Communicable Diseases Surveillance

Communicable Diseases Surveillance consists of data from several sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) is a sentinel surveillance scheme. The Australian Sentinel Practice Research Network (ASPREN) is a general practitioner-based sentinel surveillance scheme. In this report, data from the NNDSS are referred to as 'notifications' or 'cases', whereas those from ASPREN are referred to as 'consultations'. Data from the LabVISE scheme are referred to as 'laboratory reports'.

Vaccine preventable diseases

Rubella notifications remain low, with the number of cases having onset date in the first 3 months of 1998 being the lowest since 1992. Most cases for 1998 have been in the 0 to 4 years (23%), 15 to 19 years (16%) and 20 to 24 years (18%) age groups. The male to female ratio was 1.2:1.

The number of notifications of pertussis continues to decline. A seasonal decrease in the number of cases is expected at this time of year. Most recent cases were notified for children aged under 15 years. Included were 15% in the 0 to 4 years age group, 21% aged 5 to 9 years and 16% aged 10 to 14 years.

Arboviruses

(see also *Sentinel Chicken Surveillance Programme*)

The number of new notifications of dengue has declined over the last month, 44 cases being recorded for the current reporting period, to bring the total for the year so far to 226. Only 4 of the current notifications had a recorded date of onset in April (Figure 3).

The number of new notifications for Barmah Forest virus infection and Ross River virus infection has also declined markedly in the last month (Figures 4 & 5). Small numbers of cases have been notified this year compared to previous years.

Figure 1. Notifications of rubella, 1991 to 1998, by month of onset

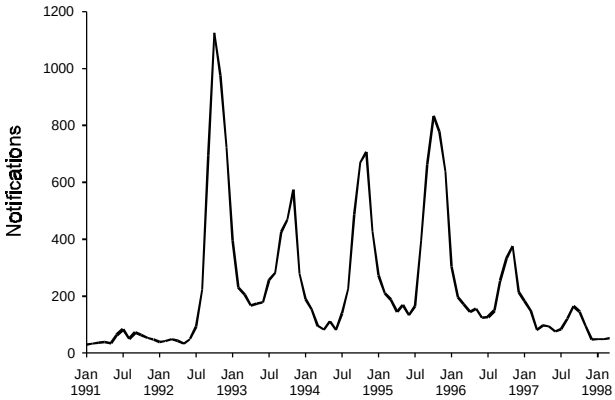


Figure 2. Notifications of pertussis, 1992 to 1998, by month of onset

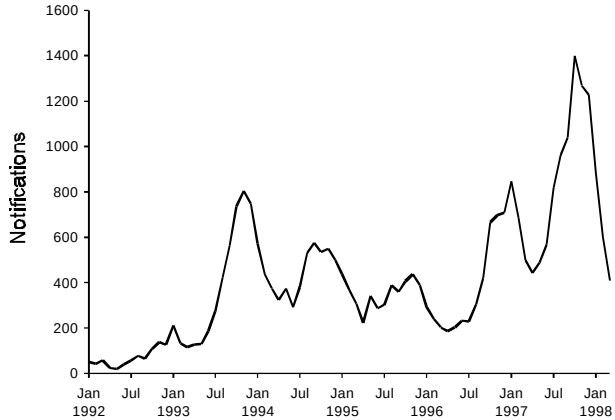


Figure 3. Notifications of dengue, 1991 to 1998, by month of onset

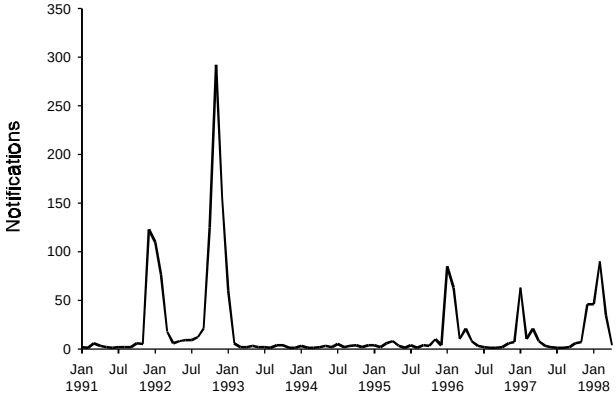


Figure 4. Notifications of Barmah Forest virus infection, 1995 to 1998, by month of onset

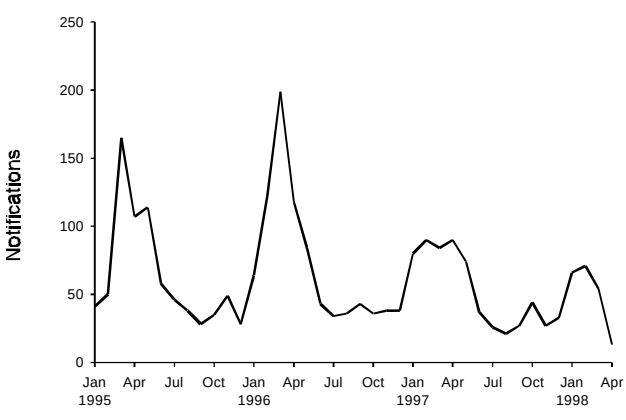
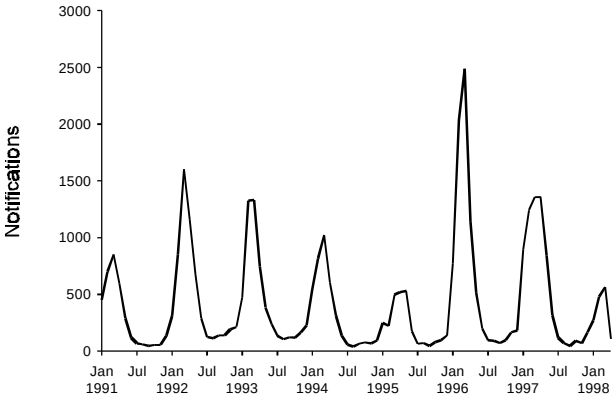


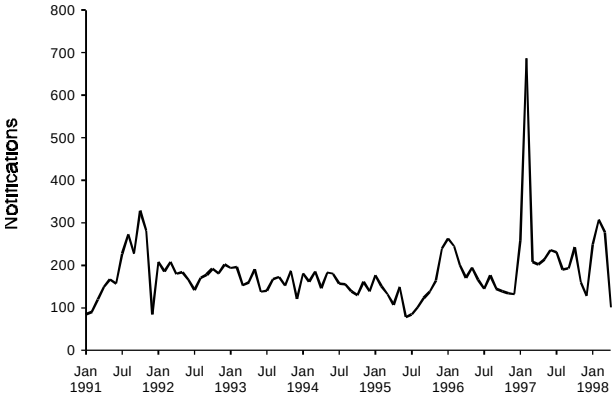
Figure 5. Notifications of Ross River virus infection, 1991 to 1998, by month of onset



Hepatitis A

The numbers of notifications for hepatitis A is remains above average (Figure 6); 71 of the 99 cases reported in the current period were males, including 50 males (50% of total) in the 20 to 44 years age range.

Figure 6. Notifications of hepatitis A, 1991 to 1998, by month of onset



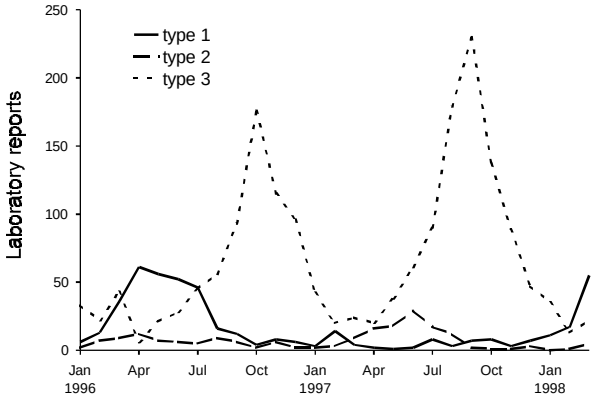
Respiratory diseases

(see also *National Influenza Surveillance*)

The number of laboratory reports of parainfluenza virus type 1 rose in March (Figure 7). Of the 71 reports received this period 27 (38%) were for infants under the age of one year, a total of 64 (90%) being for the under 5 years age group. We can expect more reports in the coming months as epidemics of this virus tend to occur in alternate years, the last outbreak being recorded in the winter of 1996. By contrast the number of reports of parainfluenza virus type 3 has continued to fall in recent months following the outbreak late last year.

The number of reports of respiratory syncytial virus remain low which is usual for the time of year. However a rise can be expected in the winter months. Laboratory reports for

Figure 7. Laboratory reports of parainfluenza virus types 1, 2 and 3, 1996 to 1998, by month of specimen collection



this virus usually peak in July each year. Reports of *Mycoplasma pneumoniae* have remained at a sustained high level since late 1996.

There were 4,014 notifications to the National Notifiable Diseases Surveillance System (NNDSS) for this four week period, 1 April to 28 April 1998 (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with historical data for corresponding periods in the previous three years (Figure 11). 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.

There were 1,551 reports received in the CDI Virology and Serology Laboratory Reporting Scheme (LabVISE) this four week period, 26 March to 22 April 1998 (Tables 4 and 5). LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification

Table 1. Notifications of rare[1] diseases received by State and Territory health authorities in the period 1 to 28 April 1998

Disease[2]	Total this period	Reporting States or Territories	Total notifications 1998
Brucellosis	2	Qld	15
Cholera			2
Hydatid infection	2	Qld, Tas	11
Leprosy			1

1. Fewer than 60 cases of each of these diseases were notified each year during the period 1988 to 1998.
2. No notifications have been received during 1998 for the following rare diseases: botulism, lymphogranuloma venereum, plague, rabies, yellow fever, or other viral haemorrhagic fevers.

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.

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 13 to 16 ending 26 April 1998 are included in this issue of CDI (Table 6). 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. CDI reports the consultation rates for all of these. For further information, including case definitions, see CDI 1998;22:5-6.

Correction: In recent issues of *CDI* (*CDI* 1998; 22 :pages 28, 46 and 67) the ASPREN table included a column headed 'Rate per 1,000 population'. This should have read 'Rate per 1,000 encounters'.

National Influenza Surveillance, 1998

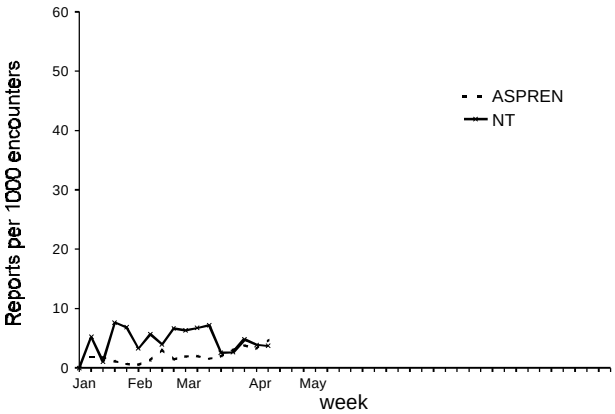
Three types of data are included in National Influenza Surveillance, 1998. These include Sentinel General Practitioner Surveillance, Laboratory Surveillance and Absenteeism Surveillance. These are described below.

Sentinel General Practitioner Surveillance

Data will be included from four sources this season: ASPREN (the Australian Sentinel Practice Research Network); the Department of Health and Community Services, Victoria; the Department of Health, New South Wales; and Tropical Influenza Surveillance of the Department of Health and Community Services, Northern Territory.

Consultation rates for influenza like illness recorded by ASPREN have remained below 5 per 1,000 encounters for the year to date (Figure 8) , which is usual for the time of year. The rates recorded by Tropical Influenza Surveillance also remain low. This is in contrast to previous years when an early peak in activity has been seen in the Northern Territory in February and March. The New South Wales Scheme also recorded a low consultation rate of 6.6 per 1,000 encounters (week ending May 2) as did the Victorian Scheme which recorded a rate of 1.8 per 1,000 encounters in April.

Figure 8. Sentinel general practitioner influenza consultation rates, 1998, by scheme and week



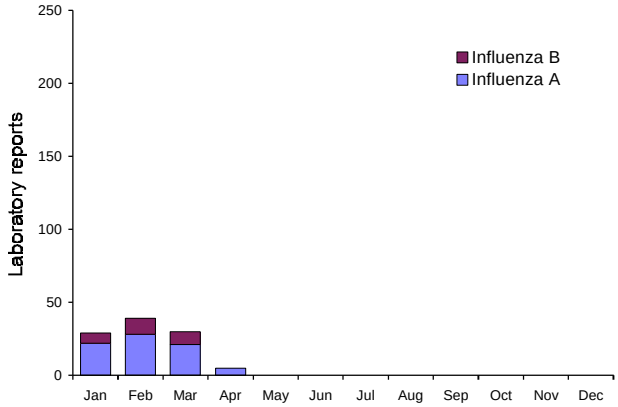
Laboratory Surveillance

Laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme will be included in National Influenza Surveillance, 1997. The World Health Organization Collaborating Centre for Influenza Reference and Research will also contribute information on strains isolated.

A total of 103 laboratory reports of influenza have been received by the LabVISE scheme so far for 1998. Of these 76 (74%) were influenza A and 27 (26%) influenza B. Thirty one reports (30%) were for patients over the age 65 years.

For the year to date the WHO Collaborating Centre for Influenza Reference and Research has received only a small number of Australian influenza isolates. These have been mainly influenza A viruses which have all been characterised as A/Sydney/5/97-like. Two recent isolates of influenza B received from South Australia are yet to be analysed. A/Sydney-like viruses have also been received from New Zealand, Thailand and Singapore.

Figure 9. Laboratory reports of influenza, 1998, by type and month of specimen collection



Absenteeism Surveillance

National absenteeism data will continue to be supplied by Australia Post and included in National Influenza Surveillance, 1997.

No absenteesim data is available this period.

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 November 1997, as reported to 28 February 1998, are included in this issue of CDI (Tables 7 and 8).

Gonococcal surveillance

John Tapsall, The Prince of Wales Hospital, Randwick, NSW, 2031 for the Australian Gonococcal Surveillance Programme

The Australian Gonococcal Surveillance Programme (AGSP) reference laboratories in the States and Territories report data on sensitivity to an agreed 'core' group of antimicrobial agents quarterly. The antibiotics which are currently routinely included are the penicillins, ceftriaxone, ciprofloxacin and spectinomycin, all of which are administered as single dose regimens. When in vitro resistance to a recommended agent is demonstrated in 5% or more of isolates, it is usual to reconsider the inclusion of that agent in current treatment schedules. Additional data are also provided on other antibiotics from time to time. At present all laboratories also test isolates for the presence of high level resistance to the tetracyclines. Tetracyclines are however not a recommended therapy for gonorrhoea. Comparability of data is achieved by means of a standardised system of testing and a programme-specific quality assurance process. Because of the substantial geographic differences in susceptibility patterns in Australia, regional as well as aggregated data are presented.

Reporting period 1 July to 30 September 1997

The Australian Gonococcal Surveillance Programme (AGSP) laboratories examined 702 isolates of *Neisseria gonorrhoeae* for sensitivity to the penicillins, ceftriaxone, quinolones and spectinomycin and for high level resistance to the tetracyclines in the third quarter of 1997.

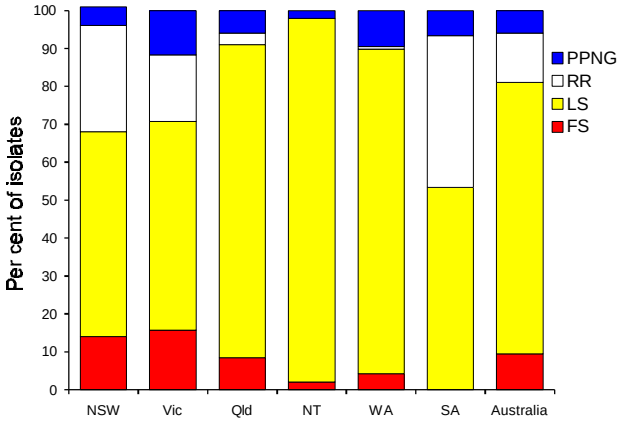
Penicillins

Resistance to this group of antibiotics (penicillin, ampicillin, amoxycillin) was present in a high proportion of isolates examined in Adelaide (46%) Sydney (33%) and Melbourne (29%) (Figure 10). In Brisbane and Perth the proportion of penicillin-resistant strains was 9% and 10% respectively. PPNG and relatively resistant isolates usually fail to respond to therapy with the penicillins. Those in the fully sensitive and less sensitive categories (minimal inhibitory concentration, MIC ≤ 0.5 mg/L) usually respond to a regimen of standard treatment with the penicillins.

There were 42 PPNG identified this reporting period (6% of all isolates). These were distributed widely with 6 PPNG reported from Melbourne, 12 from Sydney, 11 from Perth, 10 from Brisbane, 2 from the Northern Territory and a single PPNG from Adelaide. Some infections with PPNG were acquired locally but most were acquired in the Philippines, Papua New Guinea, Thailand, Malaysia, Borneo, Mauritius, Indonesia, Singapore and China.

Ninety one (13%) of all isolates were resistant to the penicillins by separate chromosomal mechanisms. These chromosomally mediated resistant *N. gonorrhoeae* (CMRNG) were most often reported in Sydney (69 strains, 28%), Melbourne (9 strains, 17.6%) and Adelaide (6 strains, 40%). No relatively resistant isolates were seen in the Northern Territory.

Figure 10. Penicillin resistance of *N. gonorrhoeae*, Australia, 1 July to 30 September 1997, by region



PPNG	Penicillinase producing *Neisseria gonorrhoeae*
RR	Relatively resistant to penicillin, MIC ≥ 1 mg/L
LS	Less sensitive to penicillin, MIC 0.06 - 0.5 mg/L
FS	Fully sensitive to penicillin, MIC ≤ 0.03 mg/L

Ceftriaxone and spectinomycin.

Although all isolates were sensitive to these injectable agents, a small number showed some decreased sensitivity to ceftriaxone.

Quinolone antibiotics

This group of antibiotics includes ciprofloxacin, norfloxacin and enoxacin. Fifty seven isolates (8%) from throughout Australia had altered resistance to this group of antibiotics, 51 showing high level resistance. Forty six quinolone resistant *N. gonorrhoeae* (QRNG) (18%) were detected in Sydney and 5 (4%) in Perth, with one or two QRNG in the other centres.

An increase in rates of isolation of QRNG was noted in AGSP reports in 1997. The occurrence of QRNG in locally acquired infections especially in Sydney and Melbourne is of particular note. This high rate of locally acquired resistance continued in Sydney in the third quarter of 1997. Local acquisition of QRNG was also noted in Perth

and Brisbane. Patients infected with QRNG overseas acquired infection in Japan, Taiwan, the United States of America, China, Thailand, Malaysia, Singapore and the Philippines.

In the corresponding period of 1996, QRNG comprised 4% of all Australian isolates and the infections were acquired overseas. The quinolone agents are the oral agents most often used in centres where penicillins are ineffective. If resistance to the quinolones continues to increase, options for successful treatment will be substantially reduced.

High level tetracycline resistance

Thirty two tetracycline resistant *N. gonorrhoeae* (TRNG) were detected throughout Australia (5% of all strains) with isolates of this type again present in most centres. The highest proportion of TRNG was found in Perth where the 10 TRNG represented 9% of all isolates. TRNG were also prominent in Brisbane (11 isolates, 7%) but lower numbers were present in Sydney (6 isolates), Melbourne (1), Adelaide (2) and the Northern Territory (2). Indonesia was the most common place of acquisition, but TRNG were also acquired in Papua New Guinea, Mauritius, Thailand, Malaysia and Borneo. Local acquisition was also recorded.

Sentinel Chicken Surveillance Programme

AK Broom[1], J Azuolas[2], L Hueston[3], JS Mackenzie[4], L Melville[5], DW Smith[6] and PI Whelan[7]

1. Department of Microbiology, The University of Western Australia
2. Veterinary Research Institute, Victoria
3. Virology Department, Institute of Clinical Pathology and Medical Research, New South Wales
4. Department of Microbiology, The University of Queensland
5. Berrimah Agricultural Research Centre, Northern Territory
6. PathCentre, Western Australia
7. Department of Health and Community Services, Northern Territory

Sentinel chicken flocks are used to monitor flavivirus activity in Australia. The main viruses of concern are Murray Valley encephalitis (MVE) and Kunjin which cause the potentially fatal disease Australian encephalitis in humans. Currently 26 flocks are maintained in the north of Western Australia, seven in the Northern Territory, nine in New South Wales and ten in Victoria. The flocks in Western Australia and the Northern Territory are tested year round but those in New South Wales and Victoria are tested only from November to March, during the main risk season.

Results are coordinated by the Arbovirus Laboratory in Perth and reported bimonthly. For more information see CDI 1998;22:7

Sentinel chicken serology was carried out for 26 of the 28 flocks in Western Australia in March 1998. There were three seroconversions in the Wyndham flock in early March and all three chickens had antibodies to MVE virus. There were no seroconversions in the Kununurra flock. However, a human case from Kununurra was confirmed in late February, caused by Kunjin virus. A confirmed case of encephalitis caused by MVE virus was reported in a young boy from the Wyndham area in March. The child is presently recovering in hospital.

Six flocks of sentinel chickens from the Northern Territory were also tested in our laboratory in March 1998. There was one new seroconversion to MVE virus in the Katherine flock, which was confirmed at a later bleed.

There have been no seroconversions to flaviviruses in March 1998 from the sentinel chicken flocks located in New South Wales, and the testing programme has now finished for this season. There were two seroconversions to Kunjin virus in chickens from the Mildura flock in Victoria in late March. These are the first flavivirus seroconversions in Victoria since 1991. The sentinel chicken surveillance programme will be continued in Victoria at least until the end of April 1998.

Serious Adverse Events Following Vaccination Surveillance Scheme

The Serious Adverse Events Following Vaccination Surveillance Scheme is a national surveillance scheme which monitors the serious adverse events that occur rarely following vaccination. More details of the scheme were published in CDI 1997:21;8.

Acceptance of a report does not imply a causal relationship between administration of the vaccine and the medical outcome, or that the report has been verified as to the accuracy of its contents.

It is estimated that 250,000 doses of vaccines are administered every month to Australian children under the age of six years.

Results for the reporting period 16 December, 1997 to 27 April, 1998.

There were 115 reports of serious adverse events following vaccination for this reporting period. Onset dates were from 1996 to 1998 the majority (68%) being in 1997. Reports were received from the Australian Capital Territory (8), the Northern Territory (9), Queensland (50), South Australia (20) and Victoria (28). No reports were available from New South Wales for this period.

The most frequently reported events following vaccination were of persistent screaming (42 cases, 37%), other events (25 cases, 22%) and hypotonic/hyporesponsive episodes (18 cases, 16%). The type of adverse event was not specified in two cases. There was also incomplete information on follow-up of two cases. All of the other cases had recovered at the time of reporting. Twenty of the 115 cases were hospitalized.

Ninety-three adverse events (81%) were associated with DTP either alone or in combination with other vaccines. Of these, 47 reports were associated with the first dose of DTP and 26 with the second dose.

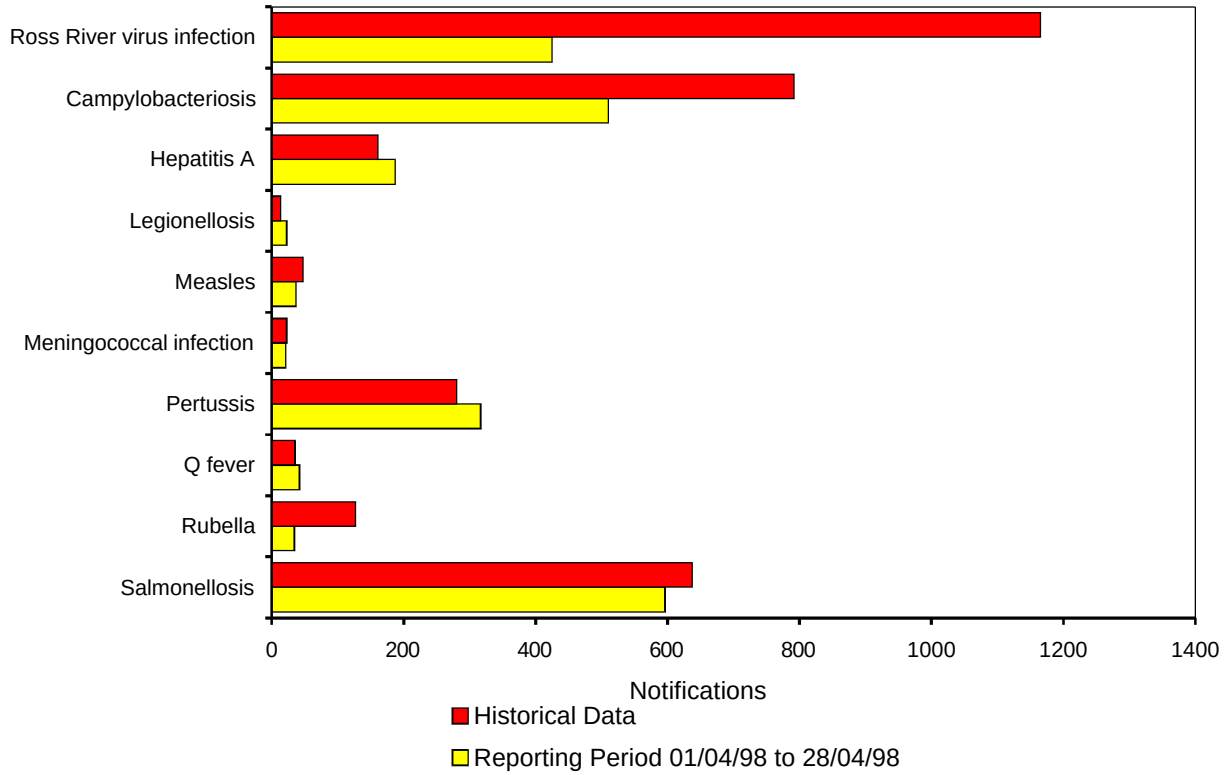
A cluster of side effects associated with BCG vaccine was observed in South Australia. During this reporting period, of the 22 cases for which the adverse event was categorised as “other”, 8 had lymphadenitis associated with BCG immunisation. Since March 1995, there have been 15 cases that have had adverse events related to BCG vaccine. Of the 15 cases, 14 were reported from South Australia and one from Northern Territory. Of the 14 cases from South Australia, 12 had lymphadenitis and two

had an unspecified event. The case from Northern Territory was reported to have had drowsiness.

This clustering of cases in South Australia raises the possibility of increased incidence of lymphadenitis associated with the change in the formulation of BCG vaccine introduced in 1996. While the clustering of cases in South Australia could be associated with a particular batch of BCG vaccine, the absence of data from other States and Territories and incomplete information on batch numbers from South Australia does not allow any conclusions to be drawn. South Australia has had active surveillance for this side effect associated with BCG vaccination since they first became aware of this. This may explain the high number of cases identified in South Australia . We encourage doctors and State health authorities to report any serious adverse events associated with BCG vaccine.

This cluster of adverse events is under investigation by Therapeutic Goods Administration (TGA) and the sponsor and a full report will be published in *CDI*.

Figure 11. Selected National Notifiable Diseases Surveillance System reports, and historical data[1]



1. The historical data are the averages of the number of notifications in the corresponding 4 week periods of the last 3 years and the 2 week periods immediately preceding and following those.

Table 2. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 1 to 28 April 1998

Disease[1,2]	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998	Year to date 1997
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
H. Influenzae type b infection	0	0	0	0	0	0	0	0	0	0	6	15
Measles	0	11	0	3	0	2	17	4	37	26	162	145
Mumps	0	1	0	6	0	0	4	2	13	17	59	63
Pertussis	6	136	3	72	54	3	29	14	317	428	2,492	2,689
Rubella[3]	4	0	0	19	2	1	5	3	34	87	189	540
Tetanus	0	0	0	0	0	0	0	0	0	1	0	3

NN. Not Notifiable

1. No notifications of poliomyelitis have been reported since 1986.
2. Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision, so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.
3. Includes congenital rubella

Table 3. Notifications of other diseases received by State and Territory health authorities in the period 1 to 28 April 1998

Disease[1,2]	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998	Year to date 1997
Arbovirus infection (NEC)[3]	0	0	4	8	0	0	1	0	13	22	38	78
Barmah Forest virus infection	0	5	-	45	0	0	2	1	53	89	228	326
Campylobacteriosis[4]	44	-	9	258	77	12	17	93	510	834	2,721	3,817
Chlamydial infection (NEC)[5]	24	NN	78	313	0	16	107	105	643	674	2,880	2,680
Dengue	0	3	1	35	0	0	0	5	44	76	226	177
Donovanosis	0	NN	1	0	NN	0	0	0	1	2	14	10
Gonococcal infection[6]	0	34	107	135	0	0	81	63	420	397	1,652	1,246
Hepatitis A	9	56	2	91	7	2	10	10	187	175	986	1,334
Hepatitis B incident	0	2	0	11	0	1	0	0	14	19	54	77
Hepatitis C incident[7]	0	0	0	-	0	1	-	-	1	2	15	4
Hepatitis C unspecified	13	NN	19	302	NN	13	3	50	400	677	1,729	2,780
Hepatitis (NEC)	0	0	0	0	0	0	1	NN	1	3	7	10
Legionellosis	0	2	0	7	3	0	9	2	23	18	78	56
Leptospirosis	0	1	0	4	0	0	0	0	5	12	45	42
Listeriosis	0	1	0	0	0	1	1	0	3	14	21	38
Malaria	5	7	0	0	0	0	14	2	28	70	186	234
Meningococcal infection	0	9	1	3	0	1	3	4	21	41	70	104
Ornithosis	0	NN	0	0	0	0	3	0	3	0	8	22
Q Fever	0	16	0	25	1	0	0	0	42	34	156	172
Ross River virus infection	0	23	10	373	3	0	2	14	425	1,364	1,544	4,213
Salmonellosis (NEC)	8	83	39	249	75	5	88	49	596	1,176	2,967	3,347
Shigellosis[4]	2	-	10	11	4	0	5	6	38	79	231	335
Syphilis[8]	2	21	15	29	0	1	0	2	70	85	370	423
Tuberculosis	2	16	0	4	2	1	18	4	47	78	268	342
Typhoid[9]	0	2	0	0	1	0	2	0	5	9	34	36
Yersiniosis (NEC)[4]	0	-	1	12	2	0	1	0	16	15	100	114

1. For HIV and AIDS, see Tables 6 and 7. For rarely notified diseases, see Table 1.
2. Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.
3. NT: includes Barmah Forest virus.
4. Not reported for NSW because it is only notifiable as 'foodborne disease' or 'gastroenteritis in an institution'.
5. WA: genital only.
6. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
7. Qld, Vic and WA incident cases of Hepatitis C are not separately reported.
8. Includes congenital syphilis
9. NSW, Qld, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified

\- Elsewhere Classified.

Table 4. Virology and serology laboratory reports by State or Territory[1] for the reporting period 26 March to 22 April 1998, and total reports for the year

	NSW	NT	Qld	SA	Tas	Vic	WA	Total this period	Total reported in *CDI* in 1998
Measles, mumps, rubella									
Measles virus			1			2		3	33
Mumps virus							1	1	10
Rubella virus	2	2	11			1	3	19	54
Hepatitis viruses									
Hepatitis A virus	4	1	34	5	1	1	12	58	173
Arboviruses									
Ross River virus	3	3	90	2			24	122	470
Barmah Forest virus		1					4	5	15
Dengue not typed							7	7	13
Murray Valley encephalitis virus							1	1	1
Kunjin virus							1	1	2
Flavivirus (unspecified)			4			7		11	34
Adenoviruses									
Adenovirus type 2				1				1	8
Adenovirus type 3				4				4	12
Adenovirus type 5				1				1	2
Adenovirus type 6				1				1	1
Adenovirus type 7				3				3	7
Adenovirus type 40							2	2	3
Adenovirus not typed/pending	12		1	42		1	16	72	235
Herpes viruses									
Cytomegalovirus	9	2	26	10		4	9	60	326
Varicella-zoster virus	10		21	18		12	45	106	466
Epstein-Barr virus	16	1	22	57		5	47	148	642
Other DNA viruses									
Molluscum contagiosum							1	1	1
Parvovirus			1	3		7	6	17	59
Picorna virus family									
Coxsackievirus A9	2							2	3
Coxsackievirus B1	1							1	1
Coxsackievirus B4				1				1	3
Coxsackievirus B5	1							1	1
Echovirus type 1				1				1	1
Echovirus type 4	1							1	1
Echovirus type 11	2							2	10
Echovirus type 22	1							1	2
Poliovirus type 1 (uncharacterised)			1					1	3
Rhinovirus (all types)	3			6		1	11	21	157
Enterovirus not typed/pending	7	1	9				43	60	155
Ortho/paramyxoviruses									
Influenza A virus	1		2	10		2	10	25	146
Influenza B virus				8			1	9	54
Parainfluenza virus type 1	16			2		3	50	71	124
Parainfluenza virus type 2	1						7	8	14
Parainfluenza virus type 3				1		1	18	20	174
Respiratory syncytial virus	17	2	9	3			16	47	264

Table 4. Virology and serology laboratory reports by State or Territory[1] for the reporting period 26 March to 22 April 1998, and total reports for the year

	NSW	NT	Qld	SA	Tas	Vic	WA	Total this period	Total reported in *CDI* in 1998
Other RNA viruses									
HTLV-1							1	1	9
Rotavirus	7			3	2		23	35	125
Norwalk agent						4		4	21
Other									
Chlamydia trachomatis not typed	10	53	70	64	4		169	370	1,400
Chlamydia psittaci						1	1	2	18
Chlamydia species	8							8	17
Mycoplasma pneumoniae	18	2	45	26	1	15	5	112	582
Coxiella burnetii (Q fever)	4		4			1	5	14	39
Bordetella pertussis	3		25			35	17	80	589
Legionella pneumophila				2				2	3
Legionella longbeachae				1			2	3	16
TOTAL	159	68	376	275	8	104	561	1,551	6,504

1. State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.

Table 5. Virology and serology laboratory reports by contributing laboratory for the reporting period 26 March to 22 April 1998

State or Territory	Laboratory	Reports
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	54
	New Children's Hospital, Westmead	8
	South West Area Pathology Service, Liverpool	79
Queensland	Queensland Medical Laboratory, West End	402
South Australia	Institute of Medical and Veterinary Science, Adelaide	275
Tasmania	Northern Tasmanian Pathology Service, Launceston	8
Victoria	Royal Children's Hospital, Melbourne	46
	Victorian Infectious Diseases Reference Laboratory, Fairfield	56
Western Australia	PathCentre Virology, Perth	397
	Princess Margaret Hospital, Perth	109
	Western Diagnostic Pathology	117
TOTAL		1,551

Table 6. Australian Sentinel Practice Research Network reports, weeks 13 to 16, 1998

Week number	13		14		15		16	
Week ending on	5 April 1998		12 April 1998		19 April 1998		26 April 1998	
Doctors reporting	50		47		48		52	
Total consultations	7,098		5,792		5,532		6,756	
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	21	3.0	22	3.8	18	3.3	32	4.7
Rubella	0	0.0	1	0.2	0	0.0	0	0.0
Measles	0	0.0	0	0.0	0	0.0	1	0.1
Chickenpox	8	1.1	8	1.4	7	1.3	16	2.4
Pertussis	5	0.7	1	0.2	2	0.4	2	0.3
HIV testing (patient initiated)	14	2.0	8	1.4	6	1.1	9	1.3
HIV testing (doctor initiated)	5	0.7	2	0.3	5	0.9	5	0.7
Td (ADT) vaccine	43	6.1	32	5.5	56	10.1	46	6.8
Pertussis vaccination	29	4.1	35	6.0	30	5.4	38	5.6
Reaction to pertussis vaccine	0	0.0	0	0.0	3	0.5	5	0.7
Ross River virus infection	0	0.0	2	0.3	0	0.0	0	0.0
Gastroenteritis	78	11.0	60	10.4	77	13.9	76	11.2

Table 7. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 November 1997, by sex and State or Territory of diagnosis

									Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1997	This period 1996	Year to date 1997	Year to date 1996
HIV diagnoses	Female	0	4	1	2	0	0	0	1	8	4	72	63
	Male	0	27	1	4	4	0	12	2	50	59	641	730
	Sex not reported	0	0	0	0	0	0	0	0	0	0	14	5
	Total[1]	0	31	2	6	4	0	12	3	58	63	728	799
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	3	22	29
	Male	0	9	0	4	0	0	6	1	20	30	268	572
	Total[1]	0	9	0	4	0	0	6	1	20	33	290	601
AIDS deaths	Female	0	0	0	1	0	0	0	1	2	1	13	16
	Male	0	2	0	0	0	0	5	1	8	40	197	453
	Total[1]	0	2	0	1	0	0	5	2	10	41	211	469

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

Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 November 1997, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	21	493	8	113	46	4	186	79	950
	Male	180	10,472	92	1,776	623	78	3,593	828	17,642
	Sex not reported	0	2,057	0	1	0	0	28	1	2,087
	Total[1]	201	13,035	100	1,895	669	82	3,816	911	20,709
AIDS diagnoses	Female	7	157	0	42	19	2	61	23	311
	Male	80	4,311	30	749	318	41	1,512	334	7,375
	Total[1]	87	4,479	30	793	337	43	1,580	359	7,708
AIDS deaths	Female	2	112	0	28	14	2	43	15	216
	Male	52	3,027	23	522	214	26	1,196	241	5,301
	Total[1]	54	3,146	23	552	228	28	1,245	257	5,533

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

Table 9. Adverse events following vaccination for the period16 December 1997 to 27 April 1998

	Vaccines											
Event	DTP	DTP/Hib	DTP/OPV/Hib	Hib	DTP/OPV	DTP/Hib/Other	MMR	OPV/Other	Hep B	Other[1]	Reporting States or Territories	Total reports for this period
Persistent screaming	27		11		1	2				1	ACT, NT, Qld, SA, Vic	42
Hypotonic/hyporesponsive episode	5		7		2	2		1	1		Qld, SA, Vic	18
Temperature of 40.5°C or more	8		6			1					ACT, NT, Qld, Vic	15
Convulsions	2	1	2	1			1		2	1	NT, Qld, SA, Vic	10
Anaphylaxis	1		1								Qld, Vic	2
Shock										1	Vic	1
Death												0
Other	5	1	5	1	2		3			8	NT, Qld, SA,Vic	25
TOTAL	48	2	32	2	5	5	4	1	3	11		113[2]

1. Includes influenza vaccination, DTPa, CDT, hepatitis B vaccine, pneumococcal vaccination, BCG, ADT and rabies immunoglobulin (HRIG)
2. 2 cases had unspecified events