Table 8. Virology and serology laboratory reports by State or Territory<sup>1</sup> for the reporting period 6 November to 3 December 1997, and total reports for the year, continued

	State or Territory <sup>1</sup>							Total this	Total reported in <i>CDI</i> in	
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	period 1997	
Coxiella burnetii (Q fever)		1		13			3		17	301
Rickettsia tsutsugamushi								1	1	27
Rickettsia spp - other								1	1	7
Salmonella species								1	1	3
Bordetella pertussis		6		95			64	34	199	1,872
Legionella longbeachae					2			2	4	35
Legionella species							11		1	13
TOTAL		99	48	347	367	1	225	283	1,370	29,615

<sup>1.</sup> State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.

Table 9. Virology and serology laboratory reports by contributing laboratories for the reporting period 6 November to 3 December 1997

State or Territory	Laboratory	Reports
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	5
	New Children's Hospital, Westmead	48
	Royal Prince Alfred Hospital, Camperdown	22
Queensland	Queensland Medical Laboratory, West End	373
South Australia	Institute of Medical and Veterinary Science, Adelaide	367
Victoria	Microbiological Diagnostic Unit, University of Melbourne	4
	Royal Children's Hospital, Melbourne	73
	Victorian Infectious Diseases Reference Laboratory, Fairfield	152
Western Australia	PathCentre Virology, Perth	203
	Princess Margaret Hospital, Perth	27
	Western Diagnostic Pathology	96
TOTAL		1,370

# Overseas briefs

Source: World Health Organization (WHO)

Influenza A(H5N1), Hong Kong Special Administrative Region of China

Six cases of avian influenza strain H5N1 had been reported to 15 December. The first case occurred in May, and the second in early November. An additional suspected human case is under investigation.

So far no case of human-to-human transmission has been identified. Prior to May 1997, the H5N1 virus was known to infect only birds, including chickens and ducks. Human infection with H5N1 is believed to have come through direct contact with infected birds.

The international health community is preparing seed virus for the eventual development of a vaccine for the H5N1 strain. Surveillance has also been enhanced. No travel restrictions have been imposed in Hong Kong or elsewhere.

### Cholera

**Djibouti**. About 100 new cases of cholera are now being registered daily. Twenty-nine deaths had been reported as at 16 November, bringing the total number of cases reported to 827 as at 24 November. No cases have been registered outside the capital. Support for the control of the outbreak is currently being sought.

**Malaysia**. The Ministry of Health confirmed the occurrence of cholera in the State of Selangor. As of 3 December, there were 47 confirmed cases with one death. Laboratory investigations have confirmed that they are biotype El Tor, serotype Ogawa.

**Mozambique**. A total of 4,301 cases and 146 deaths (3.4%) were notified up to 25 November in Maputo City, other areas of Maputo Province and Xai-Xai City in Gaza Province. Maputo City continues to be the most affected area with 92% of all cases reported. Up to 22 November, 63 cases (no deaths) were reported in Xai-Xai City, Gaza Province since the outbreak started on 5 November. Three suspect cases and one death were notified in Chokwe district in the same province on 24 November. Control activities are continuing.

**Uganda**. The Ministry of Health has reported an outbreak of cholera in Kampala City where 70 cases and 3 deaths have occurred since 9 December. An outbreak has also been reported in Bugiri District where the number of cases is not yet known, although 26 deaths have been reported. A task force has been formed under the Ministry of Health to organise control measures.

### Plague

**China**. Nineteen cases of bubonic plague were reported in several villages in Yiliang County, Yunnan Province during October. Control measures were immediately instituted. All 19 cases had recovered by 24 November and no new cases have been reported.

**Mozambique**. The total number of plague cases which have occurred in Mutarara District, Tete Province has increased to 335 since June when the outbreak began. No deaths

have been reported. Cases are limited to this area, where plague reappeared in 1994 for the first time in 15 years. In the epidemic in 1994, which lasted from August to October, 216 cases were recorded, with three deaths.

## Suspected Monkeypox, Democratic Republic of the Congo

Five hundred and eleven cases of suspected monkeypox were identified between February 1996 and October 1997 in the Katako-Kombe and Lodja health zones of the Democratic Republic of the Congo. This constitutes the largest reported outbreak of suspected monkeypox.

There have been two WHO investigations of this outbreak to date. During the most recent investigation, 419 suspect cases were identified in 78 villages in five health zones. Twenty-two per cent of cases were due to primary infection, thought to have arisen from human contact with infected animals, the remainder were due to secondary infection.

Preliminary laboratory results have found monkeypox virus (MPV) in nine cases and varicella zoster virus (chickenpox) in four. Final results of the investigation are not yet available.

# Respiratory illness, Sierra Leone

One hundred and twenty-five active cases of an influenza-like illness have been identified in several towns and villages in the Chiefdoms of Sulima, Sinkunia Dembelia and Folosaba Dembelia in Koinadugu District during the period 21-25 November. The outbreak started in late September. It is believed that there have been around 2,000-3,000 cases altogether, mostly adults. Thirty-six deaths were reported. A follow-up mission is planned for collection of blood samples for laboratory investigation.

WHO's emergency programme will expand the epidemiological surveillance network to cover the Koinadugu District which has poor access to medical services.

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Contributions covering any aspects of communicable diseases are invited. Instructions to authors can be found in *CDI* 1997;21:9.

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