NATIONAL MICROBIOLOGICAL LABORATORY REPORTING SERVICE

BULLETIN 5

25 February - 10 March 1977

Logistics

Proofs of forms for the service have been returned to the printer, and will be distributed to contributors as soon as received. Hopefully you should be using them by period 7.

All returns had been received by Wednesday, 14 March. Thanks for your efforts and praise to the Australian Post.

We have more information for you this time. As the service develops we will try to give more detailed and more useful information.

Suggestions for the mailing list would be welcomed.

Further points on completion of forms

A case has cropped up from IMVS where two serological procedures - CF and HI - were used. The WHO scheme allowed only for one, so we did the same, and in this particular case we have coded one only. We need however to know of these situations so that we can consider them when the form is revised after we gain some experience.

Two contributors have made suggestions concerning reporting of hepatitis B, which are probably generally applicable. PHH has suggested that weekly tests on patients known to carry hepatitis B antigen not be reported. Fairfield has suggested that acute cases be distinguished from carriers, as otherwise a false impression of incidence might be given, where as at PHH the practice is for all patients to be described simply as "hepatitis".

Present availability of staff to process reports is such that we would be grateful <u>not</u> to hear twice fortnightly that a large number of patients were still positive for hepatitis B antigen. On the other hand significant developments would be of interest. PHH instanced the case of patients discharged antigen positive who later returned with chronic hepatitis. We would be happy to handle reports on these, with comments on points of interest. Also, if anyone wished briefly to review changes in antigen status in patients seen regularly, we would be happy to incorporate it in a bulletin.

The purpose of the clinical information needs to be stressed. If we can obtain pre-laboratory clinical (usually this means admission) diagnoses we can produce information on the

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viruses giving rise to that clinical diagnosis. In the particular case of hepatitis there are separate codes for the clinical syndromes of infectious hepatitis, serum hepatitis for contacts, and for the carrier state. We would thus be able to show, for example, what proportion of clinically infectious hepatitis was caused by hepatitis B virus - if you are able to provide the clinical information. It is not suggested that laboratories should seek this information on all patients, but it might be practicable to educate those who fill in the request forms.

Cases of interest (supplied by Fairfield)

The isolation of Echo 22 virus from throat swab and faeces of a 9 month old male with clinical diagnosis of myocarditis is of interest. The previously healthyboy presented with acute onset of cardiac failure associated with mild diarrhoea, he responded to digoxin therapy within 24 hours and was well on discharge. No other members of his family had been ill.

Another patient, a 21 year old male with fever, myalgia, pharyngitis and pericarditis yielded Echo 19 virus from a faecal specimen, however the prevalence of Echo 19 in Melbourne at present makes this isolate less meaningful.

A number of Echo and Coxsackie A viruses may cause myocarditis as well as the more frequently implicated Coxsackie B viruses. While the aetiology is not proven by throat and faecal isolation Echo 22 has previously been reported as a highly probable cause of myocarditis and Echo 19 as having a possible association.

The 2 year old boy from whom measles virus was grown had a typical illness and had not been vaccinated. He is from a family with many social problems and his mother does not believe in immunization.

Survey results

The 13 identifications of coronavirus reported from IMVS came from surveys of a home for the intellectually retarded and from Vietnamese refugees recently arrived in Australia after a year in Thailand. A note will follow in the next bulletin. Two of the three identifications of rotavirus from ICPMR were also from a survey; the third was from a 2 day old with necrotising enterocolitis.

P.S.

A last minute check of the forms showed that there had been confusion between "not typed" and "typing pending". A note on this will be issued within the next few days.

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	VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	OT	TOTAL
0100	Adenovirus not typed	1		2							3
0101	Adenovirus type 1	1									1
0102	" " 2	1		1							2
0103	" " 3			2							2
0104	" " 4						2				2
0107	" " 7	1		4						1	6
0301	Parainfluenza virus type 1			1							1
0302	" " " 2			6							6
0303	" " " 3			2							2
0400	Respiratory syncytial virus (RS)			1							1
0500	Rhinovirus (all types)			8							8
0600	Mycoplasma pneumoniae		10								10
0700	Ornithosis-psittacosis		2								2
0809	Coxsackievirus A9	1									1
0902	" B2	1									1
0905	" B5	2			2			1			5
1006	Echovirus type 6			1							1
1009	" " 9			1							1
1014	" " 14				1						1
1016	" " 16	1		1	1						3
1018	" " 18				1						1
1019	" " 19	1		9	5						15
1022	" " 22	1		1							2

	VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	OT	TOTAL
1025	Echovirus type 25	1									1
1101	Poliovirus type 1			1							1
1200	Mumps virus		7		1						8
1300	Herpes virus not typed					2					2
1301	Herpes simplex virus not typed	2	2	2		5			17	3	31
1303	Varicella-Zoster virus		2								2
1306	Herpes simplex type 1 (oral)			5		2			2		9
1307	Herpes simplex " 2 (genital)					6			3	1	10
1401	Coxiella burneti		2								2
1521	Measles virus			1							1
1522	Rubella virus		2								2
1532	Hepatitis B antigen		59								59
1533	" B antibody		37								37
1541	TRIC - Trachoma-Inclusion conjunctivitis						1				1
1556	CMV - Cytomegalovirus		10	1				3			14
1563	Coronavirus	13									13
1564	Rotavirus	3									3
	Arbovirus group B		1								
	Total typed viruses	31	134	50	11	15	3	4	22	5	274
0199	Adenovirus type pending			1							1
0399	Parainfluenza type pending			2							2
1099	Enterovirus type pending	3									3

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	VIRUS OR VIRAL ANTIGEN	IMVS	ICPMR	FAIR-FIELD	RAHC	PHH/POW	RCH	TOTAL
0100	Adenovirus not typed	2					1	3
0101	Adenovirus type 1			1				1
0102	" " 2		1			1		2
0103	" " 3		1		1			2
0104	" " 4	2						2
0107	" " 7	4	1	1				6
0301	Parainfluenza virus type 1			1				1
0302	" " " 2			1			5	6
0303	" " " 3			1			1	2
0400	Respiratory syncytial virus (RS)						1	1
0500	Rhinovirus (all types)			1			7	8
0600	Mycoplasma pneumoniae		2		1	7		10
0700	Ornithosis-psittacosis	1		1				2
0809	Coxsackievirus A9			1			1	2
0902	" B2					1		1
0905	" B5		1		1	1		3
1006	Echovirus type 6			1				1
1009	" " 9			1				1
1014	" " 14				1			1
1016	" " 16	1		2				3
1018	" " 18		1					1
1019	" " 19			10				10
1022	" " 22			1				1

	VIRUS OR VIRAL ANTIGEN	IMVS	ICPMR	FAIR-FIELD	RAHC	PHH/POW	RCH	TOTAL
1025	Echovirus type 25				1			1
1101	Poliovirus type 1			1				1
1200	Mumps virus		3	1	1	3		8
1300	Herpes virus not typed			2				2
1301	Herpes simplex virus not typed	4	21	1	1	2	2	31
1303	Varicella-Zoster virus	1	1			1		3
1306	Herpes simplex type 1 (oral)	2		8				10
1307	Herpes simplex " 2 (genital)	6		4				10
1401	Coxiella burneti		2					2
1521	Measles virus			1				1
1522	Rubella virus			2				2
1532	Hepatitis B antigen	25	1	27		7		60
1533	" B antibody	37						37
1541	TRIC - Trachoma-Inclusion conjunctivitis	1						1
1556	CMV - Cytomegalovirus	4	1	1		6	2	14
1563	Coronavirus	13						13
1564	Rotavirus		3					3
	Arbovirus group B		1					1
	Total typed viruses	103	40	71	7	29	19	269
0199	Adenovirus type pending						2	
0399	Parainfluenza type pending	1					1	
1599	Enterovirus type pending	1					2	

VIRUSES CAUSING PARTICULAR DISEASE GROUPS

Meningitis encephalitis, etc.

Adenovirus type 7	1
Mycoplasm pneumoniae	1
Coxsackie A9	1 *
Echovirus type 9	1
Echovirus type 16	2
Echovirus type 18	1
Echovirus type 19	9
Mumps	1
Herpes simplex - not typed	2
Varicella-zoster	1
Herpes simplex type 1	1

* Echovirus type 19 isolated from this patient in period 1.

Vomiting diarrhoea, etc.

Adenovirus not typed	1
Adenovirus type 2	1
Coxsackie B2	1
Coxsackie B5	1
Poliovirus type 1	1
Rotavirus	1
Enterovirus typing pending	1

Upper respiratory infection

Adenovirus not typed	2
Adenovirus type 2	2
Adenovirus type 3	1
Adenovirus type 7	3
Adenovirus type pending	1
Parainfluenza type 1	1
Parainfluenza type 2	6
Parainfluenza type 3	1
Parainfluenza type pending	2
Respiratory syncytial virus	1

Upper respiratory infection cont'd

Rhinovirus	8
Echovirus type 6	1
Herpes simplex not typed	1
Herpes simplex type 1	1
Cytomegalovirus	2

Pneumonia

Adenovirus type 7	1
Mycoplasma pneumoniae	5

Conjunctivitis

Adenovirus type 4	2
TRIC agent	1

Pyrexia of unknown origin

Adenovirus type 1	1
Adenovirus type 7	1
Parainfluenza virus type 3	1
Mycoplasma pneumoniae	2
Ornithosis	2
Coxsackie B5	1
Echovirus type 25	1
Coxiella burneti	2
Cytomegalovirus	5
Enterovirus type pending	1
Arbovirus group B	1