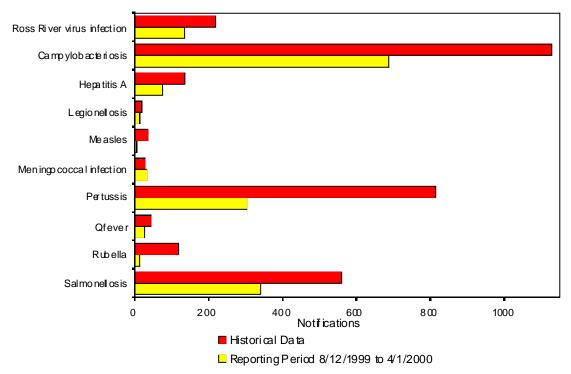
Tables

There were 3,874 notifications to the National Notifiable Diseases Surveillance System (NNDSS) in the four week period, 8 December 1999 to 4 January 2000 (Tables 1 and 2). The number of reports for selected diseases have been compared with historical data for corresponding periods in the previous three years (Figure 8).

There were 1,145 reports received by the *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) in the four week period, 2 to 29 December 1999 (Tables 3 and 4).

The Australian Sentinel Practice Research Network (ASPREN) data for weeks 49 to 51, ending 26 December 1999, are included in this issue of *CDI* (Table 5).

Figure 8. Selected National Notifiable Diseases Surveillance System reports, and historical data¹



^{1.} The historical data are the averages of the number of notifications in the corresponding 4 week periods of the last 3 years and the 2 week periods immediately preceding and following those.

Table 1. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 8 December 1999 to 4 January 2000

Disease ¹	ACT	NSW	NT	Qld	SA	Tas	Vic	WA*	This period 1999	This period 1998	Full year 1999	Full year 1998
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
H. influenzae type b infection	0	0	0	1	0	0	0	0	1	0	40	35
Measles	0	0	0	0	1	0	3	1	5	9	235	306
Mumps	0	1	0	0	1	0	3	2	7	12	178	183
Pertussis	9	74	0	44	7	87	82	1	304	293	4,403	6,432
Rubella ³	2	0	1	5	0	0	6	0	14	23	379	772
Tetanus	0	1	0	0	0	0	0	0	1	0	3	7

^{1.} No notification of poliomyelitis has been received since 1978.

discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision, so there may be

^{3.} Includes congenital rubella.

Data for 2000 not available this period.

Table 2. Notifications of diseases received by State and Territory health authorities in the period 8 December 1999 to 4 January 2000

Disease ^{1,2,3}	ACT	NSW	NT	Qld	SA*	Tas	Vic	WA*	This period 1999	This period 1998	Full year 1999 ⁴	Full year 1998
Arbovirus infection (NEC)	0	0	0	0	0	0	0	0	0	15	71	81
Barmah Forest virus infection	0	5	0	17	0	0	2	6	30	33	629	558
Brucellosis	0	0	0	4	0	0	0	0	4	2	54	45
Campylobacteriosis ⁵	16	-	6	199	129	34	218	86	688	1,087	12,723	13,449
Chancroid	0	0	0	0	0	0	0	0	0	0	0	1
Chlamydial infection (NEC) ⁶	11	76	20	287	69	13	130	92	698	847	13,782	11,520
Cholera	0	1	0	0	0	0	0	0	1	0	4	4
Dengue	0	0	5	4	0	0	0	0	9	55	181	557
Donovanosis	0	0	0	0	NN	0	0	1	1	0	18	31
Gonococcal infection ⁷	1	24	23	86	15	3	29	56	237	408	5,542	5,428
Haemolytic uraemic syndrome	NN	0	0	0	0	0	NN	0	0	0	16	13
Hepatitis A	0	8	4	14	1	0	31	17	75	62	1,592	2,503
Hepatitis B incident	0	4	6	4	1	0	5	3	23	10	311	261
Hepatitis B unspecified ⁶	7	122	0	44	0	2	4	21	200	455	7,143	6,682
Hepatitis C incident	0	3	0	-	5	0	0	7	15	24	334	343
Hepatitis C unspecified ⁸	20	274	1	190	71	22	175	79	832	1,320	20,566	19,261
Hepatitis (NEC) ⁹	0	0	0	1	0	0	0	NN	1	2	23	19
Hydatid infection	0	NN	0	0	0	0	1	0	1	4	30	46
Legionellosis	0	1	0	0	6	0	2	5	14	19	250	271
Leprosy	0	0	0	0	0	0	0	1	1	1	6	3
Leptospirosis	0	4	0	2	0	0	4	0	10	17	334	197
Listeriosis	0	0	0	1	0	1	0	2	4	5	62	58
Malaria	4	3	1	13	5	0	9	2	37	42	711	705
Meningococcal infection	0	6	1	5	3	1	13	4	33	31	558	455
Ornithosis	0	NN	0	NN	0	0	7	1	8	7	86	56
QFever	0	7	0	15	2	0	1	1	26	31	514	571
Ross River virus infection	1	8	18	27	4	0	3	74	135	333	4,410	3,094
Salmonellosis (NEC)	6	59	9	121	30	15	80	20	340	441	7,186	7,700
Shigellosis ⁵	0	-	2	5	5	0	9	4	25	35	548	615
SLTEC, VTEC ¹⁰	NN	0	0	NN	3	0	NN	NN	3	2	37	11
Syphilis ¹¹	2	14	3	23	0	0	0	21	63	186	1,913	1,694
TTP 12	0	0	0	0	0	0	0	0	0	0	0	1
Tuberculosis	1	12	0	4	0	0	0	1	18	73	837	982
Typhoid ¹³	0	3	0	0	0	0	0	0	3	6	67	69
Yersiniosis (NEC) ⁵	0	-	0	3	3	0	0	1	7	12	148	207

- Diseases preventable by routine childhood immunisation are presented in Table 1.
- 2. For HIV and AIDS, see Tables 6 and 7.
- No notifications have been received during 1999 for the following rare diseases: lymphogranuloma venereum, plague, rabies, yellow fever, or other viral haemorrhagic fevers.
- 4. Totals comprise data from all States and Territories. Cumulative figures are subject to retrospective revision so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.
- Not reported for NSW because it is only notifiable as 'foodborne disease' or 'gastroenteritis in an institution'.
- 6. WA: genital only.
- 7. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.

- 8. Unspecified numbers should be interpreted with some caution as the magnitude may be a reflection of the numbers of testings being carried out.
- 9. Includes hepatitis D and E.
- 10. Infections with Shiga-like toxin (verotoxin) producing E. Coli (SLTEC/VTEC).
- 11. Includes congenital syphilis.
- 12. Thrombotic thrombocytopaenic purpura.
- 13. NSW, Qld: includes paratyphoid.
- NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.
- Data for 2000 for South Australian STDs and Western Australia is not available for this period.

Table 3. Virology and serology laboratory reports by contributing laboratories for the reporting period 2 to 29 December 1999^1

State or Territory	Laboratory	This period 1999	Total this period 1999 ²
Australian Capital Territory	The Canberra Hospital	0	0
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead New Children's Hospital, Westmead Repatriation General Hospital, Concord Royal Prince Alfred Hospital, Camperdown South West Area Pathology Service, Liverpool	56 20 0 7	147 30 0 35 0
Queensland	Queensland Medical Laboratory, West End Townsville General Hospital	550 11	4,745 13
South Australia	Institute of Medical and Veterinary Science, Adelaide	240	304
Tasmania	Northern Tasmanian Pathology Service, Launceston	0	0
	Royal Hobart Hospital, Hobart	0	0
Victoria	Monash Medical Centre, Melbourne Royal Children's Hospital, Melbourne Victorian Infectious Diseases Reference Laboratory, Fairfield	28 98 91	34 157 139
Western Australia	PathCentre Virology, Perth Princess Margaret Hospital, Perth Western Diagnostic Pathology	0 44 0	0 54
Total	Troublin Braginous - duringy	1,145	5,658

^{1.} The complete list of laboratories reporting for the 12 months, January to December 2000, will appear in every report from January 2000 regardless of whether reports were received in this reporting period. Reports are not always received from all laboratories.

Table 4. Virology and serology laboratory reports by State or Territory for the reporting period 2 to 29 December 1999, and total reports for the year²

	State or Territory ¹								This period	This	Year to	Year to date
	АСТ	NSW	NT	Qld	SA	Tas	Vic	WA	1999	period 1998	date 1999³	1998
Measles, mumps, rubella												
Measles virus	0	0	0	0	0	0	1	0	1	3	178	3
Mumps virus	0	0	0	0	1	0	1	0	2	1	55	1
Rubella virus	0	1	0	1	0	0	0	0	2	3	139	3
Hepatitis viruses												
Hepatitis A virus	0	2	1	3	2	0	0	0	8	23	356	23
Hepatitis D virus	0	0	0	1	0	0	0	0	1		7	
Arboviruses												
Ross River virus	0	0	21	26	3	0	0	0	50	52	1,332	52
Barmah Forest virus	0	0	3	13	0	0	0	0	16	7	173	7
Flavivirus (unspecified)	0	0	1	3	0	0	0	0	4	1	25	1
Adenovirus not typed/pending	0	4	0	0	30	0	11	15	60	95	1,064	95
Herpes viruses												
Cytomegalovirus	0	7	0	11	26	1	22	1	68	76	1,148	76
Varicella-zostervirus	0	7	1	40	14	1	25	3	91	110	1,589	110
Epstein-Barr virus	0	5	0	93	36	0	8	0	142	161	2,199	161
Other DNA viruses												
Parvovirus	0	0	0	0	1	1	8	0	10	26	424	26
Picorna virus family												
Echovirus type 11	0	1	0	0	0	0	0	0	1	7	157	7
Poliovirus type 2												
(uncharacterised)	0	1	1	0	0	0	0	0	2	6	14	6
Rhinovirus (all types)	0	11	0	1	6	0	2	0	20	37	454	37
Enterovirus type 71 (BCR)	0	0	0	0	0	0	4	0	4	2	15	2
Enterovirus not typed/pending	0	3	0	11	0	0	8	0	12	46	691	46

^{2.} Total reports include both reports for the current period and outstanding reports to date.

Table 3. Virology and serology laboratory reports by State or Territory for the reporting period 2 to 29 December 1999, and total reports for the year, 2 (continued)

	State or Territory ¹							This period	This	Year to	Year to date	
	АСТ	NSW	NT	Qld	SA	Tas	Vic	WA	1999	period 1998	1999	1998
Ortho/paramyxoviruses												
Influenza A virus	0	1	0	1	17	0	6	0	25	16	1,802	16
Influenza B virus	0	1	0	0	1	0	1	0	3	2	279	2
Parainfluenza virus type 1	0	0	0	0	1	0	2	0	3	3	41	3
Parainfluenza virus type 2	0	0	0	2	2	0	0	0	4	1	112	1
Parainfluenza virus type 3	0	4	0	2	5	0	6	5	22	108	759	108
Respiratory syncytial virus	0	5	0	5	5	0	15	7	37	55	3,012	55
Other RNA viruses												
HTLV-1	0	0	0	1	0	0	0	0	1		12	
Rotavirus	0	17	0	1	44	0	23	13	98	73	2,157	73
Norwalk agent	0	0	0	0	0	0	3	0	3	7	58	7
Other												
Chlamydia trachomatis not typed	0	26	17	105	40	0	7	2	197	136	3,178	136
Chlamydia psittaci	0	0	0	0	0	0	1	0	1	13	76	13
Chlamydia species	0	1	0	0	0	0	0	0	1	1	20	1
Mycoplasma pneumoniae	0	1	1	22	5	0	36	0	65	96	1,112	96
Coxiella burnetii (Q fever)	0	2	0	5	0	0	2	0	9	5	214	5
Streptococcusgroup A	0	1	9	28	0	0	0	0	38		353	
Bordetella pertussis	0	0	0	43	0	0	21	0	64	25	823	25
Legionella longbeachae	0	0	0	0	2	0	0	0	2	6	36	6
Leptospira species	0	0	0	1	0	0	0	0	1		52	
Treponema pallidum	0	0	53	24	0	0	0	0	77	11	750	11
Total	0	101	108	433	241	3	213	46	1,145	1,204	24,866	1,204

^{1.} State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.

Table 5. Australian Sentinel Practice Research Network reports, weeks 49 to 51, 1999

Week number		49		50	51			
Week ending on	12 Dece	ember 1999	19 Dec	ember 1999	26 December 1999			
Doctors reporting		63		53	47			
Total encounters	7	',197	(6,428	5,106			
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters		
Influenza	16	22	5	0.8	9	1.8		
Rubella	2	0.3	0	0.0	0	0.0		
Measles	0	0.0	1	0.2	1	0.2		
Chickenpox	20	28	12	1.9	7	1.4		
New diagnosis of asthma	11	1.5	2	0.3	1	0.2		
Post operative wound sepsis	9	9 1.3		11 1.7		1.6		
Gastroenteritis	77	10.7	56	8.7	62	12.1		

^{2.} From January 2000 data presented are for reports with report dates in the current period. Previously reports included all data received in that period.

^{3.} Totals comprise data from all laboratories. Cumulative figures are subject to retrospective revision, so there may be discrepancies between the number of new notifications and the increment in the cumulative figure from the previous period.

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislations. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 2000;24:6.

LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 2000;24:10.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance in 1999. CDI reports the consultation rates for seven of these. For further information, including case definitions, see CDI 2000:24:7-8.

Additional Reports

Gonococcal surveillance

John Tapsall, The Prince of Wales Hospital, Randwick, NSW, 2031 for the Australian Gonococcal Surveillance Programme.

The Australian Gonococcal Surveillance Programme (AGSP) reference laboratories in the various States and Territories report data on sensitivity to an agreed 'core' group of antimicrobial agents on a quarterly basis. The antibiotics which are currently routinely surveyed are the penicillins, ceftriaxone, ciprofloxacin and spectinomycin, all of which are administered as single dose regimens. When in vitro resistance to a recommended agent is demonstrated in 5% or more of isolates, it is usual to reconsider the inclusion of that agent in current treatment schedules. Additional data are also provided on other antibiotics from time to time. At present all laboratories also test isolates for the presence of high level resistance to the tetracyclines. Tetracyclines are however not a recommended therapy for gonorrhoea. Comparability of data is achieved by means of a standardised system of testing and a programme-specific quality assurance process. Because of the substantial geographic differences in susceptibility patterns in Australia, regional as well as aggregated data are presented.

Reporting period 1 April to 30 June 1999

The AGSP laboratories examined a total of 950 isolates in this quarter. About 40% of this total was from New South Wales, 23% from Victoria, 14% from Queensland, 10% from the Northern Territory, 9% from Western Australia and 3% from South Australia. Isolates from other centres were few in number.

Penicillins

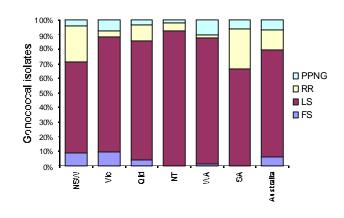
Figure 9 shows the proportions of gonococci fully sensitive (MIC ≤ 0.03 mg/L), less sensitive (MIC 0.06-1 mg/L), relatively resistant (MIC ≥ 1 mg/L) or else penicillinase producing (PPNG) aggregated for Australia and by State and Territory. A high proportion of PPNG and relatively resistant strains fail to respond to treatment with penicillins (penicillin, amoxycillin, ampicillin) and early generation cephalosporins.

About 20% of all isolates were penicillin resistant by one or more mechanisms. The penicillin-resistant isolates

comprised about one-third of all isolates in New South Wales and South Australia. Between 10 and 15% of gonococci in Queensland, Victoria and Western Australia were penicillin resistant. In the Northern Territory, 7% of isolates were penicillin resistant.

The number of PPNG isolated across Australia (65) increased in this quarter compared to the corresponding period in 1998 (39). Three-quarters of all PPNG were found in Sydney (32) and Victoria (17). Perth had the highest proportion of PPNG (10%). Acquisition data on PPNG were available in about 90% of cases in New South Wales and Victoria. For those cases in Sydney where this data was available, nearly 75% of PPNG were acquired locally and the remainder from overseas. These proportions were reversed in Melbourne with South East Asian countries being the main source of acquisition. In Perth most PPNG were also TRNG and Indonesia was a common source of acquisition.

Figure 9. Penicillin resistance of gonococcal isolates, 1 April – 30 June 1999, by region



FS Fully sensitive to penicillin, MIC≤0.03 mg/L LS Less sensitive to penicillin, MIC 0.06 – 0.5 mg/L

RR Relatively resistant to penicillin, MIC ≥ 1 mg/L

PPNG Penicillinase producing Neisseria gonorrhoeae