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

A total of 332 notifications was received in this reporting period for vaccine preventable diseases. This is lower than the previous reporting period (516) and similar to the same period in 1998 (327). The number of measles notifications continued to decrease in this period (5) compared with the previous two periods (12 and 18). There was also a decrease in the overall notifications of measles for 1999 (235) compared with 1998 (306). The number of rubella notifications also decreased in this reporting period (14) when compared with the previous period (22). There was an overall decrease in notifications of rubella for 1999 (379) compared with 1998 (772).

The number of pertussis notifications decreased over this period (304) compared with the previous periods (469 and 432). A decrease in the number of notified cases occurred in NSW (74), Vic (82), WA (1), SA (7) and Queensland (44). The number of notified cases remained fairly constant in Tasmania (90 to 87) (Figure 1). Most cases occurred in the 10-14 years age group and older with an apparent female predominance (Figure 2). Overall the number of cases decreased in 1999 (4,403) compared with 1998 (6,432). Comparison of the monthly trend of pertussis notifications from 1991 to 1999 showed an increase from 1993 (Figure 3). Peak levels in 1999 were similar to 1998 and 1995 but lower than the peaks in the other years since 1993. The maximum peak in pertussis notifications was seen in late 1997/early 1998.

Figure 1. Notifications of pertussis, 1999, by State or Territory and month of onset

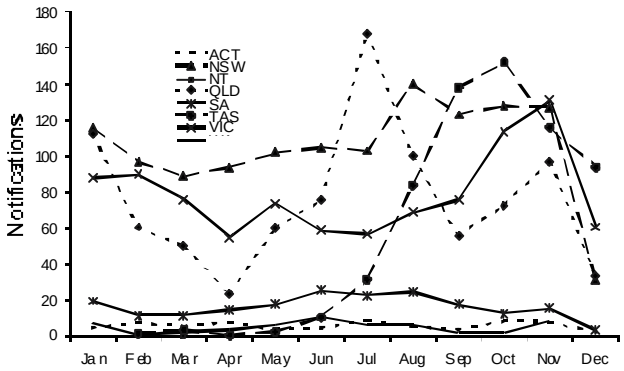


Figure 2. Notification rate of pertussis, 1999, by age group and sex

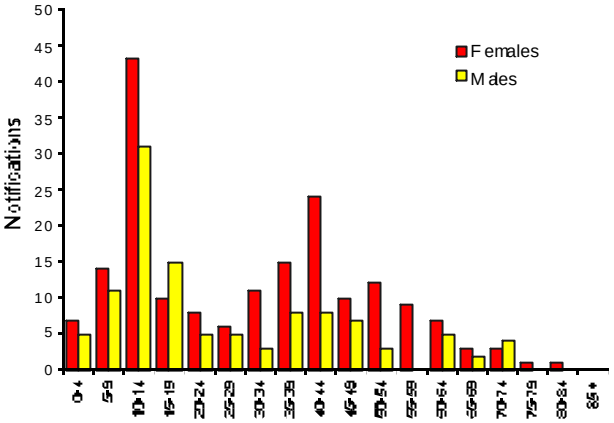
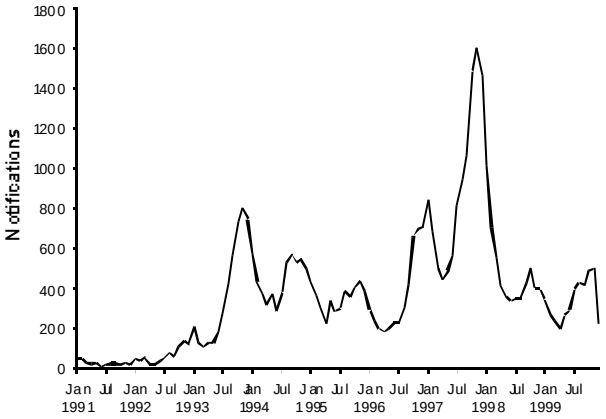


Figure 3. Notifications of pertussis, 1991-1999, by month of onset



Vectorborne diseases

There were 135 notifications of Ross River virus received this period, an increase from the previous reporting periods (91 and 72) but less than for the same period in 1998 (333). An increase in case notifications from NT (18) and WA (74) contributed to the increase in this period. Cases were a mix of males and females and across all age groups with a predominance in those aged 25 to 54 years

Figure 4. Notification rate of Ross River virus, 1999, by age group and sex

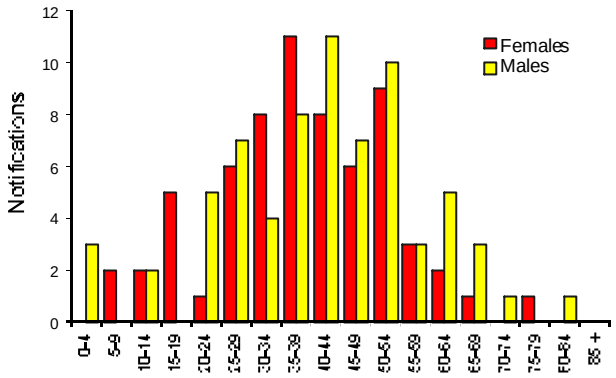
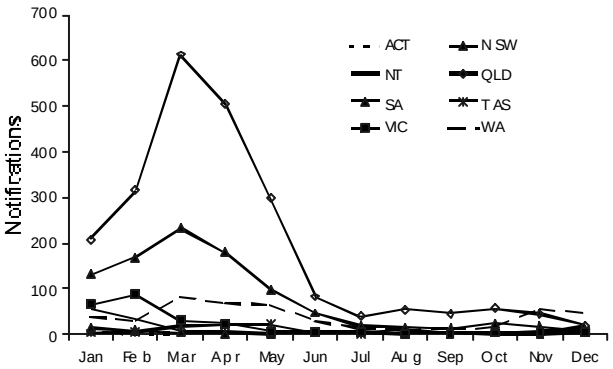


Figure 5. Notifications of Ross River virus, 1999, by State or Territory and month of onset



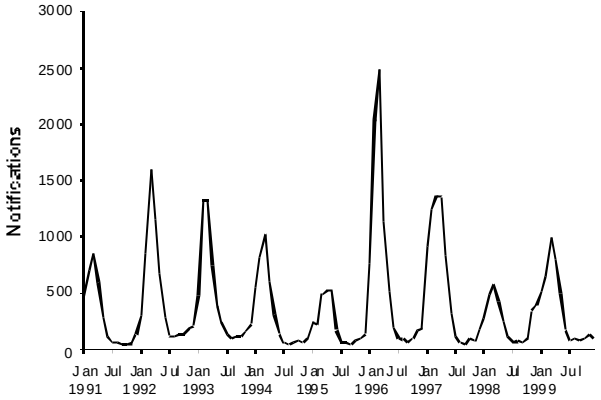
(Figure 4). In total 4,410 notifications were received for 1999; an increase compared with 1998 (3,094). The overall increase in 1999 was due to peaks in Qld, NSW and WA in the first half of 1999 (Figure 5). Comparison of the monthly trend of Ross River virus from 1991 to 1999 showed 1999 to have been a year of moderate activity (Figure 6).

A total of 9 dengue notifications were received in this reporting period, a slight increase from the previous reporting period (7) but less than for the same period last year (55). Overall the total number of notifications for 1999 (181) was less than for the previous year (557), which included an outbreak in the first half of 1998.

Gastrointestinal diseases

There continued to be increased numbers of notifications of hepatitis A during this period (75) with most cases being in Victoria (31 this period, 37 and 30 for the last two periods respectively) (Figure 7). The majority of these cases were in the 20-59 year age group with a male to female ratio of 1.7:1. The notifications were identified as being primarily from injecting drug users, correctional facilities and in food handlers.

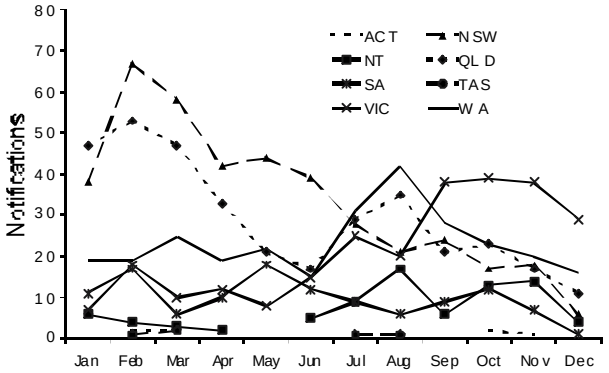
Figure 6. Notifications of Ross River virus, 1991-1999, by month of onset



There were 3 cases of infections with Shiga-like toxin (verotoxin) producing *E. coli* (SLTEC/VEC) reported in this period; a decrease from the previous reporting period (11). All these cases were reported from SA. Overall notifications were higher in 1999 (37) compared with 1998 (11).

No cases of haemolytic uraemic syndrome (HUS) were reported in this period compared to three cases in the previous reporting period.

Figure 7. Notifications of hepatitis A, 1999, by State or Territory and month of onset



Other

The number of notifications of ornithosis were unchanged in this reporting period (8) compared with the last reporting period (8). Seven cases were from Victoria and one in WA.

There were no cases of botulism, plague, poliomyelitis, rabies or viral haemorrhagic fever reported in this reporting period, nor were there any in the preceding years for plague, poliomyelitis, rabies or viral haemorrhagic fever and only one case of botulism in 1998.