INFECTIOUS DISEASES

1991 NOTIFICATIONS

The provisional notifications for 1991 are presented. The notifications relate to a period of transition from the list of notifiable diseases under the Public Health Act 1902 to that of the 1991 Act. A total of 10,535 notifications was received in 1990. Of these 4,892 related to notifiable diseases in the new list of scheduled conditions. Provisionally, 11,014 notifications relating to the new list were received in 1991 — an increase of 125 per cent.

Laboratory surveillance and an improved readiness of hospitals and doctors to notify infectious diseases to Public Health Units have played an important role in achieving more representative surveillance data.

Public Health Unit staff are to be congratulated for eliciting notifications and responding effectively to this increasing number of notifications.

HIV-2

The first case of HIV-2 has been identified in Australia. The case occurred in a long-term overseas visitor to NSW.

HIV-2, which was first identified in West Africa in 1985, is a variant of the human immunodeficiency virus. Its modes of transmission and clinical manifestations are similar to those of HIV-1. As with HIV-1, infection with HIV-2 leads to impairment of the human immune system.

The risk factors for infection are the same for both viruses. HIV-2 occurs predominantly in West African countries, where much of its spread has been through heterosexual contact. Cases have been described from Europe and the United States, where it has occurred in visiting West Africans or people who have travelled to West Africa.

In NSW the Blood Transfusion Service is evaluating a combination HIV-1/HIV-2 screening kit. As an interim measure the NSW BTS will introduce HIV-2 screening in the Sydney and Parramatta Blood Banks from early March. In the US, routine screening for HIV-2 by blood transfusion services is not carried out, but if a donor is West African or has visited West Africa, the blood is tested for HIV-2.[1]

1. Fang CT, Williams AE, Holland JH, Rios MC, Blanco C. Surveillance of HIV-2 infection in blood donors — United States, 1987-89. MMWR 1990; 39:829-831.

TETANUS

A late notification of a case of tetanus prompted the initiation of active surveillance of tetanus through Intensive Care Units. A further two cases of tetanus were notified as a result.

During 1991 only three of six tetanus cases (50 per cent) were notified through the passive surveillance system.

The following reasons for non-notification were given:

- Notification (if made) was not received by the Public Health Unit. No record of the notification could be found by the hospital.
- Uncertainty about who, within the hospital, was responsible for notification.
- No confirmatory laboratory specimens taken.
- Two of the cases predated the Public Health Act 1991. At the time of the cases doctors, but not hospital Chief Executive Officers (CEOs), were responsible for notification of tetanus. Under the current Act, **both** doctors and CEOs have this responsibility.
- Two of the cases occurred while there were staff change-overs or staff absences.

The following measures for the prevention of tetanus are recommended.

Medical practitioners should review the immunisation status of each patient under their care.

- Persons who have not received a tetanus toxoid booster in the past 10 years should receive a single dose of diphtheria-tetanus toxoid.
- Persons who have never received a primary course of tetanus toxoid should commence it immediately. There is no upper age limit to commence the course.
- An ideal time to review tetanus immunisation is at the consultation for influenza vaccination. Tetanus toxoid can be given at the same time as influenza vaccine (but at a different site).

Members of the public should consult their medical practitioner if:

- They have never received tetanus immunisation or
- They have not received a tetanus booster in the past 10 years.

HUMAN IMMUNODEFICIENCY VIRUS INFECTION

A reclassification of exposure categories for HIV infected females has taken place since the September issue of the Public Health Bulletin.

Transmission by female to female sexual contact is extremely unlikely to occur. Where more likely exposures are also given, the case is classified under that exposure. Thus females recording "homosexual/bisexual" exposure are now classified as "heterosexual" exposure, and those specifying "homosexual/bisexual and injecting drug use" are classified as "heterosexual and injecting drug use".

TABLE 9

NSW HIV POSITIVE TESTS EXCLUDING PREVIOUS POSITIVES TO JANUARY 31, 1992
TABLE OF RISK BY GENDER

Risk Frequency	Gender F	M	Oth/u*	Total
Drug injecter	41	147	15	203
Haemophilia	0	61	0	61
Heterosexual	69	121	4	194
Heterosexual + IDU	16	17	2	35
Homo/bisexual + IDU	–	74	4	78
Homo/bisexual	–	3876	139	4015
Homosexual + trans	–	2	0	2
Other	0	3	0	3
Specified NEC	10	34	18	62
Transfusion	37	45	1	83
Transfusion + IDU	1	1	1	3
Unknown	233	3679	1826	5738
Vertical	7	8	4	19
Total	414	8068	2014	10496

*Oth/u: Other/unknown
Please note that AIDS, HIV & TB not drawn from IDDS

TABLE 10

NSW HIV POSITIVE TESTS EXCLUDING PREVIOUS POSITIVES TO JANUARY 31, 1992
TABLE OF AGE GROUP BY GENDER

Age Group Frequency	Gender F	M	Oth/u*	Total
01 (less than)	5	20	1	26
01-04	2	1	1	4
05-14	3	32	1	36
15-24	76	1064	35	1175
25-34	118	2684	101	2903
35-44	48	1818	63	1929
45-54	17	561	14	592
55-64	15	138	3	156
65 & over	8	36	0	44
ERROR	1	3	0	4
MISSING	121	1711	1795	3627
Total	414	8068	2014	10496

*Oth/u: Other/unknown
Please note that AIDS, HIV & TB not drawn from IDDS
1. Note — the category Other/unknown includes four people who are transsexual.

LEPROSY

Leprosy continues to be a condition rarely notified in NSW. No definite trend in notifications can be identified between 1982 and 1990.

Four Area Health Services received leprosy notifications, with Central Sydney registering the highest rate of 0.6 cases per 100,000 population. All notifications related to people over the age of 30.

With the cessation of the NHMRC Leprosy Register in 1990, no further risk data are collected on NSW cases.

Because of the possibility of leprosy cases being treated by dermatologists outside hospital clinics, leprosy has remained a doctor-notifiable condition under the Public Health Act 1991. All medical practitioners identified as leprologists have been informed of their obligations to notify all cases of leprosy.

LEPTOSPIROSIS

Leptospirosis notifications reflect the distribution of dairy cattle herds in NSW, being highest in the New England, North Coast, South West and South East Area Health Services.

No definite trends can be ascertained from notifications received between 1982 and 1990. Notifications vary markedly from month to month, with peaks in February, May and September-October.

Notifications are predominantly from males, peaking in the 30-39 age group.

Although no vaccine is licensed for humans, protection of agricultural workers is possible by immunising herds. The Department of Agriculture and Fisheries and Public Health Units have been encouraged to support this activity through a Leptospirosis Awareness Campaign.

Leptospirosis is laboratory-notifiable under the Public Health Act 1991.

Q FEVER

Q fever is notified predominantly from four Regions — Central West, New England, Orana & Far West and the North Coast. Central West records an annual notification rate of 25 per 100,000 population.

TABLE 11

INFECTIOUS DISEASE NOTIFICATIONS, NSW JANUARY 1992

Condition	Number of cases notified Period Jan 1991	Period Jan 1992	Cumulative Jan 1991	Cumulative Jan 1992
Adverse reaction	N/A	1	N/A	1
AIDS	22	—	22	—
Arboviral infection	68	2	68	2
Brucellosis	—	—	—	—
Cholera	—	—	—	—
Diphtheria	—	—	—	—
Foodborne illness (NOS)	342	21	342	21
Gastroenteritis (instit.)	2	—	2	—
Gonorrhoea	62	9	62	9
H influenzae epiglottitis	—	—	—	—
H influenzae B — meningitis	—	3	—	3
H influenzae B — septicaemia	1	—	1	—
H influenzae infection (NOS)	4	2	4	2
Hepatitis, acute viral — A	7	32	7	32
Hepatitis, acute viral — B	3	9	3	9
Hepatitis B — carrier	2	4	2	4
Hepatitis B — unspecified	80	52	80	52
Hepatitis, acute viral — C	9	36	9	36
Hepatitis, acute viral (NOS)	13	2	13	2
HIV infection	76	22	76	22
Hydatid disease	—	—	—	—
Legionnaires' disease	6	2	6	2
Leprosy	—	—	—	—
Leptospirosis	6	1	6	1
Listeriosis	2	—	2	—
Malaria	5	—	5	—
Measles	20	19	20	19
Meningococcal meningitis	3	—	3	—
Meningococcal septicaemia	3	2	3	2
Meningococcal infection (NOS)	—	1	—	1
Mumps	N/A	2	N/A	2
Mycobacterial tuberculosis	12	8	12	8
Mycobacterial — atypical	1	—	1	—
Mycobacterial infection (NOS)	19	1	19	1
Pertussis	14	2	14	2
Plague	—	—	—	—
Poliomyelitis	—	—	—	—
Q fever	8	—	8	—
Rubella	3	—	3	—
Salmonella infection (NOS)	171	47	171	47
Syphilis	37	7	37	7
Tetanus	1	—	1	—
Typhoid & paratyphoid	4	1	4	1
Typhus	—	—	—	—
Viral haemorrhagic fevers	—	—	—	—
Yellow fever	—	—	—	—

Notifications troughed in 1985, peaked in 1988 and in 1989 and 1990 returned to 1982 and 1987 levels. Notifications were received throughout the year with a peak in July.

As with other occupationally acquired diseases, Q fever is predominantly a male disease, peaking in the 20-29 age group.

Limited supplies of Q fever vaccine have been made available for a limited immunisation program being coordinated through Regional Public Health Units and Chest Clinics.

Q fever is notifiable by laboratories under the Public Health Act 1991.

HYDATID DISEASE

Only two cases of hydatid disease were notified in 1990. During the period 1982-1990 notifications never exceeded eight a year (1985 and 1987).

Hydatid disease is notifiable by hospital Chief Executive Officers.

TABLE 12

INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION 1991 Data*

CONDITION	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH	U/K	TOTAL
Adverse event after immunisation	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	2
AIDS	50	16	126	8	19	16	28	8	5	12	12	–	1	2	8	–	–	10	314
Arboviral infection	5	–	8	–	1	–	5	–	1	8	34	214	234	6	36	5	7	–	564
Brucellosis	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Foodborne illness (NOS)	234	399	649	175	314	184	1	39	22	101	328	151	171	25	121	2	17	–	2933
Gastroenteritis (instit)	–	–	–	5	12	6	4	2	2	82	1	10	8	7	–	–	–	–	139
Gonorrhoea	52	18	148	35	29	1	14	1	13	7	18	9	62	5	8	2	2	–	424
H. influenzae epiglottitis	1	3	–	4	4	1	5	–	2	1	–	–	–	1	–	3	–	–	25
H. influenzae meningitis	2	4	–	11	3	1	14	–	2	11	1	2	3	5	2	3	–	–	64
H. influenzae septicaemia	–	2	–	1	–	1	3	–	–	2	–	–	1	–	1	–	–	–	11
H. influenzae infection (NOS)	13	20	17	5	14	11	1	5	11	3	1	2	7	2	10	3	–	–	125
Hepatitis, acute viral — A	172	57	564	37	45	9	187	18	7	24	22	19	16	4	4	16	1	–	1202
Hepatitis, acute viral — B	18	4	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	–	25
Hepatitis B — Unspecified	168	109	89	222	203	23	127	2	16	62	56	44	72	8	5	38	4	–	1248
Hepatitis, acute viral — C	136	71	2	37	68	31	86	16	13	83	72	26	9	10	4	3	2	–	669
Hepatitis, acute viral (NOS)	–	–	–	5	191	11	1	2	8	2	1	2	25	–	10	8	–	–	266
HIV infection	68	18	187	19	29	16	40	6	3	17	17	1	2	5	1	2	10	344	785
Hydatid disease	3	1	1	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	7
Legionnaires' disease	–	–	–	6	7	3	5	–	–	2	2	–	–	–	1	–	1	–	27
Leptospirosis	1	–	–	–	–	–	–	–	–	9	6	5	4	–	5	1	3	–	34
Listeriosis	2	2	1	–	–	–	2	–	1	1	–	–	–	–	–	–	–	–	9
Malaria	7	8	11	5	14	3	55	3	5	12	3	4	2	–	5	5	1	–	143
Measles	85	14	13	20	31	7	39	11	17	115	27	4	15	2	2	17	–	–	419
Meningococcal meningitis	4	5	–	11	2	–	2	1	1	10	4	4	2	2	1	2	–	–	51
Meningococcal septicaemia	1	2	–	–	2	–	–	1	1	1	4	2	–	2	1	1	–	–	18
Meningococcal infection (NOS)	–	1	6	3	3	1	4	4	9	–	3	7	2	1	2	1	–	–	47
Mumps	–	–	–	–	4	–	1	–	–	–	–	–	–	–	1	–	–	–	6
Mycobacterial atypical	50	52	46	16	9	8	41	3	8	27	5	5	5	1	4	2	–	–	282
Mycobacterial tuberculosis	41	36	30	72	31	15	32	8	17	18	6	3	2	4	4	2	–	–	321
Pertussis	–	2	6	4	12	2	1	–	–	2	3	2	10	1	3	1	–	–	49
Q fever	–	1	–	1	1	–	–	–	–	7	34	59	99	4	3	1	–	–	210
Rubella	1	4	13	–	11	4	11	1	1	6	3	1	–	–	2	2	–	–	60
Salmonella infection (NOS)	88	144	91	143	169	79	106	2	46	29	90	69	74	25	29	16	18	–	1219
Syphilis	55	27	57	65	51	10	38	1	7	18	89	25	163	9	15	1	4	–	635
Tetanus	–	–	–	–	–	–	–	–	–	1	–	1	–	–	1	3	–	–	6
Typhoid & paratyphoid	10	10	18	–	4	–	3	–	1	3	–	5	–	–	–	–	1	–	55

*Preliminary data as at January 31, 1992

TABLE 13

INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION January 1992

CONDITION	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	HUN	NCR	NER	OFR	CWR	SWR	SER	U/K	TOTAL
Adverse event after immunisation	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1
Arboviral infection	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	2
Foodborne illness (NOS)	–	–	6	–	9	–	–	4	2	–	–	–	–	–	–	–	21
Gonorrhoea	–	–	7	1	–	–	–	–	–	–	–	1	–	–	–	–	9
H. influenzae meningitis	–	1	–	–	–	–	–	–	1	–	–	–	–	1	–	–	3
H. influenzae infection (NOS)	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	2
Hepatitis, acute viral — A	9	1	8	2	1	–	6	–	2	–	3	–	–	–	–	–	32
Hepatitis, acute viral — B	1	1	–	–	–	–	5	–	–	–	–	2	–	–	–	–	9
Hepatitis B — Chronic/Carrier	–	–	–	–	1	1	–	–	–	–	1	1	–	–	–	–	4
Hepatitis B — Unspecified	11	1	1	21	5	1	10	–	1	–	–	–	1	–	–	–	52
Hepatitis, acute viral — C	10	1	1	4	4	–	3	–	4	8	1	–	–	–	–	–	36
Hepatitis, acute viral (NOS)	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	2
HIV infection	–	–	8	–	2	–	–	–	–	–	–	–	–	–	1	1	22
Legionnaires' disease	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	2
Leptospirosis	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
Malaria	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1
Measles	2	1	–	4	–	1	1	1	2	4	1	–	–	–	2	–	19
Meningococcal septicaemia	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	2
Meningococcal infection (NOS)	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1
Mumps	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	2
Mycobacterial tuberculosis	–	–	1	2	3	–	1	1	–	–	–	–	–	–	–	–	8
Mycobacterial infection (NOS)	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1
Pertussis	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	2
Salmonella infection (NOS)	2	4	7	4	5	2	6	–	–	1	6	5	3	1	1	–	47
Syphilis	–	–	2	4	–	–	–	–	–	–	–	1	–	–	–	–	7
Typhoid & paratyphoid	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1

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

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.