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 two months, i.e. from Epiweek 37 to Epiweek 44.

TABLE 2

NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH: SEPTEMBER-OCTOBER 1992

Public Health Unit	Number	Status
Central/Southern Sydney	8	Complete
Eastern Sydney	8	Complete
South Western Sydney	6	Complete
Western Sector	8	Complete
Northern Sydney	8	Complete
Central Coast	6	Incomplete
Illawarra	8	Complete
Hunter	8	Complete
North Coast	5	Incomplete
New England	8	Complete
Orana and Far West	7	Complete
Central West	6	Complete
South West	8	Complete
South East	8	Complete

TABLE 3

PERCENTAGE OF DOCTOR NOTIFICATIONS WITH INCOMPLETE INFORMATION BY VARIABLE AND PUBLIC HEALTH UNIT, SEPTEMBER-OCTOBER 1992

Public Health Unit	Age	Sex	Aboriginality
Central Sydney	complete	complete	28
Southern Sydney	complete	1	28
Eastern Sydney	9	1	85
South Western Sydney	2	10	58
Western Sydney	complete	3	12
Wentworth	complete	3	complete
Northern Sydney	6	complete	100
Central Coast	complete	complete	50
Illawarra	complete	complete	92
Hunter	1	3	99
North Coast	complete	3	26
New England	1	3	28
Orana and Far West	9	complete	50
Central West	complete	complete	17
South West	complete	complete	complete
South East	complete	3	32

VACCINE PREVENTABLE DISEASES

Rubella

Seven cases of rubella were notified for October. Ninety-seven cases of rubella have been notified in 1992 — an increase of 131 per cent over the number of notifications received in 1991. Fifty-one per cent of notifications were for males. The mean age was 20 years.

The *Communicable Diseases Intelligence* reported widespread rubella activity, especially in northern Victoria.

Measles

Clusters of measles were notified from four Areas/Regions within the State:

- South Western Sydney
- Southern Sydney
- Orana and Far West
- Western Sydney

Three hundred and forty-seven notifications have been received for measles in 1992. Only 18 per cent of cases have occurred in children under the age of one. The high proportion of cases in older children and adults is consistent with the results of the Australian Bureau of Statistics (ABS) 1989-90 Health Survey report on immunisation rates in NSW. Only 85 per cent of 0-6 year-old children were adequately immunised against measles.

The National Health and Medical Research Council (NHMRC) has called for increased compliance with the existing immunisation schedule as the primary strategy to control measles in Australia. A secondary strategy is the replacement of the existing schoolgirl rubella-only immunisation with measles-mumps-rubella immunisation for all boys and girls. It is expected that this will be implemented in NSW by 1994.

Pertussis

Six cases of pertussis were notified for October.

One hundred and nine cases of pertussis have been notified for 1992. This is a 173 per cent increase over 1991. Eighty-two per cent of 1992 cases occurred in children over the age of six months.

Pertussis immunisation rates continue to lag behind those of all other vaccines. The ABS Immunisation Survey reported that only 70 per cent of NSW children were fully immunised against pertussis, with an additional 19 per cent being partly immunised.

Parents and health carers are urged to review the immunisation status of all children aged four years and under. Where pertussis immunisation is incomplete, and there are no contraindications, immunisation is recommended.

Assistance is available from the NHMRC *Immunisation Procedures, 4th Edition* and from Public Health Units.

OTHER NOTIFIABLE DISEASES

Legionnaires' Disease

Eighty-one notifications have been received for Legionnaires' disease for 1992. This is a 224 per cent increase over the 1991 notification number.

Sixty-three notifications (78 per cent) were for *L. pneumophila*, nine (11 per cent) for *L. longbeachii* and two (2 per cent) for *L. micdadei*. No organism was noted for seven (9 per cent) of notifications.

Twenty notifications (25 per cent) were for females and 61 (75 per cent) were for males.

Vibrio parahaemolyticus

V. parahaemolyticus is associated with seawater or products contacting seawater. Shellfish grown in seawater naturally accumulate the organism but other marine animals may be affected as are foods contacting seafood or seawater. Cross-contamination between seafood or seawater and food is also possible. The maximum documented incubation period for *V. parahaemolyticus* food poisoning is 96 hours.

While *V. parahaemolyticus* is not associated with faecal pollution it has been regularly isolated from NSW oysters harvested from and depurated on many different estuaries throughout the year. Seventy-four per cent (35 samples) and 69 per cent (105 samples) of purified oyster samples examined in April 1989 and May 1990 respectively were found to be positive for the organism. Efficient purification, while reducing vibrio levels in oysters, does not always completely eliminate them.

V. parahaemolyticus food poisoning commonly presents as an intestinal disorder characterised predominantly by watery diarrhoea and abdominal cramps. Mortality is very rare. The infective dose is commonly considered to be greater than 10^6 cells per gram, however researchers have suggested that an infective dose for *Vibrio vulnificus*, an organism of the same group of bacteria, can be as low as one cell/g for immuno-compromised people.

Purification procedures in NSW were changed in 1990 to reduce the likely impact of vibrio levels in purified oysters. These changes included restrictions on harvesting from and purifying with turbid water, operating the plant on a recirculating water basis, and labelling requirements stating proper storage temperatures. The Food Standards Code has been vigorously enforced throughout the State with respect to temperature controls on the transport, storage, processing and sale of oysters and the microbiological standards to be observed.

Edward Kraa, Policy Analyst, Foodborne Diseases Surveillance, Epidemiology & Health Services Evaluation Branch
Phillip Bird, Food Inspector (Oyster Program), Hunter Area Health Service

PERTUSSIS — SOUTH EASTERN REGION

Four related cases of pertussis (two adults, two infants) have been reported from the South Eastern Region. It is thought that three of these cases acquired the disease nosocomially. Contact between cases occurred before the index case was diagnosed.

Case details

Case 1: The index case was a five-month-old child hospitalised with a provisional diagnosis of bronchiolitis. The child was nursed in a general paediatric ward for three days before being clinically diagnosed as having pertussis and commencing antibiotic therapy. The child was unimmunised.

Case 2: A two-month-old child nursed in the same hospital ward, discharged 24 hours before diagnosis of the index case. This child was subsequently readmitted with pertussis 16 days later, and required transfer to an intensive care facility. Pertussis was confirmed by pernasal culture. The child had not yet been immunised.

Case 3: The 32-year-old mother of Case 2 who had been in contact with the index case during her child's admission. She developed symptoms 24 hours after the onset of her child's symptoms. Antibiotic prophylaxis had been started before the onset of her cough. No confirmatory pathology was taken. She had been fully immunised as a child.

Case 4: A 45-year-old registered nurse who had cared for the index case for one shift developed symptoms of pertussis 16 days post contact. A pernasal swab taken before the start of antibiotic therapy proved to be negative. She had not been immunised for pertussis as a child.

Public Health Action

Contact tracing for all cases yielded more than 60 people requiring antibiotic prophylaxis. This included 52 newborn infants who were nursed in the hospital maternity unit where the infected nursing staff member had worked until the onset of symptoms following contact with the index case.

All contacts were started on antibiotic therapy within 48 hours of case notification. No further cases of pertussis have been identified, despite initiation of active surveillance through local medical practitioners.

Discussion

Pertussis has a high morbidity in children, particularly neonates. The two infant cases in this cluster required extensive hospital stays (55 days total including 18 days intensive care).

The Australian Bureau of Statistics 1989-90 National Health Survey reported a pertussis immunisation rate for children less than six years of age in NSW of 89 per cent.

This cluster of cases demonstrated the risk and consequences of this infection within susceptible populations. The risk of adults developing pertussis following contact with a case is high. This outbreak also highlighted the difficulty in preventing nosocomial transmission of pre-diagnosed pertussis infection. Hospital infection control practice should include consideration of the immunisation status of paediatric inpatients as well as the application of appropriate respiratory precautions, particularly within general ward areas. The allocation of nursing and other patient care staff should also take into account the potential for cross-infection to unimmunised paediatric patients.

This cluster had the potential to be significantly larger due to the high numbers of unimmunised neonatal contacts. The importance of timely reporting, contact tracing and administration of chemoprophylaxis is stressed.

Greg Sam, South East Region Public Health Unit

INVESTIGATION OF A PARALYTIC ILLNESS — SOUTH WEST REGION

Case details

On Monday, October 26 the South West Region Public Health Unit (SWR PHU) was told an 11-month-old boy from Wagga Wagga had been admitted to Camperdown Children's Hospital with symptoms of an illness similar to poliomyelitis.

The mother had previously attended a general practitioner because she was concerned that the child's leg was "floppy"; the GP elicited some sensory impairment in the leg. He referred the boy to a paediatrician in Wagga Wagga who arranged for the child to be admitted to the Children's Hospital. On admission the child was noted to have had flaccid paralysis of one leg.

Due to the possibility of poliomyelitis, laboratory investigation included stool virology. Specimens were sent to the Institute of Clinical Pathology and Medical Research (ICPMR) at Westmead Hospital.

As positive identification of polio virus can take three weeks, the PHU undertook a staged approach to the potential public health problems.

Public Health Action

The child's home was visited by the Senior Environmental Health Officer who found evidence of a recent discharge from the sewer access hole in the rear of a neighbour's property. This discharge had occurred at a time of heavy rainfall about two weeks earlier. At that time stormwater and sewerage had inundated the back yard of this property and surrounding properties. The area had dried out at the time of inspection and no environmental samples could be obtained.

The child had had no other access to untreated river, creek or dam water. The water supply in Wagga Wagga is filtered and chlorinated.

The immunisation status of the child was uncertain. The mother stated that he had had one dose of Sabin vaccine two to three months earlier, but the GP had no record of the immunisation. Four other children in the family were

Continued on page 128 ►

TABLE 4

NOTIFICATIONS FOR INFECTIOUS DISEASES BY HEALTH AREA AND REGION OCTOBER 1992

DISEASE NAME	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH/UK	TOTAL
Arboviral infection	–	–	–	–	–	–	–	–	1	2	–	–	–	–	1	–	–	4
Foodborne illness (NOS)	–	–	–	–	3	4	–	–	–	–	–	–	1	–	–	–	–	8
Gastroenteritis (instit)	7	–	–	–	1	–	–	–	–	4	–	–	–	–	–	–	–	12
Gonorrhoea infection	3	2	5	1	–	–	1	–	–	1	–	–	1	–	–	–	–	14
H. Influenzae epiglottitis	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	2
H. Influenzae infection (NOS)	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
H. Influenzae meningitis	–	–	1	–	1	–	–	–	–	1	–	–	–	3	1	2	–	9
Hepatitis A — acute viral	1	1	–	–	4	1	1	–	2	2	10	3	4	2	1	–	–	32
Hepatitis B — acute viral	–	–	–	1	–	–	1	–	–	–	1	–	–	–	–	–	–	3
Hepatitis B — unspecified	11	10	–	49	15	2	20	1	2	3	1	1	–	–	–	–	–	115
Hepatitis C — unspecified	16	3	4	9	18	1	12	3	5	40	20	1	–	2	1	3	–	138
Hepatitis D — unspecified	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1
Hepatitis, acute viral (NOS)	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	2
HIV infection	2	–	11	1	–	1	–	–	–	–	2	–	–	–	–	–	6	23
Legionnaires' disease	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Listeriosis	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	2
Malaria	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1
Measles	–	2	–	13	7	1	–	–	3	15	2	1	–	–	–	2	–	46
Meningococcal infection (NOS)	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1
Meningococcal meningitis	–	2	–	3	–	–	1	–	–	–	–	–	–	1	–	2	–	9
Mycobacterial infection (NOS)	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Mycobacterial tuberculosis	1	–	–	3	1	–	2	–	1	–	2	–	–	–	–	–	–	10
Pertussis	–	–	–	–	–	–	1	–	–	2	1	–	–	–	–	3	–	7
Q fever	–	–	–	–	–	1	–	–	–	–	5	–	1	–	–	–	–	7
Rubella	–	–	–	–	–	–	2	–	–	9	1	8	–	–	–	1	–	21
Salmonella (NOS)	1	1	2	–	–	–	5	1	–	3	1	1	–	–	1	–	–	16
Salmonella typhimurium	–	–	–	–	2	1	–	–	–	–	–	–	–	–	–	–	–	3
Syphilis infection	–	1	1	5	1	–	–	–	–	1	7	3	1	–	–	–	–	20

Infectious diseases

► *Continued from page 127*

appropriately immunised but the parents were unsure of their own immunisation status. Stool specimens for virus culture and blood specimens for serology were obtained from the family members and sent to ICPMR.

Neighbours on each side and family contacts were interviewed, and immunisation details and stool specimens for virus culture collected. A neighbour's child had received the most recent dose of Sabin vaccine. This child had attended a GP in Wagga on August 3. The batch number of the vaccine used was unknown although an examination of stock at the Base Hospital pharmacy indicated it could have been from two lots held at that time. The supply of vaccine from the pharmacy with these batch numbers was stopped and vaccine from a recently produced batch was released while the laboratory results were awaited. Consideration was given to the logistics of obtaining, storing and distributing a large consignment of Sabin vaccine should the need for a mass immunisation campaign arise, and a media release was prepared for use in this eventuality.

By October 30 the laboratory indicated that the isolate was unlikely to be polio virus and that it resembled another enterovirus, most likely an ECHO virus. The source of this virus remains undetermined.

Discussion

While this was not a case of poliomyelitis it has served to highlight some of the issues which would need to be considered in the event of a case or cases. There has not been an indigenous case of polio in NSW since 1970 and the last outbreak occurred in 1961-62 — resulting in 26 deaths. A survey of kindergarten children in the SWR indicated that 90 to 95 per cent are appropriately immunised with Sabin vaccine. It is reported that in the United States paralytic polio with vaccine strains occurs once in every 2.6 million doses administered.

Stephen Christley, Tony Kolbe and Neil Stubbs,
South West Region Public Health Unit

TABLE 5

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS OCTOBER 1992

Condition	Number of cases notified Period		Cumulative	
	Oct. 1991	Oct. 1992	Oct. 1991	Oct. 1992
Adverse reaction	N/A	–	N/A	30
AIDS	37	6	282	122
Arboviral infection	7	4	467	296
Brucellosis	–	–	2	1
Cholera	–	–	–	–
Diphtheria	–	–	–	–
Foodborne illness (NOS)	187	8	2581	210
Gastroenteritis (instit.)	–	12	45	364
Gonorrhoea	45	14	346	377
H influenzae epiglottitis	4	2	18	38
H influenzae B — meningitis	18	9	55	89
H influenzae B — septicaemia	2	–	10	20
H influenzae infection (NOS)	11	1	110	29
Hepatitis A	189	32	857	806
Hepatitis B	130	118	1120	2564
Hepatitis C	135	138	489	3238
Hepatitis D	N/A	1	N/A	6
Hepatitis, acute viral (NOS)	1	2	237	15
HIV infection*	63	23	640	581
Hydatid disease	–	–	7	4
Legionnaires' disease	1	2	25	81
Leprosy	–	–	–	5
Leptospirosis	–	–	29	15
Listeriosis	–	2	–	13
Malaria	10	1	173	102
Measles	43	46	304	347
Meningococcal meningitis	6	9	42	66
Meningococcal septicaemia	–	–	12	11
Meningococcal infection (NOS)	4	1	37	11
Mumps	N/A	–	N/A	19
Mycobacterial tuberculosis	48	10	281	313
Mycobacterial — atypical	9	–	96	232
Mycobacterial infection (NOS)	19	2	148	38
Pertussis	6	7	40	109
Plague	–	–	–	–
Poliomyelitis	–	–	–	–
Q fever	12	7	163	151
Rubella	7	21	42	97
Salmonella infection (NOS)	83	16	1083	460
Syphilis	56	20	514	710
Tetanus	1	–	4	2
Typhoid and paratyphoid	4	–	50	23
Typhus	–	–	–	–
Viral haemorrhagic fevers	–	–	–	–
Yellow fever	–	–	–	–

*Data to September only

TABLE 6

NOTIFICATIONS FOR INFECTIOUS DISEASES BY HEALTH AREA AND REGION CUMULATIVE TO OCTOBER 1992

DISEASE NAME	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	OTH/UK	TOTAL
AIDS infection	21	2	9	4	11	5	32	5	3	2	12	4	1	3	5	3	–	122
Arboviral infection	1	2	–	–	7	6	6	7	8	23	111	30	58	10	27	–	–	296
Ross river	1	2	–	–	6	6	6	6	8	23	110	30	58	10	25	–	–	291
Other alphaviruses	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	–	3
Foodborne illness (NOS)	7	2	31	10	53	19	–	30	4	7	5	4	34	1	1	2	–	210
Gastroenteritis (instit.)	25	1	9	28	7	1	1	–	1	94	2	93	5	–	–	97	–	364
Gonorrhoea infection	66	24	136	22	24	1	20	3	3	10	18	11	14	12	7	6	–	377
H. Influenzae epiglottitis	–	3	1	3	6	3	3	–	2	5	3	5	–	–	1	3	–	38
H. Influenzae infection (NOS)	3	2	2	1	2	–	1	4	1	2	–	2	1	2	2	4	–	29
H. Influenzae meningitis	3	4	4	5	6	6	17	4	7	7	5	5	2	4	4	6	–	89
H. Influenzae septicaemia	–	1	1	4	2	–	3	–	–	5	1	–	–	2	1	–	–	20
Hepatitis A — acute viral	85	32	110	30	46	8	85	6	24	29	112	125	78	12	12	11	1	786
Hepatitis B — acute viral	5	4	30	6	5	5	5	3	6	1	10	4	20	2	3	2	–	111
Hepatitis B — unspecified	352	344	19	724	362	31	285	28	18	107	52	43	29	17	13	27	2	2453
Hepatitis C — acute viral	1	1	4	–	8	1	3	1	3	–	8	6	4	3	–	2	–	45
Hepatitis C — unspecified	472	149	347	225	273	57	236	339	74	386	472	52	11	49	20	30	1	3191
Hepatitis D — unspecified	–	–	1	–	–	1	–	1	–	1	2	–	–	–	–	–	–	6
Hepatitis, acute viral (NOS)	–	–	1	2	4	–	–	1	–	–	–	1	3	2	1	–	–	15
HIV infection	53	20	172	11	26	8	34	4	3	22	17	–	3	–	1	5	202	581
Legionnaires' disease	5	2	2	36	16	2	4	7	2	2	2	–	–	–	–	1	–	81
Malaria	10	7	8	4	14	–	21	2	8	4	8	7	1	1	4	3	–	102
Meningococcal infection (NOS)	–	–	2	–	–	–	1	–	1	1	–	2	2	2	–	–	–	11
Meningococcal meningitis	4	7	–	5	6	3	1	6	5	6	7	5	1	7	–	3	–	66
Meningococcal septicaemia	1	1	2	3	–	2	–	–	–	1	–	–	1	–	–	–	–	11
Mycobacterial atypical	45	20	42	20	26	4	31	1	10	20	3	3	2	–	3	2	–	232
Mycobacterial infection (NOS)	8	2	4	1	5	2	4	–	5	4	–	1	–	–	1	–	1	38
Mycobacterial tuberculosis	39	28	28	68	40	6	47	9	10	6	11	5	–	3	7	6	–	313
Q fever	–	–	–	–	6	3	–	1	1	7	61	25	31	10	4	2	–	151
Salmonella (NOS)	20	33	35	46	39	28	76	13	8	24	45	24	21	19	13	16	–	460
Salmonella bovis morbificans	1	3	1	–	2	1	2	–	–	–	1	1	–	–	–	–	–	12
Salmonella typhimurium	8	19	2	24	31	18	21	8	7	20	2	3	6	–	5	–	–	174
Syphilis infection	116	38	124	50	37	8	38	1	8	13	100	38	108	16	12	2	1	710
Typhoid and paratyphoid	4	1	6	1	3	–	5	–	1	–	–	–	–	–	2	–	–	23

TABLE 7

OTHER INFECTIOUS DISEASE NOTIFICATIONS BY MONTH OF ONSET CUMULATIVE TO OCTOBER 1992

CONDITION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL
AIDS infection	22	12	13	16	20	13	10	10	6	–	122
Arboviral infection	14	40	89	78	39	11	11	7	3	4	296
Ross river	14	41	86	77	39	10	11	7	3	4	291
Other alphaviruses	–	–	2	–	–	1	–	–	–	–	3
Foodborne illness (NOS)	55	28	27	20	15	7	13	18	19	8	210
Gastroenteritis (instit.)	88	7	17	9	36	22	41	128	4	12	364
Gonorrhoea infection	31	22	49	38	49	30	54	41	49	14	377
H. Influenzae epiglottitis	4	1	3	2	4	10	4	4	4	2	38
H. Influenzae infection (NOS)	5	2	1	2	2	4	5	6	1	1	29
H. Influenzae meningitis	5	9	10	5	11	13	7	12	8	9	89
H. Influenzae septicaemia	1	1	3	3	3	2	5	–	2	–	20
Hepatitis A — acute viral	114	98	121	98	89	82	65	63	44	32	806
Hepatitis B — acute viral	10	12	17	22	18	9	5	5	10	3	111
Hepatitis B — unspecified	279	179	274	253	246	306	285	282	234	115	2453
Hepatitis C — acute viral	14	7	3	5	6	2	4	1	3	–	45
Hepatitis C — unspecified	236	256	315	253	450	394	423	407	321	138	3193
Hepatitis D — unspecified	1	–	–	1	3	–	–	–	–	1	6
Hepatitis, acute viral (NOS)	–	3	1	4	2	1	1	–	1	2	15
HIV infection	95	74	69	71	78	56	62	52	24	–	581
Legionnaires' disease	1	9	3	42	8	5	8	2	1	2	81
Malaria	12	5	16	9	14	17	13	8	7	1	102
Meningococcal infection (NOS)	2	2	–	–	–	–	2	3	1	1	11
Meningococcal meningitis	–	3	2	8	2	6	14	13	9	9	66
Meningococcal septicaemia	1	–	–	–	–	2	2	3	3	–	11
Mycobacterial atypical	33	32	48	25	29	28	21	8	7	–	232
Mycobacterial infection (NOS)	7	5	6	2	4	6	–	3	3	2	38
Mycobacterial tuberculosis	75	33	35	39	28	38	16	23	15	10	313
Q fever	13	12	11	13	9	22	21	27	16	7	151
Salmonella (NOS)	99	59	58	52	41	33	37	41	24	16	460
Salmonella bovis morbificans	1	1	1	2	3	1	–	2	1	–	12
Salmonella typhimurium	20	21	51	23	23	7	9	10	7	3	174
Syphilis infection	54	85	70	83	88	92	90	77	51	20	710
Typhoid and paratyphoid	6	4	2	–	3	2	3	2	1	–	23

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.

TABLE 8

NOTIFICATIONS FOR VACCINE PREVENTABLE DISEASES BY MONTH OF ONSET CUMULATIVE 1992

DISEASE NAME	MONTH JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL
Measles	48	31	35	22	41	28	21	23	52	46	347
Mumps	3	5	2	–	3	2	1	1	2	–	19
Pertussis	5	15	25	7	6	9	12	9	14	7	109
Rubella	6	7	7	4	1	1	5	14	31	21	97
Tetanus	1	–	–	–	–	–	–	–	1	–	2
Adverse event after immunisation	4	8	3	1	5	3	–	4	2	–	30

TABLE 9

NOTIFICATIONS FOR VACCINE PREVENTABLE DISEASES BY HEALTH AREA AND REGION CUMULATIVE 1992

DISEASE NAME	PUBLIC HEALTH UNIT CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	TOTAL
Measles	33	14	7	49	33	9	21	6	13	87	20	23	12	5	4	11	347
Mumps	–	–	3	2	3	–	1	–	2	4	1	–	–	–	2	1	19
Pertussis	4	9	4	10	9	7	13	6	3	9	27	2	–	–	1	5	109
Rubella	2	3	6	7	10	5	18	3	2	15	8	11	2	1	1	3	97
Tetanus	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	2
Adverse event after immunisation	3	3	–	–	2	–	–	1	–	1	5	7	–	1	2	5	30

TABLE 10

RARELY NOTIFIED DISEASES BY HEALTH AREA AND REGION CUMULATIVE 1992

DISEASE NAME	PUBLIC HEALTH UNIT CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	TOTAL
Brucellosis	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1
Hydatid disease	–	–	–	–	–	–	–	–	–	–	1	2	–	1	–	–	4
Leprosy	–	–	–	1	1	1	–	–	–	–	–	1	–	–	1	–	5
Leptospirosis	–	1	–	–	–	1	–	–	–	–	6	2	–	5	–	–	15
Listeriosis	–	2	–	1	–	2	4	1	–	1	1	–	–	1	–	–	13

TABLE 11

NOTIFICATIONS OF NON-NOTIFIABLE SEXUALLY TRANSMITTED INFECTIONS FROM SEXUAL HEALTH CLINICS JANUARY-OCTOBER 1992

[1] 1/1/92-31/8/92
[2] 1/1/92-31/8/92
[3] 1/1/92-31/8/92
[4] 1/3/92-31/10/92
[5] 1/5/92-30/9/92
[6] 1/1/92-30/6/92
[7] 1/3/92-30/9/92
[8] 1/7/92-31/10/92
[9] 14/5/92-30/9/92
[10] 1/7/92-31/10/92
[11] No SHC in the Region
[12] No SHC in the Region
[13] No SHC in the Region

AHS Infection	CSA	SSA[1]	ESA[2]	SWS	WSA[3] + WEN	NSA[4]	CCA[5]	ILL[6]	HUN[7]	NCR[8]	NER[9]	OFR[10]	CWR[11]	SWR[12]	SER[13]
Chlamydia trachomatis	–	8	157	–	40	5	3	13	40	1	6	7	–	–	
Donovanosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Genital herpes	–	12	406	–	44	13	4	27	50	–	6	11	–	–	
Genital warts	–	105	907	–	220	54	6	150	159	17	20	8	–	–	
Non-specific urethritis	–	9	577	–	244	23	1	53	68	4	7	3	–	–	
Lymphoma granuloma	–	–	–	–	–	–	–	–	–	–	–	–	–	–	