

TRENDS

Reports of infectious diseases for the 12 months to October 1996 indicate that the incidence of most diseases are as expected for this time of year (Figure 1). Even reports of **hepatitis A**, which were at double the expected rate, declined around the state, although pockets of disease persist, notably in the west of the state (Table 1).

Pertussis (whooping cough) cases continue to rise; practitioners should consider this diagnosis among patients of any age presenting with a persistent cough, especially small children in whom the disease can be fatal. Up-to-date immunisation, case exclusion from child care, school and work, and erythromycin preventive therapy among case-contacts can prevent serious illness and fatalities.

MEASLE CONTROL

Fortunately, few measles cases have been reported lately. The last big epidemic, in the second half of 1993, claimed almost 900 cases in western Sydney alone. Because the incidence of measles rises to epidemic proportions on a cyclical basis, it is timely that the NHMRC has released guidelines for controlling measles outbreaks in Australia.¹

The first priority for measles control is immunising all children aged one year. In the guidelines, the NHMRC also recommends that:

- medical practitioners report to Public Health Units cases of suspected measles, viz persons with an illness characterised by: (1) a morbilliform rash, (2) cough, and (3) fever present at the time of rash onset;
- all sporadic cases be serologically confirmed;
- salivary diagnostic tests be made available;
- Public Health Units screen incoming reports daily for notifications of measles, and carry out and complete investigation of suspected cases within one working day;
- general practitioners and Divisions of General Practice be kept informed of outbreak actions and policies;
- suspected cases avoid health care waiting rooms — they should go to another room which will be vacant for >2 hours after the consultation, or be examined at home (persons in the same room while or <2 hours after an infectious patient should be regarded as contacts);
- susceptible contacts and eligible siblings be offered measles-mumps-rubella (MMR) vaccine, preferably within 72 hours;
- children aged <12 months be offered immunoglobulin within 7 days of contact;
- the vaccination age be lowered where there is a high attack rate among children aged <12 months;
- all children attending hospital be opportunistically vaccinated;
- vaccination status of health care workers be compulsorily documented;

- hospital infection control officers and Public Health Units be informed of persons diagnosed with measles in hospital, and initiate control measures;
- child care facilities keep up-to-date records of the children's immunisation status;
- the following be excluded from child-care and educational facilities during an outbreak:
 - unvaccinated children for 14 days after appearance of rash in the last case at the facility (unless vaccinated within 72 hours of first contact with the case, or given of immunoglobulin within 7 days of contact, or if there was no contact, they receive MMR vaccine)
 - immunocompromised persons, regardless of vaccination status, until 14 days after appearance of the rash in the last case;
- comprehensive reports on outbreaks be published;
- research include community perception of the disease and vaccination, methods for communication, and community-based serological surveys;
- the recommendations be distributed widely to professionals dealing with children, and reviewed annually.

Copies of *Measles: Guidelines for the control of outbreaks in Australia* are available through the Australian Government Publishing Service, GPO Box 84 Canberra 2601 (tel 132 447 or fax 06 295 4888 for \$9.95).

VRE CONTROL

The NHMRC has also released recommendations regarding the emergence of vancomycin resistant enterococci (VRE) in Australia.² The NHMRC Working Party on Antibiotics considered local and international evidence, including data from 15 cases of VRE in Australian hospitals. It recommends:

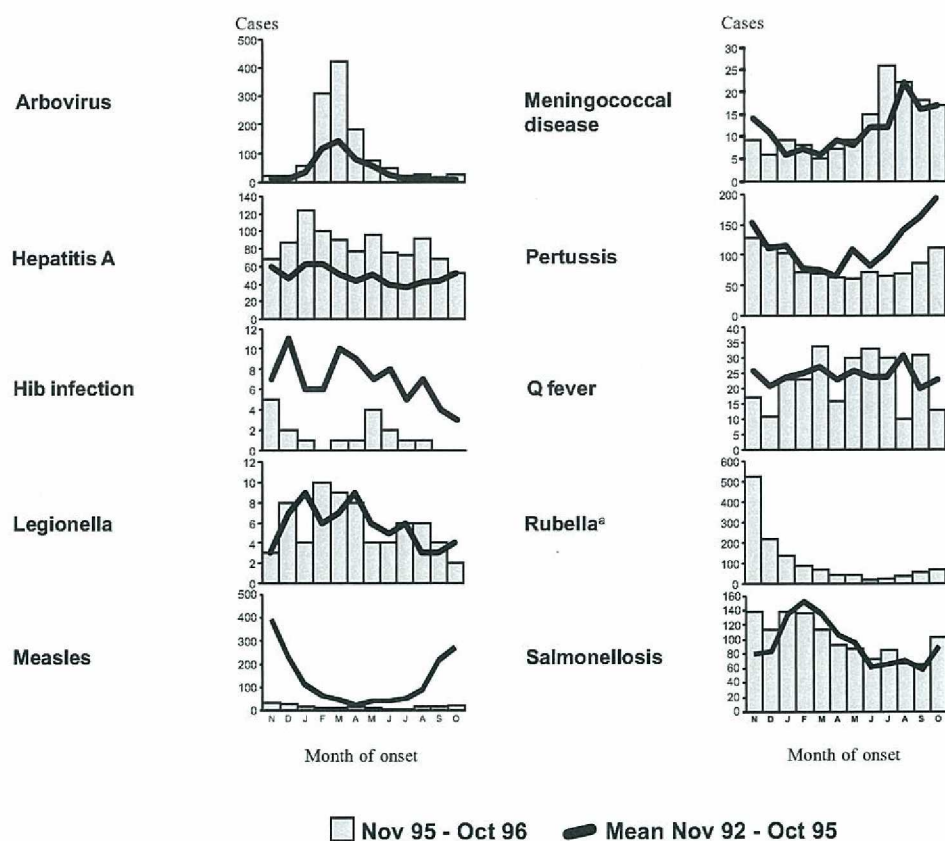
- that health care establishments maintain a program of ongoing improvement of infection control practices;
- that specific measures to combat the spread of VRE be developed;
- that prescribers severely restrict the use of oral vancomycin;
- ongoing professional and public education campaigns about the risk of VRE and excessive antibiotic prescribing in humans;
- maintenance of the National Antibiotic Resistance Surveillance Program;
- urgent research on VRE prevalence in hospital patients, and risk factors for VRE emergence transmission;
- that there are currently insufficient grounds for banning the use of avoparcin [a vancomycin-like animal antibiotic] in Australia.

1. NHMRC. *Measles Guidelines for the control of outbreaks in Australia*. Commonwealth of Australia. Canberra: 1996.

2. NHMRC. *Emergence of vancomycin resistant enterococci in Australia*. Commonwealth of Australia. Canberra: 1996.

FIGURE 1

**REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, 12 MONTHS TO OCTOBER 1996,
BY MONTH OF ONSET (WITH HISTORICAL COMPARISON)**



a. Due to data collation problems, historical rubella data are unavailable, and figures printed in previous Bulletins may have been inaccurate.

TABLE 1

INFECTIOUS DISEASE NOTIFICATIONS FOR NSW IN NOVEMBER 1996, RECEIVED BY AREA HEALTH SERVICE

Condition	Area Health Service																	Period	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	Total for Nov	Total to date
Blood-borne and sexually transmitted																			
AIDS	4	3	1	-	-	9	1	-	5	3	-	-	-	-	-	-	-	26	417
HIV infection*	3	-	-	-	-	1	1	-	8	-	-	-	-	-	-	-	-	28**	381
Hepatitis B - acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	41
Hepatitis B - other*	69	26	79	8	86	7	8	5	45	4	5	3	1	4	1	-	2	354	4,646
Hepatitis C - acute viral*	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	1	-	5	18
Hepatitis C - other*	63	40	131	50	77	32	36	19	116	44	18	15	2	39	3	17	9	713	8,614
Hepatitis D - unspecified*	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	9
Hepatitis, acute viral (NOS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Gonorrhoea*	8	3	1	-	1	-	1	-	24	-	2	2	1	1	-	2	-	46	504
Syphilis	9	-	3	2	9	-	1	-	14	-	3	3	1	-	2	-	1	48	716
Vector-borne																			
Arboviral infection*	2	1	1	-	-	1	6	1	-	6	3	3	4	-	2	3	1	34	1,227
Malaria*	1	3	-	-	-	-	1	-	3	-	-	-	-	-	-	-	1	9	204
Zoonoses																			
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hydatid disease	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	14
Leptospirosis*	-	-	-	-	-	-	2	-	-	-	1	1	-	-	-	-	-	4	27
Q fever*	-	-	-	-	-	-	1	-	-	-	4	2	6	1	2	1	-	17	259
Respiratory/other																			
Legionnaires' disease	3	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	4	62
Meningococcal (invasive) infection	1	1	1	3	-	2	2	1	-	1	-	1	-	-	-	2	-	15	148
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Mycobacterial tuberculosis	2	4	9	1	7	1	1	-	4	2	-	-	-	-	-	-	1	32	410
Mycobacteria other than TB	8	5	3	-	6	4	2	-	7	2	-	-	-	-	-	-	-	37	382
Vaccine-preventable																			
Adverse event after immunisation	-	-	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-	4	44
<i>H. influenzae</i> (invasive) infection	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	13
Measles	-	-	4	1	-	2	-	2	3	4	2	1	-	-	-	-	-	19	193
Mumps*	-	-	1	-	-	-	-	-	1	1	-	-	1	-	-	-	-	4	26
Pertussis	5	32	18	12	16	10	21	-	11	4	2	11	3	2	2	4	1	154	937
Rubella*	8	8	4	1	3	5	6	1	10	3	-	3	-	-	-	-	-	52	686
Faecal-oral																			
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Foodborne illness (NOS)	-	1	-	-	-	16	-	-	-	-	-	-	3	-	1	-	-	24	126
Gastroenteritis (instit)	-	-	-	-	11	-	9	-	-	-	-	-	-	-	-	-	-	20	512
Hepatitis A	4	2	5	-	4	1	-	1	10	2	-	5	6	9	4	1	-	54	938
Listeriosis*	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	15
Salmonellosis (NOS)*	10	7	19	9	9	4	9	5	19	14	5	3	1	1	1	3	4	123	1,106
Typhoid & paratyphoid*	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	36

* lab-confirmed cases only

** includes 15 of unknown postcode

Abbreviations used in this Bulletin:

CSA Central Sydney Health Area, SES South 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, NRA Northern Rivers Health Area, MNC Mid North Coast Health Area, NEA New England Health Area, MAC Macquarie Health Area, MWA Mid West Health Area, FWA Far West Health Area, GMA Greater Murray Health Area, SA Southern Health Area, 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.