

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 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 legislations. De-identified core unit data 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. 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, and annually in HIV/AIDS and related diseases in Australia Annual Surveillance Report. The reports are 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; <http://www.med.unsw.edu.au/ncherc>.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 30 November 1998, as reported to 28 February 1999, 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 to 30 November 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	2	7	0	1	2	0	1	0	13	8	87	73
	Male	3	32	1	5	5	0	18	1	65	52	588	651
	Sex not reported	0	1	0	0	0	0	0	0	1	0	8	12
	Total <sup>1</sup>	5	40	1	6	7	0	19	1	79	60	683	737
AIDS diagnoses	Female	0	1	0	0	0	0	0	0	1	0	13	24
	Male	0	3	0	2	1	0	1	0	7	26	216	295
	Total <sup>1</sup>	0	4	0	2	1	0	1	0	8	26	229	319
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	8	14
	Male	0	3	0	2	0	0	2	0	7	10	106	201
	Total <sup>1</sup>	0	3	0	2	0	0	2	0	7	12	114	216

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 28 February 1999, by sex and State or Territory**

		State or Territory							Australia	
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
HIV diagnoses	Female	23	579	8	132	57	4	199	100	1,102
	Male	187	10,488	102	1,859	647	77	3,738	869	17,967
	Sex not reported	0	259	0	0	0	0	24	0	283
	Total <sup>1</sup>	210	11,345	110	1,998	704	81	3,974	972	19,394
AIDS diagnoses	Female	8	168	0	45	20	2	65	25	333
	Male	83	4,498	32	780	326	43	1,563	343	7,668
	Total <sup>1</sup>	91	4,677	32	827	346	45	1,635	370	8,023
AIDS deaths	Female	2	113	0	30	15	2	47	16	225
	Male	62	3,082	24	540	224	28	1,228	244	5,432
	Total <sup>1</sup>	64	3,202	24	572	239	30	1,281	261	5,673

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

## Childhood Immunisation Coverage

Tables 8 and 9 provide the latest quarterly report on childhood immunisation coverage from the Australian Childhood Immunisation Register (ACIR).

The data show the percentage of children fully immunised at age 12 months for the cohort born between

1 October and 31 December 1997 and at 24 months of age for the cohort born between 1 October and 31 December 1996, according to the Australian Standard Vaccination Schedule.

A full description of the methodology used can be found in CDI 1998;22:36-37.

**Table 8. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 October to 31 December 1997; assessment date 31 December 1998**

Vaccine	State or Territory							Australia	
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,062	22,009	823	11,700	4,594	1,547	15,520	6,067	63,322
Diphtheria, Tetanus, Pertussis (%)	88.1	84.2	80.2	88.6	88.2	87.8	87.2	85.5	86.3
Poliomyelitis (%)	88.0	83.7	79.3	87.4	88.1	87.9	87.3	85.4	85.9
Haemophilus influenzae type b (%)	87.9	84.3	81.7	88.9	88.3	87.8	87.5	85.3	86.4
<b>Fully Immunised (%)</b>	87.7	82.7	74.6	86.5	87.5	87.2	86.5	84.4	84.9
Change in fully immunised since last quarter (%)	-0.9	+0.2	-0.7	+0.6	+0.9	+2.1	+0.5	+0.1	+0.4

**Table 9. Proportion of children immunised at 2 years of age, preliminary results by disease and State for the birth cohort 1 October to 31 December 1996; assessment date 31 December 1998<sup>1</sup>**

Vaccine	State or Territory								Australia
	ACT	NSW	NT <sup>1</sup>	Qld	SA	Tas	Vic	WA	
Total number of children	1,113	22,251	890	11,824	4,671	1,654	16,145	6,318	64,866
Diphtheria, Tetanus, Pertussis (%)	83.4	79.2	66.1	84.3	80.9	81.9	81.8	79.4	80.9
Poliomyelitis (%)	88.4	83.2	70.9	89.7	85.5	88.5	87.6	82.5	85.6
Haemophilus influenzae type b (%)	82.3	79.2	69.7	84.2	80.8	81.9	82.1	79.4	81.0
Measles, Mumps, Rubella (%)	88.1	84.3	74.7	90.5	85.4	87.2	87.8	84.3	86.4
<b>Fully Immunised (%)<sup>2</sup></b>	<b>77.7</b>	<b>66.9</b>	<b>54.6</b>	<b>77.5</b>	<b>68.1</b>	<b>71.6</b>	<b>72.0</b>	<b>66.0</b>	<b>70.3</b>
Change in fully immunised since last quarter (%)	+2.3	+0.1	-0.2	+1.6	+0.9	+3.9	+2.0	+4.4	+1.5

1. The 12 months age data for this cohort was published in *CDI* 1998;22:170.

2. These data relating to 2 year old children should be considered as preliminary. The proportions shown as "fully immunised" appear low when compared with the proportions for individual vaccines. This is at least partly due to poor identification of children on immunisation encounter forms.

Acknowledgment: These figures were provided by the Health Insurance Commission (HIC), to specifications provided by the Commonwealth Department of Health and Aged Care. For further information on these figures or data on the Australian Childhood Immunisation Register please contact the Immunisation Section of the HIC: Telephone 02 6124 6607.

## 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 'Other Australian and international communicable diseases sites' on the CDI homepage.**

### *Nipah virus*

#### Malaysia and Singapore

The United States Centers for Disease Control and Prevention (CDC) have confirmed that of the 15 blood samples from abattoir workers received from Singapore for testing, 11 (including 1 death) tested positive for Nipah virus. No additional cases have been reported in Singapore during the past two weeks and the outbreak there has now ended.

The outbreak of encephalitis is still ongoing in Malaysia. For up-to-date information on the number of cases and deaths, please see the web site of the Department of Public Health, Ministry of Health, Malaysia at: "<http://dph.gov.my/press/press2/cases.htm>"

The Nipah virus is a new virus. It is similar to the Hendra virus which was responsible for the deaths of two humans and some race horses in Australia in 1994. However, genetic analysis of the new virus shows significant differences. Experts at CDC have noted that transmission of the virus has been confined to persons who have had direct contact with infected pigs. Currently, there is no evidence that the virus can be transmitted from human to human. Travellers to Malaysia should be aware of this

outbreak of febrile encephalitis, which thus far has involved only those closely associated with pig farms. No travel restrictions are indicated at this time.

A report of the outbreak can be found in the article, "Outbreak of Hendra-Like Virus - Malaysia and Singapore, 1998-1999" in *MMWR*, April 9, 1999 48(13); 265-269 at: "<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00056866.htm>"

### *Influenza A(H9N2)*

#### Hong Kong Special Administrative Region of China

Influenza A(H9N2) viruses have been identified in two hospitalised children, ages 1 and 4 years, in Hong Kong SAR. One of the children is from Kowloon, and the other from Hong Kong Island.

Further genetic analysis of the human virus isolates from 2 hospitalized children in Hong Kong SAR in March 1999, confirmed to be influenza A(H9N2) by the WHO Collaborating Centre for Influenza in London (United Kingdom) WHO Collaborating Centres in Atlanta (United States), has revealed that the viruses are genetically closely related to, but distinct from, influenza A/Quail/Hong Kong/GI/97(H9N2) isolates detected in 1997 during the influenza A(H5N1) outbreak in Hong Kong SAR.

Studies on the spread of A(H9N2) viruses between cages of chickens indicate that quail H9N2 virus is transmitted by aerosol more effectively than by faecal transmission.