NOTIFICATIONS

WHOOPING COUGH

All Area Health Services and Rural Public Health Units have received notifications for whooping cough in 1993.

The notification rate for the State from January to October is 12.4/100,000 population. This compares with a rate of 10.3 for the first nine months of the year. Central West PHU has received notifications at a rate of 27.8/100,000 population. Orana and Far West PHU has received notifications at a rate of 18.8/100,000 population.

A total of 610 notifications for pertussis has been received this year. This is more than four times the number of notifications received for the same period in 1992. Fifty-five per cent of notifications have been for females, which is consistent with historical experience of pertussis notifications, both in Australia and overseas.

The mean age for notifications was 17.3 years (range one month to 89 years). Ten per cent of cases have been for infants and neonates (i.e. ≤ one year of age); 75 per cent of notifications have been for people aged ≤ five years.

The peak in notifications which began in epiweek 24 has continued unabated.

The Communicable Diseases Standing Committee of the National Health and Medical Research Council has been asked to review immunisation recommendations. Immunisation providers are requested to consider the consequences of not offering whooping cough vaccine to infants and children when there is documented evidence of high levels of *Bordatella pertussis* throughout the State.

TUBERCULOSIS

Two hundred and seventeen notifications have been received for 1993, for a rate of 4.4/100,000 population.

Site of infection, for 1993 notifications, is as follows:

TABLE 4

SITE	NUMBER	PERCENTAGE
Respiratory	124	57
Miliary	4	2
Primary	8	4
Genitourinary	6	3
Meningitis	5	2
Bone	3	1
Gastrointestinal	4	2
Other/unspecified	63	29

MEASLES

All Health Area Services and Regions have received notifications for measles in 1993.

The annual notification rate for the State is 22.6/100,000 population. Western Sydney has received notifications at a rate of 86.7/100,000 population.

Measles notifications peaked in epiweeks six to 10 and again in epiweeks 17 and 18. The rise in notifications that began in week 23 peaked in week 37 but continues at high levels. Most measles notifications have been for the Blacktown Local Government Area. Other clusters have been notified from Albion Park in the Illawarra Area, and Temora in South West NSW.

The mean age for notifications was 8.3 years (range one month to 99 years), and 11.5 per cent were for neonates and infants. Sixty-eight per cent of notifications were for children over the age of five years; only 24 per cent of cases were over the age of 12 years.

MENINGOCOCCAL SURVEILLANCE

For some years a national surveillance scheme to monitor the changing sensitivity of *Neisseria gonorrhoeae* to antimicrobial agents has been coordinated from the Microbiology Department of The Prince of Wales Hospital.

It has been suggested that a similar scheme be started for *Neisseria meningitidis*. A number of reports of meningococci with decreased penicillin, rifampicin and quinolone sensitivity has appeared and sulphonamide resistance is a well-recognised phenomenon. We will therefore be monitoring the antibiotic susceptibility of meningococci to those agents used for therapeutic and prophylactic purposes and would be grateful to receive your isolates. The number of strains of meningococci isolated in any one laboratory is usually very low, but, as with the gonococci, consolidation of data from a wide variety of sources should provide a more complete picture.

Additionally, and again as for gonococci, subtyping of strains of meningocci will be undertaken to assist in the distinction between sporadic and clustered cases of meningococcal disease. Associate Professor Rosemary Munro of Liverpool Hospital will coordinate this aspect of the program.

Strains may be sent to The Prince of Wales or Liverpool Hospital Microbiology Departments in the first instance. If you have any problems or questions, we may be contacted on (02) 399 4084.

J.W. Tapsall, Microbiology Department, Prince of Wales Hospital

ANTIBIOTIC SENSITIVITY OF GONOCOCCI IN SYDNEY AND NSW

The antibiotic sensitivity of 127 strains of *Neisseria gonorrhoeae* was examined by the Gonococcal Reference Laboratory in the third quarter of 1993. There was a marked reduction in the number of isolates examined when compared with the corresponding period in 1992, when 180 strains were received from the same sources. (No reduction in numbers of isolates received was observed in the preceding two quarters).

The predominance of gonococcal infections in males remains (M:F - 8.8:1) but is less than in recent reports.

The patterns of antibiotic resistance are little changed from previous quarters, except that no TRNG were found in this period. All strains were again sensitive to Ceftriaxone and Spectinomycin. Resistance to the penicillins (PPNG + CMRNG) is about the same at 17 per cent of isolates. Data on acquisition of PPNG are still being obtained but locally acquired infections with PPNG were again noted. Three per cent of strains showed decreased sensitivity to Ciprofloxacin. These patients were infected in the Philippines or were direct contacts of returning travellers.

J.W. Tapsall

NON-NOTIFIABLE STD SURVEILLANCE

Donovanosis is manifested by characteristic slow-growing granulomatous ulcers, caused by infection with *Calymmatobacterium granulomatis*. It is regarded as mildly infectious and readily responds to treatment. The roles of different modes of transmission have not been completely

TABLE 5

INFECTIOUS DISEASE NOTIFICATIONS BY SELECTED MONTH OF ONSET FOR 1993

Condition	Month				
	Jul	Aug	Sep	Oct	Total
Adverse event after immunisation	–	2	4	1	7
AIDS	29	27	10	7	73
Arboviral infection	10	8	6	2	26
Brucellosis	–	1	1	–	2
Foodborne illness (NOS)	3	2	14	–	19
Gastroenteritis (instit.)	14	9	19	1	43
Gonorrhoea	24	32	10	7	73
H influenzae epiglottitis	2	4	–	–	6
H influenzae meningitis	6	6	3	–	15
H influenzae septicaemia	2	3	1	–	6
H influenzae infection (NOS)	2	–	3	–	5
Hepatitis A – acute viral	46	37	35	14	132
Hepatitis B – acute viral	10	4	6	1	21
Hepatitis B – unspecified	328	337	289	58	1,012
Hepatitis C – acute viral	3	2	2	2	9
Hepatitis C – unspecified	552	577	442	106	1,677
Hepatitis D – unspecified	2	1	1	1	5
Hepatitis, acute viral (NOS)	1	1	1	–	3
HIV infection	79	73	45	34	231
Legionnaires' disease	2	3	3	1	9
Leprosy	–	1	–	–	1
Leptospirosis	1	1	1	–	3
Listeriosis	1	–	–	5	6
Malaria	4	20	14	–	38
Measles	83	173	352	208	816
Meningococcal meningitis	4	13	15	6	38
Meningococcal septicaemia	4	8	2	4	18
Meningococcal infection (NOS)	2	1	1	–	4
Mumps	–	1	4	–	5
Mycobacterial – atypical	21	7	2	–	30
Mycobacterial tuberculosis	29	24	8	2	63
Mycobacterial infection (NOS)	3	5	10	4	22
Pertussis	92	114	121	47	374
Q fever	39	39	25	8	111
Rubella	18	36	65	30	149
Salmonella (NOS)	38	37	19	14	108
Salmonella bovis morbificans	2	3	1	–	6
Salmonella typhimurium	15	7	12	2	36
Syphilis	68	73	35	9	185
Tetanus	–	1	–	–	1
Tuberculosis – non active	3	3	7	2	15
Typhoid and paratyphoid	–	–	2	3	5
Total	1,542	1,696	1,591	579	5,408

defined, however, cases in adults are generally associated with sexual exposure and cases in young children have been attributed to person-to-person contact.

Donovanosis is very uncommon in North America and Europe, but common in many tropical and sub-tropical countries. It has been reported as endemic among Aboriginals in the Northern Territory.

SCHOOL ABSENTEE RATE SURVEILLANCE

GP sentinel surveillance is continuing through the year in Public Health Units (PHUs), but outside the influenza season it will not be reported in the *Public Health Bulletin*. Surveillance of school absentee rates will be presented instead. These are being monitored in five PHUs, in a total of 12 schools covering urban and rural areas of NSW. Data presented in Figure 3 are for the period to the beginning of the September/October school holidays. The graph shows that the State average of the school population absent each day reached a high of 8.5 per cent in August and had fallen to 5.5 per cent by the end of September.

TABLE 6

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS OCTOBER 1993

Condition	Number of cases notified			
	Period		Cumulative	
	Oct 1992	Oct 1993	Oct 1992	Oct 1993
Adverse reaction	–	1	30	23
AIDS	29	7	278	227
Arboviral infection	9	2	328	598
Brucellosis	–	–	2	4
Cholera	–	–	–	–
Diphtheria	–	–	–	–
Foodborne illness (NOS)	6	–	171	99
Gastroenteritis (instit.)	25	1	405	229
Gonorrhoea	42	7	319	262
H influenzae epiglottitis	5	–	42	30
H influenzae B – meningitis	10	–	92	47
H influenzae B – septicaemia	1	–	24	20
H influenzae infection (NOS)	3	–	27	13
Hepatitis A	79	14	474	463
Hepatitis B	293	59	2,798	2,734
Hepatitis C	442	108	3,615	4,269
Hepatitis D	1	1	6	10
Hepatitis, acute viral (NOS)	2	–	15	7
HIV infection	50	34	601	439
Hydatid disease	–	–	5	1
Legionnaires' disease	2	1	87	49
Leprosy	–	–	5	1
Leptospirosis	–	–	19	12
Listeriosis	2	5	15	11
Malaria*	12	–	132	77
Measles	111	208	439	1,124
Meningococcal meningitis	14	6	74	62
Meningococcal septicaemia	1	4	13	32
Meningococcal infection (NOS)	1	–	10	9
Mumps	–	–	20	6
Mycobacterial tuberculosis	26	2	359	217
Mycobacterial – atypical	16	–	438	214
Mycobacterial infection (NOS)	3	4	27	53
Pertussis	29	47	149	623
Plague	–	–	–	–
Poliomyelitis	–	–	–	–
Q fever	22	8	184	297
Rubella	76	30	166	308
Salmonella infection (NOS)	61	16	741	686
Syphilis	74	9	834	524
Tetanus	–	–	2	5
Typhoid and paratyphoid	–	3	27	19
Typhus	–	–	–	–
Viral haemorrhagic fevers	–	–	–	–
Yellow fever	–	–	–	–

* from Malaria Register

FIGURE 3

SCHOOLS SURVEILLANCE INFLUENZA 1993

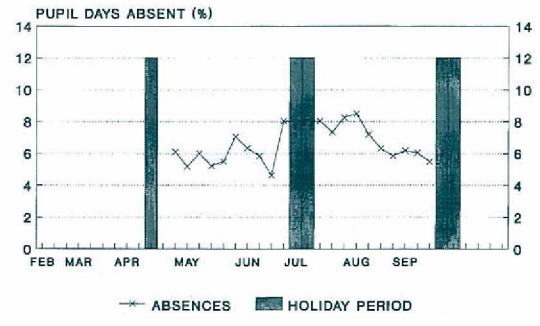

TABLE 7

INFECTIOUS DISEASE NOTIFICATIONS BY PUBLIC HEALTH UNIT CUMULATIVE 1993

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NCR	NER	OFR	CWR	SWR	SER	U/K	Total
Adverse event after immunisation	1	3	1	–	6	–	1	–	–	2	–	2	–	5	2	–	–	23
AIDS	38	7	79	12	12	7	27	2	2	2	25	1	2	4	7	–	–	227
Arboviral Infection	1	1	2	1	1	3	3	1	1	28	54	27	104	13	354	4	–	598
Brucellosis	1	1	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	4
Foodborne Illness (NOS)	6	3	–	17	23	10	–	2	6	–	–	2	11	14	5	–	–	99
Gastroenteritis (Instit)	64	6	–	9	13	4	–	21	–	39	–	17	4	20	32	–	–	229
Gonorrhea	43	16	98	12	15	4	20	5	3	6	11	7	12	6	1	3	–	262
H. influenzae epiglottitis	1	7	1	–	–	2	4	1	2	2	2	2	1	–	2	3	–	30
H. influenzae meningitis	3	4	–	7	3	3	5	2	7	1	3	3	1	3	1	1	–	47
H. influenzae septicaemia	1	3	1	8	1	–	1	–	1	2	–	2	–	–	–	–	–	20
H. influenzae infection (NOS)	–	–	2	–	2	1	3	2	–	2	–	–	1	–	–	–	–	13
Hepatitis A – acute viral	42	19	37	42	107	19	42	10	15	12	42	50	6	5	11	4	–	463
Hepatitis B – acute viral	6	5	18	1	8	1	–	–	–	–	27	4	–	–	2	2	–	74
Hepatitis B – unspecified	424	342	–	764	430	34	392	34	37	64	50	34	16	12	18	9	–	2,660
Hepatitis C – acute viral	1	–	–	–	3	–	–	2	1	–	2	5	1	1	–	3	–	19
Hepatitis C – unspecified	596	316	527	427	459	99	458	194	235	340	277	74	24	62	100	62	–	4,250
Hepatitis D – unspecified	2	1	3	–	1	–	–	–	1	1	–	1	–	–	–	–	–	10
Hepatitis, acute viral (NOS)	–	–	2	–	–	–	–	–	–	1	–	1	1	2	–	–	–	7
HIV infection	60	12	171	16	11	9	31	8	3	12	10	1	1	–	2	1	91	439
Hydatid disease	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Legionnaires' disease	9	1	–	13	13	–	3	1	3	2	1	–	1	–	1	1	–	49
Leprosy	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1
Leptospirosis	–	–	–	–	–	–	–	–	–	2	4	2	1	–	3	–	–	12
Listeriosis	2	–	–	2	2	–	1	–	–	4	–	–	–	–	–	–	–	11
Malaria	4	3	9	1	10	1	20	2	3	10	1	7	2	–	3	1	–	77
Measles	88	77	21	107	442	123	37	25	52	40	21	8	52	5	18	8	–	1,124
Meningococcal meningitis	2	4	4	8	10	1	3	3	2	3	6	3	3	2	1	7	–	62
Meningococcal septicaemia	4	6	1	1	2	3	4	–	2	2	2	3	1	–	–	1	–	32
Meningococcal infection (NOS)	–	–	1	–	–	–	1	2	1	1	–	–	2	1	–	–	–	9
Mumps	1	1	–	2	–	–	–	–	1	1	–	–	–	–	–	–	–	6
Mycobacterial – atypical	47	14	15	9	25	4	24	3	8	29	21	8	1	1	4	1	–	214
Mycobacterial tubercolosis	31	33	12	34	37	6	28	5	5	13	2	2	3	5	–	1	–	217
Mycobacterial infection (NOS)	11	1	1	1	3	–	15	4	8	2	3	1	1	–	2	–	–	53
Pertussis	26	45	62	75	77	37	109	9	31	23	35	14	30	39	5	6	–	623
Q fever	–	1	1	1	4	–	1	–	1	21	59	93	83	12	4	16	–	297
Rubella	7	15	12	21	53	28	24	5	10	18	27	68	–	4	6	10	–	308
Salmonella (NOS)	21	44	48	36	21	6	55	26	11	64	48	37	25	5	11	9	–	467
Salmonella bovis morbificans	1	3	2	–	2	–	3	–	–	10	–	–	–	1	1	–	–	23
Salmonella typhimurium	18	25	18	17	15	10	18	2	1	22	7	8	15	3	11	6	–	196
Syphilis	73	32	68	130	21	7	27	5	6	7	38	33	63	4	7	3	–	524
Tetanus	–	1	–	–	–	–	–	–	–	–	2	–	1	–	–	1	–	5
Typhoid and paratyphoid	1	2	4	1	1	2	2	–	–	1	2	–	–	3	–	–	–	19

TABLE 8

NOTIFICATIONS OF NON-NOTIFIABLE SEXUALLY TRANSMITTED DISEASES JANUARY-OCTOBER 1993
(Diagnoses from sexual health centres unless otherwise stated in footnote)

AHS Infection		CSA[1]	SSA[1]	ESA[1]	SWS[1]	WSA[2] + WEN	NSA[3]	CCA[3]	ILL[4]	HUN[1]	NCR[1]	NER[3]	OFR[1]	CWR[5]	SWR[6]	SER[7]
Chlamydia trachomatis	Male	1	2	64	3	23	2	–	8	11	2	4	13	–	10	
	Female	1	4	52	6	16	1	1	4	32	2	10	13	–	24	
	Total	**2**	**6**	**116**	**9**	**39**	**3**	**1**	**12**	**43**	**4**	**14**	**26**	**–**	**34**	**4**
Donovanosis	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
	Total	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
*Genital herpes	Male	8	12	222	3	35	12	6	7	21	3	2	3	–	2	
	Female	8	6	143	2	18	3	6	8	24	4	5	5	–	13	
	Total	**16**	**18**	**365**	**5**	**53**	**15**	**12**	**15**	**45**	**7**	**7**	**8**	**–**	**15**	**3**
*Genital warts	Male	27	61	490	57	155	27	22	62	93	34	16	20	–	–	
	Female	19	49	214	24	65	16	14	25	37	20	15	15	–	–	
	Total	**46**	**110**	**704**	**81**	**220**	**43**	**36**	**87**	**130**	**54**	**31**	**35**	**–**	**–**	**15**
Nongonococcal urethritis	Male	9	9	525	11	279	11	11	52	69	16	4	13	–	1	
	Female	1	–	–	3	3	4	5	–	–	4	–	1	–	–	
	Total	**10**	**9**	**525**	**14**	**282**	**15**	**16**	**52**	**69**	**20**	**4**	**14**	**–**	**1**	**–**
Lymphogranuloma venereum	Male	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Total	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	

* First diagnosis; 1. 01/01/93-31/08/93; 2. 01/01/93-31/07/93; 3. 01/01/93-30/09/93; 4. 01/01/93-30/06/93; 5. No SHC in Region;
6. No SHC in Region. Laboratory data 01/01/93-30/09/93; 7. No SHC in Region. Data from GP network 01/01/93-24/10/93.