

Further changes to presentation of NNDSS data

In the last issue an additional set of summary tables presenting data by date of onset for each calendar month was introduced for the National Notifiable Diseases Surveillance System. In this issue, a further refinement is introduced. From this issue on Table 1 will present 'date of notification' data, which is a composite of three components: (i) the true onset date from a clinician, if available, (ii) the date the laboratory test was ordered, or (iii) the date reported to the public health unit. Data for February 2000, by date of notification, are presented in Table 1 of this issue and are discussed in the highlights section. Table 2 presents data by report date for weeks 5 to 8, ending 27 February 2000, for information only. In Table 2 the report date is the date the public health unit received the report.

Table 1 now includes the following summary columns: total current month 2000 data; the totals for previous month 2000 and corresponding month 1999; a 5 year mean which is calculated using previous, corresponding and following month data for the previous 5 years (MMWR Weekly Feb 25, 2000:49(07):139-146); year to date figures; the mean for the year to date figures for the previous 5 years; and the ratio of the current month to the mean of the last 5 years.

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 (VPDs)

A total of 297 notifications were received with a notification date in February. Notification numbers for the different VPDs overall remained stable and as noted in previous reports, most were the result of continuing pertussis activity in most

States and Territories. There were no cases of diphtheria or *Haemophilus influenzae* type b. The number of mumps and rubella cases were stable. Most rubella cases occurred in males aged 20-24 years (Figure 1).

Pertussis cases in this period (255) had decreased when compared with January cases (380) and the five year mean (468), but was similar to February 1999 (260). The decrease in the number of cases was in New South Wales, Queensland and Tasmania. Cases of pertussis occurred in all age groups with peaks in those aged 10-14 years and those aged 40-44 years (Figure 2). There was a male to female ratio of 0.8:1. Immunisation status information was mostly provided for those aged 0-4 years. The majority of cases aged 0-4 years were described as partly immunised (Figure 2). For cases in the 10-14 year age group and 40-44 year age group immunisation status was mostly not provided. Of note amongst those aged 10-14 years, a small proportion of cases occurred in those fully immunised and a slightly greater proportion in those partly immunised.

Figure 1. Notifications of rubella, February 2000, by age group and sex

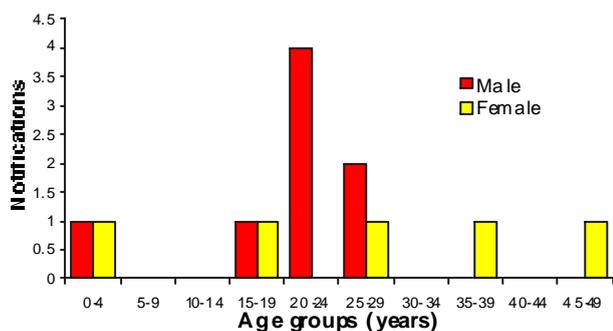
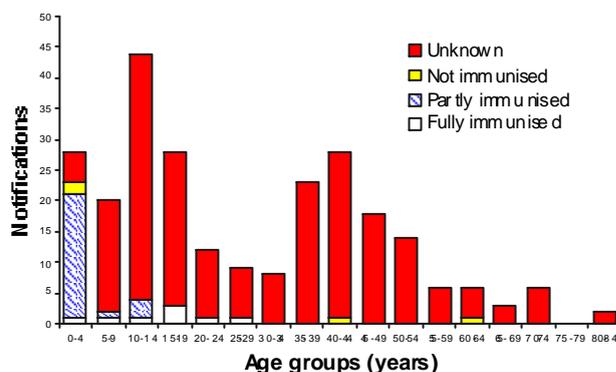


Figure 2. Notifications of pertussis, February 2000, by age group and immunisation status



A total of 24 reports of meningococcal disease were received with a notification date in February; similar to numbers from February last year (18) and the 5 year mean (22), but showing a decrease when compared with January (45). Most cases occurred in those under 30 years with a predominance in those aged 0-4 and 15-19 years. Overall the ratio of males to females was 1.2:1. Serotype information was provided for 63% (15/24) of cases. Of the 15 notifications for which serotype information was provided, the following was found: serotype B (n=6, 40%), serogroup C (n=7, 46%), serogroup Y (n=1, 7%) and serogroup W (n=1, 7%).

Bloodborne diseases

There were 1,949 notifications of hepatitis C diagnosed in February 2000 that were not already on the State and Territory notifiable diseases systems. This was an increase from January 2000 (1,520), February last year (1,862) and for the mean of the last 5 years (1,329). Of these, 25 were identified to be incident cases. The majority of the incident notifications were in the 15-29 year old age group (72%) and the male to female ratio was 1.3:1.

Gastrointestinal diseases

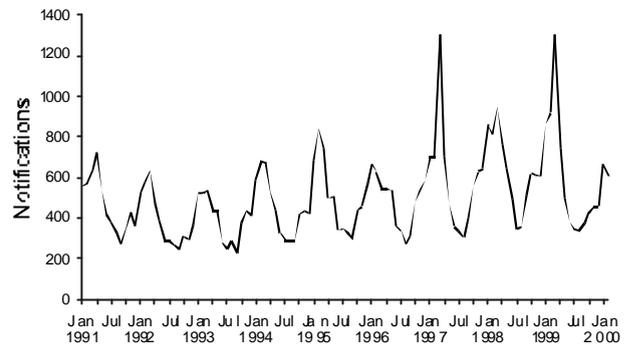
There were 609 notifications of salmonellosis with a notification month of February 2000. This was a decrease from January 2000 (666), February last year (917) and for the mean of the last 5 years (834) (Figure 3). Thirty-two percent (226 cases) were in the 0-5 year age group with an overall male to female ratio of 1:1.

There were 5 notifications of typhoid with a notification month of February 2000. Of the four States reporting SLTEC/VTEC there were 5 cases, all from South Australia. There was also 1 case of HUS in New South Wales.

Quarantinable diseases

From 1 January 1998 to 29 February 2000, a total of 8 cases of cholera have been reported to NNDSS (Box 1). There were 3 cases from New South Wales, 3 from Victoria, and 1 each from Queensland and South Australia. Cases were aged from 2 to 66 years with a male to female ratio of 1.3:1. One case of cholera was confirmed as a locally transmitted

Figure 3. Notifications of salmonellosis, January 1991 to February 2000, by date of notification



case, and the source of infection was unknown for another case in Victoria. The remainder of cases were acquired overseas. The detail of the source of infection and serotype are shown in Box 1.

There were no cases of plague, rabies, yellow fever or viral haemorrhagic fever with a notification month of February 2000

Sexually transmissible diseases (STDs)

There were 1,728 notifications of sexually transmissible diseases with a notification month of February 2000, which is similar to January 2000 (1,793) and February last year (1,804) but is less than the mean for the last 5 years (1,363) (Figure 4). The notifications were in all age groups with a male to female ratio of 2.5:1. The increase in notifications of sexually transmitted diseases is mainly due to the increased notifications for chlamydial infection. This, however, may only be a reflection of increased testing rather than disease incidence.

Box 1. Notifications of cholera, January 1998 to February 2000, by source of infection and serotype						
Reporting State/Territory	Age	Sex	Date of notification	Date of report	Source of infection	Organism
NSW	66	M	29/01/98	9/02/98	Bali	01 - el tor - ogawa
Qld	25	F	2/03/98	10/03/98	Bali	01 - el tor - ogawa
Vic	41	M	13/05/98	15/05/98	Bali	01 - el tor - ogawa
Vic	38	M	25/09/98	9/10/98	UK	1
NSW	14	M	29/01/99	3/02/99	NSW	01 - el tor - ogawa
NSW	2	F	3/04/99	8/04/99	India	01 - el tor - ogawa
Vic	66	M	23/08/99	23/08/99	Jakarta	01 - ogawa
SA	40	F	28/02/00	9/03/00	Bali	139

Figure 4. Notifications of sexually transmissible diseases, January 1991 to February 2000, by date of notification, and disease

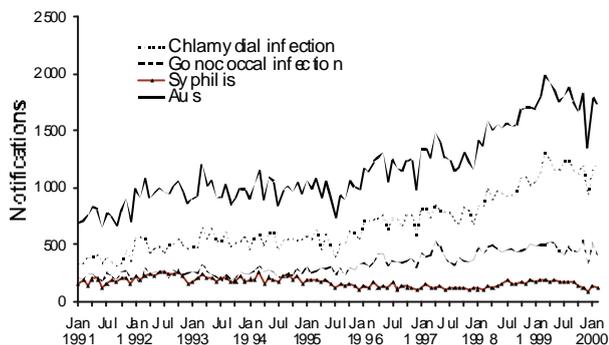


Figure 5. Notifications of dengue, January 1991 to February 2000, by date of notification

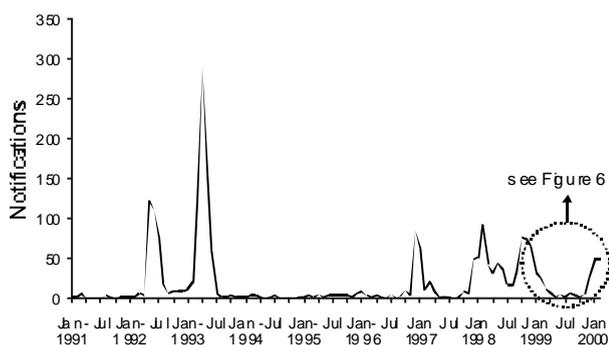
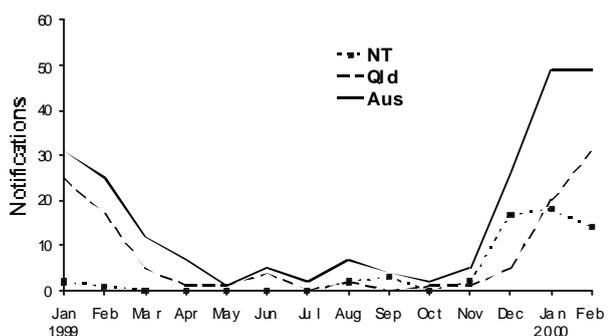


Figure 6. Notifications of dengue, January 1999 to February 2000, by date of notification



Vectorborne diseases

There were 49 notifications of dengue with a notification month of February 2000. This was the same as for January 2000 (49), but an increase from February last year (21) and for the mean for the last 5 years (25) (Figures 5 and 6). The notifications were in all age groups with a male to female ratio of 1:1. The increase was mainly in Queensland (31) and Northern Territory (14) due to both imported cases and local transmission in Queensland, and elsewhere from imported cases mainly from East Timor.

There were 548 notifications of Ross River virus infection with a notification month of February 2000, which was an increase from January 2000 (536) but was less than for February last year (668) and for the mean for the last 5 years (887). The majority of notifications were in Queensland and Western Australia (70%) and mainly in the 25-49 year age group (64%), with a male to female ratio of 0.8:1

There were 88 notifications of malaria with a notification month of February 2000, which was an increase from January 2000 (71) and for the mean for the last 5 years (82),

Figure 7. Notifications of malaria, January 1991 to February 2000, by date of notification

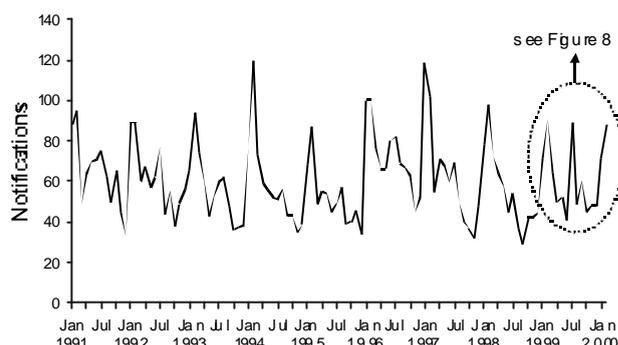
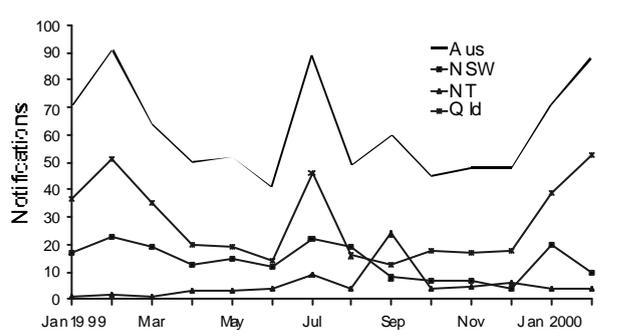


Figure 8. Notifications of malaria, January 1999 to February 2000, by date of notification



but was less than for February last year (91) (Figures 7 and 8). Of the cases, there were 55 from *P. vivax*, 22 *P. falciparum*, 2 *P. ovale* and 2 *P. malariae*. The majority of notifications were in Queensland (53) from returning service personnel from East Timor and from PNG students. The majority of notifications were in the 15-29 year age group (53%) with a male to female ratio of 3.3:1.

Other diseases

There were 33 notifications of legionellosis with a notification month of February 2000; the majority being in Victoria (60%). This was more than the notifications for January 2000 (17), and for the mean for the last 5 years (20) but was similar to February last year (38). The age for the notifications ranged from 25-79 years and the male to female ratio was 1.8:1. These cases were associated with an outbreak in Victoria.