

Communicable Diseases Surveillance

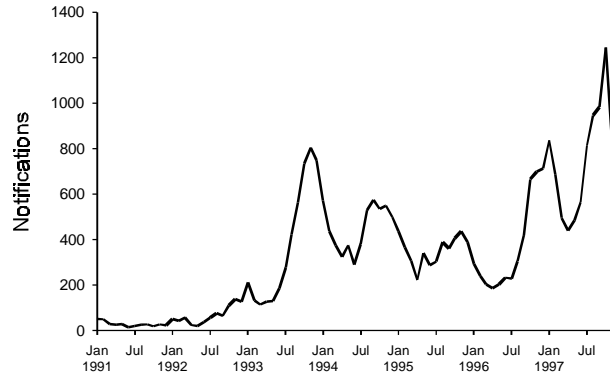
Pertussis epidemic continues

In the 20 years from 1976 to 1995 there were 21 deaths from pertussis (whooping cough) in Australia. In contrast, from October 1996 to November 1997, there have been nine deaths; six in New South Wales, and one each in Queensland, Victoria and Western Australia. All were children aged between two weeks and four months of age (too young to have completed the primary course of vaccination against pertussis), and none had received more than one dose of a pertussis vaccine (personal communication, Communicable Disease Network Australia New Zealand).

Notifications of pertussis for 1997 are the highest recorded since the National Notifiable Diseases Surveillance System (NNDSS) was established in 1991. Up until 25 November, there were 8,368 notifications of pertussis with onset in 1997 (annual rate of 45.7 notifications per 100,000 population); the previous highest was 5,443 for the whole of 1994 (30.5 per 100,000 population) (Figure 1). The epidemic is widespread (Figure 2) and, in comparison to 1996, has increased markedly in all States and Territories except Victoria and the Northern Territory (Figure 3). Further notifications are expected, so it is likely that the notification rate for those cases with onset in 1997 will continue to increase.

Since 1993, annual age-specific notification rates have been highest for infants (< 1 year of age) and school aged children (5-14 years of age), however, there has been a dramatic increase for both age groups in 1997 (Figure 4).

Figure 1. Notifications of pertussis, 1991 to 1997, by month of onset



The high notification rates are very concerning because infants, particularly those under six months of age, are at the greatest risk of death from pertussis while the older age groups may be a source of infection.¹ Poor vaccination coverage, waning immunity among those who have been vaccinated, and/or increased testing/reporting have been suggested as possible reasons for the high rates among school aged children.² The NNDSS does not currently collect information on vaccination status, however, the lower rate for pre-school aged children is consistent with

Figure 2. Notification rate of pertussis by date of onset, 1 January to 30 November 1997, and Statistical Division of residence

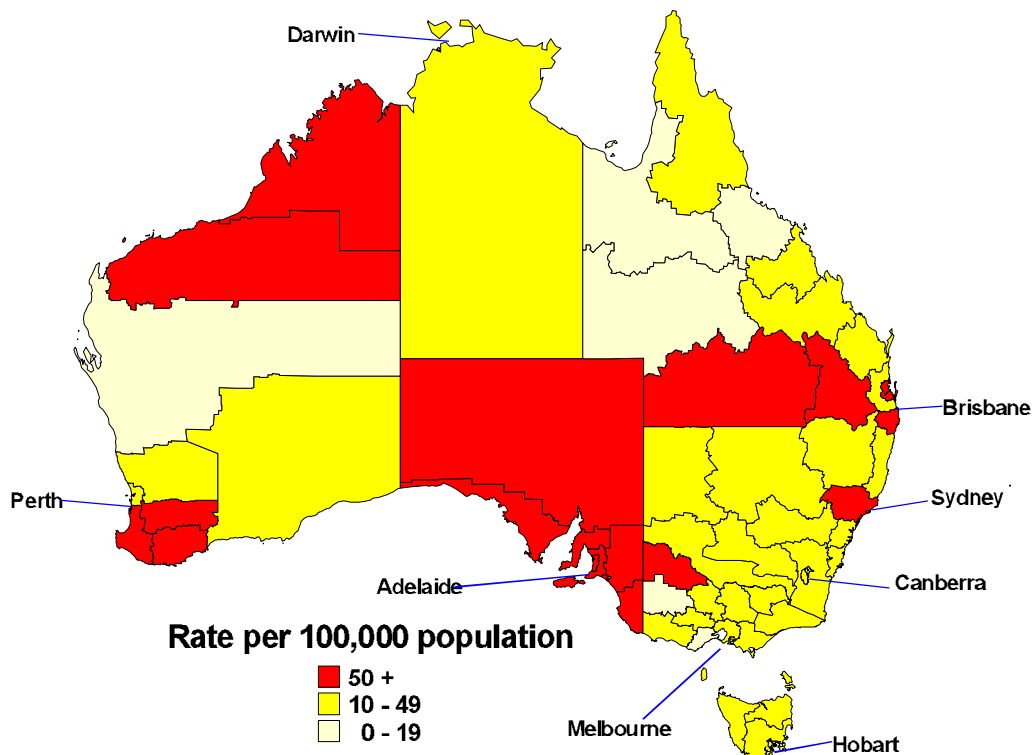
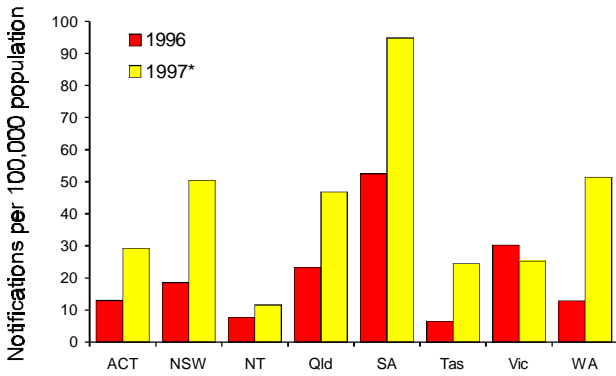
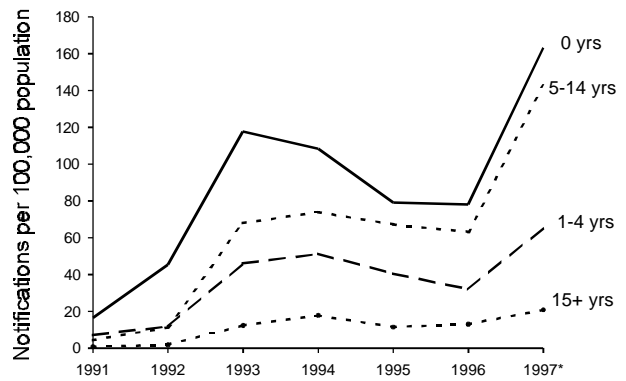


Figure 3. Notification rate of pertussis, 1996 and 1997, by State or Territory



* Data for 1997 is incomplete and may be subject to revision

Figure 4. Notification rate of pertussis, 1991 to 1997, by age and year of onset



* Data for 1997 is incomplete and may be subject to revision

protection provided through the primary vaccination program.³ The data also show much lower rates for five and six year old children compared to their school aged counterparts, which suggests that the diphtheria-tetanus-pertussis (DTP) booster, recently introduced for four to five year old children,⁴ may be having an effect. So far in 1997, the notification rates for five and six year old children have been 81.4 and 105.8 per 100,000 population respectively, while the rates for those aged seven, eight and nine years are 144.1, 218.3 and 205.0 per 100,000 population respectively.

Complete vaccination of children remains the most important measure for the control of pertussis. Vaccination is currently recommended at 2, 4, 6 and 18 months of age with a booster prior to school entry (4-5 years of age).⁵ Children who have not been vaccinated against pertussis and those not up to date with the recommended schedule should be vaccinated.

References

1. Mandell GL, Bennett JE, Dolin R eds. Mandell, Douglas and Bennett's principles and practice of infectious diseases. Fourth edition. Churchill Livingstone, 1995.
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3. Black S. Epidemiology of pertussis. *Pediatr Infect Dis J* 1997;16:S85-898.
4. National Health and Medical Research Council. *The Australian immunisation procedures handbook*. Fifth edition. Canberra: NHMRC, 1995.
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National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand.

Figure 5. Notifications of hepatitis A, 1995 to October 1997, by month of onset

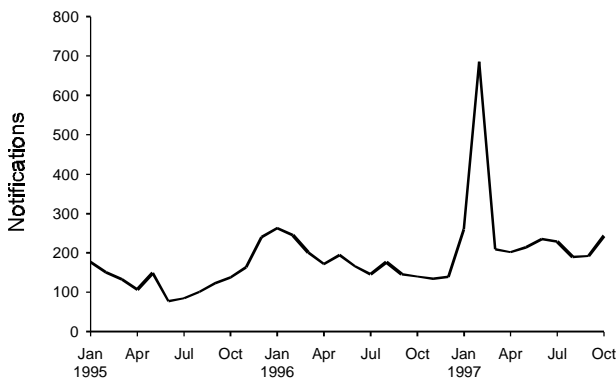


Figure 6. Notifications of salmonellosis, 1995 to October 1997, by month of onset

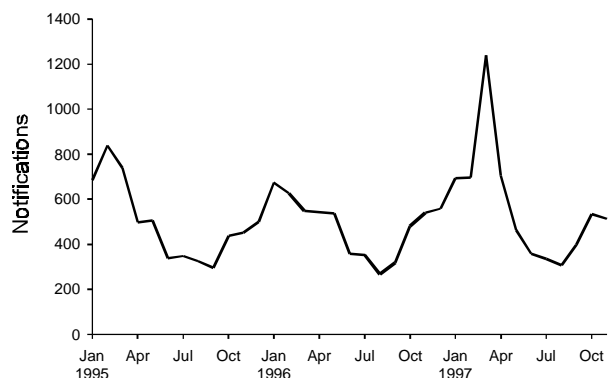


Table 1. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 12 to 25 November 1997

Disease ^{1,2}	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1997	This period 1996	Year to date 1997	Year to date 1996
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> type b	0	1	0	0	0	0	1	0	2	0	47	49
Measles	7	27	0	22	0	0	2	3	61	30	785	467
Mumps	0	0	0	2	0	0	1	0	3	11	178	117
Pertussis	6	339	0	156	81	3	2	89	676	365	9,016	3,183
Rubella	2	1	0	22	12	0	2	2	41	181	1,288	2,502
Tetanus	0	0	0	0	0	0	0	0	0	0	7	2

NN. Not Notifiable

1. No notifications of poliomyelitis have been reported since 1986.

2. 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.

Table 2. Notifications of other diseases received by State and Territory health authorities in the period 12 to 25 November 1997

Disease ^{1,2}	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1997	This period 1996	Year to date 1997	Year to date 1996
Arbovirus infection (NEC) ³	0	0	1	0	0	0	0	0	1	2	122	49
Barmah Forest virus infection	0	2	-	12	0	0	0	-	16	15	624	795
Campylobacteriosis ⁴	6	-	3	244	85	11	34	52	435	586	10,764	10,852
Chlamydial infection (NEC) ⁵	3	NN	0	166	0	8	97	53	327	362	7,654	7,602
Dengue	0	0	0	0	0	-	0	1	1	5	203	39
Donovanosis	0	NN	0	0	NN	0	0	0	0	0	35	44
Gonococcal infection ⁶	0	14	0	23	0	0	8	38	83	166	4,061	3,774
Hepatitis A	2	32	0	34	2	0	10	2	82	73	2,907	2,033
Hepatitis B incident	0	1	0	1	0	0	0	0	2	5	216	209
Hepatitis C incident	0	1	0	-	0	0	-	-	1	5	15	60
Hepatitis C unspecified	13	NN	10	113	NN	6	5	17	164	385	8,528	8,756
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	0	13	15
Legionellosis	0	0	0	1	1	0	1	5	8	7	145	169
Leptospirosis	0	1	0	5	0	0	0	0	6	6	115	209
Listeriosis	0	0	0	0	1	0	1	0	2	1	69	61
Malaria	1	4	0	1	0	0	0	1	7	35	705	791
Meningococcal infection	1	7	0	0	1	0	8	1	18	12	470	389
Ornithosis	0	NN	0	0	1	0	1	0	2	10	43	76
Q Fever	0	9	0	9	0	0	0	0	18	23	546	493
Ross River virus infection	0	11	1	17	1	0	5	3	38	54	6,535	7,637
Salmonellosis (NEC)	1	54	4	99	15	3	128	10	314	245	6,595	5,183
Shigellosis ⁴	0	-	0	5	9	0	0	3	17	40	755	5,98
Syphilis	0	15	0	10	0	0	0	1	26	66	1,172	1,383
Tuberculosis	1	7	3	6	1	0	2	2	22	58	901	988
Typhoid ⁷	0	0	0	2	0	0	0	0	2	1	65	78
Yersiniosis (NEC) ⁴	0	-	0	5	0	0	1	0	6	10	236	248

1. For HIV and AIDS, see Tables 4 and 5. For rarely notified diseases, see Table 3.

2. 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.

3. NT: includes Barmah Forest virus.

4. NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.

5. WA: genital only.

6. NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.

7. NSW, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified

- Elsewhere Classified.

Table 3. Notifications of rare¹ diseases received by State and Territory health authorities in the period 12 to 25 November 1997

Disease ²	Total this period	Reporting States or Territories	Total notifications 1997
Brucellosis	3	Qld	38
Chancroid			1
Cholera			3
Hydatid infection	3	Qld, Vic	47
Leprosy			11

1. Fewer than 60 cases of each of these diseases were notified each year during the period 1988 to 1996.
2. No notifications have been received during 1997 for the following rare diseases: botulism, lymphogranuloma venereum, plague, rabies, yellow fever, or other viral haemorrhagic fevers.

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 1997;21:5.

Reporting period 12 November to 25 November 1997

Due to incomplete data having been received, the reporting period for the current report has been limited to two weeks. These data will be updated and posted on the Internet site when they become available.

There were 2,387 notifications received for this two-week period (Tables 1, 2 and 3).

The number of reports of Barmah Forest virus and Ross River virus infection remain low. This is consistent with

reports for the same period last year. Numbers of reports are expected to rise in the coming months. Most of the reports for this period were received from Queensland.

The number of hepatitis A notifications received this period was higher than for the corresponding period last year. Reports received for 1997 to date have exceeded those for the same period in 1996 by 43%. A peak in 1997 notifications (685) was seen for reports with dates of onset in February, corresponding to the oyster associated hepatitis A outbreak in Wallis Lake, New South Wales. A high number of notifications (243) with date of onset in October, was also received (Figure 5). The majority of the current notifications (81%) were received from New South Wales and Queensland. Sixty-eight of the 82 cases were reported in males, and of these, 47% were in the 20-34 years age range.

Notifications of salmonellosis continued to be reported at levels higher than those of recent months. This is consistent with trends from previous years, where notifications have progressively increased during the Spring months and peaked in January and February of the following year (Figure 6). A peak in the 1997 notifications (1,240) was seen for reports with dates of onset in March. Forty-six per cent of these reports were from Victoria, a reflection of the large outbreaks that occurred during this time. New South Wales, Queensland and Victoria accounted for 89% of the total reports of salmonellosis for the current reporting period. One-hundred and one cases (32%) were in children under 5 years of age.

HIV and AIDS Surveillance

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (ACT, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory,

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 August 1997, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1997	This period 1996	Year to date 1997	Year to date 1996
HIV diagnoses	Female	0	3	0	2	0	0	1	0	6	3	46	50
	Male	1	23	0	6	1	0	15	0	46	60	444	528
	Sex not reported	0	1	0	0	0	0	0	0	1	0	16	4
	Total ¹	1	27	0	8	1	0	16	0	53	63	506	583
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	1	16	21
	Male	0	8	1	5	1	0	3	2	20	35	151	418
	Total ¹	0	8	1	5	1	0	3	2	20	36	167	439
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	1	6	15
	Male	0	5	0	2	1	0	6	0	14	34	117	332
	Total ¹	0	5	0	2	1	0	6	0	14	35	123	347

1. Persons whose sex was reported as transgender are included in the totals.

Table 5. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 August 1997, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	21	496	6	114	47	4	188	77	953
	Male	181	10,576	91	1,773	618	78	3,617	823	17,757
	Sex not reported	0	2,059	0	1	0	0	28	0	2,088
	Total ¹	202	13,144	97	1,839	665	82	3,842	903	20,828
AIDS diagnoses	Female	7	153	0	39	19	2	59	23	302
	Male	80	4,188	30	732	313	41	1,487	331	7,202
	Total ¹	87	109	30	773	332	43	1,553	356	7,526
AIDS deaths	Female	2	2,957	0	27	14	2	40	14	208
	Male	52	3,072	23	510	212	26	1,169	238	5,187
	Total ¹	54	3,072	23	539	226	28	1,215	253	5,410

1. Persons whose sex was reported as transgender are included in the totals.

Queensland, South Australia, Western Australia). Cases of AIDS are notified through the State and Territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

Tabulations of diagnoses of HIV infection and AIDS are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information. More detailed information on diagnoses of HIV infection and AIDS is published in the quarterly Australian HIV Surveillance Report, available from the National Centre in HIV Epidemiology and Clinical Research,

376 Victoria Street, Darlinghurst NSW 2010. Telephone: (02) 9332 4648 Facsimile: (02) 9332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for August 1997, as reported to 30 November 1997, are included in this issue of *CDI* (Tables 4 and 5).

Australian Sentinel Practice Research Network

The Australian Sentinel Practice Research Network (ASPREN) currently comprises 107 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. Of these, *CDI* reports the consultation rates for chickenpox, gastroenteritis, HIV testing (doctor initiated), HIV testing (patient initiated), influenza, measles, pertussis, Ross River virus infection and rubella. For further information, including case definitions, see *CDI* 1997;2:1.6.

Data for weeks 46 to 49 covering the period 10 November to 7 December are included in this issue of *CDI* (Table 6). During the current reporting period, the consultation rate for pertussis has remained high in comparison to previous years. The consultation rate for chickenpox has been above 2.0 per 100,000 encounters since the week ending 26 October, and has only declined in the last reporting week. For the other conditions, consultation rates have remained low or steady; there has not yet been an increase in consultations for Ross River virus infection.

Table 6. Australian Sentinel Practice Research Network reports, weeks 46 to 49, 1997

Condition	Week 46, to 16 November 1997		Week 47, to 23 November 1997		Week 48, to 30 November 1997		Week 49, to 7 December 1997	
	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Chickenpox	19	2.5	14	2.0	15	2.0	8	1.3
Gastroenteritis	102	13.6	94	13.5	66	8.9	76	12.0
HIV testing (doctor initiated)	4	0.5	4	0.6	7	0.9	2	0.3
HIV testing (patient initiated)	20	2.7	12	1.7	20	2.7	10	1.6
Influenza	8	1.1	12	1.7	10	1.3	11	1.7
Measles	2	0.3	1	0.1	1	0.1	0	0.0
Pertussis	3	0.4	8	1.2	3	0.4	6	0.9
Ross River virus infection	1	0.1	1	0.1	2	0.3	0	0.0
Rubella	2	0.3	0	0.0	4	0.5	0	0.0

Sentinel Chicken Surveillance Programme

Sentinel chicken flocks are used to monitor flavivirus activity in Australia. The main viruses of concern are Murray Valley encephalitis (MVE) and Kunjin which cause the potentially fatal disease Australian encephalitis in humans. Currently 24 flocks are maintained in the north of Western Australia, ten in the Northern Territory, ten in New South Wales and ten in Victoria. The flocks in Western Australia and the Northern Territory are tested year round but those in New South Wales and Victoria are tested only from November to March, during the main risk season.

Results are coordinated by the Arbovirus Laboratory in Perth and reported bimonthly. For more information see CDI 1997;21:6

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Sentinel chicken serology was carried out for 26 of the 28 flocks in Western Australia in October and November 1997. There was one seroconversion to MVE virus in the Wyndham flock in October, and one possible seroconversion in one of the Derby flocks. These chickens had not been bled since August, so it was not possible to determine when the seroconversion occurred. The Derby result has yet to be confirmed.

Six flocks of sentinel chickens from the Northern Territory were tested in October and November 1997, and there were no seroconversions recorded. The Leanyer

seroconversion that occurred in September was confirmed in subsequent bleeds.

Serious Adverse Events Following Vaccination Surveillance Scheme

The Serious Adverse Events Following Vaccination Surveillance Scheme is a national surveillance scheme which monitors the serious adverse events that occur rarely following vaccination. More details of the scheme were published in CDI 1997;21:8.

Acceptance of a report does not imply a causal relationship between administration of the vaccine and the medical outcome, or that the report has been verified as to the accuracy of its contents.

It is estimated that 250,000 doses of vaccines are administered every month to Australian children under the age of six years.

Results for the reporting period 17 September to 15 December, 1997

There were 81 reports of serious adverse events following vaccination for this reporting period. Reports were received from the Australian Capital Territory (7), New South Wales (17), the Northern Territory (2), Queensland (33), South Australia (21) and Tasmania (1).

The most frequently reported events following vaccination were persistent screaming (37 cases, 45.7%) and hypotonic/hyporesponsive episodes (13 cases, 16%) (Table 7). One death within 30 days of immunisation was reported from New South Wales. Twenty-two cases were hospitalised. There was incomplete information on the follow-up of four cases. All of the other cases had recovered at the time of reporting.

Table 7. Adverse events following vaccination for the period 17 September to 15 December 1997

Event	Vaccines							Reporting States or Territories	Total reports for this period
	DTP	DTP/Hib	DTP/OPV/Hib	DTP/OPV	MMR	Hep B	Other ¹		
Persistent screaming	16	-	20	1	-	-	-	ACT, NSW, Qld, SA	37
Hypotonic/hyporesponsive episode	5	1	7	-	-	-	-	ACT, NSW, NT, Qld, Tas	13
Temperature of 40.5°C or more	6	-	3	-	-	1	-	ACT, Qld, SA	10
Convulsions	2	1	2	-	2	-	2	Qld, SA	9
Death	-	-	1	-	-	-	-	NSW	1
Anaphylaxis	-	-	1	-	-	-	-	Qld	1
Shock	-	-	-	-	-	-	-		-
Other	3	-	4	-	-	-	3	ACT, NSW, SA	10
TOTAL	32	2	38	1	2	1	5		81

1. Includes influenza vaccination, DTPa, CDT, OPV, pneumococcal vaccination, BCG, ADT and rabies immunoglobulin (HRIG)

Seventy-three reports of adverse events (90% of total) were associated with DTP either alone or in combination with other vaccines. Of these, 37 reports were associated with the first dose and 18 with the second dose.

LabVISE

The Virology and Serology Laboratory Reporting Scheme, 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* each fortnight. 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 1997;21:8-9*.

There were 1,370 reports received in the *CDI* Virology and Serology Laboratory Reporting Scheme this 4-week period (Tables 8 and 9).

Ross River virus reporting remains average for this time of year. However, overall there have been a greater number of reports received in 1997 compared to previous years (Figure 7). Sixteen reports were received for this 4-week period with most being received from Western Australia (50%) followed by Queensland (25%). It is expected that the number of Ross River virus reports will increase over the Summer months.

The number of reports of rhinovirus continued to decline after peaking in August. There were 28 reports received this period, which is lower than expected for this time of year. The majority (50%) of reports were from Victoria. Seventy-eight per cent of reports were for children in the 4 years and under age group. Reporting for 1997 to date is significantly lower than for previous years (Figure 8).

There was a decline in respiratory syncytial virus reporting this period with 40 reports being received. This is consistent with the characteristic annual trend although the overall number of reports received was higher than average (Figure 9). Fifty-eight per cent of reports were received for children in the 1 - 4 years age range.

Figure 7. Ross River virus laboratory reports, 1994 to 1996 average and 1997, by month of specimen collection

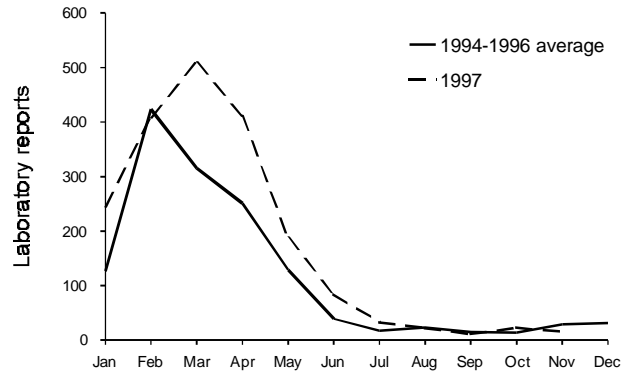


Figure 8. Rhinovirus laboratory reports, 1991 to 1996 average and 1997, by month of specimen collection

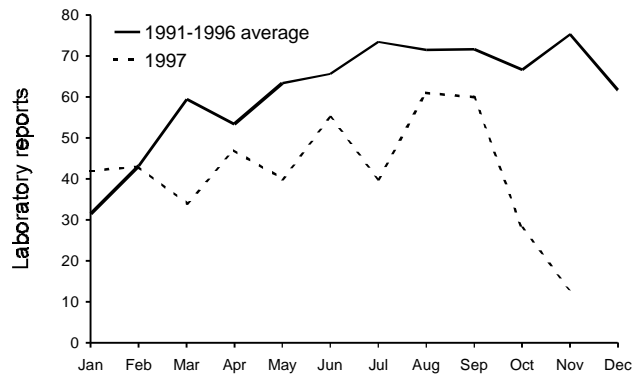


Figure 9. Respiratory syncytial virus, laboratory reports, 1994 to 1996 average and 1997, by month of specimen collection

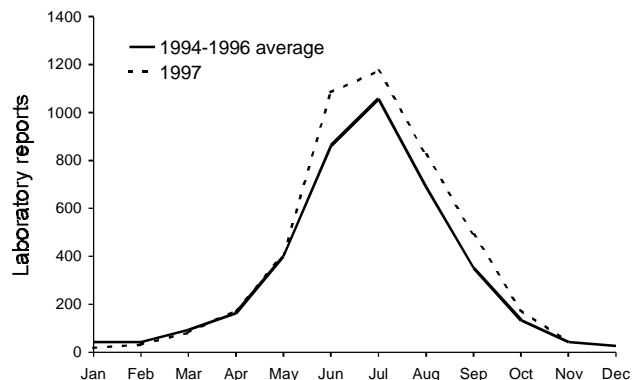


Table 8. Virology and serology laboratory reports by State or Territory¹ for the reporting period 6 November to 3 December 1997, and total reports for the year

	State or Territory ¹								Total this period	Total reported in <i>CDI</i> in 1997
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA		
Measles, mumps, rubella										
Measles virus							3	2	5	63
Mumps virus							1		1	43
Rubella virus				8	5		4	4	21	541
Hepatitis viruses										
Hepatitis A virus			3	14	1		2	2	22	680
Arboviruses										
Ross River virus			1	4	1		2	8	16	2,085
Barmah Forest virus		1		2				3	6	233
Dengue not typed								1	1	60
Adenoviruses										
Adenovirus type 1							4		4	30
Adenovirus type 2							5		5	42
Adenovirus type 3							4		4	23
Adenovirus type 4							1		1	6
Adenovirus type 7							2		2	10
Adenovirus type 37							1		1	2
Adenovirus not typed/pending					53		3	12	68	1,001
Herpes viruses										
Cytomegalovirus		11	1	21	11		15	3	62	1,071
Varicella-zoster virus		3		25	20		22	18	88	1,313
Epstein-Barr virus		4	1	32	72		8	28	145	2,416
Other DNA viruses										
Contagious pustular dermatitis (Orf virus)								1	1	4
Parvovirus		2		8	1		10	5	26	341
Picornavirus family										
Coxsackievirus A24 = echovirus type 34							1		1	1
Poliovirus type 1 (uncharacterised)						1			1	8
Poliovirus type 3 (uncharacterised)							1		1	4
Rhinovirus (all types)		8	1		1		14	4	28	588
Enterovirus not typed/pending		1	4	1				17	23	576
Ortho/paramyxoviruses										
Influenza A virus					33		5	8	46	1,379
Influenza B virus					9			2	11	922
Parainfluenza virus type 1		1			1			1	3	69
Parainfluenza virus type 2							1		1	117
Parainfluenza virus type 3		18		2	11		7	25	63	1,130
Respiratory syncytial virus		5	1	3	17		3	11	40	4,674
Other RNA Viruses										
Rotavirus		24			10		1	11	46	1,545
Norwalk agent							15		15	92
Other										
<i>Chlamydia trachomatis</i> not typed		10	36	57	44		4	69	220	4,411
<i>Chlamydia psittaci</i>							3		3	57
<i>Chlamydia</i> species				2					2	30
<i>Mycoplasma pneumoniae</i>		4		60	75		15	9	163	1,790

Table 8. Virology and serology laboratory reports by State or Territory¹ for the reporting period 6 November to 3 December 1997, and total reports for the year, continued

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

1. 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.