration, but the difficulty of providing a continuous supply of these pre-packaged salts has been identified as the most important constraint in the implementation of national programmes.

β-lactamase producing N. gonorrhoeae

Two isolates have been reported for March from N.S.W., but details are not available on one case. The other case involved a male who contracted the infection from a casual female contact who could not be traced.

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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						3	6	4	13
0101 ADENOVIRUS TYPE 1				2	2	2			6
0102 ADENOVIRUS TYPE 2				1	3	1			5
0105 ADENOVIRUS TYPE 5					1	2			3
0107 ADENOVIRUS TYPE 7					2				2
0111 ADENOVIRUS TYPE 11	1								1
0114 ADENOVIRUS TYPE 14			1						1
0119 ADENOVIRUS TYPE 19				1					1
0199 ADENOVIRUS TYPING PENDING		1	1		7	1			10
0201 INFLUENZA A VIRUS				1		1	4		6
0202 INFLUENZA A VIRUS SUBTYPE H3N2					1				1
0301 PARAINFLUENZA VIRUS TYPE 1	1			8	12	3	2		26
0302 PARAINFLUENZA VIRUS TYPE 2					1	6	2		9
0303 PARAINFLUENZA VIRUS TYPE 3			1	2	9	5	3	1	21
0399 PARAINFLUENZA VIRUS TYPING PENDING						2			2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)	2	5		1	4	1	2		15
0500 RHINOVIRUS (ALL TYPES)				2	9	1			12
0600 MYCOPLASMA PNEUMONIAE	20					3	11	5	39
0700 ORNITHOSIS-PSITTACOSIS						2			2
0809 COXSACKIEVIRUS A9					1				1
0900 COXSACKIEVIRUS GROUP B - NOT TYPED								1	1
0901 COXSACKIEVIRUS B1					1	1			2
0902 COXSACKIEVIRUS B2				1					1
0903 COXSACKIEVIRUS B3	1			1			3		5
0904 COXSACKIEVIRUS B4	2	1				1			4
1002 ECHOVIRUS TYPE 2								1	1
1003 ECHOVIRUS TYPE 3						3			3
1005 ECHOVIRUS TYPE 5		1							1
1011 ECHOVIRUS TYPE 11								7	7
1013 ECHOVIRUS TYPE 13								2	2
1018 ECHOVIRUS TYPE 18				2					2
1021 ECHOVIRUS TYPE 21								1	1

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VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RABC (NSW)	PHH/ POW (NSW)	FAIR-FIELD (VIC)	RCH (VIC)	IMVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1022 ECHOVIRUS TYPE 22	1	1	1	1					4
1023 ECHOVIRUS TYPE 23								1	1
1024 ECHOVIRUS TYPE 24				2					2
1030 ECHOVIRUS TYPE 30	2			4	1	1	3		11
1031 ECHOVIRUS TYPE 31							1		1
1033 ECHOVIRUS TYPE 33	1				1	2			4
1099 ECHOVIRUS TYPING PENDING			1					4	5
1101 POLIOVIRUS TYPE 1							4		4
1102 POLIOVIRUS TYPE 2							1		1
1104 POLIOVIRUS-VACCINAL STRAIN					5				5
1200 MUMPS VIRUS	2			5	2	2	4		15
1300 HERPES VIRUS GROUP-NOT TYPED				1					1
1301 HERPES SIMPLEX VIRUS-NOT TYPED	12		12		2		14	33	73
1302 EPSTEIN-BARR VIRUS (EB VIRUS)				2		2			4
1303 VARICELLA-ZOSTER VIRUS	2							1	3
1306 HERPES SIMPLEX TYPE 1	7	3		9		14			33
1307 HERPES SIMPLEX TYPE 2	43			18		16			77
1399 HERPES VIRUS TYPING PENDING				1					1
1401 COXIELLA BURNETI	4			5		1	19		29
1521 MEASLES VIRUS	2			1			1		4
1522 RUBELLA VIRUS	1			1			1		3
1532 HEPATITIS B ANTIGEN			13	28		12	6	13	72
1541 CHLAMYDIA A - TRIC TYPE								31	31
1556 CMV - CYTOMEGALOVIRUS	9		1	14	6	4		2	36
1564 ROTAVIRUS	2				3	1		1	7
1569 ENTEROVIRUS TYPE 69				1					1
1571 ENTEROVIRUS TYPE 71 (BRCR)				3					3
1599 ENTEROVIRUS TYPING PENDING	1				13	3	1		18
ROSS RIVER VIRUS						3	26		29
PARVOVIRUS(LIKE)						1			1
DENGUE				1					1
Total	116	12	31	119	86	94	114	108	680

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VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS

	VIRUS OR VIRAL ANTIGEN	FA	CL	NA	CS	SK	EY	UR	SR	GE	OT	TOTAL
0100	ADENOVIRUS NOT TYPED	8	2	3								13
0101	ADENOVIRUS TYPE 1	3		3								6
0102	ADENOVIRUS TYPE 2	1		4	1							6
0105	ADENOVIRUS TYPE 5	1		2								3
0107	ADENOVIRUS TYPE 7			2								2
0111	ADENOVIRUS TYPE 11						1					1
0114	ADENOVIRUS TYPE 14						1					1
0119	ADENOVIRUS TYPE 19						1					1
0199	ADENOVIRUS TYPING PENDING	4		4			2					10
0201	INFLUENZA A VIRUS		4	2								6
0202	INFLUENZA A VIRUS SUBTYPE H3N2			1								1
0301	PARAINFLUENZA VIRUS TYPE 1			24					1			25
0302	PARAINFLUENZA VIRUS TYPE 2		3	6								9
0303	PARAINFLUENZA VIRUS TYPE 3		5	16					2			23
0399	PARAINFLUENZA VIRUS TYPING PENDING			2								2
0400	RESPIRATORY SYNCYTIAL VIRUS (RS)		1	13	1							15
0500	RHINOVIRUS (ALL TYPES)			11							1	12
0600	MYCOPLASMA PNEUMONIAE		39									39
0700	ORNITHOSIS-PSITTACOSIS		2									2
0809	COXSACKIEVIRUS A9	1										1
0900	COXSACKIEVIRUS GROUP B - NOT TYPED		1									1
0901	COXSACKIEVIRUS B1	1		1								2
0902	COXSACKIEVIRUS B2	1										1
0903	COXSACKIEVIRUS B3	1		3	1							5
0904	COXSACKIEVIRUS B4	1		4								5
1002	ECHOVIRUS TYPE 2	1										1
1003	ECHOVIRUS TYPE 3	1		2								3
1005	ECHOVIRUS TYPE 5	1										1
1011	ECHOVIRUS TYPE 11	3		1	2						1	7
1015	ECHOVIRUS TYPE 15							1			1	2
1018	ECHOVIRUS TYPE 18			2								2
1021	ECHOVIRUS TYPE 21			1								1
[illegible]	[illegible]	3		1								4

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VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS-CONTINUED

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EX	GE	BR	GE	OT	TOTAL
1023 ECHOVIRUS TYPE 23	1										1
1024 ECHOVIRUS TYPE 24	1		1								2
1030 ECHOVIRUS TYPE 30	4		2	6							12
1031 ECHOVIRUS TYPE 31	1										1
1033 ECHOVIRUS TYPE 33	3				1						4
1099 ECHOVIRUS TYPING PENDING	2		2	1							5
1101 POLIOVIRUS TYPE 1	4										4
1102 POLIOVIRUS TYPE 2	1										1
1104 POLIOVIRUS-VACCINAL STRAIN	2		1				2				5
1200 MUMPS VIRUS		6	5	5							16
1300 HERPES VIRUS GROUP-NOT TYPED									1		1
1301 HERPES SIMPLEX VIRUS-NOT TYPED		7	6		23	1		3	38		78
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		4									4
1303 VARICELLA-ZOSTER VIRUS		3									3
1306 HERPES SIMPLEX TYPE 1			7		18				4	3	32
1307 HERPES SIMPLEX TYPE 2			2		3				66		71
1399 HERPES VIRUS TYPING PENDING			1								1
1401 COXIELLA BURNETI		26									26
1521 MEASLES VIRUS		2	1	1							4
1522 RUBELLA VIRUS		3									3
1532 HEPATITIS B ANTIGEN		69								1	70
1541 CHLAMYDIA A - TRIC TYPE									31		31
1556 CMV - CYTOMEGALOVIRUS		11	8	2			14		2	3	40
1564 ROTAVIRUS	7										7
1569 ENTEROVIRUS TYPE 69			1								1
1571 ENTEROVIRUS TYPE 71 (BRCR)	1		2								3
1599 ENTEROVIRUS TYPING PENDING	13		5		1						19
ROSS RIVER VIRUS		29									29
PARVOVIRUS	1										1
DENGUE (TYPE 3)		1									1
TOTAL	72	216	152	20	46	6	17	6	142	10	687