AUSTRALIA
Communicable Diseases Intelligence

Bulletin Number 78/13
Reporting Period 15 June 1978 to 28 June 1978

HUMAN SALMONELLOSIS

It will not be possible to include in each bulletin data on the Salmonella cases reported. For the present, these cases will be reported monthly.

PARALYTIC POLIOMYELITIS IN AN INFANT (contributed by I. Jack, Royal Children's Hospital, Melbourne)

An 11 month old boy was admitted to Royal Children's Hospital on June 18 with a history of U.R.T.I. for 3 days and with 2 days of progressive monoparesis of the right leg. A lumbar puncture revealed 2420 erythrocytes, 10 polymorphs, 90 lymphocytes, 0.4 gm/l of protein and 12 m.mol/l sugar. He had not been immunised against poliovirus. His 3 year old sibling appeared well.

Poliovirus type-3 was isolated from the faeces and from the throat swab. Isolation from the former was rapid and virus was typed 4 days after admission. Throat and faecal specimens collected from the sibling have not yielded virus. Serological assessment to detect homotypic response to polio virus type-3 has not yet been finalised pending the receipt of convalescent serum.

The family, of Yugoslav origin, had not recently travelled out of Australia. There was some difficulty in language, but it appears that the only travel contact was with a neighbour who cares for the child. However, this person had been back in Australia for at least two months after travelling to Greece. After referral of the child to Fairfield Infectious Diseases Hospital epidemiological investigations were initiated with other contacts and are still in progress.

EDITOR'S NOTE

This case highlights the need for parents and the medical profession to ensure that all children are immunized against poliovirus. Because the disease is now rare in Australia, there is a widespread fear that the need for vaccination may be forgotten. This case serves as a sad reminder of the potential threat that still exists in Australia from diseases such as polio, especially in communities where, for language or other reasons, parents may not be aware of the facilities available.

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INFLUENZA A (contributed by L. Irving, Fairfield Hospital, Melbourne)

Influenza type B was isolated from the nose and throat swabs of three children during the last fortnight. The children, two boys aged 5 and 7 and an 8-year old girl, were only mildly ill with upper respiratory tract symptoms and fever, which lasted several days.

Headache was a persisting symptom of the 7-year old boy, so that a lumbar puncture was done to exclude a possible diagnosis of meningitis, whilst the girl also had a rash, which was probably allergic.

The 5-year old and three of his siblings had a typical influenza-like illness and 50% of the class-mates (16/32) of one of these were also absent from school. This epidemiological pattern would be characteristic of an influenza B outbreak.

IMPORTATION OF CONTAMINATED PRAWNS

Considerable attention has recently been focussed by health authorities in Australia, on the quality of pre-cooked frozen prawns imported from some areas of S.E. Asia.

Prawns produced in these areas have been shown to contain a variety of potential bacterial pathogens. When harvested from the ocean, the prawn does not present a major problem since its bacterial flora does not usually include those species which are of concern to humans (although the role of Vibrio parahaemolyticus in this regard has not been fully clarified). The product is contaminated post-boiling, apparently both by cooling and washing in contaminated water and by handling during peeling. The organisms commonly detected include coagulase positive staphylococci and a range of salmonella serotypes, and a significant proportion of the consignments reaching Australia are being rejected.

It has been known for some time that the microbial levels of this product have been sufficiently high to warrant concern, but until recently, control of this product has been implemented under individual State legislations. Since these vary considerably in the criteria for acceptance or rejection of a consignment, it was agreed that more uniform control could be achieved under the Quarantine Act administered by the Australian Department of Health.

The Australian Department of Health, in conjunction with the Departments of Customs and Science, have now introduced a uniform sampling and microbiological testing program around Australia for all cooked prawns entering the country. These are based on the requirements of the National Health & Medical Research Council's "Microbiological Standard for Frozen Pre-Cooked Foods" and those methods of analysis specified by the Standards Association of Australia. (The 1974 NH & MRC Standard replaced a previous one introduced in 1967 because of a similar problem recognised at that time.)

Discussions are being held with the importers and the authorities in S.E. Asia in an attempt to improve the quality of the

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product being shipped to Australia.

NON A, NON B HEPATITIS

Presently, two types of hepatitis virus have been identified - Hepatitis A and Hepatitis B. It is known, however, that a third transmissable agent exists although it has never been identified, and this is referred to as Non A, Non B Hepatitis (NANB). This agent accounts for approximately 90% of post-transfusion hepatitis in the United States.

The MMWR, June 16, 1978, carries a report from the Hepatitis Laboratories Division of the Centre for Disease Control in Atlanta, USA, of the first identification of candidate virus particles associated with NANB hepatitis in humans. The particles were seen by immune electron microscopy in serum from an experimentally infected chimpanzee.

RECOMMENDATIONS OF THE NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

The 85th Session of the National Health and Medical Research Council was held in Adelaide on 15 and 16 June 1978. The following recommendations made by that meeting concern communicable diseases in Australia:

"Influenza Vaccine 1978/79

Council noted epidemiological reports from overseas, concerning sporadic outbreaks of influenza associated with the A/USSR/90/77 (H1N1) strain during the northern hemisphere winter of 1977/78. It also noted that persons in the under 20 age group had been the most susceptible and that infections had been mainly of mild to moderate severity.

It considered that routine administration of vaccine to this age group was not justified unless an alteration in the clinical manifestations of the disease warranted a change of opinion.

Council therefore reiterated the recommendation made at its Seventieth Session in April 1970 and endorsed by its Executive Committee in June 1976, that only the special at risk groups, including the aged, those persons with pre-existing cardiac or pulmonary disease and those with serious chronic debilitating diseases should be immunised against influenza as a routine procedure.

Herpes Virus Infections

Council noted that both type I and II Herpes Simplex Viruses were now being isolated from genital as well as

extragenital lesions.

It considered that there was a particular risk from Herpes Simplex Virus infection to infants born to mothers with no previous experience of infection by this virus, maternity patients and those with eczematous conditions.

Council therefore rescinded its recommendation made at its Eighty-third Session and recommended that sufferers from active herpes simplex lesions, irrespective of type, be excluded from duties involving the handling of, or close contact with, infants, maternity patients or patients with eczematous conditions.

Nosocomial Infections

Council noted that in the past decade growing concern over hospital-acquired, or nosocomial, infections with their resulting morbidity, mortality, and economic consequences had stimulated considerable investment by hospital administrations overseas in a variety of activities aimed at infection surveillance and control.

It considered that nosocomial infections were a significant problem in Australia, but that the extent of the problem was not always appreciated by hospital administrations.

Council therefore recommended that State and Territory Health Authorities give consideration to the establishment of Infection Control Committees or Officers in all hospitals where such measures are deemed appropriate.

Immunisation Schedules

Council reviewed its recommended schedule of primary immunisation against diphtheria, tetanus, pertussis, poliomyelitis and measles, in the document 'Immunisation Procedures', adopted at the Seventy-eighth Session.

It rescinded its previous recommended schedules for these diseases and recommended that the follow-

ing schedules be adopted:

PRIMARY IMMUNISATION SCHEDULE

Age	Disease	Agent	Route
2 months	Diphtheria-tetanus-pertussis	Triple antigen	Subcutaneous
4 months	Diphtheria-tetanus-pertussis Poliomyelitis	Triple antigen Sabin vaccine	Subcutaneous Oral
6 months	Diphtheria-tetanus-pertussis Poliomyelitis	Triple antigen Sabin vaccine	Subcutaneous Oral
12 months	Measles Poliomyelitis	Measles Sabin vaccine	Subcutaneous Oral
18 months	Diphtheria-tetanus	Combined Diphtheria and Tetanus (CDT)	Deep subcutaneous or intramuscular
5 years or prior to school entry	Diphtheria-tetanus (Poliomyelitis - where there is any doubt whatsoever as to whether the primary series was fully completed)	CDT Sabin vaccine	Deep subcutaneous or intramuscular Oral
10-14 years (females)	Rubella: routine immunisation of girls should be carried out in the last year of primary school or the first year of high school; administration of rubella vaccine in mass immunisation campaigns should not be carried out in girls younger than 10 or those who have attained the age of 15 years.		

NOTE: Doses of vaccine may vary with the manufacturer.

Council noted the possibility of administering a dose of poliomyelitis vaccine at 2 months in lieu of at 12 months was being considered, and that the schedule might be modified at a later date.

Malaria

To ensure that the surveillance of malaria cases occurring in Australia be as complete as possible, Council recommended that all laboratories should:

(i) notify their appropriate State or Territory health authority of each blood film found to be positive for malarial parasites; and

(ii) send a duplicate blood film to the Division of Tropical Medicine, School of Public Health and Tropical Medicine, University of Sydney.

Notifiable Diseases

Council reviewed the list of notifiable diseases to ensure that only those diseases warranting notification were included. However, Council agreed that its lists should in no way restrict any State or Territory from proclaiming as notifiable any other disease encountered in that State or Territory.

Council considered that the list of notifiable diseases, recommended at its Seventy-seventh Sessions, should be reviewed at both Federal and State levels. It was also considered advisable that the previously recommended two separate lists of notifiable diseases should remain, however, it saw no objection to all diseases appearing in one list should any State so desire. Council recommended the following lists for uniform adoption.

List A

Human communicable diseases to be notified by medical practitioners, hospitals, or diagnostic laboratories.

(For diseases marked with an asterisk (*), confirmation by appropriate diagnostic tests is necessary.)

Amoebiasis*
Ankylostomiasis*
Anthrax*
Arbovirus infection*
Brucellosis*
Congenital rubella syndrome
Diphtheria*
Giardiasis*
Gonorrhoea*
Hepatitis A (infectious)*
Hepatitis B (serum)*
Hepatitis - unspecified
Hydatid disease*
Leprosy
Leptospirosis*
Malaria*
Meningococcal infections*
Non-specific urethritis
Ornithosis*
Pertussis (whooping cough)
Poliomyelitis*
Q. fever*
Salmonella infections*
Shigella infections*
Syphilis*
Tetanus
Trachoma
Tuberculosis (all forms)*

Typhoid fever*
Typhus (all forms)*

List B

Quarantinable diseases not normally occurring in Australia.

Cholera
Lassa fever
Marburg disease
Plague
Rabies
Smallpox
Yellow fever

Council also recommended that outbreaks of communicable diseases having particular epidemiological significance, but which were not included in these lists, should also be notified to the relevant Health Departments. These would include the following:

Diarrhoea in a closed institution
Food poisoning (occurring in 2 or more associated cases)
Meningococcal septicaemia
Staphylococcal outbreak in a nursery
Streptococcal infection in a hospital."

OMISSION FROM TABLES IN BULLETIN 78/12

The following isolates were inadvertently omitted from Bulletin 78/12:

SINDBIS VIRUS:	2 cases in Queensland; include under "blood"
ROSS RIVER VIRIS:	1 case in Western Australia and 13 in Queensland; include under "blood"

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - - . BULLETIN NUMBER .

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	3		3	2	3	18
0101 ADENOVIRUS TYPE 1			1			1		1	3
0102 ADENOVIRUS TYPE 2		1				3			4
0103 ADENOVIRUS TYPE 3								1	1
0105 ADENOVIRUS TYPE 5				1		3			4
0106 ADENOVIRUS TYPE 6			1						1
0107 ADENOVIRUS TYPE 7								1	1
0108 ADENOVIRUS TYPE 8								1	1
0119 ADENOVIRUS TYPE 19						1		3	4
0199 ADENOVIRUS TYPING PENDING	1	1		3	4	5			14
0201 INFLUENZA A VIRUS	1								1
0203 INFLUENZA B VIRUS				3					3
0302 PARAINFLUENZA VIRUS TYPE 2				1			1		2
0303 PARAINFLUENZA VIRUS TYPE 3				1	1	2	2		6
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)		4	1	4	15	7	3		34
0500 RHINOVIRUS (ALL TYPES)	1			14	9	2	2		28
0600 MYCOPLASMA PNEUMONIAE	14		13	19		1	9	1	57
0700 ORNITHOSIS-PSITTACOSIS	1			1					2
0816 COXSACKIEVIRUS A16						1			1
0901 COXSACKIEVIRUS B1							1	1	2
0902 COXSACKIEVIRUS B2				2				1	3
0903 COXSACKIEVIRUS B3	1	1		1			1		4
0904 COXSACKIEVIRUS B4				2					2
1004 ECHOVIRUS TYPE 4			1						1
1006 ECHOVIRUS TYPE 6						1			1
1007 ECHOVIRUS TYPE 7				3					3
1011 ECHOVIRUS TYPE 11								1	1
1014 ECHOVIRUS TYPE 14							1		1
1015 ECHOVIRUS TYPE 15								3	3
1016 ECHOVIRUS TYPE 16						1			1
1018 ECHOVIRUS TYPE 18						1			1
1019 ECHOVIRUS TYPE 19						1			1

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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
1022 ECHOVIRUS TYPE 22....................								1	1
1023 ECHOVIRUS TYPE 23....................								1	1
1025 ECHOVIRUS TYPE 25....................						1			1
1030 ECHOVIRUS TYPE 30....................				5					5
1031 ECHOVIRUS TYPE 31....................			3			1			4
1099 ECHOVIRUS TYPING PENDING............						4			4
1101 POLIOVIRUS TYPE 1....................				1		1			2
1102 POLIOVIRUS TYPE 2....................						3			3
1103 POLIOVIRUS TYPE 3....................					1	3	1		5
1104 POLIOVIRUS-VACCINAL STRAIN..........			4						4
1200 MUMPS VIRUS..........................		1		2	1	3	1		8
1300 HERPES VIRUS GROUP-NOT TYPED........				2					2
1301 HERPES SIMPLEX VIRUS-NOT TYPED......	5	2	6	2	4		18	8	45
1302 EPSTEIN-BARR VIRUS (EB VIRUS).......						2			2
1303 VARICELLA-ZOSTER VIRUS..............			4				2	1	7
1306 HERPES SIMPLEX TYPE 1...............	8			8		10		9	35
1307 HERPES SIMPLEX TYPE 2...............	20			2		13		25	60
1401 COXIELLA BURNETI....................	10					2	18		30
1514 MOLLUSCUM CONTAGIOSUM...............								1	1
1521 MEASLES VIRUS.......................	2		1						3
1522 RUBELLA VIRUS.......................				1				1	2
1532 HEPATITIS B ANTIGEN.................	1	2	9	25		10	6	18	71
1533 HEPATITIS B ANTIBODY................						14		13	27
1541 CHLAMYDIA A - TRIC TYPE.............								18	18
1556 CMV - CYTOMEGALOVIRUS...............	3		6		4	1	3	2	19
1564 ROTAVIRUS...........................			5	5		21		6	37
1599 ENTEROVIRUS TYPING PENDING..........	2	1							3
Total....................................	70	13	62	111	39	122	71	121	609

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VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	BR	GE	OT	Total
0100 ADENOVIRUS NOT TYPED	7	9	2			1					19
0101 ADENOVIRUS TYPE 1	2						1				3
0102 ADENOVIRUS TYPE 2	2		2								4
0103 ADENOVIRUS TYPE 3						1					1
0105 ADENOVIRUS TYPE 5	2		2								4
0106 ADENOVIRUS TYPE 6			1								1
0107 ADENOVIRUS TYPE 7		1	1								2
0108 ADENOVIRUS TYPE 8						1					1
0119 ADENOVIRUS TYPE 19						3			1		4
0199 ADENOVIRUS TYPING PENDING	6		3			5					14
0201 INFLUENZA A VIRUS		1									1
0203 INFLUENZA B VIRUS			3								3
0302 PARAINFLUENZA VIRUS TYPE 2			2								2
0303 PARAINFLUENZA VIRUS TYPE 3			6								6
0400 RESPIRATORY SYNCYTIAL VIRUS (RS)		1	33								34
0500 RHINOVIRUS (ALL TYPES)			26							2	28
0600 MYCOPLASMA PNEUMONIAE		57									57
0700 ORNITHOSIS-PSITTACOSIS		2									2
0901 COXSACKIEVIRUS B1		1	1								2
0902 COXSACKIEVIRUS B2		2									2
0903 COXSACKIEVIRUS B3	1		2							1	4
0904 COXSACKIEVIRUS B4		1									1
1004 ECHOVIRUS TYPE 4	1										1
1006 ECHOVIRUS TYPE 6			1								1
1007 ECHOVIRUS TYPE 7	2		1	1							4
1011 ECHOVIRUS TYPE 11			1								1
1014 ECHOVIRUS TYPE 14				1							1
1015 ECHOVIRUS TYPE 15	1		1	1		1					4
1016 ECHOVIRUS TYPE 16	1										1
1018 ECHOVIRUS TYPE 18	1										1
1019 ECHOVIRUS TYPE 19				1							1
1022 ECHOVIRUS TYPE 22			1								1
1025 ECHOVIRUS TYPE 25			1								1

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REPORTING PERIOD - - . BULLETIN NUMBER .
VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS-CONTINUED

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	BR	GE	OT	Total
1030 ECHOVIRUS TYPE 30	2		1	2							5
1031 ECHOVIRUS TYPE 31	2		2								4
1099 ECHOVIRUS TYPING PENDING			3		1						4
1101 POLIOVIRUS TYPE 1	1		1								2
1102 POLIOVIRUS TYPE 2	2		1								3
1103 POLIOVIRUS TYPE 3	4						1				5
1104 POLIOVIRUS-VACCINAL STRAIN	3						1				4
1200 MUMPS VIRUS		2	3	3			1				9
1300 HERPES VIRUS GROUP-NOT TYPED					2						2
1301 HERPES SIMPLEX VIRUS-NOT TYPED		7	6	1	9		1		18	2	44
1302 EPSTEIN-BARR VIRUS (EB VIRUS)		2									2
1303 VARICELLA-ZOSTER VIRUS		6			1						7
1306 HERPES SIMPLEX TYPE 1			11		10	3			10	1	35
1307 HERPES SIMPLEX TYPE 2					23				39		62
1401 COXIELLA BURNETI		30									30
1514 MOLLUSCUM CONTAGIOSUM					1						1
1521 MEASLES VIRUS		3									3
1522 RUBELLA VIRUS		2									2
1532 HEPATITIS B ANTIGEN		71									71
1533 HEPATITIS B ANTIBODY		27									27
1541 CHLAMYDIA A - TRIC TYPE					1				18		19
1556 CMV - CYTOMEGALOVIRUS		10	3				3		1	2	19
1564 ROTAVIRUS	37										37
1599 ENTEROVIRUS TYPING PENDING			2								2
Total	77	235	123	10	48	15	8		87	8	611

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