

AUSTRALIA  
Communicable Diseases  
Intelligence

Bulletin Number 78/24  
Reporting Period 16 Nov. 1978  
to  
29 Nov. 1978

POSSIBLE POLIOMYELITIS IN NEW GUINEA

Reports have been received in this office of an outbreak of poliomyelitis in children in New Guinea. No specific information is available, but the State Health Laboratory in Brisbane has also received faecal samples from 3 children who are reported to have paralytic disease. On tissue culture, poliovirus type I was isolated from 2 samples while poliovirus type III was isolated from the remaining specimen. The anomaly is enhanced by a report that, in a group of 12 children on a tea plantation in West New Britain who had paralysis, no Sabin vaccine had been distributed.

No further details are available.

PENICILLINASE PRODUCING N. GONORRHOEAE - OCTOBER

Five isolates of N. gonorrhoea which produced  $\beta$ -lactamase were reported during October. These included: male in Sydney with source of infection unknown - two female contacts, one of whom developed pelvic infection post abortion; male in Sydney whose only contact was regular girl friend, but gonococcal isolate from her did not demonstrate penicillinase production; female in Brisbane - contact with an American sailor 4 weeks previously; male contact of previous lady; male in Brisbane - contact with prostitute in Sydney 10 days previously.

C.D.I. SEROLOGICAL SURVEY

Data included in the virus tables of each issue of the C.D.I. is forwarded from 9 contributing laboratories around Australia, and is based on either the virus isolations or results of serological tests performed by these laboratories.

In an effort to examine the degree of correlation between the results reported from these laboratories, a survey has been organised on behalf of the C.D.I. in which selected sera are periodically distributed to the participating laboratories for analysis. The samples are accompanied by a short clinical history, and the laboratories are requested to test for the presence of antibodies against a specific virus. Collation of the titres reported is undertaken to determine both the proficiency and concordance of the contributors.

The survey has been organised and conducted by Dr Peter Robertson, Serologist at the Prince of Wales Hospital in Sydney. To date adenovirus and cytomegalovirus serology have been examined. In summary, the results with both viruses have indicated that although the range of

titres reported on samples of single sera may cover an 8 to 16 fold range, the results within individual laboratories are reproducible as assessed by titres reported on randomly labelled duplicates of the same sera. Similarly, there is complete agreement between all laboratories in detecting rising titres in paired sera. The results emphasise the importance of the accepted practice of testing paired specimens in parallel and the difficulty of comparing absolute titres between laboratories.

The following tables show the results obtained by the laboratories that took part. Although there are only 9 laboratories contributing to the C.D.I., this number is exceeded in the tables since other laboratories asked to be included in the survey.

ADENOVIRUS C.F. TITRES

Laboratory	Titre Report			
	A	B	C	D
P.O.W.E.	64E	64E	8	256
1	16N	8N	16	64
2	16N	8N	<8	64
3	8E	8N	<4	32
4	256E	64E	16	512
5	20N	20N	20	40
6	*	4N	8	256
7	40E	40E	5	160
8	8N	<8N	<8	32
9	20N	10N	20	80
10	20N	10N	10	40
Range	8-256	<8-64	<4-20	32-256
		$\frac{A}{7}$	$\frac{B}{8}$	
		2	3	
		1	-	

\* Not tested.

Samples of four uninactivated sera containing azide were labelled "A", "B", "C" and "D". Each of these were tested for antibodies to Adenovirus group antigens. The samples were collected from patients with the following histories:

Specimens "A" and "B" were collected from two children with conjunctivitis from the aboriginal township of Murrumbidgee near Lake Cargelligo, New South Wales. The bloods were both collected 16 days after onset of symptoms in an outbreak of conjunctivitis and keratitis accompanied by respiratory tract infections in a large number of children. The laboratories were asked to comment on whether they considered their result elevated, equivocal or negative.

Specimens "C" and "D" were collected from a 65 year old male admitted to hospital with an acute exacerbation of chronic bronchitis. Specimen "C" was collected two days after onset of the acute exacerbation and specimen "D" was taken seven days later.

CYTOMEGALOVIRUS C.F. TITRES

Titre Report				
Laboratory	Specimen			
	A	B	C	D
F.O.V.H.	< 8	64	64	2048
1	< 8	32	32	256
2	-	-	32	> 512
3	< 8	32	64	= 512
4	< 10	20	20	160
5	< 10	20	20	320
6	< 5	40	20	160
7	< 8	64	64	= 512
8	< 4	16	16	128
9	< 8	32	32	2048
10	< 8	32	32	= 512
11	-	-	-	-
Range	< 10	16-64	16-64	128-2048

\* Specimens broken in transit. - No results returned from laboratory.

Specimen A: All laboratories reported titres of < 10, i.e., none detected any antibody.

Specimens B & C: (Duplicates of the same serum.)  
All laboratories reported results for these specimens that were within a single dilution. Most laboratories reported the same titre for each.

All results were within a fourfold dilution range (16-64).

Specimen D: The aim of this specimen was to determine if all laboratories could detect a rising titre between specimens B, C and D. All laboratories detected at least a fourfold rising titre between these specimens. However the range (16 fold) might be considered unacceptable.

## LEGIONNAIRES DISEASE

On November 13-15 this year, an International Symposium on Legionnaires Disease was held at the Center for Disease Control in Atlanta, Georgia, U.S.A. The following is a report on this conference extracted from the Communicable Diseases Scotland 78/46, by Professor N.R. Grist of the University Department of Infectious Diseases, Ruchill Hospital, Glasgow:

"Drs D.J. Brenner and J.E. McDade proposed the following binomial term for the causal organism of Legionnaires Disease; Legionella pneumophila. This gram-negative bacterium is apparently unrelated to any other known genus. To date, four different serogroups of legionella have been distinguished. It can survive long periods in water and has been isolated from thermally polluted streams, from the mud of one such stream, and also from the warm water of cooling towers and evaporative condensers of air conditioning plants. Aerosols from such air handling plants appear to have been responsible for some of the dozen or more outbreaks recognised in the U.S.A. and may be related to some of the sporadic infections.

The normal habitat of the organism is unknown but it may be a common soil organism, detection of which is made difficult by problems of overgrowth by other organisms and by fastidious cultural requirements in vitro. An organism isolated as long ago as 1974 has been identified as legionella.

The syndrome of legionellosis has been expanded: in addition to the characteristically progressive fever and pneumonia unresponsive to conventional therapy, there is increasing recognition of extra-pulmonary manifestations in some cases, such as diarrhoea, encephalopathy, hepatic and renal dysfunction, and also rhabdomyolysis. Although these features may be highly suggestive, or even characteristic of Legionnaires' disease, and helpful in evaluating the significance of groups of cases as in outbreaks, none of the clinical manifestations are specifically diagnostic of legionellosis. Detection of antibodies in various populations without associated histories of illness suggests that inapparent as well as symptomatic non-fatal infections occur. It is premature to confine the search for legionella infections to cases of pneumonia. The pathological features of Legionnaires' disease are likewise nonspecific, although characteristic, and diagnosis both during and after life requires specific microbiological tests, isolation of the organism, demonstration of the antigen in secretions or tissues, or demonstration of a rising antibody titre. Evaluation of the significance of single or static antibody titres still entails uncertainties both in diagnostic and in survey studies. Better and quicker diagnostic tests are much needed. Erythromycin still appears to be the antibacterial therapy least likely to fail.

Clinical attack rates have usually been around 2 per cent where estimates are possible. Dosage, particle size of infective aerosol, and the pre-exposure immune status of groups in outbreaks, are unknown factors. The relatively high prevalence of antibodies unassociated with illness found in several groups, such as the staff of certain hotels in Philadelphia and Benidorm associated with outbreaks, suggest that asymptomatic infections may be common. The very high attack rate, short incubation period and brief minor illness of 'Pontiac fever' is

These figures were omitted from Bulletin 78/23. They are for the Royal Children's Hospital, Parkville, Vic., and have been included in separate tables below for the period 2nd-15th Nov.

**AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE**

REPORTING PERIOD - 2-11 -78 . 15-11-78 BULLETIN NUMBER - 78/23  
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

VIRUS OR VIRAL ANTIGEN	ACH (VIC)
0199 ADENOVIRUS TYPING PENDING.....	8
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....	2
0203 INFLUENZA B VIRUS.....	3
0303 PARAINFLUENZA VIRUS TYPE 3.....	2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS) ...	2
0500 RHINOVIRUS (ALL TYPES).....	3
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....	5
1521 MEASLES VIRUS.....	4
1556 CMV - CYTOMEGALOVIRUS.....	3
1599 ENTEROVIRUS TYPING PENDING.....	5
Total.....	37

**AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE**

REPORTING PERIOD - 2-11 -78 . 15-11-78 BULLETIN NUMBER - 78/23  
 VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS

VIRUS OR VIRAL ANTIGEN	FA	BL	MA	CS	SK	EY	UR	BR	GE	OT	TOTAL
0199 ADENOVIRUS TYPING PENDING.....			8								8
0202 INFLUENZA A VIRUS SUBTYPE H3N2.....			2								2
0203 INFLUENZA B VIRUS.....			3								3
0303 PARAINFLUENZA VIRUS TYPE 3.....			2								2
0400 RESPIRATORY SYNCYTIAL VIRUS (RS) ...			2								2
0500 RHINOVIRUS (ALL TYPES).....			3								3
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....			2		2	1					5
1521 MEASLES VIRUS.....			4								4
1556 CMV - CYTOMEGALOVIRUS.....			2				2				4
1599 ENTEROVIRUS TYPING PENDING.....	1		3				1				5
Total.....	1		31		2	1	3				38

unexplained: the organism (isolated recently from the tissues of guinea pigs exposed to the conditioned air of the Pontiac Health Department after the outbreak in 1968) belongs to the same serogroup (type 1) as that involved in the 1976 Philadelphia outbreak in Legionnaires. Perhaps the Departmental staff, allergised by previous exposure to low doses of infection, were challenged by a pulse of mainly non-infectious antigen. Alternatively the staff may have been relatively fit, with few of the risk factors which affected so many of those involved in outbreaks of pneumonia.

These risk factors are the same as those which apply to other bacterial pneumonias: most of them, e.g., alcohol and smoking, are well known to depress pulmonary defence mechanisms. Immunosuppression, particularly by steroids, has also been associated with both sporadic and grouped cases among renal transplant and similar patients in hospitals.

Person to person spread is at most rare, but there was a higher prevalence of antibodies in the staff of an intensive care unit where there is much aerosolisation of respiratory secretions from intubated patients with assisted respiration. Laboratory workers can be encouraged by the absence of reports of illnesses acquired in laboratories even where the organism had been studied extensively without special precautions before being recognised. One laboratory accident gave rise to six seroconversions but no illness in the staff exposed.

The Benidorm incident of 1973 may thus be regarded as a consequence of the arrival of a travel-stressed group of tourists in an environment where legionella was present, probably airborne from an environmental source not yet detected (the hotel was not air conditioned; the swimming pool was chlorinated; dusty construction work was in progress nearby; subsequent studies of the hotel staff showed antibodies to type 1 legionella in 6 of 16 (37.5 per cent) compared with 4 of 21 (19 per cent) in the staff of two other hotels nearby - evidence of their previous exposure and inapparent infection). In addition to the thermal and other additional stresses of their new environment, the fatal cases of pneumonia were characterised by the multiple personal risk factors revealed by the original investigations.

This remarkable International Conference was sponsored by the U.S. Department of Health, Education and Welfare, and by the World Health Organisation. Participants appreciated the outstanding pioneer contribution of the Center for Disease Control to the rapid growth in knowledge of the previously unknown legionella, and their generous provision of information and reagents to enable other workers to join in the investigation of the organism and associated diseases. The papers presented to the Conference will be published in the Annals of Internal Medicine."



AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 16-11-78 . 29-11-78 BULLETIN NUMBER . 78/24  
 VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

VIRUS OR VIRAL ANTIGEN	ICPMR (NSW)/ WVH (ACT)	RABC (NSW)	PBH/ PCW (NSW)	FAIR- FIELD (VIC)	RCH (VIC)	IAVS (SA)	STATE LAB (QLD)	STATE LAB (WA)	Total
1019 ECHOVIRUS TYPE 19.....				1					1
1021 ECHOVIRUS TYPE 21.....						1			1
1030 ECHOVIRUS TYPE 30.....		1	2	7	1		1	5	17
1033 ECHOVIRUS TYPE 33.....			1			1			2
1099 ECHOVIRUS TYPING PENDING.....	2								2
1101 POLIOVIRUS TYPE 1.....							2	1	3
1102 POLIOVIRUS TYPE 2.....						1			1
1103 POLIOVIRUS TYPE 3.....							2		2
1200 MUMPS VIRUS.....		1	4	4		1	5	1	16
1300 HERPES VIRUS GROUP-NOT TYPED.....				3		2			5
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....	11		8		4		15	27	65
1303 VARICELLA-ZOSTER VIRUS.....	2		6	2		1			11
1306 HERPES SIMPLEX TYPE 1.....	11	2		11		12			36
1307 HERPES SIMPLEX TYPE 2.....	39			20		12			71
1401 COXIELLA BURNETI.....	12			2			13		27
1512 VACCINIA VIRUS.....			1						1
1521 MEASLES VIRUS.....	1	1	5	8	4	1			20
1522 RUBELLA VIRUS.....	2			2			1	9	14
1532 HEPATITIS B ANTIGEN.....	3		8	28		9	11	5	64
1533 HEPATITIS B ANTIBODY.....						19		13	32
1535 HEPATITIS A ANTIBODY.....								3	3
1541 CHLAMYDIA A - TRIC TYPE.....								17	17
1556 CMV - CYTOMEGALOVIRUS.....	2		6	6	2	4	2	1	23
1564 ROTAVIRUS.....						7			7
1599 ENTEROVIRUS TYPING PENDING.....	1				6	1			8
ROSS LIVER VIRUS.....							1		1
PAROVIRUS (LIKE).....						4			4
Total.....	128	15	57	145	62	144	105	139	795



AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 1977-78 . 201-1-15 BULLETIN NUMBER . 25/04

VIRAL IDENTIFICATIONS CATEGORISED INTO SOURCE SPECIMENS-CONTINUED

VIRUS OR VIRAL ANTIGEN	FA	QL	NS	CS	BR	BY	UP	SR	GE	UT	TOTAL
1021 ECHOVIRUS TYPE 21.....	1										1
1030 ECHOVIRUS TYPE 30.....	9		4	6						1	20
1035 ECHOVIRUS TYPE 33.....	1		1								2
1099 ECHOVIRUS TYPING PENDING.....				2							2
1101 POLIOVIRUS TYPE 1.....	2						1				3
1102 POLIOVIRUS TYPE 2.....			1								1
1103 POLIOVIRUS TYPE 3.....	1									1	2
1200 MORBIL VIRUS.....		13	2								15
1300 HERPES VIRUS GROUP-NOT TYPED.....					5						5
1301 HERPES SIMPLEX VIRUS-NOT TYPED.....		5	10		21				27	3	66
1303 VARICELLA-ZOSTER VIRUS.....		7			3					1	11
1305 HERPES SIMPLEX TYPE 1.....			9		12	1			12	2	36
1307 HERPES SIMPLEX TYPE 2.....					3				67		70
1401 COXSAKIEA BURNETI.....		27									27
1512 VACCINIA VIRUS.....					1						1
1521 MEASLES VIRUS.....		15	5								20
1522 RUBELLA VIRUS.....		13	1								14
1532 HEPATITIS B ANTIGEN.....		64									64
1533 HEPATITIS B ANTIBODY.....		32									32
1535 HEPATITIS A ANTIBODY.....		3									3
1541 CHLAMYDIA A - TRIC TYPE.....									17		17
1556 CMV - CYTOMEGALOVIRUS.....		15	2				6			1	24
1564 ROTAVIRUS.....	7										7
1599 ENTEROVIRUS TYPING PENDING.....	4		4								8
ROSS RIVER VIRUS.....		1									1
PAROVIRUS.....	4										4
Total.....	65	375	152	11	46	6	8	1	125	13	603



10/11/'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.	1							N.N.	2	7	1	2			1
ANKYLOSTOMIASIS	N.N.								N.N.		25		4			135
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		1			
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									6	5		2	1			
MALARIA	1	2	3		1				68	42	68	20	29	1	11	9
ORNITHOSIS (PSITTACOSIS, etc)				1						1		2			1	
Q. FEVER				1			N.N.		56	9	189	15			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	2	5	1	2				3	1072	162	83	235	153	23	19	124
SHIGELLA (LABORATORY ISOLATES)	N.N.		1	3				9	N.N.		60	37		1	3	247

N.N. - NOT NOTIFIABLE

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

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

Director-General of Health



3/11/'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	7	1	2			1
ANKYLOSTOMIASIS	N.N.		11						N.N.		25		4			135
ARBO VIRUS INFECTION			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									6	5		2	1			
MALARIA	1		2						67	40	65	20	28	1	11	9
ORNITHOSIS (PSITTACOSIS, etc)										1		1			1	
Q. FEVER	2			1			N.N.		56	9	189	14			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	5	3		8				2	1070	157	82	233	153	23	19	121
SHIGELLA (LABORATORY ISOLATES)	N.N.		2	2				4	N.N.		59	34		1	3	238

N.N. - NOT NOTIFIABLE

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

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

N.B. QLD. Notifications for Gonorrhoea and Syphilis are for the month October.

Director-General of Health



27/10/'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	7	1	2			1
ANKYLOSTOMIASIS	N.N.								N.N.		14		4			135
ARBO VIRUS INFECTION			N.N.								N.N.		1			
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									6	5		2	1			
MALARIA	5		2		4				66	40	63	20	28	1	11	9
ORNITHOSIS (PSITTACOSIS, etc)										1		1			1	
Q. FEVER			1				N.N.		54	9	189	13			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	2	1	1	1	1			1	1065	154	82	* 225	153	23	19	119
SHIGELLA (LABORATORY ISOLATES)	N.N.							4	N.N.		57	32		1	3	234

N.N. - NOT NOTIFIABLE

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

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



20.10.'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.	T.T.
AMOEBIASIS	N.N.		1	1					N.N.	1	7	1	2			1
ANKYLOSTOMIASIS	N.N.								N.N.		14		3			135
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		1			
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					6	5		2	1			
MALARIA	4	1	1		1		1	1	61	40	61	20	24	1	11	9
ORNITHOSIS (PSITTACOSIS, etc)										1					1	
Q. FEVER			5				N.N.		54	9	188	13			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	4	4		4	4			4	1063	153	81	234	152	23	19	118
SHIGELLA (LABORATORY ISOLATES)	N.N.		1					9	N.N.		57	32		1	3	230

N.N. - NOT NOTIFIABLE

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

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

Director-General of Health



13.10.'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	6		2			1
ANKYLOSTOMIASIS	N.N.								N.N.		14		3			135
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		1			
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									6	5		1	1			
MALARIA	7	1	3						57	39	60	20	23	1	10	8
ORNITHOSIS (PSITTACOSIS, etc)										1					1	
Q. FEVER	3		6	.1			N.N.		54	9	183	13			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	9	1	1	3	1	1		3	1059	149	81	230	148	23	19	114
SHIGELLA (LABORATORY ISOLATES)	N.N.		1	9				2	N.N.		56	32		1	3	221

N.N. - NOT NOTIFIABLE

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

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

Director-General of Health



6.10.'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.	W.F.
AMOEBIASIS	N.N.								N.N.	1	6		2			1
ANKYLOSTOMIASIS	N.N.								N.N.		14		3			135
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		1			
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									6	5		1	1			
MALARIA	2		1		1				50	38	57	20	23	1	10	8
ORNITHOSIS (PSITTACOSIS, etc)										1					1	
Q. FEVER	1		1				N.N.		51	9	177	12			N.N.	1
SALMONELLA (LABORATORY ISOLATES)	5	1			1			2	1050	148	80	227	147	22	19	111
SHIGELLA (LABORATORY ISOLATES)	N.N.		1					1	N.N.		55	23		1	3	219

N.N. - NOT NOTIFIABLE

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

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

N.B. Notifications by Queensland for Gonorrhoea and Syphilis are for the month of September.

Director-General of Health