LONG INCUBATION FOR RABIES

R ecent case reports from the US and Sydney show that rabies may occasionally have a very long incubation period (2-19 years after exposure). Therefore, it may occur in immigrants from endemic areas such as South East Asia years after immigration and should be considered in the differential diagnosis of encephalitis in these patients.

Rabies is usually fatal (three known survivors had vaccine). There is no effective therapy and diagnosis is usually established postmortem. Antemortem diagnosis is important to prevent unnecessary investigations and treatment and also possible nosocomial transmission.

It is not generally known that the most rapid way to diagnose rabies antemortem is to examine a skin biopsy from the nape of the neck for rabies antigens by immunofluorescence and process saliva for virus isolation in neuroblastoma cells (or mice).

In the immunofluorescence test, a full-thickness, 0.5cm diameter skin biopsy is taken from just above the hairline, avoiding excessive infiltration of the specimen with local anaesthetic. It should be frozen at -70° C while awaiting transport for testing. Sensitivities and specifications of the saliva and skin tests are as follows.

	Sensitivity	Specificity
Virus isolation	35-55%	100%
from saliva	(decreasing	
_	with duration	
	of illness)	
Rabies antigen	50-94% (increase	100%
in skin biopsy	with duration)	

In patients who have not been immunised, serum antibody detection may also be useful in the second week after onset of symptoms. Brain biopsy from the cortex is not usually helpful.

Anthony L. Cunningham Virology and Infectious Diseases Units Westmead Hospital

Harvey Westbury National Rabies Reference Laboratory Australian Animal Health Laboratory

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Anderson LJ, Nicholson KG, Tauxe RV, Winkler WG. "Human rabies in the United States, 1960-1979, epidemiology, diagnosis and prevention." Ann Inter Med, 100;728-735, 1984.

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TABLE 1

INFECTIOUS DISEASE NOTIFICATIONS, NSW To end of April, 1991

Salara Salar	Number of Cases Notified Period Cumulative											
CONDITION	April	April	April	lative April								
	1990	1991	1990	1991								
Acute viral hepatitis	39	18	119	265								
AIDS	24		124	‡52								
Arboviral infection (NOS)	28	17	64	100								
Brucellosis		ros patili	2	-								
Cholera	1	-	1	-								
Diphtheria	_	-		-								
Foodborne illness	N/A	38	N/A	93								
Gastroenteritis	N/A		N/A	12								
Gonorrhoea	30	5	115	55								
Haemophilus influenza inf.	N/A	4	N/A	8								
HIV	N/A	santi-	‡448	‡216								
Hydatid disease	-	- 1		-								
Legionnaires' disease		d am La	10	8								
Leprosy	1		1									
Leptospirosis	1	-	13	12								
Listeriosis			2 n	-								
Malaria	18	-	53	6								
Measles	3	3	10	47								
Meningococcal infection	4	1	11	14								
Mumps	N/A	<u>-</u> 35	N/A	1								
Mycobacterial infection				1								
(NOS)	22	1	124	21								
Pertussis	15	1	83	11								
Plague	-	-	197.0°= 0	-								
Poliomyelitis			500/6_5									
Q fever	17	2	44	22								
Rubella	N/A	- 1020 - 100	TENS EST	2								
Salmonella infection	159	8	494	399								
Syphilis	24	8	70	130								
Tetanus	100T	10000	manu n q	-								
Typhoid & paratyphoid	1	1	9	30								
Typhus			-									
Viral haemorrhagic fever	-		-									
Yellow fever	-	-	-	-								

‡ Data January-March only

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INFECTIOUS DISEASES

otifications received by Epidemiology and Health Services Evaluation Branch for 1991 to the end of April include:

- Fifty-two cases of AIDS. All but three were in residents of metropolitan Sydney at the time of diagnosis. A high rate of notifications has been received from the Eastern Sydney Area at a rate of 28.5/100,000/year. The State average is 3.6/100,000/yr.
- Staff from the State HIV Reference
 Laboratories have reported new cases of
 HIV infection in all but two Health Regions.
 The State average is 15.2/100,000/yr. This
 compares with a rate of 31.4/100,000/yr based
 on similar data for 1990. Notifications for
 100 of the total HIV infection (45%) cannot
 be allocated to a specific AHS/Region.
 Epidemiology Branch is addressing the issue
 of data quality in collaboration with the
 Reference Laboratories.
- Two Regions report high rates of syphilis —
 North Coast (27.3/100,000/yr) and Orana
 & Far West (4.1/100,000/yr). The rate for
 the State is 2.3/100,000/yr. The reported rate
 for the United States is 16.0/100,000/yr.
- Rubella has been notified by the staff of two Public Health Units Hunter and Western Sector. Epidemiology Branch alerts the community that in spite of the successes of the schoolgirl immunisation program, and the initiation of universal immunisation against rubella in 1989, the virus still circulates in the community. The Centers for Disease Control report a resurgence of both rubella and congenital rubella syndrome in the United States (MMWR 1991;40:93-99).
 - Q Fever continues to be notified by the staff of four Regional PHUs New England, North Coast, Central West and Orana & Far West. During May the Epidemiology Branch will initiate steps that it hopes will lead to a Q Fever immunisation program in NSW.
- Malaria notifications have fallen significantly for this reporting period, compared with the same period in 1990. Concerted efforts are being made by the NSW Health Department to raise awareness about health risks associated with overseas travel.

Tabulations for the month of April refer to notifications received from the following Public Health Units on the Infectious Diseases Database System (IDDS), up to the following dates:

PUBLIC HEALTH UNIT	DATE
Eastern Sydney	April 24
South Western Sydney	April 29
Western Sector*	April 24
North Coast Region	April 24
New England Region	April 23
South West Region	April 24

^{*}Western Sydney and Wentworth AHS

TABLE 2

TOTAL CONFIRMED HIV-POSITIVE CASES BY RISK GROUP AND SEX, CUMULATIVE TO MARCH 31, 1991*

Risk group	Male	Female	Transexual	Unknown	Total
Homosexual/	NAME OF				in a
bisexual	5413	25	1	180	5619
Heterosexual	132	74	1	2	209
Injecting drug		1000			
user (IDU)	174	48	0	16	238
Homosexual/					
bisexual + IDU	106	6	0	4	116
Heterosexual +					
IDU	21	19	0	2	42
Homosexual +					
transfusion	2	0	0	0	2
Transfusion	57	41	0	2	100
Haemophilia	53	0	0	0	53
Vertical					
transmission	11	6	0	4	21
Specified (NEC)	65	11	0	18	94
Unknown	4127	231	1	1980	6339
TOTAL	10161	461	3	2208	12833

^{*} Westmead & Prince of Wales Hospital data to 31/3/91; previous positives excluded Royal Prince Alfred Hospital data 1/1/91 to 31/3/91; previous positives excluded St Vincent's Hospital data to 31/1/91; previous positives not excluded

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TABLE 3

INFECTIOUS DISEASE NOTIFICATIONS, BY HEALTH AREA & REGION, FOR MONTH OF APRIL, 1991

DISEASE	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH	TOTAL
Acute viral hepatitis	-	-	6	3	3	1	_	_	_	_	1	3	-	_	1	_	_	18
Arboviral inf.	_	-	_	100	_	_	_	_	_	4	2	14	1_	_	1	-	-	17
Foodborne illness	-	_	29	1	_	-	-	-1	_	-	_	1	-	-	7	_	-	38
Gonorrhoea	_	_	2	3	_	_	_	_	_	_	_	_	_	_	_	_	-	5
H Influenzae infection		_	_	-	1	2	_	-	_	_	_	-		-	1	100	_	4
Measles	-1	_	-	2	_	-	_	-	-	_	1	-	_	-	-	_	-	3
Meningococcal inf.		_	_	-	_	_	_	-	_	-	1	_	_	_	_	_	-	1
Mycobacterial inf.	_	_	_	1	-	-	-	· -	-	-	-	-	-	-		_	-	1
Pertussis	-	-	1		_	-	-	-	-	-	-	-	_	-	7	_	-	1
Q fever	_	-	_	1	_	-	-	_	_	-	_	1	_	_	_	_		2
Salmonella infection	10-0	-	-	-	2	4	_	-	_		2	_	_	-	_	_	_	8
Syphilis	1-1	_	-	-	_	_	_	_	_	_	7	1	12	_	_	_	_	8
Typhoid & paratyphoid	-	-	1	-	-	-	_	_	_	_	-	-	-	-	-	-	-	1

TABLE 4

INFECTIOUS DISEASE NOTIFICATIONS, BY HEALTH AREA & REGION, FOR PERIOD JANUARY 1 TO APRIL 30, 1991

DISEASE	CSA	SSA	ESA	sws	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH	U/K	TOTAL
Acute viral hepatitis	52	6	30	9	52	8	22	1	2	10	29	23	11	1 1-1	5	4	1	_	265
AIDS*	7	2	23	3	4	2	8	-	-	_	2	_	-	_	-	-	-	1	52
Arboviral infection	-	-	1	_	-	-	-	_	_	_	13	49	20	4	12	1	-	_	10
Foodborne illness	-	_	52	_	8	3	-	_	-	1	_	8	_	_	20	1	_	-	9
Gastroenteritis (inst)	-	-	_	1	5	5	_	-	_	_	-	1	_	_	-	_	_	_	1
Gonorrhoea	-	1	31	10	_	_	2	_	1	-	6	_	3	_	1	-	_	_	5
Haemophilus influenzae inf.	-	_	-	_	1	3	_	· · ·	_	_	_	-	_	_	4	-	-	-	
HIV*	17	3	46	7	14	1	7	1	1	10	6	-	1	1	_	1	1	99	21
Legionnaires' disease	-	_	_	_	3	2	1	_	_	1	-	_	-	-	-	-	1	-	
Leptospirosis		_	-	_	_	_	1	_	-	5	1	-	1	_	1	_	3	-	
Malaria	-	_	-	-	1	-	3	-	-	1	1	-	-	_	_	_	-	-	
Measles	2	_	-	-	2	1	5	_	1	18	14	2	-	-	-	2	-	-	4
Meningococcal inf.	-	1	-	_	-	_	1	-	_	3	7	_	_	-	-	2	_	-	1
Mumps	_	-	_	-	1	_	5-	-	_	_	_	_	_	_	_	-	_		
Mycobacterial inf.	-	1	_	1	5	. 1	5	-	2		3	-	-	3	-	_	_	-	1 3
Pertussis	-	_	1	1	2	-	1	_	_	1	3	_	2	_	_	_	-	-	1
Q fever			_	_	_	_	_	-	_	_	7	7	5	3	-	-	_	-	
Rubeila	_	_	_	-	_	1	_	-	_	1	-	_	-	-	_	-	_	-	
Salmonella inf.	26	35	12	52	48	32	40	8	16	15	44	24	11	12	7	8	9	-	3
Syphilis	6	3	26	14	10	1	5	1	1	2	31	6	19	4	1	_	-	_	1.
Tetanus Tetanus	-	-	-	-	-	2-1	-	-	_	_	-	-	1-	-	_	1	_	-	
Typhoid and paratyphoid	5	4	2	_	-	5	4	1	1	2	-	2	1	-	_	_	3	_	

^{*} January-March only

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, NCR North Coast Health Region, NER New England Health Region, OFR Orana & Far West Health Region, CWR Central West Health Region, SWR South West Health Region, SER South East Health Region, OTH Interstate/Overseas, U/K Unknown, NOS Not Otherwise Stated.

Footnote: The data 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.