NEW SOUTH WALES
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## IMPROVING INFECTIOUS DISEASES CONTROL

From November 1991 doctors, hospital chief executive officers (or general managers in Area Health Services) and pathology laboratories will be required to notify the conditions specified in Tables 1, 2 and 3 to the NSW Health Department. Table 5 lists reasons for the inclusion of these conditions. Notification can be by telephone, mail or electronic transfer (not facsimile) to local Public Health Units (see pages 96 and 97 for contact information). Notification must be initiated within 24 hours. Follow-up information will be provided to all people notifying.

In late October new notification forms will be sent to all NSW general practitioners, laboratories and hospitals. If you have not received these by November 14, or have any queries, please call your local Public Health Unit (see pages 96 and 97) or call the NSW Health Department on (02) 391-9111.

For details about the notifying procedures please turn to page 87 for doctors, page 88 for pathology laboratories and page 87 for hospital CEOs.The NSW Health Department's new infectious disease control program has the following elements:

- goals for minimising infectious diseases in NSW;
- a Statewide network of response-oriented Public Health Units;
- a training program for public health professionals;
- updated legislation;
- a simplified notification system.

### WHY IS THE NEW PROGRAM NECESSARY ?

Until recently there has been no well-organised strategy for reducing infectious diseases in the community. Notification of infectious diseases has been low and responses to notifications have been poorly coordinated. As a result, outbreaks of preventable conditions have continued to occur[1].

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**TABLE 1**

**CONDITIONS TO BE NOTIFIED BY DOCTORS ON CLINICAL SUSPICION**

- Acquired immunodeficiency syndrome (AIDS)
- Acute viral hepatitis
- Adverse event following immunisation**
- Foodborne illness in two or more related cases
- Gastroenteritis among people of any age, in an institution (eg. among people in educational or residential institutions)
- Leprosy
- Measles*
- Pertussis (Whooping cough)
- Syphilis
- Tuberculosis

* *To be notified to your Public Health Unit by telephone.See pages 96 and 97.*
** *See page 89*

**TABLE 2**

**CONDITIONS TO BE NOTIFIED BY HOSPITAL CHIEF EXECUTIVE OFFICERS ON CLINICAL SUSPICION**

- Acquired immunodeficiency syndrome (AIDS)
- Acute viral hepatitis
- Adverse event following immunisation**
- Cholera*
- Diphtheria
- Foodborne illness in two or more related cases
- Gastroenteritis among people of any age, in an institution (eg. among people in educational or residential institutions)
- *Haemophilus influenzae* type b: (epiglottitis, meningitis and septicaemia)*
- Hydatid disease
- Legionnaires' disease*
- Leprosy
- Measles*
- Meningococcal disease: (meningitis and septicaemia)*
- Paratyphoid fever
- Pertussis (Whooping cough)
- Plague*
- Poliomyelitis
- Syphilis
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus (epidemic)*
- Viral haemorrhagic fevers*
- Yellow Fever*

* *To be notified to your Public Health Unit by telephone. See pages 96 and 97.*
** *See page 89*
*Note: Cancer must also be notified by hospital Chief Executive Officers*



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Reporting of infectious diseases has been low - estimated to range from 5 per cent[2] to 20 per cent[3]. There are two main reasons for this. First, legislation relating to infectious disease was formulated in 1902 when infectious diseases were more frequent and often fatal. This legislation required doctors to notify a total of 52 conditions and specified complicated reporting channels.

Second, busy medical practitioners were required to notify conditions through these complicated channels with little or no feedback about any action taken over their notification. There was a confusing array of forms and many non-functional telephone numbers and addresses. Some doctors were concerned that the confidentiality of their patients would be breached and others were irritated by the payment of $1.00 for each notification. The notifications which found their way to the appropriate officers were often delayed, making public health responses inappropriate and thereby reinforcing the perception that the whole process was a waste of time.

Even when information was transmitted to those who needed to know, there were too few trained local staff to respond effectively. Also, there were neither response guidelines nor technical support for local staff.

## What is the New Infectious Disease Control System?

Health professionals and community organisations around NSW are formulating strategies to reduce infectious diseases. These will require effective prevention programs, timely control of outbreaks and accurate monitoring of infectious disease occurrence.

Fourteen NSW Public Health Units are responsible for coordinating public health programs, monitoring and research in a variety of areas at the local level [4,5]. The areas include maternal and child health, injury, chronic disease and environmental health in addition to infectious disease control. Technical support to the Units is provided by the Epidemiology and Health Services Evaluation Branch which is also training public health professionals to manage public health issues in NSW better[6].

*Continued opposite*

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In April this year a new Public Health Act was passed. This legislation and attendant regulations enable:

- adding hospital and laboratory notifications to doctor notifications;
- fewer demands on doctors;
- simplification of notification procedures and channels;
- guidelines for timely public health responses.

## Notification Mechanisms

The Public Health Act (1991) requires that doctors, hospital chief executive officers (or general managers) and pathology laboratories notify conditions that are best and most rapidly identified by them. These notifications should be made to the nearest Public Health Unit and initiated within 24 hours.

## 1. Notification By Doctors

The number of conditions to be notified by doctors has been reduced from 52 to 10. These 10 are the conditions where the diagnosis is essentially clinical, hospital admission is unlikely to result and where public health action needs to begin on first clinical suspicion*. Doctors are asked to notify these conditions as soon as a provisional diagnosis is made.

Public Health Unit staff may contact doctors to offer assistance with public health action for any patients reported, including those notified by laboratories and hospitals. Notification can be made by mail on specific notification forms OR by telephone. To protect patient confidentiality, notifications must not be made by facsimile. All notifications should be sent to the nearest Public Health Unit (see pages 96 and 97 for contact information).

**Notification forms:** The new forms will make notification quick and easy. They are pre-addressed and reply-paid lettergrams and are in duplicate to facilitate keeping a notification record for the required 10 years**.

*For AIDS there is no public health action directed to individuals as names and addresses are not reported

**This applies for people over 18 years old. For people under 18 a record must be kept for 10 years after they reach the age of 18

*Continued overleaf*

**TABLE 3**

**CONDITIONS TO BE NOTIFIED BY LABORATORIES ON CONFIRMATION**

- Arboviral infections (Flaviviruses*)
- Brucellosis
- Cholera*
- Diphtheria
- Gonorrhoea
- *Haemophilus influenzae* type b* (blood or cerebrospinal fluid only)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D (Delta)
- Hepatitis E
- Human immunodeficiency virus (HIV) infection
- *Legionella* spp. infections
- Leptospirosis
- Listeriosis
- Malaria
- Meningococcal infections* (blood or cerebrospinal fluid only)
- Mumps
- Mycobacterial infections
- Pertussis
- Plague*
- Q fever
- Rubella
- Salmonella infections
- Syphilis
- Typhus (epidemic)*
- Viral haemorrhagic fevers*
- Yellow fever*

** To be notified to your Public Health Unit by telephone.*
See pages 96 and 97.
*Note:* Cancer must also be notified by pathology laboratories.

*Continued from page 88*

Public Health Unit staff will ask doctors notifying AIDS to provide information on the likely transmission mode. The extra information will be collected on a separate AIDS notification form which initially will be distributed to AIDS treatment centres, HIV medicine practitioners and Public Health Units.

**Notifying by telephone:** Doctors can notify a condition 24 hours a day, seven days a week by telephoning the nearest Public Health Unit (see pages 96 and 97). When notifying by telephone, doctors are not required to send a notification form, but must keep a record of the notification for the required 10 years.

## 2. Notification by Hospital Chief Executive Officers

Chief executive officers of public and private hospitals and nursing homes, and general managers of hospitals in Area Health Services are required to notify conditions for which patients are admitted to hospital or attend Accident and Emergency or Outpatient departments. Notifications should be made on provisional diagnosis, without waiting for confirmation.

CEOs can delegate notification responsibility.

Notification can be made by mail on specific notification forms or computer printout OR by telephone OR by electronic transfer by modem. To protect patient confidentiality, notifications must not be made by facsimile.

**TABLE 4**

**ADVERSE EVENT FOLLOWING IMMUNISATION**

Notification should be made if one or more of the following events occur within 15 days of the administration of a vaccine

- Persistent screaming (more than three hours)
- Anaphylaxis
- Shock
- Hypotonic/hypertonic episodes
- Encephalopathy
- Convulsions
- Thrombocytopenia
- Death

All notifications should be sent to the nearest Public Health Unit (see pages 96 and 97 for contact information).

**Notification forms:** The forms will make notification quick and easy. They are pre-addressed and reply-paid lettergrams and are in duplicate to facilitate keeping a notification record for the required 10 years*.

Public Health Unit staff will ask CEOs (or delegates) notifying AIDS to provide information on the likely transmission mode. The extra information will be collected on a separate AIDS notification form which initially will be distributed to AIDS treatment centres, HIV medicine practitioners and Public Health Units.

**Notifying by telephone:** CEOs (or delegates) can notify a condition 24 hours a day, seven days a week by telephoning the nearest Public Health Unit (see pages 96 and 97).

When notifying by telephone, CEOs (or delegates) are not required to send a notification form, but must keep a record of the notification.

**Notifying by electronic transfer or computer printout:** Electronic or computer printout notifications do not require use of a notification form. However, all the information requested on the notification form must be forwarded and a record must still be kept of the notification.

## 3. Notification by Pathology Laboratories

The person who certifies the positive test result must notify laboratory-confirmed cases. Confirmation may be on identification of a relevant organism or on serology results associated with the condition. Laboratories may notify by mail on specific notification forms or computer printout OR by telephone OR by electronic transfer by modem. To protect patient confidentiality, notifications must not be made by facsimile.

All notifications should be sent to the nearest Public Health Unit (see pages 96 and 97 for contact information).

**Notification forms:** The forms will make notification quick and easy. They are pre-addressed and reply-paid lettergrams.

NSW HIV Reference Laboratories will notify confirmed cases of HIV infection directly to Epidemiology and Health Services Evaluation Branch.

* This applies for people over 18 years old. For people under 18 a record must be kept for 10 years after they reach the age of 18.

*Continued from page 89*

**Notifying by telephone:** Laboratories can notify a condition 24 hours a day, seven days a week by telephoning the nearest Public Health Unit (see pages 96 and 97).

When notifying by telephone, laboratories are not required to send a notification form.

**Notifying by electronic transfer or computer printout:** Electronic or computer printout notifications do not require use of a notification form. However, all the information requested on the notification must be forwarded.

## Information Flow

Notifications flow (in both directions) from doctors, hospitals and laboratories to Public Health Units and from these to the Epidemiology Branch of the NSW Health Department. Public Health Units will transmit notifications of patients not residing in their area to the Unit serving the patient's residence.

While Public Health Units require names to respond and to detect duplication, they will transmit to Epidemiology Branch only the case numbers and demographic data minus identification.

The Epidemiology Branch publishes tabulated data monthly in the NSW Public Health Bulletin (see page 93). The Bulletin is distributed to Public Health Units, public health professionals, hospitals, laboratories and other interested people. If you wish to receive the Bulletin please place your name on the mailing list by completing and sending the form on page 97.

## Public Health Action

All notifiable conditions require some form of public health action (Table 5). The NSW Health Department has developed guidelines for Public Health Unit responses to notifications. Most notifications except AIDS, HIV infection and malaria will elicit an individual response. AIDS and HIV infection notifications have no identifying information. Notifications of malaria enable Australia to verify its malaria-free status to the World Health Organization. Response to notifications will vary according to the condition and the number of cases. The response, always made in consultation with the patient's doctor, may include contact tracing, immunisation, advice on treatment, public awareness campaigns, testing of food, water or the environment, closure of an establishment or collaboration with non-health agencies.

Most importantly, Public Health Units will provide follow-up information to all people who make a notification.

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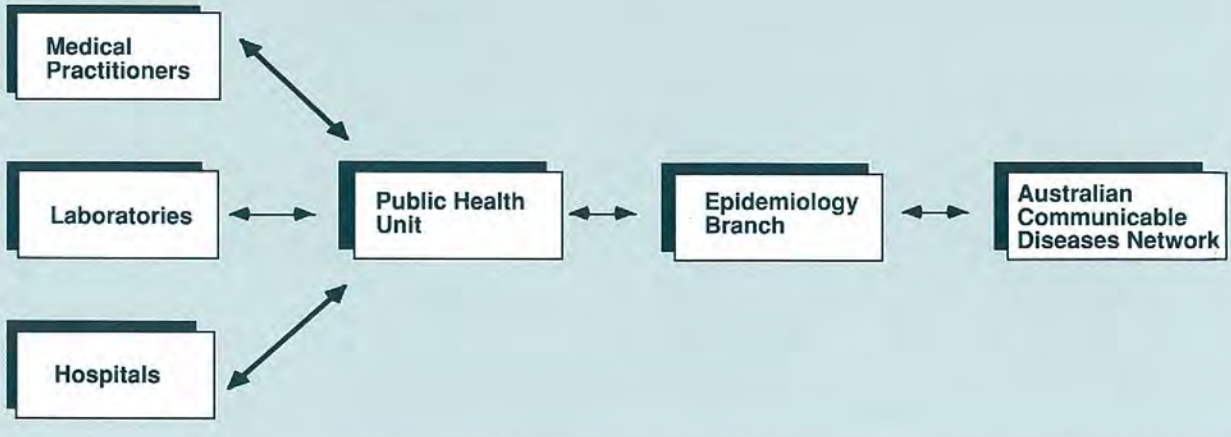
### Flow of Infectious Diseases Information



## TABLE 5

**REASONS FOR NOTIFICATION OF MEDICAL CONDITION**

*The list of notifiable medical conditions has been reduced to those that require a public health response to enable the control and/or prevention of the condition. Where this response is urgent, telephone notification is required*. The following is a list of the notifiable conditions and the reason for their inclusion.*

| CONDITION | REASON FOR NOTIFICATION |
|---|---|
| AIDS | provide a greater understanding of an evolving epidemic |
| Acute viral hepatitis | prevent spread through the management of contacts and identification of potential source |
| Adverse event after immunisation | monitor risks and benefits of immunisation |
| Arboviral infections | prevent by vector control and community awareness |
| Brucellosis | control by determining the source and destroying infected animals or dairy products |
| Cholera* | determine the source of infection and prevent further spread (a quarantinable condition) |
| Diphtheria* | prevent spread through antibiotic prophylaxis and immunisation of contacts |
| Foodborne illness in two or more related cases | rapid control to prevent further cases |
| Gastroenteritis among people of any age, in an institution | rapid control to prevent further cases |
| Gonorrhoea | trace and treat contacts to prevent spread |
| *Haemophilus influenzae* type b* | prevent further cases by antibiotic prophylaxis for contacts |
| Hepatitis A,B,C,D,E | prevent spread through management of contacts; provide a greater understanding of the epidemiology of these complex diseases |
| HIV infection | provide a greater understanding of an evolving epidemic |
| Hydatid disease | prevent by health education |
| *Legionella* infections (incl. Legionnaires' disease*) | determine and eliminate the source to prevent further cases |
| Leprosy | trace and treat contacts to prevent further cases |
| Leptospirosis | determine and eliminate the source to prevent further cases |

**TABLE 5** Continued

**REASONS FOR NOTIFICATION OF MEDICAL CONDITION**

*The list of notifiable medical conditions has been reduced to those that require a public health response to enable the control and/or prevention of the condition. Where this response is urgent, telephone notification is required*. The following is a list of the notifiable conditions and the reason for their inclusion.*

| CONDITION | REASON FOR NOTIFICATION |
|---|---|
| Listeriosis | identify and remove the food or animal source to prevent further cases |
| Malaria | verify malaria-free status to WHO and prevent spread in areas that have the vectors |
| Measles* | prevent spread by exclusion of cases and immunisation of contacts |
| Meningococcal disease/infection* | prevent spread by exclusion of cases and antibiotic prophylaxis or immunisation of contacts |
| Mumps | monitor immunisation programs |
| Mycobacterial infections | trace and treat contacts to prevent further cases; and monitor incidence rates |
| Paratyphoid | determine and eliminate the source to prevent further cases |
| Pertussis (Whooping cough) | protect unimmunised people by exclusion of cases and contacts |
| Plague* | determine and eliminate the source to prevent further cases (a quarantinable condition) |
| Poliomyelitis | protect unimmunised people by exclusion of the case |
| Q fever | determinate and eliminate the source to prevent further cases |
| Rubella | monitor immunisation programs |
| Salmonella infections | determine and eliminate the source to prevent further cases |
| Syphilis | trace and treat contacts to prevent spread |
| Tetanus | monitor immunisation programs |
| Tuberculosis | trace and treat contacts to prevent further cases |
| Typhoid | determine and eliminate the source to prevent further cases |
| Typhus (epidemic)* | determine and eliminate the vector to prevent further cases (a quarantinable condition) |
| Viral haemorrhagic fevers* | prevent transmission (a quarantinable condition) |
| Yellow fever* | prevent transmission (a quarantinable condition) |

***For further information please call your local Public Health Unit or telephone (02) 391 9111***

# INFECTIOUS DISEASES

## PRIORITIES IN PREVENTION AND CONTROL

A sub-committee of the Infectious Diseases Advisory Committee has been formed to consider the infectious diseases component of the health outcomes process (February 1991 Bulletin: Setting a new agenda). This committee will make recommendations on priorities for infectious disease problems, developing appropriate goals and targets, devising strategies to attain those targets and examining ways of monitoring the effectiveness of implemented strategies.

## THE PUBLIC HEALTH ACT

Delays in processing mean that the commencement of the Public Health Act and Regulation (1991) has been postponed until November.

## NOTIFICATIONS TO AUGUST 31

Notifications of infectious diseases for August 1991 received by the end of the month are presented in Table 6. Nine of 14 (64 per cent) of PHUs have sent in data for this period.

Cumulative notifications from January 1 to August 31 are also presented in Table 6. There are inaccuracies in these figures because of time-lags in reporting, both between the source of the notification and PHUs, and between PHUs and Epidemiology Branch. Software incompatibilities and other computing problems also have created inaccuracies and are being examined. Inconsistent coding is also apparent; for example, Ross river virus cases appear mainly as arboviral infection for Orana/Far West and New England Region, but not for the North Coast Region, and hepatitis A is included in acute viral hepatitis in the Northern Sydney data.

Adoption of a uniform State-wide infectious diseases database (IDDS) will reduce many of these inconsistencies. A technical working party has been convened to improve the IDDS software. Introduction of quality assurance guidelines for infectious diseases notification is also being considered.

Table 7 provides the latest cumulative HIV data. Excluding the Westmead Hospital data, there have been 79 further cases reported since last month, bringing the total number of known cases in NSW since the start of reporting to 10,153.

## GASTROENTERITIS

About 4000 cases of gastroentreritis were reported in a large outbreak between August 8 and 15, apparently related to orange juice consumed during air travel in the southern States. Most of the cases were reported to the Victorian Health Department, but about 700 were reported in NSW.

*Continued opposite*

**TABLE 6**

**INFECTIOUS DISEASES NOTIFICATIONS, NSW, TO THE END OF AUGUST 1991**

| Condition | Number of cases Notified | | | |
|---|---|---|---|---|
| | Period | | Cumulative | |
| | Aug. 1990 | Aug. 1991 | Aug. 1990 | Aug. 1991 |
| AIDS | 33* | 17* | 213* | 148* |
| Arboviral Infection (NOS) | - | 2 | 2 | 389 |
| Brucellosis | - | - | 5 | 3 |
| Cholera | - | - | - | - |
| Diphtheria | - | - | - | - |
| Foodborne Illness (NOS) | 214 | 81 | 1707 | 2228 |
| Gastroenteritis (inst.) | N/A | - | N/A | 30 |
| Gonorrhoea | 26 | 6 | 269 | 241 |
| H influenzae infection (NOS) | - | 4 | 10 | 100 |
| H influenzae B - Meningitis | - | - | 10 | 1 |
| H influenzae B - septicaemia | - | - | 2 | 1 |
| Hepatitis, acute viral (NOS) | - | 36 | 2 | 419 |
| Hepatitis A | 3 | 38 | 20 | 429 |
| Hepatitis B - acute | - | - | 6 | 5 |
| Hepatitis B - carrier | | - | - | 19 |
| Hepatitis B - unspecified | 45 | 27 | 280 | 556 |
| Hepatitis C | 2 | - | 19 | 95 |
| HIV infection | 73 | 32 | 527 | 550 |
| Hydatid disease | - | - | 2 | - |
| Legionnaires' disease | 4 | - | 22 | 19 |
| Leprosy | - | - | - | - |
| Leptospirosis | 1 | - | 27 | 25 |
| Listeriosis | N/A | - | N/A | 1 |
| Malaria | 17 | 8 | 112 | 58 |
| Measles | 44 | 13 | 95 | 146 |
| Meningococcal infection (NOS) | 17 | 4 | 39 | 34 |
| Meningococcal meningitis | - | - | 17 | 9 |
| Meingococcal septicaemia | - | - | 5 | 5 |
| Mumps | N/A | - | N/A | 5 |
| Mycobaterial infection (NOS) | 43 | 1 | 356 | 103 |
| Mycobacterial tuberculosis | - | 9 | - | 56 |
| Mycobacterial - atypical | - | - | 14 | 19 |
| Pertussis | 13 | - | 116 | 35 |
| Plague | - | - | - | - |
| Poliomyelitis | - | - | - | - |
| Q Fever | 13 | 1 | 90 | 143 |
| Ross River Fever | 16 | - | 246 | 117 |
| Rubella | N/A | 2 | N/A | 31 |
| Salmonella infection (NOS) | 113 | 9 | 1026 | 697 |
| Syphilis | 43 | 19 | 247 | 287 |
| Tetanus | - | - | - | 2 |
| Typhoid & paratyphoid | 3 | - | 24 | 17 |
| Typhus | - | - | - | - |
| Viral haemorrhagic fevers | - | - | - | - |
| Yellow fever | - | - | - | - |

*Data January-July only

*Continued from page 93*

Symptoms were predominantly vomiting and diarrhoea for one or two days.

These features are consistent with a Norwalk-like virus, and this agent has been isolated from 5 out of 30 stool specimens examined in Victoria.

An earlier than usual onset for infectious diarrhoea in children has been observed in some parts of Sydney, with a moderate rise in cases compared with this time last winter. This illness is usually caused by rotavirus, and may be avoided by adequate hand-washing after handling faeces or material such as soiled nappies, and, for children in particular, before eating.

## Meningitis

A 37-year-old woman died of meningococcal meningitis in late August in the Central Coast Area. She died four days after the onset of flu-like symptoms. Rifampicin was given to her family and other close contacts as chemoprophylaxis.

## Measles

Cases of measles continue to occur in the Hunter region. Prompt public health action by the Hunter Area PHU (emergency vaccination of susceptibles) successfully prevented outbreaks.

## Hepatitis A

The hepatitis A outbreak in Sydney is continuing, with 474 cases reported by August 30. Eastern Sydney PHU received about 10 new cases a week in August, about the same rate as for July. Hand-washing after toilet use and before food preparation and eating are the most important methods to prevent spread of hepatitis A.

A fact sheet on hepatitis A for individuals, groups and organisations has been prepared by the Infectious Diseases Section of the Epidemiology Branch.

## Immunisation

Small booklets providing information about immunisation for parents have been prepared and will be available from PHUs and community health centres. Orders for copies should be sent to the Infectious Diseases Section.

Dr Marion Carey has completed her report on immunisation in NSW. The extensive report, under review in central office, took seven months to compile. It is expected to be made available shortly.

**TABLE 7**

**NEW DIAGNOSES OF HIV INFECTION, NSW, CUMULATIVE TO AUGUST 30, 1991, BY SEX**

| Gender | Frequency | Cumulative Frequency |
|---|---|---|
| Female | 397 | 397 |
| Male | 7788 | 8185 |
| Transexual | 2 | 8187 |
| Unknown | 1966 | 10,153 |

**TABLE 8**

**NEW DIAGNOSES OF HIV INFECTION, NSW, CUMULATIVE TO AUGUST 30, 1991, BY SEX AND AGE GROUP**

| Age Group | Gender | | | |
|---|---|---|---|---|
| Frequency | F | M | U | Total |
| 01 (less than) | 15 | 3738 | 127 | 3880 |
| 01 - 04 | 2 | 72 | 4 | 78 |
| 05 - 14 | 3 | 30 | 2 | 35 |
| 15 - 24 | 75 | 1027 | 35 | 1137 |
| 25 - 34 | 113 | 2575 | 99 | 2787 |
| 35 - 44 | 46 | 1757 | 59 | 1862 |
| 45 - 54 | 15 | 529 | 14 | 558 |
| 55 - 64 | 15 | 132 | 2 | 149 |
| 65 & over | 8 | 35 | 1 | 44 |
| Miissing | 116 | 1684 | 1754 | 3554 |
| **Total** | **397** | **7788** | **1968** | **10,153** |

**TABLE 9**

**NEW DIAGNOSES OF HIV INFECTION, NSW, CUMULATIVE TO AUGUST 30, 1991, BY SEX AND RISK CATEGORY**

| Risk | Gender | | | |
|---|---|---|---|---|
| Frequency | F | M | U | Total |
| Homo/Bisexual | 15 | 3738 | 127 | 3880 |
| Homo/Bisexual+IDU | 2 | 72 | 4 | 78 |
| Homo/Bisexual +Ts* | 0 | 2 | 0 | 2 |
| Heterosexual | 53 | 112 | 4 | 169 |
| Heterosexual+IDU | 15 | 1027 | 35 | 1137 |
| Drug Injector | 39 | 141 | 15 | 195 |
| Haemophilia | 0 | 58 | 1 | 59 |
| Transfusion | 34 | 44 | 1 | 79 |
| Transfusion + IDU | 34 | 1 | 1 | 3 |
| Vertical | 7 | 7 | 4 | 18 |
| Specified NEC | 10 | 33 | 18 | 61 |
| Not Reported | 116 | 1684 | 1754 | 5581 |
| **Total** | **397** | **7788** | **1968** | **10,153** |

Ts.Transfusion
**Westmead Hospital data to July 31,1991
(Gender unknown includes two transexual cases)

## TABLE 10

### INFECTIOUS DISEASES NOTIFICATIONS BY AREA AND REGION FOR AUGUST 1991

| Condition | CSA | SSA | ESA | SWS | WSA | WEN | NSA | CCA | ILL | HUN | NCR | NER | OFR | CWR | SWR | SER | OTH | U/K | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AIDS* | 22 | 5 | 61 | 3 | 16 | 5 | 13 | 5 | 3 | 5 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 148 |
| Arboviral Infection (NOS) | 0 | 0 | 14 | 0 | 1 | 0 | 1 | 0 | 1 | 7 | 0 | 138 | 189 | 4 | 30 | 4 | 0 | 0 | 389 |
| Brucellosis | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Foodborne Illness (NOS) | 91 | 123 | 953 | 53 | 202 | 130 | 43 | 35 | 14 | 89 | 185 | 107 | 86 | 24 | 74 | 2 | 17 | 0 | 2228 |
| Gastroenteritis (Instit.) | 0 | 0 | 0 | 4 | 9 | 6 | 0 | 2 | 0 | 0 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 30 |
| Gonorrhoea | 11 | 6 | 125 | 19 | 15 | 0 | 2 | 1 | 7 | 4 | 6 | 2 | 36 | 0 | 6 | 0 | 1 | 0 | 241 |
| H Infl. B | 4 | 8 | 1 | 0 | 3 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 24 |
| H Infl. Infect. (NOS) | 0 | 0 | 15 | 0 | 10 | 12 | 5 | 2 | 6 | 9 | 0 | 0 | 5 | 2 | 7 | 3 | 0 | 0 | 76 |
| H Infl. Septicaemia. | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| H Infl. Meningitis | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Hepatitis, Acute Viral (NOS) | 2 | 0 | 0 | 19 | 193 | 11 | 106 | 2 | 9 | 12 | 0 | 1 | 26 | 0 | 7 | 8 | 0 | 0 | 396 |
| Hepatitis A | 42 | 13 | 312 | 8 | 15 | 1 | 7 | 0 | 3 | 12 | 3 | 6 | 4 | 0 | 1 | 4 | 1 | 0 | 432 |
| Hepatitis B - Acute | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 5 |
| Hepatitis B - Carrier | 7 | 10 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| Hepatitis B - Unspecified | 72 | 36 | 154 | 69 | 57 | 5 | 13 | 0 | 5 | 32 | 17 | 32 | 44 | 0 | 3 | 15 | 2 | 0 | 556 |
| Hepatitis C | 43 | 13 | 0 | 1 | 4 | 1 | 0 | 1 | 1 | 11 | 8 | 11 | 0 | 0 | 1 | 0 | 1 | 0 | 96 |
| HIV Infection | 49 | 12 | 121 | 12 | 22 | 8 | 26 | 3 | 2 | 12 | 13 | 1 | 2 | 2 | 1 | 1 | 5 | 258 | 550 |
| Legionnaires' Disease | 0 | 0 | 0 | 5 | 6 | 2 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 19 |
| Leptospirosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 9 | 1 | 3 | 4 | 0 | 4 | 0 | 3 | 0 | 25 |
| Listeria | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Malaria | 4 | 2 | 4 | 0 | 9 | 3 | 17 | 3 | 1 | 4 | 1 | 3 | 0 | 0 | 4 | 2 | 1 | 0 | 58 |
| Measles | 1 | 1 | 12 | 7 | 20 | 5 | 9 | 9 | 3 | 51 | 13 | 2 | 3 | 0 | 1 | 9 | 0 | 0 | 146 |
| Meningococcal Infection (NOS) | 0 | 0 | 2 | 2 | 3 | 1 | 1 | 4 | 5 | 3 | 1 | 7 | 2 | 0 | 2 | 1 | 0 | 0 | 34 |
| Meningococcal Meningitis | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 9 |
| Meningococcal Septicaemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 5 |
| Mumps | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 |
| Mycobacterial Atypical | 8 | 6 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 19 |
| Mycobacterial Infection (NOS) | 0 | 0 | 18 | 7 | 29 | 8 | 12 | 0 | 11 | 0 | 3 | 6 | 2 | 3 | 2 | 2 | 0 | 0 | 103 |
| Mycobacterial Tuberculosis | 7 | 8 | 10 | 3 | 6 | 0 | 3 | 2 | 3 | 12 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 56 |
| Pertussis | 0 | 1 | 10 | 3 | 4 | 1 | 1 | 0 | 0 | 1 | 3 | 1 | 7 | 0 | 3 | 0 | 0 | 0 | 35 |
| Q Fever | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 7 | 38 | 86 | 3 | 2 | 1 | 0 | 0 | 143 |
| Ross River Fever | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11 | 71 | 21 | 0 | 4 | 0 | 7 | 0 | 117 |
| Rubella | 0 | 1 | 16 | 0 | 5 | 1 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 31 |
| Salmonella Infection (NOS) | 47 | 59 | 30 | 58 | 116 | 60 | 52 | 1 | 39 | 17 | 41 | 58 | 59 | 14 | 18 | 10 | 18 | 0 | 697 |
| Syphilis | 21 | 6 | 33 | 28 | 25 | 4 | 5 | 0 | 4 | 16 | 30 | 17 | 78 | 3 | 13 | 1 | 3 | 0 | 287 |
| Tetanus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| Typhoid & Paratyphoid | 2 | 0 | 5 | 0 | 1 | 0 | 3 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 17 |

*Data January - July only

## TABLE 11

### INFECTIOUS DISEASES NOTIFICATIONS BY AREA AND REGION FOR AUGUST 1991

| Condition | CSA | SSA | ESA | SWS | WSA | WEN | NSA | CCA | ILL | HUN | NER | SWR | SER | U/K | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arboviral Infection (NOS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| Foodborne Illness | 3 | 8 | 36 | 1 | 14 | 5 | 0 | 0 | 0 | 0 | 4 | 10 | 0 | 0 | 81 |
| Gonorrhoea | 1 | 1 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| H Infl. B | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| H. Infl. Infect.(NOS) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Hepatitis, Acute Viral (NOS) | 0 | 0 | 0 | 0 | 13 | 0 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36 |
| Hepatitis A | 7 | 1 | 26 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 38 |
| Hepatitis B-Unspecified | 3 | 1 | 1 | 0 | 16 | 0 | 0 | 0 | 1 | 3 | 0 | 2 | 0 | 0 | 27 |
| HIV | 2 | 3 | 3 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 21 | 32 |
| Malaria | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 8 |
| Measles | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 13 |
| Meningococcal Inf. (NOS) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 4 |
| Mycobacterial Infection (NOS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Mycobacterial Tuberculosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 9 |
| Q Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Rubella | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Salmonella Infection (NOS) | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 9 |
| Syphilis | 4 | 1 | 0 | 0 | 4 | 0 | 3 | 0 | 0 | 1 | 2 | 4 | 0 | 0 | 19 |

# NSW PUBLIC HEALTH UNITS

## ■ Central Coast Public Health Unit

**Address:** Suite 2,
West Gosford Shopping Centre,
Brisbane Water Drive,
West Gosford 2250
**Tel: (b.h.)** (043) 233 166
**Fax:** (043) 236 276
**Tel: (a.h.)** Gosford Hospital
(043) 202 111 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Rod Kennedy

## ■ Central and Southern Sydney Public Health Unit

**Address:** Professorial Unit
Building 82
Church Street
Leichhardt 2040
**Tel: (b.h.)** (02) 556 9322
**Fax:**(02) 810 6747
**Tel: (a.h.)** Rozelle Hospital
(02) 556 9100 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Michael Fett

## ■ Central Western Public Health Unit

**Address:**Webb's Chambers
175 George Street
Bathurst 2795
**Tel: (b.h.)** (063) 328 500
**Fax:** (063) 328 555
**Tel: (a.h.)** Bathurst Hospital
(063) 331 311 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Peter Christopher

## ■ Eastern Sydney Public Health Unit

**Address:** Eastern Sydney Area Health Service
Cnr High and Avoca Street
Randwick
**Tel: (b.h.)** (02) 398 9100
**Fax:** (02) 398 5373
**Tel: (a.h.)**Prince of Wales Hospital
(02) 399 0111 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Prof Sydney Bell

## ■ Hunter Area Public Health Unit

**Address:**Second floor
Commercial Union Building
418-422 Hunter Street
Newcastle 2300
**Tel: (b.h.)** (049) 29 1292
**Fax:** (049) 29 4037
**Tel: (a.h.)** John Hunter Hospital
(049) 21 3000 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr John Stephenson

## ■ Illawarra Public Health Unit

**Address:**18 Madoline Street
Gwynneville 2500
**Tel: (b.h.)**(042) 26 4677
**Fax:**(042) 26 4917
**Tel: (a.h.)**Wollongong Hospital
(042) 29 8233 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr David Jeffs

## ■ New England Public Health Unit

**Address:** Dean House
Dean Street
Tamworth 2340
**Tel: (b.h.)**(067) 66 2288
**Fax:**(067) 66 3003
**Tel: (a.h.)** Quirindi Hospital
(067) 46 1466 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr John Rooney

*Continued overleaf*

I wish to be placed on the mailing list for the *NSW Public Health Bulletin*

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**If you have not received the new notification forms by November 14, please contact your local Public Health Unit or phone (02) 391-9111**

## North Coast Public Health Unit

**Address:** 31 Uralba Street
Lismore 2480
**Tel: (b.h.)** (066) 21 7231
**Fax:** (066) 22 2151
**Tel: (a.h.)** Lismore Base Hospital
(066) 21 8000 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr John Beard

## Northern Sydney Public Health Unit

**Address:** C/- Hornsby Ku-ring-gai Hospital
Palmerston Road
Hornsby 2077
**Tel: (b.h.)** (02) 477 9400
**Fax:** (02) 482 1650
**Tel: (a.h.)** Hornsby Ku-ring-gai Hospital
(02) 477 9123 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Don Holt

## Orana and Far West Public Health Unit

**Address:** 62 Windsor Parade
Dubbo 2830
**Tel: (b.h.)** (068) 81 2235
**Fax:** (068) 81 2225
**Tel: (a.h.)** Dubbo Base Hospital
(068) 85 8666 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Mark Jacobs

## South Eastern Region Public Health Unit

**Address:** Kenmore Hospital
Taralga Road
Goulburn 2580
**Tel: (b.h.)** (048) 27 3432
**Fax:** (048) 27 3438
**Tel: (a.h.)** Goulburn Base Hospital
(048) 27 3111 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Peter Hlavacek

## South West Region Public Health Unit

**Address:** 475 Townsend Street
Albury 2640
**Tel: (b.h.)** (060) 23 0350
**Fax:** (060) 23 0168
**Tel: (a.h.)** Albury Base Hospital
(060) 23 0211 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Steve Christley

## South Western Sydney Public Health Unit

**Address:** 13 Elizabeth Street
Liverpool 2170
**Tel: (b.h.)** (02) 827 8022
**Fax:** (02) 827 8030
**Tel: (a.h.)** Liverpool Hospital (02) 600 0555 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Greg Stewart

## Western Sydney and Wentworth Area Public Health Unit

**Address:** 13 New Street
North Parramatta 2151
**Tel: (b.h.)**(02) 890 6060
**Fax:** (02) 630 8187
**Tel: (a.h.)** Westmead Hospital
(02) 633 6333 and page the duty officer for the Public Health Unit.
**Medical Officer of Health:**
Dr Anthony Capon
Director of PHU (Acting MOH)



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