NFECTIOUS DISEASE

STATEWIDE SENTINEL IMMUNISATION SURVEILLANCE

During 1995 Public Health Units (PHUs) are carrying out surveillance of immunisation status of children attending child care facilities. Under the Public Health Act 1991 directors of child care facilities are required to keep registers of the immunisation status of every enrolled child. A cluster sampling method has been developed, staggered throughout the year, to collect data on a total of 884 children aged 25-36 months – about 1 per cent of the NSW population in that age range. Any child with missing immunisation records is regarded as not immunised.

All children in the group were born before the introduction of *Haemophilus influenzae type b* vaccine on May 1, 1993 and were therefore not required to be immunised. However, a voluntary catch-up program was conducted for children under five years of age and 18 children in the sample (9.4 per cent) were fully immunised with Hib as a result.

Immunisation rates in the community appear to have improved markedly over the past five to six years. Table 1 shows immunisation rates of children up to six years of age in the 1989-90 National Health Survey for comparison. The differences in sampling should be noted when comparing immunisation rates: one is a cluster sample of two-year-old child care attendees using immunisation records to measure immunisation status, while the other comprises randomly selected children up to six years of age for whom immunisation records were available in less than 50 per cent of cases. Updated results from 1995 surveillance are published quarterly.

TABLE 1													
IMMUNISATION RATES FOR NSW CHILDREN, 1989-90 AND 1995 (JAN-MAY)													
	Vaccine	Per cent immunised											
1995 (Jan-May) 2 years child care attendees (n=197) 1989-90 0-6 years National Health Survey	DTP Sabin MMR All DTP Sabin Measles Mumps All	82.2 90.1 95.7 79.7 84.9 72.3 84.6 78.2 51.6											

DTP: diphtheria, tetanus, pertussis Sabin: polio

Sabin: polio MMR: measles, mumps, rubella

TYPHOID AND PARATYPHOID

More notifications of cases of typhoid and paratyphoid infection have been received this year than for the same period in previous years (Figure 2, Table 4). All the 23 cases notified so far in 1995 were acquired overseas. Just over half (52 per cent, n=12) of the notifications were from either the Eastern Sydney or Southern Sydney Area. Of these, six patients had recently returned or arrived from Indonesia. The remaining patients had recently returned or arrived from other countries in Asia or the Middle East. Two cases occurred in members of a family from Southern Sydney and both individuals worked as food handlers. They were advised not to handle food until they were proven clear of infection by three consecutive negative stool cultures.



*Historical data: the average number of notifications diagnosed in the same month in the previous three years



Infectious Diseases Surveillance System

PERTUSSIS (WHOOPING COUGH)

Notifications for pertussis continue at moderate levels throughout the State. The last peak in notifications was in September 1994. Notifications are being received at 46 per cent of the level for the same period in 1994, i.e. 26.4 notifications/100,000 population for the first five months of 1994, compared with 12.2 for the same period in 1995. Richmond District, on the north coast, has recorded the highest notification rate for NSW so far this year (85.2/100,000 population).

Nineteen per cent of notifications were for children aged less than five years. A further 42 per cent of notifications were for school-aged children, compared with 36 per cent for a similar period in 1994. The mean age for notifications was 21.1 years.

In June a six-week-old infant died of pertussis in the Hunter Area. This unfortunate incident highlights yet again the potential for *Bordatella pertussis* to produce serious, even fatal, illness.

MEASLES

Measles notifications continue to decrease from the peak of 350 a month reported in November 1994. The notification rate for the first five months of 1995 was 11.1/100,000 population. This compares with a rate of 24.2/100,000 population for 1994.

The Illawarra Area Health Service has received 47 measles notifications, a rate of 33.8/100,000 population.

FOODBORNE ILLNESS IN THE HUNTER

The increase in foodborne illness notifications in 1995 (253 cases) compared with the same period in 1994 (116 cases) has been largely due to outbreaks in the Hunter Area.

In January 1995 four people became ill with suspected scombroid poisoning after consuming tuna at a restaurant in the Hunter Area. Scombroid poisoning derives its name from Scombroidea, a suborder of larger, bony, marine fish that have oily flesh. This includes tunas, mackerels and bonito. The flesh of these fish may contain a toxic histamine-like substance which, if ingested, can cause the symptoms known as scombroid poisoning. The symptoms include epigastric pain, nausea, vomiting, headache, difficulty in swallowing, thirst, intense itching and urticaria. These symptoms usually subside within 12 hours of onset.

The Hunter PHU was notified of a suspected outbreak of food poisoning in February 1995. About 230 people attended four separate functions which were all catered jointly by three businesses. Foods varied for each function – two were provided with roast beef and pork, prepared salads and desserts. The other two were provided with roast beef. A total of 162 people were interviewed and the information was combined for analysis. Of those interviewed, 94 (58 per cent) had become ill. Symptoms of the illness were nausea, vomiting, abdominal cramps, watery diarrhoea and fever. The duration of illness was about 48 hours and the average time of the onset of symptoms was 38 hours after the meal was ingested.

Symptoms and incubation times of the illness suggested the causative organism was viral and the epidemic curve suggested a single point source of infection. It was determined that individuals who attended the two functions which were supplied with roast beef, pork, prepared salads and desserts experienced illness (70 per cent of people attending either function were ill). However, no food items were significantly implicated. The results of both the analysis of food samples and the inspections indicated the preparation of salads in the meat preparation area of a butcher shop and time/temperature abuse of the prepared salads were the likely causes of the outbreak. Food can become contaminated by coming into contact with surfaces that have been used to prepare uncooked meat. Further, if food handlers move between the preparation of uncooked meat and the handling of cooked foods or salads without washing their hands they are also a potential source of contamination.

A second outbreak occurred in the Hunter Area in February. This followed a meeting at an office attended by 30 staff. The meeting was catered for by a takeaway food shop. The Hunter PHU interviewed 24 of the staff members who became ill. Viral gastroenteritis was considered to be the likely cause of illness and the sandwiches supplied by the takeaway food shop the source of infection.



Infectious Diseases Surveillance System

SALMONELLA ON THE NORTH COAST

The North Coast PHU has had a high notification rate for Salmonella sp. so far this year, with 18.8 notifications/ 100,000 population in the first five months of the year compared with the State average of 9.7/100,000. Where the Salmonella species is recorded, 39 per cent were S. Bredeney and 19 per cent S. typhimurium. Data from follow-up questionnaires completed by individuals who became ill revealed no clear link between the cases except that they had consumed chicken. Contamination of food during its preparation at home is considered to be the likely cause of a large proportion of these cases. Once again, the cross-contamination of food between uncooked meats and cooked meats and salads is considered to be the primary mechanism of contamination. The PHU is planning a campaign to raise awareness about the hygienic preparation of food.

SURVEILLANCE OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

The NSW Health Department is establishing surveillance of occupational exposure to bloodborne pathogens in hospitals, as part of a national surveillance system.

The National Centre in HIV Epidemiology and Clinical Research (NCHECR) recently coordinated a substantial revision of the Epi Info based EPINet[™] questionnaire for the Australian setting. This provides hospitals with a means to computerise surveillance, confidentially storing extensive information on the circumstances of an exposure, the management of the health care worker (HCW) and the serological testing results of the source patient and the HCW. The intention is to provide hospital infection control staff with an improved capacity to monitor their own hospitals and to compare their hospital with others. Full names are retained at the hospital and the remaining data are sent to the Department every six months. The Department forwards the data to NCHECR. Tabulations will be published in both the Bulletin and the HIV Surveillance Report. While information will include comparisons of the types of hospital, hospitals will not be identified in the comparisons.

 $EPINet^{TM}$ has recently been distributed to about 30 NSW hospitals as the first step in establishing a Statewide surveillance system. $EPINet^{TM}$ is available without charge to hospitals that wish to participate in State and national

data collection. From early 1996 all hospitals will be encouraged to participate, but any additional hospitals wishing to begin this year would be welcome. Inquiries should be directed to Mr Rob Menzies, AIDS/Infectious Diseases Branch, ph (02) 391 9195.

INFLUENZA SURVEILLANCE

Influenza-like illness (ILI) activity in May was low, with moderate to high absentee rates in a few schools and high numbers of laboratory isolates of Respiratory Syncytial Virus (RSV).

Sentinel general practitioner surveillance for influenza was reported by eight PHUs up to the last week of May, representing about 70 doctors and 9,200 consultations a week. The consultation rates due to ILI have increased slowly since March. The rate for the first week of May was 1.3 per cent, while the rate for the third week of May was 2.5 per cent. Western Sydney and Wentworth Areas had the highest rates in April and May, with about 3 per cent of consultations being for ILI.

School absentee rates were reported by five PHUs, representing 13 schools and 9,200 pupils. The absentee rates in May were higher than in previous months (the average rate was 5 per cent). High absentee rates related to ILI were reported by the Western Sector PHU (which covers the Areas of Western Sydney and Wentworth) in the last three weeks of May. Central Western PHU, which monitors ILI in schools, reported high rates of ILI for two weeks in May.

Laboratories reported eight isolates of influenza A and

11 of influenza B by serology and one each of influenza A and influenza B by antigen detection for May. Twenty-one isolations of RSV and two of parainfluenza virus were reported for the last week of May. RSV is considered to be the predominant agent responsible for the increase in ILI cases in that period. The cumulative number of isolates of influenza virus, RSV and parainfluenza virus to the end of May was slightly higher than the number for the same period last year.

Outbreaks of the H1N1 influenza virus strain could be expected in Australia this year for the following reasons:

- increased circulation of the H1N1 subtype in the northern hemisphere and Asia;
- 1995 influenza activity in Australia began early in the season and spread quickly in the Northern Territory; and
- population immunity to H1N1 subtype is probably low since the last significant activity of this strain in Australia was in 1988.

Vaccination with the current influenza vaccine should protect individuals from the A/Texas/36/91-H1N1 like strain which is circulating in Australia. Individuals at risk of the severe complications of influenza infection, for example those over 65 years of age, the chronically ill or residents in chronic care facilities, should be immunised.

Revised NHMRC recommendations for influenza vaccination were described on page 33 of the April 1995 edition of the *Public Health Bulletin*.



Source: NSW Sentinel GP Network

TABLE 2

INFECTIOUS DISEASE NOTIFICATIONS FOR 1995 BY SELECTED MONTH OF ONSET FOR NOTIFICATIONS RECEIVED BY MAY 31, 1995

Adverse event after immunisation12238AIDS232314565Arboviral infection2917810743357Foodborne illness236333682Gastroenteritis (instit.)310333682Gonorrhoea infection37392911116H influenzae epiglottiis-12-3H influenzae infection (NOS)1-1-2H influenzae septicaemia12-14Hepatitis A - acute viral63492823163Hepatitis B - acute viral3842311112Hepatitis B - acute viral383972861001,164Hepatitis C - acute viral973120Hepatitis C - unspecified7227904562242,192Hepatitis D - unspecified7227904562242,192Hepatitis D - unspecified426Hydatid disease-331Legionnaires' disease7111120Leptospirosis1-11Listeriosis426Malaria2334121Meningococcal septicaemia51	Condition	Feb	Mar	Apr	May	Total
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Foodborne illness1912619-236Gastroenteritis (instit.)310333682Gonorrhoea infection37392911116H influenzae epiglottitis-12-3H influenzae infection (NOS)1-1-2H influenzae septicaemia12-14Hepatitis A - acute viral63492823163Hepatitis B - acute viral387-18Hepatitis B - acute viral387-18Hepatitis B - acute viral3813972861001,164Hepatitis C - acute viral973120Hepatitis D - unspecified7227904562242,192Hepatitis D - unspecified727904562242,192Hepatitis D - unspecified72733412Mesingococcal infection (NOS)12216Malaria23341213Meningococcal infection (NOS)71484<	Arboviral infection	29	178	107	43	357
(> 2 related cases)1912619-236Gastroenteritis (instit.)310333682Gonorrhoea infection37392911116H influenzae epiglottitis-12-3H influenzae infection (NOS)1-1-2H influenzae septicaemia12-14Hepatitis A - acute viral63492823163Hepatitis B - acute viral387-1Hepatitis B - acute viral3813972861001,164Hepatitis B - acute viral973120Hepatitis C - acute viral973120Hepatitis C - unspecified7227904562242,192Hepatitis D - unspecified7227904562242,192Hepatitis D - unspecified7227904562242,192Hepatitis D - unspecified4-2-6Mydaid Gisease-33167Legionnaires' disease7111120Leptospirosis1-112Meales59663431190102216Malaria233412133412Measles596634	Foodborne illness					
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H influenzae epiglottitis-12-3H influenzae infection (NOS)1-1-2H influenzae septicaemia12-14Hepatitis A - acute viral63492823163Hepatitis B - acute viral387-18Hepatitis B - acute viral387-18Hepatitis B - chronic/carrier38423111122Hepatitis C - acute viral973120Hepatitis C - unspecified7227904562242,192Hepatitis C - unspecified4-2-6Hydatid disease-33HV infection52493135167Legtospirosis1-1Listeriosis426Malaria233412Measles59663431190Meningococcal infection (NOS)12216Mycobacterial atypical3532327272Mycobacterial tuberculosis152012653Pertusis656949492322Q fever2199544Rubella1373427Salmonella (NOS)201119 <td>Gonorrhoea infection</td> <td>37</td> <td>39</td> <td>29</td> <td>11</td> <td>116</td>	Gonorrhoea infection	37	39	29	11	116
H influenzae infection (NOS) 1 - 1 - 2 H influenzae meningitis - 1 - - 1 H influenzae septicaemia 1 2 - 1 4 Hepatitis A - acute viral 63 49 28 23 163 Hepatitis B - acute viral 63 49 28 23 11 122 Hepatitis B - acute viral 3 8 7 - 18 Hepatitis B - acute viral 9 7 3 1 20 Hepatitis C - acute viral 9 7 3 1 20 Hepatitis D - unspecified 722 790 456 224 2,192 Hepatitis D - unspecified 722 790 456 224 2,192 Hepatitis D - unspecified 72 790 456 224 2,192 Hepatitis D - unspecified 72 70 456 224 2,192 Hepatitis D - unspecified 72 4 7 1 1 1 20 Legionnaires' d	H influenzae epiglottitis	-	1	2	-	3
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Hepatitis B - chronic/carrier38423111122Hepatitis B - unspecified3813972861001,164Hepatitis C - acute viral973120Hepatitis C - unspecified7227904562242,192Hepatitis D - unspecified4-2-6Hydatid disease-33HIV infection52493135167Legtospirosis111Listeriosis426Malaria233412Measles59663431190Meningococcal infection (NOS)12216Mycobacterial atypical35323272Mycobacterial infection (NOS)7148433Mycobacterial infection (NOS)7148432Q fever2199544Rubella1373427Salmonella infection11Syphilis infection61765337227Tuberculosis – non active932418Typhoid and paratyphoid1225-19	Hepatitis B – acute viral	3	8	7	-	18
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Hepatitis C - acute viral973120Hepatitis C - unspecified7227904562242,192Hepatitis D - unspecified4-2-6Hydatid disease-33HV infection52493135167Legionnaires' disease7111120Leptospirosis1-1Listeriosis426Malaria233412Measles59663431190Meningococcal infection (NOS)12216Meningococcal septicaemia516Mycobacterial atypical35323272Mycobacterial infection (NOS)7148433Mycobacterial infection (NOS)7148432Q fever2199544Rubella1373427Salmonella (NOS)2011199540455Salmonella infection61765337227Tuberculosis – non active932418Typhoid and paratyphoid1225-19	Hepatitis B – unspecified	381	397	286	100	1,164
Hepatitis C - unspecified7227904562242,192Hepatitis D - unspecified4-2-6Hydatid disease-33HV infection52493135167Legionnaires' disease7111120Leptospirosis1-1Listeriosis426Malaria233412Measles59663431190Meningococcal infection (NOS)12216Meningococcal septicaemia516Mycobacterial atypical35323272Mycobacterial infection (NOS)7148433Pertussis65694949232Q fever2199544Rubella1373427Salmonella infection11Syphilis infection61765337227Tuberculosis – non active932418Typhoid and paratyphoid1225-19	Hepatitis C – acute viral	9	7	3	1	20
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Hepatitis C – unspecified	722	790	456	224	2,192
Hydatid disease-33HV infection52493135167Legionnaires' disease7111120Leptospirosis1-1Listeriosis426Malaria233412Measles59663431190Meningococcal infection (NOS)1221Meningococcal septicaemia516Mycobacterial atypical35323272Mycobacterial tuberculosis15201267148433Mycobacterial infection (NOS)71484Q fever2199544Rubella1373427Salmonella infection11Syphilis infection61765337227Tuberculosis – non active932418Typhoid and paratyphoid1225-19	Hepatitis D – unspecified	4	-	2	-	6
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Legionnaires' disease	7	11	1	1	20
$\begin{array}{c cccccc} Listeriosis & 4 & 2 & - & - & 6 \\ Malaria & 2 & 3 & 3 & 4 & 12 \\ Measles & 59 & 66 & 34 & 31 & 190 \\ Meningococcal infection (NOS) & 1 & 2 & 2 & 1 & 6 \\ Meningococcal meningitis & 6 & 4 & 2 & 1 & 13 \\ Meningococcal septicaemia & 5 & 1 & - & - & 6 \\ Mycobacterial atypical & 35 & 32 & 3 & 2 & 72 \\ Mycobacterial infection (NOS) & 7 & 14 & 8 & 4 & 33 \\ Mycobacterial tuberculosis & 15 & 20 & 12 & 6 & 53 \\ Pertussis & 65 & 69 & 49 & 49 & 232 \\ Q fever & 21 & 9 & 9 & 5 & 44 \\ Rubella & 13 & 7 & 3 & 4 & 27 \\ Salmonella (NOS) & 201 & 119 & 95 & 40 & 455 \\ Salmonella infection & 1 & - & - & 1 \\ Syphilis infection & 61 & 76 & 53 & 37 & 227 \\ Tuberculosis - non active & 9 & 3 & 2 & 4 & 18 \\ Typhoid and paratyphoid & 12 & 2 & 5 & - & 19 \\ Vibric infection & 0 & 1 & - & - & 1 \\ \end{array}$	Leptospirosis	-	-	1	-	1
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Measles 59 66 34 31 190 Meningococcal infection (NOS) 1 2 2 1 6 Meningococcal meningitis 6 4 2 1 13 Meningococcal septicaemia 5 1 - - 6 Mycobacterial atypical 35 32 3 2 72 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active </td <td>Malaria</td> <td>2</td> <td>3</td> <td>3</td> <td>4</td> <td>12</td>	Malaria	2	3	3	4	12
Meningococcal infection (NOS) 1 2 2 1 6 Meningococcal meningitis 6 4 2 1 13 Meningococcal septicaemia 5 1 - - 6 Mycobacterial atypical 35 32 3 2 72 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - 1 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and par	Measles	59	66	34	31	190
Meningococcal meningitis 6 4 2 1 13 Meningococcal septicaemia 5 1 - - 6 Mycobacterial atypical 35 32 3 2 72 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - 1 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Meningococcal infection (NOS)	1	2	2	1	6
Meningococcal septicaemia 5 1 - - 6 Mycobacterial atypical 35 32 3 2 72 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 1 Syphilis infection 61 76 53 37 227 7 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Meningococcal meningitis	6	4	2	1	13
Mycobacterial atypical 35 32 3 2 72 Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - 1 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Meningococcal septicaemia	5	1	-	-	6
Mycobacterial infection (NOS) 7 14 8 4 33 Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Mycobacterial atypical	35	32	3	2	72
Mycobacterial tuberculosis 15 20 12 6 53 Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - 1 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Mycobacterial infection (NOS)	7	14	8	4	33
Pertussis 65 69 49 49 232 Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 Syphilis infection 61 76 53 37 227 Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Mycobacterial tuberculosis	15	20	12	6	53
Q fever 21 9 9 5 44 Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - 1 1 Syphilis infection 61 76 53 37 227 Tuberculosis - non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Pertussis	65	69	49	49	232
Rubella 13 7 3 4 27 Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 Syphilis infection 61 76 53 37 227 Tuberculosis - non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Q fever	21	9	9	5	44
Salmonella (NOS) 201 119 95 40 455 Salmonella infection 1 - - - 1 Syphilis infection 61 76 53 37 227 Tuberculosis - non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19	Rubella	13	7	3	4	27
Salmonella infection11Syphilis infection61765337227Tuberculosis - non active932418Typhoid and paratyphoid1225-19Vibric infection (non cholars)11	Salmonella (NOS)	201	119	95	40	455
Syphilis infection61765337227Tuberculosis – non active932418Typhoid and paratyphoid1225-19Vibric infection (non cholars)11	Salmonella infection	1	-	-	-	1
Tuberculosis – non active 9 3 2 4 18 Typhoid and paratyphoid 12 2 5 - 19 Vibrio infection (non cholera) 1 - 1 - 1	Syphilis infection	61	76	53	37	227
Typhoid and paratyphoid 12 2 5 – 19 Vibrio infection (non cholera) 1	Tuberculosis – non active	9	3	2	4	18
Vibrio infection (non cholera) 1 1	Typhoid and paratyphoid	12	2	5	-	19
	Vibrio infection (non cholera)	1	-	-	-	1

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS **MAY 1995** Condition Number of cases notified Period Cumulative May 1994 May 1995 May 1994 Adverse reaction 3 19 3 AIDS 31 5 233 Arboviral infection 67 43 307 Brucellosis Cholera

May 1995

11

93

377

TABLE 3

	State of the second sec	States and states and states	and the second se	
Diphtheria	-		-	-
Foodborne illness (NOS)	16	i –	116	253
Gastroenteritis (instit.)	18	36	87	84
Gonorrhoea	24	11	158	147
H influenzae epiglottitis	4	- 1	14	3
H influenzae B – meningitis	1	-	6	3
H influenzae B – septicaemi	a 1	1	6	4
H influenzae infection (NOS	5) 1	_	7	2
Hepatitis A	39	23	244	237
Hepatitis B	446	111	1.842	1.703
Hepatitis C	784	225	3,600	2.981
Hepatitis D	3	-	11	8
Hepatitis, acute viral (NOS)	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		2	_
HIV infection	45	35	216	226
Hvdatid disease	2	1	5	3
Legionnaires' disease	5	1	29	36
Leprosy	1	-	-	-
Leptospirosis	2	1	10	2
Listeriosis			4	6
Malaria	12	4	95	21
Measles	22	31	293	287
Meningococcal meningitis	3	1	22	15
Meningococcal septicaemia	4	- 1	10	7
Meningococcal infection (NC	DS) 2	1	4	9
Mumps	-		2	2
Mycobacterial tuberculosis	27	6	176	86
Mycobacterial – atypical	51	2	236	114
Mycobacterial infection (NC	DS) 6	4	19	45
Pertussis	148	49	682	314
Plaque	-		-	-
Poliomyelitis	-		-	-
Q fever	29	5	133	62
Rubella	7	4	52	36
Salmonella infection (NOS)	82	40	680	601
Syphilis	88	37	469	313
Tetanus	1	-	-	-
Typhoid and paratyphoid	-		13	23
Typhus	-	-	-	-
Viral haemorrhagic fevers	-		-	-
Yellow fever	- 22		-	-
			Succession and the second	and the second second

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, NC North Coast Public Health Unit, ND Northern District Public Health Unit, WN Western New South Wales Public Health Unit, CW Central West Public Health Unit, SW South West Public Health Unit, SE South East Public Health Unit, 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.

TABLE 4

INFECTIOUS DISEASE NOTIFICATIONS FOR 1995 BY PUBLIC HEALTH UNIT FOR NOTIFICATIONS RECEIVED BY MAY 31, 1995

													3 (C) (L) (118 533		
Condition	CCA	CSA	CW	ESA I	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN V	NSA	U/K	Total
AIDS	-	25	-	29	5	1	8	-	10	-	8	-	3	3	-	1	-	93
Arboviral infection	4	2	-	5	6	23	145	26	2	139	3	9	-	1	12	-	-	5//
Gonorrhoea infection	2	26	6	51	2	5	8	5	6	4	10	-	8	1	b	1	-	14/
Hepatitis B – acute viral	-	3	-	2	-	-	1	2	-	1	1	-	2	1	5	1	-	19
Hepatitis B – chronic/carrier	11	-	5	97	-	-	3	7	-	-	3	-	-	4	6	36	-	1/2
Hepatitis B – unspecified	10	165	5	15	37	36	21	2	184	14	239	9	563	4	4	204	-	1,512
Hepatitis C – acute viral	-	-	-	2	-	-	-	-	-	1	-	-	-	2	14	1	-	20
Hepatitis C – unspecified	83	- 327	135	446	202	163	312	58	218	100	195	90	331	55	10	236	-	2,961
Hepatitis D – unspecified	-	-	-	1	-	-	3	-	-	- 1	1	-	3	-	-	-	-	8
Hydatid disease	-	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	3
HÍV infection	1	16	1	49	2	1	7	-	6	-	8	-	6	3	-	4	122	226
Legionnaires' disease	-	1	-	1	6	5	-	1	4	-	-	-	2	1	-	15	-	36
Leptospirosis	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	2
Malaria	2	1	-	1	4	3	1		1	-	-	1	1	1	-	5	-	21
Meningococcal infection (NOS)	1	-	-	1	1	-	2	-	-	- 15	2	1	1	-	-	-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	9
Meningococcal meningitis	1	1	1	-	2	3	1	1	1	1	2	-	1	-	-	-	-	15
Meningococcal septicaemia	-	2	-	-	5	-	-	-	-	-	- 1	-	-	-	-	-	-	7
Mycobacterial atypical	2	18	1	27	10	4	7	2	7	1	10	1	16	1	6	1	-	114
Mycobacterial infection (NOS)	3	2	-	-	2	-	4	-	9	-	1	-	22	-	-	2	-	45
Mycobacterial tuberculosis	-	10	-	3	5	2	1	2	16	1	14	-	6	2	1	23	-	86
Ofever	-	1	3	-	6	2	9	16	-	-	-	-	1	- 12	23	1		62
Syphilis	4	37	6	63	8	7	26	15	16	3	26	1	43	7	32	19	-	313
a) billing																		

TABLE 5

VACCINE PREVENTABLE AND RELATED CONDITIONS, NOTIFICATIONS FOR 1995 BY PUBLIC HEALTH UNIT, RECEIVED BY MAY 31, 1995

													and the second			1992	and the second second
Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND I	NSA	SE	SSA	SW	SWS W	/EN	WN WS	A	Total
Adverse event after immunisation H. influenzae epiglottitis H. influenzae infection (NOS) H. influenzae meningitis H. influenzae septicaemia Measles Mumps Pertussis Rubella	- - 1 - - 8 - 9 -	- - 1 16 - 10 -		- 1 - 42 1 12 2	- - 1 30 - 19 -	- - - 47 - 22 -	- 1 1 15 - 79 6	2 - - 25 - 3 1	- - 1 10 - 30 1	1 - - 5 - 7 -	1 - - 17 - 18 7	5 - - 4 21 -	- - - 19 12 -	2 - - 26 - 26 4	- - - - 7 1	- 1 1 22 1 34 14	11 3 2 3 4 287 2 314 36

TABLE 6

FOODBORNE INFECTIOUS DISEASE NOTIFICATIONS FOR 1995 BY PUBLIC HEALTH UNIT, RECEIVED BY MAY 31, 1995

														Service and the		- 10 - 143	
Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	Total
Foodborne illness (NOS)	16	9	-	-	162	-	-	1	-	-	-	5	34	-	12	14	253
Gastroenteritis (instit.)	-7	10	30	57	2	- 5	36	-	33 16	-	16	- 9	19	-2	-3	3 14	84 237
Listeriosis	-	1	1	1	- 40	-	70		1	1	54	20	- 53	28	- 23	1	6 601
Typhoid and paratyphoid	-	1	-	7	49	-	1	-	2	-	5	-	3	1	-	3	23
Vibrio infection (non cholera)	-	-	-	1		-	-	-	-	-	100	-		2			

PUBLIC HEALTH EDITORIAL STAFF

The editor of the Public Health Bulletin is Dr Michael Frommer, Director, Research and Development, NSW Health Department. Dr Lynne Madden is production manager.

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 a summary of the key points to be made in the first paragraph. References should be set out using the Vancouver style, the full text of which can be found in *British Medical Journal* 1988; 296:401-5. Please submit items in hard copy and on diskette, preferably using WordPerfect, to the editor, NSW Public Health Bulletin, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9029.

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