COMMUNICABLE DISEASES SURVEILLANCE

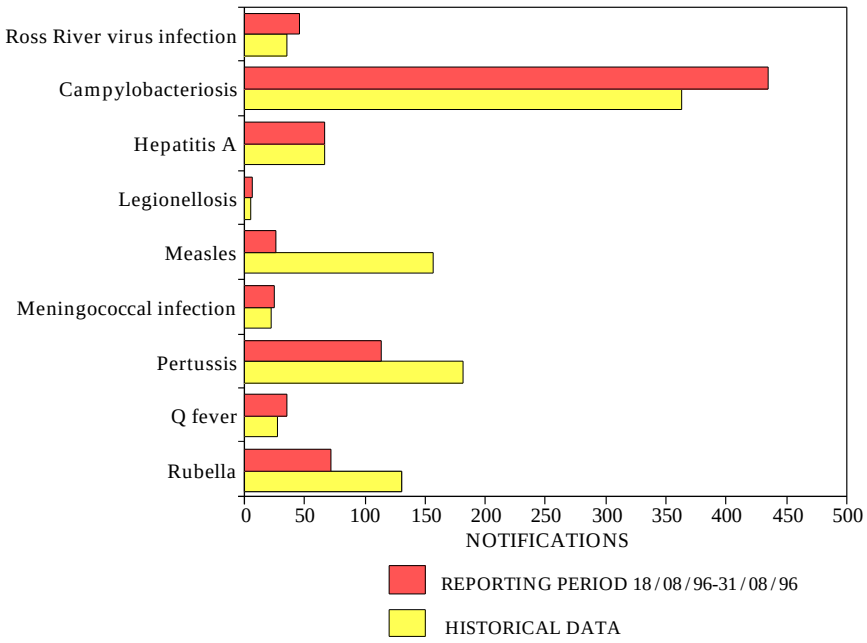
National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia-New Zealand. The system coordinates the national surveillance of 41 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 legislation. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 1996;20:9-10.

Reporting period 18 to 31 August 1996

There were 1,930 notifications received for this two-week period (Tables 1, 2 and 3). The number of reports for selected diseases has been compared with average data for this period in the previous three years (Figure 1).

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



1. The historical data are the averages of the number of notifications in 9 previous 2-week reporting periods: the corresponding periods of the last 3 years and the periods immediately preceding and following those.

Table 1. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 18 to 31 August 1996

DISEASE[1]	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA[2]			
									This period 1996	This period 1995	Year to date 1996	Year to date 1995
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae b infection	0	0	0	2	1	0	1	0	4	3	43	48
Measles	0	10	4	2	1	3	5	1	26	39	329	1006
Mumps	0	1	0	NN	0	0	3	2	6	4	82	97
Pertussis	1	14	0	35	18	0	39	7	114	173	2030	2757
Rubella	1	4	1	34	12	0	19	1	72	172	1668	1662
Tetanus	0	0	0	0	0	0	0	0	0	0	1	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.

Table 2. Notifications of other diseases[1] received by State and Territory health authorities in the period 18 to 31 August 1996

DISEASE	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA[2]			
									This period 1996	This period 1995	Year to date 1996	Year to date 1995
Arbovirus Infection (NEC)[3,4]	0	0	0	0	0	0	0	1	1	0	127	53
Barmah Forest virus infection	0	2	-	13	0	0	-	-	15	16	629	612
Ross River virus infection	0	10	5	28	1	-	0	2	46	27	7432	2329
Dengue	0	0	0	0	0	-	0	0	0	1	27	22
Campylobacteriosis[5]	7	-	4	99	126	21	115	63	435	470	7874	6798
Chlamydial infection (NEC)[6]	0	NN	28	153	1	6	90	58	336	218	5000	3271
Donovanosis	0	NN	0	0	NN	0	0	1	1	2	33	53
Gonococcal infection[7]	0	15	31	59	0	0	17	43	165	218	2588	1981
Hepatitis A	6	25	0	17	1	0	15	2	66	60	1623	1027
Hepatitis B incident	0	0	0	1	0	0	1	3	5	11	144	220
Hepatitis C incident	1	0	0	-	0	-	-	-	1	49	18	55
Hepatitis C unspecified	11	NN	12	141	NN	12	221	28	425	2	6653	6291
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	476	15	8
Legionellosis	0	4	0	0	0	0	0	2	6	7	127	125
Leptospirosis	0	1	0	2	0	0	5	0	8	6	164	84
Listeriosis	0	0	0	0	1	0	1	0	2	2	40	43
Malaria	1	11	0	29	2	1	8	0	52	23	600	452
Meningococcal infection	0	10	0	5	0	1	9	0	25	24	268	229
Ornithosis	0	NN	0	0	0	0	2	0	2	7	60	80
Q fever	0	21	0	3	1	0	11	0	36	29	383	315
Salmonellosis (NEC)	3	20	10	26	9	6	31	14	119	128	4136	4337
Shigellosis[5]	0	-	8	6	2	0	3	1	20	31	473	559
Syphilis	0	26	19	11	0	0	0	0	56	52	1008	1276
Tuberculosis	0	5	1	7	0	0	11	2	26	35	750	672
Typhoid[8]	0	0	0	1	1	0	0	0	2	1	58	45
Yersiniosis (NEC)[5]	0	-	0	6	0	0	1	0	7	10	172	233

1. For HIV and AIDS, see Tables 4 and 5. For rarely notified diseases, see Table 3 .
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. Tas: includes Ross River virus and dengue.
4. NT, Vic and WA: includes Barmah Forest virus.
5. NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.
6. WA: genital only.
7. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
8. NSW, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

Table 3. Notifications of rare[1] diseases received by State and Territory health authorities in the period 18 to 31 August 1996

DISEASE[2]	Total this period	Reporting States or Territories	Year to date 1996
Brucellosis	2	Qld	25
Chancroid	0		1
Cholera	0		4
Hydatid infection	1	ACT	30
Leprosy	0		8

1 . Fewer than 60 cases of each of these diseases were notified each year during the period 1988 to 1995.

2. No notifications have been received during 1996 for the following rare diseases: botulism; lymphogranuloma venereum; plague; rabies; yellow fever; or other viral haemorrhagic fevers.

Figure 2. Measles notifications 1991 to 1996, by month of onset

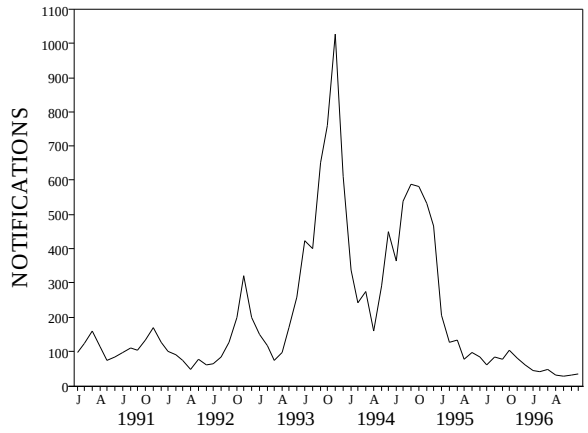
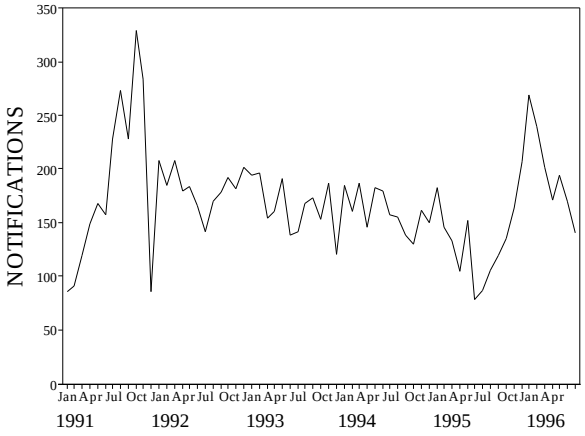


Figure 3. Hepatitis A notifications, 1996, by month of onset

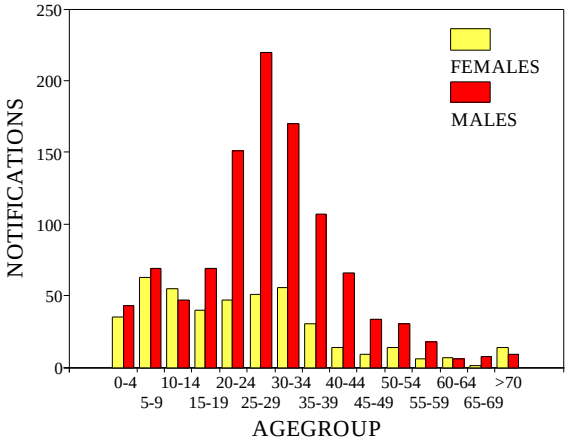


The number of notifications of **measles** has remained low in recent months (Figure 2). A total of 305 cases with onset dates in 1996 has been received of which 164 (54%) were for children under the age of 5 years.

Sixty-six notifications of **hepatitis A** were received this period. The number of reports has fallen in recent months after peaking in January (Figure 3). The highest number of notifications for the year to date has been for males in the 20 to 40 year age goup (Figure 4).

There were 25 notifications of **meningococcal infection** received this fortnight, including 4 cases from the same postcode region of New South Wales. A total of 259 reports with onset dates in 1996 has been received. Of these, 98 (38%) were for children under 5 years of age, and 40 (15%) for the 15 to 19 year old age group.

Figure 4. Hepatitis A notications, 1996, by age group and sex



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) 332 4648 Facsimile: (02) 332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for March 1996, as reported to 30 June 1996, are included in this issue of *CDI* (Tables 4 and 5).

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 March 1996, by sex and State or Territory of diagnosis

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
										This period 1996	This period 1995	Year to date 1996	Year to date 1995
HIV diagnoses	Female	0	4	0	2	0	0	4	2	12	7	25	22
	Male	0	37	1	9	5	0	16	4	72	70	196	213
	Sex not reported	0	0	0	0	0	0	0	0	0	0	2	2
	Total[1]	0	41	1	11	5	0	20	6	84	78	223	241
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	4	0	11
	Male	0	23	0	5	0	0	6	1	35	59	108	185
	Total[1]	0	23	0	5	0	0	6	1	35	64	108	197
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	5	6	11
	Male	0	9	0	5	2	0	11	2	29	56	91	177
	Total[1]	0	9	0	5	2	0	11	2	29	61	97	188

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

Table 5. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 March 1996, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	AUSTRALIA
HIV diagnoses	Female	15	557	4	98	44	4	164	73	959
	Male	168	10002	82	1583	568	70	3369	759	16601
	Sex not reported	0	2048	0	0	0	0	42	0	2090
	Total[1]	183	12614	86	1686	612	74	3584	834	19673
AIDS diagnoses	Female	5	130	0	28	18	2	47	18	248
	Male	72	3789	26	647	272	32	1336	287	6461
	Total[1]	77	3929	26	677	290	34	1390	307	6730
AIDS deaths	Female	2	99	0	22	13	3	36	11	185
	Male	50	2673	20	449	188	21	1052	211	4664
	Total[1]	52	2778	20	473	201	23	1094	223	4864

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

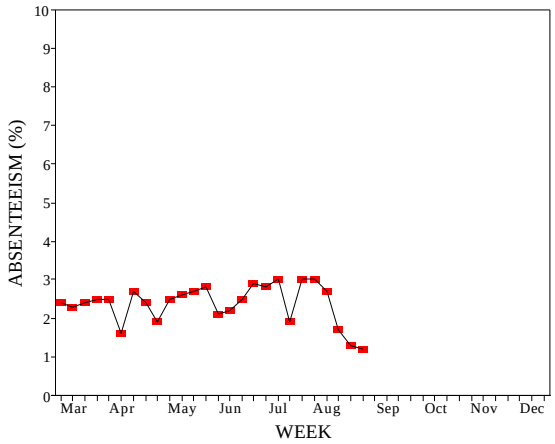
National Influenza Surveillance

Australian Sentinel Practice Research Network; Communicable Diseases Intelligence Virology and Serology Reporting Scheme Contributing Laboratories, New South Wales Department of Health; Victorian Department of Health; World Health Organisation Collaborating Centre for Influenza Reference and Research.

National Influenza Surveillance is conducted from May to September each year. Data are combined from a number of sources to provide an indication of influenza activity. Included are sentinel general practitioner surveillance, absenteeism data from a national employer, and laboratory data from LabVISE and the World Health Organization Collaborating Centre for Influenza Reference and Research. For further information, see CDI 1996;20:9-12.

The absenteeism rate recorded by Australia Post has continued to fall (Figure 5). Consultation rates for influenza-like illness in New South Wales and those recorded by ASPREN have fallen after peaking in late July. Consultations in Victoria peaked in late June. The Northern Territory has reported a dramatic increase in consultations since July after an earlier, much smaller peak in March (Figure 6). However, data for the past month may be subject to revision.

Figure 5. Australia Post absenteeism, 1996, by week



The number of laboratory reports of influenza A are also falling (Figure 7). In the last fortnight, 141 reports were received. Diagnosis was by virus isolation (75), antigen detection (25), single high titre (35) and fourfold rise in titre (6). Of these, 40% of patients were under five years of age and 13% over 65 years of age. For the year to date, 117 reports (10%) have been for persons over 65 years of age.

Fourteen reports of influenza A subtype H_3N_2 were received this fortnight. Of these, 12 were under five years of age.

Australian Sentinel Practice Research Network

The Australian Sentinel Practice Research Network (ASPREN) comprises 99 sentinel general practitioners from throughout the country. A total of approximately 9,000 consultations are recorded each week for 12 conditions. Of these, CDI reports the consultation rate for influenza, rubella, measles, pertussis and gastroenteritis. For further information including case definitions see CDI 1996;20:98-99.

Data for week 32 ending 11 August to week 35 ending 1 September respectively are included in this issue of *CDI* (Table 6). The consultation rate for gastroenteritis has remained stable since mid-July. Consultation rates for chickenpox have also remained at a steady level over the last three months. Consultations for rubella, measles and pertussis continue to be reported at low rates.

Figure 6. Sentinel general practitioner influenza reports, 1996, by week

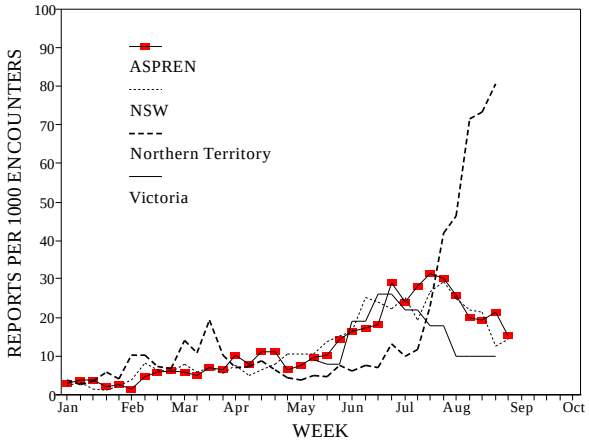


Figure 7. Influenza A laboratory reports, 1996, by method of diagnosis and week of specimen collection

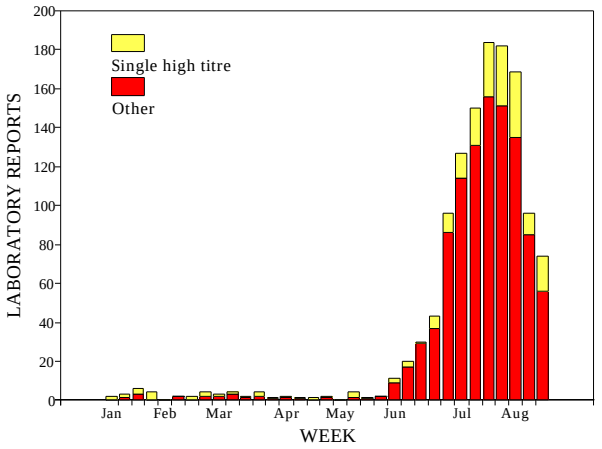


Table 6. Australian Sentinel Practice Research Network reports, weeks 32, 33, 34 and 35, 1996

Condition	Week 32, to 11 August 1996		Week 33, to 18 August 1996		Week 34, to 25 August 1996		Week 35, to 1 September 1996	
	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	159	19.9	160	19.4	166	21.5	100	15.2
Rubella	5	0.6	3	0.4	2	0.3	3	0.5
Measles	0	0	0	0	0	0	0	0
Chickenpox	7	0.9	10	1.2	7	0.9	5	0.8
Pertussis	4	0.5	3	0.4	1	0.1	0	0
Gastroenteritis	112	13.1	115	13.9	107	13.8	109	16.6

Gonococcal Surveillance

John Tapsall, Prince of Wales Hospital, High Street, Randwick NSW 2031, for Australian Gonococcal Surveillance Programme

Australian Gonococcal Surveillance Programme (AGSP) reference laboratories in the various States and Territories report data on sensitivity to an agreed 'core' group of antimicrobial agents quarterly. The antibiotics which are currently routinely surveyed are the penicillins, ceftriaxone, ciprofloxacin and spectinomycin, all of which are administered as single dose regimens. 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 through the use of a standardised system of testing and a programme-specific quality assurance programme. Because of the geographic differences in susceptibility patterns, regional as well as aggregated data are presented.

Reporting period 1 July to 30 September 1995

In the third quarter of 1995, AGSP reference laboratories examined 467 isolates of *Neisseria gonorrhoeae*.

Penicillins

This group of antibiotics (penicillin, ampicillin, amoxycillin) remains useful in some parts of Australia. These antibiotics are least effective in the larger population centres of Sydney and Melbourne where more than 30% of isolates were penicillin resistant in this quarter.

Figure 8 shows the proportion of strains fully sensitive to penicillin, less sensitive, relatively resistant or penicillinase-producing (PPNG) in different regions and for all isolates throughout Australia. Strains which are PPNG or in the relatively resistant category usually fail to respond to the penicillins.

There were 30 PPNG detected throughout Australia in this quarter (6.4% of all isolates). Eleven of these were in Sydney (9% of isolates there), 10 in Melbourne (16.4%), 5 in Brisbane (3.3%), 3 in Perth and 1 in Darwin. Local (as opposed to overseas) acquisition of PPNG predominated in Melbourne and Brisbane.The 'imported' isolates were from south-east Asian countries.

There were more isolates (41) resistant to penicillin by chromosomal mechanisms - so called CMRNG - than there were PPNG. CMRNG were detected most often in Sydney (28 isolates, 23% of strains there) and Melbourne (9 strains, 15%) but were also present in Perth, Brisbane and the Northern Territory in small numbers. There were 40 PPNG and 61 CMRNG in the June quarter of 1995 and 28 PPNG and 54 CMRNG in the September quarter of 1994.

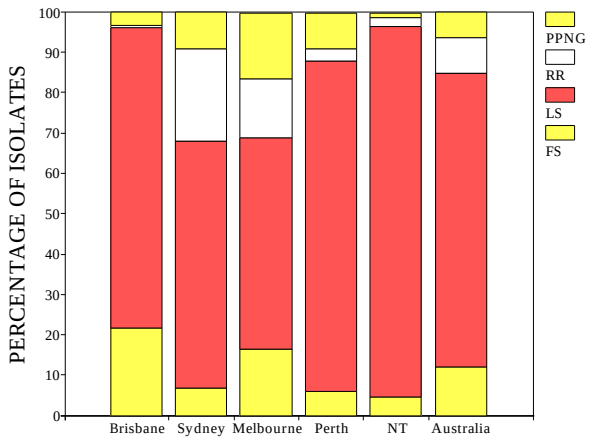
Ceftriaxone and spectinomycin

All 467 strains from all parts of Australia were sensitive to these injectable agents.

Although there has been some decrease in susceptibility of gonococci to ceftriaxone, no documented case of treatment failure has yet been reported. The significant activity of ceftriaxone against gonococci makes it the preferred cephalosporin for use in gonorrhoea.

Spectinomycin resistant strains were seen infrequently and sporadically in Australia in the 1980s. Only one spectinomycin-resistant isolate has been seen in recent years.

Figure 8. Penicillin susceptiblity of gonococcal isolates throughout Australia and by region, 1 July to 30 September 1995



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 ≤ 0.03mg/l

Quinolone antibiotics

In this quarter, 17 isolates throughout Australia (3.6% of all strains) displayed altered quinolone sensitivity (QRNG, MICs ≥ 0.06 mg/L). These were detected in Melbourne (8 isolates - 13%), Sydney (5 isolates - 4%), Brisbane (3 isolates - 2%) and in a single strain in Perth. Strains with high level quinolone resistance (MICs ≥ 1 mg/L) were detected only in Sydney (5) and Melbourne (3).

In the previous quarter, 29 QRNG were detected, with 13 of these having high level resistance. In the past twelve months more QRNG with higher MICs have appeared in more centres.

Patients were infected with QRNG in China, Indonesia, Hong Kong and Japan and the Philippines before returning to Australia, but additionally a few locally acquired infections with QRNG were recorded. Quinolone-resistant gonococci are being isolated in increasingly high numbers in countries close to Australia so that consideration should be given to using alternative regimens for patients entering or returning to Australia from these areas.

High level tetracycline resistance (TRNG)

Twenty-five TRNG were detected in this quarter, 9 in Sydney (7.5% of strains there), 6 in Melbourne (9.8%), 4 in Perth (12%) and three each in Brisbane and the Northern Territory. This is a decrease on the 39 TRNG seen in the June quarter and approximates the 20 isolates of this type seen in the September quarter of 1994. Infections with TRNG were acquired overseas in Indonesia, Thailand, Singapore and, increasingly, through local contact.

LabDOSS

LabDOSS is a passive surveillance scheme that reports on significant bacterial and fungal isolates from normally sterile sites. Twenty laboratories currently forward reports of sterile site isolates to the Department of Health and Family Services. LabDOSS is published in alternate issues of CDI. Data from the LabDOSS scheme should be interpreted with caution. There is a potential for geographical, testing and referral pattern biases. In addition, risk factors and clinical information are not consistently provided by laboratories. For further information, see CDI 1996;20:9-10.

Data for this four weekly period have been provided by 6 laboratories. There were 237 reports of significant sepsis:

New South Wales: Royal North Shore Hospital 41.
Tasmania: Royal Hobart Hospital 31.
Queensland: Ipswich General Hospital 46; Sullivan and Nicholaides and Partners 66.
Western Australia: Sir Charles Gairdner Hospital 36.
Western Australia: Princess Margaret Hospital for Children 17.

Blood isolates

Organisms reported 5 or more times from blood are detailed in Table 7. Other blood isolates not included in Table 7 were:

Gram-positive: 2 *Bacillus* species, 2 *Corynebacterium* species, 3 *Enterococcus faecalis,* 2 *Enterococcus* species, 1 *Listeria monocytogenes,* 3 *Streptococcus* Group A, 3 *Streptococcus* Group B, 2 *Streptococcus* Group G, 2 *Streptococcus* 'milleri', 2 *Streptococcus sanguis* and 2 *Streptococcus* species.

Gram-negative: 1 *Acinetobacter* species, 1 *Aeromonas* species, *1 Brucella suis,* 1 *Capnocytophaga canimorsus, 1 Citrobacter freundii,* 2 *Enterobacter aerogenes,* 2 *Enterobacter cloacae,* 1 *Enterobacter* species, 1 *Enterobacter amnigenus,* 1 *Flavimonus oryzihabitans,* 4 *Haemophilus influenzae,* 1 *Haemophilus parainfluenzae,* 2 *Klebsiella oxytoca,* 1 *Morganella morganii,* 4 *Proteus mirabilis,* 2 *Serratia marcescens,* 1 *Serratia* species and 1 *Xanthomonas maltophilia.*

Anaerobes: 2 *Bacteroides fragilis,* 2 *Clostridium perfringens,* and 2 *Propionibacterium* species.

Fungi: 1 *Candida albicans* and 1 *Candida* species.

There were 176 (79% of total) blood isolates reported for patients over the age of 34 years (Figure 9).

Isolates from sites other than blood

CSF: Twelve reports of isolates from CSF or causing meningitis were received involving 1 *Cryptococcus neoformans,* 1 *Listeria monocytogenes,* 6 *Neisseria meningitidis,* 2 *Staphylococcus aureus,* 1 *Staphylococcus epidermidis* and 1 *Streptococcus pneumoniae.*

Joint fluid: Two reports from joint fluid were received involving 1 *Staphylococcus aureus* and 1 *Streptococcus* Group G.

Other: One report of an isolate from another sterile tissue was received involving *Klebsiella oxytoca.*

The final LabDOSS report

The surveillance scheme for organisms from normally sterile sites, LabDOSS, was evaluated recently as part of a review of national surveillance activities. The evaluation highlighted the limited extent to which LabDOSS has fulfilled an effective public health function.

The evaluation showed that data from the LabDOSS scheme was predominantly used by contributing laboratories to examine local trends within individual institutions but it was not used to develop policy or change practices. There was minimal use of LabDOSS data on a State or national basis. In general, the scheme failed to fulfil its defined objectives of: improving the understanding of the epidemiology of disease caused by invasive organisms; monitoring national trends of invasive disease; identifying emerging pathogens; guiding direction for further research; and developing and evaluating public policy based on the surveillance information. As a result of the evaluation it has been decided to discontinue LabDOSS. This is therefore the final report for LabDOSS in *CDI*.

We would like to thank contributors for their input to the LabDOSS scheme.

Figure 9. LabDOSS reports of blood isolates, by age group

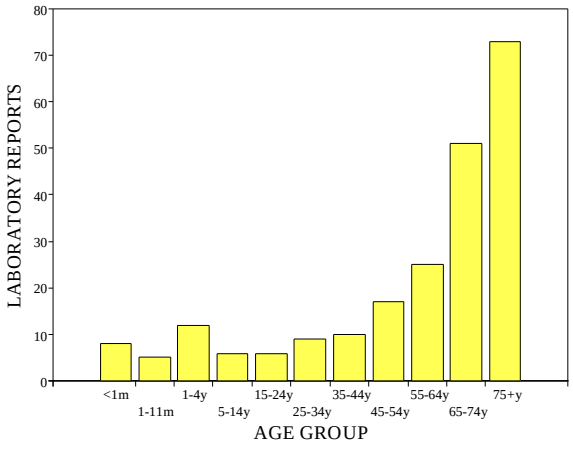


Table 7. LabDOSS reports of blood isolates, by organism and clinical information

Organism	Clinical information						Risk factors					Total[1]
	Bone/Joint	Lower respiratory	Endocarditis	Gastrointestinal	Urinary tract	Skin	Surgery	Immunosuppressed	IV line	Hospital acquired	Neonatal	
Escherichia coli					6		3	6	2	3		38
Klebsiella pneumoniae					1		2	3	1	2		12
Pseudomonas aeruginosa					1	1	3	3		2		10
Staphylococcus aureus				5	2		6	11	7	14		38[2]
Staphylococcus coagulase negative			1		1		1	8	4	1		44[3]
Streptococcus pneumoniae								5		1		20

1. Only organisms with 5 or more reports are included in this table.
2. MRSA 8.
3. Includes *Staphylococcus epidermidis*.

LabVISE

The Virology and Serology Reporting Scheme, 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 each fortnight. 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 1996;20:9-12.

There were 1,056 reports received in the *CDI* Virology and Serology Reporting Scheme this period (Tables 8 and 9).

Reports of **parvovirus** have increased over the last few months with 25 reports in July being the highest recorded since 1992 (Figure 10). In the last fortnight, 12 reports were received with one diagnosed by single high titre and the remainder by IgM detection.

Although data for August may be incomplete, reports of **respiratory syncytial virus** appear to have peaked (Figure 11). The total reports for July are marginally higher than the number reported in 1995. In the last fortnight, 294 reports were received. Diagnosis was by antigen detection (188), virus isolation (100), single high titre (4) and four-fold rise in titre (2). Most reports (272) continue to be for children under five years of age.

Figure 10. Parvovirus laboratory reports, 1992 to 1996, by month of specimen collection

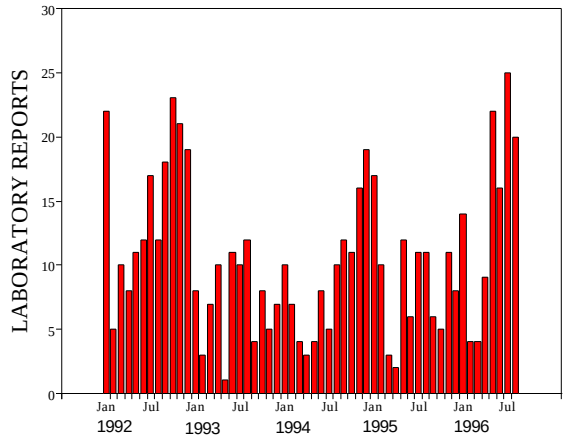


Figure 11. Respiratory syncytial virus laboratory reports, 1994 to 1996, by month of specimen collection

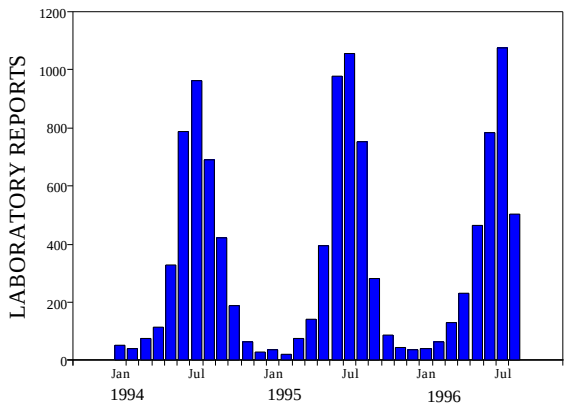


Table 8. Virology and serology laboratory reports by State or Territory[1] for the reporting period 22 August to 4 September 1996, historical data[2], and total reports for the year

	State or Territory[1]								Total this fortnight	Historical data[2]	Total reported this year
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA			
MEASLES, MUMPS, RUBELLA											
Mumps virus							1		1	3.0	30
Rubella virus				14			2		16	20.0	390
HEPATITIS VIRUSES											
Hepatitis A virus				10			2		12	15.7	325
Hepatitis D virus				1					1	1.0	11
ARBOVIRUSES											
Ross River virus			1	11					12	6.7	3,062
Barmah Forest virus				6					6	2.7	176
Stratford virus				1					1	.0	1
ADENOVIRUSES											
Adenovirus type 2							2		2	1.3	21
Adenovirus type 8					1				1	1.3	4
Adenovirus type 9							1		1	.0	1
Adenovirus not typed / pending		1		19	7	1	14	11	53	43.5	1,010
HERPES VIRUSES											
Cytomegalovirus		3		20	2	1	12	6	44	58.7	1,197
Varicella-zoster virus		2		15	4		14		35	35.0	896
Epstein-Barr virus		4		15			7	1	27	54.5	1,427
OTHER DNA VIRUSES											
Parvovirus	1			4			7		12	4.5	133
PICORNA VIRUS FAMILY											
Coxsackievirus B5							1		1	.3	3
Echovirus type 7							3		3	.0	10
Poliovirus type 2 (uncharacterised)						1			1	.5	14
Poliovirus type 2 (vaccine strain)						1			1	.0	2
Rhinovirus (all types)		2		9	1		16		28	39.3	531
Enterovirus not typed / pending		1		25			6		32	33.0	643
ORTHO / PARAMYXOVIRUSES											
Influenza A virus		16		65	33	1	22	4	141	83.8	1,251
Influenza A virus H3N2				14					14	6.3	64
Influenza B virus				2			1		3	27.3	40
Parainfluenza virus type 1				4	1		2		7	4.5	281
Parainfluenza virus type 2					2				2	1.7	59
Parainfluenza virus type 3				8	2		6	6	22	37.7	405
Parainfluenza virus typing pending						1		1	2	2.5	13
Respiratory syncytial virus		24		36	40	24	117	53	294	259.3	3,469
Paramyxovirus (unspecified)							1		1	.0	16
OTHER RNA VIRUSES											
Rotavirus		28			5	4	66	13	116	187.2	1,050
Calicivirus							1		1	.0	6

Table 8. Virology and serology laboratory reports by State or Territory[1] for the reporting period 22 August to 4 September 1996, historical data[2], and total reports for the year, continued

	State or Territory[1]								Total this fortnight	Historical data[2]	Total reported this year
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA			
OTHER											
Chlamydia trachomatis not typed		4	6	25	19	4	3	2	68	90.7	2,744
Chlamydia psittaci							3		3	3.7	71
Chlamydia species				2					2	1.2	66
Mycoplasma pneumoniae		19		7			11		37	21.7	508
Coxiella burnetii (Q fever)		2					1		3	4.5	138
Rickettsia australis			1				1		2	1.0	17
Rickettsia tsutsugamushi				1					1	.7	9
Bordetella pertussis							16		16	19.3	335
Bordetella species				11					11	7.5	215
Leptospira canicola				1					1	.0	2
Leptospira pomona				1	2				3	.0	4
Leptospira hardjo		1		2					3	.0	17
Leptospira australis				2					2	.0	7
Leptospira species				7					7	.2	51
Schistosoma species		1					3		4	5.0	208
TOTAL	1	108	8	338	119	38	342	97	1,056	1,086.7	20,933

1. State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.
2. The historical data are the averages of the numbers of reports in 6 previous 2 week reporting periods: the corresponding periods of the last 2 years and the periods immediately preceding and following those.

Table 9. Virology and serology laboratory reports by contributing laboratories for the reporting period 22 August to 4 September 1996

STATE OR TERRITORY	LABORATORY	REPORTS
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	35
	Royal Prince Alfred Hospital, Camperdown	2
	South West Area Pathology Service, Liverpool	57
Queensland	Queensland Medical Laboratory, West End	159
	State Health Laboratory, Brisbane	203
South Australia	Institute of Medical and Veterinary Science, Adelaide	116
Tasmania	Royal Hobart Hospital, Hobart	43
Victoria	Microbiological Diagnostic Unit, University of Melbourne	3
	Monash Medical Centre, Melbourne	35
	Royal Children's Hospital, Melbourne	204
	Victorian Infectious Diseases Reference Laboratory, Fairfield Hospital	103
Western Australia	Princess Margaret Hospital, Perth	96
TOTAL		1056