

OUTBREAK

A cluster of listeriosis cases in South Australia

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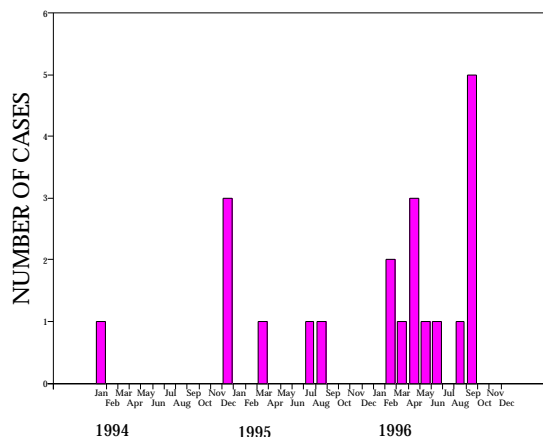
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A case of listeriosis was notified on 20 September 1996 for a patient with a haematological disease. Over the following 48 hours four further cases were reported, all in patients with immunosuppression associated with chronic disease. *Listeria monocytogenes* O1 was isolated from the blood of all cases. One case died.

Three of the five cases were inpatients at an Adelaide hospital. A fourth attended the outpatients department of the same hospital. Dietary histories showed that the three inpatients had consumed chicken sandwiches in the hospital, and all patients had eaten chicken, prior to their illness. The sandwiches were prepared in the hospital with diced chicken obtained from a commercial supplier.

Low counts of *Listeria monocytogenes* O1 were obtained from samples of the diced chicken. An investigation of the premises where the chicken was prepared was conducted. Swabs of the deboning area and samples of the chicken product also yielded *Listeria monocytogenes* O1 on culture. Further typing of the organisms from the patients and the samples of chicken by pulsed field gel electrophoresis confirmed the epidemiological link.

Figure. Listeriosis cases, South Australia, 1994 to 1996



Chicken products manufactured in the plant were withdrawn from sale and recalled on 27 September. Investigations are continuing.

Listeriosis has been a notifiable disease in South Australia since 1993. Between three and four cases were notified each year from 1993 to 1995. Fourteen cases have been notified in 1996, including the five notifications in this cluster (Figure). Cases reported earlier in the year were apparently sporadic with the possible exception of two cases associated with a medical centre. Investigations at the time did not identify a common source of infection for the two cases.

NOTICES TO READERS

Composition of Australian influenza vaccine for the 1997 winter

A meeting of members of the Australian Influenza Vaccine Committee (AIVC) held on 25 September 1996 agreed that the composition of the Australian influenza vaccine for the 1997 winter would be:

Influenza A

H₁N₁ A/Texas/36/91 (H₁N₁)-like strain, 15 micrograms haemagglutinin per dose. The type strain is suitable for vaccine manufacture.

H₃N₂ A/Wuhan/359/95 (H₃N₂)-like strain, 15 micrograms haemagglutinin per dose.

The following viruses were endorsed as suitable vaccine strains:

- RESVIR-9 (a reassortant of A/Nanchang/933/95);
- X125, also a reassortant of A/Nanchang/933/95;

- A/Auckland/5/96. This strain is endorsed subject to the production of a reassortant satisfying manufacturing and regulatory criteria.

Influenza B

B/Beijing/184/93-like, 15 micrograms haemagglutinin per dose. The strain B/Harbin/07/94 currently used by vaccine manufacturers is a suitable vaccine strain.

Labelling

The committee provided advice on labelling which the Therapeutic Goods Administration will adopt. The primary pack should include the -like strain names only (for example B/Beijing/184/93-like). The product information should include the actual strain used for vaccine manufacture, and in brackets, the strain recommended by the AIVC, such as

B/Harbin/7/94 (B/Beijing/184/93-like)

The product information should also include a statement to the effect that the strain chosen for vaccine manufacture was endorsed by the AIVC as being antigenically equivalent to the reference virus. These additional labelling

requirements are in general conformity with the European Committee for Propriety Medicinal Products Notes for Guidance on Harmonisation of Requirements for Influenza Vaccines.

OVERSEAS BRIEFS

Source: World Health Organization (WHO)

Yellow fever, Benin

An outbreak of yellow fever has been reported in the Department of Atakora in the north-east region of Benin. The area affected is Kerou Sous Préfecture (population 44,000) where 48 cases and 37 deaths have been recorded. The cases occurred between July and September 1996. Urgent control measures have been put into place, including an immediate epidemiological investigation, strengthening of surveillance, immediate vaccination of the exposed population, advice on the use of impregnated mosquito nets, and informing countries with common borders of the situation.

Travellers are reminded that yellow fever vaccination is obligatory for entry into Benin.

Japanese encephalitis, Nepal

There were 697 cases of suspected Japanese encephalitis (JE) reported in Nepal up to 27 September 1996. There were 118 deaths. During 1995 the total number of JE cases reported was 772 with 126 deaths. Teams from the Ministry of Health with an entomologist from the WHO Office for the South East Asian Region have been sent to the affected areas in eastern and mid-western regions where most cases have been reported.

COMMUNICABLE DISEASES SURVEILLANCE

National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia-New Zealand. The system coordinates the national surveillance of 41 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 legislation. De-identified core unit data are

supplied fortnightly for collation, analysis and dissemination. For further information, see *CDI 1996;20:9-10*.

Reporting period 15 to 28 September 1996

There were 1,334 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

Figure 2. *Haemophilus influenzae* type b infection notifications, 1991 to 1996, by month of onset

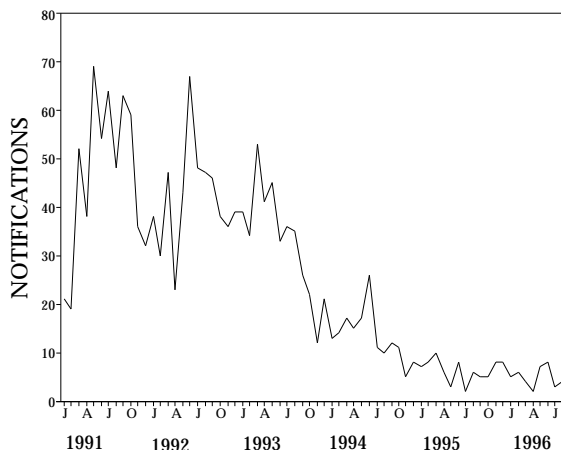


Figure 3. Ross River virus notifications, 1994 to 1996, by month of onset

