

to collect detailed case risk data (most importantly, occupation). Changes in risk factors over time can then be evaluated to ensure immunisation is targeted at those most at risk of the disease.

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COMMUNICABLE DISEASES, NSW: JUNE 2001

TRENDS

Analysis of notifications of persons with communicable diseases through to April 2001 (Table 2, Figure 1) indicates that both **arboviral** and **salmonella** infections began their expected declines with the onset of cooler weather. The notable exception to this trend was the Hunter Area Health Service, which experienced an increase in Ross River virus infection notifications in April. Notifications of **pertussis** also declined markedly to baseline levels from the three-year peak in mid-2000. Conversely, notifications of **gonorrhoea** have remained high among men in South Eastern Sydney.

NSW INFLUENZA SURVEILLANCE

The NSW Influenza Surveillance Program commenced in the first week of May. This enhanced surveillance program runs from May to October each year. Data sources for 2001 include:

- clinical reports of influenza-like illness (ILI) by NSW general practitioners (GPs) from the Australian Sentinel Practice Research Network (ASPRN), as well as three area health services (Southern, Northern Sydney and New England);
- virological and serological reports of influenza, parainfluenza, adenovirus, rhinovirus and respiratory syncytial virus (RSV) by six major public laboratories: South Eastern Area Laboratory (SEALS), Institute of

Clinical Pathology and Medical Research (ICPMR), South Western Area Pathology Service, Pacific Laboratory Medicine Services, Hunter Area Pathology Service, and the New Children's Hospital Laboratory;

- the Directed Virological Surveillance (DVS) scheme that involves 32 general practitioners—from four metropolitan and 5 rural area health services—who submit samples from patients with ILI for viral testing at SEALS and ICPMR;
- information on international influenza activity, which is regularly updated from the World Health Organization's FluNet.

In the week ending May 4, 2001, four laboratory diagnoses of influenza were reported: two influenza A and two influenza B infections. Sentinel GPs reported some levels of activity of ILI in NSW. In April 2001, little influenza activity had been reported from elsewhere in the Southern Hemisphere.

ARBOVIRUS ACTIVITY

Data from the NSW Arbovirus Surveillance and Mosquito Monitoring Program indicate that after March Kunjin and Murray Valley encephalitis viruses were no longer active in western NSW (Table 1). The decline in flavivirus activity followed a general drop in mosquito numbers across inland NSW. No acute human cases of either of these infections have been reported in NSW during 2001. Reports of

TABLE 1**RESULTS OF MOSQUITO TRAPPING AND SENTINEL CHICKEN TESTING, NSW, NOVEMBER 2000–APRIL 2001**

Month	Mosquito traps	Mosquitoes trapped	Viruses detected in mosquitoes	Chicken flocks tested (no. birds)	Chicken flocks with flavivirus seroconversions
November	48	15845	0	9 (393)	0
December	125	73021	6 Sindbis	9 (489)	0
January	162	28963	13 Sindbis 1 Ross River	10 (189)	2 KUN (2 flocks) 4 MVE (3 flocks) 3 both (2 flocks)
February	173	58916	5 Sindbis 4 Ross river 2 Kunjin	10 (405)	7 KUN (4 flocks) 1 MVE (1 flock) 1 both (1 flock)
March	160	24860	1 Kokobera	10 (672)	24 KUN (8 flocks) 2 MVE (1 flock) 1 both (1 flock)
April	77	12512	0 *	12 (339)	0

* There was one detection of Ross River virus in mosquitoes collected from Homebush Bay, although this site is not part of the NSW Arbovirus Surveillance Program.

human infections with Ross River virus were most common in the northern coastal areas and south west of the state (Table 1).

For complete surveillance results, consult the NSW Arbovirus Surveillance Web site at: www.arbovirus.health.nsw.gov.au.

THE NATIONAL NOTIFIABLE DISEASES SURVEILLANCE SYSTEM

The National Notifiable Diseases Surveillance System (NNDSS) was established in 1990 under the auspices of the Communicable Diseases Network Australia New Zealand (CDNANZ) now called the Communicable Diseases Network Australia (CDNA). The system coordinates the national surveillance of more than 60 communicable diseases or disease groups endorsed by the National Public Health Partnership. Under this scheme, notifications are made to the health authority of each state or territory under the provisions of their public health legislation. Computerised, de-identified unit records of notifications are supplied to the Department of Health

and Aged Care for collation, analysis and publication in *Communicable Diseases Intelligence (CDI)*.

NNDSS aims to provide timely information about the incidence of communicable diseases in Australia to inform and assist those with responsibility for communicable disease control in a wide variety of settings. From 2001 onwards, the NNDSS will be supplemented by enhanced datasets on communicable diseases of national priority.

Reports on NNDSS data are published in *CDI*. *CDI* is a joint publication of the Communicable Diseases and Environmental Health Branch of the Commonwealth Department of Health and Aged Care, and the Communicable Diseases Network Australia. It is published quarterly. An electronic version of *CDI* is available in PDF (Acrobat) and HTML formats.

NNDSS data can be accessed on the Internet at: www.health.gov.au/pubhlth/cdi/nndss/nndss2.htm.

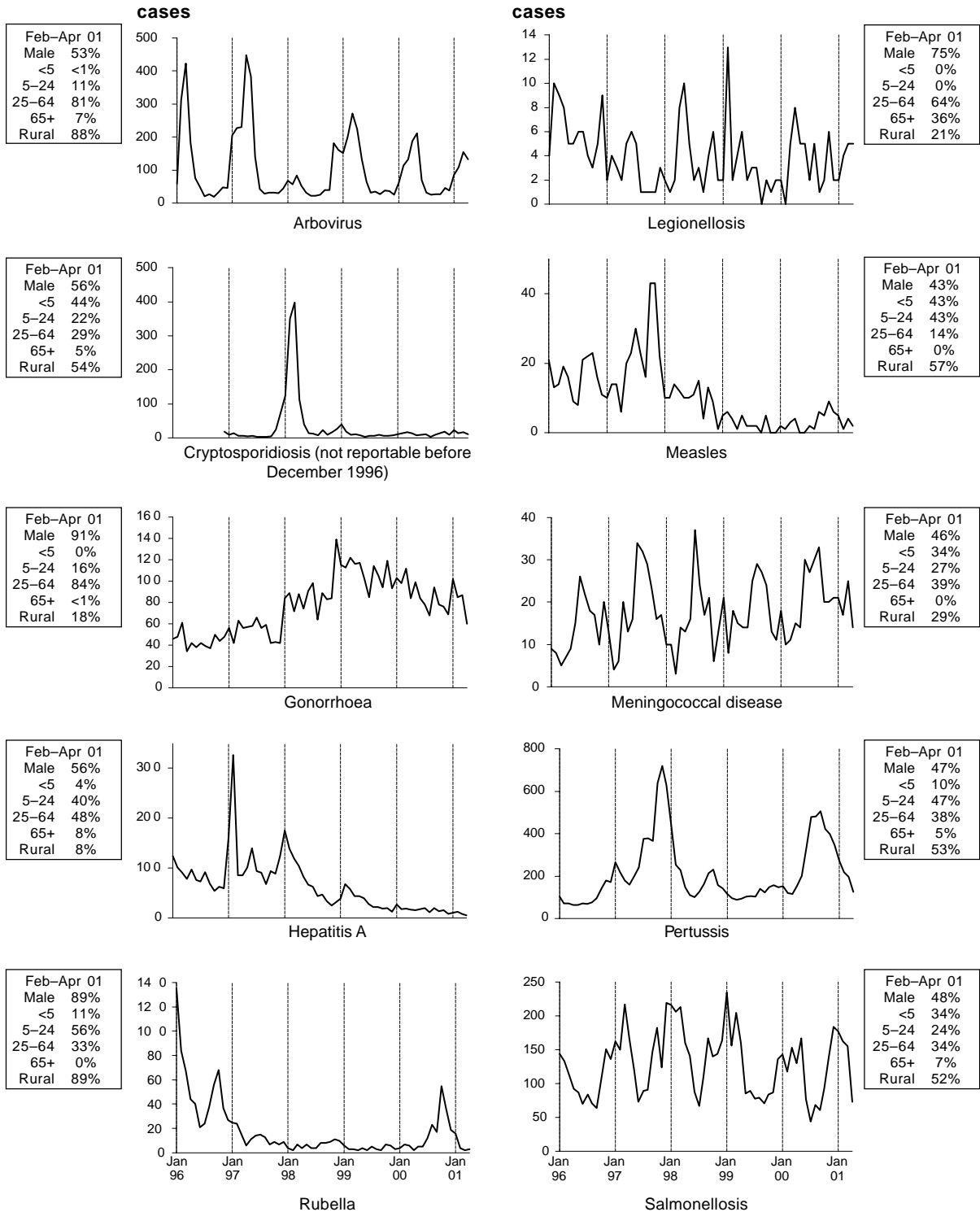
CDI can be accessed on the Internet at: www.health.gov.au/pubhlth/cdi/cdihtml.htm. ☞

FIGURE 1

REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1996 TO APRIL 2001, BY MONTH OF ONSET

These are preliminary data: case counts for recent months may increase because of reporting delays. Laboratory-confirmed cases, except for measles, meningococcal disease and pertussis.

NSW population	
Male	50%
<5	7%
5-24	28%
25-64	52%
65+	13%
Rural*	42%



* For definition, see *NSW Public Health Bulletin*, April 2000

TABLE 2 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN APRIL 2001 BY AREA HEALTH SERVICES

Condition	Area Health Service (2001)																	Total		
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	for Apr†	To date†
Blood-borne and sexually transmitted																				
AIDS	1	-	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-	5	48
HIV infection*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33
Hepatitis B - acute viral*	2	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	5	31
Hepatitis B - other*	62	64	72	8	69	3	4	5	124	-	2	1	-	1	1	1	1	1	420	1,327
Hepatitis C - acute viral*	9	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	12	44
Hepatitis C - other*	84	43	13	44	78	37	45	15	240	21	11	14	1	5	5	8	10	24	701	2,753
Hepatitis D - unspecified*	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	6
Hepatitis, acute viral (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	46	54	43	20	11	10	28	13	95	16	6	10	12	4	4	16	4	-	395	1,340
Gonorrhoea*	-	5	8	6	10	1	2	-	56	1	-	2	3	-	1	-	1	-	98	354
Syphilis	15	2	8	4	8	2	0	0	12	0	1	1	0	0	1	0	1	1	56	198
Vector-borne																				
Arboviral infection (BFV)*	-	-	-	-	-	-	2	4	-	8	7	1	1	-	1	-	8	-	32	96
Arboviral infection (RRV)*	1	5	8	22	-	9	27	8	2	17	15	7	2	5	3	10	5	-	146	361
Arboviral infection (Other)*	1	-	-	-	-	1	-	-	2	-	-	-	-	-	-	-	1	-	5	11
Malaria*	-	3	2	-	1	-	-	-	3	1	-	4	-	-	-	-	-	-	16	58
Zoonoses																				
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis*	-	-	-	-	-	-	1	-	2	1	-	1	-	-	-	-	-	-	5	24
Lyssavirus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	9
Q fever*	-	-	-	-	-	-	1	-	-	1	1	2	2	-	1	-	-	-	8	43
Respiratory and other																				
Blood lead level*	-	1	-	1	-	-	12	-	4	-	2	-	3	-	5	-	1	-	29	176
Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Invasive Pneumococcal Infection	-	2	-	-	-	5	6	-	3	-	-	-	-	-	-	-	-	-	16	38
Legionnaires' Longbeachae*	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	7
Legionnaires' Pneumophila*	-	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	9
Legionnaires' (Other)*	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal infection (invasive)	1	3	2	-	-	1	-	2	2	-	-	-	-	-	-	-	1	-	13	79
Mycobacterial tuberculosis	3	3	2	1	1	-	1	1	7	-	2	-	-	-	-	-	-	-	21	121
Mycobacteria other than TB	-	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	3	19
Vaccine-preventable																				
Adverse event after immunisation	-	-	1	-	-	-	3	1	2	-	1	-	-	-	-	-	2	-	10	25
H.influenzae b infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	2
Measles	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	12
Mumps*	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	9
Pertussis	8	23	29	24	17	9	16	7	23	21	6	2	8	7	2	10	2	214	1,014	
Rubella*	-	-	-	1	-	2	1	-	-	1	-	-	-	-	-	-	-	-	5	33
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis*	-	-	-	-	-	-	-	-	9	1	-	-	-	-	-	-	1	-	11	65
Giardiasis*	-	32	19	13	7	6	14	5	23	5	1	2	1	1	3	1	-	-	135	348
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	16
Gastroenteritis (in an institution)	-	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	193
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Hepatitis A*	-	1	1	-	1	-	-	-	3	-	-	-	-	-	-	-	-	-	6	39
Hepatitis E*	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6
Listeriosis*	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	9
Salmonellosis (not otherwise specified)*	-	14	1	4	10	1	6	4	15	14	4	4	4	4	7	2	3	-	97	644
Shigellosis	-	1	-	-	-	-	-	-	9	-	-	-	-	-	-	-	-	-	10	37
Typhoid and paratyphoid*	-	1	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	3	16
Verotoxin producing Ecoli*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* lab-confirmed cases only

† includes cases with unknown postcode

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney AreaWEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast AreaHUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney AreaNRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England AreaMAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West AreaGMA = Greater Murray Area
SA = Southern Area
CHS = Corrections Health Service