investigation. We also appreciate the discussions and input by John Piispanen, Tropical Public Health Unit, Townsville.

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Dengue in Queensland

Queensland Health's Tropical Public Health Unit has reported 40 confirmed and 15 probable cases of dengue fever in Cairns, up until 21 January 1998. Fourteen patients have been hospitalised.

The outbreak which began in December 1997 is due to dengue type 3 (outbreaks in northern Queensland in recent years have been due to dengue type 2). There appears to more than a single focus of infection. Residents have been advised to take action to stop mosquitoes breeding around their homes and to avoid being bitten. Mosquito control teams from the Tropical Public Health Unit and Cairns City Council are spraying in and around homes in the dengue warning area. Other recommendations include the screening of doors and windows to prevent mosquito entry and the use of personal insect repellent.

Surveillance data in *CDI*

The *Communicable Diseases Surveillance* section of *Communicable Diseases Intelligence* (*CDI*) includes reports from a number of national surveillance schemes. These schemes are conducted to monitor the occurrence of communicable diseases in Australia, to detect trends, to highlight needs for further investigation and to implement or manage control measures. This article describes the surveillance schemes which are routinely reported on in *CDI*.

Surveillance has been defined by the World Health Organization as the 'continuing scrutiny of all aspects of the occurrence and spread of disease that are pertinent to effective control', it is characterised by 'methods distinguished by their practicability, uniformity, and frequently by their rapidity, rather than complete accuracy.[1] Although some surveillance schemes aim for complete case ascertainment, some include only a sample of all cases of the conditions under surveillance, and these samples are subject to systematic and other biases.

Results generated from surveillance schemes must be interpreted with caution, particularly when comparing results between schemes, between different geographical areas or jurisdictions and over time. Surveillance data may also differ from data on communicable diseases which may be gathered in other settings.

The major features of the surveillance schemes for which *CDI* publishes regular reports are described below. Other surveillance schemes for which *CDI* publishes occasional reports include the National Mycobacterial Surveillance System (*CDI* 1997;21:261-269), the Australian Mycobacterium Reference Laboratory Network (*CDI* 1997;21:245-249), the Hib Case Surveillance Scheme (*CDI* 1997;21:173-176) and the National *Neisseria* Network (*CDI* 1997;21:189-192 and *CDI* 1997;21:217-221).

National Notifiable Diseases Surveillance System

National compilations of notifiable diseases have been published intermittently in a number of publications since 1917 (see *CDI* 1993;17:226-236). The National Notifiable Diseases Surveillance System (NNDSS) was established in 1990 under the auspices of the Communicable Diseases Network Australia New Zealand (CDNANZ).

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).[2] Under this scheme, notifications are made to the State or Territory health authority under the provisions of the public health legislation in their jurisdiction. Computerised, de-identified unit records of notifications are supplied to the network secretariat at the Department of Health and Family Services for collation, analysis and publication in *CDI.*

Data provided for each notification include a unique record reference number, State or Territory code, disease code, date of onset, date of notification to the relevant health authority, sex, age, Aboriginality, postcode of residence, and the confirmation status of the report (as defined by each State or Territory).