#### TABLE 9

INFECTIOUS DISEASE NOTIFICATIONS, NSW MARCH 1992

Condition	Number of cases notified Period Cumulative			
	March 1991	March 1992	March 1991	March 1992
Adverse reaction	N/A	2	N/A	10
AIDS	*40	*9	*63	*24
Arboviral infection	152	15	317	61
Brucellosis	1	-	1	-
Cholera	-	-	-	-
Diphtheria	-	-	-	1
Foodborne illness (NOS)	251	12	921	78
Gastroenteritis (instit)	16	1	23	92
Gonorrhoea	44	4	122	49
H influenzae epiglottitis	1	2	2	7
H influenzae B — meningitis H influenzae B — septicaemia	4	5	4	19
H influenzae B — septicaemia		1	1	2
H influenzae infection (NOS)	10	1	19	6
Hepatitis A – acute viral	39	28	68	227
Hepatitis B – acute viral	1	-	5	20
Hepatitis B — chronic/carrier Hepatitis B — unspecified Hepatitis C — acute viral Hepatitis C — unspecified	_	4	_	39
Hepatitis B — unspecified	81	23	251	326
Hepatitis C — acute viral	_	-	2	46
Hepatitis C — unspecified	33	56	66	432
Hepatitis D	N/A	_	N/A	1
Hepatitis, acute viral (NOS)	45		69	4
HIV infection	*82	*77	*158	*167
Hydatid disease	_	2	1	4
Legionnaires' disease	7	1	14	9
Leprosy				1
Leptospirosis	5	_	18	4
Listeriosis		51882	3	2
Malaria	4	3	13	20
Measles	71	7	113	84
Meningococcal meningitis	1		5	1
Meningococcal septicaemia	1		5	2
Meningococcal infection		Carrier 1		
(NOS)	5		6	4
Mumps	N/A		N/A	4
Mycobacterial tuberculosis	21	5	55	53
Mycobacterial — atypical	11	1	18	14
Mycobacterial infection (NOS)		3	40	15
Pertussis			20	13
Plaque			20	13
Poliomyelitis				
O fever	41	5	64	27
Rubella	1	1	4	12
Salmonella infection (NOS)	164	13	477	185
	53	9	140	114
Syphilis	55	9	140	1 1
Tetanus	12		28	8
Typhoid & paratyphoid	12		28	8
Typhus	-	7		
Viral haemorrhagic fevers		T .		
Yellow fever	_	-		-

<sup>\*</sup>Data to February only

# PUBLIC HEALTH ABSTRACTS

Professor James S. Lawson, Professor and Head of the School of Health Services Management at the University of NSW, has prepared the following public health items from the literature.

### ANAL AND CERVICAL CANCER PROBABLY HAVE SIMILAR CAUSES

Anal cancer is rare, but is more frequent in women than in men. An increase in anal cancer has been suspected in the past two decades, especially among homosexual men. It seems likely that an infectious agent similar to that for cancer of the uterine cervix is involved. In a very large study involving nearly 30,000 women in Denmark, it has been demonstrated that patients with anal cancer were significantly more likely to have had a previous cervical cancer than other patients with cancer.

Melbye M and Sprogel P. Aetiological parallel between anal cancer and cervical cancer,  $Lancet\,1991;\,338:657.659.$ 

#### LIVE LUNG TRANSPLANTATION — DIFFICULT ETHICS

Lung transplantation (lobe only with respect to live donors) has become a viable treatment option for many patients with terminal pulmonary disease, but the scarcity of donor lungs is a severe constraint. The main risk to the live donor is the risk of lobectomy which carries a mortality rate of less than 1 per cent. The main benefit to the donors is psychological in knowing they have saved the life of another. The ethics are difficult and require careful consultation with donors and recipients on several occasions before the decisions are made.

Shaw LR, Miller JD, Slutsky AS, Maurer JR et al. Ethics of lung transplantation with live donors, Lancet 1991; 338:678-681.

#### **ALCOHOL AND CARDIOVASCULAR DISEASE**

Evidence suggests that two alcoholic drinks a day are associated with no cardiovascular harm and may be protective against coronary heart disease. However, a public health recommendation that emphasised the positive effects of alcohol would be likely to do more harm than good because above two drinks a day, there is evidence of harm—biological as well as social. Any increase in overall consumption of alcohol, even as low as an extra one drink a week, has been found in many countries to be associated with a 10 per cent increase in the prevalence of heavy drinkers. Therefore any recommendations in favour of encouraging the public to drink in order to prevent coronary heart disease may well have an adverse effect.

Marmot M and Brunner E. Alcohol and cardiovascular disease: the status of the U-shaped curve, *Br Med J* 1991; 303:565-568.

## ANTIBIOTICS REMAIN VALUABLE FOR MIDDLE EAR INFECTIONS

Acute painful red ear is a problem commonly encountered in general practice and the dilemma of whether and how to treat this condition remains the subject of continuing debate. However, the published evidence is conflicting. A British study using double blind control techniques has shown that the use of antibiotics (the penicillins), improves short-term outcomes substantially and therefore continues to be an appropriate management policy.

Burke P, Bain J, Robinson D and Dunleavey J. Acute red ear in children: controlled trial of non-antibiotic treatment in general practice,  $Br\ Med\ J$  1991; 303:558-562.