are supplied fortnightly for collation, analysis and dissemination. For further information, see CDI 1999;23:55.

LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1999;23:58.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance in 1999. CDI reports the consultation rates for seven of these conditions. For further information, including case definitions, see CDI 1999;23:55-56.

Additional Reports

HIV and AIDS Surveillance

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (ACT, 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 three 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, available from the National Centre in HIV Epidemiology and Clinical Research, 376 Victoria Street, Darlinghurst NSW 2010. Telephone: (02) 9332 4648 Facsimile: (02) 9332 1837 (website address: http://www.med.unsw.edu.au/nchecr).

HIV and AIDS diagnoses and deaths following AIDS reported for 1 September to 30 September 1998, as reported to 31 December 1998, are included in this issue of CDI (Tables 6 and 7).

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 September to 30 September 1998, by sex and State or Territory of diagnosis

										Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1999	This period 1998	Year to date 1999	Year to date 1998
HIV diagnoses	Female	0	3	1	1	0	0	1	2	8	10	69	58
	Male	0	34	0	5	3	0	9	1	52	59	477	542
	Sex not reported	0	0	0	0	0	0	0	0	0	1	6	12
	Total[1]	0	37	1	6	3	0	10	3	60	70	552	613
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	1	7	21
	Male	0	7	0	5	0	1	1	0	14	21	170	240
	Total[1]	0	7	0	5	0	1	1	0	14	22	177	261
AIDS deaths	Female	0	0	0	1	0	0	0	0	1	1	7	10
	Male	0	5	1	2	1	0	5	0	14	16	81	177
	Total[1]	0	5	1	3	1	0	5	0	15	17	88	188

1. Persons whose sex was reported as transgender are included in the totals.

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 December 1998, by sex and State or Territory

		State or Territory							
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	22	566	8	132	54	4	198	99	1,083
	Male	183	10,430	99	1,851	640	77	3,708	866	17,854
	Sex not reported	0	259	0	0	0	0	24	0	283
	Total[1]	205	11,274	107	1,989	694	81	3,943	968	19,261
AIDS diagnoses	Female	8	162	0	45	20	2	64	23	324
	Male	82	4,439	32	773	325	43	1,559	337	7,590
	Total[1]	90	4,612	32	820	345	45	1,630	362	7,936
AIDS deaths	Female	2	113	0	30	15	2	46	16	224
	Male	62	3,071	24	535	222	27	1,221	241	5,403
	Total[1]	64	3,191	24	567	237	29	1,273	258	5,643

1. Persons whose sex was reported as transgender are included in the totals.

Overseas briefs

Source: World Health Organization (WHO)
This material has been condensed from information on the WHO Internet site. A link to this site can be found under 'Related sites' on the CDI homepage.

Cholera

Zambia

The government of Zambia has informed WHO of a cholera outbreak in Ndola, in the northern part of the country near the border with the Democratic Republic of the Congo. So far, a total of 66 cases has been reported, with 4 deaths. In view of heavy rainfalls, the Ministry of Health has already taken the necessary action and alerted the national cholera task force. Control measures are being taken.

Zambia has been seriously affected by cholera epidemics in the past, with 13 154 cases in 1991, 11 659 cases in 1992 and 6 766 cases in 1993. Since 1994, the total number of cases has continued to decrease.

Kenya

The Ministry of Health, Kenya, has informed WHO of an outbreak of cholera in Nyanza, Eastern, Rift Valley and Nairobi Provinces which started on 27 December 1998. As of 19 January 1999 a total of 1025 cases with 25 deaths is estimated to have occurred.

The Ministry of Health has set up a National Cholera Control Task Force in collaboration with WHO. Similar Task Forces have been formed at provincial and district levels. The outbreak has been brought under control and the number of cases is declining rapidly. Surveillance and health education activities continue to take place.

Kenya has been suffering from a major cholera epidemic since mid-1997. The cumulative total number of cases reported to WHO was 17200 in 1997 and 22432 in 1998 with 555 and 1237 deaths respectively.

Yellow fever in Bolivia

As of January 1999 a total of 27 confirmed cases with 13 deaths have been reported to the Pan American Health Organization (PAHO/WHO)*. All cases occurred in rural settings of the department of Santa Cruz, located within 120 - 200 km south of the city of Santa Cruz de la Sierra. Twenty-two cases (82%) were male and 5 (18%) female. The age distribution of the cases was 82% of over 15 years of age, 11% of 10 to 15 years, and 7% of 5 to 10 years. Fifteen cases were not vaccinated with yellow fever, two have presumptively received the vaccine, and the status of 10 was unknown. Mass immunization was started immediately after the confirmation of the first reported cases. No suspected cases have been reported in the last two weeks despite increased surveillance.

In the last 10 years, Bolivia has reported 461 cases of yellow fever. Sixty three cases were reported in 1997 and fifty seven in 1998. During 1997, the primarily affected Departments were Cochabamba (74%) and Beni (15%). In 1998, the areas involved were lowlands of the Department of La Paz (44%) and west counties of the Department of Santa Cruz (30%). In 1999 all cases have been reported from the southeast counties of Santa Cruz. The trend suggests a southeastward spread of the disease through the country. The current lower reporting of cases outside of the department of Santa Cruz may be attributed to vaccinations implemented during the 1997 and 1998 outbreaks. The presence of the Aedes aegypti mosquito in