

## Public Health Abstracts:

► Continued from page 31

doctors, nurses, allied health professionals, health promoters and educators, scientists, epidemiologists, technicians, counsellors, inspectors, researchers and teachers. The task of meeting the educational needs of such a diverse and complex workforce is immense. It is suggested that a partnership between those who provide education and those involved in practice is the way of the future.

Rotem A et al. The public health workforce education and training study. *Aust J Public Health* 1995; 19:437.

### CANCER OF THE PENIS FALLS IN UNCIRCUMCISED MEN

The virtual absence of cancer of the penis in circumcised men has been a matter of debate for more than 50 years. A Danish study is therefore of great interest as it shows that despite the near abolition of circumcision in Denmark, cancer of the penis has declined substantially. The suggested reason for this decline is the improvement in hygiene in the Danish community since the 1940s.

Frisch M et al. Falling incidence of penis cancer in an uncircumcised population. *Br Med J* 1995; 311:1417.

### PREGNANCY AND THE TIMING OF INTERCOURSE

The likelihood that conception will occur on any given day of the menstrual cycle in relation to ovulation can most reliably be determined from data on women in whom only a single act of intercourse could have resulted in conception. A sophisticated study involving highly motivated women in the US has shown that among healthy women trying to conceive, nearly all pregnancies can be attributed to intercourse during a six-day period ending on the day of ovulation. The timing of intercourse in relation to ovulation has no influence on the sex of the baby.

Wilcox AJ et al. Timing of intercourse in relation to ovulation. *New Eng J Med* 1995; 333:1517.  
Simpson JL. Pregnancy and the timing of intercourse. *New Eng J Med* 1995; 333:1563.

### CESSATION OF SMOKING LEADS TO INCREASES IN OBESITY

The proportion of adults who are overweight has risen markedly in the past two decades. A large study has shown that in part this is due to the substantial reduction in tobacco smoking. Although the health benefits of stopping smoking are undeniable, weight gain is a problem.

Flegal KM et al. The influence of smoking cessation on the prevalence of overweight in the US. *New Eng J Med* 1995; 333:1165.

### DOMESTIC GERIATRIC ASSESSMENTS KEEP CLIENTS AT HOME

A controlled trial of geriatric assessments which included nursing and medical care has been shown to keep clients at home and out of nursing homes at twice the rate of clients who are not assessed and supported. This finding from a US study may not be news in Australia but the use of experimental techniques in the field of aged care is new and useful.

Stuck AE et al. A trial of in-house geriatric assessments for elderly people living in the community. *New Eng J Med* 1995; 333:1184.

## NOTIFICATION TRENDS

In January 1996 notifications were higher than historical levels for arboviral infection and hepatitis A. Notification trends for arboviral infection were discussed in the December 1995 issue of the *Public Health Bulletin* and for Hepatitis A in the January-February 1996 issue. Both are discussed further below.

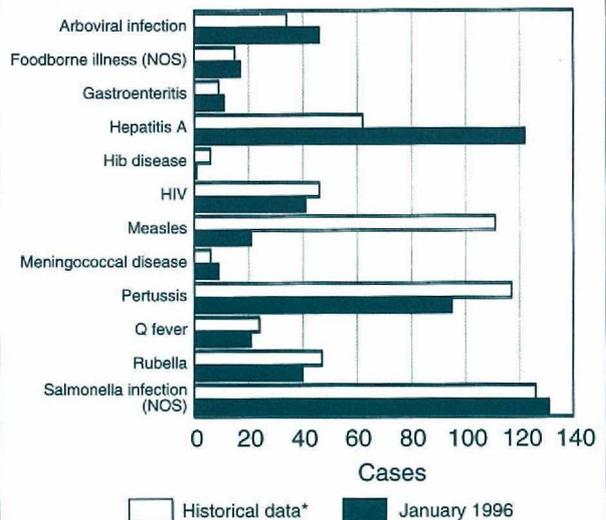
Notification rates were lower than historical levels in January 1996 for *Haemophilus influenzae* type b (Hib) infection, measles and pertussis (Figure 19).

## ARBOVIRAL INFECTION

There has been a marked increase in notifications of arboviral infection since January 1996 (Figure 20, Table 4). Most notifications were by the Northern Districts Public Health Unit (PHU) and the North Coast PHU. The Hunter

FIGURE 19

SELECTED INFECTIOUS DISEASES:  
NSW JANUARY NOTIFICATIONS, 1996  
COMPARED WITH HISTORICAL DATA

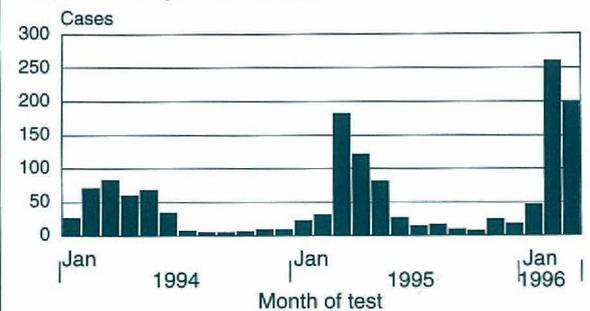


\*Historical data: the average number of notifications diagnosed in the same month in the previous three years.

Source: IDSS

FIGURE 20

ARBOVIRAL INFECTION NOTIFICATIONS  
NSW 1994-1996, BY DATE OF TEST



For data received by March 31, 1996

Source: IDSS

PHU, South West PHU and Western NSW PHU also reported increased numbers of notifications. Notifications have been predominantly for Ross River virus.

The rise in notifications on the North Coast of NSW follows increases in mosquito populations after heavy rainfall and king tides. The increased notifications from other areas in NSW follow heavy rains in Queensland and subsequent flooding affecting the major inland rivers of NSW and Queensland over recent months. The Darling, Namoi and Bogan rivers were particularly affected.

### HEPATITIS A

As noted in the January-February 1996 issue of the *Bulletin* there has been a steady rise in notifications of hepatitis A from inner Sydney areas since October 1995. However, notifications appear to have peaked in January 1996 (Figure 21). In January there were 122 notifications of hepatitis A, of which 54 cases were reported by the Eastern Sydney PHU. In February 1996, 94 cases were reported, of which 24 were from the Eastern Sydney PHU. Central Sydney PHU, Northern Sydney PHU and Western Sydney PHU reported similar, but less marked, increases over the same period.

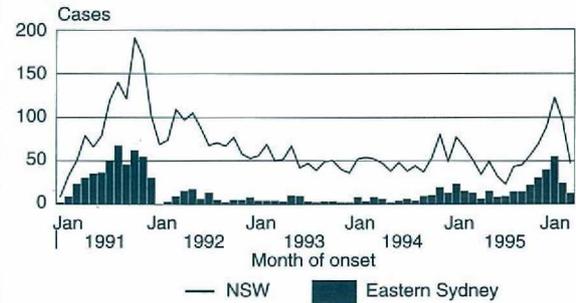
**TABLE 4**

INFECTIOUS DISEASE NOTIFICATIONS FOR NSW, 1996  
BY MONTH OF ONSET FOR NOTIFICATIONS  
RECEIVED BY FEBRUARY 29, 1996

Condition	Nov	Dec	Jan	Feb	Total
Adverse event after immunisation	2	2	9	3	16
AIDS	32	24	33	19	108
Arboviral infection	24	17	46	263	350
Cholera	-	-	1	-	1
Foodborne illness (NOS)	12	9	17	17	55
Gastroenteritis (instit.)	74	7	11	10	102
Gonorrhoea infection	37	41	45	48	171
H. influenzae infection (NOS)	1	1	-	-	2
H. influenzae meningitis	2	-	1	-	3
H. influenzae septicaemia	2	1	-	-	3
Hepatitis A - acute viral	69	86	122	96	373
Hepatitis B - acute viral	5	12	7	-	24
Hepatitis B - chronic/carrier	41	39	64	52	196
Hepatitis B - unspecified	384	313	310	288	1,295
Hepatitis C - acute viral	2	2	-	-	4
Hepatitis C - unspecified	690	694	713	637	2,734
Hepatitis D - unspecified	1	2	-	1	4
Hepatitis, acute viral (NOS)	-	-	3	-	3
HIV infection	34	35	41	32	142
Hydatid disease	2	2	1	2	7
Legionnaires' disease	3	8	4	7	22
Leptospirosis	1	1	3	3	8
Listeriosis	1	3	2	-	6
Malaria	5	4	22	22	53
Measles	36	27	21	13	97
Meningococcal infection (NOS)	-	-	1	3	4
Meningococcal meningitis	8	4	6	3	21
Meningococcal septicaemia	1	-	2	2	5
Mumps	4	1	5	6	16
Mycobacterial atypical	12	13	21	6	52
Mycobacterial infection (NOS)	8	9	14	13	45
Mycobacterial tuberculosis	36	29	27	13	105
Pertussis	131	110	95	57	393
Q fever	17	9	21	20	67
Rubella	191	96	40	31	358
Salmonella (NOS)	134	106	131	124	495
Syphilis infection	68	47	59	59	233
Typhoid and paratyphoid	1	5	7	4	17
Vibrio infection (non cholera)	-	1	-	1	2

**FIGURE 21**

HEPATITIS A NOTIFICATIONS  
FOR NSW 1992-1996, BY DATE OF ONSET



**TABLE 5**

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS  
FEBRUARY 1996

Condition	Number of cases notified			
	Period		Cumulative	
	Feb 1995	Feb 1996	Feb 1995	Feb 1996
Adverse reaction	1	3	4	12
AIDS	34	19	84	52
Arboviral infection	21	263	53	309
Brucellosis	-	-	-	-
Cholera	-	-	-	1
Diphtheria	-	-	-	-
Foodborne illness (NOS)	191	17	208	34
Gastroenteritis (instit.)	3	10	5	21
Gonorrhoea	39	48	73	93
H influenzae epiglottitis	-	-	-	-
H influenzae B - meningitis	-	-	2	1
H influenzae B - septicaemia	2	-	2	-
H influenzae infection (NOS)	1	-	1	-
Hepatitis A	65	96	142	218
Hepatitis B	431	340	842	721
Hepatitis C	767	637	1,555	1,350
Hepatitis D	4	1	6	1
Hepatitis, acute viral (NOS)	-	-	-	3
HIV infection	45	32	95	81
Hydatid disease	-	2	-	3
Legionnaires' disease	7	7	23	11
Leprosy	-	-	1	-
Leptospirosis	-	3	1	6
Listeriosis	4	-	4	2
Malaria	16	22	38	44
Measles	60	13	158	34
Meningococcal meningitis	6	3	8	9
Meningococcal septicaemia	5	2	6	4
Meningococcal infection (NOS)	1	3	4	4
Mumps	-	6	2	11
Mycobacterial tuberculosis	39	13	91	40
Mycobacterial - atypical	37	6	84	27
Mycobacterial infection (NOS)	2	13	8	27
Pertussis	71	57	155	152
Plague	-	-	-	-
Poliomyelitis	-	-	-	-
Q fever	21	20	42	41
Rubella	33	31	67	71
Salmonella infection (NOS)	203	124	353	255
Syphilis	71	59	163	118
Tetanus	-	-	-	-
Typhoid and paratyphoid	13	4	19	11
Typhus	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-
Yellow fever	-	-	-	-

TABLE 6

INFECTIOUS DISEASE CUMULATIVE NOTIFICATIONS FOR NSW, 1996  
BY PUBLIC HEALTH UNIT RECEIVED BY FEBRUARY 29, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	U/K	Total
AIDS	3	10	-	15	3	-	2	-	12	-	1	-	2	3	-	1	-	52
Arboviral infection	2	1	9	1	16	3	62	112	3	5	1	43	2	-	46	3	-	309
Gastroenteritis (instit)	-	-	-	-	9	-	-	1	-	-	-	-	1	6	1	3	-	21
Gonorrhoea infection	2	12	2	47	1	1	3	1	4	1	5	-	2	2	6	4	-	93
Hepatitis B - acute viral	-	-	-	4	-	-	-	-	-	-	-	-	1	-	1	1	-	7
Hepatitis B - chronic/carrier	10	-	3	49	-	-	5	1	-	-	12	-	1	1	1	33	-	116
Hepatitis B - unspecified	3	76	1	19	15	9	10	2	91	2	90	2	193	7	3	75	-	598
Hepatitis C - unspecified	52	145	42	166	74	83	137	34	101	19	73	31	179	64	11	139	-	1,350
Hepatitis D - unspecified	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Hepatitis, acute viral (NOS)	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	3
HIV infection	-	7	-	11	-	2	-	-	3	-	3	-	4	2	-	2	47	81
Hydatid disease	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	3
Legionnaires' disease	-	1	-	-	1	-	1	-	1	2	-	-	3	1	-	1	-	11
Leptospirosis	-	-	1	-	1	-	3	-	-	-	-	-	1	-	-	-	-	6
Malaria	1	2	-	4	5	1	4	3	7	1	4	1	3	3	1	4	-	44
Meningococcal infection (NOS)	2	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	4
Meningococcal meningitis	-	-	-	-	3	2	1	-	-	-	1	-	-	-	1	1	-	9
Meningococcal septicaemia	-	-	2	-	1	-	-	-	-	-	-	-	1	-	-	-	-	4
Mycobacterial atypical	3	1	-	-	-	-	5	1	4	-	3	1	5	1	-	3	-	27
Mycobacterial infection (NOS)	2	5	-	-	8	-	4	1	-	-	2	-	-	-	-	5	-	27
Mycobacterial tuberculosis	3	4	-	2	-	-	-	-	4	-	8	-	11	-	-	8	-	40
Q fever	-	1	6	-	2	-	4	8	-	-	-	3	-	-	17	-	-	41
Syphilis infection	-	14	3	19	2	1	7	9	11	2	4	1	18	2	10	15	-	118

TABLE 7

VACCINE PREVENTABLE AND RELATED CONDITIONS, CUMULATIVE NOTIFICATIONS FOR NSW, 1996  
BY PUBLIC HEALTH UNIT, RECEIVED BY FEBRUARY 29, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	Total
Adverse event after immunisation	-	-	2	-	-	-	1	-	-	6	1	-	1	1	-	-	12
H. influenzae meningitis	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Measles	-	1	1	-	-	4	-	1	1	2	4	5	4	2	1	8	34
Mumps	-	1	-	-	2	-	-	-	5	-	1	1	1	-	-	-	11
Pertussis	1	6	1	9	15	12	20	15	17	10	7	15	4	3	4	13	152
Rubella	-	17	-	-	-	7	1	-	-	1	3	-	-	14	-	28	71

TABLE 8

FOODBORNE INFECTIOUS DISEASE CUMULATIVE NOTIFICATIONS FOR NSW, 1996  
BY PUBLIC HEALTH UNIT, RECEIVED BY FEBRUARY 29, 1996

Condition	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WN	WSA	Total
Foodborne illness (NOS)	7	5	-	-	2	-	-	1	-	-	-	2	11	-	6	-	34
Hepatitis A - acute viral	5	39	1	78	10	11	4	2	20	3	16	1	6	3	1	18	218
Listeriosis	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	2
Salmonella (NOS)	5	12	2	11	24	10	27	23	29	5	23	12	26	10	10	26	255
Typhoid and paratyphoid	-	3	-	-	2	-	-	-	-	-	1	-	3	-	-	2	11
Vibrio infection (non cholera)	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	2

#### 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, WN 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.

### PUBLIC HEALTH EDITORIAL STAFF

The editor of the Public Health Bulletin is Dr Michael Frommer, Director, Research and Development, NSW Health Department. Dr Lynne Madden is production manager.

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. References should be set out using the Vancouver style, the full text of which can be found in *British Medical Journal* 1988; 296:401-5.

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