Additional reports

Australian Sentinel Practices Research Network

The Australian Sentinel Practices Research Network (ASPREN) is a national surveillance system that is funded by the Commonwealth's Department of Health and Ageing, owned and operated by the Royal Australian College of General Practitioners and directed through the Discipline of General Practice at the University of Adelaide.

The network consists of general practitioners who report presentations on a number of defined medical conditions each week. ASPREN was established in 1991 to provide a rapid monitoring scheme for infectious diseases that can alert public health officials of epidemics in their early stages as well as play a role in the evaluation of public health campaigns and research of conditions commonly seen in general practice. Electronic, web-based data collection was established in 2006.

In June 2010, ASPREN's laboratory ILI testing was implemented, allowing for viral testing of 25% of ILI patients for a range of respiratory viruses including influenza A, influenza B and H1N1(2009).

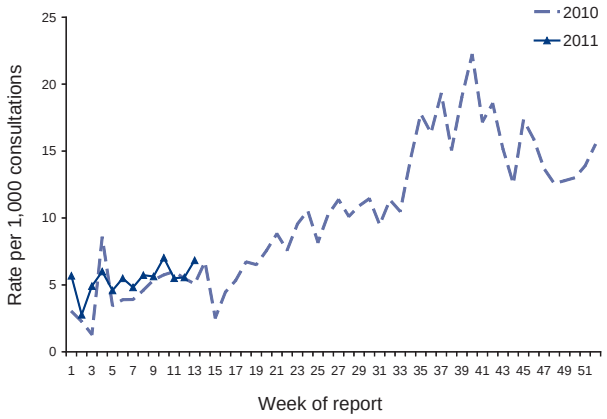
The list of conditions is reviewed annually by the ASPREN management committee. In 2011, 4 conditions are being monitored. They include influenza-like illness (ILI), gastroenteritis and varicella infections (chickenpox and shingles). Definitions of these conditions are described in Surveillance systems reported in CDI, *published in* Commun Dis Intell *2011;35(1):57–58.*

Reporting period 1 January to 31 March 2011

Sentinel practices contributing to ASPREN were located in all 8 jurisdictions in Australia. A total of 102 general practitioners contributed data to ASPREN in the 1st quarter of 2011. Each week an average of 94 general practitioners provided information to ASPREN at an average of 8,125 (range 3,872–9,362) consultations per week and an average of 105 (range 60–133) notifications per week.

ILI rates reported from 1 January to 31 March 2011 averaged 5 cases per 1,000 consultations (range 3–7 cases per 1,000 consultations). The reported rates in January, February and March 2011 (3–6 cases per 1,000 consultations, 5–6 cases per 1,000 consultations and 6–7 cases per 1,000 consultations respectively) were relatively consistent compared with rates in the same reporting period in 2010 (1–9 cases per 1,000 consultations, 4–5 cases per 1,000 consultations and 5–6 cases per 1,000 consultations, respectively).

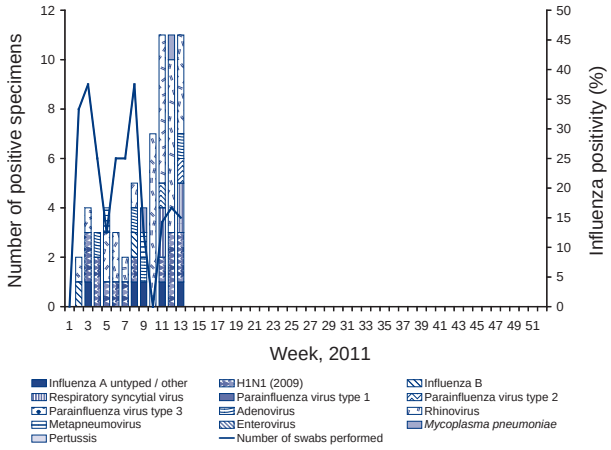
Figure 1: Consultation rates for influenza-like illness, ASPREN, 1 January 2010 to 31 March 2011, by week of report



ILI swab testing has continued through 2011. The most commonly reported virus during this reporting period was rhinovirus (27% of all swabs performed), with the second most common virus being influenza A H1N1(2009) (12% of all swabs performed).

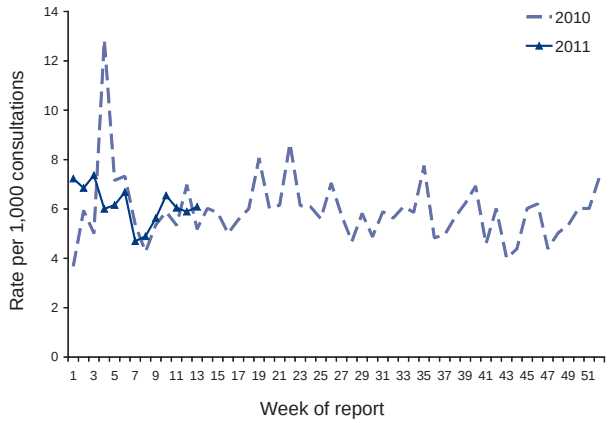
From the beginning of 2011 to the end of week 13, 21 cases of influenza have been detected, the majority of these being H1N1(2009) (12% of all swabs performed) and the remainder were influenza A untyped or other (4%) and influenza B (2%) (Figure 2).

Figure 2: Influenza-like illness swab testing results, ASPREN, 1 January 2010 to 31 March 2011, by week of report



During this reporting period, consultation rates for gastroenteritis averaged 6 cases per 1,000 consultations (range 5–7 cases per 1000, Figure 3). This was relatively consistent compared with rates in the same reporting period in 2010 where the average was 6 cases per 1,000 consultations (range 4–13 cases per 1,000).

Figure 3: Consultation rates for gastroenteritis, ASPREN, 1 January 2010 to 31 March 2011, by week of report



Varicella infections were reported at a slightly higher rate for the 1st quarter of 2011 compared with the same period in 2010. From 1 January to 31 March 2011, recorded rates for chickenpox averaged 0.3 cases per 1,000 consultations (range 0.1 to 0.8 cases per 1,000 consultations, Figure 4).

In the 1st quarter of 2011, reported rates for shingles averaged 1.1 cases per 1,000 consultations (range 0.4–1.8 cases per 1,000 consultations, Figure 5), slightly higher than the same reporting period in 2010 where the average shingles rate was 0.9 cases per 1,000 consultations (0.2–1.9 cases per 1,000 consultations).

Figure 4: Consultation rates for chickenpox, ASPREN, 1 January 2010 to 31 March 2011, by week of report

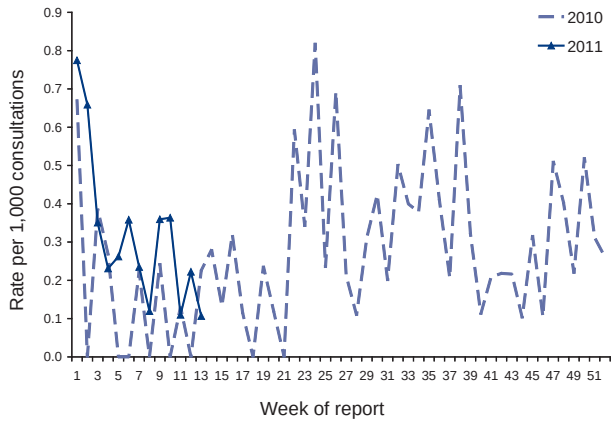
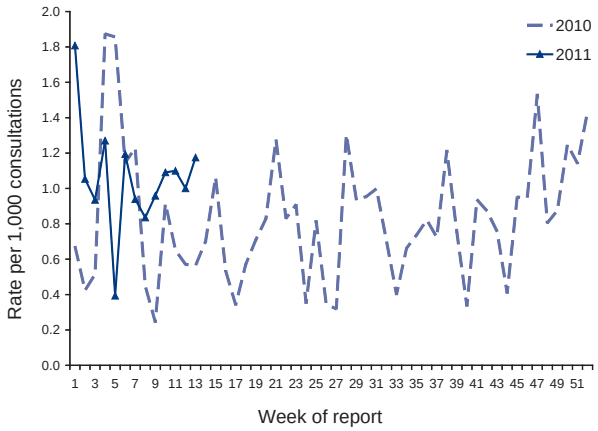


Figure 5: Consultation rates for shingles, ASPREN, 1 January 2010 to 31 March 2011, by week of report



Meningococcal surveillance

(Dr Monica M Lahra, The Prince of Wales Hospital, Randwick, NSW, 2031 for the Australian Gonococcal Surveillance Programme)

The reference laboratories of the Australian Meningococcal Surveillance Programme report data on the number of cases confirmed by laboratory testing using culture and by non-culture based techniques. Culture positive cases, where Neisseria meningitidis *is grown from a normally sterile site or skin lesions, and non-culture based diagnoses, derived from results of nucleic acid amplification assays (NAA) and serological techniques, are defined as invasive meningococcal disease (IMD) according to Public Health Laboratory Network definitions. Data contained in quarterly reports are restricted to a description of the numbers of cases by jurisdiction and serogroup, where known. Some minor corrections to data in the Table may be made in subsequent reports if additional data are received. A full analysis of laboratory confirmed cases of IMD in each calendar year is contained in the annual reports of the Programme is published in Communicable Diseases Intelligence. For more information see* Commun Dis Intell *2011;35(1):57.*

Laboratory confirmed cases of invasive meningococcal disease for the period 1 January to 31 March 2011, are included in this issue of Communicable Diseases Intelligence *(Table 1).*

Table: Number of laboratory confirmed cases of invasive meningococcal disease, Australia, 1 January to 31 March 2011, by serogroup and state or territory

State or territory	Year	Serogroup													
		A		B		C		Y		W135		ND		All	
		Q1	YTD	Q1	YTD	Q1	YTD	Q1	YTD	Q1	YTD	Q1	YTD	Q1	YTD
Australian Capital Territory	11			3	3	0	0	0	0	0	0	0	0	3	3
	10			0	0	0	0	0	0	0	0	0	0	0	0
New South Wales	11			10	10	0	0	3	3	1	1	3	3	17	17
	10			13	13	0	0	0	0	1	1	1	1	15	15
Northern Territory	11			0	0	0	0	0	0	0	0	0	0	0	0
	10			0	0	0	0	0	0	0	0	0	0	0	0
Queensland	11			8	8	1	1	1	1	0	0	0	0	10	10
	10			6	6	0	0	0	0	0	0	0	0	6	6
South Australia	11			3	3	0	0	0	0	1	1	0	0	4	4
	10			4	4	0	0	1	1	0	0	0	0	5	5
Tasmania	11			0	0	1	1	0	0	1	1	0	0	2	2
	10			0	0	0	0	0	0	0	0	0	0	0	0
Victoria	11			10	10	0	0	0	0	0	0	0	0	10	10
	10			3	3	0	0	1	1	1	1	0	0	5	5
Western Australia	11			4	4	0	0	0	0	0	0	0	0	4	4
	10			2	2	1	1	0	0	0	0	0	0	3	3
Total	11			38	38	2	1	4	4	3	3	3	3	50	50
	10			28	28	1	1	2	2	2	2	1	1	34	34

HIV and AIDS surveillance

National surveillance for HIV disease is coordinated by the Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research), in collaboration with state and territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Registry on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (Australian Capital Territory, 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 3 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, and annually in 'HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, annual surveillance report'. The reports are available from the Kirby Institute, CFI Building, Cnr Boundary and West Streets, Darlinghurst NSW 2010. Internet: http://hiv.cms.med.unsw.edu.au/ Telephone: +61 2 9385 0900. Facsimile: +61 2 9385 0920. For more information see Commun Dis Intell *2011;35(1):58.*

HIV and AIDS diagnoses and deaths following AIDS reported for 1 January to 31 March 2010, and 1 April to 30 June 2010, are included in this issue of Communicable Diseases Intelligence *(Tables 1, 2, 3 and 4).*

Table 1: New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 January to 31 March 2010, by sex and state or territory of diagnosis

		State or territory								Totals for Australia			
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 2010	This period 2009	YTD 2010	YTD 2009
HIV diagnoses	Female	0	8	0	19	2	0	7	0	36	41	36	41
	Male	0	87	4	48	12	0	55	5	211	211	211	211
	Not reported	0	1	0	0	0	0	2	0	3	0	3	0
	Total*	0	97	4	67	14	0	64	5	251	252	251	252
AIDS diagnoses†	Female	0	–	0	1	0	0	1	0	2	6	2	6
	Male	0	–	2	3	1	0	8	0	14	21	14	21
	Total*	0	–	2	4	1	0	9	0	16	27	16	27
AIDS deaths†	Female	0	–	0	0	0	0	0	0	0	0	0	0
	Male	0	–	0	1	1	0	3	0	5	3	5	3
	Total*	0	–	0	1	1	0	3	0	5	3	5	3

* Totals include people whose sex was reported as transgender.

† AIDS cases and deaths following AIDS occurring in New South Wales from January 2008 are not included.

Table 2: Number of new diagnoses of HIV infection since the introduction of HIV antibody testing 1985, and number of new diagnoses of AIDS and deaths following AIDS since 1981, cumulative to 31 March 2010, by sex and state or territory

		State or territory								
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
HIV diagnoses	Female	37	1,018	30	374	127	17	472	266	2,341
	Male	283	14,573	162	3,299	1,078	127	6,067	1,405	26,994
	Not reported	0	229	0	0	0	0	22	0	251
	Total*	320	15,853	192	3,682	1,206	144	6,585	1,678	29,660
AIDS diagnoses†	Female	10	265	6	78	32	4	127	48	570
	Male	95	5,513	50	1,101	427	55	2,162	458	9,861
	Total*	105	5,796	56	1,181	460	59	2,302	508	10,467
AIDS deaths†	Female	7	138	1	43	20	2	66	30	307
	Male	73	3,597	33	682	281	34	1,452	301	6,453
	Total*	80	3,746	34	727	301	36	1,527	332	6,783

* Totals include people whose sex was reported as transgender.

† AIDS cases and deaths following AIDS occurring in New South Wales from January 2008 are not included.

Table 3: New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 April to 30 June 2010, by sex and state or territory of diagnosis

		State or territory								Totals for Australia			
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 2010	This period 2009	YTD 2010	YTD 2009
HIV diagnoses	Female	1	5	0	7	2	0	9	8	32	35	71	76
	Male	4	73	0	52	10	0	68	21	228	238	453	450
	Not reported	0	0	0	0	0	0	0	0	0	1	1	1
	Total*	5	78	0	59	12	0	77	29	260	274	528	527
AIDS diagnoses†	Female	0	–	0	0	0	0	0	1	1	2	3	8
	Male	0	–	0	5	0	0	9	1	15	23	30	44
	Total*	0	–	0	5	0	0	9	2	16	25	33	52
AIDS deaths†	Female	0	–	0	1	0	0	0	0	1	1	1	1
	Male	0	–	0	1	0	0	2	0	3	2	8	5
	Total*	0	–	0	2	0	0	2	0	4	3	9	6

* Totals include people whose sex was reported as transgender.

† AIDS cases and deaths following AIDS occurring in New South Wales from January 2008 are not included.

Table 4: Number of new diagnoses of HIV infection since the introduction of HIV antibody testing 1985, and number of new diagnoses of AIDS and deaths following AIDS since 1981, cumulative to 30 June 2010, by sex and state or territory

		State or territory								
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
HIV diagnoses	Female	38	1,025	30	381	129	17	481	281	2,382
	Male	287	14,656	162	3,349	1,088	127	6,136	1,443	27,248
	Not reported	0	228	0	0	0	0	22	0	250
	Total*	325	15,942	192	3,739	1,218	144	6,663	1,731	29,954
AIDS diagnoses†	Female	10	265	6	78	32	4	127	49	571
	Male	95	5,513	50	1,106	427	55	2,171	461	9,878
	Total*	105	5,796	56	1,186	460	59	2,311	512	10,485
AIDS deaths†	Female	7	138	1	44	20	2	66	30	308
	Male	73	3,597	33	683	281	34	1,454	301	6,456
	Total*	80	3,746	34	729	301	36	1,529	332	6,787

* Totals include people whose sex was reported as transgender.

† AIDS cases and deaths following AIDS occurring in New South Wales from January 2008 are not included.