

Australia's contribution to the promotion of health has not been optimal thus far. Although the Government has been generous in its support for some health programs in the region, particularly through AUSAID, and the support it provides to WHO at a program level, the feedback I receive is that too often Australians approach other countries in ways which are insufficiently sensitive to the economic, social and cultural differences between Australia and the other countries in the region. Policies, programs and methods of funding which appear to work well in an Australian context cannot simply be transferred as ready-made solutions to other countries which have different traditions, and vastly different infrastructures.

"I have been made most acutely aware of these differences by colleagues in the Pacific islands who may fairly accuse some Australian consultants of new forms of health colonialism. I believe we run the risk of greatly reducing our role and contribution to health in this region through such insensitivity, and would like to take this opportunity to emphasise our commitment as a collaborating centre to ensure that the work we undertake in the region both in partnership with WHO and independently will be done in a way that respects differences between our situation in Australia, and that which exists in other countries.

"The centre has already become a focal point for health promotion in the region as the regional office for the largest non-government organisation in health promotion, the International Union for Health Promotion and Education. Its recognition as a WHO collaborating centre brings with it further responsibilities and opportunities. I believe that this intersection of non-government and intergovernmental organisations provides a special opportunity for the centre to make a contribution to the promotion of health in the Western Pacific region."

The address of the National Centre for Health Promotion is Edward Ford Building A27, The University of Sydney, NSW 2006; fax (02) 351 4179.

1. World Health Organisation (WPRO), *New Horizons for Health*; 1995; WHO, Manila.
2. World Health Organisation (WPRO); Yanuca Island Declaration; 1995; WHO, Manila.

NOTIFICATION TRENDS

In February 1996 notifications were higher than expected for arboviral infection, gastroenteritis and hepatitis A, but lower than expected for foodborne illness, *Haemophilus influenzae* type b infection, HIV infection, measles, pertussis and Salmonella infection (Figure 2).

ARBOVIRAL INFECTION

Marked increases in reports of arboviral infections continued through March 1996 (Figure 3, Tables 1 and 2). Most reports received between January and March came from the North Coast (214), Northern Districts (199) and Western NSW (133), followed by South West, Hunter and Central West NSW. Heavy rains, flooding and king tides in northern NSW and southern Queensland – and consequent flooding in inland NSW river systems – contributed to increased mosquito numbers and arboviral infections in the Northern Districts and Western NSW. Reports continue to arrive from the North Coast and Western NSW, but in the Northern Districts cases of arboviral infection appear to have peaked in February.

CHOLERA

In March the South Eastern Sydney Public Health Unit investigated a case of cholera in a male who had travelled from Asia. The man was treated in hospital for several days before resuming his journey abroad.

GONORRHOEA

Reports of gonorrhoea have slowly increased since November 1994 (Figures 2 and 4, Tables 1 and 2). Many were received from eastern Sydney and most were male. This is consistent with a cyclical trend in cases seen approximately every four years (Basil Donovan, personal communication).

COMMITTEES

Laboratory Surveillance Advisory Committee

The AIDS/Infectious Diseases Branch recently formed the Laboratory Surveillance Advisory Committee (LSAC). Laboratory reporting of infectious diseases was introduced by the Public Health Act 1991 and has proved very successful. Laboratories now provide 75 per cent of all notifications in NSW. However, laboratory surveillance has potential for improvement and expansion.

Continued on page 40 ►

PUBLIC HEALTH EDITORIAL STAFF

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

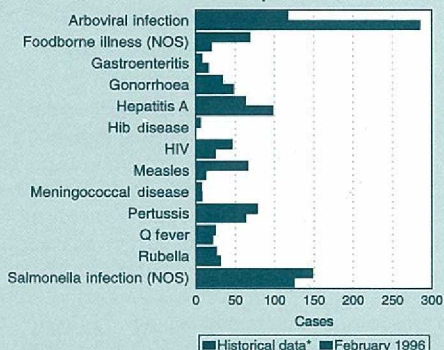
The *Bulletin* aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out 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.

Please contact your local Public Health Unit to obtain copies of the *NSW Public Health Bulletin*.

FIGURE 2

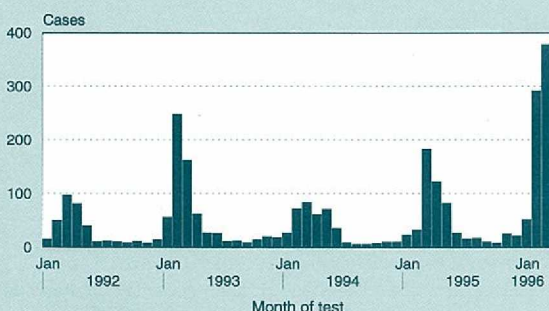
**SELECTED INFECTIOUS DISEASES:
NSW FEBRUARY NOTIFICATIONS, 1996
COMPARED WITH HISTORICAL DATA**



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

FIGURE 3

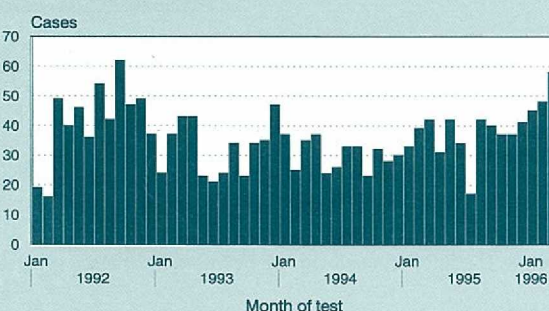
**ARBOVIRAL INFECTION NOTIFICATIONS NSW 1994-1996,
BY DATE OF TEST**



For data received by March 31 1996
Source: IDSS

FIGURE 4

**GONORRHOEA NOTIFICATIONS FOR NSW 1994-1996,
BY DATE OF TEST**



For data received by March 31 1996
Source: IDSS

Infectious diseases

► Continued from page 39

LSAC will advise the Chief Health Officer on improving surveillance of nosocomial infection, the public health role of reference laboratories, and achieving consistency with national approaches. Membership includes experts from public and private microbiology and serology laboratories, laboratory management, public health information technology and PHUs.

In its first meeting on March 28, 1996, LSAC discussed nosocomial infection and technology improvements for notification. LSAC decided that several micro-organisms could be used as indicators of nosocomial infection, such as MRSA, extended spectrum β -lactamase producers, vancomycin-resistant enterococcus and neonatal bloodborne infections. Other mechanisms (such as data collection on risks, and denominators) will be considered before final recommendations are made. LSAC discussed the possibility of laboratories reporting conditions electronically. A working party will recommend on possible implementation in a future version of our Infectious Disease Surveillance System software.

NSW Immunisation Advisory Committee

A new NSW Immunisation Advisory Committee (IAC) has been convened. IAC will meet quarterly with extraordinary meetings as necessary. IAC is to advise the Department on:

- all matters relating to vaccines, vaccine research and development;
- immunisation programs in NSW;
- the implementation and effectiveness of the Australian Childhood Immunisation Register (ACIR) in improving immunisation coverage; and
- an annual review of adverse events following immunisation.

The IAC at its first meeting on February 27, 1996, recommended:

- Area Performance Agreements include that 100 per cent babies are registered with Medicare for ACIR before discharge from hospital, and that children identified by ACIR as 90 days late for vaccination be followed up;
- an urgent review of the operations of the State Vaccine Centre;
- NSW Health support the Australian Centre for Immunisation Research;
- the Aboriginal Immunisation Strategy be widely distributed; and
- the NSW Immunisation Accreditation Program for Registered Nurses be finalised and Guidelines for the Follow-up of Susceptible Children be released.

The next meeting of IAC was scheduled for May 1.

TABLE 1

INFECTIOUS DISEASE NOTIFICATIONS FOR NSW, 1996
BY MONTH OF ONSET FOR NOTIFICATIONS
RECEIVED BY MARCH 31, 1996

Condition	Dec	Jan	Feb	Mar	Total
Adverse event after immunisation	2	9	4	3	18
AIDS	24	33	21	11	89
Arboviral infection	19	52	285	364	720
Cholera	—	—	—	1	1
Foodborne illness (NOS)	11	17	20	7	55
Gastroenteritis (instit.)	7	11	16	27	61
Gonorrhoea infection	41	45	48	56	190
H. influenzae infection (NOS)	1	—	—	1	2
H. influenzae meningitis	—	1	—	—	1
H. influenzae septicaemia	1	—	—	—	1
Hepatitis A – acute viral	86	123	98	82	389
Hepatitis B – acute viral	12	7	—	1	20
Hepatitis B – chronic/carrier	38	64	60	46	208
Hepatitis B – unspecified	312	310	320	282	1,224
Hepatitis C – acute viral	2	—	—	1	3
Hepatitis C – unspecified	695	719	709	504	2,627
Hepatitis D – unspecified	5	—	1	1	7
Hepatitis, acute viral (NOS)	—	3	—	—	3
HIV infection	34	39	25	33	131
Hydatid disease	2	1	2	—	5
Legionnaires' disease	8	4	9	6	27
Leptospirosis	1	3	3	5	12
Listeriosis	3	2	—	—	5
Malaria	4	22	22	21	69
Measles	27	21	13	11	72
Meningococcal infection (NOS)	—	1	3	1	5
Meningococcal meningitis	4	6	3	3	16
Meningococcal septicaemia	—	2	2	1	5
Mumps	1	5	6	—	12
Mycobacterial atypical	14	28	15	1	58
Mycobacterial infection (NOS)	10	11	11	4	36
Mycobacterial tuberculosis	29	36	22	10	97
Pertussis	111	96	63	55	325
Q fever	9	22	21	23	75
Rubella	97	40	31	15	183
Salmonella (NOS)	105	131	125	89	450
Syphilis infection	47	59	65	68	239
Typhoid and paratyphoid	5	7	5	5	22
Vibrio infection (non cholera)	—	1	1	—	2

TABLE 2

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS
MARCH 1996

Condition	Number of cases notified			
	Period		Cumulative	
	Mar 1995	Mar 1996	Mar 1995	Mar 1996
Adverse reaction	3	3	7	16
AIDS	38	11	122	65
Arboviral infection	182	364	235	701
Brucellosis	—	—	—	—
Cholera	—	1	—	1
Diphtheria	—	—	—	—
Foodborne illness (NOS)	26	7	234	44
Gastroenteritis (instit.)	10	27	15	54
Gonorrhoea	42	56	114	149
H influenzae epiglottitis	1	1	1	1
H influenzae B – meningitis	1	—	3	1
H influenzae B – septicaemia	1	—	3	—
H influenzae infection (NOS)	—	—	1	—
Hepatitis A	51	82	192	303
Hepatitis B	469	329	1,310	1,090
Hepatitis C	821	505	2,373	1,933
Hepatitis D	—	1	6	2
Hepatitis, acute viral (NOS)	—	—	—	3
HIV infection	45	33	140	100
Hydatid disease	4	—	4	3
Legionnaires' disease	11	6	34	19
Leprosy	—	—	1	—
Leptospirosis	1	5	2	11
Listeriosis	3	—	7	2
Malaria	10	21	48	65
Measles	65	11	223	45
Meningococcal meningitis	4	3	12	12
Meningococcal septicaemia	1	1	7	5
Meningococcal infection (NOS)	2	1	6	5
Mumps	—	—	2	11
Mycobacterial tuberculosis	39	10	130	68
Mycobacterial – atypical	64	1	148	44
Mycobacterial infection (NOS)	5	4	13	26
Pertussis	72	55	227	214
Plague	—	—	—	—
Poliomyelitis	—	—	—	—
Q fever	12	23	54	66
Rubella	46	15	111	86
Salmonella infection (NOS)	120	89	474	346
Syphilis	83	68	246	192
Tetanus	—	—	—	—
Typhoid and paratyphoid	3	5	22	17
Typhus	—	—	—	—
Viral haemorrhagic fevers	—	—	—	—
Yellow fever	—	—	—	—

TABLE 3

INFECTIOUS DISEASE CUMULATIVE NOTIFICATIONS FOR NSW, 1996
BY PUBLIC HEALTH UNIT RECEIVED BY MARCH 31, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	U/K	Total
AIDS	3	13	—	17	4	—	3	—	14	—	1	1	5	3	—	1	—	65
Arboviral infection	6	2	19	3	26	5	208	199	8	7	2	75	4	—	133	4	—	701
Gastroenteritis (instit)	—	9	—	—	18	—	—	1	—	—	—	—	1	8	1	16	—	54
Gonorrhoea infection	2	16	3	79	1	1	5	2	6	2	6	—	5	3	11	7	—	149
Hepatitis B – acute viral	—	—	—	4	—	—	—	—	—	—	1	—	1	—	1	1	—	8
Hepatitis B – chronic/carrier	12	—	3	62	—	—	7	1	—	—	13	—	7	2	2	61	—	170
Hepatitis B – unspecified	7	106	1	42	24	16	19	4	121	4	147	4	296	7	6	108	—	912
Hepatitis C – acute viral	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hepatitis C – unspecified	74	192	48	243	133	113	191	46	145	28	119	45	249	85	20	200	—	1,932
Hepatitis D – unspecified	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Hepatitis, acute viral (NOS)	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	3
HIV infection	1	12	1	22	3	1	1	—	9	—	4	—	7	4	—	6	29	100
Hydatid disease	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	3
Legionnaires' disease	—	2	—	—	2	1	1	—	1	2	—	—	4	1	—	5	—	19
Leptospirosis	—	—	1	—	4	—	4	1	—	—	—	—	1	—	—	—	—	11
Malaria	1	6	1	4	7	4	4	4	10	2	5	1	5	3	1	7	—	65
Meningococcal infection (NOS)	2	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	5
Meningococcal meningitis	—	—	—	—	5	2	1	—	—	—	1	—	—	—	—	1	—	12
Meningococcal septicaemia	—	—	2	—	1	—	—	—	—	—	—	1	1	—	—	—	—	5
Mycobacterial atypical	3	3	1	7	1	—	5	1	6	—	3	1	8	1	—	4	—	44
Mycobacterial infection (NOS)	2	4	—	—	6	—	4	1	1	—	2	—	—	1	—	5	—	26
Mycobacterial tuberculosis	3	7	1	5	2	—	—	1	10	—	8	—	16	—	—	15	—	68
Q fever	—	1	6	—	2	—	8	12	—	1	—	4	—	—	32	—	—	66
Syphilis infection	2	20	4	36	6	1	11	15	15	2	9	1	27	2	22	19	—	192
Vibrio infection (non cholera)	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2

TABLE 4

VACCINE PREVENTABLE AND RELATED CONDITIONS, CUMULATIVE NOTIFICATIONS FOR NSW, 1996
BY PUBLIC HEALTH UNIT, RECEIVED BY MARCH 31, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	Total
Adverse event after immunisation	—	—	2	—	—	—	2	—	—	7	1	—	1	1	—	2	16
H. influenzae epiglottitis	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
H. influenzae meningitis	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Measles	—	2	3	1	—	5	2	1	1	3	5	5	4	2	1	10	45
Mumps	—	1	—	—	2	—	—	—	5	—	1	1	1	—	—	—	11
Pertussis	1	9	3	12	19	18	30	19	29	14	7	17	7	6	4	19	214
Rubella	—	21	1	1	—	7	1	—	—	1	5	—	—	16	—	33	86

TABLE 5

FOODBORNE INFECTIOUS DISEASE CUMULATIVE NOTIFICATIONS FOR NSW, 1996
BY PUBLIC HEALTH UNIT, RECEIVED BY MARCH 31, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	Total
Cholera	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Foodborne illness (NOS)	7	5	—	—	2	1	—	1	—	—	—	2	18	—	8	—	44
Hepatitis A – acute viral	8	51	3	100	10	26	5	2	26	7	19	3	12	4	3	24	303
Listeriosis	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2
Salmonella (NOS)	7	12	2	17	31	17	49	26	35	8	37	24	28	12	13	26	345
Typhoid and paratyphoid	—	5	—	1	2	—	—	—	—	—	1	—	6	—	—	2	17

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.