

more difficult, because the mode of transmission is uncertain. Strategies include reducing exposures to potting mix and other soil dusts by moistening dusty materials, wearing masks, and thoroughly washing hands after gardening.

As for many infectious diseases, the identification of the exact source of a sporadic case of Legionnaires' disease is almost always impossible, because the causal organisms are common in the environment, and people are exposed to a wide range of potential sources every day (for example, aerosolised water from domestic or commercial water supplies, air conditioning systems, and dust). Nonetheless, early notification of cases allows PHU staff to investigate exposures that may be shared with other cases, suggesting a possible controllable source. While cases in the seven outbreaks reported here represent only a small proportion of all cases, it is very likely that prompt identification and control of the sources—as well as the more general alerts to building managers to ensure that cooling towers are checked and cleaned in the absence of an identified point source—help prevent further infections.

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COMMUNICABLE DISEASES REPORT, OCTOBER 2001

TRENDS

Spring is the season when the number of **pertussis** infections tends to increase. Earlier hopes that the large pertussis epidemic was decreasing has not been fulfilled (Figure 1). Notifications of this disease have increased once more, and high numbers have been reported from many areas, notably Northern Sydney, Greater Murray, Northern Rivers and Macquarie health areas (Table 1). All age groups appear to be affected. We estimate that the epidemic will continue into the spring in very high numbers. Clinicians are urged to consider the diagnosis in patients with chronic coughing illnesses, especially if accompanied by inspiratory whooping, paroxysms, and post-tussive vomiting. The administration of erythromycin to cases and their immediate contacts can control further spread of the disease. Public health units can advise on the timing of this treatment. In addition, it is important to

remind both new parents and their visitors that people with coughing illnesses should avoid contact with young infants.

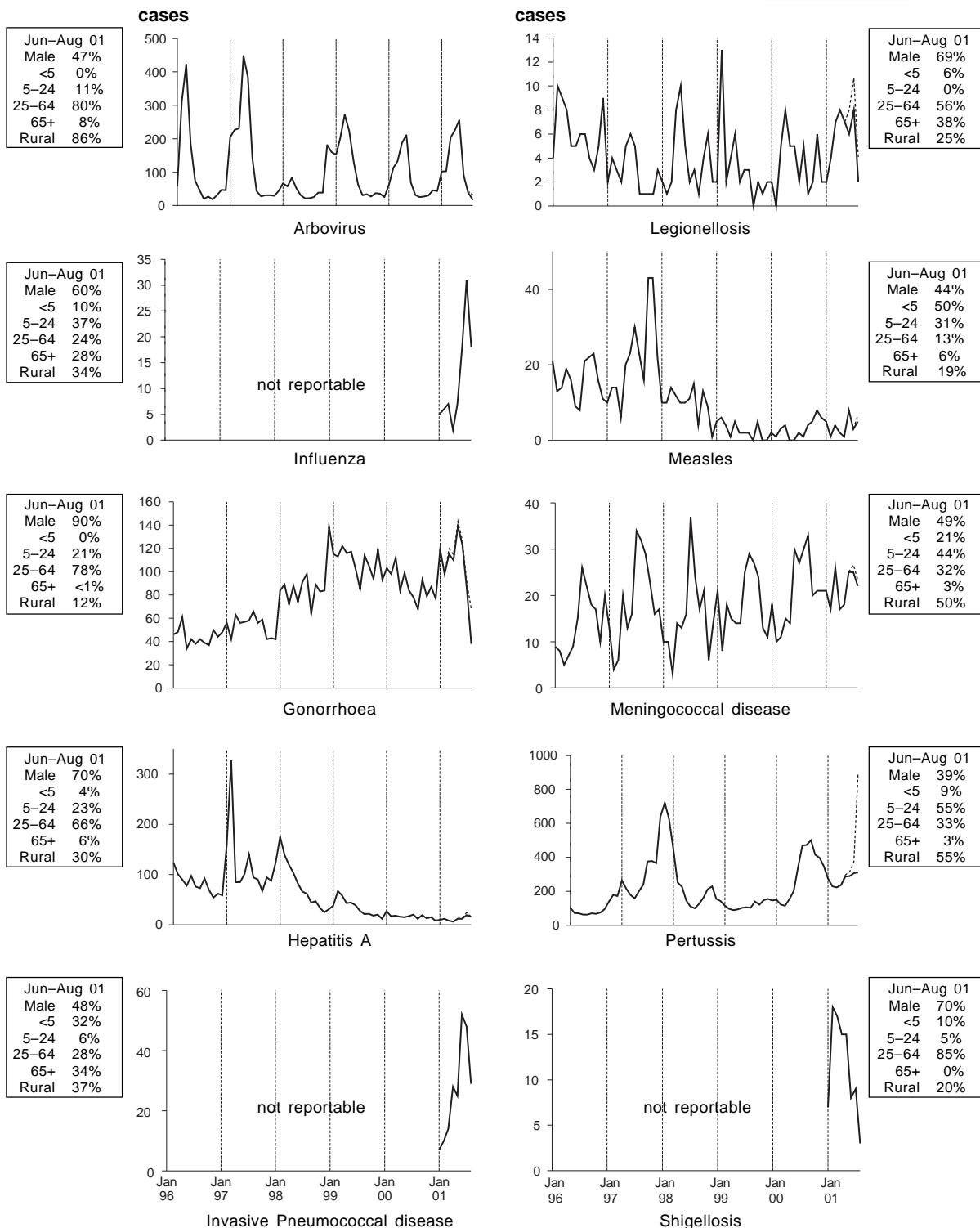
Cases of **meningococcal disease** were reported in line with seasonal expectations during winter. To the end of August, 177 cases of this disease were reported, including five people who have died. Intravenous penicillin can be life saving in suspected cases, and clinicians should notify suspected cases to their local public health unit in order to facilitate contact tracing and the instigation of preventive measures.

Reports of **influenza** appear to have peaked in August. Most cases were due to influenza A virus, and a minority were due to influenza B. The information that is available suggests that the 2001 influenza vaccine formulation protected against these strains. ■■■

FIGURE 1
**REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1996 TO AUGUST 2001,
BY MONTH OF ONSET**

These are preliminary data: case counts for recent months may increase because of reporting delays. Laboratory-confirmed cases, except for measles, meningococcal disease and pertussis — actual ····· predicted after adjusting for likely reporting delays.

NSW population
Male 50%
<5 7%
5–24 28%
25–64 52%
65+ 13%



* For definition, see *NSW Public Health Bulletin*, April 2000

TABLE 1 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN AUGUST 2001 BY AREA HEALTH SERVICES

Condition	CSA	NSA	WEN	SWS	CCA	HUN	Area Health Service (2001)	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	Total	for Aug ¹	To date [†]	
																	1	3	66	
Blood-borne and sexually transmitted																				
AIDS	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	66	
Chancroid*	-	-	29	10	-	10	-	17	77	18	11	28	6	4	-	-	-	-	-	
Chlamydia (genital)*	43	35	3	4	-	3	-	-	46	-	1	6	-	-	-	-	5	312	2,912	
Gonorrhoea*	6	6	-	-	1	-	-	-	1	1	-	-	-	-	-	-	5	70	881	
Hepatitis B — acute viral*	-	-	23	-	-	9	-	8	55	2	2	6	2	-	-	-	3	3	52	
Hepatitis B — other*	81	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	230	2,830	
Hepatitis C — acute viral*	-	-	-	-	4	-	39	-	27	92	33	45	22	6	7	1	8	-	94	
Hepatitis C — other*	75	24	103	-	-	-	-	-	-	-	-	-	-	-	-	-	18	504	5,708	
Hepatitis D — unspecified*	-	-	2	-	-	1	-	5	-	-	-	1	-	-	-	-	-	1	11	
HIV infection*	2	-	7	-	-	1	-	-	16	5	1	3	-	1	-	-	-	13	222	
Syphilis	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	495	
Vector-borne																				
Arboviral infection (BTV)*	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	13	335	
Arboviral infection (Other)*	-	-	-	-	-	-	-	-	-	3	5	-	1	-	-	-	-	5	46	
Arboviral infection (RRV)*	-	-	3	2	-	-	2	1	1	-	-	-	-	-	-	-	-	9	717	
Malaria*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	100	
Zoonoses																				
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	46	
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	20	
Psittacosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	96	
Q fever*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Respiratory and other																				
Blood lead level*	-	-	3	2	6	-	-	1	3	-	2	4	4	-	3	1	4	-	14	
Influenza	4	2	5	6	-	-	-	3	-	2	2	4	3	-	1	-	-	29	92	
Invasive pneumococcal infection	-	-	1	-	-	-	-	3	-	4	9	-	-	-	1	-	-	29	209	
Legionnaires' longbaeiae*	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	21	
Legionnaires' pneumophila*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	25	
Legionnaires' (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Leprosy	1	2	-	1	5	3	-	-	2	3	2	1	-	3	2	1	-	26	177	
Meningococcal infection (invasive)	6	5	2	-	-	-	-	2	6	-	-	-	-	-	-	1	-	22	241	
Vaccine-preventable																				
Adverse event after immunisation	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	54	
H.influenzae b infection (invasive)*	-	-	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	8	8	
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	30	18	
Mumps*	-	-	9	114	38	-	36	7	24	16	44	20	21	35	14	62	-	440	2,413	
Pertussis	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	2	41	-	
Rubella*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera*	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	4	110	
Cryptosporidiosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	103	
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	16	
Gastroenteritis (in an institution)	-	-	9	8	-	-	-	1	-	-	-	-	-	-	-	-	-	43	258	
Giardiasis*	-	-	-	-	-	-	-	8	6	4	1	1	-	-	5	-	43	665		
Haemolytic uraemic syndrome	-	-	1	2	-	-	-	4	1	-	-	-	-	-	-	-	-	5	5	
Hepatitis A*	1	2	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	15	103	
Hepatitis E*	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	9	9	
Listeriosis*	-	-	6	11	6	1	1	2	18	3	3	5	-	2	1	5	-	1	11	
Salmonellosis (not otherwise specified)*	-	-	3	1	-	-	-	1	4	-	1	-	-	-	-	-	-	66	1,155	
Shigellosis	-	-	1	-	-	2	-	-	1	-	-	-	-	-	-	-	10	93	1,155	
Typhoid and paratyphoid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	27	-	
Verotoxin producing E. coli*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
* Lab-confirmed cases only	† includes cases with unknown postcode																			
CSA = Central Sydney Area	WEN = Wentworth Area				HUN = Hunter Area				ILL = Illawarra Area				NRA = Northern Rivers Area				GMA = Macquarie Area			
NSA = Northern Sydney Area	SWS = South Western Sydney Area				SES = South Eastern Sydney Area				MNC = North Coast Area				MACA = Macquarie Area				GMA = Greater Murray Area			
WSA = Western Sydney Area	CCA = Central Coast Area				FWA = Far West Area				MWA = Mid Western Area				SA = Southern Area				SA = Southern Area			
CHS = Corrections Health Service	FWA = Far West Area																			