Rural restructure

► Continued from page 37

means about 730 mothers will need antenatal care and education and every year we will need to start immunisation for 730 babies.

There will be about 500 people with diabetes, 100 epileptics, 4,000 asthmatics and 200 schizophrenics. About 1,500 people will have some degree of developmental disability. An examination of the data on the known prevalence of disease in this way will assist in the definition of an appropriate range of services[1].

None of the District Health Services will have a population which conforms exactly to this average. In some there will be significant Aboriginal populations and the services will need a special focus to meet their health needs. Others may have distinctive problems such as children with high lead levels.

Having defined the particular health characteristics of the district, the challenge is to ensure the health services are designed to meet these needs and not just to treat those who come through the door. All the resources must be aimed at achieving improvements in health.

It is likely there will be positions in Districts for District Managers of Clinical Services, and it is hoped these positions will be filled by people with a public health training and perspective.

Public health staff cannot afford to sit back and watch these changes. They need to be in with the action from the beginning.

Sue Morey
Chief Health Officer

1. Normaltown NSW. J. Best. in print

INFECTIOUS DISEASES

TIMELINESS AND COMPLETENESS OF REPORTING

The following table lists the number of weekly reports made to the Epidemiology and Health Services Evaluation Branch for the past three months, i.e. from Epiweek 01 to Epiweek 12.

TABLE 5

NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH: JANUARY-MARCH 1993

Public Health Unit	Number	Status
Central / Southern Sydney	10	Incomplete
Eastern Sydney	10	Incomplete
South Western Sydney	10	Complete
Western Sector	11	Complete
Northern Sydney	11	Complete
Central Coast	4	Complete
Illawarra	9	Complete
Hunter	10	Complete
North Coast	10	Complete
New England	9	Complete
Orana and Far West	10	Complete
Central West	9	Complete
South-West	11	Complete
South-East	11	Complete

SEXUALLY TRANSMITTED DISEASES

Surveillance of non-notifiable sexually transmissible diseases (STDs) through sexual health clinics (SHCs) began in 1992 to complement the reporting of notifiable STDs under the Public Health Act 1991. The establishment of SHCs in each Area/Region has created the potential for this sentinel surveillance system to provide trend data for these diseases. Thirteen of fourteen PHUs are now reporting data on non-notifiable STDs. Thirteen of sixteen Areas and Regions now have SHCs and of those, eleven have reported data for 1993. In addition, two of the three Regions without a SHC are reporting data from an alternative source.

WHOOPING COUGH

One hundred and eight cases of whooping cough have been notified in 1993. This is a 2.25 fold increase over the same period in 1992. Thirty-two per cent of notifications were received for people under the age of five years. Forty-six per cent of notifications were received for school-aged children, indicating that schools are a major setting for transmission of whooping cough. From 1994 children enrolling in NSW schools will be required to present evidence of immunisation. In the presence of a case of whooping cough, unimmunised children will be excluded for two weeks.

Wentworth Area Health Service reported the highest rate of pertussis notifications —21.0 per 100,000 population per year. The notification rate for the State is 7.3 per 100,000.

MEASLES

One hundred and fifty-four notifications for measles have been made in 1993 — an increase of 125 per cent over the same period last year. Seventy-eight per cent of notifications were for individuals over the age of one year, and therefore "preventable".

Thirty-one per cent of measles notifications were received for children in the school-age groups. Orana and Far West received measles notifications at a rate of 74 per 100,000 population per year compared with 9.4 per 100,000 for NSW.

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TABLE 6

PERCENTAGE OF NOTIFICATIONS WITH INCOMPLETE INFORMATION BY VARIABLE AND PUBLIC HEALTH UNIT, JANUARY-MARCH 1993.

PUBLIC HEALTH UNIT	AGE	SEX	ABORIGINALITY	ETHNICITY*
Central Sydney	Complete	Complete	9.4	7.6
Southern Sydney	Complete	Complete	43.5	43.5
Eastern Sydney	2.3	8.2	64.5	44.5
South Western Sydney	2.0	11.5	58.6	67.3
Western Sydney	0.3	Complete	14.0	14.0
Wentworth	Complete	Complete	4.8	9.5
Northern Sydney	5.4	Complete	96.0	76.0
Central Coast	1.2	2.4	87.5	25.0
Illawarra	1.9	1.9	95.1	97.6
Hunter	2.9	0.5	82.9	71.4
North Coast	1.5	4.8	25.7	28.6
New England	1.1	Complete	12.5	18.8
Orana and Far West	3.9	Complete	53.7	50.0
Central West	29.6	28.2	76.2	69.1
South-West	20.4	1.8	83.3	77.8
South-East	Complete	Complete	Complete	40.0

*Reportable only from medical practitioners and hospital Chief Executive Officers.

TABLE 7

NOTIFICATIONS OF NON-NOTIFIABLE SEXUALLY TRANSMITTED INFECTIONS JANUARY-MARCH 1993
(Clinical diagnoses from sexual health centres unless otherwise stated in footnote)

AHS Infection		CSA + SSA[1]	ESA[1]	SWS[1]	WSA[1] + WEN	NSA[2]	CCA[1]	ILL[1]	HUN[2]	NCR[3]	NER[2]	OFR[3]	CWR[4]	SWR[5]	SER[6]
Chlamydia trachomatis	Male	–	–	–	–	–	–	–	4	–	1	–	–	–	
	Female	–	–	–	–	–	–	–	4	–	3	–	–	3	
	Total	–	–	–	–	–	–	–	**8**	–	**4**	–	–	**3**	**1**
Donovanosis	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Genital herpes	Male	–	–	–	–	4	–	–	5	1	–	–	–	–	
	Female	–	–	–	–	1	–	–	11	–	–	–	–	1	
	Total	–	–	–	–	**5**	–	–	**16**	**1**	–	–	–	**1**	**2**
Genital warts	Male	–	–	–	–	9	–	–	26	2	–	1	–	–	
	Female	–	–	–	–	7	–	–	7	–	4	–	–	–	
	Total	–	–	–	–	**16**	–	–	**33**	**2**	**4**	**1**	–	–	**7**
Non-specific urethritis	Male	–	–	–	–	3	–	–	17	1	–	2	–	–	
	Female	–	–	–	–	1	–	–	–	–	–	–	–	–	
	Total	–	–	–	–	**4**	–	–	**17**	**1**	–	**2**	–	–	–
Lymphogranuloma venereum	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Total	–	–	–	–	–	–	–	–	–	–	–	–	–	–

1. No data yet received for 1993; 2. 01/01/93 — 28/02/93; 3. 01/01/93 — 31/01/93; 4. No SHC in Region; 5. No SHC in Region, laboratory data 01/01/93 — 31/03/93; 6. No SHC in Region, data from GP network 01/01/93 — 21/03/93.

TABLE 8

VACCINE PREVENTABLE DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION CUMULATIVE 1993

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	U/K	Total
Measles	29	3	3	33	15	11	1	1	5	10	14	1	26	1	1	–	–	154
Pertussis	1	2	3	13	10	15	27	1	6	6	3	1	3	16	1	–	–	108
Rubella	5	10	6	4	9	8	20	3	–	7	13	4	–	2	2	6	–	99
Tetanus	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	2

TABLE 9

RARELY NOTIFIED INFECTIOUS DISEASES BY HEALTH AREA AND REGION CUMULATIVE 1993

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	U/K	Total
Brucellosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1
Leptospirosis	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	–	4
Listeriosis	2	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	5

Infectious diseases

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RUBELLA (GERMAN MEASLES)

Ninety-nine notifications for rubella have been received for 1993. This is an increase of 430 per cent over last year's notifications. Twenty-one notifications have been received for females in the 15-44 age group (i.e. child-bearing years), for a rate of 6.2 per 100,000 females per year. The notification rate for females of all ages in the State is 4.7 per 100,000 while the rate for males is 8.4 per 100,000. The higher rate in the females of child-bearing age may reflect the increased tendency to test for rubella in this age-sex group. Due to the non-specific nature of rubella, a degree of under-reporting of this condition is expected. The overall lower rate in females over males is due to the immunisation program targeted to schoolgirls.

The North Coast Region received notifications for rubella at a rate of 10.5 per 100,000 population per year. The rate for women between 15-44 years was 24.0 per 100,000 per year.

Seventy per cent of notifications were received in the first four weeks of 1993.

TUBERCULOSIS

Thirty-two cases of tuberculosis have been notified for 1993. Due to delays in laboratory confirmation, no comparison should be made with 1992 notifications for the same period. Central Sydney reported tuberculosis at a rate of 6.1 per 100,000 population per year. The rate for NSW was 2.2 per 100,000 population per year.

LEGIONNAIRES' DISEASE

Twelve notifications for Legionnaires' disease for 1993 represent a 25 per cent decrease over the same period for 1992. Isolates for seven notifications have been identified. Four (57 per cent) were for L. pneumophila, two (29 per cent) for L. longbeachae and one (14 per cent) for L. micdadei. No clusters of cases have been identified this year.

ANTIBIOTIC SENSITIVITY OF GONOCOCCAL ISOLATES

The previously noted upsurge in fully penicillin-sensitive WT/IB2 gonococci in male patients in Sydney has abated in favour of more resistant isolates in the same group of patients. Overall, penicillin resistance stands at just over 16 per cent.

There has been a substantial increase in the number and proportion of isolates fully sensitive to penicillin in male patients over the past two years. In the October-December 1992 quarter the number and proportion of these isolates declined. However, a marked increase in relatively resistant strains was recorded, again mostly in male patients.

No resistance to spectinomycin or ceftriaxone was detected throughout 1992.

Strains less sensitive to ciprofloxacin were detected in about 3 per cent of isolates, a proportion that has remained unchanged for many years.

High level tetracycline resistance was detected in eight strains (just under 4 per cent) in the October-December 1992 quarter.

ARBOVIRAL SURVEILLANCE

For the period July 1992 to March 1993, 378 notifications of arboviral infection were received by the Public Health Network.

By month of onset 50 notifications were received for January, 221 for February and 57 for March, with fewer than 15 notifications for the remaining months.

TABLE 10

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS MARCH 1993

Condition	Number of cases notified			
	Period		Cumulative	
	March 1992	March 1993	March 1992	March 1993
Adverse reaction	3	–	15	4
AIDS	31	5	90	45
Arboviral infection	97	57	164	328
Brucellosis	–	–	–	1
Cholera	–	–	–	–
Diphtheria	–	–	–	–
Foodborne illness (NOS)	21	6	101	16
Gastroenteritis (instit.)	16	2	110	37
Gonorrhoea	49	15	104	70
H influenzae epiglottitis	3	3	8	8
H influenzae B – meningitis	10	6	24	15
H influenzae B – septicaemia	3	4	6	7
H influenzae infection (NOS)	1	1	8	4
Hepatitis A	121	13	334	127
Hepatitis B	293	104	791	572
Hepatitis C	327	117	869	806
Hepatitis D	–	–	1	–
Hepatitis, acute viral (NOS)	1	–	4	1
HIV infection	68	22	225	106
Hydatid disease	2	–	4	–
Legionnaires' disease	3	2	16	12
Leprosy	–	–	3	–
Leptospirosis	–	–	7	4
Listeriosis	1	–	3	5
Malaria	14	4	38	18
Measles	33	22	123	154
Meningococcal meningitis	2	–	5	5
Meningococcal septicaemia	–	–	3	3
Meningococcal infection (NOS)	–	1	4	3
Mumps	2	–	11	–
Mycobacterial tuberculosis	36	3	163	34
Mycobacterial – atypical	49	–	116	10
Mycobacterial infection (NOS)	7	1	17	15
Pertussis	26	13	48	108
Plague	–	–	–	–
Poliomyelitis	–	–	–	–
Q fever	12	9	42	58
Rubella	8	12	23	99
Salmonella infection (NOS)	117	32	327	240
Syphilis	74	20	216	112
Tetanus	–	–	1	2
Typhoid and paratyphoid	2	2	12	10
Typhus	–	–	–	–
Viral haemorrhagic fevers	–	–	–	–
Yellow fever	–	–	–	–

By Area and Region the highest rates of notification were for South-West Region (128.7 per 100,000 population per year) and Orana and Far West Region (58.5 per 100,000 population per year) with the remaining Areas and Regions having rates less than 10 per 100,000.

By age and sex the highest rates were for the 30-39 age groups for both males and females (14.9 per 100,000 population per year and 14.2 per 100,000 population per year, respectively). The lowest rate was for females in 0-9 age group (0.9 per 100,000).

Of the 378 notifications 327 (86.5 per cent) were notified as Ross River virus.

HEPATITIS A

Since January 1993, 127 notifications of hepatitis A have been received by the Public Health Network compared to 273 for a similar period in 1992 (total notifications for 1992 was 930).

TABLE 11

INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION CUMULATIVE 1993

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	U/K	Total
Adverse event after immunisation	1	–	–	–	1	–	–	–	–	2	–	–	–	–	–	–	–	4
AIDS	5	–	21	2	–	–	3	–	–	–	5	2	1	2	4	–	–	45
Arboviral infection	–	1	–	–	–	–	2	1	–	6	9	6	55	8	237	3	–	328
Brucellosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1
Foodborne illness (NOS)	–	–	–	2	5	3	–	1	2	–	–	–	3	–	–	–	–	16
Gastroenteritis (instit)	2	–	–	1	10	2	–	–	–	–	–	–	2	20	–	–	–	37
Gonorrhoea infection	10	5	30	–	5	–	3	–	2	2	3	6	3	–	1	–	–	70
H. Influenzae epiglottitis	1	1	1	–	–	1	1	–	–	1	–	1	–	–	–	1	–	8
H. Influenzae meningitis	1	1	–	–	2	1	–	1	4	–	2	3	–	–	–	–	–	15
H. Influenzae septicaemia	–	–	–	3	–	–	–	–	1	1	–	2	–	–	–	–	–	7
H. Influenzae infection (NOS)	–	–	–	–	1	1	–	2	–	–	–	–	–	–	–	–	–	4
Hepatitis A — acute viral	10	4	4	13	45	10	9	4	3	3	10	4	4	3	–	1	–	127
Hepatitis B — acute viral	1	–	–	–	–	–	–	–	–	–	11	1	–	–	–	–	–	13
Hepatitis B — unspecified	82	52	4	189	96	3	72	8	8	15	12	3	7	5	2	1	–	559
Hepatitis C — acute viral	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	3
Hepatitis C — unspecified	119	51	108	87	81	11	73	43	20	85	72	14	5	9	16	9	–	803
Hepatitis, acute viral (NOS)	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
HIV infection	12	1	42	1	1	1	8	3	–	–	2	–	–	–	1	–	34	106
Legionnaires' disease	2	1	–	4	4	–	–	–	–	–	–	–	–	–	–	1	–	12
Leptospirosis	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	–	4
Listeriosis	2	–	–	1	–	–	–	–	–	1	–	–	–	–	–	1	–	5
Malaria	–	–	–	1	2	–	3	–	1	4	–	5	–	–	2	–	–	18
Measles	29	3	3	33	15	11	1	1	5	10	14	1	26	1	1	–	–	154
Meningococcal meningitis	–	–	–	1	–	–	1	–	–	–	1	–	1	–	1	–	–	5
Meningococcal septicaemia	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	1	–	3
Meningococcal infection (NOS)	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–	–	–	3
Mycobacterial atypical	1	–	–	–	4	–	2	–	–	2	1	–	–	–	–	–	–	10
Mycobacterial tuberculosis	5	4	4	–	7	1	4	2	–	4	1	2	–	–	–	–	–	34
Mycobacterial infection (NOS)	7	1	–	–	–	–	5	–	–	1	–	–	1	–	–	–	–	15
Pertussis	1	2	3	13	10	15	27	1	6	6	3	1	3	16	1	–	–	108
Q fever	–	–	1	–	2	–	1	–	–	5	12	10	24	–	1	2	–	58
Rubella	5	10	6	4	9	8	20	3	–	7	13	4	–	2	2	6	–	99
Salmonella bovis morbificans	–	3	–	–	–	–	1	–	–	8	–	–	–	–	–	–	–	12
Salmonella typhimurium	2	5	3	9	–	–	4	–	–	9	2	1	9	–	–	3	–	47
Salmonella (NOS)	5	16	16	12	5	2	19	15	1	32	16	19	13	2	4	4	–	181
Syphilis infection	10	3	14	26	5	–	6	2	1	1	15	7	21	1	–	–	–	112
Tetanus	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	2
Typhoid and paratyphoid	1	–	3	–	–	2	2	–	–	–	2	–	–	–	–	–	–	10

In 1992 the 20-29 age group had the highest rate of hepatitis A notifications (26.7 per 100,000 population) followed by the 0-9 age group (22.7 per 100,000), while for 1993 the highest rate is in the 0-9 age group (18.9 per 100,000), followed by the 10-19 age group (14.2 per 100,000).

The ratio of male to female cases was 1.7:1 in 1992, compared to 1.1:1 in 1993.

The highest rate of notification by Area or Region was 63.4 per 100,000 population per year for Orana and Far West Region in 1992 and 29.4 per 100,000 for Western Sydney Area in 1993.

SALMONELLA ENTERITIDIS PHAGE TYPE 4

Salmonella enteritidis and in particular Salmonella enteritidis phage type 4 (PT4) has emerged as a major pathogen in many Western European countries, particularly in the United Kingdom as well as the United States in the past decade. In the United Kingdom isolations of S. enteritidis PT4 increased from 392 in 1981 to 12,522 in 1988, a period when isolations of all other salmonella serotypes combined increased by only about 50 per cent.

The importance of this organism is not just its apparent increased virulence but its means of transmission; not only the traditional mode of transmission associated with foodborne salmonellosis being that of contaminated animal carcasses, external contamination of egg shells or cracked eggs contaminating food through inadequate cooking or cross-contamination but S. enteritidis can cause a systemic infection in chickens, invading the ovaries and oviducts resulting in transovarian contamination of intact eggs.

Epidemiological evidence has linked whole raw eggs as a significant vehicle of transmission, however the organism is also a significant contaminant of raw chickens. A case-control study of laboratory isolations in England identified fresh shell eggs, raw shell egg products (home-made mayonnaise, ice cream and milk drinks containing eggs) and pre-cooked hot chicken as the significant vehicles of infection with S. enteritidis PT4 in indigenous sporadic cases.

Incidence in Australia

In Australia there has been no apparent change in demographic distribution and incidence of S. enteritidis over the past decade. The organism has always been isolated at low frequency, particularly from North Queensland, with phage types 4 and 26 being the most common isolated. Strains of the organism isolated in Australia do not appear to differ from those isolated overseas in terms of their plasmid content or lipopolysaccharide structure, two of the factors believed to contribute to the virulence of the organism.

Incidence in NSW

In 1991 there were 14 notifications of S. enteritidis (of which four were PT4) for NSW, which represented around 1 per cent of total notifications for the year. In 1992 there were 19 notifications, which represented around 2 per cent of total notifications. Seven of the notifications of S. enteritidis received in 1992 have been identified as PT4. Six of these were associated with overseas travel (three from South-East Asia, one from Portugal, one from Spain and one from Europe).

To the end of March 1993 there have been six notifications of S. enteritidis, three of which have been S. enteritidis PT4.

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IMPROVING NOTIFICATIONS OF MENINGITIS

Infectious disease notification requirements changed in November 1991 with the introduction of the Public Health Act 1991. The number of medical conditions that medical practitioners were required to notify fell from 52 to 10, and responsibility for notification was given to hospital Chief Executive Officers (CEOs) and laboratories[1].

Meningococcal infection was one of the diseases notifiable by medical practitioners under the Public Health Act 1902. From November 1991 meningococcal meningitis and septicaemia became notifiable by hospital CEOs and by laboratories. Haemophilus influenzae type b (Hib) epiglottitis, meningitis and septicaemia became notifiable by laboratories and hospital CEOs for the first time in NSW.

We reviewed methods of case ascertainment of bacterial meningitis to:

- determine the trends in disease incidence; and
- compare the efficiency of different data sources for case ascertainment.

METHODS

Hospital separations

The number of hospital separations was calculated using the Inpatient Statistics Collection (ISC), a computer database of data routinely collected on each patient discharged from hospital. Diagnosis is coded using the International Disease Classification, 9th revision — Clinical Modification (ICD9-CM).

Data were extracted for three financial years, 1989-1990, 1990-1991 and 1991-1992. Records coded for meningococcal meningitis (code 036.0), meningococcal septicaemia (036.2) and meningococcal infection (not otherwise specified — NOS) were extracted. Duplicate records representing transfers between hospitals, and cases of neonatal meningitis were excluded. In addition, records for Hib (320.0), septicaemia (038.4) and epiglottitis (464.3) and bacterial meningitis (320.0-320.9) were extracted for the financial year 1991-1992.

Infectious disease notifications

Passive surveillance of infectious diseases occurs in NSW through notifications to Public Health Units. These notifications have been recorded on a computer database, called the Infectious Diseases Surveillance System (IDSS) since 1991. Notifications for meningococcal infection in the years 1989 to 1992 were extracted from IDSS and Hib infection for 1991 and 1992. Cases of neonatal meningitis and duplicate records were excluded.

Rate calculation and matching of datasets

Records from ISC and IDSS for 1991-1992 were matched on date of birth, postcode of residence and date of admission.

Incidence rates were calculated using denominators obtained from the Australian Bureau of Statistics (ABS)[2].

RESULTS

There were 322 separations for bacterial meningitis for the period July 1, 1991 to June 30, 1992 — a rate of 5.5 per 100,000 population. Of these, 74 were meningococcal meningitis at a rate of 1.3 per 100,000 and 137 were Hib meningitis at a rate of 2.3 per 100,000. The remaining 110 separations were for meningitis due to unspecified bacterium (0.9 per 100,000), pneumococcal meningitis (0.5 per 100,000), and streptococcal meningitis (0.3 per 100,000), meningitis due to other specified bacteria (0.1 per 100,000) and Staphylococcal meningitis (0.05 per 100,000).

For children aged between four weeks and five years there were 210 separations for bacterial meningitis, a rate of 48.1 per 100,000. Of these, 35 were meningococcal infection (8.0 per 100,000) and 127 Hib infection (29.1 per 100,000). In all, more than 66 per cent of the cases of meningitis occurred in children less than five years of age and 60 per cent of these were due to Hib infection.

In 1989-1990, 49 per cent of the meningococcal meningitis cases identified through hospital separations were identified in the passive surveillance system (Table 12). This had risen to 55 per cent in 1990-1991, and to 84 per cent in 1991-1992. When the records for 1991-1992 were matched, 70 per cent of the IDSS could be matched in the ISC.

Before November 1991 meningococcal infection notifications to the NSW Department of Health were not required to be differentiated into meningitis and septicaemia. This is evident in the high proportion of notifications which were unclassified. If the cases are compared, including those in

Infectious diseases

► *Continued from page 45*

Two of the notifications of PT4 have been identified as being related to overseas travel (Hong Kong and Sri Lanka). One case is still being investigated by Northern Sydney Public Health Unit staff.

The incidence of S. enteritidis in NSW has been low with no significant increase in the past decade, however because of the virulence of S. enteritidis PT4 and the potential of the organism to become a major pathogen and contaminant of raw shell eggs all notifications of S. enteritidis should be investigated urgently and with extreme thoroughness.

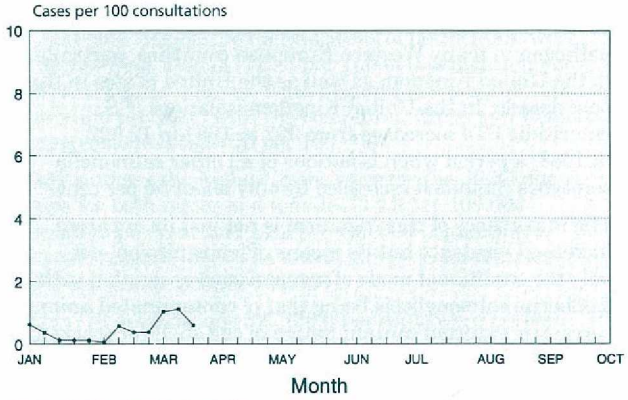
Edward Kraa, Policy Analyst, Foodborne Disease Surveillance

INFLUENZA SURVEILLANCE

Levels of Influenza-like illness (ILI) diagnosed by general practitioners in our sentinel GP network were low in March. No Area or Region has reported a level greater than two cases per 100 consultations this year. During March data were received from four PHUs.

FIGURE 2

INFLUENZA-LIKE ILLNESS NSW 1993



Source: NSW Sentinel GP Network

Prince of Wales laboratory has reported four diagnoses of influenza A and three of influenza B up to the end of February.