NATIONAL MICROBIOLOGICAL LABORATORY REPORTING SERVICE

BULLETIN 11

20 May - 2 June 1977

In the last bulletin we promised a report on the discussions on the service held during the Australian Society for Microbiology meeting in Melbourne in May.

The proceedings of this meeting have to be considered in relation to the aims of the service. As readers will know from Bulletin 8, we are trying to convert the present bulletin, as rapidly as our staff resources permit, into a communicable diseases bulletin along the general lines of the WHO weekly epidemiological record, or the U.S., Canadian, English and Scottish bulletins. The first steps toward this will probably be incorporation of statistics of notifiable diseases, and summary reports from reference laboratories, but it is too early yet to say what form these will take. In the meantime, contributions for the text of the bulletin on any aspects of communicable disease will be most welcome; authorship is definitely not restricted to virus laboratories participating in the present reporting scheme.

Our aim, however, is more than the publication of a fortnightly bulletin distributing new knowledge of use and interest. The system has other uses. The service is in effect an index of rare clinical conditions, isolations, or identifications that can be the subject of later study. These and the other records of the service will be able to be used for teaching. Later, when the service is computerised, we hope to provide participating laboratories with comparisons of their work that hopefully will lead to improved performance, and more mundanely with statistical summaries for their annual reports.

Like any parasite the service will succeed only if it and the participating laboratories, adapt successfully to each other, and to the editorial office in Canberra this was the message from the Melbourne meeting. Many of the suggestions at that meeting were essentially mechanical matters of interest only to participants - for example, it was pointed out that a Thursday to Wednesday reporting fortnight would be easier for participants than the present Friday to Thursday. This and several other suggestions will be discussed with contributors in the near future.

Other matters raised were of interest to all readers, because they affect interpretation of the published material. It was suggested for example, that:

(a) Single high titres were meaningful for only a restricted range of viruses, and for other viruses should not be included in the service. A tentative list would include mycoplasma

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pneumoniae, toxoplasmosis, Q fever, and psittacosis. Would interested readers please send their views on this suggestion and on the others below to Dr John Donovan or Mr Geoff Noonan at the Department of Health, P.O. Box 100, Woden A.C.T. 2606.

(b) A revised listing for herpes simplex infections was suggested in an attempt to dispel the apparent misconception that genital herpes is necessarily Type II. The listing as suggested is:

Diseases - Herpes infections (genital)
" " (other)

Isolates - Herpes simplex Type I
" " Type II
Herpes other

(c) The report form should be modified to include provision for dates to accompany serology reports. This will be necessary if meaningful correlation between the low and high titres is to be made.

(d) It was suggested that there may be merit in investigating the degree of error that could arise in the statistics from the use of different techniques in different laboratories. For instance, a C.F.T. will often give a different titre to a haemagglutination test. It may be necessary to eventually give formal recognition to discrepancies such as this.

Typhoid outbreak in Melbourne (concluded?)

The total number of confirmed cases is now 38, of which 1, perhaps 2, were secondary. Testing of families and contacts continues.

Non A, non B hepatitis (supplied by Fairfield)

Recently there have been several reports of patients with typical clinical and biochemical features of hepatitis in whom no serological evidence of infection with hepatitis A or B, or any other infectious agent known to cause hepatitis, could be demonstrated. These illnesses have been referred to as non-A non-B hepatitis or hepatitis C.

A study is in progress aimed at defining the prevalence of hepatitis A and hepatitis B amongst in-patients at Fairfield Hospital from 1971-1976. Sera from 286 patients with acute viral hepatitis have been examined so far.

104 patients (36.4%) were found to have hepatitis B by detection of hepatitis B surface antigen in acute phase sera or the development of antibody in convalescent phase sera by RIA.

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Of the remaining, 180 patients were tested for hepatitis A antibody by solid phase radioimmunoassay - 87 had a rising antibody titre and 42 others had specific IgM detected, these patients (45%) were diagnosed as having hepatitis A.

51 patients had no evidence of acute hepatitis A or Hepatitis B. Clinically 5 did not have hepatitis, 22 of the remaining 46 were intravenous drug users.

Hepatitis B in Vietnamese refugees (supplied by IMVS)

A total of 154 refugees have now been examined; 17 were Antigen positive and 88 were Antibody positive, making a 68% detectable infection rate for Hepatitis B.

Mycoplasma and psitacosis antibodies (supplied by Fairfield)

We have recently noted a concomitant fourfold or greater antibody rise to Mycoplasma pneumoniae and the Psitacossis/LGV group in 3 patients. The titres, which have been repeated and confirmed, were measured by C.F.T. and our antigens are from C.S.L.

The patients were all elderly females with atypical pneumonia, one is known to have kept a budgerigar, which had recently died and the other two are thought to have had mycoplasma infection (cold agglutinins were positive in one).

We would be interested to know if other laboratories have noticed this association.

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PERIOD 11
DATE 20 May 1977 to 2 June 1977

	VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	BR	OT	TOTAL
0100	Adenovirus not typed	1	6				1					8
0101	" type 1			3								3
0102	" " 2	1		2								3
0103	" " 3			1			1					2
0105	" " 5			1								1
0107	" " 7						1					1
0108	" " 8						1					1
0301	Parainfluenza virus type 1			26							1	27
0302	" " " 2			28							1	29
0303	" " " 3		2	1								3
0400	Respiratory syncytial virus (RS)		2	25								27
0500	Rhinovirus (all types)			12								12
0600	Mycoplasma pneumoniae		8									8
0700	Ornithosis-psittacosis		2									2
0809	Coxsackievirus A9	2		4	5							11
0903	" B3		1									1
0904	" B4		2									2
0905	" B5	2		5								7
1000	Echovirus not typed	1										1
1004	" type 4				1							1
1006	" " 6	2		3	1							6
1007	" " 7			1								1
1009	" " 9	2		8	4							14
1011	" " 11			1								1

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	VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	BR	OT	TOTAL
1014	Echovirus type 14	2										2
1017	" " 17			1								1
1019	" " 19			1	1							2
1022	" " 22	3		2								5
1024	" " 24	2										2
1033	" " 33	1										1
1101	Poliovirus type 1	1										1
1102	" " 2	2										2
1103	" " 3	1										1
1200	Mumps virus		7	3	1							11
1300	Herpes virus not typed		4			1						5
1301	" simplex virus - not typed		4	6		4			2			16
1303	Varicella-Zoster virus		1									1
1306	Herpes simplex type 1 (oral)			6		8			4	1	1	20
1307	" " " 2 (genital)					3			26			29
1401	Coxiella burneti		7									7
1521	Measles virus		5									5
1522	Rubella virus		1									1
1531	Hepatitis B virus		1									1
1532	" B antigen		36									36
1533	" B antibody		54									54
1541	TRIC - Trachoma - Inclusion conjunctivitis								2			2
1556	CMV - cytomegalovirus		11	6				4	1			22
1564	Rotavirus	8										8

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	VIRUS OR VIRAL ANTIGEN	FA	BL	NA	CS	SK	EY	UR	GE	BR	OT	TOTAL
	Ross River Virus		2									2
		30	154	144	11	16	4	4	33	1	3	400
0199	Adenovirus type pending			3								3
0399	Parainfluenza virus type pending			4								4
1399	Herpes virus type pending			2		9			5			16
1599	Enterovirus type pending	6		8	3		1				1	19

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	VIRUS OR VIRAL ANTIGEN	LABORATORY: SYDNEY ICPMR	SYDNEY RAHC	SYDNEY PHH/POW	MELBOURNE FAIRFIELD	MELBOURNE RCH	ADELAIDE IMVS	PERTH STATE LAB.	TOTAL
0100	Adenovirus not typed	1		1			3	3	8
0101	" type 1	1				1		1	3
0102	" " 2				1		1	1	3
0103	" " 3							2	2
0105	" " 5						1		1
0107	" " 7							1	1
0108	" " 8				1				1
0301	Parainfluenza virus type 1	1			2	14	7	3	27
0302	" " " 2					4	6	19	29
0303	" " " 3							3	3
0400	Respiratory syncytial virus (RS)		4	2	2	18		1	27
0500	Rhinovirus (all types)				3	6	3		12
0600	Mycoplasma pneumoniae	4		3				1	8
0700	Ornithosis-psittacosis						1	1	2
0809	Coxsackievirus A9							8	8
0903	" B3						1		1
0904	" B4						1	1	2
0905	" B5				1			6	7
1000	Echovirus not typed			1					1
1004	" type 4							1	1
1006	" " 6				1		5		6
1007	" " 7							1	1
1009	" " 9				5	4	1		10
1011	" " 11	1							1

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1014	Echovirus type 14			1				1	2
1017	" " 17				1				1
1019	" " 19							1	1
1022	" " 22			1	2	2			5
1024	" " 24			2					2
1033	" " 33	1							1
1101	Poliovirus type 1						1		1
1102	" " 2							2	2
1103	" " 3	1							1
1200	Mumps virus	1		3	1	1	5		11
1300	Herpes virus not typed						1	4	5
1301	" simplex virus - not typed			6	1	8	1		16
1303	Varicella-Zoster virus							1	1
1306	Herpes simplex type 1 (oral)	5		9			6		20
1307	" " " 2 (genital)	12			3		14		29
1401	Coxiella burneti	3					4		7
1521	Measles virus			4			1		5
1522	Rubella virus			1					1
1531	Hepatitis B virus							2	2
1532	" B antigen			10	24			2	36
1533	" B antibody						43	11	54
1541	TRIC - Trachoma - Inclusion conjunctivitis							2	2
1556	CMV - cytomegalovirus	2		7	1	4	3	4	21
1564	Rotavirus						1	7	8

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VIRUS OR VIRAL ANTIGEN	LABORATORY: SYDNEY ICPMR	SYDNEY RAHC	SYDNEY PHH/POW	MELBOURNE FAIR-FIELD	MELBOURNE RCH	ADELAIDE IMVS	PERTH STATE LAB.	TOTAL
Ross River Virus							2	2
	33	4	51	49	62	110	92	401
0199 Adenovirus type pending		1			1	1		3
0399 Parainfluenza virus type pending					1	3		4
1399 Herpes virus type pending							16	16
1599 Enterovirus type pending					3	9		12