

AUSTRALIA Reporting Period 10 August 1978
to
23 August 1978

Communicable Diseases
Intelligence

LEGIONNAIRE'S DISEASE IN AUSTRALIA (contributed by the staff at
Fairfield Hospital, Melbourne)

A small selected serological survey has been carried out on stored serum at Fairfield Hospital from patients admitted in 1976 and 1977 who had pneumonia which in some way was atypical.

The serology was performed at the C.D.C., Atlanta, Georgia, by Dr Charles Shepard.

Of 32 specimens examined, three contained evidence of Legionnaire's Disease.

In one of these, a labourer aged 56 years, who recovered after prolonged treatment for severe pneumonia, there was a fixed titre of 1 : 250 suggesting previous infection. It is of interest to note that this man was Spanish, had come to Australia 13 years before, and had visited Spain 3 years before admission, but his records contain no account of a severe respiratory illness related to that visit.

The other two patients died, one a man aged 46 years and a woman of 66 years were both admitted with exceedingly severe respiratory symptoms and associated features which suggested the possibility of septicaemia.

The man also gave a history of developing respiratory disease over a period of two weeks, and post mortem examination showed the presence of associated lymphoma.

Both died during the third week after admission having failed to respond to initial treatment of penicillin and chloramphenicol. Both needed intensive care at the time of admission and throughout their treatment.

The woman also had a fixed titre of 1 : 64 in two specimens taken 10 days apart. The man on the other hand showed a rising titre from 64 to 256 in two specimens taken 2 weeks apart, the last on the day of his death.

These results are consistent with the previous observations indicating that the disease is ubiquitous, but the fact that so many sera in this group were negative suggests that it is not a prevalent agent in the community.

There is, of course, doubt if the two patients with fixed titres, particularly the titre of 1 : 64, were in fact suffering from Legionnaire's Disease at the time of their treatment. Apart from the severity and the lack of response to penicillin and chloramphenicol,

there was nothing observed to characterise their illnesses. Cold agglutinin titres were negative in all of these.

The need for further extensive serological surveys is apparent, and will be possible later in the year.

Serology for Legionnaire's Disease is available at Fairfield Hospital for Infectious Diseases, Melbourne. Contact Dr Peter Cavanagh.

EDITOR'S NOTE:

This is the first report of the occurrence of this disease in Australia since its initial recognition in January 1977 from an investigation into an outbreak of severe respiratory illness in July/August 1976 in Philadelphia, U.S.A. Serological investigations carried out in many countries around the world since this time have shown that the Legionnaire's Disease Bacterium (L.D.B.) has been responsible for a number of previous outbreaks for which no aetiological agent had been described.

The clinical symptoms of the disease typically include a severe pneumonia, often lobar, preceded by a variable prodromal phase of 5-7 days with malaise and fever. The case fatality rate for patients without pre-existing illness is not high, and the most effective antibiotic for the treatment appears to be erythromycin.

The LDB is taxonomically different from any other known organism and is difficult to grow in the laboratory. Its mode of transmission and source of infection remain unknown, but it is believed that the organism is hardy in the environment. The lack of documented evidence of person-to-person spread has suggested an environmental source, and the MMWR 11 August 1978 and 25 August 1978 report the isolation of the LDB from 2 environmental samples. The positive specimens included water from an air-conditioning cooling tower atop a hotel in Indiana in which 19 of 21 confirmed cases of Legionnaires Disease had stayed overnight 2 weeks before the onset of illness. The other specimen was water from a creek approximately 50 metres from the hotel. Isolation of LDB from the water involved direct fluorescent-antibody examination (FA), FA examination of guinea pig splenic tissue or examination after the splenic tissue had been inoculated into yolk sacs of embryonated hens' eggs or onto charcoal yeast extract agar.

PARALYTIC POLIOMYELITIS IN THE NETHERLANDS

Between 15 April 1978 and 22 July 1978, 96 cases of poliomyelitis caused by poliovirus type 1 were reported in Holland in a community that does not accept vaccination because of religious beliefs. 68% of the cases were in patients less than 15 years old, and the age range was from 3 weeks to 41 years. 69 cases had paralytic disease, and one death occurred in a 3 month infant.

Following this outbreak, 5 cases of poliomyelitis occurred in Canada, in members of the same sect. They had recently been visited by Dutch members of the sect, all of whom were said to have been healthy. Both the Dutch and Canadian authorities have moved to have members of

the group immunized, but the acceptance rate by these people, especially in the Netherlands, has been disappointing.

Prior to this outbreak, only 5 cases of poliomyelitis were reported in the Netherlands between 1972 and 1977 with only sporadic isolations of the poliovirus on survey. It is considered advisable at this stage for travellers to the Netherlands to ensure they have adequate protection against poliomyelitis.

REFERENCES:

1. MMWR 30 June 1978. Vol 27 No. 26
2. C.D.R. 11 August 1978 78/32
3. Canada Diseases Weekly Report 5 August 1978 Vol 4/31

COMMENT:

This outbreak serves as a reminder for the need for members of developed communities to maintain adequate protection against those diseases which in previous times posed a serious threat to life. Public health authorities overseas have expressed concern at the increasing apathy in the community towards immunization of children. The reasons for this vary, but concern about the much publicized adverse reactions to the whooping cough vaccine is thought to be a major factor, while complacency due to the rarity of major life threatening epidemics is another. There appears to be a lack of appreciation of the seriousness of these diseases, and of the potential for their reappearance should the overall level of immunity decrease.

SMALLPOX VACCINATION REQUIREMENTS FOR TRAVELLERS TO THE U.S.

The MMWR 18 August 1978 advises that as of 14 August 1978, the United States does not require smallpox vaccination for any arriving international traveller, and proof of vaccination will not be requested. Since October 1971, the U.S. was required a valid International Certificate of Vaccination against smallpox only if within the 14 days preceding arrival, the traveller had been in a country, any part of which is infected.

The requirement for vaccination against smallpox in Australia has been recently discussed by the NH & MRC Communicable Diseases Committee, but it was of the opinion that persons in relevant occupations such as hospital and laboratory personnel and airport employees should maintain their vaccination status. The Committee felt that the introduction of smallpox, perhaps by a vaccine modified case, must still be considered as a national risk until the two year statutory period of W.H.O. surveillance in Ethiopia and Somalia has passed without the occurrence of further cases. Immunization is also necessary for travellers from Australia to countries which still require a valid certificate (primarily those in Africa, Asia, Central and South America), and for travellers entering Australia who have in the previous 2 weeks visited a country where smallpox exists.

Concern about the possibility of laboratory infections with the variola virus may have been justified by unofficial press reports of an

infection in Birmingham, U.K., in a 42-year old laboratory technician. The female technician works in a medical school on the floor above a virology laboratory, and the reports claim that this is being investigated as a possible source of the infection. Official confirmation of these reports is awaited, but should further cases occur, the implications of this event could be significant.

INFLUENZA A(H₁N₁)

All laboratory tests so far indicate that the influenza isolate reported in Bulletin 78/16 is Influenza A/USSR/90/77(H₁N₁). Further confirmatory tests are being undertaken.

The isolate is from a 22-year old male university student in Brisbane, whose respiratory illness was described as mild. No other cases have been reported, and no probable source has been identified.

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 10-8-78 . 23-8-78 BULLETIN NUMBER . 78/17
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

| VIRUS OR VIRAL ANTIGEN | ICMVF (NSW) / WVH (ACT) | PAHC (NSW) | PHH/ POW (NSW) | FAIR- FIELD (VIC) | PCH (VIC) | IMVS (SA) | STATE LAB (QLD) | STATE LAB (WA) | Total |
|---|----------------------------------|---------------|----------------------|-------------------------|--------------|--------------|-----------------------|----------------------|-------|
| 0100 ADENOVIRUS NOT TYPED..... | 4 | 1 | 1 | | | 1 | 3 | | 10 |
| 0101 ADENOVIRUS TYPE 1..... | | | 1 | 1 | | | | | 4 |
| 0102 ADENOVIRUS TYPE 2..... | | | 6 | 1 | | 2 | | 4 | 13 |
| 0103 ADENOVIRUS TYPE 3..... | | | | 1 | | | | 4 | 5 |
| 0104 ADENOVIRUS TYPE 4..... | 1 | | | | | | | | 1 |
| 0105 ADENOVIRUS TYPE 5..... | | | 1 | 1 | | | | 2 | 4 |
| 0107 ADENOVIRUS TYPE 7..... | | | | 3 | | | | | 3 |
| 0119 ADENOVIRUS TYPE 19..... | | | | 3 | | 1 | | 1 | 5 |
| 0199 ADENOVIRUS TYPING PENDING..... | 1 | 1 | | | 4 | 2 | | | 8 |
| 0201 INFLUENZA A VIRUS..... | 1 | | | | | 1 | | | 2 |
| 0203 INFLUENZA B VIRUS..... | 10 | 1 | | 13 | 4 | 2 | | | 30 |
| 0301 PARAINFLUENZA VIRUS TYPE 1..... | | | | | | | | 2 | 2 |
| 0302 PARAINFLUENZA VIRUS TYPE 2..... | | | | | | 1 | | | 1 |
| 0303 PARAINFLUENZA VIRUS TYPE 3..... | | | | 1 | 1 | 1 | 3 | | 6 |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS).... | | 2 | | 11 | 21 | 46 | 6 | 2 | 88 |
| 0500 RHINOVIRUS (ALL TYPES)..... | | | | 1 | | 3 | 3 | 3 | 10 |
| 0500 MYCOPLASMA PNEUMONIAE..... | 20 | | | 26 | 1 | 8 | 1 | 2 | 58 |
| 0700 ORNITHOSIS-PSITTACOSIS..... | 1 | | | | | | | 1 | 2 |
| 0800 COXSACKIEVIRUSFS GROUP A - NOT TYPED..... | | | | | | | | 1 | 1 |
| 0809 COXSACKIEVIRUS A9..... | 1 | 1 | | 1 | | | | | 3 |
| 0901 COXSACKIEVIRUS B1..... | | | | | | 1 | 1 | | 2 |
| 0902 COXSACKIEVIRUS B2..... | | | | | | 1 | | | 1 |
| 0903 COXSACKIEVIRUS B3..... | 1 | | | 1 | | 1 | | | 3 |
| 0906 COXSACKIEVIRUS B6..... | | 1 | | | | | | 1 | 2 |
| 1000 ECHOVIRUS NOT TYPED..... | 15 | | | | | | | | 15 |
| 1004 ECHOVIRUS TYPE 4..... | | | 2 | | | | | | 2 |
| 1005 ECHOVIRUS TYPE 5..... | 2 | | | | | | | | 2 |
| 1006 ECHOVIRUS TYPE 6..... | | | 2 | | | 1 | | | 3 |
| 1007 ECHOVIRUS TYPE 7..... | | | | | | | | 1 | 1 |
| 1011 ECHOVIRUS TYPE 11..... | | | | | | 2 | | | 2 |
| 1014 ECHOVIRUS TYPE 14..... | 3 | | | | | | 3 | | 6 |

| VIRUS OR VIRAL ANTIGEN | ICPMR | RAHC (NSW) | PBH/ POW (NSW) | FAIR- FIELD (VIC) | RCH (VIC) | IMVS (SA) | STATE | STATE | Total |
|---|-----------------------|---------------|----------------------|-------------------------|--------------|--------------|--------------|-------------|-------|
| | (NSW) WVH (ACT) | | | | | | LAB (QLD) | LAB (WA) | |
| 1015 ECHOVIRUS TYPE 15..... | 1 | | | | | | | | 1 |
| 1016 ECHOVIRUS TYPE 16..... | 1 | | | | | | 1 | | 2 |
| 1018 ECHOVIRUS TYPE 18..... | 2 | | | 1 | | | | | 3 |
| 1019 ECHOVIRUS TYPE 19..... | | | | 1 | | | | | 1 |
| 1020 ECHOVIRUS TYPE 20..... | | | | 1 | | 1 | | | 2 |
| 1022 ECHOVIRUS TYPE 22..... | | | | | | 1 | | | 1 |
| 1025 ECHOVIRUS TYPE 25..... | | | | | | 3 | | 1 | 4 |
| 1030 ECHOVIRUS TYPE 30..... | | | 2 | 2 | | 1 | 2 | 4 | 11 |
| 1033 ECHOVIRUS TYPE 33..... | | | | | | 2 | | | 2 |
| 1101 POLIOVIRUS TYPE 1..... | | | | | | | 1 | | 1 |
| 1102 POLIOVIRUS TYPE 2..... | | | | | | | | 1 | 2 |
| 1103 POLIOVIRUS TYPE 3..... | | | | 1 | | 1 | | | 2 |
| 1104 POLIOVIRUS-VACCINAL STRAIN..... | | | 2 | | | | | | 2 |
| 1200 MUMPS VIRUS..... | | 1 | | 1 | | 1 | 3 | | 6 |
| 1300 HERPES VIRUS GROUP-NOT TYPED..... | | | | | | 1 | | | 1 |
| 1301 HERPES SIMPLEX VIRUS-NOT TYPED..... | 11 | | 7 | 3 | 4 | | 18 | | 43 |
| 1303 VARICELLA-ZOSTER VIRUS..... | 2 | | | | | | | | 2 |
| 1306 HERPES SIMPLEX TYPE 1..... | 10 | | | 8 | | 14 | | | 32 |
| 1307 HERPES SIMPLEX TYPE 2..... | 12 | | | 7 | | 13 | | | 32 |
| 1399 HERPES VIRUS TYPING PENDING..... | | | | | | | | 25 | 25 |
| 1401 COXIELLA BURNETI..... | 7 | | | | | | 21 | | 28 |
| 1514 MOLLUSCUM CONTAGIOSUM..... | | | | | | 1 | | | 1 |
| 1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS)..... | | | | | | 1 | | | 1 |
| 1521 MEASLES VIRUS..... | 2 | | | | 4 | | | 1 | 7 |
| 1522 RUBELLA VIRUS..... | 1 | | | 2 | | | | 2 | 5 |
| 1532 HEPATITIS B ANTIGEN..... | 8 | 2 | 14 | 25 | | 5 | 5 | 9 | 68 |
| 1533 HEPATITIS B ANTIBODY..... | | | | | | 16 | | 11 | 27 |
| 1541 CHLAMYDIA A - TRIC TYPE..... | | | | | | | | 15 | 15 |
| 1556 CMV - CYTOMEGALOVIRUS..... | 5 | 1 | 3 | 1 | 2 | 4 | 3 | 2 | 21 |
| 1564 ROTAVIRUS..... | 22 | 15 | 14 | 13 | | 17 | 15 | 4 | 100 |
| 1599 ENTEROVIRUS TYPING PENDING..... | | | | | 5 | 12 | | 1 | 18 |
| Total..... | 144 | 26 | 58 | 127 | 47 | 170 | 89 | 100 | 761 |

Parvovirus-like

25

Ross River Virus

3

25

3

REPORTING PERIOD - 10-8-78 . 23-8-78 BULLETIN NUMBER . 78/17
 VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS-CONTINUED

| VIRUS OR VIRAL ANTIGEN | FA | FL | NA | CS | SK | FY | UR | BR | GF | OT | Total |
|---|-----|-----|-----|----|----|----|----|----|----|----|-------|
| 1016 ECHOVIRUS TYPE 16 | 2 | | | | | | | | | | 2 |
| 1018 ECHOVIRUS TYPE 18 | 3 | | | | | | | | | | 3 |
| 1019 ECHOVIRUS TYPE 19 | 1 | | | | | | | | | | 1 |
| 1020 ECHOVIRUS TYPE 20 | 2 | | | | | | | | | | 2 |
| 1022 ECHOVIRUS TYPE 22 | | | 1 | | | | | | | | 1 |
| 1025 ECHOVIRUS TYPE 25 | 2 | | 1 | | | | | | | | 3 |
| 1030 ECHOVIRUS TYPE 30 | 5 | | 5 | | 1 | | | | | | 11 |
| 1033 ECHOVIRUS TYPE 33 | 1 | | | 1 | | | | | | | 2 |
| 1101 POLIOVIRUS TYPE 1 | 1 | | | | | | | | | | 1 |
| 1102 POLIOVIRUS TYPE 2 | 1 | | | | | | | | | 1 | 2 |
| 1103 POLIOVIRUS TYPE 3 | 1 | | | | | | | | | 1 | 2 |
| 1104 POLIOVIRUS-VACCINAL STRAIN | 2 | | | | | | | | | | 2 |
| 1200 MUMPS VIRUS | | 2 | 2 | 2 | | | | | | | 6 |
| 1300 HERPES VIRUS GROUP-NOT TYPED | | | | | 1 | | | | | | 1 |
| 1301 HERPES SIMPLEX VIRUS-NOT TYPED | | 4 | 11 | | 5 | 1 | | 22 | | | 43 |
| 1303 VARICELLA-ZOSTER VIRUS | | 2 | | | | | | | | | 2 |
| 1306 HERPES SIMPLEX TYPE 1 | | | 6 | 1 | 11 | 4 | | 9 | | | 31 |
| 1307 HERPES SIMPLEX TYPE 2 | | | 1 | | 2 | | | 29 | | | 32 |
| 1399 HERPES VIRUS TYPING PENDING | | | | | 18 | | | 9 | | | 27 |
| 1401 COXIELLA BURNETI | | 28 | | | | | | | | | 28 |
| 1514 MOLLUSCUM CONTAGIOSUM | | | | | | | | 1 | | | 1 |
| 1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS) | | | | | 1 | | | | | | 1 |
| 1521 MEASLES VIRUS | | 3 | 3 | 2 | | | | | | | 8 |
| 1522 RUBELLA VIRUS | | 3 | | | | | | | | | 3 |
| 1532 HEPATITIS B ANTIGEN | | 67 | | | | | | | | | 67 |
| 1533 HEPATITIS B ANTIBODY | | 27 | | | | | | | | | 27 |
| 1547 CHLAMYDIA A - TRIC TYPE | | | | | | | | 15 | | | 15 |
| 1556 CMV - CYTOMEGALOVIRUS | | 5 | 7 | 2 | | | 6 | 1 | | 1 | 22 |
| 1564 ROTAVIRUS | 99 | | | | | | | | | 1 | 100 |
| 1599 ENTEROVIRUS TYPING PENDING | 12 | | 3 | 3 | | | | | | 1 | 19 |
| Total | 187 | 213 | 195 | 14 | 39 | 12 | 8 | 86 | | 7 | 761 |

Parvovirus-like 25

Ross River Virus 3

25
3
789

7/7/78

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 | 3 | | 2 | | | 1 |
| ANKYLOSTOMIASIS | N.N. | | | | | | | | N.N. | | 4 | | 3 | | | 119 |
| 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 | | | | | | | | | 5 | 3 | | 1 | | | | |
| MALARIA | 6 | 1 | | 5 | 1 | | | 1 | 38 | 27 | 42 | 11 | 17 | 1 | 8 | 6 |
| ORNITHOSIS (PSITTACOSIS, etc) | | | | | | | | | | 1 | | | | | 1 | |
| Q. FEVER | | | 10 | 1 | | | N.N. | | 13 | 7 | 150 | 11 | | | N.N. | 1 |
| SALMONELLA (LABORATORY ISOLATES) | | 4 | 2 | 3 | 3 | 1 | 1 | 1 | 742 | 120 | 70 | 194 | 116 | 22 | 19 | 71 |
| SHIGELLA (LABORATORY ISOLATES) | N.N. | | 4 | | | | | 4 | N.N. | | 46 | 15 | | | 1 | 152 |

N.N. - NOT NOTIFIABLE

* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

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

Director-General of Health

14. 7. '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 | 3 | | 2 | | | 1 |
| ANKYLOSTOMIASIS | N.N. | | 1 | | | | | | N.N. | | 5 | | 3 | | | 119 |
| 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 | | | | | | | 5 | 4 | | 1 | | | | |
| MALARIA | | 2 | | 2 | 1 | | | | 38 | 29 | 42 | 13 | 18 | 1 | 8 | 6 |
| ORNITHOSIS (PSITTACOSIS, etc) | | | | | | | | | | 1 | | | | | 1 | |
| Q. FEVER | 6 | | 1 | | | | N.N. | | 19 | 7 | 151 | 11 | | | N.N. | 1 |
| SALMONELLA (LABORATORY ISOLATES) | 23 | 1 | | 2 | 3 | | | 7 | 765 | 121 | 70 | 196 | 119 | 22 | 19 | 78 |
| SHIGELLA (LABORATORY ISOLATES) | N.N. | | | | | | | 18 | N.N. | | 46 | 15 | | | 1 | 170 |

N.N. - NOT NOTIFIABLE

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Director-General of Health

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 | 3 | | 2 | | | 1 |
| ANKYLOSTOMIASIS | N.N. | | | | | | | | N.N. | | 5 | | 3 | | | 119 |
| 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 | | | | | | | | | 5 | 4 | | 1 | | | | |
| MALARIA | | | 2 | 2 | | | | | 38 | 29 | 44 | 15 | 18 | 1 | 8 | 6 |
| ORNITHOSIS (PSITTACOSIS, etc) | | | | | | | | | | 1 | | | | | 1 | |
| Q. FEVER | | | 6 | | | | N.N. | | 19 | 7 | 157 | 11 | | | N.N. | 1 |
| SALMONELLA (LABORATORY ISOLATES) | 27 | 3 | | 4 | 5 | | | 7 | 792 | 124 | 70 | 200 | 124 | 22 | 19 | 85 |
| SHIGELLA (LABORATORY ISOLATES) | N.N. | | 1 | | | | 1 | 2 | N.N. | | 47 | 15 | | | 2 | 172 |

N.N. - NOT NOTIFIABLE

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

Director-General of Health

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 | 3 | | 2 | | | 1 |
| ANKYLOSTOMIASIS | N.N. | | | | | | | | N.N. | | 5 | | 3 | | | 119 |
| 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 | | | | | | | | | 5 | 4 | | | | | | |
| MALARIA | | | 1 | | | | | | 38 | 29 | 45 | 15 | 18 | 1 | 8 | 6 |
| ORNITHOSIS (PSITTACOSIS, etc) | | | | | | | | | | 1 | | | | | 1 | |
| Q. FEVER | 2 | | 1 | | | | N.N. | | 21 | 7 | 158 | 11 | | | N.N. | 1 |
| SALMONELLA (LABORATORY ISOLATES) | 2 | 2 | 2 | 1 | | | | 3 | 794 | 126 | 72 | 201 | 124 | 22 | 19 | 88 |
| SHIGELLA (LABORATORY ISOLATES) | N.N. | | 1 | 1 | | | | 5 | N.N. | | 48 | 16 | | | 2 | 177 |

N.N. - NOT NOTIFIABLE

* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.

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