INFECTIOUS DISEASE



FIGURE 5

HEPATITIS C NOTIFICATIONS FOR

FEMALES BY AGE, AREAS/REGIONS, JANUARY TO JULY 1992 Rate per 100,000 population (thousands)



NOTIFICATIONS

HEPATITIS C

B etween January and July 1992, the public health network received 1,867 reports of hepatitis C. Of these, 51 (2.7 per cent) were for acute hepatitis C and the rest were hepatitis C unspecified.

All Areas and Regions reported cases of hepatitis C (Figure 3). The number ranged from 9(7.2/100,000) in the South Western Region to 326 (191.2/100,000) in the North Coast Region and 259 (230.8/100,000) in the Central Coast Area. The overall notification rate for NSW was 65.5/100,000 population.

Of the notifications reported by sex, $735\,(50.5/100,000)$ were females and $1,094\,(99.3/100,000)$ males.

Hepatitis C was reported for all age groups with a peak in the 20-39 age group for both females and males (Figure 4). The number of hepatitis C notifications by age and sex was 254 (12.3/100,000) for females and 297 (128.0/100,000) for males in the 20-29 age group, and 318 (143.8/100,000) for females and 563 (251.3/100,000) for males in the 30-39 age group.

For the three Areas/Regions reporting the highest rates of hepatitis C the rate was highest for females and males in the 20-39 age group (Figures 5 and 6). These Areas/Regions showed an increase in the rate of hepatitis C notifications in the 30-39 age group for both females and males, with a decrease in the over 70 age group.



FIGURE 6

FIGURE 4

HEPATITIS C NOTIFICATIONS FOR





HEPATITIS B AND INFANTS

Public Health Unit staff are encouraged to continually assess the accuracy of infectious diseases notifications on their database.

Between January 1 and July 9, 1992, seven infants were notified as hepatitis B positive through the Public Health Network. All infants were recorded as less than one month old. Of these seven notifications, five were denotified. Of those denotified, three had incorrect dates of birth with all cases being greater than 15 years of age, one case was deleted from the infectious database and one was a record used by a laboratory for the quality control testing of their generated data.

The presence of HBsAg in the cord blood is not always predictive of the development of a hepatitis B carrier state in the infant! The presence of HBsAg in the cord blood may indicate transient antigenaemia or contamination with maternal blood at the time of birth. The infant is usually two to three months old before the development of a carrier state can be determined.

All infants born to HBsAg carrier mothers should receive hepatitis B immunoglobulin within 12 hours of birth and hepatitis B immunisation should be commenced.

1. Gilbert GL. Infectious Disease in Pregnancy and the Newborn Infant. Chur:Harwood Academic Publishers, 1991.

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Infectious diseases

Continued from page 89

INFLUENZA

Nine PHUs (CCA, C/SSA, CWR, ILL, ESA, NSA, SER, SWS and WSA) provide General Practitioner Sentinel Surveillance data on influenza. The rate of influenza-like illness (ILI), expressed as the number of cases per 100 consultations, in NSW for July ranged from 4.4 in the first week of the month to 1.9 for the last week. For the same period all PHUs reported rates of ILI fewer than 5.0 cases per 100 consultations except for CWR (10.2 cases) and ESA (5.8 cases) in the first week of July.

SALMONELLA VIRCHOW

Food branch received 17 notifications of *S. virchow* between January and July. Of these, eight cases were notified in July. The ages of cases have ranged from five months to 62 years, with a mean of 20 years. One notification was received from the Eastern Sydney Area, three from the Northern Sydney Area, two from the Central/Southern Sydney Areas, three from the Western Sydney and Wentworth Areas, four from the South Western Sydney Area (including three from one postcode), one from the Hunter Area and one from the Central Coast Area. For two cases the address was unknown. In 1991, only one notification was received (in December). Food inspectors have begun an investigation.

MEASLES

During July, 10 cases were notified from six Areas or Regions. None of the cases was aged less than one year and therefore considered preventable by childhood vaccination.

Three of the cases were resident in the Central Sydney Health Area. The incidence for Central Sydney for 1992 has been the highest in NSW, with a rate of 16.4 notifications per 100,000 population per year. Although the Hunter Area notified no new cases of measles in July, the incidence for 1992 in the Hunter Area has been the second highest in NSW, at 15.0 per 100,000 per year.

SYPHILIS

From January to July 1992, 447 cases of syphilis were notified, including 45 cases of less than one year's duration, four of congenital syphilis, one of neurosyphilis, 27 of more than one year duration and 370 cases otherwise 'unspecified'.

In July, 21 cases of syphilis were notified from six Areas or Regions, including six cases from the Orana and Far West Region, five from the North Coast Region and five from the Central Sydney Area. Five of the cases were reported to be of less than one year duration and 16 were otherwise 'unspecified'. No cases of congenital syphilis were notified in July.

TIMELINESS AND COMPLETENESS OF REPORTING

There has been an improvement in the quality of infectious diseases data received from Public Health Units (PHUs), both with respect to weekly reporting (Table 1) and to inclusion of basic epidemiological parameters on infectious disease notifications (Table 2).

Data in this *Bulletin* relate to Epiweeks 1 to 30. The following table lists the number of weekly reports made to the Epidemiology and Health Services Evaluation Branch this year, out of a possible 29.

TABLE 1

NUMBER OF WEEKLY REPORTS MADE TO EPIDEMIOLOGY BRANCH — 1992

| Public Health Unit | Number | Status |
|-------------------------|--------|------------|
| Central/Southern Sydney | 24 | Complete |
| Eastern Sydney | 15 | Incomplete |
| South Western Sydney | 16 | Incomplete |
| Western Sector | 27 | Complete |
| Northern Sydney | 29 | Complete |
| Central Coast | 18 | Incomplete |
| Illawarra | 23 | Complete |
| Hunter | 23 | Incomplete |
| North Coast | 28 | Complete |
| New England | 27 | Complete |
| Orana and Far West | 29 | Complete |
| Central West | 29 | Complete |
| South-West | 29 | Complete |
| South-East | 28 | Complete |

TABLE 2

PERCENTAGE OF NOTIFICATIONS WITH INCOMPLETE INFORMATION BY VARIABLE AND PUBLIC HEALTH UNIT, JANUARY-JULY 1992

| Public Health Unit | Age | Sex | Aboriginality |
|----------------------|------|----------|---------------|
| Central Sydney | 0.6 | Complete | 84.3 |
| Southern Sydney | 0.2 | 0.3 | 80.6 |
| Eastern Sydney | 4.6 | 4.1 | 83.1 |
| South Western Sydney | 2.3 | 5.6 | 56.6 |
| Western Sydney | 5.2 | 6.6 | 67.7 |
| Wentworth | 2.0 | 4.6 | 75.0 |
| Northern Sydney | 4.3 | 3.7 | 89.8 |
| Central Coast | 1.8 | 2.7 | 96.2 |
| Illawarra | 1.4 | 0.7 | 89.6 |
| Hunter | 2.6 | 1.7 | 99.3 |
| North Coast | 1.9 | 1.1 | 33.1 |
| New England | 21.3 | 8.3 | 65.2 |
| Orana and Far West | 6.3 | 0.4 | 37.1 |
| Central West | 4.4 | Complete | 60.0 |
| South-West | 1.1 | Complete | 29.5 |
| South-East | 3.6 | 2.4 | 44.0 |
| | | | |

PUBLIC HEALTH EDITORIAL STAFF

The Bulletin's editorial advisory panel is as follows:

Dr Sue Morey, Chief Health Officer, Department of Health; Professor Stephen Leeder, Professor of Community Medicine, University of Sydney; Professor Geoffrey Berry, Professor of Epidemiology & Biostatistics, University of Sydney; Professor Ian Webster, Professor of Community Medicine, University of NSW; Dr Christine Bennett, Associate Director, Services Planning, NSW Health Department; Dr Michael Frommer, Epidemiologist, Epidemiology & Health Services Evaluation Branch; Ms Jane Hall, Research Officer, Department of Community Medicine, Westmead Hospital; and Mr Michael Ward, Acting Director, Strategic Marketing, NSW Health Department.

The editor is Dr George Rubin, Director, Epidemiology and Health Services Evaluation Branch, NSW Health Department.

The Bulletin aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include the key points to be made in the first paragraph. Please submit items in hard copy and on diskette, preferably using WordPerfect 5.1.

Please send to The Editor, Public Health Bulletin, Locked Mail Bag 961, North Sydney NSW 2059, Fax (02) 391 9232

Design - Health Public Affairs Unit, NSW Health Department.

Suggestions for improving the content and format of the Bulletin are most welcome.

TABLE 3

INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION

| JOLF 1992 | | | | | | | | | | | | | | | | |
|-------------------------------|------------|---------|----------|-------------|-----|----------|----------|-----|-----|--------|-----|-----|-----|-----|---------|---------------|
| CONDITION | CSA | SSA | ESA | SWS | WSA | WEN | NSA | CCA | ILL | HUN | NCR | NER | OFR | CWR | SWR | TOTAL |
| AIDS infection | - | - | _ | - | - | _ | 1 | | - | | - | 1 | _ | _ | _ | 2 |
| Arboviral infection | - | - | _ | - | - | _ | - D | - | 1 | 1 | 1 | - | _ | _ | _ | 3 |
| Foodborne illness (NOS) | 2 | _ | 1 | 1. Start 1. | 3 | - | - | _ | - | - | - | _ | _ | _ | _ | 6 |
| Gonorrhoea infection | 1 | - | 2 | - | 1 | _ | 2 | - | _ | _ | _ | 4 | 1 | _ | _ | 11 |
| H. Influenzae epiglottitis | _ | 1 | _ | _ | _ | _ | | | 1 | - | 1 | | - | _ | _ | 3 |
| H. Influenzae meningitis | _ | | 1 | 1 | 1 | _ | 1 | - | - | | _ | - | _ | | _ | A |
| H. Influenzae infection (NOS) | - | - | - | _ | _ | _ | <u> </u> | _ | _ | 1 | _ | _ | _ | _ | | 1 |
| Hepatitis A — acute viral | - | 1 | - | - | 2 | _ | 2 | | - | 2 | 6 | 4 | 2 | _ | 1 | 18 |
| Hepatitis B — acute viral | - | - | 1 | - | Ξ. | - | Ξ. | - | _ | _ | ĭ | _ | 1 | _ | · · · · | 3 |
| Hepatitis B — unspecified | 16 | 10 | <u>_</u> | 20 | 12 | _ | 12 | 1 | 2 | 2 | 6 | 5 | 3 | 1.1 | | 69 |
| Hepatitis C — unspecified | 6 | 2 | 1 | - | 8 | 5 | 6 | 1 | 3 | 12 | 25 | 4 | 2 | | 3 | 78 |
| Leptospirosis | - | - | - | - | | | _ | _ | 2 | 12 i Z | -7 | | 2 | | _ | 2 |
| Malaria | - | - | - | - | - | | - | - | 2 | _ | | _ | _ | - | 1 | 3 |
| Measles | 3 | 2 | - | | 1 | _ | | _ | 1 | - | _ | 1 | 2 | _ | 1.1 | 10 |
| Meningococcal meningitis | 1 | 1 | _ | - | - | · _ | _ | 1 | 2 | - | | | _ | 4 | _ | , q |
| Meningococcal septicaemia | - | - | - | | - | 1 | _ | _ | - E | _ | - | - | _ | _ | _ | 1 |
| Mycobacterial tuberculosis | - | - | - | 1 | 1 | _ | _ | - | _ | - | - | _ | _ | 2 | | 2 |
| Pertussis | - | - | - | - | _ | 2 | _ | _ | - | - | _ | | _ | _ | - | 2 |
| Q Fever | - | 10 - 10 | _ | - | - | | _ | 2 3 | _ | 1 | 2 | 2 | _ | _ | _ | 5 |
| Rubella | - | - | - | - | - | _ | _ | _ | _ | | 1 | 1 | _ | 2 | | 2 |
| Salmonella infection (NOS) | 1 | 1 | _ | - | 1 | 1 | 1 | _ | _ | 1 | 2 | - | 1 | _ | _ | à |
| Syphilis infection | 5 | - | - | - | 3 | <u> </u> | - | - | 1 | - | 5 | 1 | 6 | _ | - | 21 |
| Typhoid & paratyphoid | - | - | 1 | _ | - | - | - | _ | - | - | _ | - | - | - | _ | 1 |
| | A COLORADO | | | | | | | | | | | | | | | AND A COMPANY |

TABLE 4

INFECTIOUS DISEASE NOTIFICATIONS BY HEALTH AREA AND REGION

| COMOLATIVE 1992 | | | | | S. 1999 | | N | Service Service | | | Carlo Carlo | er en en | | No. | | | | | |
|----------------------------------|-----|-----|------|-----|---------|-----|-----|-----------------|-----|-----|-------------|----------|-----|------|-----|-----|-----|-----|-------|
| CONDITION | CSA | SSA | ESA | SWS | WSA | WEN | NSA | CCA | ILL | HUN | NCR | NER | OFR | CWR | SWR | SER | OTH | U/K | TOTAL |
| Adverse event after immunisation | 3 | 3 | - | - | - | - | - | 1 | - | 1 | 5 | 5 | - | - | = | 3 | - | - | 21 |
| Arboviral infection | 12 | 2 | 2 | 2 | 8 | 5 | 20 | 1 | 2 | 2 | 9 | 4 | - | 2 | 5 | 1 | - | - | 77 |
| Cholera | | - | 10 T | | 0 | 0 | 0 | / | 6 | 20 | 105 | 24 | 50 | 10 | 25 | | - | - | 266 |
| Foodborne illness (NOS) | 5 | 2 | 29 | 2 | 30 | 7 | 1 | 10 | 3 | 5 | 5 | - 2 | 20 | 1 | - 1 | - | - | - | 121 |
| Gastroenteritis (Instit) | 14 | ī | 8 | 1 | 4 | 1 | _ | - | 1 | 50 | 2 | 92 | 4 | - | 1 | 1 | 1 | | 178 |
| Gonorrhoea infection | 42 | 8 | 77 | 7 | 14 | 1 | 13 | - | 3 | 5 | 15 | 10 | 8 | 7 | 3 | 5 | _ | _ | 218 |
| H. Influenzae epiglottitis | - | 3 | 1 | 2 | 5 | 3 | 1 | - | 2 | 4 | 3 | 2 | 1 | - | 1 | - | - | - | 27 |
| H. Influenzae meningitis | 3 | 4 | 3 | 4 | 3 | 5 | 13 | 1 | 3 | 4 | 5 | 3 | 1 | - | 3 | 2 | - | - | 57 |
| H. Influenzae septicaemia | - | 1 | 1 | 2 | 2 | - | 3 | - | - | 2 | 1 | - | - | - | 1 | - | - | - | 13 |
| H. Influenzae infection (NOS) | 2 | 1 | 2 | . = | 2 | - | | 1 | | 1 | | 1 | 1 | 20 - | 2 | 3 | - | - | 16 |
| Hepatitis A — acute viral | 81 | 30 | 88 | 1/ | 36 | 5 | 73 | 3 | 18 | 25 | 71 | 102 | 39 | 4 | 7 | 5 | 1 | - | 605 |
| Hepatitis B — unspecified | 224 | 100 | 32 | 155 | 224 | 22 | 175 | 20 | 10 | 1 | 8 | 2 | 17 | 2 | 1 | 1 | - | - | 91 |
| Henatitis C — acute viral | 254 | 199 | 12 | 135 | 224 | 1 | 1/5 | 20 | 10 | 60 | 40 | 51 | 17 | 11 | 11 | 1/ | 2 | - | 1246 |
| Hepatitis C — unspecified | 267 | 74 | 166 | 47 | 144 | 30 | 142 | 258 | 40 | 245 | 318 | 32 | 7 | 20 | a | 13 | 1 | | 1916 |
| Hepatitis D — unspecified | - | - | 1 | | | - | | 1 | 40 | 1 | 2 | 52 | - | 23 | - | 13 | - | _ | 1010 |
| Hepatitis, acute viral (NOS) | - | - | - | 4 | 1 | - | - | 1 | - | - | - | 1 | 3 | 2 | 1 | - | - | - | 13 |
| HIV infection* | 44 | 17 | 119 | 8 | 20 | 6 | 25 | 3 | 2 | 19 | 16 | - | 2 | - | 1 | 4 | 10 | 158 | 454 |
| Hydatid disease | - | - | - | - | - 19 B | - | - | - | - | - | 1 | 2 | - | 1 | - | - | - | - | 4 |
| Legionnaires' disease | 2 | 2 | 1 | 28 | 14 | 2 | 4 | 6 | 2 | 2 | 1 | - | | - | - | 1 | - | - | 65 |
| Leprosy | - | - | | - | 1 | - | - | - | - | - | - | 1 | - | - | 1 | - | - | - | 3 |
| Listeriosis | - | 1 | - | - | - | 1 | - | - | - | - | 4 | 2 | - | 5 | - | - | - | - | 13 |
| Malaria | 5 | 5 | 6 | - | 11 | | 15 | - | - | - | 1 | - | - | 1 | - | - | - | - | 8 |
| Measles | 32 | 10 | 7 | 13 | 22 | 6 | 16 | 6 | 10 | 40 | 17 | 11 | 10 | Ļ | 3 | 4 | - | - | 212 |
| Meningococcal meningitis | 2 | 3 | _ | 2 | 2 | 2 | 10 | 2 | 4 | 40 | 17 | 11 | 10 | 5 | _ | ' | - | 1 | 212 |
| Meningococcal septicaemia | 2 | - | 1 | 1 | - | 1 | - | - | 1 | - | - | 4 | - | - | - | 2 | 2 | | 3 |
| Meningococcal infection (NOS) | - | - | - | - | - | - | 1 | - | 1 | - | - | 2 | - | _ | - | - | - | - | 4 |
| Mumps | - | - | 3 | 1 | 3 | - | 1 | - | - | 3 | 1 | - | - | - | 1 | 1 | - | - | 14 |
| Mycobacterial atypical | 25 | 10 | 19 | 4 | 18 | 3 | 20 | - | 2 | 12 | - | - | - | - | 1 | - | - | - | 114 |
| Mycobacterial tuberculosis | 23 | 16 | 19 | 36 | 27 | 4 | 36 | 7 | 5 | 1 | 7 | 5 | - | 1 | - | 4 | - | - | 191 |
| Nycobacterial intection (NOS) | 8 | 5 | - | - | 5 | 2 | 8 | 1 | 7 | 3 | - | 4 | 1 | - | 2 | - | 1 | - | 47 |
| O Fever | 2 | 9 | 201 | ь | 3 | 5 | 10 | 1 | - | 2 | 24 | 10 | 12 | - | - | - | - | - | 65 |
| Rubella | 2 | | 2 | 1 | 4 5 | 2 | 8 | | | 2 | 35 | 18 | 12 | 2 | 2 | 1 | - | | 82 |
| Salmonella bovis morbificans | 1 | 2 | - | - | - | 1 | 1 | - E | - | 1 | 4 | 1 | - | | | 2 | - | - | 2/ |
| Salmonella typhimurium | 5 | 14 | 2 | 9 | 21 | 15 | 16 | 3 | 4 | 13 | 2 | 2 | 4 | - E | 4 | _ | | - | 114 |
| Salmonella infection (NOS) | 17 | 24 | 29 | 22 | 35 | 15 | 57 | 11 | 8 | 18 | 37 | 20 | 15 | 13 | 8 | 15 | 1 | 1 | 344 |
| Syphilis infection | 84 | 26 | 75 | 13 | 27 | 3 | 27 | - | 7 | 5 | 78 | 23 | 62 | 12 | 3 | 1 | 1 | - | 447 |
| Tetanus | - | - | - | 1 | - | - | - | - | _ | - | - | - | - | - | - | - | - | - | 1 |
| Typhoid and paratyphoid | 4 | - | 3 | | 2 | - | 5 | - | 1 | - | - | - | _ | - | 2 | - | _ | | 17 |

*Data to June only.

Abbreviations used in this Bulletin: CSA Central Sydney Health Area, SSA Southern Sydney Health Area, ESA Eastern Sydney Health Area, SWS South Western Sydney Health Area, WSA Western Sydney Health Area, WEN Wentworth Health Area, NSA Northern Sydney Health Area, CCA Central Coast Health Area, ILL Illawarra Health Area, HUN Hunter Health Area, NCR North Coast Health Region, NER New England Health Region, OFR Orana & Far West Health Region, CWR Central West Health Region, SWR South West Health Region, SER South East Health Region, OTH Interstate/Overseas, U/K Unknown, NOS Not Otherwise Stated

Please note that the data contained in this Bulletin are provisional and subject to change because of late reports or changes in case classification. Data are tabulated where possible by area of residence and by the disease onset date and not simply the date of notification or receipt of such notification.

TABLE 5

SUMMARY OF NSW INFECTIOUS DISEASE NOTIFICATIONS JULY 1992

| Condition | Numl Peri | oer of ca | ases not Cumu | ified lative | |
|--------------------------------|--------------|--------------|------------------|-----------------|--|
| | July 1991 | July 1992 | July 1991 | July 1992 | |
| Adverse reaction | N/A | - | N/A | 21 | |
| AIDS | 24 | 2 | 208 | 77 | |
| Arboviral infection | 11 | 3 | 447 | 266 | |
| Brucellosis | - | - | 2 | - | |
| Cholera | - | - | - | 1 | |
| Diphtheria | - | - | - | - | |
| Foodborne illness (NOS) | 282 | 6 | 1904 | 131 | |
| Gastroenteritis (instit.) | 3 | - | 32 | 178 | |
| Gonorrhoea | 37 | 11 | 236 | 218 | |
| H influenzae epiglottitis | 4 | 3 | 10 | 27 | |
| H influenzae B — meningitis | 4 | 4 | 20 | 57 | |
| H influenzae B — septicaemia | 3 | - | 6 | 13 | |
| H influenzae infection (NOS) | 18 | 1 | 81 | 16 | |
| Hepatitis A | 123 | 18 | 406 | 605 | |
| Hepatitis B | 145 | 72 | 703 | 1337 | |
| Hepatitis C | 60 | 78 | 203 | 1867 | |
| Hepatitis D | N/A | - | N/A | 5 | |
| Hepatitis, acute viral (NOS) | 4 | - | 233 | 13 | |
| HIV infection* | 64 | 53 | 467 | 454 | |
| Hydatid disease | = | - | 2 | 4 | |
| Legionnaires' disease | 1 | - | 22 | 65 | |
| Leprosy | - | - | - | 3 | |
| Leptospirosis | 1 | 2 | 23 | 13 | |
| Listeriosis | - | - | - | 8 | |
| Malaria | 1/ | 3 | 126 | 59 | |
| Measles | 18 | 10 | 216 | 212 | |
| Meningococcal meningitis | 9 | 9 | 23 | 30 | |
| Meningococcal septicaemia | - | 1 | 8 | 3 | |
| Meningococcal Intection (NOS) | 5 | - | 24 | 4 | |
| Mumps | N/A | - | | 14 | |
| Musch acterial tuberculosis | 12 | 2 | 135 | 111 | |
| Muse hasterial infastion (NOS) | 12 | - | 101 | 114 | |
| Nycobacterial Infection (NOS) | 0 | - | 20 | 65 | |
| Pertussis | 5 | 2 | 50 | 05 | |
| Plague | - | - | - | - | |
| Ofever | 17 | 5 | 120 | 82 | |
| Rubella | 6 | 2 | 23 | 27 | |
| Salmonalla infection (NOS) | 81 | 9 | 8/19 | 465 | |
| Supplie | 56 | 21 | 325 | 117 | |
| Tetanus | 50 | 21 | 323 | 1 | |
| Typhoid and paratyphoid | 2 | 1 | 38 | 17 | |
| Typhola and paratyphola | - | - | | | |
| Viral baemorrhagic fevers | | _ | _ | _ | |
| Yellow fever | _ | _ | _ | _ | |
| | | | | 1000 | |

*Data to June only

IMMUNISATION STATUS SURVEY, CENTRAL WESTERN REGION, 1991

P arents are required to complete a questionnaire detailing the health status of their child as part of the school-entry screening program. This includes immunisation status of the child. The immunisation status referred to in this report is the complete recommended National Health and Medical Research Council schedule of immunisation.

Year K immunisation status

The Central Western Region has failed to achieve a minimum 95 per cent level of immunisation of year K school children, but staff working in the Bathurst, Blayney, Cowra and Bland local government areas have obtained the minimum level. There was a 9.4 per cent increase in the level of immunisation since 1987 and a reduction in the number of children requiring follow-up immunisation (Table 6).

| TABLE 6 | | | | | |
|---|-----------------------------|-------|-------|-------|-------|
| SCHOOL SCREENING CO FROM 1987 TO 1991 FOR CENTRAL WESTERN REG | VERAGE YEAR K ION SCH | OOLS | | | |
| Year K | 1987 | 1988 | 1989 | 1990 | 1991 |
| Number screened | 2,275 | 2,523 | 2,056 | 3,238 | 2,767 |
| Number enrolled | 2,385 | 2,710 | 2,228 | 3,589 | 2,911 |
| Percentage coverage Number not completely | 95.4 | 93.4 | 92.3 | 90.2 | 95.05 |
| immunised | 397 | 194 | 179 | 273 | 223 |
| Percentage immunised | 82.6 | 97.7 | 92.7 | 91.0 | 91.9 |

Year 5 immunisation status

The Region has failed to achieve a 95 per cent level of immunisation of year 5 school children, although staff working in the Cowra, Bland and Cabonne shire (part only) LGAs have obtained the minimum level. There has been a 12.5 per cent increase in the level of immunisation since 1987 and a reduction in the number of children requiring follow-up for immunisation (Table 7).

| TABLE 7 | | | | | | | | | | | | |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|--|--|--|--|--|--|--|
| SCHOOL SCREENING COVERAGE FROM 1987 TO 1991 FOR YEAR 5 CENTRAL WESTERN REGION SCHOOLS | | | | | | | | | | | | |
| Year 5 | 1987 | 1988 | 1989 | 1990 | 1991 | | | | | | | |
| Number screened Number enrolled Percentage coverage Number of completely | 2,365 2,597 91.1 | 2,096 2,355 89.0 | 2,113 2,382 88.7 | 2,470 2,868 86.1 | 2,669 2,922 91.3 | | | | | | | |
| immunised Percentage immunised | 513 78.3 | 231 89.0 | 180 91.5 | 331 86.6 | 243 91.0 | | | | | | | |

Conclusion

The level of immunisation in the Region has increased since 1987 but there has been no major increase in the level of immunisation since 1988, the year of the national measles immunisation program.

Neil McLennan, Central West Regional Research Officer.

(This is a summary of a more extensive review. Correspondence should be directed to the author at Webb's Chambers, 175 George St, Bathurst 2795.)