INFECTIOUS DISEASES, NSW: JUNE 2000

TRENDS

Notifications of infectious diseases to the end of April 2000 were in line with seasonal expectations (Figure 7, Table 3). Notably, the late summer peak in **arbovirus disease** notifications (largely due to 247 Ross River virus infections, and 48 Barmah Forest virus infections in the three-month period to the end of April) was smaller than in most recent years.

The expected autumn peak in **legionnaires disease** has appeared with eight cases in NSW reported in April. No causal link has been identified for these cases, although cases are thought to increase in NSW as air-conditioning systems that use cooling towers are operated inconsistently as the weather cools down. This inconsistent use could result in an increased creation of aerosols (aerosolisation), allowing subsequent inhalation of any resident legionella bacteria. Building operators must ensure that cooling towers are properly cleaned and disinfected to minimise the risk that they will harbour these bacteria.

In April, the Victorian Department of Human Services reported a large outbreak of Legionnaires disease cased by *Legionella pneumophila* infections linked to visiting the recently opened **Melbourne Aquarium**. As of 11th May, 91 confirmed cases associated with the outbreak had been reported, including two deaths. Cases were aged between 23–89 years old, and reported visiting the Aquarium between 11–25 April.

The **urinary antigen test** for *L. pneumophila* serogroup 1 has proven useful in establishing the diagnosis in many recent cases. Clinicians are encouraged to use this test in the management of suspected cases.

Cases of **meningococcal disease** can be expected to increase with the onset of winter. Clinicians are reminded of the importance of early treatment with intravenous antibiotics for suspected cases, and notification of such cases to the local Public Health Unit. The Public Health Unit can then assist in the identification of contacts at risk, and institute preventive measures. The Public Health Unit can also advise on newly available diagnostic tests, including PCR and serological assays.

INTRODUCTION OF THE AUSTRALIAN STANDARD VACCINATION SCHEDULE

The National Health and Medical Research Council (NHMRC) has endorsed the Australian Standard Vaccination Schedule (ASVS) that commenced on 1st May 2000 (Table 2), which heralds the introduction of universal infant hepatitis B vaccination. Babies born prior to that date will remain on the previous NHMRC immunisation schedule.

The ASVS offers a choice of two 'paths' to incorporate two new combination vaccines. NSW Health has chosen to follow Path 1 of the ASVS, which will introduce the new combination vaccine, InfanrixHepB.

To ensure the smooth implementation of the new ASVS, all general practitioners will receive supporting information, including the new NHMRC Australian Immunisation Handbook, seventh edition, from the Commonwealth in May 2000. Additional copies may be obtained by phoning 1800 671 811. Hospitals, Community Health Centres and other service providers will receive their copies of the handbook from their local Public Health Unit.

Copies of the NSW Immunisation Schedule, a new vaccine order form, and a hepatitis B pamphlet have been widely distributed to service providers. The NSW Immunisation Schedule will also be available on the NSW Department of Health Web site.

TABLE 2

NSW IMMUNISATION SCHEDULE 2000 Babies born BEFORE 1 May Babies born on or AFTER 1 May VACCINE ANTIGEN AGE AGE Birth 2 months DTPa Infanrix Hib HibTITER/PedvaxHIB* (maternity units) Polio OPV

| 4 months | DTPa Hib Polio | Infanrix HibTITER/PedvaxHIB* OPV | 2 months | DTPa-HepB Hib | InfanrixHepB PedvaxHIB Polio OPV |
|---|-------------------------------------|--|-------------|---------------------------|--|
| 6 months | DTPa Hib Polio | Infanrix HibTITER OPV | 4 months | DTPa-HepB Hib Polio | InfanrixHepB PedvaxHIB OPV |
| 12 months | MMR Hib | Priorix PedvaxHIB* | 6 months | DTPa-Hep B Polio | InfanrixHepB OPV |
| 18 months | DTPa Hib | Infanrix HibTITER | 12 months | MMR Hib | Priorix PedvaxHIB |
| 4 years | DTPa MMR Polio | Infanrix Priorix OPV | 18 months | DTPa | Infanrix |
| 10 years 1 mths later 5 mths later | Hep B (1) Hep B (2) Hep B (3) | H-B-Vax II | 4 years | DTPa MMR Polio | Infanrix Priorix OPV |
| 15–19 years | ADT Polio | ADT OPV | 15–19 years | ADT Polio | ADT OPV |

* Aboriginal & Torres Strait Islander children born before the 1st of May 2000 should continue to receive PedvaxHIB. All children born on or after that date should receive PedvaxHIB.

VACCINE

H-B-Vax II

ANTIGEN

Hep B



TABLE 3 Vol. 11 No. 6

REPORTS OF NOTIFIARIE CONDITIONS RECEIVED IN ADDIL 2000 BY AREA HEALTH SERVICES

| | | | | | | | - 2000 1 | | | | | - | | | | | | 1 | | |
|---|---------------|----------|-----------|-----------|---------------------------------|----------|-------------|----------|-----------|------------------------|-----------|----------|------------|---------------------|---------|---------------|------------|--------------|-----------|--|
| 0 - m ditti - m | 001 | | | | 014/0 | | Area | a Health | Service | (2000) | | | | | | | | To | tal | |
| Condition | CSA | NSA | WSA | WEN | SWS | CCA | HUN | ILL | SES | NKA | MNC | NEA | MAC | INIWA | FWA | GMA | SA | tor Apr † | IO date † | |
| Blood-borne and sexually transmitted | - | | | | | | | | | | | | | | | | | _ | 50 | |
| AIDS HIV/ infection* | 2 | - | - | - | - | - | 1 months | - | 1 | 1 | - | - | - | - | - | - | - | 5 | 53 | |
| HIV INTECTION [*] | | - | - | -Re | eported ev | very two | months | - | - | - | - | - | - | - | - | - | - | | 90 | |
| Henatitis B - other* | - 1 | 26 | - | 1 | I | - 2 | - | - | | 1 | - 2 | - 2 | - | - | - | - 2 | 1 | 150 | 1 205 | |
| Henatitis C - acute viral* | 1 | 20 | - 50 | 5 | - | - | 5 | 4 | 41 | - | 3 | ∠ 1 | - | - | 4 | - | 4 | 109 | 20 | |
| Hepatitis C - other* | 94 | 33 | 102 | 44 | | - 28 | 52 | 19 | 91 | 42 | 18 | 10 | - 7 | 31 | 1 | 17 | 18 | 609 | 3 001 | |
| Hepatitis D - unspecified* | - | - | - | | - | - 20 | - | - | - | - | - | - | <u>'</u> | - | | | - | - | - | |
| Hepatitis, acute viral (not otherwise speci | fied) - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Chancroid* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Chlamydia (genital)* | - | 11 | 20 | 9 | - | 1 | 13 | 21 | 42 | 13 | 9 | 7 | 5 | 2 | 4 | 2 | 2 | 162 | 856 | |
| Gonorrhoea* | 9 | 5 | 2 | 1 | 1 | - | 3 | 1 | 39 | - | 1 | 2 | - | 1 | - | - | 1 | 66 | 381 | |
| Syphilis | 15 | 2 | 1 | - | - | - | - | 2 | 18 | - | - | - | - | 1 | 1 | - | - | 41 | 187 | |
| Vector-borne | | | | | | | | | | | | | | | | | | | | |
| Arboviral infection (BFV)* | - | - | - | - | - | - | - | 3 | - | 2 | 6 | - | - | - | - | 1 | 1 | 13 | 67 | |
| Arboviral infection (RRV)* | 1 | - | 3 | - | - | - | 17 | 3 | 1 | 2 | 31 | 3 | 4 | 7 | 10 | 17 | 2 | 101 | 269 | |
| Arboviral infection (Other)* | 1 | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 1 | - | 3 | 15 | |
| Malaria* | - | 2 | - | - | - | - | - | - | 2 | 1 | 1 | - | - | - | 1 | - | 1 | 9 | 52 | |
| Zoonoses | | | | | | | | | | | | | | | | | | | | |
| Brucellosis* | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | 1 | | |
| Leptospirosis* | - | - | - | - | - | - | 1 | - | - | 2 | - | 1 | | - | - | | - | 4 | 12 | |
| Q fever* | - | - | - | - | - | - | 1 | - | - | 1 | - | - | 1 | 1 | - | - | - | 4 | 39 | |
| Respiratory and other | | | | | | | | | | - | | | | | | | | | | |
| Riod lead level* | 0 | n | | n | | | 5 | 1 | 1 | 1 | r | | | | 22 | 1 | | 40 | 248 | |
| Legionnaires' Longheachae* | 2 | 2 | - | 2 | - | - | 5 | - | - | - | 2 | - | - | - | 23 | 1 | - | 40 | 240 | |
| Legionnaires' Pneumonhila* | - 1 | - | 3 | - | | | - | - | | | - | - | | - | | - | | 6 | 2 0 | |
| Legionnaires' (Other)* | | | - | - | - | - | 1 | _ | - | - | | - | | _ | - | - | _ | 1 | 1 | |
| | _ | _ | - | - | - | - | | _ | - | - | - | - | | - | - | - | _ | | | |
| Meningococcal infection (invasive) | 2 | 2 | 2 | 1 | 1 | 2 | - | 3 | 1 | - | - | 1 | | - | 1 | 1 | _ | 17 | 58 | |
| Mycobacterial tuberculosis | 4 | 1 | 5 | 1 | - | 1 | - | - | 4 | - | 3 | - | - | - | - | - | - | 20 | 144 | |
| Mycobacteria other than TB | 6 | 8 | - | 1 | 1 | 5 | 2 | - | 2 | - | - | 1 | - | - | - | - | - | 27 | 107 | |
| Vaccino-proventable | | - | | | - | - | | | | | | | | | | | | | | |
| Adverse event after immunisation | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | 1 | _ | _ | 1 | _ | _ | 2 | 3 | |
| H influenzae b infection (invasive)* | | - | | - | | | - | - | | | | - | | | - | | | 2 | 2 | |
| Measles | | _ | _ | _ | 1 | _ | _ | 1 | _ | _ | _ | _ | 2 | _ | 1 | _ | | 5 | 10 | |
| Mumps* | 1 | 1 | 1 | - | 1 | - | - | 1 | 5 | - | - | - | - | - | | - | - | 10 | 16 | |
| Pertussis | 4 | 4 | 6 | 4 | 7 | 9 | 15 | 7 | 1 | - | 1 | 1 | - | 6 | - | 1 | 5 | 71 | 516 | |
| Rubella* | - | - | 1 | - | - | - | - | | 2 | - | - | - | - | - | - | - | - | 3 | 39 | |
| Tetanus | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | |
| Faecal-oral | | | | | | | | | | | | | | | | | | | · · · | |
| Botulism | | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | | |
| Cholera* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | - | | | |
| Cryptosporidiosis* | 1 | - | - | - | - | - | 1 | - | 3 | 4 | 2 | - | - | 1 | - | 3 | - | 15 | 51 | |
| Giardiasis* | 1 | 13 | 8 | 3 | - | 5 | 6 | - | 8 | 14 | 2 | 1 | 2 | 3 | 2 | 2 | 1 | 72 | 351 | |
| Food borne illness (not otherwise specifie | - (b | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 62 | |
| Gastroenteritis (in an institution) | -, - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 48 | |
| Haemolytic uraemic syndrome | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 | 3 | |
| Hepatitis A* | 2 | 1 | 1 | 2 | 2 | 1 | - | - | 3 | 1 | - | 1 | - | 1 | - | 1 | - | 16 | 82 | |
| Hepatitis E* | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 2 | |
| Listeriosis* | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 | 5 | |
| Salmonellosis (not otherwise specified)* | - | 11 | - | 1 | - | 4 | 6 | 4 | 10 | 11 | 3 | 6 | 1 | 2 | 1 | 6 | 2 | 70 | 444 | |
| Typhoid and paratyphoid* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 11 | |
| Verotoxin producing Ecoli* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| * lab-confirmed cases only | + | includes | caepe wi | th unknow | ND DOSTO | ode | | | | | | | | | | | | 1 | | |
| | <u> </u> | nciuues | cases WI | | wii posice | Jue | | | | | | | | | | | | _ | | |
| CSA = Central Sydney Area WEN | | HUH | N = Hunte | r Area | | | NRA | = Northe | rn Rivers | Area | MA | C = Maco | quarie Are | ea | GMA | A = Greater M | urray Area | | | |
| NSA = Northern Sydney Area SWS | = South West | ern Sydn | ey Area | ILL | = Illawarr | a Area | | | MNC | = North C | Coast Are | а | MV | VA = Mid | Western | Area | SA = | Southern Are | ea | |
| WSA = Western Sydney Area CCA | = Central Coa | st Area | | SES | SES = South Eastern Sydney Area | | | | | NEA = New England Area | | | | FWA = Far West Area | | | | | | |