

5 MAR 1976

AUSTRALIAN DEPARTMENT OF HEALTH

Cases reported during the week ended,

2.1.76

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LIST A. Communicable diseases notified by medical practitioners, hospitals or diagnostic laboratories.

DISEASE

CASES NOTIFIED DURING WEEK

ACCUMULATIVE TOTAL - year to date*

DISEASE	CASES NOTIFIED DURING WEEK								ACCUMULATIVE 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.
ACUTE RHEUMATISM (including Chorea)	N.N.				N.N.	N.N.			N.N.				N.N.	N.N.		
ANTHRAX																
BRUCELLOSIS																
CHOLERA																
DIARRHOEA, INFANTILE		N.N.			N.N.	N.N.		5		N.N.			N.N.	N.N.		5
DIPHTHERIA																
DYSENTERY, BACILLARY (clinical diagnosis only)	N.N.					N.N.			N.N.					N.N.		
ENCEPHALITIS (not included under B)						N.N.								N.N.		
FOOD POISONING (occurring in 2 or more associated cases)	N.N.		N.N.	N.N.	N.N.		N.N.		N.N.		N.N.	N.N.	N.N.		N.T.	
GONORRHOEA				18			3	7				18			3	7
HEPATITIS, INFECTIVE (icteric form only)			1	3							1	3				
HEPATITIS, SERUM (homologous)			N.N.								N.N.					
LEPROSY																
LEPTOSPIROSIS																
PARATYPHOID FEVER		N.N.								N.N.						
PLAGUE																
POLIOMYELITIS																
PUERPERAL FEVER	N.N.								N.N.							
RUBELLA	N.N.			1	N.N.	N.N.			N.N.		1	N.N.	N.N.			
SCARLET FEVER	N.N.					N.N.			N.N.					N.N.		
SMALLPOX																
SYPHILIS							1	11							1	11
TETANUS																
TRACHOMA		N.N.	N.N.		N.N.					N.N.	N.N.		N.N.			
TUBERCULOSIS (all forms)			2								2					
TYPHOID FEVER																
TYPHUS																
YELLOW FEVER																

M100/19382

H/W 16/1976

2 JAN 1976

LIST B COMMUNICABLE DISEASES AND AGENTS NOTIFIED AFTER HOSPITAL AND LABORATORY DIAGNOSIS

DISEASES	CASES NOTIFIED DURING WEEK								ACCUMULATIVE 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.							
ANKYLOSTOMIASIS	N.N.								N.N.							
ARBO VIRUS INFECTION			N.N.		N.N.						N.N.		N.N.			
DENGUE					N.N.								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																
MALARIA			1					1			1					1
ORNITHOSIS (PSITTACOSIS, etc)																
Q. FEVER				N.N.			N.N.					N.N.			N.N.	
SALMONELLA (LABORATORY ISOLATES)	N.N.		N.N.	1			2	4	N.N.		N.N.	1			2	4
SHIGELLA (LABORATORY ISOLATES)	N.N.							2	N.N.							2

N.N. - NOT NOTIFIABLE

* - INCLUDES ADJUSTMENTS FOR REVISED DIAGNOSIS OR OTHER AMENDMENT.