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NATIONAL MICROBIOLOGICAL LABORATORY REPORTING SERVICE

BULLETIN 9

22 April - 5 May 1977

We are trying to expand coverage of the bulletin to all communicable diseases, as soon as circumstances permit. Our report on the cholera in Bulletin 8 is followed by a report in this bulletin of the typhoid outbreak in Melbourne. Pending the expansion of the bulletin, contributions on any aspects of communicable disease will be welcome.

Readers from two large institutions have asked us for multiple copies of the bulletin. If you feel you come into this category, please let us know.

Q fever (supplied by ICPMR)

Q fever is still continuing among employees of the Forbes abattoir, and 66 cases had been diagnosed to 5 May (see Bulletin 7).

Hepatitis (supplied by IMVS)

The high numbers of Hepatitis B antigen and antibody reports from IMVS in this bulletin reflects a survey of Vietnamese refugees (see Bulletin 5 for an earlier report on this group).

Herpes simplex encephalitis (contributed by Fairfield)

Herpes simplex encephalitis has been diagnosed in a 75 year old woman, who was admitted to hospital with increasing confusion and loss of consciousness progressing over 10 days. EEG was consistent with encephalitis. A brain biopsy of the right frontal lobe was done on 30.4.77, examined by electron microscopy and inoculated into cells.

No virus particles were seen on EM examination of the specimen.

On 3.5.77 (4 days) minimal cytopathic effect was noted in one of the duplicate HEL phials inoculated, the other was positive on the 5th day.

On the 5th day cells from the first HEL phial were lysed and herpes virus particles detected by EM.

By the 7th day CPE had progressed sufficiently for the isolate to be typed, which is now in progress.

The patient is being treated with Adenine Arabinoside.

Typhoid outbreak in Melbourne (contributed by the staff of Fairfield Hospital, the Microbiological Diagnostic Unit, University of Melbourne, and the Commission of Public Health).

Salmonella typhi phage type E1 has been isolated from 3 members of the staff of a sandwich cafe bar and from 27 patients suffering from typhoid fever who have patronised those premises in the Eastland shopping complex in Melbourne. The suspect source of the outbreak has been identified and the premises closed. The suspect source is a 60 year old woman who has spent most of her life in the catering business and who contracted typhoid in an outbreak in Crowthorne, Berkshire, England in 1949 (Brit. med. J., 7 May 1949). She began work in the cafe bar on 14 April. The index case was admitted to hospital on 30 April with suspect virus meningitis and the second case with symptoms resembling those of influenza was admitted on 2 May. Subsequently 70 patients have been admitted to hospital for investigation having eaten on the suspect premises and developed symptoms during the relevant period. The predominant symptoms of proven cases have been headache and sore throat and the presenting signs have been rigors and pyrexia.

The organism has been recovered from tryptone soy, thioglycollate, and Fild's broth blood culture bottles when subcultured on Columbia blood agar. The speed of growth, which may be dose dependent, varies and isolations have been made between 12 and 96 hours after inoculation of the primary broths. Isolation from faeces has been achieved directly on DCA and after Selenite enrichment. The organism invariably agglutinates with Vi antiserum but not PSO serum. Motility is difficult to determine on first subculture. Biochemical reactions are typical.

It is thought that the carrier disseminated the disease because of her daily job which was the manual dismemberment of cooked chickens to be used in sandwiches. Suspicion was aroused because the index and second cases, by chance admitted to the same hospital, disclosed a common lunchtime eating habit. Vi-haemagglutination tests were therefore performed on the staff of the cafe to reveal the existence of the presumptive carrier, who has since been shown to be excreting the organism in her faeces.

Screening of the remaining 14 members of the staff has so far proved negative. Screening of the families of all the food handlers and of contacts of bacteriologically proven cases continues. Other customers who phoned the Department of Health for advice but were not admitted to hospital are also undergoing bacteriological surveillance.

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PERIOD 9

DATES 22 April - 5 May 1977

LABORATORY

VIRUS OR VIRAL ANTIGEN	SYDNEY			MELBOURNE		ADELAIDE	PERTH	TOTAL
	ICPMR	RAHC	PHH/POW	FAIR-FIELD	RCH	IMVS	STATE LAB.	
0100 Adenovirus not typed	4		5				2	11
0101 " type 1				1	4	1		6
0102 " " 2			2	1	5		1	9
0103 " " 3	1						2	3
0104 " " 4						1		1
0105 " " 5					1		1	2
0106 " " 6	1							1
0107 " " 7							3	3
0108 " " 8				4		1		5
0119 " " 19	1							1
0203 Influenza B virus				1				1
0301 Parainfluenza virus type 1		3		3	15	12		33
0302 " " " 2				3	8	2	5	18
0303 " " " 3			1		2		4	7
0400 Respiratory syncytial virus (RS)			2		5			7
0500 Rhinovirus (all types)	1			3	4	1	1	10
0600 Mycoplasma pneumoniae	4	1					3	8
0700 Ornithosis-psittacosis			1	1		2		4
0809 Coxsackievirus A9	2			1				3
0901 " B1							1	1
0902 " B2	1							1
0904 " B4							1	1
0905 " B5	1		1				1	3
1002 Echovirus type 2				1				1
1006 " " 6				7		2	3	12

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VIRUS OR VIRAL ANTIGEN	SYDNEY			MELBOURNE		ADELAIDE	PERTH	TOTAL
	ICPMR	RAHC	PHH/POW	FAIR-FIELD	RCH	IMVS	STATE LAB.	
1008 Echovirus type 8				1				1
1009 " " 9	1			4		1		6
1011 " " 11	1			2	6	2		11
1014 " " 14				7		1	1	9
1017 " " 17	1							1
1018 " " 18	3	5						8
1019 " " 19				3	56	133	2	192
1022 " " 22				1		2	2	5
1029 " " 29	2					3		5
1030 " " 30		1				1		2
1033 " " 33			2					2
1200 Mumps virus	2		1	1	1	5		10
1300 Herpes virus not typed		1		3			1	5
1301 " simplex virus - not typed	2		2		5			9
1303 Varicella-Zoster virus	1		1					2
1306 Herpes simplex type 1 (oral)	16			11		5		32
1307 " " " 2 (genital)	47			1		14		62
1401 Coxiella burneti	22					2		24
1512 Vaccinia virus	1							1
1521 Measles virus		2						2
1522 Rubella virus	1			2				3
1532 Hepatitis B antigen			13	31		24	14	82
1533 " B antibody						56	10	66
1541 TRIC - Trachoma-Inclusion conjunctivitis						1	3	4

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SOURCE OF SPECIMEN

VIRUS OR VIRAL ANTIGEN	SOURCE OF SPECIMEN										TOTAL	
	FA	BL	NA	CS	SK	EY	UR	GE	BR	OT		
1008 Echovirus type 8						1						1
1009 " " 9			2	3								5
1011 " " 11			1									1
1014 " " 14	1											1
1017 " " 17												-
1018 " " 18	2		1	4								7
1019 " " 19	1		2	2								5
1022 " " 22			1					1				2
1029 " " 29	1		1									2
1030 " " 30				1								1
1033 " " 33	2											2
1200 Mumps virus		4	2	4			1					11
1300 Herpes virus not typed					3			1		1		5
1301 " simplex virus - not typed		1	5					3				9
1303 Varicella-Zoster virus		2										2
1306 Herpes simplex type 1 (oral)	1		11		8	3		8	1	1		33
1307 " " " 2 (genital)			1		3			55	1			60
1401 Coxiella burneti		24										24
1512 Vaccinia virus					1							1
1521 Measles virus		2										2
1522 Rubella virus		2	1									3
1532 Hepatitis B antigen		82										82
1533 " B antibody		66										66
1541 TRIC - Trachoma-Inclusion conjunctivitis						1		3				4

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SOURCE OF SPECIMEN

VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	BR	OT	TOTAL
1543 LGV - Lymphogranuloma venereum		2									2
1555 Papovavirus group (papilloma - human wart)					1						1
1556 CMV - cytomegalovirus		9	4				3				16
1564 Rotavirus	9										9
Ross River virus		1									1
TOTAL TYPED VIRUSES	24	224	129	22	16	14	5	71	2	3	510
0199 Adenovirus type pending	1	1	2								4
0399 Parainfluenza virus type pending			11								11
0899 Coxsackievirus group A type pending					1						1
1099 Echovirus type pending	2		6	1							9
1399 Herpes virus type pending			4		10	2		7			23
1599 Enterovirus type pending	5		6	1							12