

NOTIFICATIONS

HAEMOPHILUS INFLUENZAE TYPE B (Hib) NOTIFICATIONS CONTINUE TO DECREASE

The downward trend of Hib notifications reported in recent issues of the *Public Health Bulletin* has continued. A total of 48 notifications for Hib disease was received between January and August 1994 (1.2/100,000 population). For the same period in 1993 there were 107 notifications for Hib disease. The notification rate in 1993 was 2.2/100,000 population.

For people less than five years of age, 30 notifications were received between January and August 1994. The notification rate has decreased from 23.9/100,000 population in 1993 to 10.1/100,000 population this year. This encouraging trend is attributable to the immunisation program for children less than five years of age.

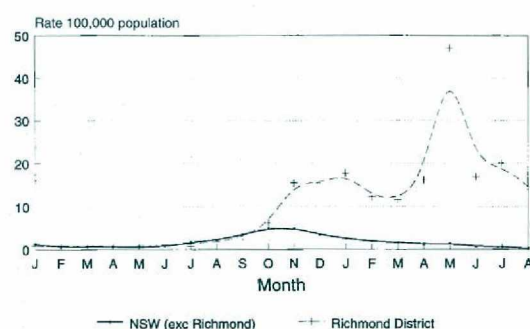
PERTUSSIS (WHOOPING COUGH) NOTIFICATIONS DECREASING

The notification rate for pertussis from January to August 1994 was 19.9/100,000 population, a decrease from 25.5/100,000 population for 1993. Pertussis notifications continued to be high in the Richmond Health District but there has been a marked decline over the past three months (Figure 8). For January-August 1994, the notification rate for the Richmond District was 235.0/100,000 population. The transient decline in the Richmond District notification rate at the beginning of 1994 probably reflects a decline in pertussis transmission during the school holidays.

The local Public Health Unit responded to persistently high rates of notification of pertussis by giving advice to local immunisation providers about enhanced immunisation schedules and the role of chemoprophylaxis in minimising transmission of pertussis.

FIGURE 8

PERTUSSIS NOTIFICATIONS, NSW
JANUARY 1993-AUGUST 1994



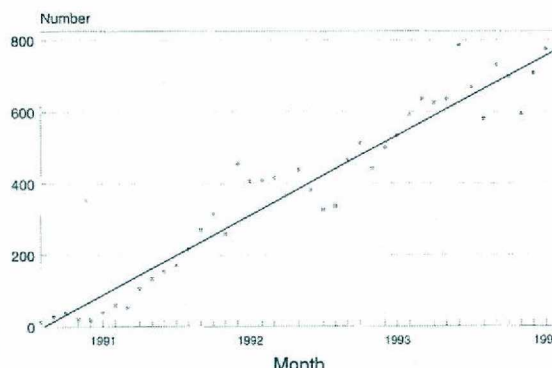
Source: IDSS

INTERPRETING TRENDS IN HEPATITIS C NOTIFICATIONS

The NSW Health Department receives notifications for acute disease (an indicator of incident cases), and for unspecified illness (an indicator of prevalent cases). Hepatitis C notifications are reported in the *NSW Public Health Bulletin* and supplied to the Communicable Diseases

FIGURE 9

HEPATITIS C - UNSPECIFIED, NOTIFICATIONS
NSW, JANUARY 1991-JULY 1994



Source: IDSS

Network for publication in the *Communicable Diseases Intelligence*. There are more than 700 notifications for hepatitis C-unspecified a month in NSW and this number is rising by 20-30 cases a month (Figure 9). However, this trend is not indicative of an increase in hepatitis C transmission and notifications of acute hepatitis C have remained low. There were 41 notifications of acute hepatitis C in 1991, 42 in 1992, 31 in 1993 and nine notifications so far this year.

The most likely reason for the increase in notification of hepatitis C-unspecified is that more people are being tested. Hepatitis C testing has become widely available since its introduction in 1990. There has been a corresponding increase in hepatitis C awareness among health professionals and in the wider community, so more people are being referred for testing. Many of those who have been tested acquired hepatitis C before testing became available.

Another factor which needs to be considered when interpreting notification of hepatitis C-unspecified is that a single case of hepatitis C may be notified more than once. That is, over the past four years individuals may have been tested several times, thus contributing more than one notification to the total. Also, a proportion of notifications represents false positive test results. Although tests for hepatitis C have improved, it is difficult to interpret a positive test result in the absence of other clinical or laboratory evidence of infection.

NSW HEPATITIS C TASKFORCE

In response to the growing interest in and concern about hepatitis C infection in NSW, the NSW Health Department has recently established a Hepatitis C Taskforce. The terms of reference of the taskforce are to:

- consider the epidemiology of hepatitis C in NSW;
- advise on improvements to the surveillance of hepatitis C in NSW;
- advise on education and prevention strategies for hepatitis C in NSW;
- consider the cost-effectiveness of proposed disease control and treatment protocols within the NSW healthcare system;
- advise on the implementation of the recommendations of the NHMRC Hepatitis C Taskforce Report; and
- identify gaps in existing policy on service provision in NSW.

MEASLES NOTIFICATIONS DOWN FROM LAST YEAR

From January to August 1994, 370 measles notifications were received (8.7/100,000) – a decrease from 583 notifications for the same period last year. For notified measles cases, the mean age remains stable at 8.2 years (range two months to 64 years). Fifteen per cent of cases notified occurred in neonates and infants (\leq one year of age) while 56 per cent occurred in children over the age of five years and 25 per cent were in people aged 12 years or more.

INFLUENZA SURVEILLANCE

During August influenza activity continued to increase, maintaining higher levels than at the same time last year (Figure 10).

During the first half of August, seven PHUs in the NSW GP Sentinel Surveillance Network reported cases of influenza-like illness (ILI). The average weekly consultation rate for ILI peaked at 4.3 per cent in the first week of August. The reported rate for Northern Districts PHU decreased from a peak of 10 per cent in the first week to 5 per cent in the third week of August. Consultation rates from South East PHU also appear to have peaked from a high of 8 per cent in the first week to 6 per cent in the third week of August.

There is no clear upward trend in school absentee rates based on data from 19 of the 34 schools.

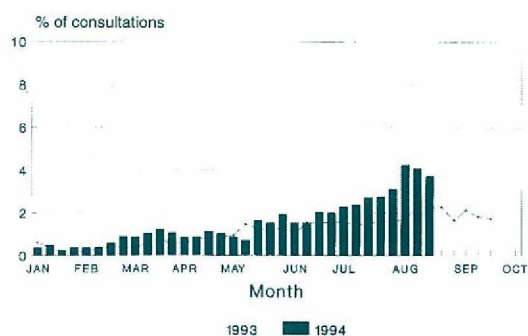
Laboratory reports of influenza cases continued at moderate levels in August.

Westmead ICPMR Virology has reported 35 influenza A virus isolates this year. Of those which have been fully identified, all have been of the A Guangdong/25/93 strain, a slight variant of the A Beijing/32/92 strain which is in the current vaccine. A moderate number of serological diagnoses has been reported so far this year, almost all being influenza A.

The Eastern Sydney Laboratory Surveillance Program reported 42 cases of influenza A and two cases of influenza B. Of the total, there were 24 isolations of influenza A and one of influenza B by viral culture, two diagnoses of influenza A based on fourfold or greater rises in titre, and 17 single high titres (16 of influenza, one of influenza B) in patients with a compatible clinical history.

FIGURE 10

INFLUENZA-LIKE ILLNESS NSW



(Source: NSW Sentinel GP Network)

DEATH DATA – INFECTIOUS DISEASES

A total of 143 infectious diseases notifications for 1992 was for deaths from infectious diseases (0.9 per cent of total notifications). For 1993, 55 notifications were for deaths (0.5 per cent of total notifications). Slight improvements in the recording of death in the Infectious Diseases Surveillance System (IDSS) have been noted in 1992 over 1991. During 1993 there was a decrease from 15 per cent to 12 per cent of notifications coded for death.

TABLE 5

DEATHS FROM INFECTIOUS DISEASES, JULY 1991-JUNE 1992: COMPARISON OF AUSTRALIAN BUREAU OF STATISTICS (ABS) AND INFECTIOUS DISEASES SURVEILLANCE SYSTEM (IDSS) DATA

Condition	ABS	IDSS
AIDS	308	51
Arboviral infection	–	1
Gastroenteritis	15	1
H Influenzae type B infection	*	8
Hepatitis (unspecified)	25	–
Hepatitis A	2	–
Hepatitis B	14	3
Hepatitis C	–	7
Hydatid disease	2	–
Legionnaires' disease	4	10
Listeriosis	1	–
Measles	1	–
Meningococcal infection	14	2
Mycobacterial – atypical	1	10
Mycobacterial tuberculosis	89	19
Salmonella infection	–	1

* 15 death notifications were received for Gram negative septicaemia, including *Haemophilus influenzae* type b infection.

The table highlights the non-concordance between the two data sources for mortality from notifiable infectious diseases in NSW. The discrepancies for specific conditions highlight differences in these collections:

- AIDS: Australian Bureau of Statistics (ABS) data would be the more accurate source of information; IDSS receives notifications for AIDS at the time of diagnosis of an AIDS-defining condition; death is poorly recorded on IDSS.
- Gastroenteritis: As gastroenteritis is an acute condition, it would be expected to be notified and recorded in IDSS. ABS coding may embrace non-notifiable conditions, or diarrhoea as a prodrome to death, but not of an infectious nature (e.g. carcinomatosis, toxic causes).
- *Haemophilus influenzae* type b: No specific code is used by ABS to identify deaths from this organism.
- Measles: differences between IDSS and ABS may be due to the long period between infection and death for some complications of measles; notifications are recorded for the year of disease onset.
- Meningococcal infection: the discrepancy between ABS and IDSS for this condition may highlight a residual of under-reporting by medical practitioners. Since November 1991, Hospital Chief Executive Officers and laboratories have been responsible for the notification of these conditions.
- Tuberculosis: as with other chronic conditions, ABS will be recording a mix of current and past disease; a minority of death certificates for TB will be as a primary cause of death; IDSS more accurately reports deaths from TB.

TABLE 6

INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
FOR NOTIFICATIONS RECEIVED BY AUGUST 31, 1994
BY SELECTED MONTH OF ONSET

Condition	Number of cases notified				
	May	Jun	Jul	Aug	Total
Adverse event after immunisation	2	3	1	1	7
AIDS	12	13	18	7	50
Arboviral infection	66	35	6	2	109
Foodborne illness (NOS)	16	10	3	1	30
Gastroenteritis (instit.)	18	26	41	24	109
Gonorrhoea	21	21	28	15	85
H influenzae epiglottitis	4	4	-	-	8
H influenzae infection (NOS)	1	1	-	-	2
H influenzae meningitis	1	4	-	2	7
H influenzae septicaemia	1	2	1	1	5
Hepatitis A - acute viral	36	46	35	18	135
Hepatitis B - acute viral	13	6	5	1	25
Hepatitis B - chronic/carrier	54	46	35	10	145
Hepatitis B - unspecified	346	279	281	101	1,007
Hepatitis C - acute viral	1	-	2	4	7
Hepatitis C - unspecified	703	762	587	261	2,313
Hepatitis D - unspecified	-	2	1	-	3
Hepatitis E - acute viral	1	-	-	-	1
Hepatitis, acute viral (NOS)	-	-	1	-	1
HIV infection	40	27	35	31	133
Hydatid disease	1	3	2	-	6
Legionnaires' disease	4	8	9	1	22
Leprosy	1	1	-	-	2
Leptospirosis	2	1	-	2	5
Listeriosis	-	-	-	1	1
Malaria	11	20	11	9	51
Measles	21	16	35	24	96
Meningococcal infection (NOS)	1	2	2	2	7
Meningococcal meningitis	3	7	6	14	30
Meningococcal septicaemia	4	3	5	3	15
Mumps	-	1	-	-	1
Mycobacterial atypical	37	20	4	2	63
Mycobacterial infection (NOS)	14	8	11	1	34
Mycobacterial tuberculosis	19	20	5	4	48
Pertussis	143	68	73	42	326
Q fever	27	20	14	4	65
Rubella	5	-	1	1	7
Salmonella (NOS)	53	48	35	15	151
Salmonella bovis moribicans	1	-	1	-	2
Salmonella typhimurium	27	21	17	3	68
Syphilis	74	72	61	36	243
Tetanus	1	-	-	-	1
Typhoid and paratyphoid	-	2	4	1	7
Total	1,785	1,628	1,376	644	5,433

TABLE 7

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS
AUGUST 1994

Condition	Number of cases notified			
	Period		Cumulative	
	Aug 1993	Aug 1994	Aug 1993	Aug 1994
Adverse reaction	2	1	14	23
AIDS	28	7	250	199
Arboviral infection	9	2	604	340
Brucellosis	1	-	3	-
Cholera	-	-	-	-
Diphtheria	-	-	-	-
Foodborne illness (NOS)	7	1	89	123
Gastroenteritis (instit.)	9	24	284	179
Gonorrhoea	32	15	246	213
H influenzae epiglottitis	4	-	30	18
H influenzae B - meningitis	7	2	47	12
H influenzae B - septicaemia	3	1	20	10
H influenzae infection (NOS)	-	-	10	8
Hepatitis A	38	18	421	337
Hepatitis B	378	112	2,559	2,517
Hepatitis C	637	265	4,002	4,917
Hepatitis D	1	-	8	8
Hepatitis, acute viral (NOS)	1	-	6	4
HIV infection	46	31	392	297
Hydatid disease	-	-	1	9
Legionnaires' disease	3	1	47	44
Leprosy	1	-	2	2
Leptospirosis	1	2	11	12
Listeriosis	-	1	6	5
Malaria	21	9	130	134
Measles	176	24	583	370
Meningococcal meningitis	13	14	41	49
Meningococcal septicaemia	8	3	27	20
Meningococcal infection (NOS)	1	2	8	9
Mumps	1	-	2	2
Mycobacterial tuberculosis	34	4	285	173
Mycobacterial - atypical	17	2	256	232
Mycobacterial infection (NOS)	6	1	27	53
Pertussis	130	42	471	840
Plague	-	-	-	-
Poliomyelitis	-	-	-	-
Q fever	42	4	276	161
Rubella	82	1	354	31
Salmonella infection (NOS)	59	18	687	713
Syphilis	78	36	500	610
Tetanus	1	-	5	2
Typhoid and paratyphoid	1	1	19	20
Typhus	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-
Yellow fever	-	-	-	-

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, NC North Coast Public Health Unit, ND Northern District Public Health Unit, WNSW Western New South Wales Public Health Unit, CW Central West Public Health Unit, SW South West Public Health Unit, SE South East Public Health Unit, 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

INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
FOR NOTIFICATIONS RECEIVED BY AUGUST 31, 1994
BY PUBLIC HEALTH UNIT

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NC	ND	WD	CW	SW	SE	U/K	Total
Adverse event after immunisation	-	-	1	2	5	3	-	1	-	-	2	1	-	-	3	5	-	23
AIDS	27	11	65	9	30	17	14	2	7	1	13	2	-	1	-	-	-	199
Arboviral infection	-	3	3	-	-	-	10	3	5	36	190	55	21	3	9	2	-	340
Foodborne illness (NOS)	1	10	7	24	14	8	5	13	1	3	24	-	3	7	2	1	-	123
Gastroenteritis (instit)	63	2	-	10	42	19	1	1	-	1	10	-	-	30	-	-	-	179
Gonorrhoea	21	14	85	7	11	1	8	3	5	6	4	16	19	3	6	4	-	213
H. influenzae epiglottitis	1	2	1	2	1	2	2	3	2	-	2	-	-	-	-	-	-	18
H. influenzae meningitis	1	-	-	4	2	-	1	-	-	-	1	-	1	2	-	-	-	12
H. influenzae septicaemia	-	-	-	1	1	-	2	1	-	1	2	-	1	-	-	1	-	10
H. influenzae infection (NOS)	-	-	-	-	1	-	1	3	1	-	1	-	-	-	1	-	-	8
Hepatitis A - acute viral	18	13	35	37	24	6	24	3	5	16	35	40	5	16	59	1	-	337
Hepatitis B - acute viral	4	2	23	3	3	-	-	-	1	-	8	2	3	1	-	3	-	53
Hepatitis B - chronic/carrier	-	-	191	1	98	5	12	12	-	19	17	9	4	5	-	2	-	375
Hepatitis B - unspecified	261	285	78	679	289	18	301	14	39	43	35	9	5	4	24	5	-	2,089
Hepatitis C - acute viral	-	-	-	-	-	-	1	-	-	-	-	-	4	-	-	4	-	9
Hepatitis C - unspecified	459	275	916	515	458	98	470	150	209	308	575	99	34	90	131	121	-	4,908
Hepatitis D - unspecified	-	2	2	-	-	-	1	-	-	-	3	-	-	-	-	-	-	8
Hepatitis E - acute viral	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hepatitis, acute viral (NOS)	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	3
HIV infection	46	16	114	16	12	4	15	5	3	6	5	-	-	-	2	1	52	297
Hydatid disease	1	2	2	-	-	-	-	-	1	1	-	-	1	1	-	-	-	9
Legionnaires' disease	3	2	1	7	11	1	9	-	3	5	-	-	-	2	-	-	-	44
Leprosy	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis	1	-	-	-	-	-	-	-	-	3	5	2	-	-	1	-	-	12
Listeriosis	-	-	2	-	-	-	-	-	1	1	-	-	1	-	-	-	-	5
Malaria	12	8	14	9	10	3	34	2	6	6	9	8	-	2	4	7	-	134
Measles	28	13	14	26	34	29	19	3	12	30	84	35	24	12	1	6	-	370
Meningococcal meningitis	3	7	2	7	4	2	4	3	2	5	3	1	2	1	1	2	-	49
Meningococcal septicaemia	-	3	-	5	2	-	4	1	-	3	2	-	-	-	-	-	-	20
Meningococcal infection (NOS)	-	1	-	1	2	-	-	-	-	-	-	4	1	-	-	-	-	9
Mumps	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	2
Mycobacterial atypical	39	12	64	20	8	11	31	6	1	24	11	2	-	1	2	-	-	232
Mycobacterial tuberculosis	22	27	18	30	26	2	19	1	7	8	4	3	2	1	3	-	-	173
Mycobacterial infection (NOS)	7	3	3	4	3	1	20	1	-	1	4	1	2	-	3	-	-	53
Pertussis	17	59	50	52	90	31	41	13	36	43	340	17	19	15	5	12	-	840
Q fever	2	1	-	1	1	1	-	1	-	20	22	47	46	15	4	-	-	161
Rubella	-	-	2	-	9	1	5	1	-	-	4	5	1	-	3	-	-	31
Salmonella (NOS)	19	35	29	43	35	20	43	15	9	28	60	30	21	11	19	5	-	422
Salmonella bovis moribificans	-	1	1	1	1	2	2	-	1	2	-	-	-	-	-	-	-	11
Salmonella typhimurium	20	22	13	10	51	14	36	13	17	19	12	10	9	10	22	2	-	280
Syphilis	84	35	168	85	38	4	42	10	7	3	28	30	64	6	4	2	-	610
Tetanus	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2
Typhoid and paratyphoid	4	2	2	2	3	1	-	-	-	-	1	3	-	-	-	2	-	20

TABLE 9

SELECTED INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
FOR NOTIFICATIONS RECEIVED BY AUGUST 31, 1994
BY PUBLIC HEALTH UNIT

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NC	ND	WD	CW	SW	SE	Total
Adverse event after immunisation	-	-	1	2	5	3	-	1	-	-	2	1	-	-	3	5	23
H. influenzae epiglottitis	1	2	1	2	1	2	2	3	2	-	2	-	-	-	-	-	18
H. influenzae meningitis	1	-	-	4	2	-	1	-	-	-	1	-	1	2	-	-	12
H. influenzae septicaemia	-	-	-	1	1	-	2	1	-	1	2	-	1	-	-	1	10
H. influenzae infection (NOS)	-	-	-	-	1	-	1	3	1	-	1	-	-	-	1	-	8
Measles	28	13	14	26	34	29	19	3	12	30	84	35	24	12	1	6	370
Mumps	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	2
Pertussis	17	59	50	52	90	31	41	13	36	43	340	17	19	15	5	12	840
Rubella	-	-	2	-	9	1	5	1	-	-	4	5	1	-	3	-	31
Tetanus	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	2

TABLE 10

FOODBORNE INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
FOR NOTIFICATIONS RECEIVED BY AUGUST 31, 1994
BY PUBLIC HEALTH UNIT

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NC	ND	WD	CW	SW	SE	Total
Foodborne illness (NOS)	1	10	7	24	14	8	5	13	1	3	24	-	3	7	2	1	123
Gastroenteritis (instit.)	63	2	-	10	42	19	1	1	-	1	10	-	-	30	-	-	179
Hepatitis A - acute viral	18	13	35	37	24	6	24	3	5	16	35	40	5	16	59	1	337
Listeriosis	-	-	2	-	-	-	-	-	1	1	-	-	1	-	-	-	5
Salmonella (NOS)	19	35	29	43	35	20	43	15	9	28	60	30	21	11	19	5	422
Salmonella bovis moribificans	-	1	1	1	1	2	2	-	1	2	-	-	-	-	-	-	11
Salmonella typhimurium	20	22	13	10	51	14	36	13	17	19	12	10	9	10	22	2	280
Typhoid and paratyphoid	4	2	2	2	3	1	-	-	-	-	1	3	-	-	-	2	20

TABLE 11

SURVEILLANCE OF NON-NOTIFIABLE SEXUALLY TRANSMITTED DISEASES
JANUARY-AUGUST 1994
(Diagnoses from sexual health centres unless otherwise stated in footnote)

* First diagnosis; 1. 01/01/94-30/04/94; 2. 01/01/94-31/01/94; 3. 01/01/94-31/07/94;
4. 01/01/94-31/03/94; 5. 01/01/94-31/08/94; 6. 01/01/94-31/05/94; 7. No SHC in Region;
8. Laboratory and SHC data 01/01/94-31/08/94; 9. No data yet received for 1994.

AHS Infection	CSA ¹	SSA ²	ESA ³	SWS ⁴	WSA ⁴ + WEN	NSA ⁵	CCA ⁵	ILL ⁵	HUN ⁶	NC ⁷	ND ⁷	WNSW ⁸	CW ⁹	SW ⁹	SE ⁹	Total
Chlamydia	1	-	30	2	6	2	1	4	8	-	5	6	-	3	-	68
trachomatis	1	-	40	5	7	1	1	4	12	1	17	17	-	8	-	114
Total	2	-	70	7	13	3	2	8	20	1	22	23	-	11	-	182
Donovanosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Genital herpes	3	1	173	3	12	8	12	-	13	7	2	1	-	5	-	240
Male	4	3	100	5	9	6	11	4	14	6	12	4	-	7	-	185
Female	7	4	273	8	21	14	23	4	27	13	14	5	-	12	-	425
Total	11	6	479	69	74	18	33	36	64	30	4	6	-	8	-	838
*Genital warts	8	6	193	32	37	18	18	13	24	9	16	13	-	10	-	397
Male	19	12	672	101	111	36	51	49	88	39	20	19	-	18	-	1,235
Female	3	1	350	23	55	13	27	10	35	12	6	7	-	4	-	546
Total	3	1	350	23	58	15	27	10	35	12	6	9	-	6	-	555
Nongonococcal urethritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lymphogranuloma venereum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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The Bulletin aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph.

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