

Additional Reports

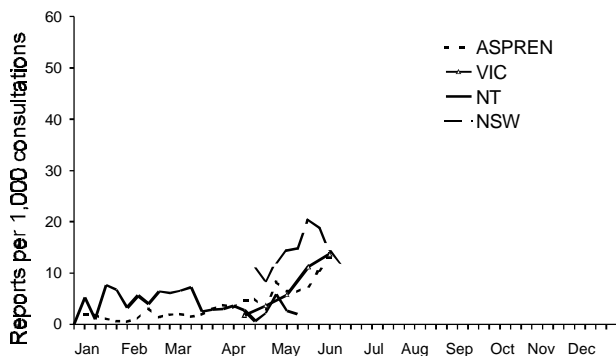
National Influenza Surveillance, 1998

Three types of data are included in National Influenza Surveillance, 1998. 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 the Tropical Influenza Surveillance Scheme, Territory Health (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 1998; 22:83.

Sentinel General Practitioner Surveillance

Consultation rates for influenza-like illness recorded by the ASPREN and Victorian Schemes have been almost twice that of the previous reporting period. New South Wales has had the highest weekly consultation rates for the last month with 20.5 per 1,000 consultations reported for the first week of June (Figure 6). These rates are comparable to those observed for the same period in 1997.

Figure 6. Sentinel general practitioner influenza consultation rates, 1998, by scheme and week



Laboratory Surveillance

There has been a total of 499 laboratory reports of influenza for the year to date. Of these, 437 (87%) were influenza A and 62 (13%) influenza B (Figure 7). The cumulative number of influenza A laboratory reports for the year to date exceeds those for all years since 1993 for the same period. This may reflect an increase in laboratory testing rather than a real increase in the incidence of disease, as a similar rise in reports is not evident in the sentinel practice (ASPREN) data. Ninety-six reports (21%) were for children less than 4 years of age and all but one of these was for influenza A (Figure 8). In the ASPREN scheme children in the same age group accounted for only 5% of all influenza-like illness reports.

The reports of influenza B for the year to date have been approximately one quarter of those for the same period in 1997.

Figure 7. Laboratory reports of influenza, 1998, by type and week of specimen collection

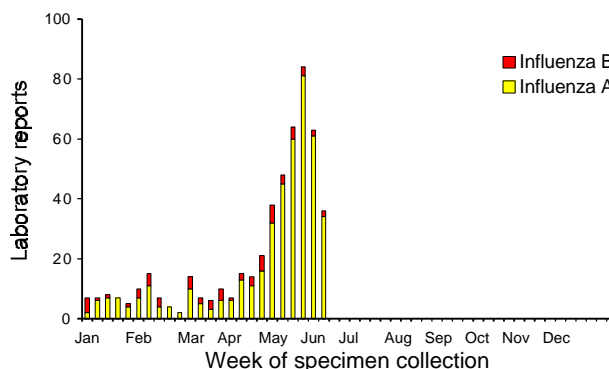
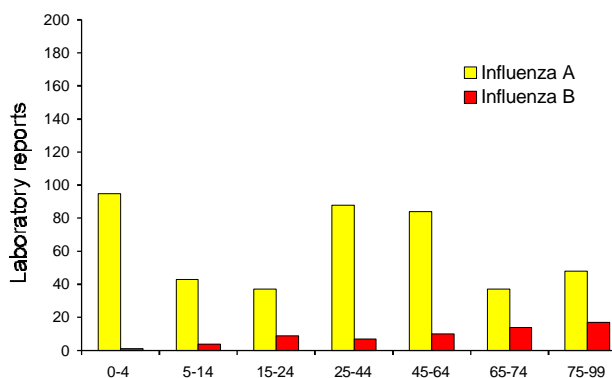


Figure 8. Laboratory reports of influenza, 1998, by type and age group



Absenteeism surveillance

Rates of absenteeism in Australia Post employees for three consecutive days of each week have been reported on a weekly basis since late April. No rise in weekly absenteeism rates have been reported for the year to date.

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 26 flocks are maintained in the north of Western Australia, seven in the Northern Territory, nine 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* 1998;22:7

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Sentinel chicken serology was carried out for 25 of the 28 flocks in Western Australia in April and May 1998. There were two seroconversions in the Wyndham flock in early April, one to MVE and one to Kunjin virus. There were four seroconversions to Kunjin virus in the Kununurra flock, two in April and two in May. One of the May seroconversions has not yet been confirmed. The young boy from a community near Wyndham who had encephalitis caused by MVE virus is still in hospital in Perth, and it now appears that he will be left with severe neurological complications.

Seven flocks of sentinel chickens from the Northern Territory were also tested in our laboratory in April and May 1998. There was one new seroconversion to Kunjin virus in the Katherine flock and one seroconversion to a flavivirus (probably not MVE or Kunjin virus) in the Tennant Creek flock in April. In addition, there were two seroconversions to Kunjin virus in the Gove chicken flock in May, but these have yet to be confirmed.

There were no seroconversions to flaviviruses in chickens tested from Victoria in April or May, and this programme has now finished for the season.

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.

Table 6. Adverse events following vaccination for the period 28 April to 1 July 1998

Event	Vaccines										Reporting States or Territories	Total reports for this period
	DTP	DTP/Hib	DTP/OPV/Hib	DTP/OPV/Heb	DTP/OPV	DTP/OPV/Hib/Heb	MMR	OPV/Hib/Other	Hep B	Other		
Persistent screaming	28	2	40		2			1	2		ACT, NSW, NT, Qld, Vic,	75
Hypotonic/hyporesponsive episode	2	1	15	1							ACT, NSW, SA	19
Temperature of 40.5°C or more	4	1	1								ACT, NSW	6
Convulsions	1	2	4		1	1					NSW	9
Anaphylaxis												
Shock												
Death			1								NSW	1
Other	3		6				1		1	1	ACT, NSW, NT, QLD, SA, Vic	12
TOTAL	38	6	67	1	3	1	1	1	3	1		122

Vaccines - Other includes: influenza, DTPa, CDT, OPV, pneumococcal, BCG, ADT and rabies immunoglobulin (HRIG)

Event - Other includes: lymphadenitis, local reactions, fever less than 40.5°, and non specific events such as vomiting

Results for the reporting period 28 April to 1 July 1998

There were 122 reports of serious adverse events following vaccination for this reporting period (Table 6). Onset dates were from 1995 to 1998, the majority (40%) being in 1998 and 39% in 1997. Reports were received from the Australian Capital Territory (10), New South Wales (59), the Northern Territory (3), Queensland (41), South Australia (5) and Victoria (4). No reports were received from Tasmania and Western Australia for this period. The majority of the reports received from New South Wales were from 1996 and 1997.

The most frequently reported events following vaccination were persistent screaming (75 cases, 61%) and hypotonic/hyporesponsive episodes (19 cases, 16%), followed by other events (12 cases, 10%). One death within 30 days of immunisation was reported from New South Wales. The baby was two months old, and the cause of death was determined to be Sudden Infant Death Syndrome (SIDS) by the coroner.

Nineteen of the 122 cases were hospitalised. There was incomplete information on follow-up of three cases while all of the other cases had recovered at the time of reporting. One hundred and sixteen adverse events (95%) were associated with Diphtheria-Tetanus-Pertussis (DTP), vaccine either alone or in combination with other vaccines. Of these, 75 reports were associated with the first dose of DTP and 28 with the second dose.

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 1 to 31 January, as reported to 30 April 1998, are included in this issue of CDI (Tables 7 and 8).

Table 7. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 January 1998, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1998	This period 1997	Year to date 1998	Year to date 1997
HIV diagnoses	Female	0	0	0	1	0	0	0	0	1	11	1	11
	Male	0	36	0	10	1	0	8	2	57	77	57	77
	Sex not reported	0	1	0	0	0	0	0	0	1	1	1	1
	Total ¹	0	37	0	11	1	0	8	2	59	89	59	89
AIDS diagnoses	Female	0	0	0	1	0	0	0	0	1	2	1	2
	Male	0	5	0	2	0	0	0	2	9	40	9	40
	Total ¹	0	5	0	3	0	0	0	2	10	42	10	42
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	0	2
	Male	0	3	0	1	1	1	0	0	6	28	6	28
	Total ¹	0	3	0	1	1	1	0	0	6	30	6	30

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

Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 January 1998, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	20	538	7	120	51	4	191	82	1,013
	Male	178	10,204	93	1,772	621	75	3,682	840	17,465
	Sex not reported	0	258	0	0	0	0	28	1	287
	Total ¹	198	11,020	100	1,898	672	79	3,911	926	18,804
AIDS diagnoses	Female	7	157	0	44	19	2	62	23	314
	Male	80	4,330	30	753	318	41	1,516	336	7,404
	Total ¹	87	4,498	30	799	337	43	1,585	361	7,740
AIDS deaths	Female	2	112	0	28	14	2	43	15	216
	Male	52	3,034	23	524	215	27	1,198	241	5,314
	Total ¹	54	3,153	23	554	229	29	1,247	257	5,546

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

Corrections

Vol 22(5):91. Table 9. Adverse events following vaccination for the period 16 December 1997 to 27 April 1998. 'Total Death' should read 0, and 'Total Other' should read 25.

Vol 22(6):123. Table 9. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 July 1996 to 30 September 1996; assessment date 30 September 1997. 'Total number of children Australia' should read 66,195.

Overseas briefs

Source: World Health Organization (WHO)

Enterovirus in Taiwan, China

Enterovirus 71 has been reported as the cause of the enterovirus outbreak in Taiwan, China. Autopsy revealed the presence of enterovirus 71 in the spinal cord and medulla of a fatal case. As of 17 June 1998, the outbreak had claimed 41 lives among infants and children. Health authorities estimate that up to 300,000 infants and children may have been infected with the virus throughout the island. An increased number of children have been hospitalised with aseptic meningitis or encephalitis. Of those hospitalised many had a febrile illness for 2 - 4 days before sudden deterioration and death within 12 - 24 hours.

As there is no vaccine for the virus, the health authorities recommend that parents keep their children away from public places and make sure they wash their hands often to reduce the risk of infection.

Cholera in United Republic of Tanzania

Following the breakdown of the main waterpipe in Dar es Salaam, Kinondoni district, a high number of cholera cases was reported in May. More than 1,000 cases occurred in a single week. Tanzania, where cholera is endemic, has been suffering from a major cholera outbreak since last year. In 1997, a total of 40,249 cases and 2,231 deaths were officially reported to the WHO. This year to 7 June, 11,512 cases and 321 deaths have been registered.

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