

**Table 5. Australian Sentinel Practice Research Network reports, weeks 36 to 39, 1998.**

Week number	36		37		38		39	
Week ending on	13 September 1998		20 September 1998		27 September 1998		4 October 1998	
Doctors reporting	62		60		56		48	
Total encounters	8136		7639		6773		5996	
Condition	Rate per 1,000		Rate per 1,000		Rate per 1,000		Rate per 1,000	
	Reports	encounters	Reports	encounters	Reports	encounters	Reports	encounters
Influenza	96	11.8	69	9.0	59	8.7	41	6.8
Rubella	1	0.1	1	0.1	0	0.0	4	0.7
Measles	1	0.1	1	0.1	1	0.1	1	0.2
Chickenpox	9	1.1	9	1.2	11	1.6	9	1.5
Pertussis	1	0.1	7	0.9	2	0.3	1	0.2
HIV testing (patient initiated)	17	2.1	11	1.4	20	3.0	8	1.3
HIV testing (doctor initiated)	6	0.7	5	0.7	4	0.6	4	0.7
Td (ADT) vaccine	57	7.0	44	5.8	42	6.2	38	6.3
Pertussis vaccination	35	4.3	41	5.4	41	6.1	33	5.5
Reaction to pertussis vaccine	0	0.0	1	0.1	1	0.1	1	0.2
Ross River virus infection	0	0.0	1	0.1	0	0.0	0	0.0
Gastroenteritis	73	9.0	80	10.5	91	13.4	78	13.0

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislations. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 1998;22:4-5.

LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1998;22:8.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance in 1998. CDI reports the consultation rates for all of these. For further information, including case definitions, see CDI 1998;22:5-6.

## Additional Reports

### *National Influenza Surveillance, 1998*

Three types of data are included in National Influenza Surveillance, 1998. These are sentinel general practitioner surveillance conducted by the Australian Sentinel Practice Research Network, Department of Human Services (Victoria), Department of Health (New South Wales) and the Tropical Influenza Surveillance Scheme, Territory Health (Northern Territory); laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme, LabVISE, and the World Health Organization Collaborating Centre for Influenza Reference and Research; and absenteeism surveillance conducted by Australia Post. For further information about these schemes, see CDI 1998; 22:83.

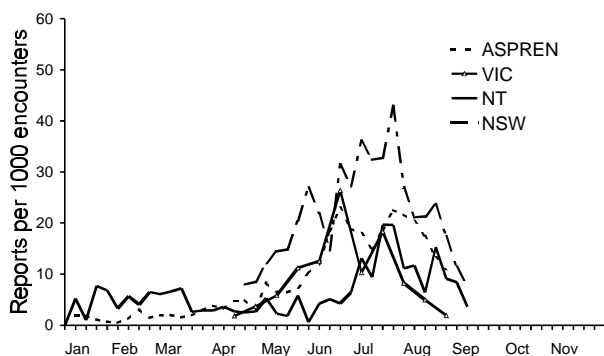
### **Sentinel General Practitioner Surveillance**

Reports of influenza-like illness reported by the ASPREN, Tropical Influenza Surveillance Scheme (Northern Territory, Top End) and the Victorian and New South Wales Sentinel Practitioner Schemes have declined over the month of September. Peak activity was reported by the ASPREN and the Victorian Sentinel Practitioner Schemes in July, and by the New South Wales and Tropical Surveillance Schemes in August (Figure 4). The peak number of reports for this year has been lower across all schemes compared to 1997.

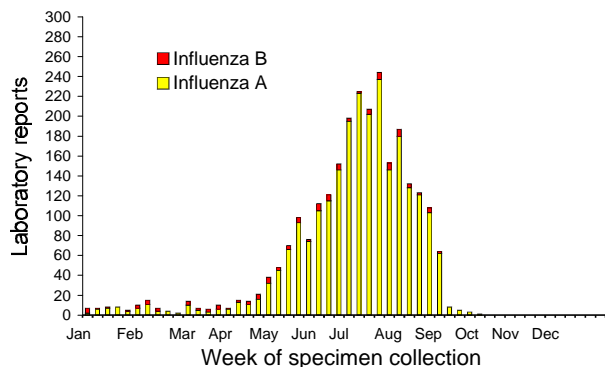
### **Laboratory Surveillance**

There have been 2540 laboratory reports of influenza for the year to date. Of these, 2415 (95%) are influenza A and 125 (5%) influenza B. Weekly reports of influenza A peaked in late July and early August (Figure 5). The number of influenza A reports for this year is greater than those reported over the same period for all years dating

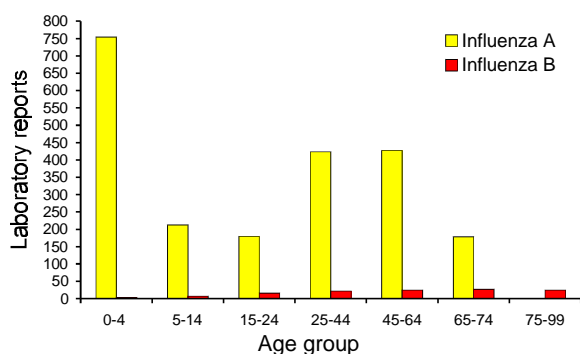
**Figure 4. Sentinel general practitioner consultation rates 1998, by week and scheme.**



**Figure 5. Influenza laboratory reports, 1998, by virus type and week of specimen collection.**

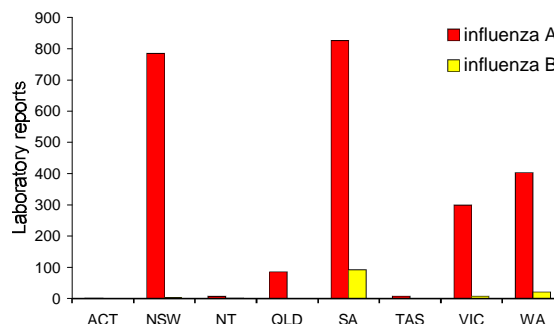


**Figure 6. Influenza A and B laboratory reports, 1998, by age group.**



back to 1993. 754 (31%) of influenza A and 3 (2.4%) of influenza B laboratory reports have been in children less than 4 years of age (Figure 6). 52 (41%) of all influenza B reports have been in those over the age of 65 years. Ninety-two (74%) of influenza B reports are from South Australia and 21(16%) from Western Australia, with relatively few influenza B reports from laboratories in the east and north of Australia (Figure 7).

**Figure 7. Influenza A and B laboratory reports, 1998, by State and Territory.**



The WHO Centre for Reference and Research has received 678 isolates of influenza A and 16 of influenza B for the year to date. All the influenza A viruses analysed have been H3N2 strains related to A/Sydney /5/97. One influenza B strain has been identified as B/Beijing/184/93-like. Thirty percent of influenza A strains analysed have shown reduced reactivity with A/Sydney/5/97 antiserum but this does not appear to indicate antigenic shift. A representative sample of these low avidity cell cultured strains regained reactivity with specific antisera when directly isolated in eggs.

**Absenteeism surveillance**

Rates of absenteeism in Australia Post employees for three consecutive days of each week have been reported on a weekly basis since late April. Absenteeism rates for the year have averaged 0.23% per week. Rates for September have averaged 0.15% which is slightly lower than what has been observed since April.

*HIV and AIDS Surveillance*

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (ACT, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory, Queensland, South Australia, Western Australia). Cases of AIDS are notified through the State and Territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's

date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

Tabulations of diagnoses of HIV infection and AIDS are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information. More detailed information on diagnoses of HIV infection and AIDS is published in the quarterly Australian HIV Surveillance

Report, available from the National Centre in HIV Epidemiology and Clinical Research, 376 Victoria Street, Darlinghurst NSW 2010. Telephone: (02) 9332 4648 Facsimile: (02) 9332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 31 May 1998, as reported to 31 August 1998, are included in this issue of CDI (Tables 6 and 7).

**Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 May 1998, by sex and State or Territory of diagnosis.**

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998	Year to date 1997
HIV diagnoses	Female	1	2	0	2	0	0	1	1	7	5	33	33
	Male	1	23	2	7	5	0	9	1	48	52	287	320
	Sex not reported	0	2	0	0	0	0	0	0	2	1	8	10
	Total <sup>1</sup>	2	27	2	9	5	0	10	2	57	58	328	364
AIDS diagnoses	Female	1	0	0	0	0	0	0	0	1	2	5	15
	Male	1	9	1	1	1	0	0	0	13	20	76	139
	Total <sup>1</sup>	2	9	1	1	1	0	0	0	14	22	81	154
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	2	7
	Male	0	3	0	1	2	0	1	0	7	17	35	106
	Total <sup>1</sup>	0	3	0	1	2	0	1	0	7	19	37	113

1. Persons whose sex was reported as transgender are included in the totals.

**Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 May 1998, by sex and State or Territory.**

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	22	552	7	128	52	4	194	88	1,047
			10,31							
	Male	183	8	96	1,821	633	77	3,728	857	17,713
	Sex not reported	0	263	0	0	0	0	25	0	288
	Total <sup>1</sup>	205	2	103	1,955	685	81	3,958	948	19,087
AIDS diagnoses	Female	8	159	0	45	19	2	64	23	320
	Male	82	4,373	32	766	321	41	1,527	337	7,479
	Total <sup>1</sup>	90	4,543	32	813	340	43	1,598	362	7,821
AIDS deaths	Female	2	112	0	28	14	2	45	16	219
	Male	62	3,049	23	529	219	27	1,205	241	5,355
	Total <sup>1</sup>	64	3,168	23	559	233	29	1,256	258	5,590

1. Persons whose sex was reported as transgender are included in the totals.