

TRENDS

Infectious disease notifications through the end of October are shown in Figure 4 and Table 5. Two cases of **haemolytic uraemic syndrome** in children were reported in October, one each from the Hunter and South Western Sydney areas. Investigations into risk factors for these cases are continuing.

While notifications were still down for **arboviral infections** in October, it is likely that notifications of the mosquito-borne Ross River and Barmah Forest virus infections will increase as Christmas approaches. Therefore, it is timely to remind people living in rural or bushland areas, and people who are travelling to these

areas, to take special precautions to avoid mosquito bites, especially between now and the end of autumn. Now is the time to:

- check that your house is fully protected with functioning fly screens on all external doors and windows;
- get rid of containers of stagnant water around the house and garden where mosquitoes might breed;
- kill mosquitoes in your house with insect sprays, especially before going to bed;
- avoid exposing bare skin outdoors, especially around and after dusk and before dawn, or whenever mosquitoes are about; cover up with long sleeves and pants, and wear plenty of insect repellent.

Consecutive wet years are thought to increase the risk of more serious arboviral infections such as **Murray Valley encephalitis**, perhaps because the virus travels with birds from its usual domain in central Australia. The last outbreak of Murray Valley encephalitis in NSW occurred in 1974. Heeding the preceding advice about avoiding mosquito bites may be particularly important this summer should environmental conditions be favourable for Murray Valley encephalitis.

NSW PUBLIC HEALTH BULLETIN

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The *Bulletin* aims to provide its readers with population health data and information to motivate effective public health action.

Submission of articles

Articles, news and comments should be 1000 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 in the Vancouver style, described in the *New England Journal of Medicine*, 1997; 336: 309–315. Send submitted articles on paper and in electronic form, either on disc (Word for Windows is preferred), or by email. The article must be accompanied by a letter signed by all authors. Full instructions for authors are available on request from the editor.

Editorial correspondence

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Distribution

Please contact your local Public Health Unit or telephone (02) 9391 9942 to obtain copies of the *NSW Public Health Bulletin* or to notify us of a change of address. The *Bulletin* can be accessed via the Internet from the Department's Web site: www.health.nsw.gov.au/public-health/phb/phb.html.

Back issues can be obtained from the Public Health Training and Development Unit, Locked Mail Bag 961, North Sydney NSW 2059.

NSW INFECTION CONTROL POLICY

The NSW Department of Health recently released the **Infection Control Policy Circular 99/87**. This circular replaces the previous *Infection Control Policy Circular 95/13*. Circular 99/87 was prepared by the AIDS–Infectious Diseases Unit (AIDU) in consultation with key stakeholders in infection control including members of the Department's Infection Control Advisory Group and the Infection Control Practice Group. The policy is evidence-based and its requirements are consistent with international best practice. Changes in the new policy include:

- adopting Standard Precautions (replacing Universal Precautions);
- no longer requiring the routine use of bleach or sodium hypochlorite solutions in managing blood spills.

Since the release of the policy circular, the AIDU has received positive feedback from stakeholders who have embraced the document and its directives. Electronic copies of the policy can be downloaded from the Department's intranet site, and printed copies are available from the Better Health Centre at (02) 9816 0452. ☐

FIGURE 4**REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, JANUARY 1994 TO OCTOBER 1999, BY MONTH OF ONSET**

These are preliminary data: case counts in recent months may increase because of reporting delays

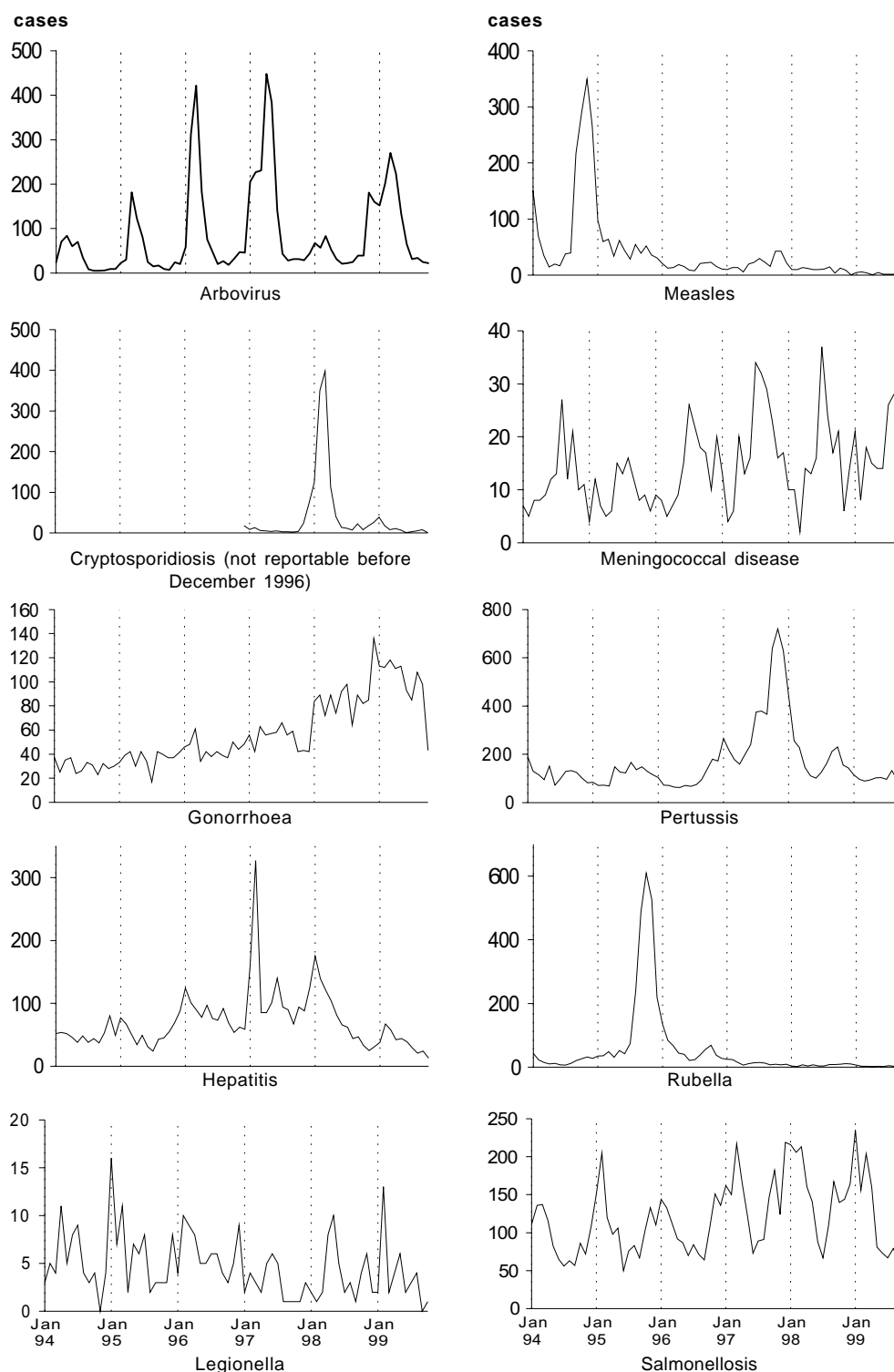


TABLE 5 **REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN OCTOBER 1999 BY AREA HEALTH SERVICES**

Condition	Area Health Service (1999)																	Total	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	for Oct†	To date†
Blood-borne and sexually transmitted																			
AIDS	1	—	—	2	—	1	—	—	1	1	—	—	—	—	—	—	—	6	115
HIV infection*	—	—	—	Reported every two months			—	—	—	—	—	—	—	—	—	—	—	—	279
Hepatitis B: acute viral*	—	1	—	—	—	—	1	1	—	—	3	—	—	—	1	—	—	7	53
Hepatitis B: other*	58	42	32	5	1	4	7	4	42	3	1	1	—	—	7	—	1	209	2,879
Hepatitis C: acute viral*	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2	46
Hepatitis C: other*	105	41	72	48	—	27	61	19	59	30	32	13	6	24	3	21	20	595	6,822
Hepatitis D: unspecified*	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	14
Hepatitis, acute viral (not otherwise specified)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chancroid*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Chlamydia (genital)*	11	—	2	1	5	3	21	8	32	10	9	16	1	3	17	9	3	154	1,923
Gonorrhoea*	13	9	2	2	3	1	—	3	36	5	1	—	—	—	1	1	1	80	1,074
Syphilis	10	—	3	1	1	—	—	—	4	1	4	5	—	2	2	—	1	34	536
Vector-borne																			
Arboviral infection (BFV)*	—	—	—	—	—	—	1	1	—	3	5	2	—	—	—	2	1	15	234
Arboviral infection (RRV)*	—	—	—	—	2	1	1	5	—	2	2	1	1	—	2	—	—	17	1,039
Arboviral infection (Other)*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15
Malaria*	—	—	1	—	—	1	—	—	3	—	—	—	—	—	—	1	—	6	159
Zoonoses																			
Brucellosis*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Leptospirosis*	—	—	—	—	—	—	2	—	—	2	1	1	—	—	—	1	—	7	44
Q fever*	—	—	—	—	—	—	—	—	—	4	3	4	2	1	1	1	—	16	130
Respiratory and other																			
Blood lead level*	2	3	—	1	8	—	32	3	2	1	3	—	—	—	—	1	1	58	577
Legionnaires' Longbeachae*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Legionnaires' Pneumophila*	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	21
Legionnaires' (Other)*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal infection (invasive)	—	2	3	3	5	3	1	2	1	1	1	2	—	2	—	—	—	26	195
Mycobacterial tuberculosis	5	3	10	—	—	—	—	3	15	2	1	—	—	—	—	—	—	40	353
Mycobacteria other than TB	8	9	—	—	—	1	3	1	2	1	4	—	—	—	—	—	—	20	336
Vaccine-preventable																			
Adverse event after immunisation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20
<i>H. influenzae</i> b infection (invasive)*	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	2	12
Measles	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	28
Mumps*	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	3	26
Pertussis	3	13	4	1	11	1	14	5	9	—	8	1	6	10	—	8	3	97	1,089
Rubella*	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	3	34
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Faecal-oral																			
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Cryptosporidiosis*	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	3	115
Giardiasis*	3	4	—	3	—	2	6	3	7	3	—	4	—	1	—	4	—	40	919
Food-borne illness (not otherwise specified)	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	26
Gastroenteritis (in an institution)	50	—	—	—	5	—	26	—	—	—	—	—	—	—	—	—	—	81	406
Haemolytic uraemic syndrome	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2	11
Hepatitis A*	2	2	7	—	1	1	1	1	2	—	1	—	—	1	—	—	—	19	387
Hepatitis E*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Listeriosis*	1	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	5	21
Salmonellosis (not otherwise specified)*	9	15	3	4	2	1	8	—	8	6	1	3	3	2	1	3	—	70	1,260
Typhoid and paratyphoid*	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	26
Verotoxin producing <i>E. coli</i> *	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* lab-confirmed cases only † includes cases with unknown postcode

CSA = Central Sydney Area	WSA = Western Sydney Area	CCA = Central Coast Area	SES = South Eastern Sydney Area	NEA = New England Area	FWA = Far West Area
NSA = Northern Sydney Area	WEN = Wentworth Area	HUN = Hunter Area	NRA = Northern Rivers Area	MAC = Macquarie Area	GMA = Greater Murray Area
	SWS = South Western Sydney Area	ILL = Illawarra Area	MNC = North Coast Area	MWA = Mid Western Area	