

TABLE 9

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS MAY 1992

CONDITION	Number of Cases Notified			
	Period		Cumulative	
	May 1991	May 1992	May 1991	May 1992
Adverse reaction	N/A	2	N/A	14
AIDS	30	6	169	53
Arboviral infection	37	17	354	186
Brucellosis	1	-	2	-
Cholera	-	-	-	-
Diphtheria	-	-	-	1
Foodborne illness (NOS)	257	1	1481	84
Gastroenteritis (instit.)	3	33	27	136
Gonorrhoea	27	21	177	136
H. influenzae epiglottitis	1	3	3	12
H. influenzae B - meningitis	5	4	12	29
H. influenzae B - septicaemia	1	2	2	10
H. influenzae infection (NOS)	18	1	50	8
Hepatitis A	65	44	199	393
Hepatitis B	106	62	466	834
Hepatitis C	17	103	104	1067
Hepatitis D	N/A	-	N/A	2
Hepatitis, acute viral (NOS)	52	1	187	10
HIV infection*	70	65	320	307
Hydatid disease	-	-	1	4
Legionnaires' disease	2	-	17	48
Leprosy	-	-	-	3
Leptospirosis	2	1	22	7
Listeriosis	-	-	3	6
Malaria	24	2	85	24
Measles	15	25	178	149
Meningococcal meningitis	3	2	11	13
Meningococcal septicaemia	1	-	7	1
Meningococcal infection (NOS)	6	-	14	4
Mumps	N/A	1	N/A	11
Mycobacterial tuberculosis	21	4	99	110
Mycobacterial - atypical	11	2	39	60
Mycobacterial infection (NOS)	20	-	79	18
Pertussis	3	3	24	49
Plague	-	-	-	-
Poliomyelitis	-	-	-	-
Q fever	20	1	101	48
Rubella	7	-	11	22
Salmonella infection (NOS)	127	19	692	322
Syphilis	65	7	245	172
Tetanus	1	-	2	1
Typhoid and paratyphoid	1	1	33	10
Typhus	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-
Yellow fever	-	-	-	-

*Data to April only.

SURVEILLANCE OF ANTIBIOTIC SENSITIVITY OF GONOCOCCI

In the March quarter of 1992, 33 per cent of gonococcal isolates referred to the Australian Gonococcal Surveillance Program were fully sensitive to penicillin. Only 17 per cent were found to be penicillinase producers (PPNG).

The proportion of strains fully sensitive to the penicillin group of antibiotics continues to rise. Despite this increase, more than a quarter of all strains examined were resistant to penicillin, either through lactamase production or intrinsic resistance. Twenty of 25 PPNG isolated in this quarter were imported from overseas and only three local infections with PPNG were recorded. This confirms the previously reported decline in the endemic transmission of PPNG in Sydney.

Contributed by Dr John Tapsall, Prince of Wales Hospital.

NEW STATISTICS TO PLUG THE GAPS

In Australia, private hospitals provide a significant proportion of health services and employ a large proportion of the health workforce. But there are only very limited data available on their resources, finances and activities.

A new nation-wide Private Health Establishments Collection being conducted by the Australian Bureau of Statistics (ABS) this month will provide a variety of statistics about private hospitals and day surgeries. This will fill some of the most serious gaps in Australia's health information systems.

The collection is to be done annually following the recognition by the Australian Health Ministers' Advisory Council (AHMAC) and by agencies responsible for the planning and administration of health care in Australia of the need for national statistics and the important role played by the private sector in provision of institutional health services.

The information being collected is based on the National Minimum Data Set endorsed by AHMAC and also includes other details needed by the private hospital sector. It will provide feedback to assist in management and policy development and allow individual hospitals to see how their business is performing in relation to trends in the industry. This, with information also about public hospitals collected by the Australian Institute of Health, will provide the first comprehensive set of national statistics relating to hospitals which is comparable across all States and Territories.

The first collection will be for the 1991-92 financial year. The questionnaires will collect information about facilities and activities, types of inpatients and non-inpatients treated, staffing, finances, fees and charges.

Content of the questionnaires was designed in close consultation with the Australian Institute of Health, Department of Health, Housing and Community Services and health industry associations. The ABS has also consulted a number of hospitals to test the content and design of the questionnaires.

The ABS is required by the Census and Statistics Act to maintain the secrecy of all information provided to it. No identifiable information about individual hospitals or chains of hospitals will be released. The data are for release in aggregate form only.

Results from the collection are to be released in April 1993. The ABS is keen to hear from people interested in using the statistics so their views can be used to help shape the content and formats of the output. If you want to help in this way, or wish to find out more about the survey, contact Keith Carter or Brian Holliday on 008 806 415 (toll free).

FIRST PUBLIC HEALTH NETWORK CONFERENCE

A conference for presentation of scientifically excellent projects undertaken by members of the Public Health Network is planned for November this year in Sydney. It is intended that the conference, organised by the Epidemiology Branch and Public Health Officers, will become an annual event. Suitable topics for presentation will include investigation of a disease cluster, assessment of an environmental health hazard, or implementation or evaluation of a public health program. Further details will be provided in the next *Public Health Bulletin*.