COMMUNICABLE DISEASES REPORT, NSW: OCTOBER–DECEMBER 2002

TRENDS: AUGUST TO OCTOBER

As winter drew to a close in NSW, the expected seasonal increase in notifications of patients diagnosed with **invasive pneumococcal disease** and **meningococcal disease** occurred (Table 8, Figure 1). In early spring the typical nadir in **arboviral infections**, **cryptosporidiosis**, and **legionnaires disease** appeared(Table 9, Figure 1). Notifications of communicable diseases received through to the end of October were in line with seasonal expectations (Table 10, Figure 1). In October, 14 cases of **Q fever** were reported among residents of the Macquarie Area Health Service (Table 10). Reports of other notifiable diseases remained largely stable.

Changes to regular figure of selected communicable diseases

This month we have enhanced Figure 1, which include more detail for some conditions. In the **arbovirus infections** chart, we distinguish between reports of Barmah Forest virus infection and Ross River virus infections, and show that Barmah Forest infection has become the dominant arbovirus reported in the last year in NSW. In the **legionnaires disease** chart, we distinguish between reports of *Legionella longbeachae* infections and *L. pneumophila* infections, and show that *L. longbeachae* infections, which tend to be associated with exposures to soils including potting mix, have predominated in recent months.

In the **measles** chart, we highlight cases that have been confirmed by laboratory tests (usually by IgM positive serology, or by viral isolation), which suggests—pleasingly—that laboratory confirmation is being sought for most cases. (This is vital as we move to eradicate measles, since many suspected cases are in fact due to other infections). In the **meningococcal disease** chart, we highlight cases due to serogroups B and C meningococcus. This is particularly important given the availability of vaccination against meningococcal serogroup C disease (but not serogroup B disease). Of all 1,279 cases of meningococcal disease notified from January 1997 to September 2002, 468 (37 per cent) were reported to be caused by serogroup B meningococcal bacteria, 312 (24 per cent) by serogroup C, 15 (one per cent) by serogroup W135, and nine (one per cent) by serogroup Y, but for 465 (36 per cent) no serogroup was identified. The ratio of disease caused by serogroup B to serogroup C meningococcal bacteria during the whole period was 1.5 to 1, but it has increased from 1:1 in 1997 to 2:1 so far in 2002.

MEASLES REPORT

Four cases of **measles** have been confirmed in recent months; all were either acquired overseas, or were linked to an overseas-acquired case. In July, an unimmunised child from northern NSW was diagnosed with laboratory-confirmed measles after holidaying in Queensland. On investigation, it was discovered that an infectious case of measles from Europe had holidayed in the same area of Queensland, and was the likely source of infection. The case's two unimmunised siblings subsequently developed measles. In August, a sailor from Southeastern Asia developed laboratory-confirmed measles within a few days of arriving in Sydney by air to join his ship. The South Eastern Sydney Public Health Unit assessed the risk to shipmates and dockworkers and recommended immunoglobulin to those who were susceptible. No further transmission was identified.

THE INFLUENZA SEASON OF 2002

The 2002 influenza season for NSW was moderate, compared with the milder 2001 season. Reports from general practitioners providing sentinel surveillance of 'influenza-like-illness' (ILI) peaked at the beginning of July, with a rate of 36.6 per 1,000 consultations. This is higher than in 2001, where the peak in ILIs occurred in the middle of August, with a rate of 27.7 per 1,000 consultations.

Reports of routine laboratory isolates showed two peaks in influenza activity. The first was in June, with 49 isolates of influenza B reported (a rate of 8.1 per 100 samples). The strain of influenza B identified was B/Hong Kong/330/2001-like. This strain was not included in the 2002 vaccine. There was a rapid decline in the number of positive influenza B specimens, and by the beginning of August only small numbers of influenza B were being reported by laboratories. The second peak occurred mid-August, with 149 isolates of influenza A (a rate of 14.2 per 100 samples). The A (H3N2) A/Moscow/10/909-like strain (54 per cent of samples) predominated and was included in the vaccine composition for the 2002 season. Laboratories reported that a total of 14,372 specimens were tested of which 1,025 tested positive for influenza A and 204 tested positive for influenza B.

Laboratory testing of specimens from patients of sentinel general practitioners participating in the Direct Virological Surveillance Program also showed a peak in influenza B in mid June, and a second peak of the season for influenza A in early August. Four hundred and sixty six samples were taken by participating general practitioners, of which 50 (11 per cent) were positive for influenza A and 33 (seven per cent) were positive for influenza B.

Many thanks to all who participated in the influenza surveillance throughout NSW—public laboratories, public health units, general practitioners, the Australian Sentinel Practice Research Network, and the World Health Organization Collaborating Centre for Influenza Melbourne.

The Influenza Surveillance Officer, Communicable Diseases Branch, NSW Department of Health, coordinates weekly influenza reports from May to September. Copies of the reports are available by contacting the Influenza Surveillance Officer on (02) 9391 9234.

MENINGOCOCCAL DISEASE

In spring there was substantial public interest in **meningococcal disease**. However, it is important to place the effect of this disease on the community in context. In terms of morbidity and mortality, meningococcal disease is uncommon. The crude rate in NSW (3.6 cases per 100,000 in 2001) is well below the rate of other diseases considered uncommon (for example: tuberculosis [6.4 cases per 100,000] and syphilis [7.7 cases per 100,000]). Fewer than 10 per cent of patients who contract the disease die as a result.

To the end of August 2002, 145 cases of meningococcal disease had been reported in NSW, compared with 177 for the same period in 2001. To the end of August 2002, 16 deaths from meningococcal disease were reported among NSW residents. In 2001, there were seven deaths, which were fewer than expected (for the previous three years, there was an average of 15 deaths per year). These data indicate that in 2002 the epidemiology of meningococcal disease in NSW has been much the same as in recent years. Year-to-year statistical fluctuations are to be expected whenever small numbers are concerned and cannot be interpreted as representing long-term trends.

Early treatment of suspected cases is vital in improving outcomes for patients with meningococcal disease. While meningococcal disease is uncommon, people should be aware of the symptoms and seek early medical advice if they occur. Early treatment of suspected cases includes the administration of intravenous antibiotics (benzylpenicillin or ceftriaxone).

Vaccines are available that protect against disease caused by serogroup C meningococcus bacteria, which causes about a third of all serogrouped cases and about a half of deaths from meningococcal disease in NSW. The vaccines do not protect against serogroup B meningococcus bacteria, which account for over half the serogrouped cases and about half the deaths in NSW.

All cases of meningococcal disease should be reported to the local public health unit who will identify close contacts who may be at risk; arrange for them to receive information about the disease; and, where necessary, arrange for them to be prescribed antibiotics designed to eliminate the bacteria from their throats.

A fact sheet on meningococcal disease is available through the NSW Department of Health's website at **www.health.nsw.gov.au** under Common Health Topics A–Z.

QUARTERLY REPORT: HIV–AIDS

HIV notifications

HIV notifications in New South Wales continue to decline in 2002. To the end of June 2002, the cumulative number of HIV diagnoses in NSW residents was 12,590 (Table 1). The number of HIV diagnoses for 2001 was 347, compared with 360 in 2000. The estimated number of persons living with HIV–AIDS in NSW was 9099 on 30 June 2002. An estimated 1592 were living with an AIDS defining illness.

Of the 165 new diagnoses of HIV between 1 January and 31 June 2002, 150 were in males (91 per cent), 12 were in females (seven per cent), two were transgender (one per cent), and one was of unknown sex (<1 per cent) (Table 1). All notified cases were aged 20 years or older at the time of diagnosis; 28 per cent were aged between 20–29 years; and 40 per cent were aged between 30–39 years. By risk factor, male-to-male sexual contact (with or without a history of injecting drug use) was reported for over two-thirds of cases; heterosexual contact, as the only risk factor, was reported for 16 per cent. Only one case (<1 per cent) reported injecting drug as the only risk factor. This compared with 19 cases reported in 2001 with injecting drug use as the only risk factor. In the first half of 2002, risk exposure remains undetermined or unknown for 14 per cent of cases notified.

AIDS diagnoses and AIDS deaths

The cumulative AIDS diagnoses and AIDS deaths to 30 June 2002 were 5083 and 3491 respectively (Table 2). The number of AIDS diagnoses and AIDS deaths continues

TABLE 1

NOTIFICATION OF HIV, AIDS AND AIDS DEATHS REPORTED BY YEAR, NSW, 1981–JUNE 2002

Year	HIV	AIDS	AIDS deaths
1981	1	1	1
1982	1	1	0
1983	1	3	1
1984	202	30	6
1985	981	91	46
1986	1106	162	108
1987	1636	251	143
1988	1141	321	139
1989	980	355	239
1990	813	425	326
1991	812	443	344
1992	705	432	330
1993	599	480	379
1994	506	552	423
1995	543	473	356
1996	459	368	272
1997	432	200	125
1998	413	173	69
1999	387	108	63
2000	360	119	71
2001	347	69	36
Jan–June 2002	165	26	14
Total	12590	5083	3491

TABLE 2

CHARACTERISTICS OF NSW RESIDENTS REPORTED WITH HIV INFECTION, AIDS, OR WHO HAVE DIED FROM AIDS, 1981 TO 31 JUNE 2002

Characteristic	All cases 1981–-2001						1991–2000						Jan–Dec 2001					
	HIV		AIDS		AIDS deaths		HIV		AIDS		AIDS deaths		HIV		AIDS		AIDS deaths	
	N	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%	*N*	%
Gender																		
Female	667	5.3	207	4.1	120	3.4	32	9.2	6	8.7	3	8.3	12	7.3	0	0.0	0	0.0
Male	11634	92.4	4863	95.7	3362	96.3	308	88.8	63	91.3	33	91.7	150	90.9	25	96.2	14	100.0
Transgender	23	0.2	13	0.3	9	0.3	0	0.0	0	0.0	0	0.0	2	1.2	1	3.8	0	0.0
Not stated	266	2.1	0	0.0	0	0.0	7	2.0	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0
Age																		
0–2	26	0.2	7	0.1	3	0.1	0	0.0	0	0.0	1	2.8	0	0.0	0	0.0	0	0.0
3–12	36	0.3	11	0.2	8	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13–19	203	1.6	13	0.3	9	0.3	3	0.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20–29	3970	31.5	757	14.9	539	15.4	84	24.2	7	10.1	4	11.1	46	27.9	1	3.8	1	7.1
30–39	4818	38.3	2113	41.6	1433	41.0	144	41.5	24	34.8	19	52.8	66	40.0	10	38.5	4	28.6
40–49	2386	19.0	1482	29.2	1019	29.2	73	21.0	22	31.9	8	22.2	36	21.8	10	38.5	6	42.9
50–59	766	6.1	528	10.4	350	10.0	21	6.1	12	17.4	2	5.6	10	6.1	5	19.2	3	21.4
60 +	269	2.1	172	3.4	130	3.7	9	2.6	4	5.8	2	5.6	4	2.4	0	0.0	0	0.0
Not reported	116	0.9	0	0.0	0	0.0	13	3.7	0	0.0	0	0.0	3	1.8	0	0.0	0	0.0
Exposure																		
Male homosexual–bisexual	7390	58.7	4124	81.1	2900	83.1	219	63.1	52	75.4	25	69.4	109	66.1	20	76.9	12	85.7
Male homosexual–bisexual and IDU	283	2.2	195	3.8	137	3.9	16	4.6	1	1.4	3	8.3	5	3.0	2	7.7	1	7.1
Injecting drug use	422	3.4	47	0.9	23	0.7	19	5.5	1	1.4	0	0.0	1	0.6	1	3.8	1	7.1
Heterosexual	904	7.2	364	7.2	190	5.4	57	16.4	9	13.0	4	11.1	27	16.4	3	11.5	0	0.0
Haemophilia–Coagulation	112	0.9	52	1.0	46	1.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Blood–Tissue recipient	116	0.9	105	2.1	91	2.6	0	0.0	0	0.0	1	2.8	0	0.0	0	0.0	0	0.0
Vertical	36	0.3	14	0.3	7	0.2	0	0.0	0	0.0	1	2.8	0	0.0	0	0.0	0	0.0
Undetermined	3272	26.0	0	0.0	0	0.0	13	3.7	0	0.0	0	0.0	6	3.6	0	0.0	0	0.0
Not stated	55	0.4	182	3.6	97	2.8	23	6.6	6	8.7	2	5.6	17	10.3	0	0.0	0	0.0
Residence																		
Greater Sydney *	7143	56.7	4253	83.7	2931	84.0	307	88.5	52	75.4	28	77.8	143	86.7	23	88.5	11	78.6
Rest of New South Wales	824	6.5	673	13.2	425	12.2	38	11.0	16	23.2	8	22.2	10	6.1	3	11.5	3	21.4
Unknown	4623	36.7	157	3.1	135	3.9	2	0.6	1	1.4	0	0.0	12	7.3	0	0.0	0	0.0
Total	12590	100	5083	100	3491	100	347	100	69	100	36	100	165	100	26	100	14	100

Source: NSW HIV–AIDS database, Communicable Diseases Branch, NSW Department of Health
Recent HIV data may contain duplicates
* Greater Sydney area health services include Central Sydney, North Sydney, Western Sydney, Wentworth, South West Sydney, and South East Sydney

to decline significantly, with only 26 and 14 cases diagnosed to June 2002 respectively.

The National Centre for HIV Epidemiological and Clinical Research recently performed a data linkage exercise, linking data from the National AIDS Register with National Death Index data for the period 1988–1997. Previously unnotified AIDS cases and AIDS deaths were added to the National AIDS Register. This has resulted in a slight increase in AIDS and AIDS death notifications reported for NSW for the period 1988–1997 compared to previously published data.

ENTERIC DISEASE SURVEILLANCE

August

August was a busy month for viral gastroenteritis, mostly due to Norwalk-like virus infections, with 18 outbreaks reported from nursing homes and other residential institutions in NSW. *Salmonella* serotype clusters currently under investigation include infections of *S. typhimurium* 197 (four cases), *S. typhimurium* 108 (two cases) and *S. enteritidis* (seven cases).

The staff at the Microbiological Diagnostic Unit (MDU), University of Melbourne, have previously reported an association between an unusual *Salmonella* strain *Salmonella paratyphi B biovar Java* (or *S. Java*) and contact with fish tanks. There was one such case in NSW, in August, in a child who had a tropical fish tank at home.

September

In September there was a rise in case notifications of *Salmonella typhimurium* 135a infections (five cases) and for *Salmonella typhimurium* 197 infections (four cases). A single case of *Salmonella nyanza* infection was identified in a three year-old child from the Hunter. This is the first time this serovar has been isolated in a human in Australia. One case of listeriosis in an 80-year-old person from Central Sydney was reported.

Notifiable food-borne diseases increased in October, and will probably continue to increase throughout the summer. Particular pathogens observed to increase were: *Salmonella typhimurium* phage type 135a (see below), *Salmonella typhimurium* phage type 197 (15 cases in October, which is the largest number recorded for a single month, with no evidence that the cases were related) and *Salmonella enteritidis* (15 cases). Three episodes of 'gastrointestinal disease in an institution' were reported for October: two at a nursing homes and one in at a child care centre (11 cases).

October

During October, there was an outbreak of *S. typhimurium* phage type 135a in one community in regional NSW. A total of 25 cases became ill, the majority being children under seven years of age. The source of the outbreak was not determined; however, 14 of these cases reported eating food from the same bakery. There have been two other recent outbreaks associated with bakeries in Victoria and South Australia, which have been linked to contaminated piping bags and cream custard.

In future

S. enteritidis

In the coming months, NSW Health will initiate follow up of cases with *S. enteritidis*. The purpose of the follow up will be to ascertain whether they have travelled during the incubation period for the disease. *S. enteritidis* is the most common Salmonella serovar in the Northern Hemisphere where it is usually associated with eating undercooked eggs; however, this serovar is uncommon in Australia. We expect to find the majority of *S. enteritidis* in NSW has been acquired overseas.

Change to regular table: Reports of Notifiable Conditions Received by Area Health Services

From October 2002, individual cases included in the rubrics *Food-borne illness in two or more people* and *Gastroenteritis in an institution* will no longer be reported in the regular table Reports of Notifiable Conditions Received by Area Health Services. Instead, summary information about significant outbreaks investigated in NSW will be reported in the text of the Communicable Diseases Report of the *NSW Public Health Bulletin*, and Epi*Reviews* will both summarise and provide an analysis of longer-term trends.

QUARTERLY REPORT: AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER

Table 3 details the percentage of fully immunised children aged 12 months to less than 15 months in each area health service, reported by all service providers.

These data refer to five 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 4 details the percentage of fully immunised children identified as Aboriginal or Torres Strait Islander in New South Wales for the same cohort, reported by all service providers.

TABLE 3

PERCENTAGE OF FULLY IMMUNISED CHILDREN AGED 12 MONTHS TO LESS THAN 15 MONTHS BY AREA HEALTH SERVICE

Area Health Service	30 Sept 01	31 Dec 01	31 Mar 02	30 June 02	30 Sept 02
Central Coast	93	94	92	90	92
Central Sydney	89	87	88	89	90
Hunter	96	93	94	94	93
Illawarra	93	91	93	89	94
Northern Sydney	89	89	90	89	91
South Eastern Sydney	89	89	90	89	92
South Western Sydney	90	89	90	90	90
Wentworth	92	91	92	90	91
Western Sydney	90	89	90	90	91
Far West	92	94	92	90	90
Greater Murray	93	93	93	92	94
Macquarie	92	95	92	93	91
Mid North Coast	91	88	90	90	88
Mid Western	92	92	92	91	91
New England	92	94	94	92	91
Northern Rivers	86	84	80	84	84
Southern	91	89	93	90	91
NSW	**91**	**91**	**91**	**90**	**91**
Australia	**91**	**90**	**91**	**90**	**91**

TABLE 4

PERCENTAGE OF FULLY IMMUNISED CHILDREN IDENTIFIED AS ABORIGINAL AND TORRES STRAIT ISLANDER, AGED 12 MONTHS TO LESS THAN 15 MONTHS

	30 June 02	30 Sept 02
NSW	**87**	**85**
Australia	**85**	**85**

ERRATUM

In the Year in Review: Communicable Disease Surveillance, 2001 (*NSW Public Health Bulletin* August 2002; 13[8]: 177–187), incorrect figures were published for notifications of malaria. Tables 5–7 provide the correct figures.

TABLE 5

NOTIFICATIONS OF MALARIA, CASES BY AREA HEALTH SERVICE, NSW, 2001

Health Area	Number of Cases
CSA	13
NSA	36
WSA	13
WEN	4
SWS	21
CCA	9
HUN	18
ILL	7
SES	23
NRA	3
MNC	10
NEA	7
MWA	5
GMA	4
SA	4
Total	177

TABLE 6

NOTIFICATIONS OF MALARIA, CASES BY AGE GROUP AND SEX, NSW, 2001

Age (Years)	Female	Male
0–4	0	2
5–24	12	29
25–44	22	62
45–64	6	42
65 +	0	2
Total	40	137

TABLE 7

NOTIFICATIONS OF MALARIA, CASES BY MONTH OF DIAGNOSIS, NSW, 2001

Month	Number of Cases
Jan	16
Feb	14
Mar	23
Apr	8
May	20
Jun	17
Jul	15
Aug	18
Sep	2
Oct	10
Nov	20
Dec	14
Total	177

FIGURE 1

REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1997 TO OCT 2002, BY MONTH OF ONSET

Preliminary data: case counts in recent months may increase because of reporting delays.
Laboratory-confirmed cases only, except for measles, meningococcal disease and pertussis
BFV = Barmah Forest virus infections, RRV = Ross River virus infections
LI = Legionella longbeachae infections, Lp = L. pneumophila infections
Gp C and Gp B = disease due to serogroup C and serogroup B infection, other/unk = other or unknown serogroups

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

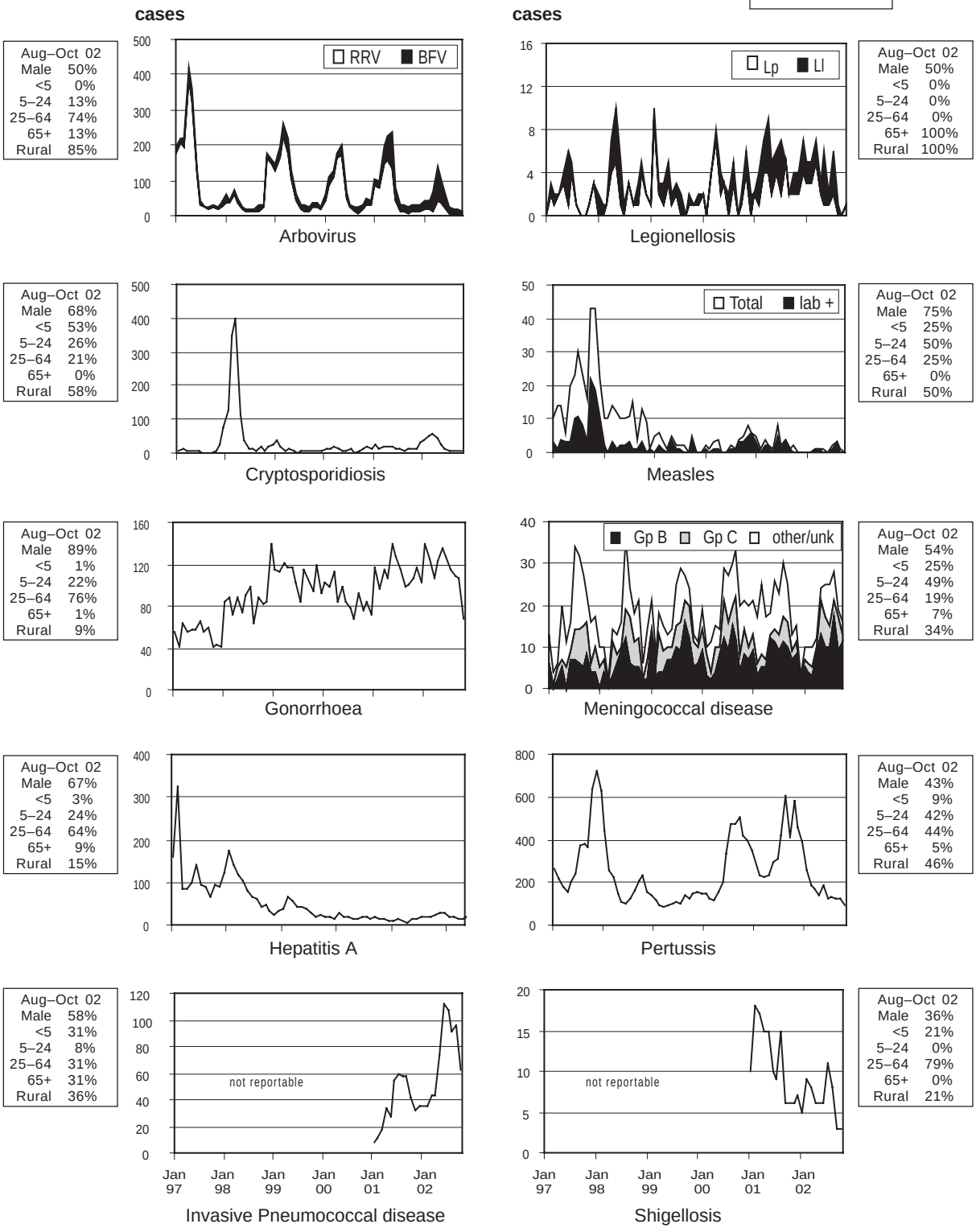

TABLE 8 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN AUGUST 2002 BY AREA HEALTH SERVICES

Condition	Area Health Service																		Total	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS	for Aug†	To date†
Blood-borne and sexually transmitted																				
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	43	54	38	17	-	17	44	19	95	21	18	8	-	12	4	16	15	-	422	3,537
Gonorrhoea*	21	7	6	3	-	2	-	1	42	3	-	2	-	1	-	-	-	-	88	963
Hepatitis B - acute viral*	1	1	1	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-	8	64
Hepatitis B - other*	34	44	45	1	1	6	4	3	41	4	-	2	1	4	-	4	1	2	197	2,561
Hepatitis C - acute viral*	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2	96
Hepatitis C - other*	65	30	70	28	1	41	43	31	68	29	29	12	6	18	2	14	16	2	507	5,039
Hepatitis D - unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Syphilis	12	9	5	1	-	1	1	1	24	6	-	3	-	2	-	1	-	1	67	611
Vector-borne																				
Barmah Forest virus*	-	-	-	-	-	-	2	-	-	1	12	-	-	-	1	1	1	-	18	338
Ross River virus*	-	-	-	-	-	-	1	1	-	-	2	-	-	-	-	1	-	-	5	172
Arboviral infection (Other)*	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	5	62
Malaria*	-	-	-	-	-	1	2	-	1	-	-	-	-	-	-	-	-	-	4	88
Zoonoses																				
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis*	-	-	1	7	-	-	6	1	-	2	2	1	1	-	-	1	-	-	22	98
Q fever*	-	1	1	-	1	-	-	-	1	5	-	4	11	1	2	-	1	-	28	164
Respiratory and other																				
Blood lead level*	3	2	-	7	-	-	10	4	5	-	1	-	-	1	-	-	-	-	35	306
Influenza*	15	15	42	18	10	6	16	22	122	10	4	6	-	5	-	3	2	-	299	728
Invasive pneumococcal infection*	6	10	16	4	7	5	8	6	12	-	2	1	-	1	-	-	2	-	80	484
Legionella longbeachae infection*	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	3	21
Legionella pneumophila infection*	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	18
Legionnaires- disease (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection (invasive)	-	1	4	4	2	-	2	5	4	-	-	4	1	1	-	-	-	-	30	145
Tuberculosis	1	3	2	-	2	-	3	1	11	-	-	-	-	-	-	-	-	-	24	306
Vaccine-preventable																				
Adverse event after immunisation	-	1	-	-	1	1	-	1	7	-	-	-	-	1	-	3	-	-	15	125
H. *Influenzae b* infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Measles	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	4	8
Mumps*	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	20
Pertussis	12	17	27	2	9	2	16	2	16	8	7	-	1	4	1	2	6	-	132	1,575
Rubella*	-	-	-	-	1	-	-	-	1	2	-	-	-	-	-	-	-	-	4	22
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Cryptosporidiosis*	1	-	-	-	-	-	-	-	4	1	3	1	-	-	-	-	-	-	10	263
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27
Gastroenteritis (in an institution)	46	-	93	33	2	-	69	-	85	-	-	-	-	-	-	-	-	-	328	1,636
Giardiasis*	-	14	3	2	5	-	3	4	10	1	-	3	-	-	-	1	-	-	46	609
Haemolytic uraemic syndrome	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6
Hepatitis A*	4	1	2	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	11	120
Hepatitis E*	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	5
Listeriosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Salmonellosis (not otherwise specified)*	5	16	14	9	10	-	6	3	14	10	2	-	-	5	-	7	-	-	101	1,542
Shigellosis*	2	1	-	3	-	-	-	-	-	-	-	1	-	-	-	-	-	-	9	56
Typhoid and paratyphoid*	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	22
Verotoxin producing *E. coli**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3

* lab-confirmed cases only + includes cases with unknown postcode * HIV and AIDS data are reported separately in the *NSW Public Health Bulletin* each quarter

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area
WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area
HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area
NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area
MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area
GMA = Greater Murray Area
SA = Southern Area
CHS = Corrections Health Service

TABLE 9 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN SEPTEMBER 2002 BY AREA HEALTH SERVICES

Condition	Area Health Service																		Total for Sept†	To date†
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS		
Blood-borne and sexually transmitted																				
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	64	43	26	26	5	17	50	20	107	26	15	5	2	16	10	13	16	1	464	4,040
Gonorrhoea*	20	4	11	2	3	1	-	4	28	1	-	1	-	3	-	1	-	-	82	1,052
Hepatitis B - acute viral*	2	-	-	-	-	-	-	2	4	1	2	-	-	-	-	1	-	-	12	75
Hepatitis B - other*	60	43	74	4	61	4	6	3	58	6	6	4	3	2	3	-	4	-	343	3,038
Hepatitis C - acute viral*	-	-	-	-	2	-	-	-	-	-	8	-	1	-	-	-	-	1	12	112
Hepatitis C - other*	78	42	65	29	63	38	27	35	79	34	38	14	7	20	7	9	6	-	591	5,810
Hepatitis D - unspecified*	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	7
Syphilis	12	3	9	2	1	1	-	3	12	1	-	3	1	-	1	-	1	1	52	676
Vector-borne																				
Barmah Forest virus*	-	-	-	-	-	-	2	1	-	3	10	-	1	-	-	-	-	-	17	355
Ross River virus*	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	2	-	-	5	176
Arboviral infection (Other)*	-	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	6	68
Malaria*	-	-	-	2	-	-	1	-	1	1	1	-	1	-	-	-	-	-	7	95
Zoonoses																				
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis*	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	3	28
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis*	-	-	-	18	-	-	3	-	-	-	1	-	-	-	-	-	1	-	23	122
Q fever*	-	-	-	-	-	-	1	1	-	3	5	4	9	6	2	1	3	-	35	200
Respiratory and other																				
Blood lead level*	-	2	-	-	5	-	20	-	5	-	-	-	-	-	15	-	-	-	47	371
Influenza*	-	6	21	16	4	2	17	11	37	9	13	2	-	3	-	3	4	-	150	907
Invasive pneumococcal infection*	5	19	18	6	15	10	17	6	18	-	3	-	-	3	4	1	2	-	127	618
Legionella longbeachae infection*	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	21
Legionella pneumophila infection*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18
Legionnaires- disease (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection (invasive)	2	1	3	1	2	-	2	-	5	1	-	-	-	-	-	-	-	-	17	161
Tuberculosis	9	1	5	1	8	-	-	1	11	-	-	-	-	-	-	2	-	-	38	355
Vaccine-preventable																				
Adverse event after immunisation	2	-	-	1	-	-	2	-	2	1	1	-	-	1	-	-	-	-	10	136
H. Influenzae b infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Measles	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	9
Mumps*	-	-	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	-	3	23
Pertussis	6	16	12	-	12	6	26	5	14	2	8	4	4	2	3	6	3	-	129	1,704
Rubella*	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2	24
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Cryptosporidiosis*	-	-	2	-	1	-	-	-	2	-	-	-	1	-	-	2	-	-	8	271
Food borne illness (not otherwise specified)	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	4	31
Gastroenteritis (in an institution)	24	-	2	30	-	-	47	-	20	-	7	-	-	-	-	-	-	-	130	1,811
Giardiasis*	-	4	6	1	3	4	11	3	10	-	2	-	4	1	2	6	-	-	57	669
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Hepatitis A*	3	-	-	-	-	-	1	-	1	1	-	2	-	-	-	-	-	-	8	127
Hepatitis E*	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	6
Listeriosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Salmonellosis (not otherwise specified)*	-	8	8	4	12	6	7	1	8	11	5	5	2	5	-	2	5	-	89	1,630
Shigellosis*	-	3	2	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	8	68
Typhoid and paratyphoid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23
Verotoxin producing *E. coli**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3

* lab-confirmed cases only + includes cases with unknown postcode * HIV and AIDS data are reported separately in the *NSW Public Health Bulletin* each quarter

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area
WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area
HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area
NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area
MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area
GMA = Greater Murray Area
SA = Southern Area
CHS = Corrections Health Service

TABLE 10 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN OCTOBER 2002 BY AREA HEALTH SERVICES

Condition	Area Health Service																		Total for Oct†	To date†
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS		
Blood-borne and sexually transmitted																				
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	55	55	54	24	26	15	59	19	106	18	14	15	2	22	2	24	6	1	525	4,568
Gonorrhoea*	30	9	12	1	5	-	2	1	75	1	2	3	-	1	2	-	-	-	145	1,210
Hepatitis B - acute viral*	-	-	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-	4	79
Hepatitis B - other*	68	50	64	10	43	3	4	4	40	1	6	2	2	1	2	2	3	-	305	3,369
Hepatitis C - acute viral*	-	-	-	-	-	1	1	1	-	-	1	1	1	-	-	-	-	-	6	125
Hepatitis C - other*	50	33	83	28	44	22	51	36	74	27	22	14	12	15	5	14	11	1	545	6,370
Hepatitis D - unspecified*	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	8
Syphilis - Congenital*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis - <1 yr*	2	1	-	-	-	-	-	-	9	-	2	2	1	-	-	-	-	-	17	92
Syphilis - others*	23	3	3	1	14	4	1	1	30	-	-	-	2	-	2	1	3	1	90	487
Vector-borne																				
Barmah Forest virus*	-	-	-	-	-	2	1	-	-	2	7	-	-	-	1	-	-	-	13	369
Ross River virus*	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	3	179
Arboviral infection (Other)*	-	1	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	3	70
Malaria*	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	3	98
Zoonoses																				
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis*	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	29
Psittacosis*	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	2	2	-	7	131
Q fever*	-	-	1	-	-	-	4	-	1	-	2	4	14	7	2	-	-	-	35	235
Respiratory and other																				
Blood lead level*	-	4	-	3	3	2	7	2	-	2	1	-	4	-	-	-	1	-	30	428
Influenza*	13	61	34	6	9	3	2	3	17	-	7	2	2	-	-	1	2	-	163	1,094
Invasive pneumococcal infection*	8	5	3	6	12	7	14	8	21	-	-	1	1	2	2	-	-	-	90	711
Legionella longbeachae infection*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21
Legionella pneumophila infection*	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	19
Legionnaires- disease (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection (invasive)*	-	4	4	1	1	2	-	-	5	-	1	-	-	1	-	2	-	-	22	184
Tuberculosis*	7	5	6	1	4	-	-	3	4	-	1	-	-	-	-	-	1	-	32	393
Vaccine-preventable																				
Adverse event after immunisation	1	5	-	-	-	-	8	-	2	-	-	-	-	3	2	2	1	-	24	161
H. *Influenzae b* infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Mumps*	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	2	25
Pertussis	12	39	12	4	10	7	23	3	18	5	13	9	2	5	-	2	7	-	171	1,875
Rubella*	-	-	1	-	-	-	-	-	1	1	2	-	2	-	-	-	-	-	7	31
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Cryptosporidiosis*	-	-	-	-	-	1	-	1	-	1	1	-	1	1	-	-	1	-	7	278
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31
Gastroenteritis (in an institution)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,811
Giardiasis*	1	10	10	1	8	4	1	-	11	-	1	3	2	-	-	3	5	-	60	740
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Hepatitis A*	1	6	5	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	15	142
Hepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Listeriosis*	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	8
Salmonellosis (not otherwise specified)*	4	18	18	7	11	2	7	1	25	5	2	4	2	6	1	27	1	2	144	1,775
Shigellosis*	-	-	-	1	-	-	1	-	-	1	-	-	-	-	-	-	-	-	3	71
Typhoid and paratyphoid*	-	-	1	1	-	-	-	1	3	-	-	-	-	-	-	-	-	-	6	29
Verotoxin producing *E. coli**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3

* lab-confirmed cases only + includes cases with unknown postcode * HIV and AIDS data are reported separately in the *NSW Public Health Bulletin* each quarter

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area
WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area
HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area
NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area
MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area
GMA = Greater Murray Area
SA = Southern Area
CHS = Corrections Health Service