

AMENDMENT TO BULLETIN 78/20

Bulletin 78/20 incorrectly attributed 2 Australian encephalitis virus isolates to Fairfield Hospital. Fairfield reports that the isolates were characterized as Arbovirus Group B by HAI testing, but that clinical and epidemiological information suggests that they are dengue viruses. The isolates have been referred to the reference laboratory in Queensland for further identification.

INFLUENZA A/USSR/90/77

Reports of cases of influenza A(H₁N₁) - like are continuing to be received, including cases from the more distant regions. The State Health Laboratory in Brisbane advises of an isolate from a 7-year old girl from Cairns (approximately 1500km north of Brisbane) with fulminating pneumonia, and from a 14-year old male from Wondai (about 200km N.E. of Brisbane) with U.R.T.I.

SALMONELLA ISOLATES

This issue would normally include the tables of salmonella isolates for October, but since only 55 reports have been received to date, the full list will be tabled in the next issue.

A table with amendments to the September figures is attached. This lists an additional 46 salmonella isolates for that month.

RECOMMENDATIONS OF THE NH & MRC ON IMMUNIZATION POLICIES

The National Health and Medical Research Council held its 86th Session in Canberra in October 1978. Included in the discussions at this meeting was a consideration of the policies on immunization in Australia, and the recommendations arising are as follows:

(a) Primary Immunization Schedules

The Council reviewed its recommended schedule of primary immunization against diphtheria, tetanus, pertussis, poliomyelitis and measles as adopted

at the Eighty-fifth Session (see Bulletin 78/13) with a view to obtaining nationwide uniformity.

It agreed that, to effect the maximum possible immunity against poliomyelitis, the schedule for administration of Sabin vaccine should be amended to 2, 4 and 6 months. It also agreed that a modification should be made to the note on rubella and that a statement should be included concerning the use of combined diphtheria/tetanus vaccine (CDT) in lieu of triple antigen when immunizing children with contraindications to the pertussis component.

The recommended Schedule reads as follows:

" PRIMARY IMMUNISATION SCHEDULE

<u>Age</u>	<u>Disease</u>	<u>Agent</u>
2 months	Diphtheria-tetanus-pertussis	Triple antigen
	Poliomyelitis	Sabin vaccine
4 months	Diphtheria-tetanus-pertussis	Triple antigen
	Poliomyelitis	Sabin vaccine
6 months	Diphtheria-tetanus-pertussis	Triple antigen
	Poliomyelitis	Sabin vaccine
12 months	Measles	Measles vaccine
18 months	Diphtheria-tetanus	Combined Diphtheria and Tetanus (CDT)
5 years or prior to school entry	Diphtheria-tetanus	CDT
	Poliomyelitis	Sabin vaccine
10-14 years (females only)	Rubella:	Preferably in last year of primary school or first year of high school

NOTE: CDT only - Pertussis vaccine should be omitted and CDT used instead for children with -

- (i) a previous history of neurological disease, including seizures, convulsions or cerebral irritation in the neonatal period;
- (ii) a previous reaction to the vaccine other than minor local reactions and/or mild fever; or
- (iii) a family history of neurological disease other than that due to trauma and infections.

These children should be given the CDT injections at 4 months, 6 months and 18 months of age. "

It is pointed out that although a higher 'conversion rate' is achieved by giving measles at 15 months, a number of children will remain unprotected during this 3-months delay, and it was considered that the higher coverage likely to be achieved by giving measles at 12 months of age - the first birthday being a "milestone" more likely to be remembered by mothers - would compensate for the slightly lower conversion rate.

(b) Immunization Procedures for Cholera

The Council recommended the following age/dosage schedule for cholera:

" Age	<u>1st dose</u>	<u>2nd dose</u>
10 years and above	0.5 ml	1.0 ml
5-9 years	0.3 ml	0.5 ml
less than 5 years	0.1 ml	0.3 ml

Boosters

Booster injections should be of the quantity quoted for the first dose above.

The primary series need never be repeated for booster doses to be effective."

In November 1977 Council had amended its age-dosage schedule not only in relation to the size of the doses, but also to modifying the requirement for boosters,

pointing out that only 1 booster was required regardless of the interval since a primary series had been received, and recommending it be 0.5 ml if the primary series was less than 6 months ago and 1 ml if over 6 months.

The recent recommendation modifies the size of the booster to 0.5 ml regardless of the interval since the primary series.

SPREAD OF MULTIRESISTANT STRAINS OF S. TYPHIMURIUM IN THE U.K.

The British Medical Journal of 7 October 1978 carries a report from the Division of Enteric Pathogens, Central Public Health Laboratory in London, of a spread of multiply resistant S. typhimurium phage type 204 and type 193 in animals and humans. Type 204 has shown resistance to chloramphenicol, streptomycin, sulphonamides and tetracyclines, while type 193 has been resistant to ampicillin, chloramphenicol neomycin-thiamycin, streptomycin, sulphonamides and tetracyclines.



A total of 110 human infections had been noted between June 1977 and June 1978 with these strains. Characterization of the resistance plasmids in the 193 strains from both bovine and human sources showed that these strains had an identical plasmid content and represented a single clone. The derivation of this clone from the epidemic phage type 204 strains is detailed in the report, and possible mechanisms of antibiotic selections to encourage the spread of these strains are also given.

This report highlights the potential hazard to human health that may be associated with excessive antibiotic usage in animals. During 1976, a working party of the National Health and Medical Research Council reviewed this problem as it applies to Australia, and in April 1977 the Council recommended against the use of certain antibiotics valuable in human medicine, for the use as growth promotants in animal husbandry. In the report in the BMJ, the authors speculate that the emergence and establishment of the multiresistant type 204 and 193 strains in Britain has been facilitated by the use of antibacterial drugs in attempts to control bovine salmonellosis. This emphasizes the need for veterinarians to be aware of the problems that may arise from an excessive use of certain antibiotics in animals.

PENICILLINASE PRODUCING N. GONORRHOEAE

A further isolate of β -lactamase producing N. gonorrhoeae has been reported for September. On 27 September, a 25-year old male presented at Canberra Hospital with gonorrhoea which failed to respond to penicillin. The isolate was shown to produce penicillinase, and the infection responded to treatment with spectinomycin. The infection was acquired in Singapore, and the patient was shown to be seropositive for syphilis as well.

PERIOD September - Additions to Tables in Bulletin 78/20

SEROTYPE	TOTAL	NSW & ACT	VIC	QLD	SA	WA	TAS	NT	1	1-5	6-15	16-60	60	NOT STATED	CUMULATIVE TOTAL
. adelaide	1				1				1						
. agona	1		1									1			
. anatum	1			1								1			
. bovis-morbificans	3	2		1					1			1		1	
. bredeney	1			1					1						
. chester	1							1	1						
. emmastad	1							1	1						
. enteritidis	1				1										1
. give	1							1	1						
. havana	1		1								1				
.  antis	2										1		1		
. java	1			1							1				
. lansing	1			1										1	
. meleagridis	1		1												1
. muenchen	2		1	1						1				1	
. newport	1	1							1						
. potsdam	1			1					1						
. saint-paul	2			1				1	1						1
. stanley	1	1										1			
. typhimurium (not typed)	5	3		1	1					2	1	2			
. typhimurium (type 1)	1			1								1			
.  " 5	1				1								1		
. " " 12a	1				1					1					
. " " 55	1				1					1					
. " " 64	1		1												1
. " " 102	1		1								1				
. " " 114	2				2						2				
. " " 141	1							1		1					
. " " 179	5		1	2	2					1	1	2	1		
. virchow	3			3						2					1

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 19-10-78 . 1-11-78 BULLETIN NUMBER - 78/22
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW) WVH (ACT)	RAAC (NSW)	PHH/ POW (NSW)	FAIR- FIELD (VIC)	RCH (VIC)	IRVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1401 COXIELLA BURNETI.....	4		2	3		1	11		21
1514 MOLLUSCUM CONTAGIOSUM.....						1			1
1515 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....								1	1
1521 MEASLES VIRUS.....	3		3	3	6	1	1		17
1522 RUBELLA VIRUS.....							1	6	7
1530 HEPATITIS A VIRUS.....								1	1
1532 HEPATITIS B ANTIGEN.....	4		9	18		3	4	19	57
1533 HEPATITIS B ANTIBODY.....						20	2	9	31
1541 CHLAMYDIA A - TRIC TYPE.....								11	11
1556 CMV - CYTOMEGALOVIRUS.....	5	1	5	4	3		4	2	24
1562 REOVIRUS (ALL TYPES).....								1	1
1562 CORONAVIRUS.....			1						1
1564 ROTAVIRUS.....	1	1	4	5		11		3	25
1599 ENTEROVIRUS TYPING PENDING.....					4	3			7
AUSTRALIAN ENCEPHALITIS								1	1
SINDBIS VIRUS							1		1
ROSS RIVER VIRUS							1		1
PARVOVIRUS (LIKE)						6			6
Total.....	104	7	64	118	36	131	91	102	653

PARAMYXO VIRUS

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 19-10-78 . 1-11-78 BULLETIN NUMBER - 78/22
 VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS-CONTINUED

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	LY	UR	BR	GE	QT	TOTAL
15 14 MOLLUSCUM CONTAGIOSUM.....									1		1
15 15 CONTAGIOUS PUSTULAR DERMATITIS (ORF VIRUS).....										1	1
15 21 MEASLES VIRUS.....		9	8								17
15 22 RUBELLA VIRUS.....		7									7
15 30 HEPATITIS A VIRUS.....		1									1
15 32 HEPATITIS B ANTIGEN.....		57									57
15 35 HEPATITIS B ANTIBODY.....		31									31
15 41 CHLAMYDIA A - TRIC TYPE.....									11		11
15 56 CMV - CYTOMEGALOVIRUS.....		9	8				9				26
15 62 REOVIRUS (ALL TYPES).....		1									1
15 62 CORONAVIRUS.....	1										1
15 64 ROTAVIRUS.....	24			1							25
15 99 ENTEROVIRUS TYPING PENDING.....	3		3	1			1				8
AUSTRALIAN ENCEPHALITIS.....		1									1
SINDHIS VIRUS.....		1									1
ROSS RIVER VIRUS.....		1									1
PARVOVIRUS.....	6										6
Total.....	66	349	117	12	33	7	10		56	3	653

PARAMYXO VIRUS