

a very ill doctor who had been brought from Libreville, Gabon on 27 October. The doctor recovered and was later discharged to convalesce in a nearby facility. He was shown to have antibody to Ebola virus; virus isolation is being attempted from blood specimens collected during his acute illness. Immediately after the laboratory confirmation, committees were established to oversee infection control, contact tracing and observation, and all other aspects of outbreak control.

**Gabon.** A source from the Ministry of Health in Gabon has notified WHO that the doctor who flew to South Africa for treatment on 27 October had been in direct contact with

one of two patients previously identified during the Booué outbreak. These two patients had travelled to Libreville for health care. The Ministry of Health is now looking for additional contacts in Libreville. As the maximum incubation period has elapsed since the infected doctor left the country and no new cases have been seen, it is unlikely that Ebola virus transmission is still going on in the capital. If no new cases are detected, the doctor will be the last in the outbreak which then could be declared over on 11 December. The total number of cases is 25 with 17 deaths.

## COMMUNICABLE DISEASES SURVEILLANCE

### 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 1996;20:9-10*.

#### Reporting period 27 October to 9 November 1996

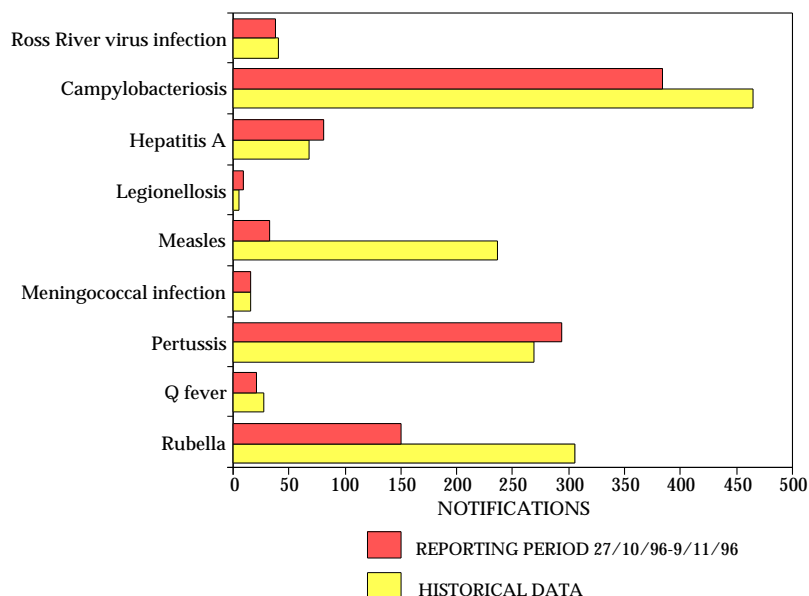
There were 2,330 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

One case of *Haemophilus influenzae* type b infection was received this reporting period for a male in the 25 - 29 years age group. Notifications continue in low numbers (Figure 2).

Measles notifications rose slightly in the month of October, but remained below the number reported for this month in previous years.

Few reports of Ross River virus continue to be received, as is usual for the time of year (Figure 3). The seasonal rise in notifications begins in the months of December and January.

**Figure 1. Selected National Notifiable Diseases Surveillance System reports, and historical data<sup>1</sup>**



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 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 27 October to 9 November 1996**

DISEASE <sup>1</sup>	ACT	NSW	NT	Qld	SA	Vic	WA	TOTALS FOR AUSTRALIA <sup>2</sup>			
								This period 1996	This period 1995	Year to date 1996	Year to date 1995
<i>Haemophilus influenzae</i> b infection	0	0	1	0	0	0	0	1	2	48	59
Measles	1	9	12	5	1	4	1	33	44	431	1201
Mumps	1	1	0	NN	0	0	0	2	2	105	131
Pertussis	0	37	0	49	79	119	10	294	218	3008	3693
Rubella	3	10	0	55	45	22	15	150	365	2207	3307
Tetanus	0	0	0	0	0	1	0	1	0	2	3

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 27 October to 9 November 1996**

DISEASE <sup>1</sup>	ACT	NSW	NT	Qld	SA	Vic	WA	TOTALS FOR AUSTRALIA <sup>2</sup>			
								This period 1996	This period 1995	Year to date 1996	Year to date 1995
Arbovirus infection (NEC) <sup>3</sup>	0	0	1	0	0	1	1	3	1	92	65
Barmah Forest virus infection	0	2	0	7	0	0	-	9	11	33	686
Ross River virus infection	0	9	6	20	0	1	1	37	17	7589	2464
Dengue	0	2	1	0	0	0	0	3	3	33	28
Campylobacteriosis <sup>4</sup>	14	0	8	148	85	46	80	381	573	10024	9186
Chlamydial infection (NEC) <sup>5</sup>	9	NN	29	130	0	110	65	343	224	6339	5373
Donovanosis	0	NN	4	1	NN	0	0	5	5	45	71
Gonococcal infection <sup>6</sup>	2	20	46	47	0	7	39	161	140	3281	2709
Hepatitis A	2	37	6	22	1	7	6	81	62	1935	1322
Hepatitis B	0	1	0	2	0	0	0	3	11	184	276
Hepatitis C incident	1	0	0	-	0	-	-	1	0	27	63
Hepatitis C unspecified	21	NN	15	102	NN	19	34	191	390	7808	8323
Hepatitis (NEC)	0	0	0	0	1	0	NN	1	2	18	12
Legionellosis	0	1	0	0	2	1	5	9	3	154	141
Leptospirosis	0	1	0	1	0	5	0	7	5	200	115
Listeriosis	0	0	0	0	0	0	1	1	0	58	49
Malaria	2	5	4	19	1	0	2	33	27	750	550
Meningococcal infection	0	3	0	3	0	7	3	16	10	368	337
Ornithosis	0	NN	0	0	0	2	0	2	25	58	124
Q fever	0	9	0	2	0	10	0	21	21	454	403
Salmonellosis (NEC)	4	38	19	75	17	14	20	187	222	4863	5181
Shigellosis <sup>4</sup>	0	0	8	3	2	0	5	18	24	554	659
Syphilis	0	14	35	8	0	0	1	58	86	1281	1630
Tuberculosis	4	6	0	15	2	16	2	45	42	938	883
Typhoid <sup>7</sup>	0	0	0	0	0	1	0	1	2	73	62
Yersiniosis (NEC) <sup>4</sup>	0	0	0	10	9	0	0	19	10	236	275

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. Tas: includes Ross River virus and dengue.

4. NT, Vic and WA: includes Barmah Forest virus.

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

6. WA: genital only.

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

8. NSW, Vic: includes paratyphoid.

NN Not Notifiable.

NEC Not Elsewhere Classified.

- Elsewhere Classified.

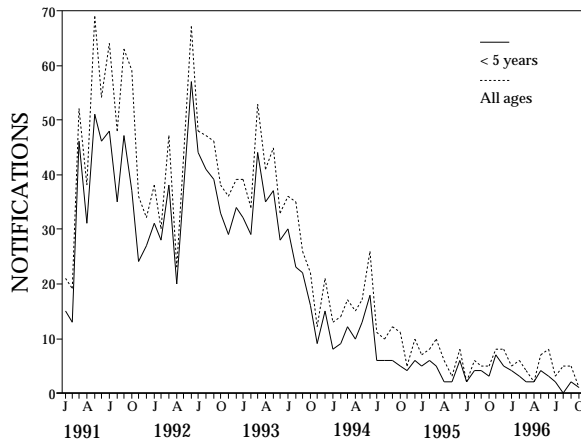
**Table 3. Notifications of rare<sup>1</sup> diseases received by State and Territory health authorities in the period 27 October to 9 November 1996**

DISEASE <sup>2</sup>	Total this period	Reporting States or Territories	Year to date 1996
Brucellosis	2	NSW 1, Qld 1	32
Chancroid	0		1
Cholera	0		4
Hydatid infection	2	NSW 1, Qld 1	35
Leprosy	0		9

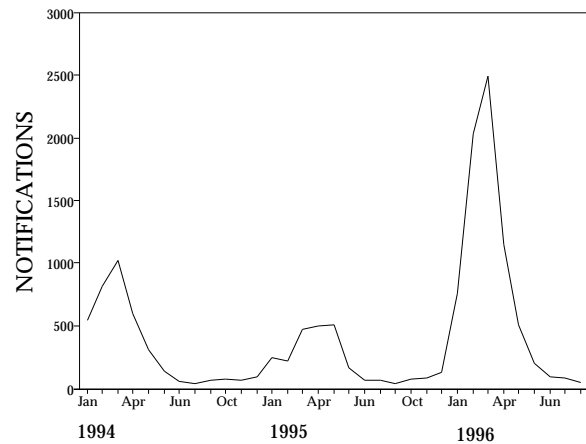
1. Fewer than 60 cases of each of these diseases were notified each year during the period 1988 to 1995.

2. No notifications have been received during 1996 for the following rare diseases: botulism lymphogranuloma venereum; plague; rabies; yellow fever; or other viral haemorrhagic fevers.

**Figure 2. Haemophilus influenzae type b infection notifications, 1991 to 1996, by month of onset and age group**



**Figure 3. Ross River virus notifications, 1994 to 1996, by month of onset**



### 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

**Table 4. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 June 1996, by sex and State or Territory of diagnosis**

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	TOTALS FOR AUSTRALIA			
										This period 1996	This period 1995	Year to date 1996	Year to date 1995
HIV diagnoses	Female	0	1	0	0	0	0	1	0	2	12	36	54
	Male	0	37	1	14	4	0	16	0	72	50	384	396
	Sex not reported	0	0	0	0	0	0	0	0	0	0	3	7
	Total <sup>1</sup>	0	38	1	14	4	0	17	0	74	62	423	459
AIDS diagnoses	Female	0	2	0	0	0	0	0	0	2	3	8	19
	Male	0	11	0	0	7	0	10	0	28	53	219	372
	Total <sup>1</sup>	0	13	0	0	7	0	10	0	30	56	227	392
AIDS deaths	Female	0	0	0	1	0	0	0	0	1	2	10	21
	Male	0	11	0	5	2	0	12	1	31	44	181	318
	Total <sup>1</sup>	0	11	0	6	2	0	12	1	32	46	191	340

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 30 June 1996, by sex and State or Territory**

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	AUSTRALIA
HIV diagnoses	Female	15	567	3	98	44	4	167	73	971
	Male	171	10098	84	1619	575	74	3411	760	16792
	Sex not reported	0	2048	0	0	0	0	42	0	2090
	Total <sup>1</sup>	186	12720	87	1722	619	78	3629	835	19876
AIDS diagnoses	Female	5	137	0	29	18	2	48	17	256
	Male	76	3859	26	662	284	32	1368	293	6600
	Total <sup>1</sup>	81	4006	26	693	302	34	1423	312	6877
AIDS deaths	Female	2	101	0	24	13	2	37	11	190
	Male	50	2714	20	462	194	21	1080	216	4757
	Total <sup>1</sup>	52	2821	20	488	207	23	1123	228	4962

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

**Table 6. Australian Sentinel Practice Research Network reports, weeks 44 and 45, 1996**

Condition	Week 44, to 3 November 1996		Week 45, to 10 November 1996	
	Reports	Rate per 1,000 encounters	Reports	Rate per 1,000 encounters
Influenza	26	3.7	27	4.1
Rubella	3	0.4	4	0.6
Measles	0	0	0	0
Chickenpox	26	3.7	18	2.7
Pertussis	4	0.6	1	0.2
Gastroenteritis	133	18.8	111	16.7

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) 332 4648 Facsimile: (02) 332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for June 1996, as reported to 30 September 1996, are included in this issue of *CDI* (Tables 4 and 5).

## Australian Sentinel Practice Research Network

The Australian Sentinel Practice Research Network (ASPREN) comprises 99 sentinel general practitioners from throughout the country. A total of approximately 9,000 consultations are recorded each week for 12 conditions. Of these, *CDI* reports the consultation rate for influenza, rubella, measles, chickenpox, pertussis and gastroenteritis. For further information including case definitions see *CDI* 1996;20:98-99.

Data for weeks 44 and 45 ending 3 and 10 November respectively are included in this issue of *CDI* (Table 6). The consultation rate for influenza-like illness has remained at low levels since the beginning of October. There has been no appreciable change in the consultation rate for gastroenteritis since the beginning of August. Consultation rates for chickenpox have remained higher than the rates in August and early September. Very few cases of rubella and pertussis have been reported during the last six reporting weeks. Only two cases of measles have been reported since the beginning of May, one in June and one in September.

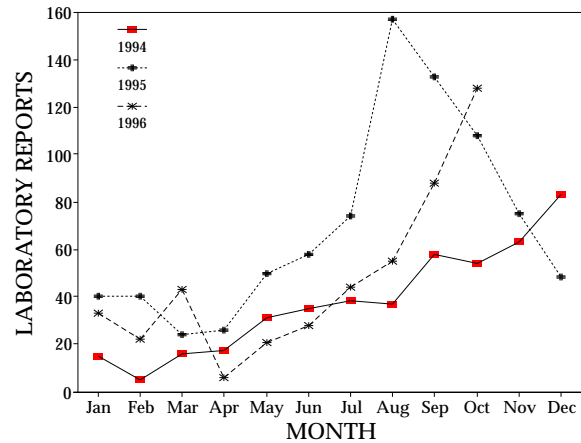
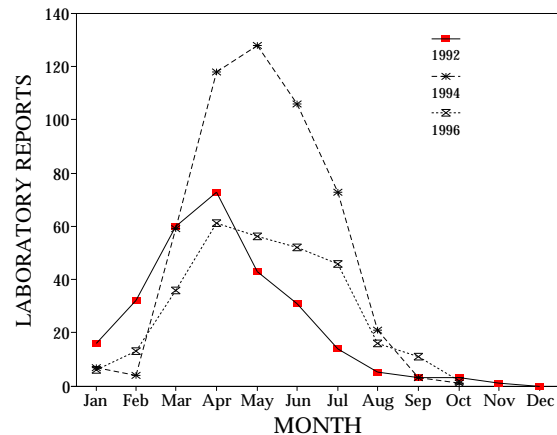
## LabWISE

The Virology and Serology Laboratory Reporting Scheme, LabWISE, 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* 1996;20:9-12.

There were 617 reports received in the *CDI* Virology and Serology Laboratory Reporting Scheme this period (Tables 7 and 8).

Reports of parainfluenza virus type 3 continued to increase for October and are approaching the levels of August-September 1995, which were the highest recorded (Figure 4). In the last fortnight, 42 reports were received with diagnosis by antigen detection (25) and virus isolation (17).

In Australia, reports of parainfluenza virus type 1 occur in the autumn and winter months of alternate years. The greatest number of reports were received in 1994. Reports for the year to date are similar to the 1992 levels but below those recorded in 1994 (Figure 5).

**Figure 4. Parainfluenza virus type 3 laboratory reports, 1994, 1995 and 1996, by month of specimen collection****Figure 5. Parainfluenza virus type 1 laboratory reports, 1992, 1994 and 1996, by month of specimen collection**

**Table 7. Virology and serology laboratory reports by State or Territory<sup>1</sup> for the reporting period 31 October to 13 November 1996, historical data<sup>2</sup>, and total reports for the year**

	State or Territory <sup>1</sup>								Total this fortnight	Historical data <sup>2</sup>	Total reported this year
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA			
<b>MEASLES, MUMPS, RUBELLA</b>											
Measles virus			4		1			1	6	22.5	52
Rubella virus					26			1	28	106.3	560
<b>HEPATITIS VIRUSES</b>											
Hepatitis A virus			3		1			2	6	17.3	367
<b>ARBOVIRUSES</b>											
Ross River virus			1						1	12.0	3,114
Barmah Forest virus			1						1	4.8	195
<b>ADENOVIRUSES</b>											
Adenovirus type 2					1	1			2	3.5	30
Adenovirus type 3							2		2	1.0	68
Adenovirus type 8							1		1	.8	7
Adenovirus not typed/pending		3		9	3		6	22	43	43.0	1,272
<b>HERPES VIRUSES</b>											
Cytomegalovirus		3		4	3	2	1	22	35	60.0	1,418
Varicella-zoster virus				4	4	1	9	2	20	46.5	1,052
Epstein-Barr virus		17	4		33		6	18	78	82.3	1,846
<b>OTHER DNA VIRUSES</b>											
Poxvirus group not typed							1		1	.5	5
Parvovirus	1				1		8		10	5.7	192
<b>PICORNA VIRUS FAMILY</b>											
Coxsackievirus B2						2			2	1.0	12
Coxsackievirus B5							2		2	.3	13
Echovirus type 5							1		1	.0	2
Rhinovirus (all types)				12	5				17	30.7	649
Enterovirus not typed/pending				7					7	37.3	769
<b>ORTHO/PARAMYXOVIRUSES</b>											
Influenza A virus							2		2	8.8	1,470
Influenza B virus				1	1				2	4.2	54
Parainfluenza virus type 1					1				1	.3	304
Parainfluenza virus type 3		8		7	3		10	14	42	32.7	641
Parainfluenza virus typing pending								1	1	.8	20
Respiratory syncytial virus		6			5	1	30	8	50	43.3	4,077
Paramyxovirus (unspecified)							5		5	.8	28
<b>OTHER RNA VIRUSES</b>											
Rotavirus		22			12	8	17	11	70	84.5	1,537
Small virus (like) particle							1		1	1.3	16
<b>OTHER</b>											
<i>Chlamydia trachomatis</i> not typed		4	29		25	6	4	26	94	104.8	3,361
<i>Mycoplasma pneumoniae</i>		6	1		2		12	12	33	21.0	721
<i>Coxiella burnetii</i> (Q fever)		2					3		5	10.3	168
<i>Bordetella pertussis</i>							46		46	36.2	598
<i>Cryptococcus</i> species								1	1	.3	11
<i>Schistosoma</i> species							1		1	7.2	230
<b>TOTAL</b>	<b>1</b>	<b>71</b>	<b>43</b>	<b>44</b>	<b>127</b>	<b>21</b>	<b>169</b>	<b>141</b>	<b>617</b>	<b>832.3</b>	<b>24,859</b>

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 8. Virology and serology laboratory reports by contributing laboratories for the reporting period 31 October to 13 November 1996**

STATE OR TERRITORY	LABORATORY	REPORTS
New South Wales	Institute of Clinical Pathology & Medical Research, Westmead	26
	Royal Alexandra Hospital for Children, Camperdown	15
	South West Area Pathology Service, Liverpool	29
Queensland	State Health Laboratory, Brisbane	44
South Australia	Institute of Medical and Veterinary Science, Adelaide	127
Tasmania	Northern Tasmanian Pathology Service, Launceston	3
	Royal Hobart Hospital, Hobart	16
Victoria	Microbiological Diagnostic Unit, University of Melbourne	3
	Royal Children's Hospital, Melbourne	114
	Victorian Infectious Diseases Reference Laboratory, Fairfield Hospital	56
Western Australia	Princess Margaret Hospital, Perth	47
	Royal Perth Hospital	45
	Western Diagnostic Pathology	92
TOTAL		617

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