# **COMMUNICABLE DISEASES, NSW: DECEMBER 2001**

# TRENDS

Notifications of communicable disease received through to October 2001 are summarised in Table 3 and Figure 1. Of note are the continuing epidemic of **pertussis** occurring throughout the State, and a mild resurgence of **hepatitis A** (12 cases were reported in South Eastern Sydney in October, but no links were identified among them).

## AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER—QUARTERLY REPORT

Table 1 reports immunisation coverage by area health service for children aged 12 months to less than 15 months. These data refer to three different cohorts of children whose age has been calculated 90 days before data extraction. The information contained in each of the reports has been extracted from the Australian Childhood Immunisation Register (ACIR) and may not reflect actual coverage due to under-reporting.

# TABLE 1

#### IMMUNISATION COVERAGE BY AREA HEALTH SERVICE FOR CHILDREN AGED 12 MONTHS TO LESS THAN 15 MONTHS

Area Health Service	30 June 2001	30 Sept 2001	31 Dec 2001
Central Coast	94	93	94
Central Sydney	91	89	87
Hunter	94	96	93
Illawarra	92	93	91
Northern Sydney	90	89	89
South Eastern Sydney	y 89	89	89
South Western Sydne	y 92	90	89
Wentworth	92	92	91
Western Sydney	89	90	89
Far West	87	92	94
Greater Murray	93	93	93
Macquarie	93	92	95
Mid North Coast	91	91	88
Mid Western	90	92	92
New England	92	92	94
Northern Rivers	86	86	84
Southern	91	91	89
NSW	91	91	91

# ASSUMING THE WORST: RESPONDING TO EPISODES OF SUSPECTED BIOLOGICAL TERRORISM

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In mid-October 2001, the NSW Department of Health received the first reports of what emerged as an epidemic of exposures to powders mistakenly thought to contain anthrax spores. These incidents involved individuals who received packages that contained powder or had a suspicious address, or individuals who encountered suspicious powders in unexpected situations. Some incidents apparently had malicious intent while others clearly had an innocuous cause. These events began soon after reports from the United States of individuals who had developed anthrax infections following the receipt of mail that contained powdered anthrax spores.

To coordinate the responses to these threats, the NSW Government re-opened the Police Operations Centre, a communications facility that was last used during the Sydney 2000 Olympic and Paralympic Games. The NSW Department of Health placed a liaison officer in the Police Operations Centre. Several public health officers from the NSW Public Health Officer Training Program, and other staff from the NSW Department of Health, were also seconded to assist. Contact details of people involved in suspicious powder incidents were matched to the results of analyses of the specimens taken from these incidents. The results were distributed to public health units who contacted the victims to inform them of the results.

The responsibility for the management of such incidents is detailed in the NSW Department of Health's HAZMAT Plan, a subsection of the NSW State Disaster Plan (Displan). The role of the area health services included the provision of medical, mental health, and public health services. The police, ambulance and fire brigade also had essential roles in responding to these events.

Public health units were also asked to place laboratories and emergency departments on alert for patients presenting with suspicious illnesses. Chief Health Officers around Australia alerted all divisions of general practice to be vigilant for suspicious illnesses in their patients. Australia was not considered to be at serious risk of terrorist attack; therefore the use of vaccines and prophylactic antibiotics, and the diagnostic testing of victims, was strongly discouraged.

Fact sheets on anthrax and material addressing these incidents were prepared and distributed to public health units. These were developed to help inform and reassure the general public, especially those individuals who had been involved in an incident. A recorded telephone message service on (02) 9424 5908 was also established to provide information.

Between 16 October and 12 November, 463 samples were submitted to the police forensics laboratory for analysis. These samples were collected from incidents that involved approximately 1500 people. To date no sample has tested positive for anthrax spores.

In the absence of a positive laboratory test for anthrax spores, or a case of anthrax, the main role for NSW Health has been to mitigate the fear associated with these events. Efforts have focused on returning the results of laboratory investigations to the individuals exposed as swiftly as possible. 340

# TABLE 2

CHARACTERISTICS OF PEOPLE DIAGNOSED WITH HIV INFECTION AND AIDS, OR WHO HAVE DIED FROM AIDS, NSW, 1981 TO SEPTEMBER 2001

Characteristic	All cases (1981–2000)						1991–2000								Jan	-Sep						
	HI	V	AID	os	AIDS	Deaths	HI	v	AID	os	AIDS [	Deaths	HI	v	AID	os	AIDS	Deaths	by			AIDS
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	Ν	%	N	%	Year	HIV	AIDS	Deaths
Sex																						
Male	11226	92.5	4662	95.6	3195	96.3	4823	92.0	3095	94.9	2237	96.2	248	86.4	15	93.8	8	85.7	1981	1	1	1
Female	627	5.2	203	4.2	115	3.5	341	6.5	157	4.8	83	3.6	30	10.5	1	6.3	1	14.3	1982	0	1	0
Other	278	2.3	11	0.2	7	0.2	78	1.5	9	0.3	6	0.3	9	3.1	0	0.0	0	0.0	1983	1	3	1
Age																			1984	205	30	6
0-2	38	0.3	7	0.1	3	0.1	22	0.4	7	0.2	3	0.1	0	0.0	0	0.0	1	0.0	1985	990	91	46
3–12	42	0.4	12	0.3	9	0.3	9	0.2	6	0.2	5	0.2	0	0.0	0	0.0	0	0.0	1986	1112	160	108
13–19	252	2.1	15	0.3	11	0.3	76	1.5	5	0.2	6	0.3	3	1.1	0	0.0	0	0.0	1987	1637	248	142
20–29	4095	33.8	821	16.8	575	17.3	1612	30.8	490	15.0	392	16.9	68	23.7	2	12.5	0	0.0	1988	1144	313	137
30-39	4501	37.1	2034	41.7	1353	40.8	1984	37.9	1380	42.3	953	41.0	108	37.6	7	43.8	5	71.4	1989	990	347	235
40-49	2170	17.9	1368	28.1	948	28.6	992	18.9	938	28.8	677	29.1	62	21.6	1	6.3	2	28.6	1990	809	421	315
50-59	683	5.6	468	9.6	305	9.2	353	6.7	337	10.3	215	9.2	18	6.3	4	25.0	0	0.0				
60+	245	2.0	151	3.1	113	3.4	120	2.3	98	3.0	75	3.2	10	3.5	2	12.5	1	0.0	1991	813	438	335
Not reported	105	0.9	0	0.0	0	0.0	74	1.4	0	0.0	0	0.0	18	6.3	0	0.0	0	0.0	1992	712	427	304
Exposure																			1993	599	468	369
Male homo-bisexual	7040	58.0	3952	81.1	2757	83.1	3345	63.8	2561	78.5	1898	81.6	143	49.8	13	81.3	5	71.4	1994	512	533	410
Male homo-bisexual-IDU	J 267	2.2	183	3.8	126	3.8	166	3.2	130	4.0	98	4.2	10	3.5	0	0.0	1	14.3	1995	540	463	343
Injecting drug use	357	2.9	47	1.0	20	0.6	160	3.1	42	1.3	19	0.8	10	3.5	0	0.0	0	0.0	1996	463	356	254
Heterosexual	902	7.4	376	7.7	187	5.6	705	13.5	325	10.0	164	7.1	51	17.8	2	12.5	1	14.3	1997	437	200	110
Haemophila*	115	1.0	51	1.1	45	1.4	7	0.1	24	0.7	28	1.2	0	0.0	0	0.0	0	0.0	1998	415	166	69
Blood-tissue recipient	117	1.0	106	2.2	90	2.7	28	0.5	44	1.4	43	1.9	0	0.0	0	0.0	0	0.0	1999	388	106	63
Needle-stick injury	4	0.0	0	0.0	0	0.0	4	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2000	363	104	69
Vertical	33	0.3	14	0.3	7	0.2	27	0.5	12	0.4	6	0.3	0	0.0	0	0.0	1	0.0				
Not stated	3296	27.2	147	3.0	85	2.6	800	15.3	123	3.8	70	3.0	73	25.4	1	6.3	1	0.0				
Residence																			Jan–Mar 2001	92	7	4
Sydney	6701	55.2	4040	82.9	2767	83.4	3991	76.1	2707	83.0	1951	83.9	237	82.6	15	93.8	9	100.0	April–Jun 2001	89	9	5
Rural	779	6.4	678	13.9	420	12.7	534	10.2	522	16.0	347	14.9	35	12.2	1	6.3	0	0.0	July-Sept 2001	106	-	-
Unknown	4651	38.3	158	3.2	130	3.9	717	13.7	32	1.0	28	1.2	15	5.2	0	0.0	0	0.0	Total 2001	287	16	9
Total	12131	100.0	4876	100.0	3317	100.0	5242	100.0	3261	100.0	2326	100.0	287	100.0	16	100.0	9	100.0	Total	12418	4892	3326

HIV data to 30 September 2001, source: NSW HIV database, Communicable Diseases Surveillance and Control Unit, NSW Department of Health

Recent HIV data may contain incomplete risk factor information and duplicates

AIDS data to June 2001, source: National Centre for HIV Epidemiology and Clinical Research

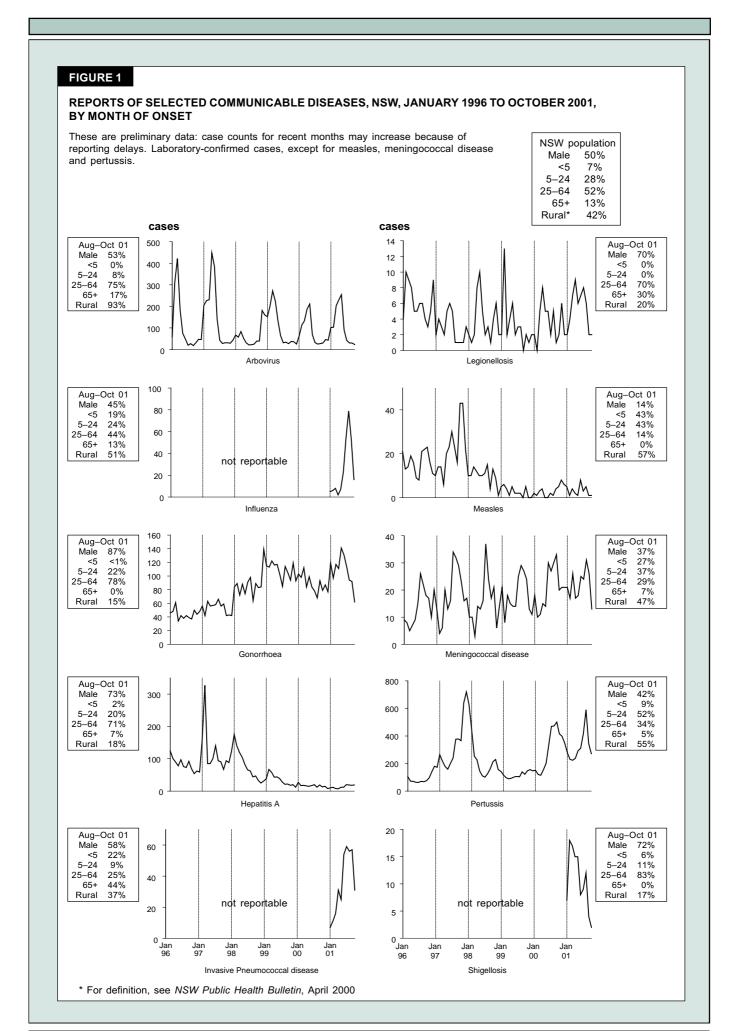
\* Includes people with coagulation disorders

**NSW Public Health Bulletin** 

## SURVEILLANCE FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION, NSW, TO SEPTEMBER 2001

To the end of September 2001, 287 new diagnoses of HIV infection, 16 cases of AIDS and nine deaths from AIDS were reported to the NSW Department of Health (Table 2). In July 2001, the system for surveillance for HIV infection was revised to enable better tracking of cases. The new system involves initial reporting by the laboratory of positive HIV tests (by de-identified name code) to the Communicable Diseases Surveillance and Control Unit (CDSCU) of the NSW Department of Health. CDSDU staff

then collect information about risk factors associated with the case and a history of any previous positive tests. Table 2 includes preliminary data provided by the laboratories. These data will be updated as new information about the cases is received from the treating doctors. The number of people living with—and who have died from—AIDS is likely to be under-reported. Public health units are currently working with clinicians and laboratory staff in each area health service in an annual active surveillance effort to maximise the reporting of AIDS cases. This active surveillance is necessary to ensure accurate management of the epidemic. #



NSW Public Health Bulletin

		Area Health Service (2001)														Total					
Condition	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	for Oct <sup>†</sup>	To d	
Blood-borne and sexually transmitted																					
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Chlamydia (genital)*	26	19	31	17	3	14	24	11	97	6	14	14	8	5	15	16	5	4	330	3,7	
Gonorrhoea*	22	2	6	-	-	-	2	1	41	2	2	1	-	1	4	1	1	1	88	1, <sup>-</sup>	
lepatitis B - acute viral*	1	-	-	-	1	-	-	2	2	-	2	-	-	-	-	-	-	-	8		
lepatitis B - other*	61	22	72	8	1	6	6	9	49	-	1	2	-	3	4	4	-	1	252	3,	
lepatitis C - acute viral*	1	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-	4		
lepatitis C - other*	91	27	75	41	1	46	56	35	101	28	46	17	6	8	10	13	7	57	666	7,	
lepatitis D - unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis	10	-	5	1	1	2	-	1	28	-	2	2	1	1	2	1	1	2	60		
/ector-borne																					
Arboviral infection (BFV)*	_	_	1	_	-	_	1	_	_	2	12	1	1	-	_	_	_	-	18		
Arboviral infection (Other)*	_	2	1	-	_	1	1	1	-	-	-			_	_	_	_	_	6		
Arboviral infection (RRV)*		2		_		1	1		_	2	3		2	1	2		_	_	12		
Alaria*	-	-	- 1	-	-			-	-	1	5	-	2		2	-	-	-	7		
	-	4	1	-	-	-	-	-	-	I	-	-	-	-	-	-	-	-	1		
Coonoses																					
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
.eptospirosis*	-	-	-	-	-	-	2	-	-	1	2	1	-	-	-	-	-	-	7		
yssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Psittacosis*	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1		
Q fever*	-	-	-	2	-	-	2	-	-	1	2	2	4	-	-	-	-	-	13		
Respiratory and other																					
Blood lead level*	-	1	-	5	-	1	11	5	3	-	2	-	4	-	4	-	-	-	36		
nfluenza*	4	5	23	6	1		3	1	5	-	1	2	4	1	-	1	2	-	59		
nvasive pneumococcal infection	3	6	7	7	1	3	q	4	4	-		-		3	_		-	_	47		
egionella longbeachae infection*	5	1	'	1		5	3	4	-	-	-	-	-	5	-	-	-	-	1		
	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
egionella pneumophila infection*	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2		
.egionnaires' disease (other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
eprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal infection (invasive)	3	-	3	-	-	-	2	2	2	1	-	1	1	1	-	-	-	-	16		
uberculosis	14	10	6	-	-	1	1	-	7	-	-	-	-	-	-	-	-	-	40		
/accine-preventable																					
Adverse event after immunisation	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1		
I.influenzae b infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
leasles	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	2		
/lumps*	-	2	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	5		
Pertussis	18	40	46	24	32	14	55	26	41	36	13	10	21	13	3	56	3	-	451	3,4	
Rubella*	-	1	-	-	1	-	1	-	-	2	-	1	-	-	-	-	1	-	7	í (	
etanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
aecal-oral																					
Botulism	-	_	_	-	-	_	_	-	-	-	-	_	_	-	-	_	_	_	_		
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	_		
	-	-	- 2	- 1	-	-	-	-	- 2	-	-	-	-	-	-	-	-	-	10		
Cryptosporidiosis*	1	-	2	1	-	-	-	I	-	-	2	-	-	-	-	1	-	-			
Food borne illness (not otherwise specified)	-	-		-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	6		
Gastroenteritis (in an institution)	31	-	13	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53	4	
Giardiasis*	9	11	9	3	-	1	2	1	17	8	4	6	-	-	2	3	-	-	76	8	
laemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
lepatitis A*	3	3	1	-	1	-	1	2	12	-	-	-	-	-	-	-	-	-	25	· ·	
lepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
isteriosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Salmonellosis (not otherwise specified)*	-	15	13	7	1	2	13	5	26	8	6	2	1	2	-	8	-	-	110	1,	
Shigellosis*	-	-	2	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	4	.	
yphoid and paratyphoid*	-	1	2	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	8		
/erotoxin producing E. coli*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	+	includes	00000	with unle		stoodo															
lab-confirmed cases only	Ť	includes	cases v	with unkr	nown pos	sicode															
SA = Central Sydney Area WEN = W	entworth/	Area		F	HUN = Hu	Inter Area	а		Ν	IRA = No	orthern F	livers Are	ea			uarie Area		GMA = (	Greater Murra	y Area	
	South Western Sydney Area ILL = Illawarra Area									INC = No						Western A		SA = Southern Area			