

Table 5. Australian Sentinel Practice Research Network reports, weeks 1 to 3, 2000

Week number	1		2		3	
Week ending on	9 January 2000		16 January 2000		23 January 2000	
Doctors reporting	63		59		62	
Total encounters	6,040		6,732		7,640	
Condition	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	11	1.8	11	1.6	14	1.8
Chickenpox	9	1.5	8	1.2	10	1.3
Gastroenteritis	69	11.4	55	8.2	67	8.8
Gastroenteritis with stool culture	6	1.0	10	1.5	12	1.6
ADT immunisations	32	5.3	51	7.6	62	8.1

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

LabVISE is a sentinel reporting scheme. Currently 17 laboratories contribute data on the laboratory identification of viruses and other organisms. This number may change throughout the year. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 2000;24:10.

ASPREN currently comprises about 120 general practitioners from throughout the country. Between 7,000 and 8,000 consultations are reported each week, with special attention to 14 conditions chosen for sentinel surveillance in 2000. CDI reports the consultation rates for five of these. For further information, including case definitions, see CDI 2000;24:7-8.

Additional Reports

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 28 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 2000;24:8-9

AK Broom,¹ J Azuolus,² L Hueston,³ JS Mackenzie,⁴ L Melville,⁵ DW Smith⁶ and PI Whelan⁷

1. Department of Microbiology, The University of Western Australia
2. Veterinary Research Institute, Victoria
3. Virology Department, Westmead Hospital, New South Wales
4. Department of Microbiology, The University of Queensland
5. Berrimah Agricultural Research Centre, Northern Territory
6. PathCentre, Western Australia
7. Department of Health and Community Services, Northern Territory

Sentinel chicken serology was carried out for 25 of the 27 flocks in Western Australia in November and December 1999. There were no seroconversions to flaviviruses during this period. An additional sentinel chicken flock has been set up at Marble Bar in the Pilbara region taking the total number of flocks in Western Australia to 28.

Serum samples from all of the seven Northern Territory sentinel chicken flocks were tested in our laboratory in November and December 1999. There were no seroconversions to flaviviruses.

The sentinel chicken programs in New South Wales and Victoria commenced in November 1999. There have been no seroconversions to flaviviruses over this period.

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, and annually in HIV/AIDS and related diseases in Australia Annual Surveillance Report. The reports are 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; <http://www.med.unsw.edu.au/nchechr>.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 30 September 1999, as reported to 31 December 1999, are included in this issue of CDI (Tables 6 and 7).

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 September 1999, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1999	This period 1998	Year to date 1999	Year to date 1998
HIV diagnoses	Female	0	1	0	0	1	0	1	0	3	6	52	68
	Male	1	20	0	12	3	0	5	1	42	55	440	478
	Sex not reported	0	3	0	0	0	0	0	0	3	0	4	5
	Total ¹	1	24	0	12	4	0	6	1	48	61	496	551
AIDS diagnoses	Female	0	0	0	0	1	0	0	0	1	0	8	13
	Male	0	4	0	0	1	0	0	0	5	19	82	219
	Total ¹	0	4	0	0	2	0	0	0	6	19	90	232
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	1	3	7
	Male	0	5	0	3	0	0	1	0	9	18	67	113
	Total ¹	0	5	0	3	0	0	1	0	9	19	71	120

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

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 September 1999, by sex and State or Territory

		State or Territory								Australia
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
HIV diagnoses	Female	25	594	9	142	61	6	211	111	1,159
	Male	192	10,705	107	1,942	669	79	3,847	893	18,434
	Sex not reported	0	260	0	0	0	0	24	0	284
	Total ¹	217	11,578	116	2,091	730	85	4,095	1,007	19,919
AIDS diagnoses	Female	8	175	0	47	25	3	67	26	351
	Male	86	4,571	35	803	344	44	1,599	344	7,826
	Total ¹	94	4,758	35	852	369	47	1,673	372	8,200
AIDS deaths	Female	3	114	0	31	15	2	47	16	228
	Male	65	3,157	24	560	229	28	1,252	245	5,560
	Total ¹	68	3,279	24	593	244	30	1,305	262	5,805

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

Childhood Immunisation Coverage

Tables 8 and 9 provide the latest quarterly report on childhood immunisation coverage from the Australian Childhood Immunisation Register (ACIR).

The data show the percentage of children fully immunised at age 12 months for the cohort born between 1 July and

30 September 1998 and at 24 months of age for the cohort born between 1 July and 30 September 1997, according to the Australian Standard Vaccination Schedule.

A full description of the methodology used can be found in *CDI 1998;22:36-37*.

Table 8. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 July to 30 September 1998; assessment date 31 December 1999.

Vaccine	State or Territory								Australia
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,065	22,272	848	12,347	4,730	1,661	15,770	6,311	65,004
Diphtheria, Tetanus, Pertussis (%)	90.0	86.5	86.9	90.5	89.0	89.3	89.1	87.3	88.3
Poliomyelitis (%)	90.0	86.6	86.9	90.5	89.0	89.3	89.1	87.3	88.3
<i>Haemophilus influenzae</i> type b (%)	90.2	85.7	88.9	90.6	88.6	88.7	88.6	86.9	87.9
Fully immunised (%)	89.8	84.7	83.8	89.9	88.0	88.2	88.0	85.9	87.0
Change in fully immunised since last quarter (%)	+0.8	+0.5	+0.9	+1.5	-1.0	+1.2	+0.3	-0.3	+0.5

Table 9. Proportion of children immunised at 2 years of age, preliminary results by disease and State for the birth cohort 1 July to 30 September 1997; assessment date 31 December 1999¹

Vaccine	State or Territory								Australia
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,073	22,876	924	12,688	4,778	1,605	15,840	6,516	66,300
Diphtheria, Tetanus, Pertussis (%)	87.2	81.4	75.9	84.9	84.6	82.1	83.5	81.2	82.8
Poliomyelitis (%)	87.2	81.4	75.9	84.9	84.6	82.1	83.6	81.2	82.8
<i>Haemophilus influenzae</i> type b (%)	86.8	80.5	81.2	85.3	83.9	80.4	83.2	80.9	82.4
Measles, Mumps, Rubella (%)	91.1	87.2	86.3	90.2	91.0	88.8	90.5	87.5	89.0
Fully immunised (%)²	82.9	71.0	69.6	79.4	77.8	74.0	76.8	73.0	74.9
Change in fully immunised since last quarter (%)	-0.9	-1.2	+2.5	-1.7	+1.0	-3.1	-0.5	-0.4	-1.0

1. The 12 months age data for this cohort was published in *CDI 1999;22:36*.

2. These data relating to 2 year old children should be considered as preliminary. The proportions shown as "fully immunised" appear low when compared with the proportions for individual vaccines. This is at least partly due to poor identification of children on immunisation encounter forms.

Acknowledgment: These figures were provided by the Health Insurance Commission (HIC), to specifications provided by the Commonwealth Department of Health and Aged Care. For further information on these figures or data on the Australian Childhood Immunisation Register please contact the Immunisation Section of the HIC: Telephone 02 6124 6607.