



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.                       |      | 5    |      | 1    |      |        |      | N.N.                               |      | 11   |      | 2    |      |        | 1    |
| ANKYLOSTOMIASIS                  | N.N.                       |      | 147  |      |      |      |        |      | N.N.                               |      | 147  |      |      |      |        |      |
| 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                          |                            |      |      |      |      | 1    |        |      | 1                                  | 1    |      |      |      | 2    |        |      |
| MALARIA                          |                            |      | 2    |      |      |      |        | 1    | 3                                  | 4    | 10   |      | 4    |      |        | 2    |
| ORNITHOSIS (PSITTACOSIS, etc)    |                            |      |      |      |      |      |        |      |                                    |      |      |      |      |      |        |      |
| Q. FEVER                         |                            |      | 1    | N.N. |      |      | N.N.   |      | 1                                  |      | 68   | N.N. |      |      | N.N.   |      |
| SALMONELLA (LABORATORY ISOLATES) | N.N.                       | 1    |      | 11   | 4    | 7    |        | 1    | N.N.                               | 15   | 2    | 48   | 53   | 15   | 7      | 19   |
| SHIGELLA (LABORATORY ISOLATES)   | N.N.                       |      |      | 4    |      | 1    |        | 3    | N.N.                               |      | 7    | 41   |      | 1    |        | 29   |

N.N. - NOT NOTIFIABLE

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