

other respiratory viruses were reported. This represents an increase in the rate of isolation of viruses to 20 per cent from approximately 10 per cent over the past five weeks. Influenza A continues to be the predominant strain of influenza circulating in the community. Approximately 30 GPs from Central Sydney, South Eastern Sydney, Western Sydney, Wentworth, Central Coast, Hunter, Illawarra, Greater Murray and Southern Areas are participating in the surveillance scheme this year.

International surveillance

Brazil, South Africa, Argentina, New Zealand and New Caledonia reported influenza activity to the World Health Organization during June. Brazil reported a widespread outbreak of influenza A during early June which continues, while New Caledonia (Noumea) also reported influenza A. South Africa continues to report both influenza A(H3N2) and B. Argentina reported a local outbreak of influenza. New Zealand also reported sporadic cases of influenza B and A(H3N2). ☒

Next issue

The July issue of the NSW Public Health Bulletin will be the first in a series of two issues on injury surveillance and prevention. Articles include:

- Firearm injury and death in NSW
- Injury in rural and remote communities
- Childhood injury surveillance: The value of emergency department data
- Head injuries in infants: A closer look at baby-walkers, stairs and nursery furniture
- NSW Injury Prevention Network contact and mailing list
- Families First: A support network for families raising children.

LETTER TO THE EDITOR

DEAR EDITOR

I refer to the article by Margaret Ashwell in Vol. 8, No. 10, page 84, entitled 'Normal immunoglobulin (human): Indications and safety'.

The author correctly points out that intramuscular gammaglobulin may be used as prophylaxis for susceptible contacts if given early in certain infections. It should be pointed out that this strategy may also be used for pre-exposure prophylaxis (though active immunisation is to be preferred). The author recommends the use of intramuscular immunoglobulin for the prophylaxis of varicella zoster. However, as is pointed out in the next paragraph, a zoster immune globulin preparation is available and this is the agent the use of which should be advised for the purpose of preventing varicella zoster infection.

The author correctly points out that there has been no HIV transmission since the introduction of donor screening in 1985. It should be pointed out that there were no HIV transmissions associated with immunoglobulin products in this country prior to that date despite the fact there certainly would have been donors during that period who carried HIV.

The author correctly points out that there have been no known reports of transmission of hepatitis C associated with the use of the normal immunoglobulin product for IV use manufactured by CSL in Australia. However, I am aware of a case still undergoing investigation in which the only possible source of hepatitis C was intramuscular immunoglobulin or the early IV preparation supplied by this company.

Yours sincerely,

Associate Professor John B. Ziegler, FRACP
Department of Immunology/Allergy
Sydney Children's Hospital, Randwick
J.Ziegler@unsw.edu.au

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Since this letter was written, in July 1999 Victorian authorities reported a case of HIV transmission in contaminated blood. The NSW Department of Health investigates any claims of association between infectious diseases and immunoglobulin or other blood products. Suspected cases should be reported to the local public health unit.