

SYPHILIS

The notification rate of syphilis increased this year, with 703 cases notified so far in 1994 compared with 554 for the same period in 1993. The increase was limited to the Sydney metropolitan area, in particular Eastern, Central and Southern Sydney. In 87% of syphilis notifications there was no information on the clinical stage of the disease because most notifications come from laboratories, which have no information on the clinical stage. Notifications based only on serology include an unknown proportion of previously treated cases, as some syphilis serology remains positive for life. Notifications where the clinical stage was specified as primary (acquired within 12 months), however, are likely to be incident cases. Syphilis notifications are being followed up by PHUs to determine if the increase in notifications is due to an increase in incidence.

THE SCHOOLGIRL RUBELLA IMMUNISATION PROGRAM

The rubella campaign has completed administering vaccine to year seven girls in all schools in the Western Sydney Area. The reported coverage rate was 91 per cent.

TRIPLE ANTIGEN REMINDER

Triple antigen vaccine has been available to general practitioners free of charge since July 28. The vaccine is available from local councils and hospitals.

INFLUENZA SURVEILLANCE

For the final influenza surveillance report for 1994 we note that influenza activity appears to have peaked in August and to have been in steady decline during September. From our GP sentinel surveillance network the average consultation rate for influenza-like illness (ILI) reported for the first week in October was 1.9 per cent, down from the August peak of 3.7 per cent (Figure 4). Seven PHUs reported data for September, from a total of about 80 doctors and more than 10,000 consultations a week. The highest rate for ILI reported during September was 2.9 per cent of consultations in Western Sydney.

Westmead Hospital ICPMR laboratory virology reports that the rate of influenza virus isolations has decreased markedly in the past month. It reports a total of 47 isolations of influenza A in 1994, all similar to the A/Beijing/32/92 H3N2 which is in the current vaccine. Only two isolations of influenza B have been reported. Westmead Hospital ICPMR serology laboratory and Prince of Wales

serology laboratory also report a marked decrease in detection of influenza antibodies in September.

School absentee rates are monitored through 17 sentinel schools containing about 11,000 students which report to seven PHUs. There has been no marked peak in school absentee rates this year.

HEPATITIS A

South West PHU reported 71 cases of hepatitis A this year, compared with only eight for the same period in 1993. In 1994 information on risk factors is available for 66 notifications (93 per cent). Of those, 10 cases (15 per cent) had attended or worked in a child care facility, or were household contacts of those who had. The remainder had no other known risk factors such as having recently travelled to a high-incidence country or having recently eaten shellfish. These cases have been widely distributed geographically through the districts of Hume, Murray, Riverina and Murrumbidgee, and no common link has been detected. PHU staff are continuing to investigate.

ACUTE EQUINE RESPIRATORY DISTRESS SYNDROME OUTBREAK IN QUEENSLAND

In September and early October a previously unknown virus caused sickness in 18 horses, killing 14, and is believed to have caused sickness in two humans, causing one death. The index case was a mare which became ill on September 7 and died on September 9. The stable owner became sick on September 15 and the 17 horses became ill between September 17 and 22. Most deaths occurred within two-three days of illness onset. All cases had contact with the one stable. The symptoms included shallow breathing, high fever and lethargy, and pulmonary oedema on post-mortem examination. The Australian Animal Health Laboratory at Geelong isolated a virus of the family *Paramyxoviridae*, genus *Morbillivirus*, which is related to the measles and distemper viruses. The purified virus caused the same respiratory distress syndrome when inoculated into two horses experimentally. An antibody test was developed and both the stable owner and a strapper who became ill were shown to have produced an antibody response to the virus. The virus is considered to be poorly contagious, as about 60 horses were potentially exposed and only 18 became ill. Transmission possibly occurs through close contact with infected nasal discharges.

No cases occurred in NSW, although three horses potentially exposed were quarantined. NSW Health was kept informed of developments through the NSW Agriculture and the Queensland Health Departments.

A serological survey is planned to determine the number of horses exposed to the virus.

PNEUMONIC PLAGUE IN INDIA

Late in September an outbreak of pneumonic plague was first reported from Surat in Gujrat State, India.

Pneumonic plague is caused by *Yersinia pestis*, the same bacterium that causes bubonic plague. Bubonic plague is transmitted through the bites of fleas that have bitten infected rats. An early sign of the disease is painful swelling in the lymph nodes nearest the site of the bite. If infection spreads to the lungs this is then called pneumonic plague, which can be spread by droplets, is highly infectious and invariably fatal if untreated. But both forms of plague respond well to antibiotics.

FIGURE 6

INFLUENZA-LIKE ILLNESS NSW

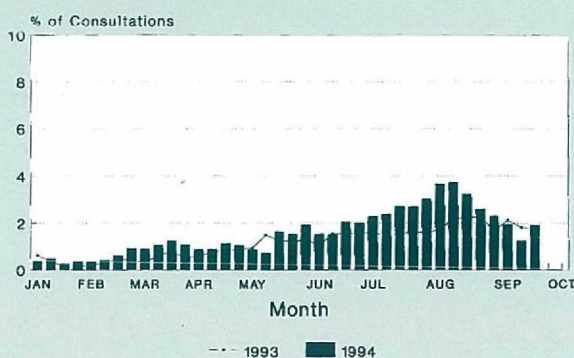


TABLE 4

**SURVEILLANCE OF NON-NOTIFIABLE SEXUALLY TRANSMITTED DISEASES
JANUARY-SEPTEMBER 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 1/01/94-31/07/94
4 01/01/94-31/03/94 5 01/01/94-30/09/94 6 01/01/94-31/05/94 7 01/01/94-30/06/94
8 01/01/94-31/08/94 9 No SHC in Region 10 Laboratory and SHC data 01/01/94-
31/08/94 11 No data yet received for 1994

AHS Infection		CSA ¹	SSA ²	ESA ³	SWS ⁴	WSA ⁴ + WEN	NSA ⁵	CCA ⁶	ILL ⁶	HUN ⁷	NC ⁸	ND ⁵	WNSW ⁸	CW ⁹	SW ¹⁰	SE ¹¹	Total
Chlamydia	Male	1	-	30	2	6	2	1	4	8	-	5	6	-	3	-	68
trachomatis	Female	1	-	40	5	7	1	1	4	14	1	18	19	-	8	-	119
	Total	2	-	70	7	13	3	2	8	22	1	23	25	-	11	-	187
Donovanosis	Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Genital herpes	Male	3	1	173	3	12	8	12	-	15	7	2	1	-	5	-	242
	Female	4	3	100	5	9	9	11	4	15	9	14	5	-	7	-	195
	Total	7	4	273	8	21	17	23	4	30	16	16	6	-	12	-	437
*Genital warts	Male	11	6	479	69	74	22	35	36	75	33	7	6	-	8	-	861
	Female	8	6	193	32	37	21	20	13	30	11	24	15	-	10	-	420
	Total	19	12	672	101	111	43	55	49	105	44	31	21	-	18	-	1,281
Nongonococcal urethritis	Male	3	1	350	23	55	14	33	10	43	13	8	7	-	4	-	564
	Female	-	-	-	-	3	2	-	-	-	-	-	2	-	2	-	9
	Total	3	1	350	23	58	16	33	10	43	13	8	9	-	6	-	573
Lymphogranuloma venereum	Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Quarantine is a Commonwealth responsibility, and Australia's response to the outbreak was coordinated by the Commonwealth Department of Human Services and Health, with the cooperation of NSW Health and other State health departments. For a two-week period, all passengers returning to Australia who had been in Gujrat or Maharashtra States in the previous week were referred to the Australian Quarantine Inspection Service at the airport, provided with information on the disease and told to see a doctor immediately if symptoms developed. A travel alert was issued advising people against travelling to the affected States. Information on plague, including diagnosis, treatment and prophylaxis, was provided to all general practitioners through the Divisions of General Practice.

In NSW, a contingency plan was prepared in case the situation in India deteriorated. Some elements of the plan were implemented, as mentioned above, and the following steps were to be implemented if the epidemic in India worsened.

- The notification procedure under the Commonwealth Quarantine Act 1908 and the NSW Public Health Act 1991 to be strictly enforced, including the notification of contacts of possible plague cases under the Quarantine Act.
- Intensive identification of suspected cases and proper management of cases and contacts, including the isolation of possible cases. Every effort to be undertaken to trace all possible contacts.
- All potential plague cases to be referred to Westmead Hospital for assessment and treatment where appropriate.

No cases of plague were reported in NSW. Additional quarantine surveillance measures at Australian ports ceased on October 27. However, at the time of going to press, travellers to the Surat District of Gujrat State and the Beed District of Maharashtra State were advised to carry antibiotics, to be taken if they come into contact with a case of plague.

PUBLIC HEALTH EDITORIAL STAFF

The editor of the Public Health Bulletin is Dr Michael Frommer, Acting Director, Research and Development, NSW Health Department; production manager is Marie-Louise Stokes, and assistant editor is Dr Valerie Delpech.

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.

Please submit items in hard copy and on diskette, preferably using WordPerfect 5.1, to the editor, NSW Public Health Bulletin, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9232.

Please contact your local Public Health Unit to obtain copies of the NSW Public Health Bulletin.

TABLE 5

INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
BY SELECTED MONTH OF ONSET FOR NOTIFICATIONS
RECEIVED BY SEPTEMBER 30, 1994

Condition	Jun	Jul	Aug	Sep	Total
Adverse event after immunisation	3	2	1	—	6
AIDS	23	28	18	15	84
Arboviral infection	36	7	3	2	48
Brucellosis	—	—	2	—	2
Foodborne illness (NOS)	10	3	2	—	15
Gastroenteritis (instit.)	26	47	34	3	110
Gonorrhoea	23	27	19	9	78
H influenzae epiglottitis	4	—	—	—	4
H influenzae meningitis	4	—	2	1	7
H influenzae septicaemia	2	1	1	—	4
H influenzae infection (NOS)	1	—	—	—	1
Hepatitis A – acute viral	46	38	36	18	138
Hepatitis B – acute viral	6	7	6	—	19
Hepatitis B – chronic/carrier	46	43	37	6	132
Hepatitis B – unspecified	286	293	277	86	942
Hepatitis C – acute viral	—	2	5	1	8
Hepatitis C – unspecified	786	688	718	211	2,403
Hepatitis D – unspecified	2	1	—	—	3
Hepatitis, acute viral (NOS)	—	1	1	1	3
HIV infection	27	32	34	21	114
Hydatid disease	4	2	1	—	7
Legionnaires' disease	8	9	2	—	19
Leprosy	1	—	1	—	2
Leptospirosis	1	—	2	—	3
Listeriosis	—	—	1	1	2
Malaria	20	11	17	6	54
Measles	16	36	34	73	159
Meningococcal meningitis	7	6	16	1	30
Meningococcal septicaemia	3	5	8	2	18
Meningococcal infection (NOS)	2	2	2	2	8
Mumps	1	—	1	—	2
Mycobacterial atypical	29	15	7	—	51
Mycobacterial tuberculosis	26	13	9	6	54
Mycobacterial infection (NOS)	5	13	6	7	31
Pertussis	69	81	95	49	294
Q fever	20	15	6	2	43
Rubella	—	2	1	1	4
Rubella – congenital	—	—	1	—	1
Salmonella (NOS)	48	35	27	9	119
Salmonella bovis moribundans	—	1	1	—	2
Salmonella typhimurium	21	18	15	1	55
Syphilis	75	63	90	30	258
Typhoid and paratyphoid	2	4	3	1	10
Total	1,689	1,552	1,542	565	5,348

TABLE 6

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS
SEPTEMBER 1994

Condition	Number of cases notified			
	Period		Cumulative	
	Sep 1993	Sep 1994	Sep 1993	Sep 1994
Adverse reaction	7	—	21	24
AIDS	30	15	280	255
Arboviral infection	8	2	612	347
Brucellosis	1	—	4	2
Cholera	—	—	—	—
Diphtheria	—	—	—	—
Foodborne illness (NOS)	16	—	105	124
Gastroenteritis (instit.)	25	3	309	198
Gonorrhoea	20	9	266	230
H influenzae epiglottitis	—	—	30	18
H influenzae B – meningitis	3	1	50	13
H influenzae B – septicaemia	1	—	21	10
H influenzae infection (NOS)	3	—	13	8
Hepatitis A	46	18	467	379
Hepatitis B	391	92	2,950	2,866
Hepatitis C	626	212	4,628	5,727
Hepatitis D	1	—	9	11
Hepatitis, acute viral (NOS)	—	1	6	5
HIV infection	33	21	425	317
Hydatid disease	—	—	1	11
Legionnaires' disease	5	—	52	45
Leprosy	1	—	3	3
Leptospirosis	1	—	12	12
Listeriosis	—	1	6	6
Malaria	16	6	146	148
Measles	405	73	988	454
Meningococcal meningitis	20	1	61	52
Meningococcal septicaemia	3	2	30	27
Meningococcal infection (NOS)	1	2	9	11
Mumps	4	—	6	3
Mycobacterial tuberculosis	33	6	318	214
Mycobacterial – atypical	42	—	298	263
Mycobacterial infection (NOS)	4	7	31	62
Pertussis	210	49	681	952
Plague	—	—	—	—
Poliomyelitis	—	—	—	—
Q fever	31	2	307	167
Rubella	140	1	494	32
Salmonella infection (NOS)	38	10	725	749
Syphilis	54	30	554	703
Tetanus	—	—	5	2
Typhoid and paratyphoid	—	1	19	23
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 7

INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
BY PUBLIC HEALTH UNIT, RECEIVED BY SEPTEMBER 30, 1994

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	1	2	5	3	-	1	-	-	2	1	-	-	3	5	-	24
AIDS	37	15	92	13	29	16	18	3	8	5	14	3	-	1	1	-	-	255
Arboviral infection	-	3	3	-	-	-	11	3	5	38	191	57	22	3	9	2	-	347
Brucellosis	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Foodborne illness (NOS)	1	10	7	25	14	8	5	13	1	3	24	-	3	7	2	1	-	124
Gastroenteritis (instit)	69	14	-	10	42	19	1	1	-	2	10	-	-	30	-	-	-	198
Gonorrhoea	22	16	94	7	11	1	9	3	7	6	4	17	20	3	6	4	-	230
H. influenzae epiglottitis	1	2	1	2	1	2	2	3	2	-	2	-	-	-	-	-	-	18
H. influenzae meningitis	1	-	-	4	2	-	2	-	-	-	1	-	1	2	-	-	-	13
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	21	16	40	38	24	6	25	3	6	18	37	43	5	25	71	1	-	379
Hepatitis B - acute viral	4	2	27	3	3	-	-	-	1	2	8	2	4	1	-	3	-	60
Hepatitis B - chronic/carrier	-	-	225	1	98	5	12	13	-	22	21	9	5	6	-	2	-	419
Hepatitis B - unspecified	331	347	80	756	304	19	347	17	49	45	35	10	9	5	26	7	-	2,387
Hepatitis C - acute viral	-	-	-	-	-	-	1	-	-	-	-	-	5	-	1	4	-	11
Hepatitis C - unspecified	635	349	1,061	587	508	102	530	177	273	333	645	104	37	98	147	130	-	5,716
Hepatitis D - unspecified	3	2	2	-	-	-	1	-	-	-	3	-	-	-	-	-	-	11
Hepatitis E - acute viral	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hepatitis, acute viral (NOS)	-	-	3	-	-	-	-	-	-	1	-	-	-	-	1	-	-	5
HIV infection	47	17	122	16	14	4	16	5	3	7	5	-	-	-	2	1	58	317
Hydatid disease	1	4	2	-	-	-	-	-	1	1	-	-	1	1	-	-	-	11
Legionnaires' disease	3	2	2	7	11	1	9	-	3	5	-	-	-	2	-	-	-	45
Leprosy	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Leptospirosis	1	-	-	-	-	-	-	-	3	5	2	-	-	-	1	-	-	12
Listeriosis	-	-	2	-	1	-	-	-	1	1	-	-	1	-	-	-	-	6
Malaria	14	10	14	10	10	3	36	4	6	7	11	8	-	3	5	7	-	148
Measles	28	15	14	26	36	32	23	5	18	33	122	35	30	12	1	24	-	454
Meningococcal meningitis	3	7	2	7	4	2	4	3	4	5	3	1	2	2	1	2	-	52
Meningococcal septicaemia	1	4	1	6	2	-	4	1	1	5	2	-	-	-	-	-	-	27
Meningococcal infection (NOS)	-	1	-	1	2	-	-	-	-	-	-	4	2	1	-	-	-	11
Mumps	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	3
Mycobacterial atypical	45	18	72	21	10	13	30	7	1	29	12	2	-	1	2	-	-	263
Mycobacterial tuberculosis	26	37	21	42	29	3	20	1	9	9	4	4	2	1	6	-	-	214
Mycobacterial infection (NOS)	4	1	6	3	7	1	28	-	-	1	4	2	2	-	3	-	-	62
Pertussis	19	72	53	59	92	31	53	13	45	45	392	21	20	15	6	16	-	952
Q fever	2	2	-	1	1	1	-	1	-	21	23	49	46	15	4	1	-	167
Rubella	-	-	3	-	9	1	4	1	-	4	6	1	-	3	-	-	-	32
Rubella - congenital	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2
Salmonella (NOS)	20	38	32	45	35	20	48	16	9	28	61	30	24	11	20	6	-	443
Salmonella bovis moribificans	-	2	1	1	1	2	2	-	1	2	-	-	-	-	-	-	-	12
Salmonella typhimurium	22	25	16	10	51	14	36	14	18	22	12	11	9	10	22	2	-	294
Syphilis	102	44	187	100	40	4	49	10	11	5	29	31	76	7	5	3	-	703
Tetanus	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2
Typhoid and paratyphoid	5	2	3	2	3	1	1	-	-	-	1	3	-	-	-	2	-	23

TABLE 8

SELECTED INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
BY PUBLIC HEALTH UNIT, RECEIVED BY SEPTEMBER 30, 1994

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	1	2	5	3	-	1	-	-	2	1	-	-	3	5	-	24
H. influenzae epiglottitis	1	2	1	2	1	2	2	3	2	-	2	-	-	-	-	-	-	18
H. influenzae meningitis	1	-	-	4	2	-	2	-	-	-	1	-	1	2	-	-	-	13
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	15	14	26	36	32	23	5	18	33	122	35	30	12	1	24	-	454
Mumps	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	3
Pertussis	19	72	53	59	92	31	53	13	45	45	392	21	20	15	6	16	-	952
Rubella	-	-	3	-	9	1	4	1	-	4	6	1	-	3	-	-	-	32
Tetanus	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	2

TABLE 9

FOODBORNE INFECTIOUS DISEASE NOTIFICATIONS FOR 1994
BY PUBLIC HEALTH UNIT, RECEIVED BY SEPTEMBER 30, 1994

Condition	CSA	SSA	ESA	SWS	WSA	WEN	NSA	CCA	ILL	HUN	NC	ND	WD	CW	SW	SE	U/K	Total
Foodborne illness (NOS)	1	10	7	25	14	8	5	13	1	3	24	-	3	7	2	1	-	124
Gastroenteritis (instit.)	69	14	-	10	42	19	1	1	-	2	10	-	-	30	-	-	-	198
Hepatitis A - acute viral	21	16	40	38	24	6	25	3	6	18	37	43	5	25	71	1	-	379
Listeriosis	-	-	2	-	1	-	-	-	1	1	-	-	1	-	-	-	-	6
Salmonella (NOS)	20	38	32	45	35	20	48	16	9	28	61	30	24	11	20	6	-	443
Salmonella bovis moribificans	-	2	1	1	1	2	2	-	1	2	-	-	-	-	-	-	-	12
Salmonella typhimurium	22	25	16	10	51	14	36	14	18	22	12	11	9	10	22	2	-	294
Typhoid and paratyphoid	5	2	3	2	3	1	1	-	-	-	1	3	-	-	-	2	-	23