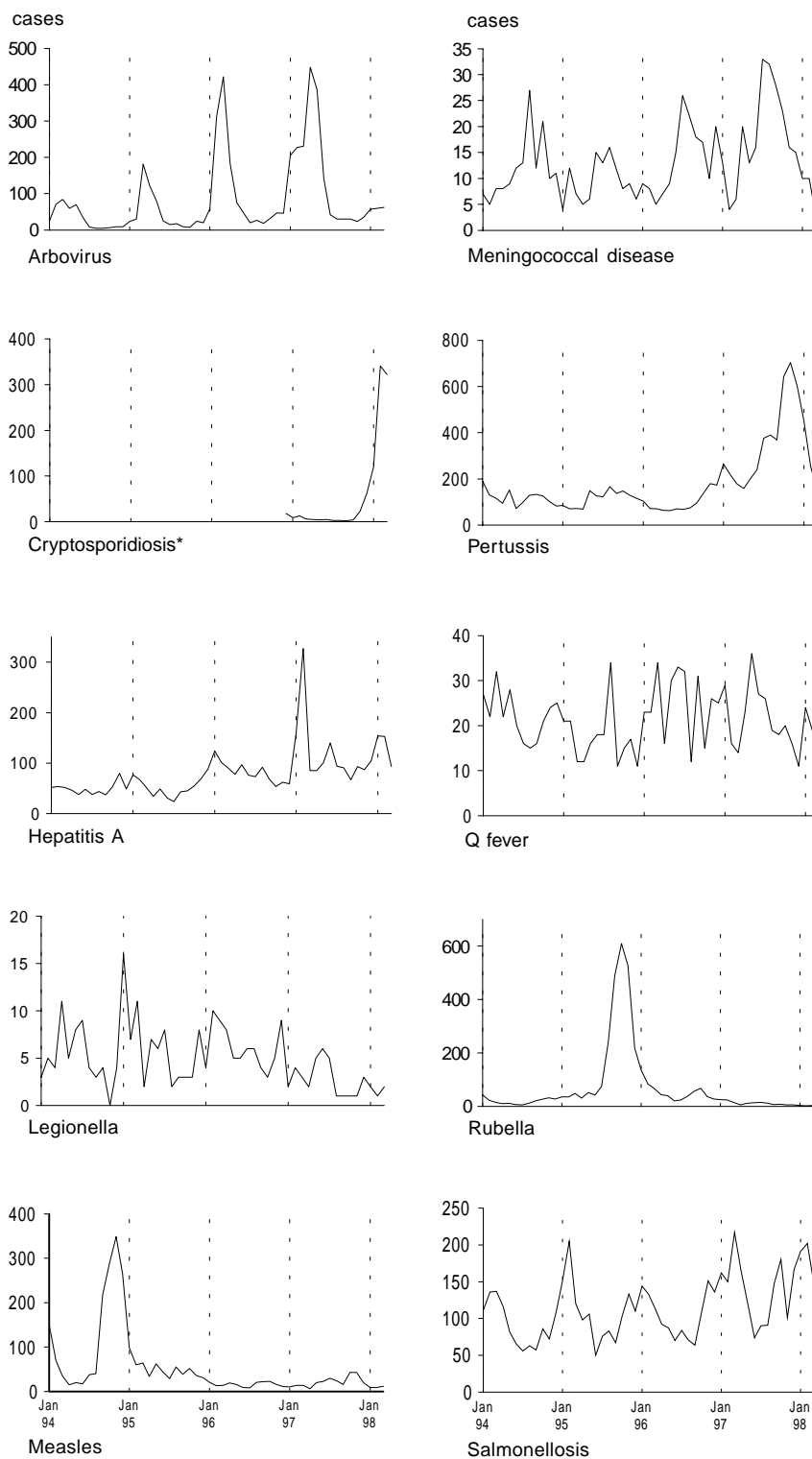


FIGURE 1

REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, JANUARY 1994 TO MARCH 1998, BY MONTH OF ONSET

These are preliminary data: case counts in recent months may increase because of reporting delays



* not reportable before December 1996

TRENDS

Reports of **arboviral infection** continue to be well down for this time of year, and recent data indicate that the large outbreak of **cryptosporidiosis** (see the March issue of the *Bulletin*) may be slowing (Figure 1). Typically, outbreaks of cryptosporidiosis can be prolonged, since the low infectious dose is conducive to a high secondary attack rate through person-to-person transmission. Thorough hand washing, especially by persons with diarrhoea, is an essential prevention measure. Reports of **pertussis** continue to decline in most parts of the state.

MEASLES CONTROL CAMPAIGN

The NSW Health Department will participate in the recently announced National Enhanced Measles Control Program, to be conducted from August to November 1998. The aim of the campaign is to vaccinate all children in primary schools throughout Australia. A campaign (through general practitioners) to vaccinate children under five years of age will run concurrently.

Funds from the Commonwealth Department of Health and Family Services will be provided to cover the purchase of vaccines and consumables, a State measles coordinator, nursing staff, clerical assistants and a multilayered integrated communication campaign.

The National Enhanced Measles Control Program plans to:

- ensure that all primary school children are provided with a second dose of measles-mumps-rubella (MMR) vaccine, through 2,100 NSW primary schools;
- follow up all two- to five-year-olds to ensure they have received their first dose of MMR vaccine (in cooperation with general practitioners and other immunisation providers);
- ensure that all secondary students receive advice to ensure that they have received their MMR booster (second) dose.

INFLUENZA SURVEILLANCE

The threat (which is now subsiding) of a widespread epidemic of influenza following the emergence of influenza A subtype H5N1 in Hong Kong in late 1997 (see the December *Bulletin*) has concentrated worldwide attention on influenza surveillance. A more real threat to emerge, however, has been the 'Sydney' H3N2 subtype of influenza A, which caused illness in our 1997 winter in Australia, and in the recent northern winter caused some

Readers will notice a change in our regular infectious diseases graphs. Instead of showing disease reports for the previous 12 months with historical comparisons, we'll now show you disease reports over the entire previous four years or so.

illness in Europe and Asia and a widespread epidemic in the United States. In the light of these events and the imminent Australian influenza season, it has been timely to review NSW influenza surveillance systems.

In recent years in NSW, surveillance during the influenza season has consisted of reports of clinical influenza-like illnesses by networks of sentinel general practitioners in selected Areas and reports by four hospital laboratories of influenza diagnoses made on samples submitted from (usually hospitalised) patients.

In 1998 we plan to:

- enrol into the surveillance system two additional laboratories that have agreed to provide weekly reports of influenza diagnoses;
- investigate the expansion of sentinel general practitioner surveillance in other Areas;
- develop a directed virological surveillance scheme involving about 20 general practitioners and three laboratories (Such a scheme is designed to identify strains of influenza soon after their emergence in the community, to obtain specimens from a more representative sample of the population than is available through routine hospital laboratory-based surveillance, and to provide a larger number of isolates for characterisation.);
- provide more timely information about influenza activity in NSW and other parts of the globe, through a new standard weekly bulletin to Public Health Units, general practitioners, laboratories and other interested parties.

With these measures, we hope that influenza surveillance in NSW this winter will provide more useful information for clinical and public health practitioners, administrators, the press and the public.

TABLE 9

INFECTIOUS DISEASE NOTIFICATIONS RECEIVED IN MARCH 1998, BY AREA HEALTH SERVICES

Condition	Area Health Service (1998)																	Total for Mar**	Total to date**
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA		
Blood-borne and sexually transmitted																			
AIDS	-	-	1	-	1	2	-	-	-	1	-	1	-	-	-	-	-	6	25
HIV infection*	3	3	1	2	1	-	-	1	9	-	-	-	-	-	-	-	-	50	114
Hepatitis B — acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	13
Hepatitis B — other*	32	16	14	-	25	4	6	6	19	4	5	6	1	-	-	-	3	141	720
Hepatitis C — acute viral*	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	3	14
Hepatitis C — other*	41	20	16	-	27	55	44	24	102	35	26	9	4	10	-	10	17	440	1,797
Hepatitis D — unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Hepatitis, acute viral (not otherwise specified)	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Gonorrhoea*	10	2	-	-	-	4	1	-	25	-	-	4	-	-	-	-	-	46	215
Syphilis	4	2	-	-	-	1	-	1	13	3	-	1	1	1	1	-	1	29	112
Vector-borne																			
Arboviral infection*	-	2	-	-	1	1	8	-	-	13	10	4	1	-	2	5	2	49	152
Malaria*	3	1	-	-	2	-	1	-	3	3	-	-	1	-	-	-	-	14	41
Zoonoses																			
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis*	-	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	3	7
Q fever*	-	-	-	-	-	1	1	-	-	1	1	2	6	-	-	-	1	13	56
Respiratory and other																			
Blood lead level	6	5	-	-	2	3	9	-	2	1	-	-	-	-	-	2	-	30	104
Legionnaires' disease	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal (invasive) infection	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	21
Mycobacterial tuberculosis	-	1	-	-	2	-	-	1	5	-	1	-	-	-	-	-	1	11	48
Mycobacteria other than TB	-	-	-	-	1	-	-	3	-	1	-	-	-	-	-	-	1	6	40
Vaccine-preventable																			
Adverse event after immunisation	-	-	-	1	1	1	-	-	2	-	1	-	-	-	-	-	1	7	56
<i>Haemophilus influenzae</i> b (invasive) infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Measles	1	-	-	1	1	-	1	-	1	-	2	-	-	1	1	-	-	9	30
Mumps*	1	1	1	-	-	-	-	-	2	-	3	-	-	-	-	-	-	8	14
Pertussis	7	8	15	6	5	11	15	12	13	7	15	5	4	1	3	-	-	127	820
Rubella*	-	2	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	4	10
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Faecal-oral																			
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Cryptosporidiosis	28	16	24	2	22	24	30	13	41	28	31	12	6	-	-	-	7	284	735
Food-borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	2	-	-	1	1	-	-	-	-	4	8
Gastroenteritis (in institution)	-	-	-	-	-	-	7	-	-	4	-	-	-	-	1	-	-	12	50
Haemolytic uraemic syndrome	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	2
Hepatitis A	4	9	1	10	2	10	4	2	16	21	2	5	-	-	-	-	-	86	389
Hepatitis E	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3
Listeriosis*	-	-	-	-	1	-	2	-	1	-	-	-	-	-	-	-	-	4	15
Salmonellosis (not otherwise specified)*	19	19	-	-	2	13	14	5	16	20	6	5	1	-	1	2	5	128	524
Typhoid and paratyphoid*	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	12
Verotoxin-producing <i>E. coli</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

* lab-confirmed cases only

** includes cases with unknown postcode

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area

WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area

HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area

NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area

MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area

GMA = Greater Murray Area
SA = Southern Area