

Table 6. Australian Sentinel Practice Research Network reports, weeks 17 to 20, 1998

Week number	17		18		19		20	
Week ending on	3 May 1998		10 May 1998		17 May 1998		24 May 1998	
Doctors reporting	45		50		46		51	
Total encounters	6,061		6,535		6,650		6,861	
Condition	Rate per 1,000		Rate per 1,000		Rate per 1,000		Rate per 1,000	
	Reports	encounters	Reports	encounters	Reports	encounters	Reports	encounters
Influenza	30	4.9	19	2.9	55	8.3	43	6.3
Rubella	1	0.2	1	0.2	1	0.2	2	0.3
Measles	0	0.0	0	0.0	1	0.2	0	0.0
Chickenpox	7	1.2	11	1.7	12	1.8	9	1.3
Pertussis	0	0.0	0	0.0	3	0.5	0	0.0
HIV testing (patient initiated)	5	0.8	16	2.4	13	2.0	10	1.5
HIV testing (doctor initiated)	2	0.3	4	0.6	4	0.6	0	0.0
Td (ADT) vaccine	43	7.1	41	6.3	36	5.4	33	4.8
Pertussis vaccination	28	4.6	40	6.1	36	5.4	30	4.4
Reaction to pertussis vaccine	4	0.7	3	0.5	1	0.2	0	0.0
Ross River virus infection	0	0.0	0	0.0	2	0.3	1	0.1
Gastroenteritis	60	9.9	86	13.2	73	11.0	91	13.3

NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislations. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 1998;22:4-5.

LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification

of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1998;22:8.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance. CDI reports the consultation rates for all of these. For further information, including case definitions, see CDI 1998;22:5-6.

Additional Reports

National Influenza Surveillance, 1998

Three types of data are included in National Influenza Surveillance, 1998. These are sentinel general practitioner surveillance conducted by the Australian Sentinel Practice Research Network, Department of Human Services (Victoria), Department of Health (New South Wales) and the Tropical Influenza Surveillance Scheme, Territory Health (Northern Territory); laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme, LabVISE, and the World Health Organization Collaborating Centre for Influenza Reference and Research; and absenteeism surveillance conducted by Australia Post. For further information about these schemes, see CDI 1998; 22:83.

Sentinel General Practitioner Surveillance

Consultation rates for influenza like illness recorded by ASPREN remained below 9 per 1,000 consultations (Figure 9). The rates for the Northern Territory Tropical Influenza surveillance have shown a modest decline since the beginning of the year to levels below 3 per 1,000 consultations in the last month. These are comparable to those reported by the Victorian scheme. The New South Wales scheme reported the highest levels of influenza activity for the month of May, with consultation rates between 8 and 12 per 1,000 encounters.

Laboratory Surveillance

For the year to date there have been 208 laboratory reports of influenza. Of these, 160 (77%) were influenza A and 48 (23%) influenza B (Figure 10). More influenza A has been reported for the 25 to 44 year old age group than

in the previous month, and influenza B reports continued to be low in children less than 5 years of age.

Figure 9. Sentinel general practitioner influenza consultation rates, 1998, by scheme and week

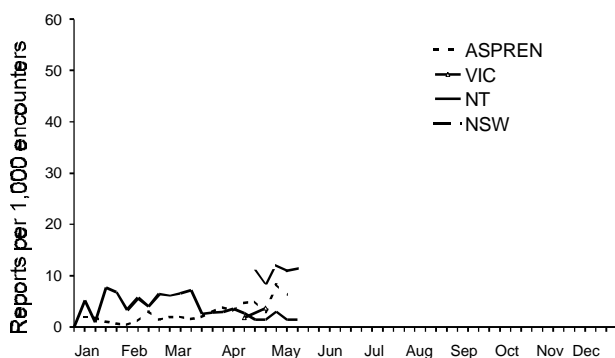
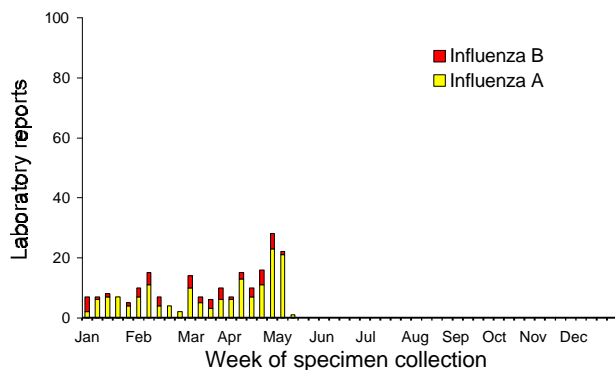


Figure 10. Laboratory reports of influenza, 1998, by type and week of specimen collection



The WHO Collaborating Centre for Influenza Reference and Research has received 36 isolates of influenza A and 6 of influenza B for the year to date. All the influenza A viruses were H3N2 strains related to A/Sydney /5/97. Analysis of type B isolates is pending.

Absenteeism surveillance

Rates of absenteeism for Australia Post employees for three consecutive days of each week have been reported for the four weeks preceding May 27. These rates have remained stable at a level of 0.25% to 0.27% nationally.

HIV and AIDS Surveillance

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (ACT, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory, Queensland, South Australia, Western Australia). Cases of AIDS are notified through the State and Territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

Tabulations of diagnoses of HIV infection and AIDS are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information. More detailed information on diagnoses of HIV infection and AIDS is published in the quarterly Australian HIV Surveillance Report, available from the National Centre in HIV Epidemiology and Clinical Research, 376 Victoria Street, Darlinghurst NSW 2010. Telephone: (02) 9332 4648 Facsimile: (02) 9332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for December 1997, as reported to 31 March 1998, are included in this issue of CDI (Tables 7 and 8).

Childhood immunisation coverage

Table 9 provides the latest quarterly report on childhood immunisation coverage from the Australian Childhood Immunisation Register (ACIR).

The data show the percentage of children fully immunised at age 12 months for the cohort born between 1 July and 30 September 1996 according to the Australian Standard Vaccination Schedule.

A full description of the methodology used can be found in CDI 1998;22:36-37.

Table 7. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 December 1997, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1997	This period 1996	Year to date 1997	Year to date 1996
HIV diagnoses	Female	0	0	0	0	1	0	1	1	3	4	75	69
	Male	0	26	0	10	2	0	15	2	55	64	702	852
	Sex not reported	0	3	0	0	0	0	0	0	3	0	17	5
	Total ¹	0	29	0	10	3	0	16	3	61	68	795	927
AIDS diagnoses	Female	0	0	0	1	0	0	1	0	2	3	25	32
	Male	0	10	0	3	0	0	4	0	17	37	286	609
	Total ¹	0	10	0	4	0	0	5	0	19	40	311	641
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	1	13	17
	Male	0	4	0	1	0	0	2	0	7	26	204	480
	Total ¹	0	4	0	1	0	0	2	0	7	27	218	497

1. Persons whose sex was reported as transgender are included in the totals.

Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 December 1997, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	20	540	7	119	51	4	191	82	1,014
	Male	178	10,163	93	1,766	620	75	3,674	843	17,412
	Sex not reported	0	260	0	0	0	0	29	1	290
	Total ¹	198	10,983	100	1,891	671	79	3,904	929	18,755
AIDS diagnoses	Female	7	157	0	43	19	2	63	23	314
	Male	80	4,325	30	752	318	41	1,515	334	7,395
	Total ¹	87	4,493	30	797	337	43	1,585	359	7,731
AIDS deaths	Female	2	112	0	28	14	2	43	15	216
	Male	52	3,032	23	523	214	26	1,198	241	5,309
	Total ¹	54	3,151	23	553	228	28	1,247	257	5,541

1. Persons whose sex was reported as transgender are included in the totals.

Table 9. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 July 1996 to 30 September 1996; assessment date 30 September 1997.

	State or Territory								Australia
	ACT	NSW	NT ¹	Qld	SA	Tas	Vic	WA	
Total number of children	1,123	22,756	886	12,461	4,844	1,737	15,869	6,519	66,195
Vaccine									
DTP (%)	82.7	77.6	59.1	81.5	80.9	80.7	81.6	72.0	78.9
OPV (%)	82.3	77.2	59.4	81.9	80.8	81.6	81.7	72.3	78.9
Hib (%)	81.3	76.8	66.6	82.5	80.8	80.9	81.7	72.4	79.0
Fully Immunised (%)	80.6	74.7	55.0	79.4	78.9	79.2	79.9	70.5	76.7
Change in fully immunised since last quarter (%)	+3.2	+1.5	-6.7	-1.1	+2.0	+3.2	-0.1	+3.6	+0.9

1. Some data from the Northern Territory were not included on the ACIR at the time of these calculations. Northern Territory calculations, using a local database, indicate that the proportions of children immunised at 12 months of age are as follows: DTP - 80.0%, Polio 79.8%, Hib 86.0%, fully immunised - 77.0%.

Acknowledgment: These figures were provided by the Health Insurance Commission (HIC), to specifications provided by the Commonwealth Department of Health and Family Services. For further information on these figures or data on the ACIR please contact the Immunisation Section of the HIC: Telephone 02 6203 6185.

Dengue overseas

Source: World Health Organization and the Pacific Public Health Network

Many parts of south-east Asia (Malaysia, Taiwan [China], Cambodia, Viet Nam, Thailand, Philippines, Indonesia, Myanmar), the western Pacific (Guam, Cook Islands, Fiji, New Caledonia, Kiribati) and Latin America (Brazil, Venezuela, Columbia) have been experiencing unusually high levels of dengue/dengue haemorrhagic fever activity. Although there is often a seasonal increase in dengue in some of these places at this time of the year, the level of activity in 1998 is considerably higher than in previous years. Changes in weather patterns as a result of the El Nino phenomenon are thought to be a major contributing factor.

Unless more effective measures are taken to control the main vector, *Aedes aegypti*, in these and other countries/areas, dengue will continue to be a growing problem in tropical and subtropical regions of the world. Essential elements of an effective program are integrated mosquito control with community and intersectoral involvement, vector surveillance for monitoring and evaluation, emergency preparedness, capacity building and training, and applied research.

Viet Nam. A total of 16,647 cases of dengue/dengue haemorrhagic fever with 55 deaths (case fatality rate = 0.3%) has been reported since the beginning of 1998. The incidence has more than doubled compared with the same period last year. As the traditional peak season for dengue (June to November) has only just started a major epidemic is expected to occur. While dengue 2 virus was the most

prevalent strain in 1997, early data suggests that dengue 3 virus predominates this year.

Malaysia. Since the beginning of 1998 there has been a total of 5,337 cases (including 194 cases of dengue haemorrhagic fever) and five deaths reported. The number of cases is similar to that reported for the same period last year.

Indonesia. There has been a rapid increase recently in dengue/dengue haemorrhagic fever cases and all provinces of the country are now affected. As of 5 May a total of 32,665 cases with 774 deaths had been reported. This number of cases is considerably higher than for the same period last year. It is expected that cases will continue to increase during the peak season of May to July.

Brazil. This year Brazil is experiencing the highest levels of dengue transmission in its history. A total of 234,828 cases was reported during the first four months of 1998, compared with 159,965 cases during the same period in 1997. There have been 60 cases of dengue haemorrhagic fever reported and eight deaths. Both dengue 1 and dengue 2 viruses are circulating.

Tonga. Since February 1998 the Ministry of Health in Tonga has reported a total of 438 suspected cases of dengue. Of these 220 were serologically tested and 70 confirmed. Included was a six year old child with confirmed dengue who died. There is little evidence of dengue in outer islands. The number of cases has fallen in recent weeks. The virus has been identified as dengue virus type 2.