

Communicable Diseases Surveillance

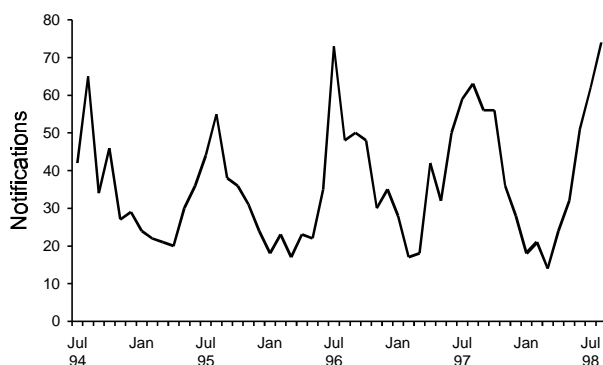
Highlights

Communicable Diseases Surveillance consists of data from various sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The CDI Virology and Serology Laboratory Reporting Scheme (LabVISE) is a sentinel surveillance scheme. The Australian Sentinel Practice Research Network (ASPEN) is a general practitioner-based sentinel surveillance scheme. In this report, data from the NNDSS are referred to as 'notifications' or 'cases', whereas those from ASPEN are referred to as 'consultations' or 'encounters' while data from the LabVISE scheme are referred to as 'laboratory reports'.

Meningococcal disease

There were 59 reports of meningococcal disease in this period, slightly less than the 64 cases reported for the same period in 1997. Of the 316 cases reported to date in 1998, 311 had onset dates between 1 January 1998 and 16 September 1998, compared with 337 cases and 270 cases in the same periods in 1993 and 1994 respectively. The number of cases in August (74) was higher than in July (62), following the usual seasonal trend (Figure 1). The male:female ratio of 1998 cases to date is 1.17:1 and the age groups with the highest numbers of cases continue to be 0-4 years, 15-19 years and 20-24 years. The State and Territory distribution of cases with onset in 1998 is similar to that seen in the same period in 1997.

Figure 1. Notifications of meningococcal disease, Australia, July 1994 to August 1998, by month of onset



Vaccine preventable diseases

The number of notifications of pertussis infection continues to fall. Although there is a slight increase in the number of reports during this period, examination by date of onset shows that the numbers have fallen in each successive month since December 1997. Most notifications with onset in 1998 are in children aged 5 to 9 (17%), 10 to 14 (15%) and 0 to 4 (11%). The decrease is reflected in the reports from the LabVISE system (Table 3).

A small increase in the number of rubella notifications may represent the start of the seasonal variation expected in the spring.

SLTEC infections, HUS and TTP

With this issue we commence the reporting of *Shiga*-like toxin (verotoxin) producing *Escherichia coli* (SLTEC, VTEC) infections, and the associated syndromes, haemolytic uraemic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP). The case definitions for national reporting of these conditions are provided on page 223.

While these conditions are not yet notifiable in all States and Territories, the rarity, severity and public health importance of HUS ensures that most cases are voluntarily reported to State and Territory health authorities. The level of voluntary reporting of SLTEC infections is not known. South Australia is currently the only State in which TTP is notifiable as a separate condition.

Although national reporting only commenced in this reporting period, most States and Territories have provided information about all cases in their records for the 1998 year to date.

In this reporting period, 3 sporadic cases of HUS have been recorded by New South Wales and 1 case of SLTEC infection by South Australia. To date in 1998, the total number of HUS cases reported has been 10 (NSW 5, South Australia 3 and Western Australia 2) and the total number of SLTEC infections has been 14 (South Australia 13 and New South Wales 1).