# Vitamin K prophylaxis

#### Continued from page 15

The dilemma confronting the Department also faces clinicians and parents of newborn infants. There is no clear immediate solution. The NHMRC/ACP/RACOG statement acknowledges the need for more information. It recommends that epidemiological surveillance of HDN and childhood cancer be enhanced and that research be undertaken into the pharmacology and potential carcinogenicity of vitamin K preparations. The Epidemiology and Health Services Evaluation Branch has a major role in the former.

Michael Frommer, Deputy Director, Epidemiology and Health Services Evaluation Branch, NSW Health Department

Elisabeth Murphy, Medical Officer, Family and Child Health, Service Development and Planning Branch, NSW Health Department

Timothy Churches, Medical Epidemiologist, Epidemiology and Health Services Evaluation Branch, NSW Health Department

David Henderson-Smart, Head, Department of Perinatal Medicine, King George V Hospital, Sydney, and Professor of Perinatal Medicine, The University of Sydney

 Calman KC, Moores T. Circular: Prophylaxis against Vitamin K Deficiency Bleeding in Infants. Numbers FL/CMO(92)20 and FL/CNO(92)14. Department of Health, London, December 1992.
Draper GJ, Stiller CA. Letter: Intramuscular vitamin K and childhood

cancer. Br Med J, 1992, 305:709. 5 Miller RW. Letter: Vitamin K and childhood cancer. Br Med J, 1992,

305:1016-7. 6 National Health and Medical Research Council, Australian College of Paediatrics and Royal Australian College of Obstetricians and

Gynaecologists. Joint Statement and Interim Recommendations on Vitamin K Prophylaxis for Haemorrhagic Disease in Infancy. NH&MRC, Canberra, January 1993.

# Organ donations

# Continued from page 16

The plan's priorities are to:

- develop and implement health professional education/information programs;
- increase public awareness and acceptance for organ donation; and
- provide national coordination and linkage to these activities.

ACCORD is developing a national Australian donor hospital information program involving organisations concerned with health professionals' educational processes.

#### Michael McBride, Executive Officer.

Hibberd AD et al. Br Med J, May 1992; 304:1339-43.
Transplant. Council of Europe. Vol 04, July 1992.

# INFECTIOUS DISEASES

# TIMELINESS AND COMPLETENESS OF REPORTING

The following table lists the number of weekly reports made to the Epidemiology and Health Services Evaluation Branch in the past month, i.e. from Epiweek 1 to Epiweek 3.

Several Public Health Units experienced network problems during January. Although this affected their ability to transfer notification data centrally, it did not affect response to each notification.

# TABLE 5

# NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH, JANUARY 1993

Public Health Unit	Number	Status
Central/Southern Sydney	2	Complete
Eastern Sydney	2	Complete
South Western Sydney	1	Incomplete
Western Sector	2	Complete
Northern Sydney	2	Complete
Central Coast	0	Incomplete
Illawarra	0	Incomplete
Hunter	2	Complete
North Coast	1	Complete
New England	1	Incomplete
Orana and Far West	1	Incomplete
Central West	2	Complete
South-West	2	Complete
South-East	2	Complete

### TYPHOID FEVER IN NORTH COAST REGION

A woman aged 30 was admitted to a North Coast hospital on January 14, 1993 with fever, diarrhoea and a history of vomiting for two days. No rash was observed. The woman had returned from a visit to India with her husband and three children. The youngest child, aged 10 months, had similar symptoms and was also admitted to hospital.

Stool cultures from the mother grew Salmonella typhi, and the case was notified to the Public Health Unit on January 18. Antibiotic therapy was initiated for both mother and child. Stool specimens were taken from all family members. The infant was notified to the PHU on January 20 when a positive stool specimen result became available.

It was thought unnecessary to contact the airline as the neither case was thought to be contagious until after their return home. Hospital infection control staff advised other concerned relatives in close contact with the family of the necessary precautions. Hospital staff were advised that isolation was not required.

It could not be confirmed whether typhoid immunisation had been received. The source of the infection was thought to be a contaminated water supply in India. (Contributed by Tim Sladden, North Coast Public Health Unit)

<sup>1</sup> Golding J, Paterson M, Kinlen LJ. Factors associated with childhood cancer in a national cohort study. *Br J of Cancer*, 1990; 62:304-8. 2 Golding J, Greenwood R, Birmingham K, Mott M. Childhood cancer, intramuscular vitamin K, and pethidine given during labour. *Br Med J*, 1992; 305:341-346.

# TABLE 6

# PERCENTAGE OF NOTIFICATIONS WITH INCOMPLETE INFORMATION BY VARIABLE AND PUBLIC HEALTH UNIT, JANUARY 1993

Public Health Unit	Age	Sex	Aboriginality*	Ethnicity*	
Central Sydney	Complete	Complete	Complete	Complete	1 Bass
Southern Sydney	Complete	Complete	Complete	Complete	
Eastern Sydney	Complete	6.6	50.0	50.0	
South Western Sydney	Complete	Complete	100.0	100.0	
Western Sydney	Complete	Complete	Complete	7.7	
Wentworth	Complete	Complete	Complete	16.7	
Northern Sydney	5.6	Complete	100.0	100.0	
Central Coast	N/A	N/A	N/A	N/A	
Illawarra	N/A	N/A	N/A	N/A	
Hunter	Complete	Complete	100.0	83.4	
North Coast	Complete	Complete	Complete	10.0	
New England	Complete	Complete	Complete	50.0	
Orana and Far West	N/A	N/A	N/A	N/A	
Central West	Complete	Complete	Complete	Complete	
South-West	Complete	Complete	Complete	Complete	
South-East	Complete	Complete	Complete	Complete	

\*Reportable only from medical practitioners and hospital Chief Executive Officers N/A Not available for this reporting period.

# POSSIBLE TYPHOID ON INTERNATIONAL AIRLINER

During January the Epidemiology and Health Services Evaluation Branch was told of the possible importation of typhoid on an international airliner. One hour before landing at Sydney Airport the airline office informed the Australian Quarantine Inspection Service (AQIS) of an ill passenger. At the time it was thought the passenger may have had typhoid.

Operating under newly devised surveillance guidelines, AQIS informed the NSW Health Department. Within one hour an information sheet was produced for disembarking passengers. All Public Health Units in the State were notified that passengers may contact them for further information. Additionally, the Victorian Health Department was told of the situation, as the ill passenger continued on to Melbourne.

It is now thought unlikely that the passenger had typhoid, although tests are continuing. Over the ensuing week only four inquiries from passengers were received by four different State health authorities. No linked cases of typhoid have been notified to the NSW or Victorian Health Departments.

#### **TETANUS DEATH**

The death of a male aged 74 years from tetanus has been notified to the New England Public Health Unit. Three deaths have occurred in NSW due to tetanus in the period 1985-1992.

Tetanus remains a problem of unimmunised elderly people. The NSW Health Department has recommended that tetanus immunisation status be reviewed at every opportunity. Influenza immunisation provides an opportunity for this review to take place. Diphtheriatetanus toxoid can be given at the same time as influenza vaccine, but at different sites. Tetanus immunisation should be routinely boosted every 10 years, using diphtheria-tetanus toxoid. A booster dose should be given to anyone who has a tetanus-prone wound and who has not received immunisation in the preceding five years.

#### MEASLES

Thirty cases of measles have been notified for January 1993. Notifications were received by seven Areas and Regions, indicating widespread transmission of the virus throughout the State. Twenty-three cases occurred in individuals over the age of 12 months. Of these, 77 per cent of cases were preventable by adherence to the recommended immunisation schedule (i.e. immunisation at the age of 12 months).

# **HEPATITIS A OUTBREAK**

Following an investigation of three apparently unrelated cases of hepatitis A (two adults and one child), staff from the Central and Southern Sydney Public Health Unit identified a further five cases in a child care centre at Redfern. Two children who were household contacts of index cases were subsequently found to have positive hepatitis A serology. There had been no history of clinical illness. Both children attended a holiday program during January. Positive serology was also identified in two adults, who gave a history of clinical illness. A further case was reported in a staff member at a nearby centre in Waterloo who had a child attending the Redfern centre.

The Public Health Units from Eastern Sydney Area and Northern Sydney Area collaborated in the follow-up action, as children from the holiday program at the Redfern centre returned to their usual child care centres. Letters were sent to parents urging immunoglobulin for the children attending the centre and for household contacts. Parents of children at the Redfern and Waterloo centres were also asked to attend their GP for a test for hepatitis A serology. These results are not yet available. (Contributed by Kerry Goldston, Central and Southern Sydney Public Health Unit)



Source: IDSS as at 25 January 1993



60 - 69

70-

50 - 59

Source: IDSS as at 25 January 1993

10 - 19

20 - 29

30 - 39

40 - 49

Years

0-9

0



# HEPATITIS A - THE CHANGING EPIDEMIOLOGY

Since November 1991 hepatitis A has been notifiable as acute viral hepatitis by medical practitioners and as positive IgM anti-hepatitis A, by laboratories.

During 1992, 930 notifications were received for hepatitis A. Of these, 305 (33 per cent) were for males aged 20-39 years, and 197 (21 per cent) were for children aged 0-9 years. Comparative figures for 1991 were: total population 1100; males aged 20-39, 634 (58 per cent); children 46 (4 per cent).

Eastern Sydney Area had the highest rate of notification in 1991 (136 per 100,000 population) while in 1992 the highest rate of notification was for Orana and Far West Region (63.4 per 100,000 population) (Figure 1). Of the Areas and Regions with the higher rates of hepatitis A notifications in 1992 the pattern for rate of notification by age differed. The highest rate of notification for Orana and Far West Region was in the 0-9 age group and for Eastern Sydney Area the 20-29 age group (Figure 2).

During 1991 the number of hepatitis A notifications by month of onset rose from six in January to 189 in October (Figure 3). The increased number of notifications continued into 1992, peaking in March (121 cases) and remaining over 40 cases until November.

In 1992 the 20-29 age group had the highest rate of hepatitis A notifications (26.7 per 100,000 population) followed by the 0-9 age group (22.7 per 100,000). This compares to notification rates of 45.1 and 5.3 per 100,000 population respectively for 1991 (Figure 4).

The ratio of male to female cases was 1.7:1 in 1992, compared to 4.3:1 in 1991.

Anicteric infection in children is common and occurs in 80 per cent of children infected in the 2-3 year age group and 50 per cent of those infected in the 4-6 age group. In contrast, about 75 per cent of adults have apparent jaundice and other symptoms<sup>1</sup>.

Assuming complete notification and that 50 per cent of children in the 0-9 year age group experience anicteric infection then the number of children infected with hepatitis A during 1992 could have been as high as 394 (45.5 cases per 100,000 population). Similarly, if 75 per cent of males in the 20-39 age group experienced overt infection with hepatitis A, 407 (43.6 cases per 100,000 population) cases may have occurred during 1992.

1. Report of the Committee on Infectious Diseases. American Academy of Pediatrics. Twenty-first edition. 1988



# TABLE 7

# NOTIFICATIONS OF NON-NOTIFIABLE SEXUALLY TRANSMITTED

**INFECTIONS JANUARY-DECEMBER 1992** 

(Clinical diagnoses from sexual health centres unless otherwise stated in footnote).

AHS C Infection	CSA	SSA	ESA <sup>2</sup>	SWS <sup>3</sup>	WSA⁴+WEN	NSA⁵	CCA <sup>6</sup>	ILL'	HUN⁵	NCR <sup>9</sup>	NER <sup>10</sup>	OFR"	CWR <sup>12</sup>	SWR <sup>13</sup>	SER <sup>14</sup>	
Chlamydia trachomatis	-	8	157	34	44	5	3	16	40	2	6	8	-	34		
Donovanosis	4	÷.	-	-	-	-	-	-	-	-	-	-	-	-	-	
Genital herpes	-	12	406	24	53	20	6	31	50	3	9	14	-	18		
Genital warts		105	907	-	260	64	8	211	159	28	21	10	1	-	-	
Non-specific urethritis	s -	9	577	80	274	28	1	84	68	9	8	5	-	-	-	
Lymphogranuloma venereum	-	-	-	-	-	-	-	-	-	-		-	-	~	-	

78

9

11

- 1/192-31/8/92
- 1/192-31/8/92
- Laboratory confirmed cases from sexual health centre, 1/192-31/12/92

1/1/92-30/9/92

1/3/92-31/12/92

1/5/92-30/11/92

1/1/92-30/9/92

1/3/92-30/9/92 1/7/92-31/12/92 14/5/92-30/11/92

1/7/92-31/12/92

No SHC in the Region

No sexual health centre in Region, laboratory data provided for 1/4/92-30/11/92.

14 No SHC in the Region

# TABLE 8

# INFECTIOUS DISEASE NOTIFICATIONS BY **HEALTH AREA AND REGION JANUARY 1993**

Condition	CSA	SSA	ESA	SWS <sup>3</sup>	WSA	WEN	NSA	HUN	NCR	NER	CWR	SWR	SER	U/K	Total
AIDS	-		1	-	2	-	-	-	-	1	1	-	-	-	3
Arboviral infection	-		-		-	-	-	-	-	-	-	-		-	-
Ross River Fever	-	-	-	-	-	-	-	-	1	-	-		-	-	1
Gonorrhoea	-	-	2	a <b>≂</b> 3	1	-	1	-	-	-	-	-	-	-	4
H. influenzae epiglottitis	-	-	-	-	-	-	-	1		-	-	-	-	-	1
H. influenzae meningitis				-	-	-	-	-	1	-	-	- 3	-	-	1
H. influenzae infection (NOS)	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Hepatitis A - acute viral	-	1	· -	-	4	-	3	-	· · ·	-	-	-	1	-	9
Hepatitis B - unspecified	15	8	-	-	13	-	13	-	-	-	-	-	-	-	49
Hepatitis C - unspecified	12	1	7	-	2		5	11	3	-	-	1	-	-	42
HIV	2	-	9	-	-	-	2	-	-	-	-	-	-	12	25
Listeriosis	2	-	-	-	-	-		-	-	-	-	17	- 1	-	2
Meningococcal meningitis	-	-		1.	-	-	1	-	1	-	-	-	-	-	2
Mycobacterial tuberculosis	1	-	1.0	-	-	1	-	-	-	-		-	-	-	2
Mycobacterial infection (NOS)	1	Ξ.	-	-	-	-	1	1	-	-	-	-	-		3
Q Fever	-	-	+	-	-	-	-	-	2	-	-	-	-		2
Salmonella (NOS)	-	1	2	-	-	-	-	10	-	2	-	1	-	-	16
Syphilis	-	-	3		-	-	1	-	3	1	- 2	-	-	-	8
Typhoid and paratyphoid	1	-	-	-	-	-	2		-	-	-	-	÷	-	3

# **TABLE 9**

# NOTIFICATIONS FOR VACCINE PREVENTABLE DISEASES **BY HEALTH AREA AND REGION JANUARY 1993**

Condition	CSA	SSA	ESA	sws	WSA	WEN	NSA	HUN	NCR	NER	CWR	SWR	SER	U/K	Total
Measles	5	2	-	2	6	5	. <del>.</del>	2	8	-	-	-	-	-	30
Pertussis	-	-	-	-	-	2	2	2	-	-	-	-		-	6
Rubella	-		-	-	2	-	7	2	-	-	2	-	-	-	11

Abbreviations used in this Bulletin: CSA Central Sydney Health Area, SSA Southern Sydney Health Area, ESA Eastern 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.