

Communicable Diseases Surveillance

Gonococcal infection

Gonococcal infection is a sexually transmissible bacterial disease which differs in males and females in course and severity. In males, urethral discharge and dysuria are common symptoms. The infection may be self limiting or occasionally result in a chronic carrier state. In females, an initial urethritis or cervicitis may occur followed by endometritis, salpingitis or pelvic peritonitis in about 20% of cases. Conjunctivitis occurs in newborns, but rarely in adults. Uncommon manifestations include septicaemia, endocarditis and meningitis.

Between 1917 and 1929, gonorrhoea was notifiable in some jurisdictions for varying periods of time. Between 10,000 and 12,000 cases were notified in most of those years, with annual notification rates exceeding 200 reports per 100,000 population. Gonorrhoeal 'ophthalmia neonatorum' was also notifiable, with 126 cases being reported during the 13-year period.

Gonococcal conjunctivitis in newborns was again made a notifiable disease in most jurisdictions in 1949, and during the next 20 years an average of over 50 infections were reported annually.

Other gonococcal infections became notifiable throughout Australia in 1968, and have remained so since that time. Annual notification rates of 70 to 90 cases per 100,000 population were experienced during the 1970s. A dramatic decline in the incidence of gonococcal infections in Australia was seen from reported rates above 50 per 100,000 population in the mid-1980s to 14 per 100,000 in 1990. However, the data suggest that the incidence has risen in recent years (Figure 1). This has occurred in both males and females. Changes in regulations concerning notification, mainly those introduced in the late 1980s requiring laboratories as well as medical practitioners to report, might be contributing towards this.

The male:female ratio in reported cases has declined markedly during the last six years, from 2.4:1 in 1991 and

2.6:1 in 1992 to 1.8:1 in 1996 and 1.4:1 in cases reported so far this year. The reasons for this change are not clear. The age group distribution of reported cases has changed little; persons aged 15 to 29 years have accounted for between 61% and 64% of all cases each year throughout the period (Figure 2).

Recent initiatives to aid the detection of gonococcal infection include less intrusive methods of specimen collection and improvements in diagnostic techniques, including polymerase chain reaction (PCR).

Epidemiological investigations have been enhanced by studies of isolates, including determination of serovars, auxotypes and antibiotic sensitivities.

National Notifiable Diseases Surveillance System

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 1997;21:5.

Reporting period 28 May to 10 June 1997

There were 2,222 notifications received for this two week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with historical data for corresponding periods in the previous three years (Figure 3).

There were 89 notifications of hepatitis A this period. Of the notifications for the year to date (1,631), the majority of

Figure 1. Gonococcal infection notification rate, 1968 to 1996, by year of onset

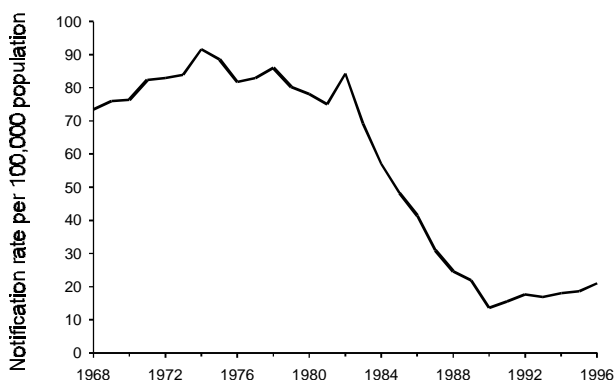


Figure 2. Gonococcal infection notifications, 1996 to 1997, by age group and sex

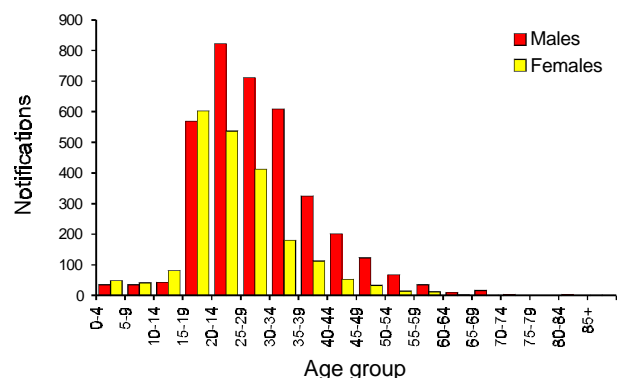


Table 1. Notifications of diseases preventable by vaccines recommended by the NHMRC for routine childhood immunisation, received by State and Territory health authorities in the period 28 May to 10 June 1997

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	1	0	0	0	0	0	1	0	1	0
<i>Haemophilus influenzae</i> type b	0	1	0	0	0	0	0	0	1	4	23	27
Measles	0	8	0	1	1	1	8	9	28	12	215	211
Mumps	1	0	0	NN	1	0	3	0	5	2	88	49
Pertussis	1	69	0	28	47	1	44	10	200	91	3312	1391
Rubella	1	3	1	13	4	0	9	7	38	49	639	1210
Tetanus	0	0	0	0	0	0	0	0	0	0	4	1

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 28 May to 10 June 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	4	0	0	0	0	2	6	2	99	69
Barmah Forest virus infection	0	4	-	11	0	0	1	-	17	42	434	548
Campylobacteriosis ⁴	8	-	8	135	105	8	117	34	415	373	5182	5141
Chlamydial infection (NEC) ⁵	0	NN	27	118	0	1	74	34	254	256	3623	3185
Dengue	0	0	0	0	0	0	0	0	0	0	189	23
Donovanosis	0	NN	1	0	NN	0	0	0	1	2	13	25
Gonococcal infection ⁶	0	14	96	16	0	0	16	18	160	153	1976	1685
Hepatitis A	1	35	5	32	6	0	9	1	89	79	1635	1148
Hepatitis B incident	0	1	1	0	0	0	1	5	8	9	172	104
Hepatitis C incident	0	0	0	-	0	0	-	-	0	2	6	16
Hepatitis C unspecified	10	NN	8	95	NN	3	126	14	256	309	3984	4057
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	1	9	11
Legionellosis	0	1	0	0	2	0	1	0	4	3	78	86
Leptospirosis	0	2	0	2	0	0	2	0	6	5	58	109
Listeriosis	0	1	0	0	0	1	1	0	3	1	44	24
Malaria	0	4	0	0	2	0	1	2	9	32	361	351
Meningococcal infection	1	6	0	3	0	0	2	3	15	7	153	114
Ornithosis	0	NN	0	0	0	0	0	0	0	1	32	40
Q Fever	0	12	0	8	1	0	0	0	21	24	255	214
Ross River virus infection	0	90	13	148	5	0	9	6	271	205	5687	6932
Salmonellosis (NEC)	0	37	17	69	14	1	37	12	187	189	4074	3085
Shigellosis ⁴	0	-	3	8	2	0	3	6	22	23	424	305
Syphilis	0	17	14	4	0	0	1	0	36	51	550	661
Tuberculosis	0	9	0	0	0	0	8	3	20	29	438	503
Typhoid ⁷	0	0	0	0	0	0	2	1	3	2	40	49
Yersiniosis (NEC) ⁴	0	-	0	7	2	0	0	0	9	6	143	117

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 and WA: 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.

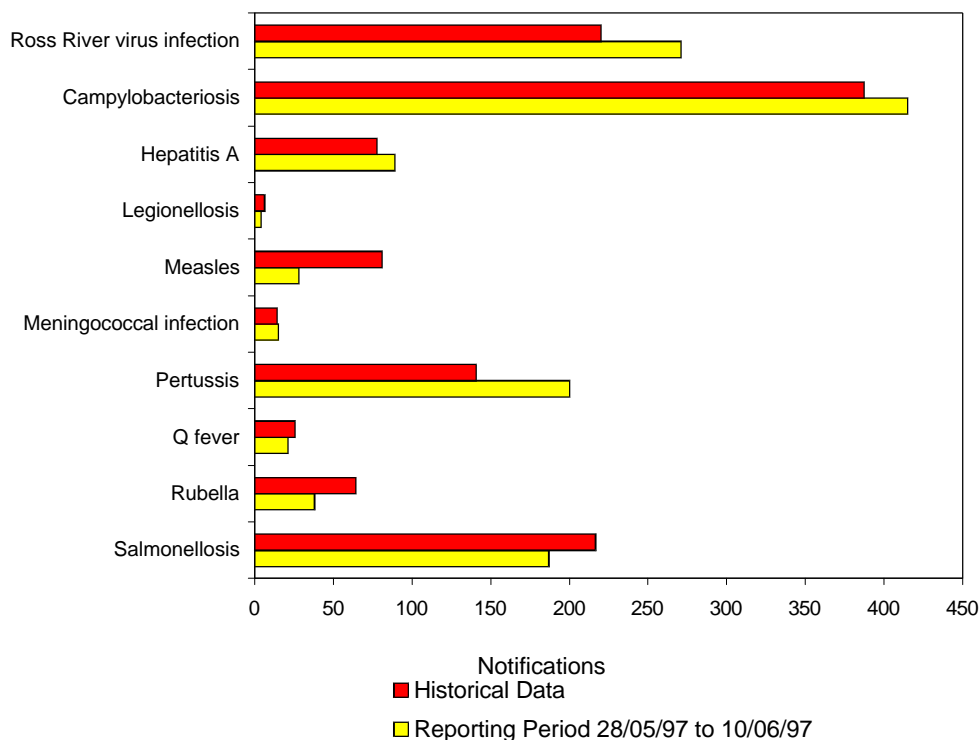
7. NSW, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified

- Elsewhere Classified.

Figure 3. Selected National Notifiable Diseases Surveillance System reports, and historical data¹



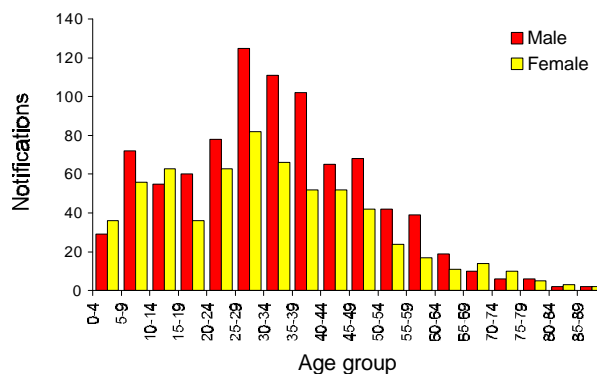
1. The historical data are the averages of the number of notifications in 9 previous 2-week reporting periods, the corresponding periods of the last 3 years and the periods immediately preceding and following those.

Table 3. Notifications of rare¹ diseases received by State and Territory health authorities in the period 28 May to 10 June 1997

Disease ²	Total this period	Reporting States or Territories	Total notifications 1997
Brucellosis			16
Chancroid			1
Cholera			1
Hydatid infection	2	Vic	16
Leprosy			7

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.

Figure 4. Hepatitis A notifications, 1997, by age group and sex



cases were from New South Wales (773) and Queensland (417). The male:female ratio was 1.4:1 and the highest number of notifications was for the 25 - 39 years age group (Figure 4). Following a peak in notifications during January and February 1997, the number of reports has declined (Figure 5). The peak observed in early 1997 was due to the outbreak associated with the consumption of oysters in New South Wales. An increase in notifications was also observed in Queensland and Victoria.

Reports of Ross River virus remain at a high level, with 271 reports received in this period (Figure 6). The majority

of reports were from Queensland (148) and New South Wales (90). A comparison of notifications from New South Wales, Queensland and Victoria indicates the seasonal nature of the disease. In 1996 Queensland and New South Wales recorded an unusually large outbreak. In 1997, Victoria has experienced an increase in notifications compared with the two previous years. This peak in notifications for Victoria occurred earlier than those in New South Wales and Queensland.

Figure 5. Hepatitis A notifications, 1995 to 1997, by month of onset

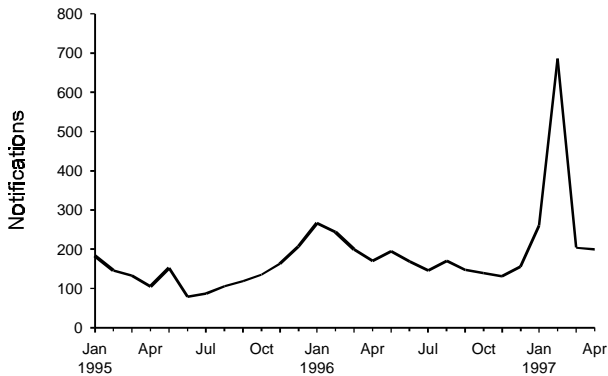


Figure 6. Ross River virus notifications, 1995 to 1997, by month of onset

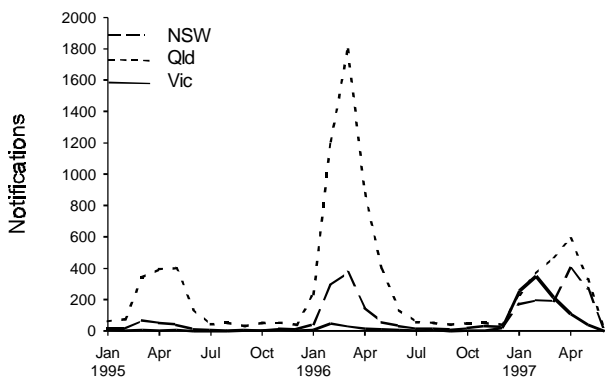


Figure 7. Sentinel general practitioner influenza consultation rates, 1997, by week and scheme

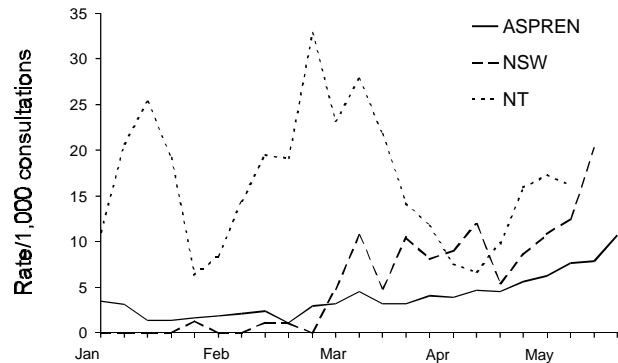
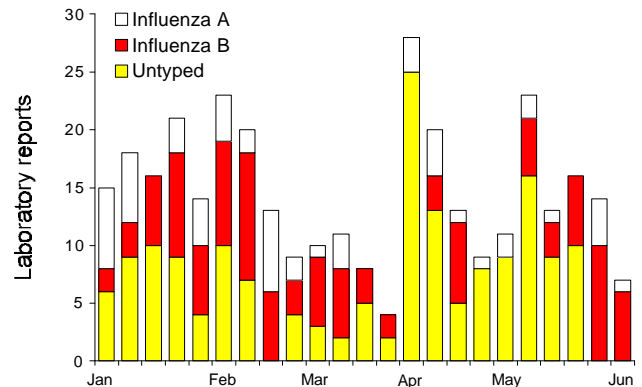


Figure 8. Laboratory reports of influenza, 1997, by type and week of specimen collection



National Influenza Surveillance, 1997

Three types of data are included in *National Influenza Surveillance, 1997*. These are sentinel general practitioner surveillance conducted by the Australian Sentinel Practice Research Network, Department of Human Services, Victoria, Department of Health, New South Wales and Department of Health and Community Services, Northern Territory; laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme, LabVISE, and the World Health Organization Collaborating Centre for Influenza Reference and Research; and absenteeism surveillance conducted by Australia Post. For further information about these schemes, see *CDI 1997; 21:126*.

Sentinel general practitioner surveillance

The Department of Human Services Victoria recorded a rate of one consultation per 1,000 encounters in early May. The rate rose to 6 per 1,000 encounters at the end of May. The New South Wales scheme reported a sharp rise in the

consultation rate this fortnight to 20 per 1,000 encounters (Figure 7). The ASPREN consultation rate for influenza-like illness rose to 10.7 per 1,000 encounters this period. No new data are available from the Northern Territory.

Laboratory surveillance

Forty-four reports of influenza virus were recorded by the LabVISE scheme this fortnight. Of these, 7 were influenza A (including one H₃N₂ strain), 24 influenza B and 13 untyped. For the year to date, 337 reports of influenza have been recorded. Of these, 18% were influenza A, 33% influenza B and 49% were untyped influenza (Figure 8). The male:female ratio was 1:1, and 18% of patients were over 65 years of age.

Absenteeism surveillance

Australia Post recorded a national absenteeism rate of 2.7% and 2.3% in the last two weeks. This has remained stable throughout the season.

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 January 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	1	3	0	6	1	0	1	0	12	6	12	6
	Male	1	33	2	14	3	0	17	1	71	68	71	68
	Sex not reported	0	1	0	0	0	0	0	0	1	2	1	2
	Total ¹	2	37	2	20	4	0	18	1	84	76	84	76
AIDS diagnoses	Female	0	0	0	2	0	0	0	0	2	1	2	1
	Male	0	7	0	5	0	0	8	2	22	56	22	56
	Total ¹	0	7	0	7	0	0	8	2	24	57	24	57
AIDS deaths	Female	0	0	0	0	0	0	1	1	2	3	2	3
	Male	0	5	0	5	1	0	7	1	19	34	19	34
	Total ¹	0	5	0	5	1	0	8	2	21	37	21	37

1. Persons whose sex was reported as transsexual 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 January 1997, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	19	480	4	105	45	4	179	76	912
	Male	177	10384	88	1724	602	78	3516	803	17372
	Sex not reported	0	2045	0	0	0	0	28	0	2073
	Total ¹	196	12923	92	1834	647	82	3732	882	20337
AIDS diagnoses	Female	7	149	0	34	19	2	56	19	286
	Male	80	4103	27	707	299	36	1456	318	7026
	Total ¹	87	4262	27	743	318	38	1519	339	7333
AIDS deaths	Female	2	106	0	27	14	2	39	13	203
	Male	52	2899	22	495	205	25	1143	230	5071
	Total ¹	54	3011	22	524	219	27	1188	244	5289

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

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, 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 January 1997, as reported to 30 April 1997, are included in this issue of *CDI* (Tables 4 and 5).

Table 6. Australian Sentinel Practice Research Network reports, weeks 21, 22 and 23, 1997

Condition	Week 21, to 25 May 1997		Week 22, to 1 June 1997		Week 23, to 8 June 1997	
	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Chickenpox	15	1.9	18	2.1	11	1.6
Gastroenteritis	105	13.4	91	10.8	75	10.8
HIV testing (doctor initiated)	2	0.3	2	0.2	5	0.7
HIV testing (patient initiated)	16	2.0	14	1.7	20	2.9
Influenza	60	7.6	66	7.6	74	10.7
Measles	1	0.1	1	0.1	0	0.0
Pertussis	3	0.4	2	0.2	3	0.4
Ross River virus infection	0	0.0	0	0.0	3	0.4
Rubella	1	0.1	1	0.1	1	0.1

Australian Sentinel Practice Research Network

The Australian Sentinel Practice Research Network (ASPREN) currently comprises 107 general practitioners 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;21:6.

Data for weeks 21, 22 and 23 ending 25 May, 1 and 8 June are included in this issue of CDI (Table 6). The consultation rate for chickenpox has remained slightly higher than the rates reported for March, April and early May. The consultation rate for gastroenteritis has continued at relatively low levels. Consultation rates for patient-initiated HIV testing through May and early June have remained higher than the rates experienced during April. Consultation rates for Ross River virus infection, measles, rubella and pertussis remain very low.

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 22 of the 24 flocks in Western Australia in May 1997. Table 7 shows the number of confirmed seroconversions to flaviviruses from the Kimberley and Pilbara regions.

In addition, there were also a number of unconfirmed positives from Derby (1) in the Kimberley and the Harding Dam (2), Marble Bar (3), Paraburdoo (1) and Tom Price (4) in the Pilbara. There have now been seroconversions to both Murray Valley encephalitis (MVE) and Kunjin viruses in 21 of the 24 chicken flocks in Western Australia.

Five of the sentinel chicken flocks from the Northern Territory were tested in May 1997. The seroconversions to MVE virus at Alice Springs were confirmed. There was also one new seroconversion to MVE at Katherine and three at Coastal Plains Research Station. A new sentinel chicken flock was established at Gove (Nhulunbuy) in north-east Arnhem Land at the end of May.

Table 7. Sentinel Chicken Surveillance Programme seroconversions, Western Australia, May 1997

	MVE	Kunjin	MVE & Kunjin	Flavivirus
Kimberley				
Kalumburu	1			
Wyndham	1			
Kununurra				1
Lombadina		2		
Pilbara				
Karratha	1		3	
Harding Dam	3		4	
Pannawonica		1		
Onslow		1		
Whaleback Mine (Newman)		3		

Table 8. Adverse events following vaccination for the period 5 March to 5 June 1997

Event	Vaccines								Reporting States or Territories	Total reports for this period
	DTP	DTP/Hib	DTP/OPV/Hib	DTP/OPV	DTP/Hib/Hep B	MMR	CDT/OPV/Hib	Other ¹		
Persistent screaming	10	2	4				1		NT, Qld, WA, SA, NSW	17
Hypotonic/hyporesponsive episode	4		5	1		2		1	NT, Qld, WA, SA, NSW	13
Convulsions	1	1	1		1				Qld, WA, SA	4
Anaphylaxis								1	SA	1
Encephalopathy			1						WA	1
Other	1	1	5			2			WA, SA, NSW, NT	9
TOTAL	16	4	16	1	1	4	1	2		45

1. Includes influenza vaccine and DTPa.

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 5 March to 5 June 1997.

There were 45 reports of serious adverse events following vaccination for this period (Table 8). The events occurred over the last three years. Approximately one-third occurred in 1997 (16 cases). Most reports were from South Australia and Western Australia, with 14 and 12 cases respectively.

The most frequently reported event following vaccination was of persistent screaming (17 cases, 38%), followed by hypotonic/hyporesponsive episodes (13 cases, 29%). Four reports of convulsions and one report of anaphylaxis (to influenza vaccine) were received. There was one report of encephalopathy following DTP, OPV and Hib. The child had not yet recovered fully at the time of reporting.

The seven reports listed as 'other' included severe local reactions, vomiting and an urticarial rash.

Thirty-six reports of adverse events (80%) were associated with DTP either alone or in combination with other vaccines. Of these, 15 reports were associated with the first dose of DTP, and 13 with the second dose.

Sixteen cases were hospitalised (36%). Almost all of the events (97%) lasted for 24 hours or less, and all cases but one had fully recovered at the time of reporting.

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 1,082 reports received in the *CDI* Virology and Serology Laboratory Reporting Scheme this period (Tables 9 and 10).

Figure 9. Respiratory syncytial virus laboratory reports, 1995 to 1997, by month of specimen collection

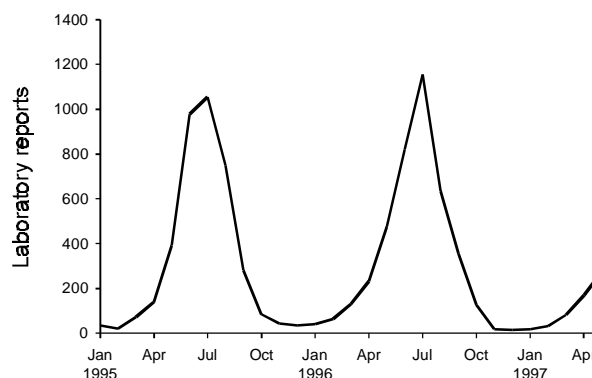


Figure 10. Rotavirus laboratory reports, 1992 to 1996 average and 1997, by month of specimen collection

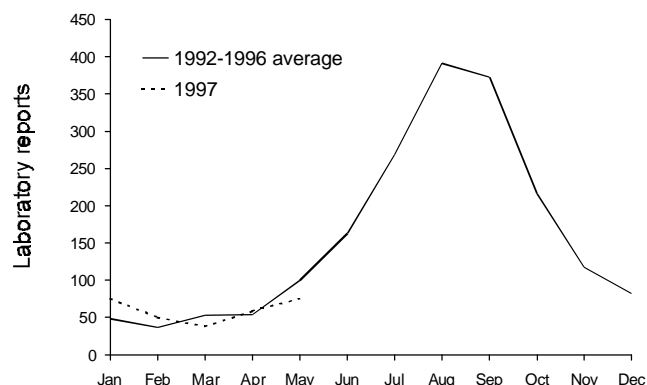
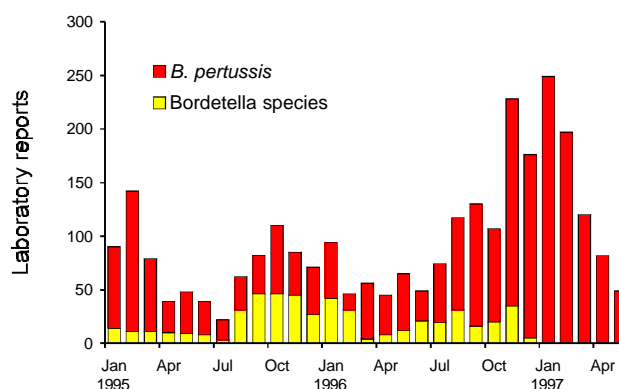


Figure 11. Pertussis laboratory reports, 1995 to 1997, by month of specimen collection



One hundred and nineteen reports of Ross River virus were received this fortnight, 55% of which were from Queensland. Included were 65 males and 54 females; the male:female ratio was 1.2:1. Eighty-one per cent of patients were aged between 25 and 64 years. The number of reports received has fallen since March.

One hundred and forty-two reports of respiratory syncytial virus were received this period, 96% for children under the age of five years. The number of reports has risen in recent weeks, which is usual for this time of year (Figure 9).

Rotavirus was reported for 40 patients this period. Included were 17 males and 23 females. Sixty-eight per cent of

reports were children in the 1 - 4 years age group. The number of reports is below average for this time of year (Figure 10).

Pertussis was reported for 28 patients this period; 14 were in the 5 - 14 years age group. The male:female ratio was 1.5:1. The number of reports has declined since January (Figure 11).

Table 9. Virology and serology laboratory reports by State or Territory¹ for the reporting period 22 May to 4 June 1997, historical data², and total reports for the year

	State or Territory ¹						Total this fortnight	Historical data	Total reported in CDI in 1997
	NSW	NT	Qld	SA	Vic	WA			
Measles, mumps, rubella									
Measles virus		1		1		3	5	2.7	31
Rubella virus	1	1	7	3		1	13	11	384
Hepatitis virus									
Hepatitis A virus	2	11	17	5	1	4	40	18.5	439
Arboviruses									
Ross River virus	3	18	66	12	1	19	119	108.3	1,818
Barmah Forest virus		6	2			5	13	13.5	170
Adenoviruses									
Adenovirus type 2				1			1	0.5	22
Adenovirus type 5				1	1		2	0.0	5
Adenovirus not typed/pending			2	6		3	11	37.5	448
Herpes viruses									
Cytomegalovirus	2		15	2	11	8	38	64	607
Varicella-zoster virus	1	2	26	13	12		54	36.8	716
Epstein-Barr virus	7	2	26	34	2	32	103	67.2	1,423

Table 9. Virology and serology laboratory reports by State or Territory¹ for the reporting period 22 May to 4 June 1997, historical data², and total reports for the year, continued

	State or Territory ¹						Total this fortnight	Historical data	Total reported in CDI in 1997
	NSW	NT	Qld	SA	Vic	WA			
Other DNA Viruses									
Papovavirus group					1		1	0.0	3
Parvovirus			3	4	8		15	6.7	200
Picornavirus family									
Coxsackievirus B2					1		1	0.2	11
Echovirus not typed/pending				1			1	0.0	2
Rhinovirus (all types)	1		7	1	3		12	26.5	292
Enterovirus not typed/pending			8				8	33.7	298
Ortho/paramyxoviruses									
Influenza A virus			1		4	1	6	40.5	168
Influenza A virus H3N2						1	1	0.8	1
Influenza B virus			7	1	5	11	24	6.2	154
Influenza virus - typing pending				13			13	0.5	182
Parainfluenza virus type 1			1				1	14	39
Parainfluenza virus type 2	1		1		1		3	10	51
Parainfluenza virus type 3			3	3	2	2	10	12.8	376
Parainfluenza virus typing pending				5			5	1	181
Respiratory syncytial virus	69		18	7	31	17	142	229.7	783
Other RNA viruses									
Rotavirus	1			24	3	12	40	56.5	457
Norwalk agent					3		3	0.5	58
Other									
<i>Chlamydia trachomatis</i> not typed	7	138	48	25	5	56	279	147.2	2,510
<i>Chlamydia psittaci</i>					1		1	2.5	41
<i>Chlamydia</i> species			1				1	2	18
<i>Mycoplasma pneumoniae</i>	21	1	18	6	5	6	57	19	865
<i>Coxiella burnetii</i> (Q fever)	8		20		1		29	9.3	180
<i>Bordetella pertussis</i>	3		8		17		28	24.7	994
<i>Legionella pneumophila</i>				1			1	0.2	9
<i>Legionella</i> species	1						1	0	9
TOTAL	128	180	305	169	119	181	1,082	1,004.30	13,945

1. State or Territory of postcode, if reported, otherwise State or Territory of reporting laboratory.
2. The historical data are the averages of the numbers of reports in 6 previous 2 week reporting periods, the corresponding periods of the last 2 years and the periods immediately preceding and following those.

Table 10. Virology and serology laboratory reports by contributing laboratories for the reporting period 22 May to 4 June 1997

State or Territory	Laboratory	Report
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	46
	South West Area Pathology Service, Liverpool	67
Queensland	Queensland Medical Laboratory, West End	295
	State Health Laboratory, Brisbane	35
South Australia	Institute of Medical and Veterinary Science, Adelaide	168
Victoria	Microbiological Diagnostic Unit, University of Melbourne	5
	Monash Medical Centre, Melbourne	32
	Royal Children's Hospital, Melbourne	24
	Victorian Infectious Diseases Reference Laboratory, Fairfield	57
Western Australia	Princess Margaret Hospital, Perth	52
	Royal Perth Hospital	8
	Western Diagnostic Pathology	293
TOTAL		1,082