

Discussion

Surveillance for measles in Victoria has been enhanced substantially through collaboration between the Victorian Department of Human Services and the Victorian Infectious Diseases Reference Laboratory. We believe a structured approach to each notification of measles and accurate recording of laboratory testing is necessary to determine when local transmission of disease has been interrupted and should be an essential component of a national strategy for elimination in Australia.

The use of process measures to monitor program quality is important. We know from our data that we are collecting specimens from a very high proportion of notified cases and that these are being collected within a day of notification (seven days from onset of illness). We consider that surveillance of measles in Victoria is now very high quality but we still need to reduce reporting delay.

A number of changes have been proposed to further augment the enhanced surveillance system, and to improve the quality of the data being collected. We intend to contact all laboratories in Victoria, making them aware of the enhanced measles surveillance program, and inviting their cooperation in providing measles IgM positive serum to VIDRL for confirmatory testing. With this contact, we will also identify those laboratories who perform in-house measles serology, and ask them to collect a core minimum dataset for each measles test performed. This will provide important supplementary information about testing patterns for measles virus in Victoria.

Finally, we intend to develop a pilot study involving active surveillance for rash illness. This study will be conducted in sentinel general practices and child care centres. The aim of this study is to identify the cause of rash illness in our community, and to ascertain if there are cases of measles going unrecognised by the current passive surveillance system.

The outcomes of the serological testing, and how these relate to various case definitions, are still being examined. However, in keeping with findings in the United Kingdom⁷ and Finland,⁸ the vast majority of notified cases who have testing performed are in fact not measles.

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Early influenza A outbreak in a Sydney nursing home

Reported by Mark Ferson, Director, South Eastern Sydney Public Health Unit

South Eastern Sydney Public Health Unit is investigating an outbreak of acute respiratory illness among residents of a local nursing home.

Of the 70 residents, 35 were affected with fever, cough and lethargy with onset between 11 and 20 February 1999. Eight residents have been hospitalised with pneumonia. Throat swabs collected on 13 February were processed at SEALS Virology Laboratory and to date influenza A has been isolated from three of 14 specimens. Serological studies are also in hand. A small number of deaths have occurred.

A vaccination program for residents and staff has been conducted. The use of amantadine was being considered but decided against.

(Due to delayed publication it has been possible to provide this recent information.)