

Communicable Diseases Surveillance

Measles notifications increasing

Measles has been epidemic in New Zealand since April this year and has only recently started to decline. So far in 1997, there have been 1,543 notifications of measles and 118 hospitalisations in New Zealand¹. In Australia, measles notifications have increased in the last few months after remaining relatively low since the last national outbreak in 1993-1994 (Figure 1). There were 118 measles notifications with onset in September, 67 (57%) were for adjoining Statistical Divisions north of Brisbane; Wide Bay-Burnett (62) and Fitzroy (5). The notification rates for September in the two Statistical Divisions were 28 cases per 100,000 population and 3 per 100,000 population respectively. During October, outbreaks also occurred in Far North Queensland, Northern New South Wales and the Australian Capital Territory (Figure 2).

The proportion of measles notifications which have been laboratory confirmed can not be established through the National Notifiable Diseases Surveillance System (NNDSS) because the method of diagnosis is not currently included in the data. However, data from the Virology and Serology Reporting Scheme, LabVISE (Figure 3), shows a similar trend to the NNDSS data. Although laboratory reports have not increased in recent months this may reflect a reporting delay or the sentinel nature of LabVISE.

Overall, there have been 256 notifications received by the NNDSS with onset since 1 September. Notifications have been highest among infants under 5 years of age, however 45% have been among adolescents and adults aged 10-29 years (Figure 4). Information on vaccination status

Figure 1. Notifications of measles, 1992-1997, by month of onset

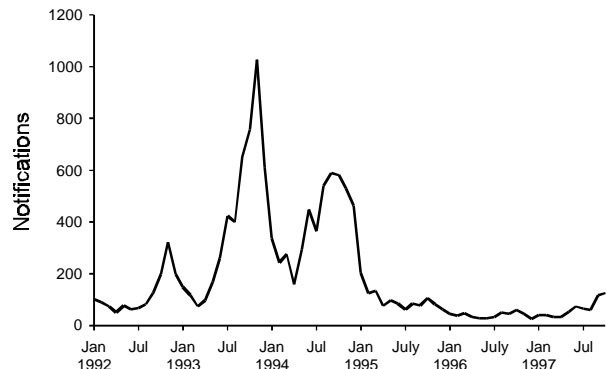


Figure 3. Laboratory reports of measles, 1992-1997, by month of specimen collection

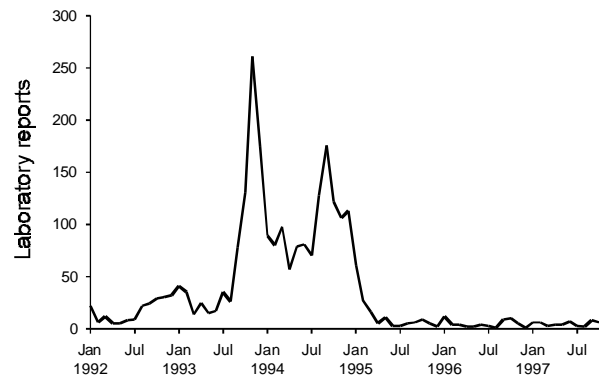


Figure 2. Notification rate of measles, October 1997, by Statistical Division of residence

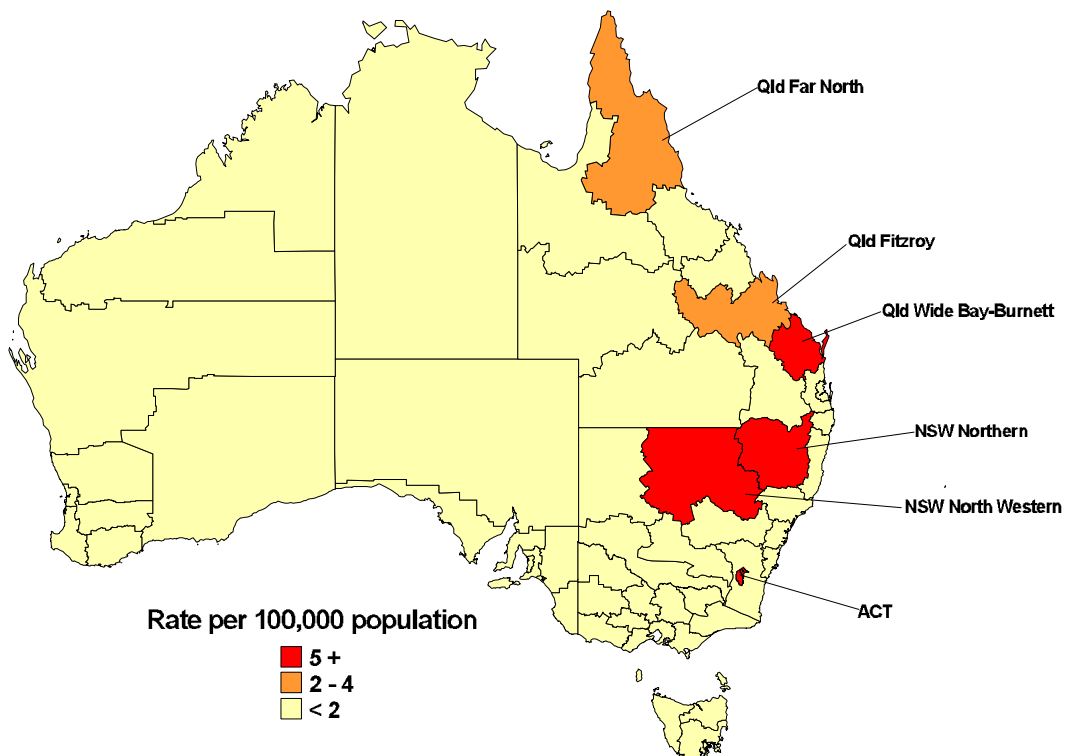
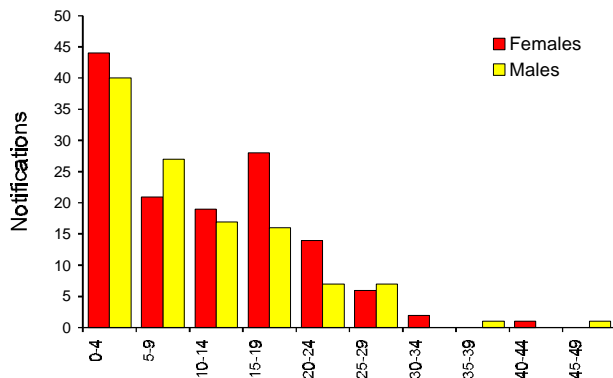


Figure 4. Notifications of measles with onset since 1 September 1997, by age group and sex



was either unknown or not reported for 237 (93%) of the notifications.

The data suggest that a national outbreak of measles may be imminent. Although children under five years of age are at greatest risk in Australia, adolescents and young adults are currently an important risk group to be considered when predicting the impact of measles outbreaks, and planning control measures. Vaccination against measles, mumps and rubella is recommended at 12 months of age and at 10-16 years of age, unless there is a genuine contraindication². Preschool children who have not been vaccinated and those who are not up to date with the recommended schedule should be vaccinated.

References

1. Anon. Measles epidemic declining. *NZ Pub Hlth Rep* 1997;4:76.
2. National Health and Medical Research Council. The Australian immunisation handbook 6th edition 1997. Canberra: Australian Government Publishing Service, 1997.

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 15 October to 11 November 1997

There were 4,976 notifications received for this four-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 5).

The numbers of reports for Barmah Forest virus infection and Ross River virus infection remain low. However, the rates of disease are expected to rise in the near future. Most recent reports were received from Queensland.

Notifications of hepatitis A have risen steadily in number over the last 2 months. The total received for the current period was 36% higher than for the previous four-week period, but remains low by comparison with numbers reported earlier in the year. The majority of notifications (76%) were received from New South Wales and Queensland. For the 223 notifications with dates of onset in October and November, the male:female ratio was 1.6:1; 32% of cases were males in the age range 20-39 years (Figure 6).

There were 47 notifications of meningococcal infection for the current period, bringing the total number of cases for the year so far to 436, 59 cases (16%) more than for the

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 15 October to 11 November 1997

Disease ^{1,2}	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This	This	Year	Year
									period	period	to	to
									1997	1996	date	date
									1997	1996	1997	1996
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i> type b	0	2	0	0	0	0	0	0	2	2	44	49
Measles	19	28	0	72	3	1	10	7	140	63	668	437
Mumps	0	1	1	2	1	0	3	3	11	9	170	106
Pertussis	15	361	0	224	168	12	126	128	1,034	492	6,996	2,818
Rubella	2	5	0	43	20	0	49	3	122	307	1,202	2,325
Tetanus	0	0	0	0	0	0	0	0	0	1	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 15 October to 11 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	1	0	0	4	0	6	4	120	49
Barmah Forest virus infection	0	3	-	25	0	0	0	0	31	28	598	780
Campylobacteriosis ⁴	25	-	2	360	137	40	389	97	1,050	1,048	9,887	10,266
Chlamydial infection (NEC) ⁵	18	NN	46	246	0	26	208	115	659	686	7,030	7,240
Dengue	0	0	1	5	0	-	0	0	6	4	202	34
Donovanosis	0	NN	0	0	NN	0	0	0	0	7	28	44
Gonococcal infection ⁶	0	36	61	55	0	1	0	87	240	338	3,773	3,608
Hepatitis A	11	74	4	88	10	0	19	6	212	145	2,736	1,960
Hepatitis B incident	0	3	1	3	0	0	10	0	17	18	210	204
Hepatitis C incident	0	0	0	-	0	0	-	-	0	6	13	55
Hepatitis C unspecified	25	NN	24	230	NN	16	277	34	606	772	8,160	8,371
Hepatitis (NEC)	0	0	0	0	0	0	0	NN	0	0	13	15
Legionellosis	0	0	0	1	3	0	0	7	11	13	127	162
Leptospirosis	0	2	0	0	0	0	7	1	10	27	107	203
Listeriosis	0	0	0	1	1	0	0	0	2	5	65	60
Malaria	0	5	1	0	1	1	6	0	14	68	691	756
Meningococcal infection	1	15	3	9	2	1	9	7	47	49	436	377
Ornithosis	0	NN	0	0	0	0	0	0	0	2	41	66
Q Fever	0	15	0	20	4	0	0	0	39	39	512	470
Ross River virus infection	0	11	0	31	4	0	4	3	53	71	6,454	7,583
Salmonellosis (NEC)	8	126	28	124	34	12	74	30	436	421	5,966	4,938
Shigellosis ⁴	1	-	9	22	9	0	8	8	57	32	700	558
Syphilis	1	22	22	36	0	0	0	4	85	103	1,079	1,325
Tuberculosis	0	12	2	8	2	1	29	2	56	84	847	930
Typhoid ⁷	0	0	0	2	1	0	1	3	7	3	61	77
Yersiniosis (NEC) ⁴	0	-	0	12	3	0	1	0	16	37	215	238

- For HIV and AIDS, see Tables 4 and 5. For rarely notified diseases, see Table 3.
- 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.
- NT: includes Barmah Forest virus.
- NSW: only as 'foodborne disease' or 'gastroenteritis in an institution'.

- WA: genital only.
 - NT, Qld, SA and Vic: includes gonococcal neonatal ophthalmia.
 - NSW, Vic: includes paratyphoid.
- NN Not Notifiable.
NEC Not Elsewhere Classified
- Elsewhere Classified.

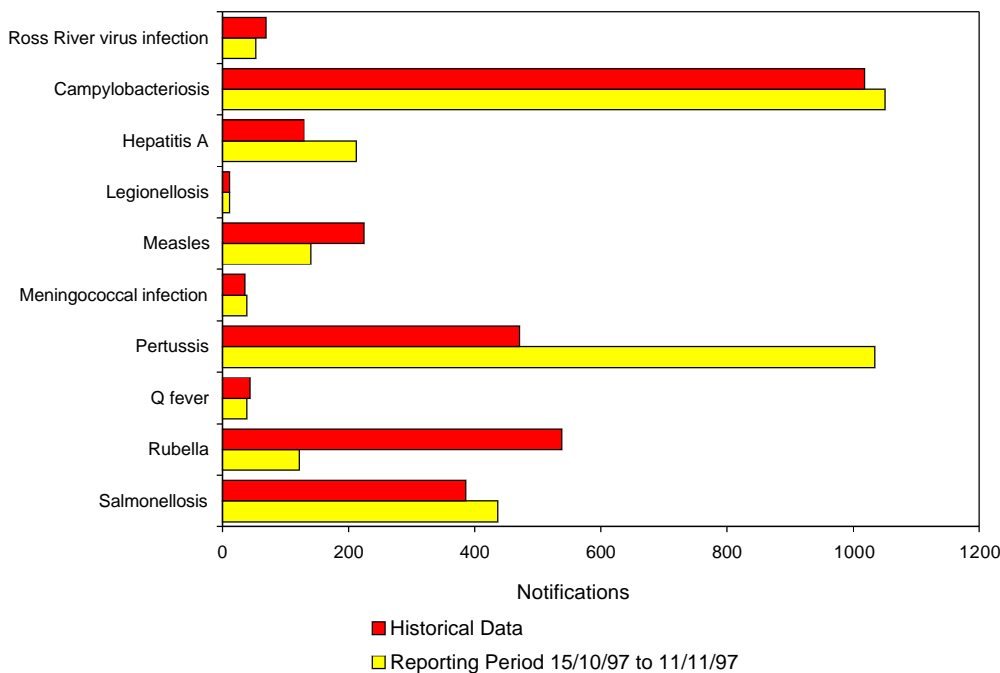
same period in 1996. Cases were reported from all jurisdictions.

The number of notifications received for pertussis has been sustained at a high level (Figure 7), 1,034 reports being received for the current four-week period. This is more than double the number received for the corresponding period last year, and is higher than for any four-week period since the inception of the NNDSS in its present form in 1991. The increased level of activity has been seen in all jurisdictions except the Northern Territory, but especially in New South Wales and Queensland, which

account for 31% and 28% respectively of the 1,751 recorded cases with onset dates from the beginning of September. Of these recent cases, 25% have been in children 5-9 years of age, and 24% in children 10-14 years of age.

The 436 notifications received for salmonellosis comprised the highest four-weekly total since April. New South Wales, Queensland and Victoria accounted for 74% of the total reports. One hundred and sixty-one cases (36%) were in children under 5 years of age.

Figure 5. 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 three years and the two week periods immediately preceding and following those.

Table 3. Notifications of rare¹ diseases received by State and Territory health authorities in the period 15 October to 11 November 1997

Disease ²	Total this period	Reporting States or Territories	Total notifications 1997
Brucellosis	2	Qld	33
Chancroid			1
Cholera	1	Vic	3
Hydatid infection	4	Qld, Vic	47
Leprosy			10

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 7. Notifications of pertussis, 1993-1997, by month of onset

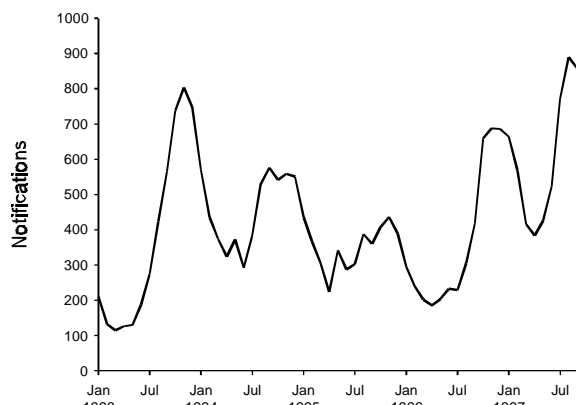
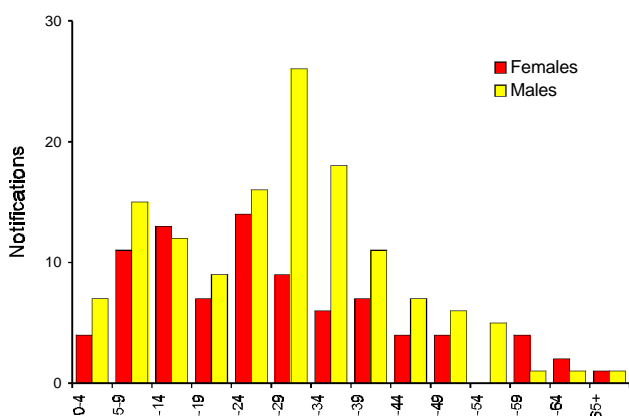


Figure 6. Notifications of hepatitis A with onset in October and November 1997, by age group and sex



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.

Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 July to 31 July 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	2	0	2	1	0	1	0	6	10	40	47
	Male	0	29	0	10	1	0	15	3	58	64	394	469
	Sex not reported	0	3	0	1	0	0	0	0	4	1	16	4
	Total ¹	0	34	0	13	2	0	16	3	68	75	450	521
AIDS diagnoses	Female	0	0	0	2	0	0	0	0	2	6	15	20
	Male	0	2	0	1	3	0	2	0	8	51	122	379
	Total ¹	0	2	0	3	3	0	2	0	10	57	137	399
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	1	6	14
	Male	0	7	0	2	0	0	1	2	12	45	101	296
	Total ¹	0	7	0	2	0	0	1	2	12	46	107	310

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 July 1997, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	21	493	6	112	47	4	187	77	947
	Male	180	10,551	91	1,769	617	78	3,601	823	17,710
	Sex not reported	0	2,058	0	1	0	0	28	0	2,087
	Total ¹	201	13,115	97	1,887	664	82	3,825	903	20,774
AIDS diagnoses	Female	7	152	0	39	19	2	59	23	301
	Male	80	4,166	28	722	311	40	1,483	329	7,159
	Total ¹	87	4,329	28	763	330	42	1,549	354	7,482
AIDS deaths	Female	2	109	0	27	14	2	40	14	208
	Male	52	2,949	22	506	208	26	1,163	238	5,164
	Total ¹	54	3,064	22	535	222	28	1,209	253	5,387

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

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 July 1997, as reported to 31 October 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;21:6.

Data for weeks 42 to 45 ending 19 and 26 October, and 2 and 9 November are included in this issue of *CDI* (Table 6). During the current reporting period, the consultation rate for pertussis continued at a high level; in the last 10 weeks, the rate averaged more than double the consultation rates seen previously this year. The consultation rate for influenza-like illness declined to a very low level. The gastroenteritis consultation rate has remained at a low level since the beginning of June. The consultation rates for chickenpox were steady from June until the last 3 reporting weeks, during which there was an increase. Measles, rubella and Ross River virus infection

Table 6. Australian Sentinel Practice Research Network reports, weeks 42, 43, 44 and 45, 1997

Condition	Week 42, to 19 October 1997		Week 43, to 26 October 1997		Week 44, to 2 November 1997		Week 45, to 9 November 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	10	1.4	15	2.0	16	2.3	17	2.7
Gastroenteritis	102	14.7	77	10.0	77	11.0	71	11.3
HIV testing (doctor initiated)	6	0.9	3	0.4	6	0.9	3	0.5
HIV testing (patient initiated)	12	1.7	15	2.0	7	1.0	7	1.1
Influenza	19	2.7	33	4.3	25	3.6	6	1.0
Measles	0	0.0	0	0.0	0	0.0	0	0.0
Pertussis	4	0.6	4	0.5	3	0.4	5	0.8
Ross River virus infection	0	0.0	0	0.0	1	0.1	0	0.0
Rubella	3	0.4	3	0.4	2	0.3	4	0.6

consultation rates have remained low for several months. The consultation rates associated with HIV testing have remained at moderate levels throughout the year.

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 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 periodically. 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 January to 31 March 1997

The AGSP laboratories examined 678 isolates of *Neisseria gonorrhoeae* (*N. gonorrhoeae*) for sensitivity to the penicillins, ceftriaxone, quinolones and spectinomycin and for high level resistance to the tetracyclines, in the March quarter of 1997.

Penicillins

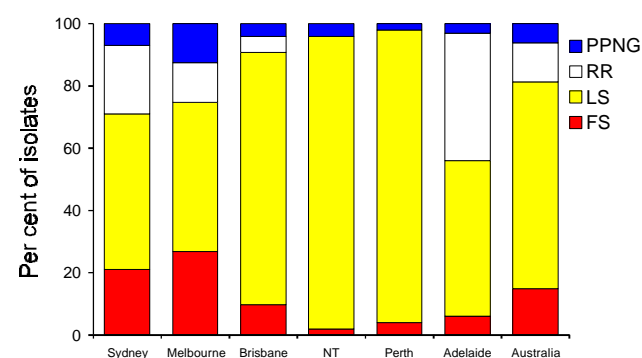
Resistance to this group of antibiotics (penicillin, ampicillin, amoxycillin) was present in a high proportion of isolates examined in Adelaide (44%), Sydney (29%), and Melbourne (25%). The proportion of penicillin-resistant strains was 9% in Brisbane, and lower in other centres. Figure 8 shows the proportion of isolates fully sensitive, less sensitive or relatively resistant to the penicillins by

chromosomal mechanisms (CMRNG), and the proportion of penicillinase-producing *Neisseria gonorrhoeae* (PPNG), in different regions and as aggregated data for Australia. PPNG and relatively resistant isolates usually fail to respond to therapy with the penicillins. Those in the fully sensitive and less sensitive categories (minimal inhibitory concentration - MIC \leq 0.5 mg/L) usually respond to a regimen of standard treatment with the above penicillins.

There were 42 PPNG identified in this reporting period (6.2% of all isolates). These were distributed widely with 16 PPNG reported from Melbourne, 15 from Sydney, 8 from Perth, 6 from Brisbane, 2 from the Northern Territory and Perth and a single PPNG from Adelaide. Whilst some infections with PPNG were acquired locally, most were acquired in South East Asian countries often visited by Australians.

Eighty-five (12.5%) of all isolates were resistant to the penicillins by separate chromosomal mechanisms. These CMRNG were most often reported from Sydney (47 strains, 22%), Melbourne (16 strains, 12.6%) and Adelaide

Figure 8. Penicillin resistance of *N. gonorrhoeae*, Australia, 1 January - 31 March 1997, by region



FS Fully sensitive to penicillin, MIC \leq 0.03 mg/L
 LS Less sensitive to penicillin, MIC 0.06 - 0.5 mg/L
 RR Relatively resistant to penicillin, MIC \geq 1 mg/L
 PPNG Penicillinase producing *N. gonorrhoeae*

(14 strains, 41%). No relatively resistant isolates were reported from Perth or the Northern Territory.

Ceftriaxone and spectinomycin

Although all isolates from all parts of Australia were sensitive to these injectable agents, a small number of isolates showed some decreased sensitivity to ceftriaxone.

Quinolone antibiotics

This group of antibiotics includes ciprofloxacin, norfloxacin and enoxacin. Forty-nine isolates (7.2%) throughout Australia had altered resistance to this group of antibiotics (QRNG) with 32 of these showing high level resistance. Twenty-eight QRNG (13%) were detected in Sydney, 9 in Melbourne (7.1%), 8 in Brisbane (5.2%), 3 in Perth, and a single QRNG was detected in Adelaide.

Two concerning trends emerged this quarter in relation to quinolone sensitivity of gonococcal isolates; firstly, the increase in rates of isolation of QRNG and secondly, the appearance of QRNG in locally acquired infections in Sydney and Melbourne. In the corresponding period of 1996, QRNG comprised 2.8% of all isolates and infections were all acquired overseas. The quinolone antibiotics are the oral agents most often used in centres where the penicillins are ineffective. If resistance to the quinolones continues to increase, options for successful treatment will be substantially reduced.

High level tetracycline resistance

Thirty-four tetracycline resistant *N.gonorrhoeae* (TRNG) were detected throughout Australia (5% of all strains) with isolates of this type again present in most centres. The highest proportion of TRNG was found in Perth where the 6 TRNG represented 6% of all isolates. TRNG were also prominent in Sydney (11 isolates, 5%), Melbourne (7 isolates, 5.5%) and Brisbane (8 isolates, 5.2%). There were 2 TRNG isolated in Darwin. Indonesia was the overseas source of acquisition most often identified. Local acquisition was also recorded.

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 2,224 reports received in the CDI Virology and Serology Laboratory Reporting Scheme this four-week period (Tables 7 and 8).

The number of reports of rotavirus continued to decline after peaking in September (Figure 9); this is consistent with the characteristic annual trend. There were 259 reports received this period. The majority (68%) of reports were from New South Wales followed by South Australia (22%). The male to female ratio was 1.3:1, with 62% of reports for children in the 1-4 years age group, and 22% for infants in the 1-11 months age group.

Reports of *Mycoplasma pneumoniae* remained high (Figure 10). The number of reports for 1997 to date is higher than any yearly total since 1993. There were 158 reports received this reporting period. Forty-two per cent of reports were from Queensland followed by 31% from South Australia. The male to female ratio was 1:1.4, with 49% of reports for the 5-14 years age group and 20% of reports for the 25-44 years age group.

As expected for this time of year, reports of influenza virus continued to decline (Figure 11), after peaking in the winter months. There were 89 reports of influenza A virus this

Figure 9. Rotavirus laboratory reports, 1995 - 1997, by month of specimen collection

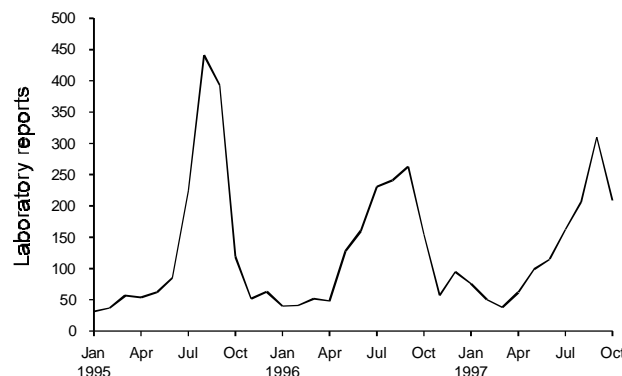


Figure 10. Mycoplasma pneumoniae laboratory reports, 1995 - 1997, by month of specimen collection

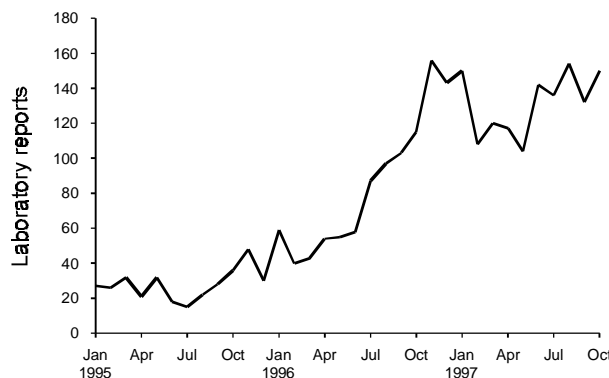


Figure 11. Influenza virus laboratory reports, 1997, by type and month of specimen collection

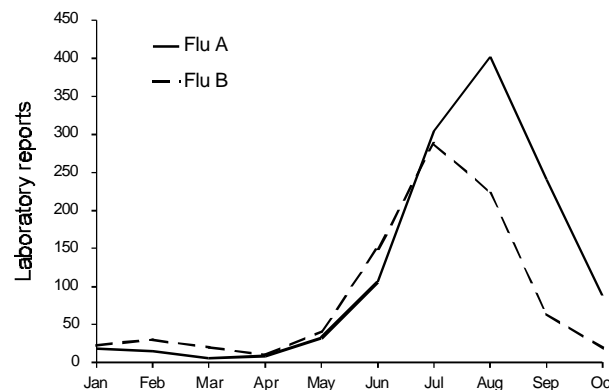


Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 9 October to 5 November 1997, and total reports for the year

	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		2			2			1	5	58
Mumps virus					1				1	42
Rubella virus		1		21	16		1		39	520
Hepatitis viruses										
Hepatitis A virus		1	4	13	6			6	30	658
Arboviruses										
Ross River virus			1	4	6			8	19	2,069
Barmah Forest virus				10				4	14	227
Dengue not typed								1	1	59
Flavivirus (unspecified)				1					1	23
Adenoviruses										
Adenovirus type 1					5				5	26
Adenovirus type 2					6				6	37
Adenovirus type 5					2				2	8
Adenovirus type 7					1				1	8
Adenovirus not typed/pending		24		1	47	5	3	5	85	933
Herpes viruses										
Cytomegalovirus		9		15	8	3	4	6	45	1,009
Varicella-zoster virus		16		35	22	2	1	18	94	1,225
Epstein-Barr virus		22	7	47	98	1	3	36	214	2,271
Other DNA viruses										
Parvovirus				6	3			4	13	315
Picornavirus family										
Coxsackievirus A9		1							1	9
Coxsackievirus B3		2							2	10
Poliovirus type 1 (uncharacterised)		1			1				2	7
Rhinovirus (all types)	2	4			8			5	19	560
Enterovirus not typed/pending		2	1	5				7	15	553
Ortho/paramyxoviruses										
Influenza A virus		1	2	3	73	1		9	89	1,333
Influenza B virus		1			19			2	22	911
Influenza virus - typing pending					40				40	471
Parainfluenza virus type 1		4			1			1	6	66
Parainfluenza virus type 3		53		6	27		5	41	132	1,067
Parainfluenza virus typing pending					23	2			25	254
Respiratory syncytial virus		140		5	161	3	14	29	352	4,634
Other RNA viruses										
HTLV-1								1	1	13
Rotavirus		177			58	1	12	11	259	1,499

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

Table 7. Virology and serology laboratory reports by State or Territory¹ for the reporting period 9 October to 5 November 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		
Other										
<i>Chlamydia trachomatis</i> not typed	1	22	69	53	66	2	9	84	306	4,191
<i>Chlamydia</i> species type pending						7			7	7
<i>Mycoplasma pneumoniae</i>		13	1	67	49		11	17	158	1,627
<i>Coxiella burnetii</i> (<i>Q fever</i>)		1		14					15	284
<i>Salmonella</i> species								1	1	2
<i>Bordetella pertussis</i>		2		103			61	22	188	1,673
<i>Legionella longbeachae</i>					4			3	7	31
<i>Cryptococcus</i> species		2							2	20
TOTAL	3	501	85	409	753	27	124	322	2,224	28,710

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

period, mainly from South Australia (82%). The male to female ratio for influenza A virus was 1:1.0. Twenty-two reports of influenza B virus and 40 reports of influenza virus untyped were received, once again mainly from South

Australia (86% and 100% of total reports respectively). The male to female ratios for influenza B virus and influenza virus untyped, were 1:1.4 and 1:1.2 respectively.

Table 8. Virology and serology laboratory reports by contributing laboratories for the reporting period 9 October to 5 November 1997

State or Territory	Laboratory	Reports
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	40
	New Children's Hospital, Westmead	63
	Royal North Shore Hospital, St Leonards	291
	Royal Prince Alfred Hospital, Camperdown	24
	South West Area Pathology, Liverpool	69
Queensland	Queensland Medical Laboratory, West End	436
South Australia	Institute of Medical and Veterinary Science, Adelaide	752
Tasmania	Northern Tasmanian Pathology Service, Launceston	4
	Royal Hobart Hospital, Hobart	23
Victoria	Microbiological Diagnostic Unit, University of Melbourne	6
	Royal Children's Hospital, Melbourne	116
Western Australia	PathCentre Virology, Perth	165
	Princess Margaret Hospital, Perth	68
	Western Diagnostic Pathology	167
TOTAL		2,224