

INFANT BOTULISM (MMWR Jan. 20 1978 : CDR 3 Feb. 1978)

Infant botulism, a disease apparently resulting from intra-intestinal toxin production by Clostridium botulinum, was first recognised as a distinct clinical entity in late 1976. Since then, cases have been reported to CDC Atlanta with increasing frequency - 1 in 1975 retrospectively, 15 in 1976, 42 in 1977.

All patients identified so far have had sufficient neuromuscular paralysis to require admission to hospital. Constipation was the first symptom of illness in most cases, but was frequently initially overlooked. A spectrum in the severity of symptoms has been noted. Some infants showed only lethargy, mild weakness and slowed feeding, while others became acutely ill with obvious feeding difficulty, severe generalised weakness, and hypotonia over a 1-3 day period, in some cases this progressed to respiratory insufficiency. Two infants died following respiratory arrest. Patients that received meticulous supportive care which focused on their nutritional and respiratory needs have been successfully managed.

In general, affected infants have had a normal gestation and delivery, no congenital abnormalities and were healthy until onset of illness. The median age at onset was 10 weeks, the range 3-26 weeks.

In all cases the diagnosis was established by the identification of C. botulinum toxin and/or organisms in the faeces of patients. Botulinum toxin was identified in the faeces of 52 (90%) of the cases, while in the other 6, only the organism was found. By comparison, in an ongoing study in California, botulinum toxin has not been found in the faeces of over 100 healthy age-matched control infants. (C. botulinum was isolated on 1 occasion from the faeces of a control infant, but not from subsequent specimens). Of the 58 cases, 33 were type A and 25 were type B.

No source of ingestible preformed botulinum toxin has been identified for any infant, nor have the patients shared any exposure to a common food. Cases have occurred in exclusively breast-fed and exclusively formula-fed infants, although most infants have had some exposure to food items other than milk. A potential source of C. botulinum spores, however, has been identified in a few cases, for example, three opened jars of honey taken from the homes of 3 infants with type B botulism who had been fed honey and water were found to contain type B organisms. Similarly, an unopened jar of honey of the same brand as that fed to an infant with type A illness was shown to harbour type A organisms. In contrast, C. botulinum was not found in 17 other commercial honey specimens, in 1 specimen from a private beekeeper, or in over 100 other foods tested, including cereals, baby food, formula

and breast milk; however, testing of foods and other potential sources of spores has not been done for all cases. Indications for the use of botulinal antitoxin or oral antibiotics in the therapy of infant botulism are at present uncertain. It is not known whether administration of either will ameliorate the disease, shorten hospitalization, or diminish the risk of serious complications.

The first case of infant botulism in England was recognised in January 1978. The following is a case report reproduced from the CDR 3 Feb. 1978:

Clinical features:

On 11 January 1978 a baby girl aged 5 months presented with constipation, weakness, expressionless features and difficulty in feeding. Pregnancy and delivery were uncomplicated. She was breast-fed, home-cooked and commercial solids being introduced in December. Development was normal up to the onset of this illness and she had been able to roll over and sit with support.

On 31 December 1977 the child became constipated. Over the next 10 days she became irritable, developing generalised weakness so that she was unable to suckle and tended to choke when spoon-fed. When admitted to hospital she was lethargic with poor head control, sluggish reflexes and reduced muscle tone. CSF and EEG were normal and a Tensilon test negative.

The child was transferred to the Hospital for Sick Children on 20 January. There had been some improvement but head control was still poor, the gag reflex was weak and bilateral ptosis was noted as well as marked generalised weakness and hypotonia. With supportive management her condition has continued to improve. No home contacts were ill.

Laboratory investigation:

Clostridium botulinum type A toxin was detected in a 7 g. specimen of faeces collected on 16 January 1978, i.e. more than two weeks after onset of symptoms. Toxin was not detected in two follow-up faecal specimens or in serum from the infant.

Salmonellae, Shigella and staphylococci were not found but C. botulinum type A was isolated from the first faecal specimen.

The increased frequency of recognition of this disease in the United States in 1976 and 1977 is attributed not to an increase in its incidence, but to a developing awareness of the problem by physicians. Since botulinal spores are distributed world wide, there is no reason to assume that this condition does not occur in Australia.

References:

Arnon S.S., Midura T.F., Clay S.A., Wood R.M., Chin J: Infant botulism: Epidemiological, clinical and laboratory aspects. JAMA 237: 1946-1951, 1977.

Pickett J., Berg B., Chaplin E., Brunstetter-Shafer M: Syndrome of botulism in infancy: Clinical and electrophysiologic study. N Engl J Med 195: 770-772, 1976.

Midura T.F., Arnon S.S: Infant botulism: Identification of Clostridium botulinum and its toxins in faeces.

Lancet 2: 934-936, 1976.

Black R.E., Arnon S.S: Botulism in the United States, 1976. J Infect Dis 135: 829-832, 1977

Smith L.D.S: Botulism: The Organism, its Toxins, the Disease. Springfield, III., Charles C. Thomas 1977.

OUTBREAK OF DIARRHOEA IN A HOSPITAL NURSERY (contributed by the staff of the Royal Children's Hospital, Melbourne)

An outbreak of diarrhoea was experienced in a suburban hospital nursery in which 6 of 19 babies developed symptoms over a 24 hour period. Rotavirus was detected in 4 of the 6 babies with diarrhoea.

Examination of contacts is in progress.

ECHOVIRUS TYPE 18 INFECTION IN A HOSPITAL NURSERY (contributed by A.M. Murphy, Institute of Clinical Pathology & Medical Research, Sydney)

There has been a small outbreak of Echovirus Type 18 infection in the Nursery of Blacktown Hospital. Over a period of five days seven neonates developed inflamed throats and mild diarrhoea. Two mothers in the nursery had slightly elevated temperatures a few days prior to the first neonatal case.

Throat swabs, urines, and faeces from the seven neonates were examined for viruses and Echovirus type 18 was isolated from six individuals.

Specimens from four mothers were also tested and Echovirus 18 isolated from one.

MOLLUSCUM CONTAGIOSUM (contributed L. Irving, Fairfield Hospital, Melbourne)

An 8 month old boy, admitted with bronchitis, was noted to have a group of lesions, which had the typical appearance of molluscum contagiosum, on his neck. Tissue was examined by electron microscopy and numerous pox virus particles visualised.

FOOD POISONING INCIDENT DUE TO S. ANATUM (contributed by the staff of the Microbiological Diagnostic Unit, Victorian Department of Health, and Brighton Pathology)

A testimonial dinner attended by 300 people was held at a suburban town hall on March 17. A private pathology laboratory isolated an organism, provisionally identified as a Group E Salmonella from a faecal specimen of a patient with gastroenteritis and notified the Health Department under Victorian regulations.

Further investigation showed that 32 of 150 guests contacted had been affected with symptoms of gastroenteritis 12 to 48 hours after the dinner. Two, including the index case had been hospitalised.

S. anatum was isolated from faeces of 9 to 11 patients and from the faeces of 2 out of 7 of the catering staff. Heavy growth of Clostridium perfringens was isolated from the faeces of 4 patients and 5 catering staff. The Clostridia cultures have been forwarded to the School of Public Health & Tropical Medicine for serotyping.

Cold turkey is suspected as the source of the Salmonella but this has not been confirmed. Extremely poor food handling facilities and bad food handling practices made for easy cross infection of food within the preparation area.

B. CEREUS FOOD POISONING FROM PIKELETS (contributed by Dr W.G. Murrell, CSIRO Division of Food Research, Sydney)

Three people, who each obtained packets of pikelets from the same store in Sydney, complained of symptoms of food poisoning some hours after consuming the contents of the packet.

One person, the storekeeper, consumed the contents of one packet the first morning and portion of a second packet 24 hours later. He suffered cramps and diarrhoea 28 hours after eating the first lot which persisted for 2-3 days. Two elderly ladies who purchased two packets at the same time, complained of cramps and diarrhoea some hours after eating the same.

The six pikelets remaining in the second packet from the storekeeper were sent to the CSIRO Food Research Laboratory for testing. Microscopic examination of a 1 in 10 homogenate prepared by sampling together portions of each pikelet showed the presence of 1-2 gram positive rods/field with occasionally 2-3 rods as short filaments. On culture, the following food-poisoning organisms were enumerated using S.A.A. methods:

Coagulase +ve	<u>S.aureus</u>	absent
	<u>Salmonellae</u>	absent
	<u>Cl.perfringens</u>	absent
	<u>B.cereus</u>	5 x 10 <sup>4</sup> /g (or 1 x 10 <sup>6</sup> /pikelet)

The number of B. cereus cells in a product necessary to cause food poisoning is usually at least 10<sup>6</sup>/g. However, because of the number of pikelets consumed by the storekeeper and the absence of other pathogens, it is probable that B. cereus was the etiological agent.



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AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 20-4-78 . 3-5-78 BULLETIN NUMBER . 78/9  
 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
1019 ECHOVIRUS TYPE 19.....	-	-	1	2	-	-	1	1	5
1022 ECHOVIRUS TYPE 22.....	-	-	-	-	7	2	1	1	11
1023 ECHOVIRUS TYPE 23.....	-	-	-	-	-	-	-	1	1
1025 ECHOVIRUS TYPE 25.....	-	-	-	-	-	-	-	3	3
1030 ECHOVIRUS TYPE 30.....	-	-	-	3	1	-	1	-	5
1031 ECHOVIRUS TYPE 31.....	-	-	-	-	-	-	1	-	1
1101 POLIOVIRUS TYPE 1.....	-	-	-	-	-	1	-	-	1
1102 POLIOVIRUS TYPE 2.....	-	-	-	-	-	-	-	1	1
1103 POLIOVIRUS TYPE 3.....	-	-	-	1	-	-	-	2	3
1104 POLIOVIRUS-VACCINAL STRAIN.....	-	-	3	-	-	-	-	-	3
1200 MUMPS VIRUS.....	2	1	3	2	-	1	1	-	10
1300 HERPES VIRUS GROUP-NOT TYPED.....	-	3	-	-	-	1	-	1	5
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....	4	-	9	-	3	-	10	-	26
1303 VARICELLA-ZOSTER VIRUS.....	4	-	1	-	-	1	1	-	7
1306 HERPES SIMPLEX TYPE 1.....	4	-	-	9	-	-	-	10	23
1307 HERPES SIMPLEX TYPE 2.....	15	-	-	6	-	-	-	17	36
1401 COXIELLA BURNETI.....	7	-	-	1	-	-	10	-	18
1502 PICORNA VIRUS-NOT TYPED.....	-	-	-	-	-	-	-	2	2
1512 VACCINIA VIRUS.....	-	-	-	-	-	-	1	-	1
1522 RUBELLA VIRUS.....	1	-	-	-	-	-	-	-	1
1532 HEPATITIS B ANTIGEN.....	2	1	17	26	-	4	10	8	66
1533 HEPATITIS B ANTIBODY.....	-	-	-	-	-	6	-	17	23
1541 CHLAMYDIA A - TRIC TYPE.....	-	-	-	-	-	-	-	2	2
1543 CHLAMYDIA A - LGV TYPE.....	-	-	1	-	-	-	-	-	1
1556 CMV - CYTOMEGALOVIRUS.....	2	-	-	7	3	1	5	6	24
1562 REOVIRUS (ALL TYPES).....	-	-	-	1	-	-	-	-	1
1564 ROTAVIRUS.....	-	-	-	1	6	4	-	3	14
1599 ENTEROVIRUS TYPING PENDING.....	-	3	-	-	5	13	-	-	21
TOTAL.....	67	12	60	79	46	52	73	107	496

ROSS RIVER VIRUS..... 1 .. 1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 20-4-78 . 3-5-78 BULLETIN NUMBER . 78/9  
 VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS - CONTINUED

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	BR	GE	DI	TOTAL
1022 ECHOVIRUS TYPE 22.....	8	-	-	-	-	-	-	-	-	3	11
1023 ECHOVIRUS TYPE 23.....	-	-	1	-	-	-	-	-	-	-	1
1025 ECHOVIRUS TYPE 25.....	2	-	1	-	-	-	-	-	-	-	3
1030 ECHOVIRUS TYPE 30.....	2	-	2	1	-	-	-	-	-	-	5
1031 ECHOVIRUS TYPE 31.....	1	-	-	-	-	-	-	-	-	-	1
1101 POLIOVIRUS TYPE 1.....	1	-	-	-	-	-	-	-	-	-	1
1102 POLIOVIRUS TYPE 2.....	1	-	1	-	-	-	-	-	-	-	2
1103 POLIOVIRUS TYPE 3.....	1	-	2	-	-	-	-	-	-	-	3
1104 POLIOVIRUS-VACCINAL STRAIN.....	3	-	-	-	-	-	-	-	-	-	3
1200 MUMPS VIRUS.....	-	5	3	2	-	-	-	-	-	-	10
1300 HERPES VIRUS GROUP-NOT TYPED.....	-	1	-	-	4	-	-	-	-	-	5
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....	-	6	5	-	2	-	-	-	13	-	26
1303 VARICELLA-ZOSTER VIRUS.....	-	6	-	-	1	-	-	-	-	-	7
1306 HERPES SIMPLEX TYPE 1.....	-	-	11	-	10	-	-	-	2	-	23
1307 HERPES SIMPLEX TYPE 2.....	-	-	-	-	14	-	-	-	23	-	37
1401 COXIELLA BURNETI.....	-	18	-	-	-	-	-	-	-	-	18
1502 PICORNA VIRUS-NOT TYPED.....	2	-	-	-	-	-	-	-	-	-	2
1512 VACCINIA VIRUS.....	-	-	-	-	1	-	-	-	-	-	1
1522 RUBELLA VIRUS.....	-	1	-	-	-	-	-	-	-	-	1
1532 HEPATITIS B ANTIGEN.....	-	68	-	-	-	-	-	-	-	-	68
1533 HEPATITIS B ANTIBODY.....	-	23	-	-	-	-	-	-	-	-	23
1541 CHLAMYDIA A - TRIC TYPE.....	-	-	-	-	-	1	-	-	1	-	2
1543 CHLAMYDIA A - LGV TYPE.....	-	1	-	-	-	-	-	-	-	-	1
1556 CMV - CYTOMEGALOVIRUS.....	-	9	4	-	-	-	2	-	5	2	22
1562 REOVIRUS (ALL TYPES).....	1	-	-	-	-	-	-	-	-	-	1
1564 ROTAVIRUS.....	14	-	-	-	-	-	-	-	-	-	14
1599 ENTEROVIRUS TYPING PENDING.....	9	-	6	3	1	-	-	-	1	1	21
TOTAL.....	93	185	99	26	34	5	7	1	46	6	502

ROSS RIVER VIRUS ..... 1..... 1

AUSALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 20-4-78 . 3-5-78

BULLETIN NUMBER

78/9

VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	BR	GE	OT	ICIAL
0100 ADENOVIRUS NOT TYPED.....	5	13	-	-	-	-	-	-	-	-	18
0101 ADENOVIRUS TYPE 1.....	1	-	1	-	-	-	-	-	-	-	2
0102 ADENOVIRUS TYPE 2.....	9	-	1	-	-	-	1	-	-	-	11
0103 ADENOVIRUS TYPE 3.....	2	-	3	-	-	-	-	-	-	-	5
0105 ADENOVIRUS TYPE 5.....	-	-	2	-	-	-	-	1	-	-	3
0106 ADENOVIRUS TYPE 6.....	1	-	-	-	-	-	-	-	-	-	1
0107 ADENOVIRUS TYPE 7.....	2	-	-	-	-	1	-	-	-	-	3
0108 ADENOVIRUS TYPE 8.....	-	-	-	-	-	1	-	-	-	-	1
0109 ADENOVIRUS TYPE 9.....	-	-	-	-	-	1	-	-	-	-	1
0119 ADENOVIRUS TYPE 19.....	-	-	1	-	-	-	-	-	-	-	1
0199 ADENOVIRUS TYPING PENDING.....	7	-	1	-	-	1	-	-	-	-	9
0203 INFLUENZA B VIRUS.....	-	-	3	-	-	-	-	-	-	-	3
0301 PARAINFLUENZA VIRUS TYPE 1.....	-	-	2	-	-	-	-	-	-	-	2
0302 PARAINFLUENZA VIRUS TYPE 2.....	-	-	7	-	-	-	-	-	-	-	7
0303 PARAINFLUENZA VIRUS TYPE 3.....	-	-	7	-	-	-	-	-	-	-	7
0399 PARAINFLUENZA VIRUS TYPING PENDING.....	-	-	1	-	-	-	-	-	-	-	1
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)....	-	1	9	-	-	-	-	-	-	-	10
0500 RHINOVIRUS (ALL TYPES).....	-	1	11	-	-	-	-	-	-	-	12
0600 MYCOPLASMA PNEUMONIAE.....	-	27	-	-	-	-	-	-	-	-	27
0700 ORNITHOSIS-PSITTACOSIS.....	-	2	-	-	-	-	-	-	-	-	2
0809 COXSACKIEVIRUS A9.....	-	-	-	1	-	-	-	-	-	-	1
0816 COXSACKIEVIRUS A16.....	-	-	1	-	1	-	-	-	-	-	2
0899 COXSACKIEVIRUS GROUP A TYPING PENDING.....	-	-	-	-	-	-	1	-	-	-	1
0901 COXSACKIEVIRUS B1.....	1	-	3	2	-	-	-	-	1	-	7
0902 COXSACKIEVIRUS B2.....	-	-	1	-	-	-	-	-	-	-	1
0903 COXSACKIEVIRUS B3.....	1	-	1	1	-	-	1	-	-	-	4
0904 COXSACKIEVIRUS B4.....	-	3	-	-	-	-	-	-	-	-	3
0906 COXSACKIEVIRUS B6.....	1	-	-	-	-	-	-	-	-	-	1
1007 ECHOVIRUS TYPE 7.....	3	-	4	3	-	-	-	-	-	-	10
1009 ECHOVIRUS TYPE 9.....	1	-	1	3	-	-	-	-	-	-	5
1014 ECHOVIRUS TYPE 14.....	2	-	-	2	-	-	-	-	-	-	4
1015 ECHOVIRUS TYPE 15.....	4	-	1	4	-	-	1	-	-	-	10
1017 ECHOVIRUS TYPE 17.....	-	-	-	1	-	-	-	-	-	-	1
1018 ECHOVIRUS TYPE 18.....	5	-	1	-	-	-	1	-	-	-	7
1019 ECHOVIRUS TYPE 19.....	3	-	1	3	-	-	-	-	-	-	7



LIST B COMMUNICABLE DISEASES AND AGENTS NOTIFIED AFTER HOSPITAL AND LABORATORY DIAGNOSIS

DISEASES	CASES NOTIFIED DURING WEEK								CUMULATIVE TOTAL - year to date*							
	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.
AMOEBIASIS	N.N.								N.N.	1	2		2			
ANKYLOSTOMIASIS	N.N.								N.N.				3			45
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		N.N.			
DENGUE					N.N.					1			N.N.			
MURRAY VALLEY ENCEPHALITIS			N.N.	N.N.	N.N.		N.N.				N.N.	N.N.	N.N.		N.N.	
OTHER (STATE TYPE)				N.N.	N.N.		N.N.					N.N.	N.N.		N.N.	
HYDATID									2	1		1				
MALARIA	4	2							14	16	20	5	9		5	1
ORNITHOSIS (PSITTACOSIS, etc)												10				
Q. FEVER			11				N.N.		9	7	61	112			N.N.	
SALMONELLA (LABORATORY ISOLATES)	61	2	4	3	9		1	1	456	55	51	10	80	9	8	37
SHIGELLA (LABORATORY ISOLATES)	N.N.							5	N.N.		37				1	65

N.N. - NOT NOTIFIABLE

\* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

QLD. (+) - MONTHLY NOTIFICATION OF GONORRHOEA AND SYPHILIS.



7.4.78

LIST B COMMUNICABLE DISEASES AND AGENTS NOTIFIED AFTER HOSPITAL AND LABORATORY DIAGNOSIS

DISEASES	CASES NOTIFIED DURING WEEK								CUMULATIVE TOTAL - year to date*							
	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.
AMOEBIASIS	N.N.								N.N.	1	2		2			
ANKYLOSTOMIASIS	N.N.								N.N.				3			45
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		N.N.			
DENGUE					N.N.					1			N.N.			
MURRAY VALLEY ENCEPHALITIS			N.N.	N.N.	N.N.		N.N.				N.N.	N.N.	N.N.		N.N.	
OTHER (STATE TYPE)				N.N.	N.N.		N.N.					N.N.	N.N.		N.N.	
HYDATID									2	1		1				
MALARIA	2	2	1						10	14	20	5	9		5	1
ORNITHOSIS (PSITTACOSIS, etc)																
Q. FEVER	3	1					N.N.		9	7	50	10			N.N.	
SALMONELLA (LABORATORY ISOLATES)	16	8	3		5			3	395	53	47	112	71	9	7	36
SHIGELLA (LABORATORY ISOLATES)	N.N.		2					5	N.N.		37	7			1	60

N.N. - NOT NOTIFIABLE

\* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

QLD. (+) - MONTHLY NOTIFICATION OF GONORRHOEA AND SYPHILIS.

Director-General of Health



31. 3. '78

LIST B COMMUNICABLE DISEASES AND AGENTS NOTIFIED AFTER HOSPITAL AND LABORATORY DIAGNOSIS

DISEASES	CASES NOTIFIED DURING WEEK								CUMULATIVE TOTAL - year to date*							
	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.
AMOEBIASIS	N.N.								N.N.	1	2		2			
ANKYLOSTOMIASIS	N.N.								N.N.				3			45
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		N.N.			
DENGUE					N.N.					1			N.N.			
MURRAY VALLEY ENCEPHALITIS			N.N.	N.N.	N.N.		N.N.				N.N.	N.N.	N.N.		N.N.	
OTHER (STATE TYPE)				N.N.	N.N.		N.N.					N.N.	N.N.		N.N.	
HYDATID									2	1		1				
MALARIA		1	1						8	12	19	5	9		5	* 1
ORNITHOSIS (PSITTACOSIS, etc)																
Q. FEVER							N.N.		6	6	50	10			N.N.	
SALMONELLA (LABORATORY ISOLATES)	63	4	6	4	1	3		2	379	45	44	112	66	9	7	33
SHIGELLA (LABORATORY ISOLATES)	N.N.		10						N.N.		35	7			1	55

N.N. - NOT NOTIFIABLE

\* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

QLD. (+) - MONTHLY NOTIFICATION OF GONORRHOEA AND SYPHILIS.

N.B. Monthly notifications by Queensland for gonorrhoea and syphilis are for the month of March.

Director-General of Health



24. 3. '77

LIST B COMMUNICABLE DISEASES AND AGENTS NOTIFIED AFTER HOSPITAL AND LABORATORY DIAGNOSIS

DISEASES	CASES NOTIFIED DURING WEEK								CUMULATIVE TOTAL - year to date*							
	N.S.W.	VIC.	QLD.	S.A.	W.A.	TAS.	A.C.T.	N.T.	N.S.W.	VIC.	QLD.	S.A.	W.A.	IS.	A.C.T.	T.T.
AMOEBIASIS	N.N.		1						N.N.	1	2		2			
ANKYLOSTOMIASIS	N.N.								N.N.				3			* 45
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		N.N.			
DENGUE					N.N.					1			N.N.			
MURRAY VALLEY ENCEPHALITIS			N.N.	N.N.	N.N.		N.N.				N.N.	N.N.	N.N.		N.N.	
OTHER (STATE TYPE)				N.N.	N.N.		N.N.					N.N.	N.N.		N.N.	
HYDATID										1		1				
MALARIA		1	2							11	18	5	9		5	
ORNITHOSIS (PSITTACOSIS, etc)																
Q. FEVER							N.N.			6	50	10			N.N.	
SALMONELLA (LABORATORY ISOLATES)				3	3	1	2	4		41	38	108	65	6	7	31
SHIGELLA (LABORATORY ISOLATES)	N.N.		1					2	N.N.		25	7			1	55

N.N. - NOT NOTIFIABLE

\* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

QLD. (+) - MONTHLY NOTIFICATION OF GONORRHOEA AND SYPHILIS.