# NFECTIOUS DISEASE

**F** rom this issue of the *NSW Public Health Bulletin* infectious disease notifications are being presented in an improved format. Vaccine preventable diseases and diseases of rare occurrence are reported separately from other notifiable diseases. This format is consistent with that of the *Communicable Diseases Intelligence*.

In addition, Ross River virus, other alphaviruses and flavivirus are reported separately. This follows a recommendation of the Infectious Diseases Advisory Committee.

# TIMELINESS AND COMPLETENESS OF REPORTING

The following table lists the number of weekly reports made to the Epidemiology and Health Services Evaluation Branch in the past two months, i.e. from Epiweek 32 to Epiweek 39.

An electronic mail service is scheduled for installation in all Public Health Units (PHUs) by March 1993. Since its installation in the New England and Illawarra PHUs, weekly transfer of notification data has occurred by E-mail.

# TABLE 4

NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH: AUGUST-SEPTEMBER 1992

	Public Health Unit	Number	Status
1	Central/Southern Sydney	8	Complete
	Eastern Sydney	8	Complete
	South Western Sydney	6	Incomplete
	Western Sector	8	Complete
	Northern Sydney	8	Complete
	Central Coast	8	Complete
	Illawarra	8	Complete
	Hunter	8	Complete
	North Coast	6	Incomplete
	New England	8	Complete
	Orana and Far West	8	Complete
	Central West	8	Complete
	South-West	8	Complete
	South-East	8	Complete
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#### TABLE 5

PERCENTAGE OF DOCTOR NOTIFICATIONS WITH INCOMPLETE INFORMATION BY VARIABLE AND PUBLIC HEALTH UNIT, AUGUST-SEPTEMBER 1992

Public Health Unit	Age	Sex	Aboriginality
Central Sydney	complete	complete	6
Southern Sydney	complete	complete	6
Eastern Sydney	6	2	7
South Western Sydney	2	21	6
Western Sydney	complete	5	2
Wentworth	complete	complete	complete
Northern Sydney	10	1	8
Central Coast	2	complete	6
Illawarra	complete	complete	55
Hunter	4	3	28
North Coast	complete	1	4
New England	1	4	9
Orana and Far West	8	1	23
Central West	11	complete	25
South-West	complete	complete	7
South-East	complete	complete	12

#### **REFUGEE SCREENING IN NSW**

In 1991 the Infectious Diseases Section of the Epidemiology Branch completed a review of the NSW refugee medical screening program. The review examined inter alia the need for screening, the groups screened, the diseases sought by screening, screening in other States and countries, and options for the organisation of screening in NSW.

Some of the findings of the review were that:

- medical screening of refugees and similar immigrants overseas does not prevent some people with conditions of public health significance arriving in NSW in an infectious state;
- the diseases sought by screening at present (tuberculosis, syphilis, leprosy, incomplete immunisation status) are suitable but omit hepatitis B;
- the present target group of screening misses many incoming immigrants at high risk for diseases of public health significance, although inclusion of other high-risk groups in screening would depend on being able to obtain local contact details of immigrants on arrival in NSW; and
- screening programs in other Australian States make greater use of chest clinics (established to detect and treat tuberculosis) and general practitioners.

#### The review recommended that:

- if possible, the target group of screening should be expanded to include additional groups of immigrants at high risk of tuberculosis [according to specified rates of tuberculosis in the country of origin] as well as other diseases of public health significance;
- screening would be better located in multiple chest clinics, with the screening program seeking only diseases with substantial public health significance, i.e. tuberculosis, hepatitis B, immunisation deficiencies and syphilis;
- all patient management, as well as detection of most personal health problems, should be performed by general practitioners, with referral by the general practitioner to specialist services as appropriate;
- serology for hepatitis B surface antigen should be included in screening with vaccination provided for household contacts of those positive; and
- health education/promotion for clients of screening would best be provided by Area/Region Health Promotion Units.

It is difficult to predict the numbers of immigrants that could be screened according to the criteria provided by the review, as policy on immigration is highly labile (immigration numbers are currently well down on those of several years ago), and obtaining new immigrant arrival details may be difficult. The higher cost of screening greater numbers may be limited by changes to the organisation and scope of screening as suggested by the review. Additionally, more secondary cases of tuberculosis and other diseases would be prevented than at present, providing a saving in treatment costs. The review estimates that tuberculosis alone costs NSW \$3.5 million a year, at a cost of \$10,000 a case.

The Epidemiology Branch formed a working group on refugee screening to consider implementation of the report's recommendations. Improving links between the refugee screening service, chest clinics and general practitioners, and the introduction of routine hepatitis B screening with vaccination of household contacts are matters examined by the group. In addition, relevant Areas have already been contacted about the possible use of chest clinics for immigrant screening.

Mark Bek, Public Health Officer and Michael Levy, Manager, Infectious Disease Epidemiology, NSW Health Department.

# WHOOPING COUGH IMMUNISATION — CONTRAINDICATIONS MISAPPLIED

Pertussis (whooping cough) continues to be a serious health problem for young children. In the past 10 years about 400 children have been admitted to hospitals in the Hunter Area with this disease. It has been estimated that while 90 per cent of children under five years are protected against diphtheria and tetanus, only 70 per cent are protected against pertussis.

Figures on vaccine distribution are available and provide some valuable information to explain this difference in immunisation cover. Diphtheria Tetanus Pertussis (DTP) vaccine, or triple antigen (TA), is given at two, four, six and 18 months of age, and Combined Diphtheria Tetanus (CDT) at preschool age.

Theoretically the ratio of usage of CDT to DPT should be 1:4. From the State Vaccine Centre figures relating to the distribution of vaccine to hospitals and local government immunisation programs indicate that over the past two years the CDT:DTP ratio is 1:3 for NSW. For the Hunter Area it is 1:2.

From CSL, the sole manufacturers and distributor of these vaccines in Australia, the ratio for NSW as a whole — which would include the vaccine used by family doctors as well as the public immunisers — is 1:2.5.

By contrast the ratio of usage in the John Hunter Hospital paediatric immunisation clinic, where the listed contraindications are strictly applied, is CDT:DTP 1:10 up to five years of age. In 1991 in the age group up to 18 months 1,014 doses of TA were given compared to eight doses of CDT.

The figures suggest very strongly that CDT is often given instead of DTP in the routine immunisation of children. It appears likely that immunisers are unduly cautious in interpreting contraindications to the use of pertussis vaccine.

The contraindictions to DTP as listed in Immunisation Procedures 4th edition, NH&MRC 1991 are as follows. It is assumed that most reactions are against the pertussis component.

- 1. Immunisation should not be carried during a significant acute illness.
- 2. A major reaction following DTP, which includes fever above 40.5 °C, convulsions, hypotonic/hypertonic episodes, shock, anaphylaxis, thrombocytopenia and encephalopathy, severe local reactions or persistent screaming for more than three hours.
- 3. Infants known to have active or progressive neurological disease.

The following are NOT contraindications

- 1. Asthma, eczema, hay fever or mild upper respiratory symptoms.
- 2. Treatment with topical or inhaled steroids.
- 3. Treatment with antimicrobial agents.
- 4. Mild acute illness with low-grade fever.
- 5. Prematurity.

- 6. Child being breast-fed.
- 7. History of postnatal jaundice.
- 8. Previous history of pertussis, measles, rubella, or hepatitis.
- 9. Infants or children older than recommended in immunisation schedule.
- 10. Pregnancy of mother or other household contact.
- 11.Stable neurological disease, e.g. cerebral palsy, Down's syndrome or family history of convulsions.
- 12. Family history of Sudden Infant Death Syndrome.
- Family history of an adverse event following immunisation which was unrelated to immunosuppression.

No child should be denied immunisation without serious thought as to the consequences, both for the individual and the community. If immunisers are concerned about a risk of severe adverse effects to immunisation, the injections can be given in a setting where support services are available such as in the Accident and Emergency departments of hospitals. Advice about immunisation is available through PHUs.

Bert Evans, Immunisation Coordinator, Hunter Area Health Service.

# VACCINE PREVENTABLE DISEASES Rubella

During September the Chief Health Officer alerted the community to the possibility of increased levels of rubella circulating in the community. Queensland, ACT, Victoria and South Australia have observed an increased number of rubella notifications in recent months.

Forty-three notifications for rubella have been received for 1992. This compares with 35 for the same period for 1991. Ten of the notifications for 1992 were in females in the 18-45 year age group.

Women of childbearing age unsure of their rubella immunisation status should be encouraged to consult their medical practitioner.

#### Measles

Measles incidence for 1992 (266 notifications) is similar to that observed for the same period in 1991 (261 notifications). Eighty-two per cent of notifications received for 1992 are for people over the age of 12 months; as immunisation is recommended at that age, those cases can be classified preventable.

## Pertussis

The incidence of pertussis has risen markedly in 1992. Compared with the 34 notifications for all of 1991, 92 notifications have been received for the period January to September 1992. The years 1990 and 1991 were interepidemic years in the three- to four-yearly epidemic cycle observed for pertussis. It is possible that 1992 could be an epidemic year.

#### Haemophilus influenzae B

Forty-three per cent of notifications received for Haemophilus influenzae type b (Hib) infections were for children between the ages of 18 months and five years. The remaining 57 per cent of cases occurred in children younger than 18 months of age.

The National Health and Medical Research Council (NH&MRC) has recommended that a single Hib vaccine suitable for all Australian children should be incorporated into the schedule of childhood immunisations. As the focus of Hib disease control should be directed at the youngest possible age group, the NH&MRC therefore recommends that all children be immunised against Hib disease before the age of six months.

## **OTHER NOTIFIABLE DISEASES**

The number of foodborne illness (NOS) notifications for 1992 (188 notifications) has decreased by 92 per cent from the 2,394 notifications received for the same period in 1991. This is due to a change in reporting requirements under the Public Health Act 1991. An increased number of notifications is being received for gastroenteritis in an institution: 45 notifications in 1991, 342 in 1992 — a rise of 660 per cent.

The number of notifications for Legionnaires' disease has increased from 24 for 1991 to 77 for 1992 — a rise of 221 per cent. This is due particularly to the April 1992 Fairfield outbreak but can also be attributed to the increased recognition of Legionnaires' disease following the outbreak.

The apparent decrease of 73 per cent in the number of notifications for meningococcal infection (NOS), from 33 for 1991 to nine for 1992, is partly due to the better specification of infection type: meningococcal meningitis has increased from 36 notifications for 1991 to 55 for 1992 (a 53 per cent increase).

#### **ROTAVIRUS SURVEILLANCE PROGRAM**

The voluntary laboratory-based infectious diseases surveillance program conducted by the Eastern Sydney PHU receives reports from a number of laboratories based in Eastern Sydney and adjacent areas. Laboratories report isolates/diagnoses of enteric bacteria, viruses and parasites, streptococci isolated from normally sterile sites, respiratory and herpes group viruses, Chlamydia trachomatis and Mycoplasma pneumonia on a weekly basis by facsimile. Participating laboratories include public hospital microbiology laboratories at Prince of Wales, Sydney and St Vincent's Hospitals, virology laboratories at Prince Henry Hospital and The Children's Hospital, and the private pathology services of Macquarie Pathology, Hanly Moir Pathology, Douglas Laboratories, Lamond Pathology, United Diagnostics, Mansfield's Pathology, Quinn Pathology and Sugerman's Pathology.

Due to the role of some of the public hospital laboratories as reference laboratories and the wide referral patterns of a number of the private pathology services, the surveillance program derives reports from patients resident in many parts of NSW. Reports are sent in the form of individual records which are unable to be identified. For the purposes of distinguishing duplicates and epidemiological analysis, patient identifiers are reduced to the first two letters of the surname and first initial, date of birth or age and postcode.

The figure below presents data on rotavirus gathered through the Eastern Sydney Laboratory Surveillance Program in 1991 and 1992. Rotavirus circulates all year but causes annual winter epidemics of gastroenteritis, predominantly affecting children under three years.

Mark Ferson, Director, Eastern Sydney Area Public Health Unit, and Syd Bell, Medical Officer of Health, Eastern Sydney Area Health Service.

# **FIGURE 6**



#### TABLE 6

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS SEPTEMBER 1992

Condition	Numl	ber of c	ases not Cumu	tified lative
	Sept. 1991	Sept. 1992	Sept. 1991	Sept. 1992
Adverse event	N/A	2	N/A	31
AIDS	37	-	282	152
Arboviral infection	6	1	460	285
Brucellosis	-	-	2	1
Cholera		1997		1
Diphtheria		-		3 -
Foodborne illness (NOS)	211	5	2394	188
Gastroenteritis (instit.)	5	1	45	342
Gonorrhoea	27	19	301	329
H influenzae epiglottitis	3	3	14	35
H influenzae B — meningitis	10	5	37	77
H influenzae B — septicaemia		1	8	19
H influenzae infection (NOS)	9	1	99	28
Hepatitis A	117	20	668	750
Hepatitis B	132	82	990	2241
Hepatitis C	98	88	354	2842
Hepatitis D	N/A	12	N/A	5
Hepatitis, acute viral (NOS)	2	_	236	13
HIV infection*	71	55	575	559
Hydatid disease	3		7	4
Legionnaires' disease	2		24	77
Leprosy		_		5
Leptospirosis	6		29	14
Listeriosis	_	1		10
Malaria	16	5	163	99
Measles	17	17	261	266
Meningococcal meningitis	6	7	36	55
Meningococcal septicaemia	2	3	12	11
Meningococcal infection (NOS)	6	_	33	9
Mumps	N/A		N/A	17
Mycobacterial tuberculosis	37	6	233	275
Mycobacterial — atypical	10	_	87	184
Mycobacterial infection (NOS)	13	3	129	41
Pertussis	2	4	34	92
Plaque		1.1.1.1.1.1		
Poliomvelitis	_	and the set		
O fever	9	5	151	134
Rubella	7	2	35	43
Salmonella infection (NOS)	68	10	1000	600
Synhilis	58	28	458	666
Tetanus			3	1
Typhoid and paratyphoid	6	1	46	22
Typhola and paratyphola				
Viral baomorrhagic fevers	2.2	Koline	R.C.E.	Sec. 3
Vallow fever				
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\*Data to August only.

#### **PUBLIC HEALTH EDITORIAL STAFF**

The Bulletin's editorial advisory panel is as follows: Dr Sue Morey, Chief Health Officer, Public Health Division, NSW Health Department; Professor Stephen Leeder, Director, Department of Community Medicine, Westmead Hospital; Professor Geoffrey Berry, Head, Department of Public Health, University of Sydney; Dr Christine Bennett, General Manager, Royal Hospital for Women; Dr Michael Frommer, Deputy Director, Epidemiology and Health Services Evaluation Branch, NSW Health Department; Ms Jane Hall, Director, Centre for Health Economics Research and Evaluation; and Mr Michael Ward, Manager, Health Promotion Unit.

The editor is Dr George Rubin, Director, Epidemiology and Health Services Evaluation Branch, NSW Health Department.

The Bulletin aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include the key points to be made in the first paragraph. Please submit items in hard copy and on diskette, preferably using WordPerfect 5.1.

Please send to The Editor, Public Health Bulletin, Locked Mail Bag 961, North Sydney NSW 2059, Fax (02) 391 9232 Design – Health Public Affairs Unit, NSW Health Department.

Suggestions for improving the content and format of the Bulletin are most welcome. Please contact your local Public Health Unit to obtain copies of the NSW Public Health Bulletin.

# TABLE 7

# NOTIFICATIONS FOR VACCINE PREVENTABLE DISEASES BY MONTH OF ONSET CUMULATIVE 1992

	MONTH											
CONDITION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL		
Measles	48	31	34	22	41	28	21	24	17	266		
Mumps	3	5	2	-	3	2	1	1	-	17		
Pertussis	5	15	25	7	6	9	12	9	4	92		
Rubella	6	7	7	4	1	1	5	10	2	43		
Tetanus	1	-	-	-	. <del></del> .	-	-	_	-	1		
Adverse event after immunisation	4	8	3	1	6	3	-	4	2	31		

# TABLE 8

#### NOTIFICATIONS FOR VACCINE PREVENTABLE DISEASES BY HEALTH AREA AND REGION CUMULATIVE 1992

-	 	-	LAI	 -	 22	

	PUBLIC HEALTH UNIT																
DISEASE NAME	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	TOTAL
Measles	33	12	7	25	26	8	19	6	10	56	17	21	11	5	3	7	266
Mumps	_	-	3	2	3	—	1	-	1	3	1	-	-	-	2	1	17
Pertussis	3	9	3	9	9	7	11	4	2	6	26	2	-	-	1	-	92
Rubella	2	2	3	3	7	1	12	-	-	2	6	2	-	-	1	2	43
Tetanus	-	-	-	1	_	_	-	-	-	-	-	-	_	_	-	-	1
Adverse event after																	
immunisation	3	3	-	-	2	-	-	1	-	1	5	8	-	1	2	5	31

# TABLE 9

#### RARELY NOTIFIED DISEASES BY HEALTH AREA AND REGION CUMULATIVE 1992

	PUBLIC HEALTH UNIT																
DISEASE NAME	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	TOTAL
Brucellosis	-	-	-	1	-	-	-	-	-	-	_	_	_	-	-	-	1
Cholera	_	_		-	_	-	1	-	_	_	-	-	_	-	-		1
Hydatid disease	_	-	_	-	_	-	_	-	_	-	1	2	_	1	_	-	4
Leprosy	_	_	-	1	1	1	-	_	-	÷.	-	1	-	-	1	-	5
Leptospirosis	-	1	-	-	-	1	-	-	-	-	5	2	-	5	-	-	14
Listeriosis	-	2	-	-	-	2	4		-	-	1	-	-2	1	-	-	10

and the second	TABLE 10									1 1 2 1 3 1	/1/92-31/ /1/92-30/	8/92 6/92	7 1/7/ 8 14/5	/92-31/7/9 5/92-31/8	92 /92	
NOTIFICATIONS OF NON-NOTIFIABLE SEXUALLY TRANSMITTED INFECTION FROM SEXUAL HEALTH CLINICS JANUARY-SEPTEMBER 1992 AHS CSA										4 1 5 1 6 1	/5/92-30/ /5/92-31/ /1/92-30/ /3/92-30/	8/92 6/92 9/92	10 No 11 No 12 No	SHC in th SHC in th SHC in th	e Regio e Regio e Regio	n n n
	AHS Infection	CSA	SSA	ESA <sup>1</sup>	SWS	WSA <sup>2</sup> + WEN	NSA <sup>3</sup>	CCA <sup>₄</sup>	ILL⁵	HUN <sup>6</sup>	NCR <sup>7</sup>	NER <sup>8</sup>	OFR <sup>®</sup> C	WR <sup>10</sup> SV	WR <sup>11</sup>	SER <sup>12</sup>
	Chlamydia trachomatis	-	_	157	-	29	5	3	13	40		6	7	-	-	2
	Donovanosis	-	_	-	_	-		-	-	_	-	-	-	-	-	
	Genital herpes	-	—	406	_	27	13	3	27	50	-	6	11		_	
	Genital warts	-	-	907	-	175	45	1	150	159	11	18	8	—	-	
	Non-specific urethritis	-		577	-	189	21	1	53	68	-	5	3	_	-	
	Lymphoma granuloma	-	-	-	_	-	-	-	-	-	-	-	-	/ <u>-</u> *	-	

#### TABLE 11

#### OTHER INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION **CUMULATIVE 1992**

DISEASE NAME	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH	U/K	TOTAL
AIDS infection	32	3	23	4	14	5	30	5	3	2	13	5	1.1	2	5	3	-	3	152
Post Pivor	1	2			6	6	6	4	7	21	110	28	57	10	24		_	_	282
Other alphaviruses	-	-	_	_	-	-	-		-	-	1		-	-	2	· · · · · ·	-	_	3
Flavivirus	_	-	-	-	_	-	_	_	_	-	-	÷	_		-	-	-		-
Foodborne illness (NOS)	7	2	31	10	43	11	-	30	3	5	5	4	33	1	1	2	-	-	188
Gastroenteritis (instit)	17	1	9	28	4	1	1	-	1	84	2	93	4	-	-	97	—	-	342
Gonorrhoea infection	61	20	118	17	21	1	18	2	3	7	18	10	10	12	6	5	-	-	329
H. Influenzae epiglottitis	-	3	1	3	6	3	2	-	2	4	3	5	-	-	1	2	-	-	35
H. Influenzae infection (NOS)	3	1	2	1	2	-	1	4	1	2	-	2	1	2	2	4	-	-	28
H. Influenzae meningitis	3	4	3	5	5	6	17	4	7	5	5	4	1	1	3	4	-	-	77
H. Influenzae septicaemia	-	1	1	4	2	100	3	-	-	4	1		-	2	1	_		-	19
Hepatitis A — acute viral	83	31	108	29	40	7	80	6	22	27	100	121	68	7	11	9	-	-	/50
Hepatitis B — unspecified	318	323	18	572	328	29	244	25	15	94	49	41	21	1/	13	22	2	-	2137
Hepatitis B — acute viral	4	3	30	5	5	5	3	3	6	240	8	3	20	2	3	10	-	-	704
Hepatitis C — unspecified	406	133	311	173	237	52	207	321	63	318	432	45	9	44	18	18	-	_	2/93
Hepatitis C — acute viral	1	1	4	-	/	1	3	1	3	-	8	2	4	3	-	/	-	_	40
Hepatitis D — unspecified	-	-	1	-	-		-	1	_	1	2	-	-		-	-	-	-	1
Hepatitis E — unspecified	-	-	-	1	1	-	_	-	_	-	-	1	2	2	1	_			13
Hepatitis, acute viral (NOS)	E 1	20	162	10	26	7	22		2	22	15	1	2	2	1	5	11	187	560
HIV Intection	21	20	102	26	20	2	22	47	2	22	2	_	2	1		1		107	77
Malaria	10	27	20	50	12	2	21	ź	7	2	8	7	1	1	4	3	_	_	99
Maning occessed infaction (NOS)	10	1	2	4	15		1	2	1	-	-	2	1	2	2	_	_	-	9
Meningococcal meningitis	4	5	-	2	6	2	-	6	5	6	7	5	1	5	-	1	-	_	55
Meningococcal senticaemia	1	1	2	3	-	2	-	-	-	1	-	-	1	-	-	_	-	-	11
Mycobacterial atypical	37	18	32	14	21	3	27	- A	8	18	2	2	- ú	_	1	1	-	_	184
Mycobacterial infection (NOS)	8	2	1	17	6	2	6	1	5	3	-	2	1	-	3	<u> </u>	-	_	41
Mycobacterial tuberculosis	37	28	24	56	33	6	44	8	9	4	9	5	-	1	6	5	-	-	275
Salmonella (NOS)	19	31	32	46	38	28	68	11	7	23	42	21	19	17	12	16	-	-	430
Salmonella bovis morbificans	1	3	1	-	2	1	1	_	_	_	1	1	<u></u>	-	-	_	-	-	11
Salmonella typhimurium	8	18	2	21	29	17	20	7	7	15	2	2	6	-	5	-	-	-	159
Syphilis infection	113	37	116	48	35	8	37	1	8	7	93	34	101	15	10	2	1	-	666
Typhoid and paratyphoid	4	1	6	_	3	-	5	-	1	-	-		-	-	2	-		-	22

# TABLE 12

OTHER INFECTIOUS DISEASE NOTIFICATIONS BY MONTH OF ONSET

CUM	ULATI	<b>VE 19</b>
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CUMULATIVE 1992										
CONDITION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
AIDS infection	21	13	16	19	29	20	15	17	2	152
Ross River virus	14	38	85	77	39	10	11	7	1	282
Other alphaviruses	-	-	2	_	_	1	-	-	-	3
Flavivirus	FF	79	27	20	15	7	13	18	5	188
Gastroenteritis (instit)	88	20	17	20	35	22	36	127	1	342
Gonorrhoea infection	31	22	49	38	47	30	54	39	19	329
H. Influenzae epiglottitis	4	1	3	2	4	10	4	4	3	35
H. Influenzae infection (NOS)	5	2	1	2	2	4	5	6	1	28
H. Influenzae meningitis	5	9	10	5	11	13	7	12	5	77
H. Influenzae septicaemia	1	1	3	3	3	2	5	-	1	19
Hepatitis A — acute viral	115	98	121	98	89	82	65	62	20	104
Hepatitis B — acute viral	778	179	272	252	2/13	303	266	266	77	2137
Hepatitis 6 — unspecified	278	255	316	253	450	394	418	390	85	2794
Hepatitis C — acute viral	14	7	3	5	6	2	4	4	3	48
Hepatitis D — unspecified	1	-	-	1	3	-	-	-	-	5
Hepatitis E — unspecified	-	-	-	-	-	-	-	1	-	1
Hepatitis, acute viral (NOS)	1	3	1	4	2	1	1		-	13
HIV infection	95	74	69	71	78	56	62	54	-	559
Legionnaires' disease	1	9	10	42	8	17	12	2	5	00
Malaria Moningococcol infection (NOS)	12	2	10	9	14	17	13	D T	-	9
Meningococcal meningitis	-	3	2	8	2	6	14	13	7	55
Meningococcal septicaemia	1	-	-	-	-	ž	2	3	3	11
Mycobacterial atypical	32	32	47	25	25	14	8	1	-	184
Mycobacterial infection (NOS)	5	6	6	3	7	5		6	3	41
Mycobacterial tuberculosis	70	32	35	37	26	35	17	17	6	275
Q fever	13	12	11	13	9	22	22	27	5	134
Salmonella (NOS)	100	62	59	52	41	33	37	40	0	450
Salmonella typhimurium	17	17	50	23	23	7	9	29	4	159
Synhilis infection	54	85	69	81	91	94	87	77	28	666
Typhoid and paratyphoid	6	4	2	-	3	2	3	1	1	22

Abbreviations used in this Bulletin: CSA Central Sydney Health Area, SSA Southern Sydney Health Area, ESA Eastern Sydney Health Area, SWS South Western Sydney Health Area, WSA Western Sydney Health Area, WEN Wentworth Health Area, NSA Northern Sydney Health Area, CCA Central Coast Health Area, ILL Illawarra Health Area, HUN Hunter Health Area, NCR North Coast Health Region, NER New England Health Region, OFR Orana & Far West Health Region, CWR Central West Health Region, SWR South West Health Region, SER South East Health Region, OTH Interstate/Overseas, U/K Unknown, NOS Not Otherwise Stated

Please note that the data contained in this Bulletin are provisional and subject to change because of late reports or changes in case classification. Data are tabulated where possible by area of residence and by the disease onset date and not simply the date of notification or receipt of such notification.