Communicable Diseases Surveillance

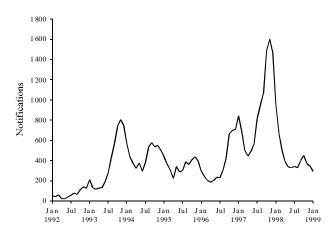
Highlights

Communicable Diseases Surveillance consists of data from various sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) is a sentinel surveillance scheme. The Australian Sentinel Practice Research Network (ASPREN) is a general practitioner-based sentinel surveillance scheme. In this report, data from the NNDSS are referred to as 'notifications' or 'cases', whereas those from ASPREN are referred to as 'consultations' or 'encounters' while data from the LabVISE scheme are referred to as 'laboratory reports'.

Vaccine Preventable Diseases

Pertussis notifications remain low when compared with the peak in late 1997 and early 1998. The disease however has not disappeared and continues to be reported at a magnitude which is approximately that of the endemic years of 1995 and 1996 (Figure 1).

Figure 1. Notifications of pertussis, Australia, 1992 to 1999, by month of onset

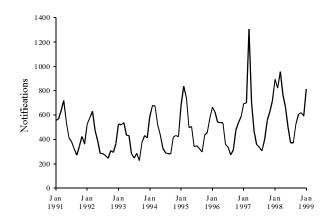


Although measles notifications for the country as a whole remain at a low level, an outbreak in Victoria in young adults is causing concern and is described elsewhere in this issue of *CDI*.

Arboviruses

A higher number of notifications has been received for Ross River Virus infection for this reporting period than for the same period of last year. The relative number of notifications appears lower than historical data (Figure 2) because of the very high numbers reported for this period of 1996 and 1997.

Figure 3. Notifications of salmonella, Australia, 1991 to 1999, by month of onset



Gastrointestinal diseases

Numbers of infections from Salmonella and Campylobacter continue at a high level. Campylobacteriosis regularly has the highest number of incident cases reported across Australia for any communicable disease, and that is without any reports from the most populous state, New South Wales.

Salmonellosis notifications show a marked seasonal pattern, with a peak in the warmer months of each year (Figure 3). A similar seasonal pattern is present, although less marked, for campylobacteriosis (Figure 4). Even in the low season, a large number of notifications is received for each condition.

Figure 4. Notifications of campylobacter, Australia, 1991 to 1999, month of onset

