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YEAR IN REVIEW: COMMUNICABLE DISEASE SURVEILLANCE, 2001

In this issue, we review the trends in reports of notifiable diseases among NSW residents received by the NSW public health units for 2001. Readers interested in the details of notifications for specific diseases are referred to Tables 1–5 where diseases are reported by: year of onset; month of onset; rate per 100,000 and number of cases by area health service; and age group and sex. Table 6 shows the number of people with notifiable conditions who were reported to have died by the time of follow-up by their local public health unit.

TRENDS

Among the 31,456 NSW residents with medical conditions notified by doctors, hospital staff, and laboratories for 2001:

Conditions most frequently reported

- hepatitis C (8072 cases [124/100,000 population], with the highest crude rates in Western Sydney, Central Sydney, South Western Sydney, and Mid Western Health Area Health Services);
- hepatitis B (4548 cases [70/100,000], with the highest crude rates in South Western Sydney, Central Sydney, and Western Sydney Health Areas);
- chlamydia (4451 [68/100,000], with the highest crude rates in South Eastern Sydney, Far West, and Macquarie Health Areas);
- pertussis (4435 cases [68/100,000], with the highest crude rates in the Macquarie, Northern Rivers, and Greater Murray Health Areas).

Conditions with meaningful declines over previous years

- AIDS (69 cases, down from a peak of 552 in 1994, mainly due to better treatments for HIV infection, although the decline in HIV infection has slowed [to 347 cases]);
- measles, (30 cases, a sustained decline in cases since the last large outbreak in the mid-1990s);
- hepatitis A (195 cases, low for the second year running, possibly due to natural or vaccine-induced immunity in populations at risk of infection);
- Q fever (139 cases, from a peak of 404 in 1993, possibly due to vaccination among abattoir and agricultural workers).

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Conditions with meaningful increases over previous years

- Barmah Forest virus infections (398 cases, up from 195 in 2000, in part due to an outbreak on the Mid North Coast);
- pertussis (4435 cases, up from 1415 in 1999, due to a statewide outbreak);
- chlamydia (4451 cases, up from 2438 in 1999, representing a continuing epidemic, mainly among young adults);
- gonorrhoea (1341 cases, up from 357 in 1994, representing a continuing epidemic among men who have sex with men);
- cryptosporidiosis (192 cases, up from 121 in 1999, for reasons that are unclear);
- salmonellosis (1637 cases, up from 1386 in 2000. Of note—compared with reports in 2000—there were an increase in reports of *Salmonella typhimurium* phage type [STMPT] 135a infections [51 reports] in the first quarter of 2001, a cluster of STMPT135 infections associated with a dinner in September [22 reports], and an increase in STMPT 170 infections in the last half of 2001 [35 reports]);
- adverse events following immunisation (103 reports, up from 42 in 2000, most likely due to an expansion of the case definition, and to reports of local reactions following administration of the fourth dose of DTPa [diphtheria-tetanus-pertussis (acellular) vaccine]).

Conditions least frequently reported

There were no reported cases of botulism, brucellosis, chancroid, diphtheria, lymphogranuloma venereum (LGV), donovanosis, plague, polio, rabies, congenital rubella, tetanus, typhus, viral haemorrhagic fevers, and yellow fever.

Conditions associated with the largest numbers of reported deaths

Deaths reported via the surveillance mechanisms for notifiable conditions may not include all the deaths that occur that are associated with these conditions in that year. Public health units routinely investigate all cases of some notifiable conditions (for example tuberculosis, measles, meningoccocal disease) in order to put control measures in place. However, there are other notifiable conditions (for example chlamydia and gonorrhoea) where no routine investigation takes place but information is collected for surveillance purposes. Where death occurs either after an investigation of a case, or where there has been no routine investigation, these deaths may not be reported in the surveillance systems. In addition, the surveillance data may include deaths of people who were diagnosed with a notifiable condition but whose subsequent death was unrelated to this condition.

Deaths were most frequently reported for the following notifiable diseases:

- AIDS (36)
- tuberculosis (33)
- hepatitis C (18)
- AIDS (8)
- meningococcal disease (7)
- invasive pneumococcal disease (6).

OUTBREAKS AND THREATS

Several notable disease outbreaks and threats were reported in 2001 in NSW. These include:

- a large outbreak of pertussis involving 4435 notified cases (mainly older children and young adults, and mainly in rural areas) that peaked at 605 cases in August;
- an outbreak of the mosquito-borne Barmah Forest virus infection centred on the Mid North Coast Area in autumn, following local flooding;
- an outbreak of hand, foot and mouth disease and six children with meningoencephalitis due to enterovirus 71 infections in Sydney in late 2000 and early 2001;
- a cluster of seven cases of measles (three infants under one year old and four young adults, none of whom were known to be immunised) stemming from a traveller who returned to Western Sydney from Hong Kong;
- two cases of bacteraemia due to *Enterobacter agglomerans* and/or *Stenotrophomonas maltophilia* in patients following administration of contaminated total parenteral nutrition solution at one hospital;
- over 500 people reporting exposures to suspicious white powders from mid-October across NSW, none of which tested positive for anthrax;
- seroconversion in sentinel chickens indicating the presence of Murray Valley virus and Kunjin virus in mosquitos in parts of Western NSW in the first quarter of the year (no human cases were identified);
- a cluster of three cases of meningococcal disease due to serogroup B at a university college in late March and early April that led to the local public health unit providing mass prophylaxis to approx-imately 200 college residents and staff.

TRAINING AND INFORMATION

In 2001, the NSW Department of Health facilitated training for public health professionals in communicable disease control and the developed new information resources, including:

- an Outbreak Investigation Workshop for public health professionals;
- monthly Bug Breakfast seminars;
- supervision of an officer on the NSW Public Health Officer Training Program;
- teaching students of public health and medicine at the Universities of Sydney and New South Wales;
- new fact sheets on psittacosis, Creutzfeld Jakob disease, Legionnaires disease, Murray Valley encephalitis, cryptosporidiosis, giardiasis, measles, rubella, hepatitis B, listeriosis, and anthrax (www.health.nsw.gov.au);

- epidemiological reviews on sexually transmissible infections, rubella, hepatitis C, Q fever, measles, hepatitis A, and Legionnaires disease (www.health.gov.au/public-health/phb/phb.html).

PROGRESS ON PRIORITY AREAS

In 2001, the communicable diseases priority areas were identified for development in NSW.[1] Here we report on progress on the areas across the state:

Eliminate the transmission of measles

Thirty measles cases were reported among NSW residents in 2001. Of these 16 were confirmed by laboratory testing. Five of the 30 cases were most likely infected overseas. An additional case of measles was reported in an overseas visitor, who was most likely infected before arrival in Australia.

Eliminate congenital rubella

No cases in 2001.

Eliminate congenital syphilis

Three cases in 2001.

Monitor risk factors for new hepatitis C infections

Two-hundred-and-fifty-one acute cases were reported in 2001. For 240 of these cases, information describing identified risk exposures was available; 118 (49 per cent) reported injecting drug use, and 105 (44 per cent) reported no identified risk.

Better understand risk factors for invasive pneumococcal disease (IPD)

Four-hundred-and-thirty-four cases of IPD were notified in 2001. An analysis of risk factors will be published in a future edition of the *NSW Public Health Bulletin*

Minimise the incidence and management of multi-drug resistant tuberculosis (MDR-TB)

Six cases were identified in 2001; all were most likely acquired overseas. The management of each case was reviewed by an expert panel.

INITIATIVES FOR 2002

To strengthen communicable disease control activities in 2002, the following initiatives were planned:

- a review of communicable disease control priorities;
- a strengthening of food-borne disease surveillance;
- a strengthening of invasive pneumococcal disease surveillance;
- a strengthening of meningococcal disease surveillance;
- convene a disease surveillance training workshop for public health professionals;
- convene a tuberculosis control training conference for clinicians and public health professionals.

SO WHAT DOES IT ALL MEAN?

Some communicable diseases remain a threat to public health:

- the incidence of the blood-borne viruses hepatitis B, hepatitis C, and HIV, remain high, and prevention programs including community education and needle and syringe programs are vital in the control of these epidemics;
- sexually transmissible infections—such as chlamydia and gonorrhoea—are at epidemic proportions in some populations; and safe sex, early case detection and treatment, and contact tracing, are key prevention and control measures;
- mosquito-borne diseases like Barmah Forest virus infection, Ross River virus infection, and Murray Valley encephalitis (MVE), remain a problem for people living in or visiting rural areas, and personal protection (clothing, insect repellent, and screening of houses) remains the mainstay of prevention;
- pertussis continues to cause large epidemics every 3 or 4 years, and better technologies are required for its prevention;
- food-borne illness, such as salmonellosis, continue to cause substantial illness in the community, and surveillance and training in safe food handling is important;
- new communicable disease challenges have emerged in recent years, including multi-drug resistant tuberculosis, the re-emergence of MVE, and health care associated infections that require careful monitoring and review to determine effective prevention strategies.

On the other hand, great leaps forward have been made in the control of communicable diseases in NSW over the years:

- immunisation has lead to the near eradication of polio, diphtheria, tetanus, congenital rubella, and of local epidemics of measles, mumps and rubella;
- safe municipal water supplies have rendered outbreaks of water-borne disease uncommon;
- the staff of the public health units in NSW now form a network of professionals who organise disease surveillance, investigate notified cases, and institute control measures to prevent the further spread of many diseases, including measles, meningococcal disease, hepatitis A, and pertussis, as well as managing the control of disease outbreaks.

A BIG THANK YOU

It is important to recognise that disease control and prevention depends on effective surveillance of communicable diseases in the community. NSW Health would like to thank all those general and specialist medical practices, laboratories, hospitals, schools, childcare centres, and others, who have notified diseases of public health significance to their local public health units for investigation and control.

REFERENCES

1. NSW Department of Health. Draft priorities for communicable disease control in NSW, 2000. *N S W Public Health Bull* 2000; 11: 84–86.

TABLE 1

DISEASE NOTIFICATIONS BY YEAR OF ONSET OF ILLNESS, NSW, 1991 TO 2001

Conditions	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
AIDS	443	432	480	552	473	368	200	173	108	119	69
Adverse event after immunisation	9	31	23	40	28	56	70	94	13	42	103
Arboviral infection: Total*	409	341	656	382	534	1225	1804	780	1218	974	1181
Arboviral: Barmah Forest virus infections*	6	6	25	40	271	172	186	134	249	195	398
Arboviral: Ross River virus infections*	297	324	599	332	236	1031	1597	583	953	749	717
Arboviral: other*	106	11	32	10	27	22	21	63	16	30	66
Blood lead level >=15µg/dl*	not notifiable until December 1996						712	874	709	988	470
Botulism	0	0	0	0	0	0	0	0	1	0	0
Brucellosis*	2	2	4	4	2	1	3	3	2	1	0
Chancroid*	not notifiable until December 1998								1	0	0
Chlamydia trachomatis infections*	not notifiable until August 1998								2438	3465	4451
Cholera*	1	0	1	0	1	3	1	1	2	0	1
Cryptosporidiosis*	not notifiable until December 1996						157	1130	121	133	192
Food-borne illness (NOS)	2765	253	106	213	270	211	255	201	151	129	49
Gastroenteritis (institutional)	158	502	443	296	1359	554	939	738	673	697	776
Giardiasis*	not notifiable until August 1998								1091	976	965
Gonorrhoea*	392	491	382	357	428	522	636	1051	1279	1047	1341
H.influenzae type b infection: Total	212	217	124	61	29	13	17	11	13	8	9
H.influenzae type b epiglottitis	15	57	32	21	6	2	5	1	2	2	1
H.influenzae type b meningitis	48	103	53	17	11	4	3	3	3	1	2
H.influenzae type b septicaemia	11	26	24	12	8	3	1	4	6	4	2
H.influenzae type b infection (NOS)	138	31	15	11	4	4	8	3	2	1	4
HIV infection*	812	705	599	506	543	459	432	413	387	360	347
Haemolytic uraemic syndrome	not notifiable until December 1996						3	6	11	9	2
Hepatitis A*	1120	904	579	586	614	958	1426	926	406	194	195
Hepatitis B: acute viral*	409	113	96	75	63	43	52	53	64	96	88
Hepatitis B: other*	1097	3092	3551	3958	3982	3504	3155	2907	3405	3853	4460
Hepatitis C: acute viral*	22	26	22	17	32	18	19	111	102	216	251
Hepatitis C: other*	821	3913	5928	7883	6913	7034	6953	7155	7622	7349	7821
Hepatitis D*	0	8	12	19	19	9	11	3	13	10	12
Hepatitis E*	0	0	1	2	0	3	6	4	7	9	6
Influenza*	not notifiable until December 2000										244
Legionnaires' disease: Total	37	104	66	60	75	74	33	46	41	41	67
Legionnaires' disease: *L. longbeachae**	0	14	13	8	16	30	9	19	12	12	28
Legionnaires' disease: *L. pneumophila**	16	80	34	30	35	34	18	22	22	26	38
Legionnaires' disease: other	21	10	19	22	24	10	6	5	7	3	1
Leprosy	1	7	5	3	3	2	0	0	1	2	3
Leptospirosis*	28	21	16	14	6	33	33	50	55	53	65
Listeriosis*	11	13	12	10	14	22	23	28	22	18	12
Malaria*	171	110	174	184	96	203	173	157	173	228	153
Measles: Total	496	805	2348	1484	596	191	273	119	32	32	30
Measles: laboratory confirmed cases*	20	76	460	302	138	35	98	19	13	20	16
Measles: other	476	729	1888	1182	458	156	175	100	19	12	14
Meningococcal: Total	128	122	153	142	113	161	219	184	215	249	232
Meningococcal disease: type B*	0	3	7	7	23	35	54	55	94	91	85
Meningococcal disease: type C*	0	4	6	9	8	35	54	55	59	63	35
Meningococcal disease: type W135*	0	0	0	0	1	0	2	4	4	3	2
Meningococcal disease: type Y*	0	0	1	1	0	1	0	7	1	7	2
Meningococcal disease: other	128	115	139	125	81	90	109	63	57	85	108
Mumps*	8	23	13	11	14	27	29	39	32	92	28
Paratyphoid*	20	8	9	11	12	15	5	9	4	13	11
Pertussis	49	217	1533	1405	1370	1156	4250	2311	1415	3681	4435
Pneumococcal disease (invasive)*	not notifiable until December 2000										434
Psittacosis*	not notifiable until December 2000										37
Q Fever*	167	213	404	267	202	287	258	235	164	130	139
Rubella: Total*	60	324	1186	233	2376	636	153	78	46	190	58
Rubella*	59	324	1184	229	2375	631	153	78	45	190	58
Rubella (Congenital)*	1	0	2	4	1	5	0	0	1	0	0
Salmonella infections*	1171	802	980	1101	1365	1224	1698	1811	1424	1386	1637
Shigellosis*	not notifiable until December 2000										132
Syphilis: Total	584	877	738	974	832	662	513	597	521	531	502
Syphilis: <1 year duration*	1	3	6	29	135	71	57	44	89	73	53
Syphilis: congenital	1	1	0	2	7	3	4	1	3	2	3
Syphilis: other*	582	873	732	943	690	588	452	552	429	456	446
Tetanus	5	2	5	4	0	1	3	3	1	2	0
Tuberculosis*	430	394	389	394	443	410	422	383	480	445	415
Typhoid*	38	20	28	25	27	30	28	18	32	26	31
Verotoxin-producing *Escherichia coli* infections*	not notifiable until December 1996						0	2	0	1	1

* lab-confirmed cases only NOS = Not otherwise specified

Following diseases have not been notified since 1991 : Diphtheria,* *Granuloma inguinale,** *Lymphogranuloma venereum,** Plague,* Poliomyelitis,* Rabies, Typhus,* Viral haemorrhagic fever, Yellow fever

TABLE 2

DISEASE NOTIFICATIONS BY MONTH OF ONSET OF ILLNESS, NSW, 2001

Conditions	Month of onset JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
AIDS	7	6	1	2	8	6	8	8	7	5	3	8
Adverse event after immunisation	5	6	15	8	4	8	7	9	13	11	14	3
Arboviral infection: Total*	103	104	202	227	250	89	40	31	32	36	37	30
Arboviral: Barmah Forest virus infections*	17	18	48	67	103	42	21	17	14	17	20	14
Arboviral: Ross River virus infections*	84	81	146	158	137	40	10	14	8	14	12	13
Arboviral: other*	2	5	8	2	10	7	9	0	10	5	5	3
Blood lead level >=15µg/dl*	44	58	40	26	40	43	41	45	34	40	31	28
Chlamydia trachomatis infections*	330	407	430	289	406	372	390	428	344	403	355	297
Cholera*	0	0	0	0	0	1	0	0	0	0	0	0
Cryptosporidiosis*	24	15	19	17	18	12	13	9	11	11	13	30
Food-borne illness (NOS)	0	3	14	0	18	0	0	0	2	6	6	0
Gastroenteritis (institutional)	99	51	72	35	34	23	62	30	55	73	62	180
Giardiasis*	76	105	129	92	71	70	80	57	66	74	87	58
Gonorrhoea*	117	96	114	107	141	129	114	98	101	106	115	103
H.influenzae type b infection : Total	0	0	0	1	2	3	1	1	1	0	0	0
H.influenzae type b epiglottitis*	0	0	0	0	0	0	0	0	1	0	0	0
H.influenzae type b meningitis*	0	0	0	0	0	1	1	0	0	0	0	0
H.influenzae type b septicaemia*	0	0	0	0	1	1	0	0	0	0	0	0
H.influenzae type b infection (NOS)*	0	0	0	1	1	1	0	1	0	0	0	0
HIV infection*	35	25	24	21	27	37	37	34	27	31	27	22
Haemolytic uraemic syndrome	0	0	1	0	0	0	0	0	0	0	0	1
Hepatitis A*	10	11	8	7	12	13	20	18	18	22	26	30
Hepatitis B: acute viral*	6	13	5	9	8	4	3	5	10	10	7	8
Hepatitis B: other*	291	375	362	266	393	380	438	479	365	406	416	289
Hepatitis C: acute viral*	20	20	32	13	23	25	21	30	19	17	21	10
Hepatitis C: other*	550	727	763	544	710	607	686	739	631	679	695	490
Hepatitis D*	3	0	2	3	2	0	1	0	1	0	0	0
Hepatitis E*	2	0	0	2	0	1	1	0	0	0	0	0
Influenza*	3	4	4	2	7	17	54	74	47	15	12	5
Legionnaires' disease: Total	2	4	7	9	6	7	8	6	2	4	5	7
Legionnaires' disease: *L. longbeachae**	0	3	3	5	3	2	5	0	0	2	2	3
Legionnaires' disease: *L. pneumophila**	2	1	4	4	2	5	3	6	2	2	3	4
Legionnaires' disease: other	0	0	0	0	1	0	0	0	0	0	0	0
Leprosy	1	0	0	0	0	0	0	1	0	0	1	0
Leptospirosis*	7	6	5	6	6	4	6	10	3	5	1	6
Listeriosis*	0	4	1	2	1	0	0	1	0	0	2	1
Malaria*	17	12	16	8	15	10	14	19	2	11	16	13
Measles: Total	4	1	4	2	1	8	2	5	1	2	0	0
Measles: laboratory confirmed cases*	2	0	2	1	0	5	1	4	1	0	0	0
Measles: other	2	1	2	1	1	3	1	1	0	2	0	0
Meningococcal: Total	21	17	26	16	18	24	24	30	26	13	14	3
Meningococcal disease: type B*	9	3	5	5	9	10	9	11	9	7	6	2
Meningococcal disease: type C*	4	3	3	1	1	2	4	6	6	1	3	1
Meningococcal disease: type W135*	0	1	0	0	0	1	0	0	0	0	0	0
Meningococcal disease: type Y*	0	0	0	0	0	0	0	0	1	1	0	0
Meningococcal disease: other	8	10	18	10	8	11	11	13	10	4	5	0
Mumps*	1	5	1	3	4	1	2	1	3	5	0	2
Paratyphoid*	0	0	1	2	0	0	2	3	1	1	0	1
Pertussis	280	229	222	236	292	312	421	605	410	583	457	388
Pneumococcal disease (invasive)*	9	11	17	33	27	55	59	58	58	40	32	35
Psittacosis*	2	2	3	3	3	2	3	4	5	2	5	3
Q Fever*	17	6	9	8	9	12	9	10	18	10	15	16
Rubella*	18	5	3	4	1	3	0	6	4	6	6	2
Salmonella infections*	197	178	184	119	131	104	107	86	97	152	134	148
Shigellosis*	10	18	17	15	15	10	9	15	6	6	5	6
Syphilis: Total	37	43	48	34	44	32	48	41	47	50	39	39
Syphilis: <1 year duration*	3	4	6	3	3	5	5	2	7	4	3	8
Syphilis: congenital	0	1	0	0	0	0	0	0	0	2	0	0
Syphilis: other*	34	38	42	31	41	27	43	39	40	44	36	31
Tuberculosis*	36	26	30	31	39	41	31	34	37	42	41	27
Typhoid*	1	9	2	2	0	0	4	3	3	5	0	2
Verotoxin-producing *Escherichia coli* infections*	0	0	0	0	0	0	0	0	0	0	0	1

* Laboratory-confirmed cases only NOS = Not otherwise specified

TABLE 3

DISEASE NOTIFICATIONS BY AREA HEALTH SERVICE OF RESIDENCE, RATES PER 100,000 POPULATION, NSW, 2001

Conditions	CCA	CSA	FWA	GMA	HUN	ILL	MAC	MNC	MWA
AIDS	0.3	2.8	0.0	0.4	0.9	0.6	0.0	0.4	0.6
Adverse event after immunisation	0.7	0.6	2.1	4.6	2.4	1.4	1.0	0.8	3.0
Arboviral infections: Total*	15.8	2.2	45.6	32.1	24.2	14.3	33.8	119.5	13.7
Arboviral: Barmah Forest virus infections*	0.3	0.0	14.5	1.2	1.3	5.7	2.9	81.3	0.6
Arboviral: Ross River virus infections*	14.4	0.8	29.0	30.2	21.8	8.0	29.9	35.2	12.5
Arboviral: other*	1.0	1.4	2.1	0.8	1.1	0.6	1.0	3.0	0.6
Blood lead level >=15µg/dl*	2.7	3.2	118.2	3.9	32.5	10.3	13.5	3.4	1.2
Chlamydia trachomatis infections*	39.6	98.8	120.3	59.2	58.0	44.5	104.2	56.0	71.6
Cholera*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cryptosporidiosis*	0.0	3.2	4.1	2.7	0.7	2.3	6.8	8.3	1.2
Food-borne illness (NOS)	0.0	3.0	0.0	0.0	0.0	0.0	2.9	0.0	0.6
Gastroenteritis (institutional)	0.0	27.2	2.1	0.0	27.9	16.6	1.9	0.0	0.6
Giardiasis	8.4	16.9	12.4	15.1	17.5	9.4	10.6	12.5	12.5
Gonorrhoea*	4.4	58.1	43.5	2.3	2.8	3.4	8.7	5.7	3.6
H.influenzae type b infection: Total	0.3	0.0	0.0	0.0	0.4	0.3	1.0	0.0	0.0
H.influenzae type b epiglottitis	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0
H.influenzae type b meningitis	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
H.influenzae type b septicaemia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
H.influenzae type b infection (NOS)	0.0	0.0	0.0	0.0	0.2	0.3	1.0	0.0	0.0
HIV infection*	0.3	14.3	2.1	1.1	2.0	1.1	0.0	2.3	1.8
Haemolytic uraemic syndrome	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hepatitis A*	1.0	8.1	0.0	0.4	1.1	2.6	0.0	1.5	0.0
Hepatitis B: acute viral*	0.0	2.0	0.0	1.5	1.3	1.4	6.8	1.1	1.8
Hepatitis B: other*	17.8	134.3	60.1	12.4	10.5	23.4	17.4	7.9	10.7
Hepatitis C: acute viral*	0.0	5.8	0.0	2.7	5.0	5.1	0.0	5.3	6.0
Hepatitis C: other*	106.0	160.9	76.7	60.8	95.4	87.1	55.0	114.6	159.8
Hepatitis D*	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Hepatitis E*	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Influenza*	0.3	4.2	0.0	1.9	5.5	1.4	1.0	4.9	3.0
Legionnaires' disease: Total	0.7	1.0	0.0	0.0	1.1	0.6	1.9	0.4	0.0
Legionnaires' disease: *L. longbeachae**	0.3	0.6	0.0	0.0	0.6	0.3	1.0	0.4	0.0
Legionnaires' disease: *L. pneumophila**	0.3	0.4	0.0	0.0	0.6	0.0	1.0	0.0	0.0
Legionnaires' disease: other	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0
Leprosy	0.0	0.0	2.1	0.0	0.0	0.0	0.0	0.0	0.0
Leptospirosis*	0.3	0.0	0.0	0.4	2.8	0.0	1.0	5.7	1.2
Listeriosis*	0.3	0.0	0.0	0.4	0.4	0.0	0.0	0.0	0.6
Malaria*	2.3	1.6	0.0	2.3	2.8	1.4	0.0	2.6	1.8
Measles: Total	0.0	0.4	2.1	0.0	0.0	0.9	2.9	0.0	0.0
Measles: laboratory confirmed cases*	0.0	0.2	0.0	0.0	0.0	0.6	1.9	0.0	0.0
Measles: other	0.0	0.2	2.1	0.0	0.0	0.3	1.0	0.0	0.0
Meningococcal: Total	5.0	4.4	4.1	1.2	2.4	6.0	14.5	3.8	4.8
Meningococcal disease: type B*	1.3	0.6	0.0	0.4	1.3	2.6	1.9	2.6	3.0
Meningococcal disease: type C*	3.0	1.2	0.0	0.4	0.6	0.3	0.0	0.8	0.6
Meningococcal disease: type W135*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Meningococcal disease: type Y*	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.6
Meningococcal disease: other	0.7	2.6	4.1	0.4	0.6	3.1	11.6	0.4	0.6
Mumps*	0.3	0.4	0.0	0.0	0.2	1.4	0.0	0.0	1.2
Paratyphoid*	0.7	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.0
Pertussis	32.2	36.5	41.5	123.9	97.8	65.1	197.7	65.4	107.3
Pneumococcal disease (invasive)*	17.4	7.5	2.1	2.7	11.3	7.7	0.0	0.8	9.5
Psittacosis*	0.0	0.0	0.0	1.9	1.7	0.3	1.0	2.6	0.0
Q Fever*	0.3	0.0	6.2	0.8	2.4	0.6	28.9	9.5	7.2
Rubella*	1.0	2.0	0.0	0.4	3.1	0.9	0.0	0.0	0.6
Salmonella infections*	13.4	21.8	45.6	21.7	22.5	13.1	25.1	30.3	29.8
Shigellosis*	0.3	5.0	6.2	0.0	0.7	0.9	0.0	0.8	0.0
Syphilis: Total	4.4	16.7	16.6	1.1	1.5	1.4	8.7	4.2	6.6
Syphilis: <1 year duration*	0.3	1.8	6.2	0.0	0.2	0.0	5.8	1.9	1.2
Syphilis: congenital	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Syphilis: other*	4.0	14.9	10.4	1.1	1.3	1.4	2.9	2.3	5.4
Tuberculosis*	1.3	16.3	0.0	1.2	1.5	2.6	0.0	1.1	0.0
Typhoid*	0.3	1.2	0.0	0.0	0.6	0.0	0.0	0.0	0.0
Verotoxin-producing *Escherichia coli* infections*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

* lab-confirmed cases only NOS = Not otherwise specified (a) = includes cases with unknown public health unit area
Area health service population estimates 2001: CCA = Central Coast Area (298 072); CSA = Central Sydney Area (496 079); FWA = Far West Area (48 227); GMA = Greater Murray Area (272 547); HUN = Hunter Area (541 744); ILL = Illawarra Area (350 246); MAC = Macquarie Area (103 677); MNC = Mid North Coast Area (264 454); MWA = Mid Western Area (167 703)

TABLE 3

DISEASE NOTIFICATIONS BY AREA HEALTH SERVICE OF RESIDENCE, RATES PER 100,000 POPULATION, NSW, 2001 *continued*

Conditions	NEA	NRA	NSA	SA	SES	SWS	WEN	WSA	NSW (a)
AIDS	0.0	1.9	0.9	0.0	3.5	0.0	0.6	0.3	2.0
Adverse event after immunisation	0.0	0.8	2.3	7.0	1.8	0.5	0.6	0.9	1.6
Arboviral infections: Total*	28.2	82.5	3.6	28.0	1.5	1.8	17.5	4.5	18.1
Arboviral: Barmah Forest virus infections*	2.9	37.9	0.1	16.7	0.0	0.1	0.3	0.1	6.1
Arboviral: Ross River virus infections*	24.7	44.7	1.8	9.7	0.6	1.3	16.9	3.5	11.0
Arboviral: other*	0.6	0.0	1.7	1.6	0.9	0.4	0.3	0.9	1.0
Blood lead level >=15µg/dl	2.9	1.1	2.1	2.2	2.5	7.5	4.4	3.0	7.2
Chlamydia trachomatis infections*	97.7	71.3	55.3	45.8	133.0	38.1	57.2	53.7	68.2
Cholera*	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Cryptosporidiosis*	7.5	12.8	0.9	4.3	4.3	0.9	0.9	2.7	2.9
Food-borne illness (NOS)	0.0	9.0	0.0	0.0	0.6	0.0	0.0	0.1	0.8
Gastroenteritis (institutional)	3.4	0.4	6.7	44.7	0.4	0.0	5.6	38.2	11.9
Giardiasis*	27.0	27.8	16.4	3.8	21.4	7.5	16.3	12.1	14.8
Gonorrhoea*	25.3	9.4	11.5	4.8	74.3	14.4	6.3	10.4	20.6
H.influenzae type b infection: Total	1.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1
H.influenzae type b epiglottitis*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
H.influenzae type b meningitis*	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
H.influenzae type b septicaemia*	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0
H.influenzae type b infection (NOS)*	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
HIV infection*	2.3	1.9	3.3	0.0	20.1	2.8	1.9	3.7	5.3
Haemolytic uraemic syndrome	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Hepatitis A*	1.1	3.4	2.8	1.1	6.4	1.8	0.3	4.6	3.0
Hepatitis B: acute viral*	0.6	2.3	0.4	1.1	2.6	1.6	0.0	0.4	1.3
Hepatitis B: other*	20.7	10.9	56.2	14.0	76.4	190.2	26.0	107.6	68.4
Hepatitis C: acute viral*	3.4	3.8	6.2	10.2	3.4	0.6	5.6	1.9	3.8
Hepatitis C: other*	88.5	140.0	47.2	104.5	134.9	155.8	136.0	176.2	119.9
Hepatitis D*	0.0	0.8	0.0	1.6	0.4	0.0	0.0	0.3	0.2
Hepatitis E*	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.6	0.1
Influenza*	6.9	6.0	1.5	5.4	4.0	4.0	3.4	5.6	3.7
Legionnaires' disease: Total	0.6	0.4	1.3	1.6	0.9	0.8	0.6	2.7	1.0
Legionnaires' disease: *L. longbeachae**	0.0	0.4	0.5	0.5	0.6	0.3	0.0	0.7	0.4
Legionnaires' disease: *L. pneumophila**	0.6	0.0	0.8	1.1	0.3	0.5	0.6	2.0	0.6
Legionnaires' disease: other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Leprosy	0.0	0.0	0.0	0.5	0.0	0.1	0.0	0.0	0.0
Leptospirosis*	9.8	2.6	0.3	0.5	0.4	0.0	0.0	0.0	1.0
Listeriosis*	0.0	0.0	0.1	0.0	0.6	0.1	0.0	0.0	0.2
Malaria*	3.4	3.8	4.1	1.6	1.7	2.1	1.3	2.0	2.3
Measles: Total	1.1	0.0	0.8	0.0	0.0	0.3	0.6	1.3	0.5
Measles: laboratory confirmed cases*	0.0	0.0	0.8	0.0	0.0	0.3	0.0	0.4	0.2
Measles: other	1.1	0.0	0.0	0.0	0.0	0.0	0.6	0.9	0.2
Meningococcal: Total	1.1	2.3	2.7	3.2	4.5	2.6	2.5	3.3	3.6
Meningococcal disease: type B*	0.0	0.8	0.9	1.6	1.3	1.3	0.9	1.7	1.3
Meningococcal disease: type C*	0.0	0.4	0.5	0.0	0.1	0.3	0.6	0.3	0.5
Meningococcal disease: type W135*	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Meningococcal disease: type Y*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Meningococcal disease: other	1.1	1.1	1.3	1.6	3.1	1.0	0.9	1.3	1.7
Mumps*	0.0	0.0	0.8	0.0	0.9	0.3	0.0	0.3	0.4
Paratyphoid*	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.6	0.2
Pertussis	83.3	150.8	62.3	49.6	52.6	35.3	87.9	58.5	68.0
Pneumococcal disease (invasive)*	2.3	1.9	8.5	1.1	6.3	1.0	11.3	8.8	6.7
Psittacosis*	2.9	1.5	0.0	0.0	0.0	0.4	0.3	0.1	0.6
Q Fever*	6.9	10.5	0.0	3.2	0.0	0.1	0.9	0.1	2.1
Rubella*	4.6	1.5	0.1	0.5	0.4	0.3	0.6	0.3	0.9
Salmonella infections*	22.4	69.0	23.3	14.0	26.8	23.4	27.5	24.9	25.1
Shigellosis*	0.0	1.9	2.1	0.5	6.7	1.5	0.3	1.0	2.0
Syphilis: Total	3.4	1.1	2.8	4.8	15.2	14.7	4.4	8.9	7.7
Syphilis: <1 year duration*	0.6	0.8	0.4	0.5	1.8	0.0	0.0	0.7	0.8
Syphilis: congenital	0.6	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0
Syphilis: other*	2.3	0.4	2.4	4.3	13.2	14.7	4.4	8.2	6.8
Tuberculosis*	0.0	3.4	6.2	2.2	10.2	10.7	1.6	11.1	6.4
Typhoid*	0.0	0.0	0.8	0.0	0.6	0.5	0.0	0.7	0.5
Verotoxin-producing *Escherichia coli* infections*	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0

* lab-confirmed cases only NOS = Not otherwise specified (a) = includes cases with unknown public health unit area
Area health service population estimates 2001: NEA = New England Area (174 008); NRA = Northern Rivers Area (266 508); NSA = North Sydney Area (780 046); SA = Southern Area (185 667); SES= South Eastern Sydney (775 200); SWS = South Western Sydney (798 020) ; WEN = Wentworth Area (319 814); WSA = Western Sydney Area (694 082); TOTAL = Total population in NSW (6 521 913)

TABLE 4

DISEASE NOTIFICATIONS BY AREA HEALTH SERVICE OF RESIDENCE, NSW, 2001

Conditions	CCA	CSA	FWA	GMA	HUN	ILL	MAC	MNC	MWA
AIDS	1	14	0	1	5	2	0	1	1
Adverse event after immunisation	2	3	1	12	13	5	1	2	5
Arboviral infections: Total*	47	11	22	83	131	50	35	316	23
Arboviral: Barmah Forest virus infections*	1	0	7	3	7	20	3	215	1
Arboviral: Ross River virus infections*	43	4	14	78	118	28	31	93	21
Arboviral: other*	3	7	1	2	6	2	1	8	1
Blood lead level >=15μg/dl	8	16	57	10	176	36	14	9	2
Chlamydia trachomatis infections*	118	490	58	153	314	156	108	148	120
Cholera*	0	0	0	0	0	0	0	0	0
Cryptosporidiosis*	0	16	2	7	4	8	7	22	2
Food-borne illness (NOS)	0	15	0	0	0	0	3	0	1
Gastroenteritis (institutional)	0	135	1	0	151	58	2	0	1
Giardiasis	25	84	6	39	95	33	11	33	21
Gonorrhoea*	13	288	21	6	15	12	9	15	6
H.influenzae type b infection: Total*	1	0	0	0	2	1	1	0	0
H.influenzae type b epiglottitis*	0	0	0	0	1	0	0	0	0
H.influenzae type b meningitis*	1	0	0	0	0	0	0	0	0
H.influenzae type b septicaemia*	0	0	0	0	0	0	0	0	0
H.influenzae type b infection (NOS)*	0	0	0	0	1	1	1	0	0
HIV infection*	1	71	1	3	11	4	0	6	3
Haemolytic uraemic syndrome	1	0	0	0	0	0	0	0	0
Hepatitis A*	3	40	0	1	6	9	0	4	0
Hepatitis B: acute viral*	0	10	0	4	7	5	7	3	3
Hepatitis B: other*	53	666	29	32	57	82	18	21	18
Hepatitis C: acute viral*	0	29	0	7	27	18	0	14	10
Hepatitis C: other*	316	798	37	157	517	305	57	303	268
Hepatitis D*	0	1	0	0	0	0	0	0	1
Hepatitis E*	0	1	0	0	0	0	0	0	0
Influenza*	1	21	0	5	30	5	1	13	5
Legionnaires' disease: Total	2	5	0	0	6	2	2	1	0
Legionnaires' disease: *L. longbeachae**	1	3	0	0	3	1	1	1	0
Legionnaires' disease: *L. pneumophila**	1	2	0	0	3	0	1	0	0
Legionnaires' disease: other	0	0	0	0	0	1	0	0	0
Leprosy	0	0	1	0	0	0	0	0	0
Leptospirosis*	1	0	0	1	15	0	1	15	2
Listeriosis*	1	0	0	1	2	0	0	0	1
Malaria*	7	8	0	6	15	5	0	7	3
Measles: Total	0	2	1	0	0	3	3	0	0
Measles: laboratory confirmed cases*	0	1	0	0	0	2	2	0	0
Measles: other	0	1	1	0	0	1	1	0	0
Meningococcal: Total	15	22	2	3	13	21	15	10	8
Meningococcal disease: type B*	4	3	0	1	7	9	2	7	5
Meningococcal disease: type C*	9	6	0	1	3	1	0	2	1
Meningococcal disease: type W135*	0	0	0	0	0	0	0	0	0
Meningococcal disease: type Y*	0	0	0	0	0	0	1	0	1
Meningococcal disease: other	2	13	2	1	3	11	12	1	1
Mumps*	1	2	0	0	1	5	0	0	2
Paratyphoid*	2	1	0	0	1	0	0	0	0
Pertussis	96	181	20	320	530	228	205	173	180
Pneumococcal disease (invasive)*	52	37	1	7	61	27	0	2	16
Psittacosis*	0	0	0	5	9	1	1	7	0
Q Fever*	1	0	3	2	13	2	30	25	12
Rubella*	3	10	0	1	17	3	0	0	1
Salmonella infections*	40	108	22	56	122	46	26	80	50
Shigellosis*	1	25	3	0	4	3	0	2	0
Syphilis: Total	13	83	8	3	8	5	9	11	11
Syphilis: <1 year duration*	1	9	3	0	1	0	6	5	2
Syphilis: congenital	0	0	0	0	0	0	0	0	0
Syphilis: other*	12	74	5	3	7	5	3	6	9
Tuberculosis*	4	81	0	3	8	9	0	3	0
Typhoid*	1	6	0	0	3	0	0	0	0
Verotoxin-producing *Escherichia coli* infections*	0	0	0	0	0	0	0	0	0

(a) = includes cases with unknown public health unit area

TABLE 4

DISEASE NOTIFICATIONS BY AREA HEALTH SERVICE OF RESIDENCE, NSW, 2001 *continued*

Conditions	NEA	NRA	NSA	SA	SES	SWS	WEN	WSA	Total (a)
AIDS	0	5	7	0	27	0	2	2	69
Adverse event after immunisation	0	2	18	13	14	4	2	6	103
Arboviral infection: Total*	49	220	28	52	12	14	56	31	1181
Arboviral: Barmah Forest virus infections*	5	101	1	31	0	1	1	1	398
Arboviral: Ross River virus infections*	43	119	14	18	5	10	54	24	717
Arboviral: other*	1	0	13	3	7	3	1	6	66
Blood lead level >=15µg/dl	5	3	16	4	19	60	14	21	470
Chlamydia trachomatis infections*	170	190	431	85	1031	304	183	373	4451
Cholera*	0	0	0	0	1	0	0	0	1
Cryptosporidiosis*	13	34	7	8	33	7	3	19	192
Food-borne illness (NOS)	0	24	0	0	5	0	0	1	49
Gastroenteritis (institutional)	6	1	52	83	3	0	18	265	776
Giardiasis*	47	74	128	7	166	60	52	84	965
Gonorrhoea*	44	25	90	9	576	115	20	72	1341
H.influenzae type b infection: Total	2	0	0	0	1	0	0	1	9
H.influenzae type b epiglottitis*	0	0	0	0	0	0	0	0	1
H.influenzae type b meningitis*	1	0	0	0	0	0	0	0	2
H.influenzae type b septicaemia*	0	0	0	0	1	0	0	1	2
H.influenzae type b infection (NOS)*	1	0	0	0	0	0	0	0	4
HIV infection*	4	5	26	0	156	22	6	26	347
Haemolytic uraemic syndrome	0	0	0	0	0	1	0	0	2
Hepatitis A*	2	9	22	2	50	14	1	32	195
Hepatitis B: acute viral*	1	6	3	2	20	13	0	3	88
Hepatitis B: other*	36	29	438	26	592	1518	83	747	4460
Hepatitis C: acute viral*	6	10	48	19	26	5	18	13	251
Hepatitis C: other*	154	373	368	194	1046	1243	435	1223	7821
Hepatitis D*	0	2	0	3	3	0	0	2	12
Hepatitis E*	0	0	0	0	0	1	0	4	6
Influenza*	12	16	12	10	31	32	11	39	244
Legionnaires' disease: Total	1	1	10	3	7	6	2	19	67
Legionnaires' disease: *L. longbeachae**	0	1	4	1	5	2	0	5	28
Legionnaires' disease: *L. pneumophila**	1	0	6	2	2	4	2	14	38
Legionnaires' disease: other	0	0	0	0	0	0	0	0	1
Leprosy	0	0	0	1	0	1	0	0	3
Leptospirosis*	17	7	2	1	3	0	0	0	65
Listeriosis*	0	0	1	0	5	1	0	0	12
Malaria*	6	10	32	3	13	17	4	14	153
Measles: Total	2	0	6	0	0	2	2	9	30
Measles: laboratory confirmed cases*	0	0	6	0	0	2	0	3	16
Measles: other	2	0	0	0	0	0	2	6	14
Meningococcal: Total	2	6	21	6	35	21	8	23	232
Meningococcal disease: type B*	0	2	7	3	10	10	3	12	85
Meningococcal disease: type C*	0	1	4	0	1	2	2	2	35
Meningococcal disease: type W135*	0	0	0	0	0	1	0	0	2
Meningococcal disease: type Y*	0	0	0	0	0	0	0	0	2
Meningococcal disease: other	2	3	10	3	24	8	3	9	108
Mumps*	0	0	6	0	7	2	0	2	28
Paratyphoid*	0	0	0	0	3	0	0	4	11
Pertussis	145	402	486	92	408	282	281	406	4435
Pneumococcal disease (invasive)*	4	5	66	2	49	8	36	61	434
Psittacosis*	5	4	0	0	0	3	1	1	37
Q Fever*	12	28	0	6	0	1	3	1	139
Rubella*	8	4	1	1	3	2	2	2	58
Salmonella infections*	39	184	182	26	208	187	88	173	1637
Shigellosis*	0	5	16	1	52	12	1	7	132
Syphilis: Total	6	3	22	9	118	117	14	62	502
Syphilis: <1 year duration*	1	2	3	1	14	0	0	5	53
Syphilis: congenital	1	0	0	0	2	0	0	0	3
Syphilis: other*	4	1	19	8	102	117	14	57	446
Tuberculosis*	0	9	48	4	79	85	5	77	415
Typhoid*	0	0	6	0	5	4	0	5	31
Verotoxin-producing *Escherichia coli* infections*	0	0	0	0	1	0	0	0	1

(a) = includes cases with unknown public health unit area

TABLE 5

DISEASE NOTIFICATIONS, BY AGE AND SEX OF THE CASE, NSW, 2001

Conditions	00–04 yrs M	00–04 yrs F	05–24 yrs M	05–24 yrs F	25–44 yrs M	25–44 yrs F	45–64 yrs M	45–64 yrs F	65 + yrs M	65 + yrs F	Total (a) M	Total (a) F	Total
AIDS	0	0	1	1	34	5	27	0	1	0	63	6	69
Adverse event after immunisation	32	41	4	7	1	6	2	3	3	4	42	61	103
Arboviral infection: Total*	2	1	59	61	274	233	217	224	59	51	611	570	1181
Arboviral: Barmah Forest virus infections*	1	0	18	18	88	68	72	92	26	15	205	193	398
Arboviral: Ross River virus infections*	1	1	38	34	176	149	131	120	32	35	378	339	717
Arboviral: other*	0	0	3	9	10	16	14	12	1	1	28	38	66
Blood lead level >=15µg/dl	33	21	58	4	231	9	98	2	11	3	431	39	470
Chlamydia trachomatis infections*	8	13	664	1546	1162	851	118	43	21	6	1973	2459	4451
Cholera*	0	0	0	1	0	0	0	0	0	0	0	1	1
Cryptosporidiosis*	36	47	22	27	27	18	8	2	2	3	95	97	192
Food-borne illness (NOS)	1	0	3	10	9	6	7	9	2	1	22	26	49
Gastroenteritis (institutional)	102	79	65	40	20	52	15	51	85	233	287	455	776
Giardiasis	162	113	113	74	201	158	60	48	16	18	552	411	965
Gonorrhoea*	1	1	218	74	822	69	136	9	5	0	1182	153	1341
H.influenzae type b infection: Total*	2	2	3	1	0	0	0	1	0	0	5	4	9
H.influenzae type b epiglottitis*	1	0	0	0	0	0	0	0	0	0	1	0	1
H.influenzae type b meningitis*	0	1	0	1	0	0	0	0	0	0	0	2	2
H.influenzae type b septicaemia*	0	1	1	0	0	0	0	0	0	0	1	1	2
H.influenzae type b infection (NOS)*	1	0	2	0	0	0	0	1	0	0	3	1	4
HIV infection*	0	0	22	5	224	21	51	3	4	1	308	32	347
Haemolytic uraemic syndrome	1	0	0	1	0	0	0	0	0	0	1	1	2
Hepatitis A*	3	2	34	17	84	19	17	8	6	5	144	51	195
Hepatitis B: acute viral*	0	0	22	16	28	13	7	2	0	0	57	31	88
Hepatitis B: other*	7	5	341	379	1350	1190	614	381	95	76	2407	2031	4460
Hepatitis C: acute viral*	1	1	37	50	77	60	17	7	1	0	133	118	251
Hepatitis C: other*	29	8	802	641	3107	1751	858	362	124	113	4920	2875	7821
Hepatitis D*	0	0	2	0	8	2	0	0	0	0	10	2	12
Hepatitis E*	0	0	1	1	0	1	0	0	2	1	3	3	6
Influenza*	38	34	30	21	17	22	25	11	21	24	131	112	244
Legionnaires' disease: Total	0	1	0	1	3	6	24	9	16	7	43	24	67
Legionnaires' disease: *L. longbeachae**	0	0	0	0	1	3	8	1	12	3	21	7	28
Legionnaires' disease: *L. pneumophila**	0	1	0	1	2	3	16	7	4	4	22	16	38
Legionnaires' disease: other	0	0	0	0	0	0	0	1	0	0	0	1	1
Leprosy	0	0	1	0	1	0	1	0	0	0	3	0	3
Leptospirosis*	0	0	9	4	18	5	20	4	3	2	50	15	65
Listeriosis*	0	0	0	0	0	0	2	2	7	1	9	3	12
Malaria*	2	0	26	14	49	19	34	6	2	1	113	40	153
Measles: Total	3	8	7	8	2	1	0	0	1	0	13	17	30
Measles: laboratory confirmed cases*	1	5	4	4	1	0	0	0	1	0	7	9	16
Measles: other	2	3	3	4	1	1	0	0	0	0	6	8	14
Meningococcal: Total	40	30	39	43	23	28	7	13	2	7	111	121	232
Meningococcal disease: type B*	21	13	17	11	7	6	4	4	1	1	50	35	85
Meningococcal disease: type C*	5	3	7	7	4	2	1	3	0	3	17	18	35
Meningococcal disease: type W135*	0	0	0	0	0	0	0	1	0	1	0	2	2
Meningococcal disease: type Y*	0	0	0	0	0	1	0	0	0	1	0	2	2
Meningococcal disease: other	14	14	15	25	12	19	2	5	1	1	44	64	108
Mumps*	1	1	3	2	4	6	3	4	3	1	14	14	28
Paratyphoid*	0	1	3	1	3	3	0	0	0	0	6	5	11
Pertussis	174	209	1046	1120	378	620	281	404	80	120	1959	2473	4435
Pneumococcal disease (invasive)*	64	59	25	13	31	17	30	29	77	87	227	205	434
Psittacosis*	0	0	0	0	5	7	6	9	9	1	20	17	37
Q Fever*	2	0	15	2	49	4	42	11	11	3	119	20	139
Rubella*	3	0	31	6	12	3	2	1	0	0	48	10	58
Salmonella infections*	268	226	217	224	198	181	104	103	45	65	832	799	1637
Shigellosis*	5	2	10	11	66	10	14	9	2	2	97	34	132
Syphilis: Total	3	2	18	30	125	98	104	25	62	33	312	188	502
Syphilis: <1 year duration*	0	0	6	11	23	6	6	1	0	0	35	18	53
Syphilis: congenital	2	1	0	0	0	0	0	0	0	0	2	1	3
Syphilis: other*	1	1	12	19	102	92	98	24	62	33	275	169	446
Tuberculosis*	7	2	36	32	77	83	44	32	58	43	222	192	415
Typhoid*	1	0	4	8	7	7	2	2	0	0	14	17	31
Verotoxin-producing *Escherichia coli* infections*	0	0	0	1	0	0	0	0	0	0	0	1	1

* Laboratory-confirmed cases only NOS = Not otherwise specified
(a) = includes cases with unknown age and sex

TABLE 6

REPORTED DEATHS OF RESIDENTS BY YEAR OF ONSET OF ILLNESS, NSW, 1991 TO 2001 **

Conditions	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
AIDS	344	330	379	423	356	272	125	69	63	71	36
Adverse event after immunisation	0	1	0	1	0	2	1	0	1	1	2
Arboviral infections: Total*	0	1	0	0	0	0	0	0	0	0	1
Arboviral: Ross River virus infections*	0	1	0	0	0	0	0	0	0	0	1
Blood lead level >= 15µg/dl	not notifiable until December 1996						2	0	0	0	0
Food-borne illness (NOS)	1	0	1	0	0	0	0	0	0	0	0
Gastroenteritis (institutional)	0	1	2	0	1	0	0	1	0	2	1
Giardiasis	not notifiable until August 1998								0	1	0
Gonorrhoea*	0	1	0	0	0	0	0	1	0	0	0
H.influenzae type b infection: Total*	4	4	4	1	0	2	0	0	0	1	1
H.influenzae type b epiglottitis*	0	1	0	0	0	0	0	0	0	1	0
H.influenzae type b meningitis*	2	3	3	0	0	0	0	0	0	0	0
H.influenzae type b septicaemia*	0	0	0	1	0	2	0	0	0	0	0
H.influenzae type b infection (NOS)*	2	0	1	0	0	0	0	0	0	0	1
Haemolytic uraemic syndrome	not notifiable until December 1996						0	0	1	1	0
Hepatitis A*	2	1	0	0	0	0	0	2	0	0	0
Hepatitis B: Total*	1	5	6	1	1	1	1	1	1	1	3
Hepatitis B: acute viral*	0	0	1	0	0	0	0	0	0	0	0
Hepatitis B: other*	1	5	5	1	1	1	1	1	1	1	3
Hepatitis C: Total*	4	10	4	5	8	15	22	11	17	20	18
Hepatitis C: acute viral*	0	1	0	0	0	0	0	0	0	0	2
Hepatitis C: other*	4	9	4	5	8	15	22	11	17	20	16
Hepatitis E*	0	0	0	0	0	0	0	0	0	0	1
Legionnaires' disease: Total	6	12	8	8	7	9	2	6	4	2	3
Legionnaires' disease: *L. longbeachae**	0	1	2	0	1	1	0	5	1	1	1
Legionnaires' disease: *L. pneumophila**	1	10	5	3	4	6	2	0	2	1	2
Legionnaires' disease: other	5	1	1	5	2	2	0	1	1	0	0
Leptospirosis*	0	0	0	0	0	0	1	0	0	0	0
Listeriosis*	0	0	2	2	2	9	1	5	4	4	3
Malaria*	0	1	0	0	0	0	0	0	0	0	0
Measles: Total	1	2	0	0	0	0	0	0	0	0	0
Measles: laboratory confirmed cases*	0	0	0	0	0	0	0	0	0	0	0
Measles: other	1	2	0	0	0	0	0	0	0	0	0
Meningococcal: Total	3	8	11	15	7	7	7	17	14	14	7
Meningococcal disease: type B*	0	0	1	1	3	0	4	2	7	5	2
Meningococcal disease: type C*	0	0	1	1	0	2	2	10	4	4	5
Meningococcal disease: type W135*	0	0	0	0	0	0	0	0	1	0	0
Meningococcal disease: type Y*	0	0	0	0	0	0	0	1	0	1	0
Meningococcal disease: other	3	8	9	13	4	5	1	4	2	4	0
Pertussis	0	0	0	0	2	2	3	1	1	2	0
Pneumococcal disease (invasive)*	not notifiable until December 2000										6
Psittacosis*	not notifiable until December 2000										1
Q Fever*	0	0	0	1	0	1	0	0	2	0	0
Salmonella infections*	1	0	0	0	4	4	4	3	3	1	1
Syphilis: Total	0	0	0	1	1	0	1	0	1	2	1
Syphilis: congenital	0	0	0	1	1	0	0	0	0	1	0
Syphilis: other*	0	0	0	0	0	0	1	0	1	1	1
Tetanus	0	0	1	0	0	0	0	0	0	0	0
Tuberculosis	10	26	31	25	23	16	21	25	29	40	33

* lab-confirmed cases only NOS = Not otherwise specified

** includes only deaths reported to NSW Health. May differ from official death statistics published by the Australian Bureau of Statistics.

Following diseases have not been notified since 1991: Diphtheria,* *Granuloma inguinale**, *Lymphogranuloma venereum*,* Plague,* Poliomyelitis,* Rabies, Typhus,* Viral haemorrhagic fever, Yellow fever

COMMUNITY AND CONSUMER PARTICIPATION IN HEALTH

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The benefits of consumer involvement in decisions about their health care have long been acknowledged. Consumers and community members have been involved in the public health system through advisory committees and as volunteers, and their participation is reflected in NSW Government policy including NSW health policy.

Health services use a range of strategies to inform and involve consumers in decision-making in the health system. While there is always room for improvement, there are many examples of good things happening in the area; some of these are described here.

Fifteen area health services currently have formal structures for ongoing community participation. These structures are variously called health councils, health consumer networks, consumer and community health forums, and consultative committees. The role and activities undertaken vary and include local needs assessment, input to planning, and health promotion activities. The two area health services without an area-level structure for community participation are in metropolitan Sydney; however, plans are in place to ensure consumer involvement in these areas.

In March 2000, the Minister for Health announced the Government Action Plan, following consideration of the recommendations of the *Report of the NSW Health Council* and the *Report from the Ministerial Advisory Committee on Smaller Towns (The Sinclair Report)*. A component of the Government Action Plan was the involvement of people who directly use health services, their families or carers, organisations with an interest in the health system, and the residents of NSW, in the decisions made in the health system.

In early 2000, the Consumer and Community Participation Implementation Group (CCPIG) was established. With input from a wide range of individuals and community groups, this group looked at ways for people to:

- get better access to information about health and health services;
- participate in decisions about their local health services;
- influence decisions about how the health system operates on a statewide basis.

The CCPIG's final report *Partners in Health Report* was released in November 2001. It provides a framework and direction for consumer and community participation in NSW Health.

In response to the report, the Minister for Health announced the establishment of the Health Participation Council, a ministerial advisory committee appointed for a period of two years. The Council's membership includes nominees of consumer and community organisations and a small number of health service staff. The first meeting was held in March 2002 and meetings are bi-monthly.

In addition, a new branch has been established within the NSW Department of Health, to foster participation throughout the health system. The Consumer and Community Development Branch commenced in January 2002.

Consumer forums have proven valuable for networking and for providing opportunities for consumers to be informed of the current work in both the Department and the area health services. Forums were held in November 1999, March 2001, and October 2002 and were attended by consumer representatives from each area health service, health-related non-government organisations, and self-help groups. Rural area health services are provided with grants to assist with travel expenses.

NSW Health continues to work towards the goal identified in the *Partners in Health Report*: 'to offer everyone in NSW, wherever they live and whatever special language or other needs they may have, equal access to opportunities to participate in health decision making to obtain the information they need to improve their own and their community's health.'

Further information on consumer and community participation in health visit can be obtained from the website at **www.health.nsw.gov.au/policy/participate**.

HEALTH ECONOMICS ON THE INTERNET

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Health economics is increasingly relevant to both public health practice and practitioners. However, the area can appear full of incomprehensible jargon and inaccessible scientific debate. It can also be difficult to know where to start to look for information on costs and the cost-effectiveness of health interventions.

A first port of call will always be a search of the published literature using a bibliographic database. It is also worth searching the National Health Service (NHS) Economic Evaluation Database (EED), available on the Cochrane Library or direct from the University of York.

In addition to the published literature, economic evaluations are often conducted as part of a health technology assessment for local, regional, and national governments. Also, a number of academic health economics centres perform and/or critically appraise economic evaluations of technologies considered by government bodies such as the Pharmaceutical Benefits Advisory Committee (PBAC) and the Medical Services Advisory Committee (MSAC) in Australia, or the National Institute of Clinical Excellence (NICE) in the United Kingdom. Most of these groups make their reports available online, and several produce guidelines that are useful reminders of approaches to economic evaluation and critical appraisal.

The websites of academic centres for health economics are also a source of information on work-in-progress and on areas of specialisation of individual health economists. For example, while there may not have been an economic evaluation conducted of the latest drug treatment for obesity, there may be a health economist who has conducted work in that area.

If all this fails, contact your local health economics centre and ask for advice.

HEALTH ECONOMICS CENTRES

Australia

Centre for Health Program Evaluation
chpe.buseco.monash.edu.au
Centre for Health Economics Research and Evaluation
www.chere.uts.edu.au
Social and Public Health Economics Research Group
www.curtin.edu.au/health/research/sphere

Overseas (English language)

International Health Economics Association
www.healtheconomics.org
Centre for Health Economics, University of York
www.york.ac.uk/inst/che
Health Economics Research Unit, University of Aberdeen
www.adbn.ac.uk/heru
Health Economics Research Centre, University of Oxford:
www.ihs.ox.ac.uk/herc
Sheffield Health Economics Group
www.shef.ac.uk/uni/academic/R-Z/sheg
Health Economics Research Group, Brunel University
www.brunel.ac.uk/depts/herg
Health Economics Facility, University of Birmingham
www.hsmc3.bham.ac.uk/hsmc
Centre for Health Economics and Policy Analysis, McMaster University
www.chepa.org
Centre for Health and Policy Studies, University of Calgary
www.chaps.ucalgary.ca

HEALTH TECHNOLOGY ASSESSMENT

The Cochrane Collaboration
www.cochrane.org; www.cochrane.org.au
The Campbell Collaboration
www.campbellcollaboration.org
The Guide to Community Preventive Services
www.thecommunityguide.org

Australia

Australian Department of Health and Ageing
www.health.gov.au
Guidelines for evaluation for PBAC and MSAC reports
www.health.gov.au/pbs/pubs.htm (PBAC)
www.health.gov.au/msac/publications.htm (MSAC)

Canada

The Canadian Coordinating Office for Health Technology Assessment
www.ccohta.ca

United Kingdom

The National Institute for Clinical Excellence
www.nice.org.uk
These reports are also published by the NHS Health Technology Assessment Centre
www.ncchta.org

Further reviews, and an alternative source of the Database of Abstracts of Reviews of Effectiveness (DARE) and NHS EED databases found on the Cochrane Library, can be found at the NHS Centre for Reviews and Dissemination (CRD). This unit has also published guidelines for health technology assessment (CRD Report 4)
www.york.ac.uk/inst/crd

OTHER HEALTH ECONOMICS RESOURCES

More general collections of internet resources on health economics can be found at:

www.medecon.de/hec.htm
www.healtheconomics.com

Finally, anyone with more than a passing interest in health economics may want to join one of the existing email discussion lists. The main list is organised by Bruce Hollingsworth at Monash University and details are available at:

www.jiscmail.ac.uk/lists/healthecon-discuss.html

WHEN IT'S RIGHT IN FRONT OF YOU : ASSISTING HEALTH CARE WORKERS TO MANAGE THE EFFECTS OF VIOLENCE IN RURAL AND REMOTE AUSTRALIA

The effect of violence on the physical and mental health of individuals, families and communities can be severe and far-reaching. There are many different kinds of violence. It may be person-to-person or self-inflicted. It may be physical, sexual or verbal abuse, harassment, bullying, or discrimination. Violence does not 'belong' to any one community, culture, or group of people in Australia. It affects people of all ages and all backgrounds.

Resources for coping with the effects of violence are limited, particularly in rural and remote Australia. The National Health and Medical Research Council (NHMRC) has developed a manual, *When it's right in front of you: Assisting health care workers to manage the effects of violence in rural and remote Australia*, for health care workers, managers, and employer organisations in rural and remote Australia. The manual has been designed to assist in preparing for and respond to violence in ways that will minimise its impact.

The manual addresses the two main categories of violence that health care workers and managers may encounter. These are: violence suffered by clients, and occupational violence. The manual is a tool to assist and guide in the management of episodes of violence. It provides practical guidance, and identifies useful Web sites and references that provide more specific information. It does not provide legal advice. It encourages partnerships and capacity building at a local level, recognising the variety of employers, settings, and circumstances in different rural and remote areas.

The manual was prepared by a working party of the NHMRC Health Advisory Committee and is based on a review of literature on the epidemiology of violence and resources relevant to the management of violence by health care workers in rural and remote Australia. The manual was the subject of extensive consultation including conference and seminar presentations, a request for public submissions, and a workshop involving practitioners with experience in rural health care.

The manual is available on the NHMRC website at **www.nhmrc.gov.au** and from the NHMRC Health Advisory Section on (02) 6289 9814.

WORLD REPORT ON VIOLENCE AND HEALTH

The *World Report on Violence and Health* was published by the World Health Organization in October 2002. The Report aims to:

- increase attention to violence as a major social and health problem;
- draw attention to the contribution that the public health approach can make to understanding and responding to violence;
- increase the commitment by the public health community to addressing violence.

The Report presents state of the art reviews of child abuse, sexual violence, youth violence, intimate partner violence, elder abuse, collective violence, and suicide. It presents a model to understand violence that focuses attention on individual, relationship, community, and societal level risk factors and intervention possibilities. It highlights the common risk factors for different types of violence, and promotes greater communication between those specialising in single types of violence.

The key recommendations of the Report are to:

- create, implement and monitor a national action plan for violence prevention;
- enhance capacity for collecting data on violence;
- define priorities for, and support research on the causes, consequences, costs and prevention of violence;
- promote primary prevention responses;
- strengthen responses for victims of violence;
- integrate violence prevention into social and educational policies, and thereby promote gender and social equality;
- increase collaboration and exchange of information on violence prevention;
- promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights;
- seek practical, internationally-agreed responses to the global drugs trade and the global arms trade.

A recent issue of the *Australian and New Zealand Journal of Public Health* (Volume 26, Number 5) devotes attention to the Report and presents Australian perspectives on violence in the indigenous community, violence against women, child abuse, elder abuse, and the role of alcohol. In addition, a conference ***Violence and Health : Australian responses***, to be held at the University of New South Wales on 18 November, will debate the report, and present data from leading Australian researchers and policy makers, on violence. The conference will also consider how to best move the field forward.

The Report can be accessed online at **www.who.int/violence_injury_prevention**.

FACT*SHEET*

Q FEVER

WHAT IS Q FEVER?

Q fever is a disease caused by a bacterium called *Coxiella burnetti*. It is called a zoonotic disease, which means that it is spread to humans by infected animals.

HOW IS Q FEVER SPREAD?

- Cattle, sheep and goats are the main animals that are sources of this disease for humans. Other animals such as bandicoots, kangaroos, and dogs can also be infected with this disease.
- Infected animals shed the bacterium into their urine, faeces, milk, and birth by-products.
- The disease is transferred to humans when they inhale droplets contaminated with bacteria and produced during the slaughter of an infected animal or through the waste products (urine, faeces, milk, and birth by-products) of an infected animal.
- People can also be infected by inhaling dust from contaminated materials (for example, dried faeces).

WHO IS AT RISK OF Q FEVER?

- Q fever is mainly an occupationally-acquired disease in workers in the livestock, agriculture, and meat industries.
- People in these industries are more likely to come in contact with aerosols (airborne particles) created from tissue, waste, and dust from infected animals.
- Others who are at risk are veterinarians, stockyard workers, and agricultural and farm workers.
- Some workers in these industries have been exposed over the years and have become immune to the disease without becoming sick.

WHAT ARE THE SIGNS AND SYMPTOMS OF Q FEVER?

- From the time of exposure, it takes about 19–21 days for the symptoms to appear.
- The more common symptoms are fever, which can last for 5–50 days or more; chills, which last for 3–4 days; profuse sweats, severe headache, myalgia (muscle pain), arthralgia (painful joints) profound fatigue, nausea, photophobia (aversion to light), and weight loss.
- These symptoms can mimic influenza, and Q fever can sometimes be difficult to diagnose.
- Acute Q fever can last from 2–6 weeks, during which time there can be substantial weight loss.
- People with an acute infection of Q fever usually make a full recovery and will rarely have a second attack of the disease.
- Sometime acute infection can cause ongoing symptoms (that is, chronic Q fever).
- Chronic Q fever can lead to complications such as endocarditis (inflammation of the interior of the heart), and post-Q fever fatigue syndrome.

HOW IS Q FEVER DIAGNOSED?

- Q fever is diagnosed by blood tests.
- Blood tests can determine antibody levels to *Coxiella burnetti*.
- Blood tests are repeated at intervals to assess antibody response to the infection.

IS THERE A VACCINE FOR Q FEVER?

- There is a vaccine available for Q fever. It is recommended for people who are entering into, or are working in, occupations that involve risk of exposure to the disease—such as abattoir workers, shearers or livestock farmers.
- People commencing work in these industries are at high risk of contracting the disease.
- People in these occupations are much more at risk of being exposed to Q Fever than the general public.
- Before vaccination, people must have skin and blood tests to determine if they have previously been infected with Q fever.

IS THERE ANY TREATMENT FOR Q FEVER?

- Yes there are antibiotics that are effective against *Coxiella burnetti*.
- The main antibiotics used to treat Q Fever are tetracyclines; however, there are other antibiotics that can be used if a person is allergic to tetracyclines.

For further information please contact your local public health unit, community health centre, or doctor.

August 2002.

NSW HEALTH
Working as a Team

COMMUNICABLE DISEASES REPORT, AUGUST 2002

TRENDS

Notifications of communicable diseases received through to June were largely in line with seasonal expectations (Figure 1, Table 1). Reports of the mosquito-borne **Barmah forest virus** infections declined after reaching high levels in autumn, especially in the Hunter and Mid North Coast. Reports of **influenza** continued to increase in winter, with influenza B (mostly due to the Hong Kong strain) responsible for most infections early in the season. At the same time, reports of **invasive pneumococcal disease** rose, with the highest rates in children under five years of age and in adults over 65 years of age. Reports of cases of **psittacosis**, mostly linked to the outbreak identified in the Blue Mountains associated with exposures to wild birds (see *NSW Public Health Bulletin*, July 2002), reached record levels in June. Declines in reports of **cryptosporidiosis**, **pertussis** and **shigellosis** continued this month.

FIGURE 1

REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JANUARY 1996 TO JUNE 2002, BY MONTH OF ONSET

These are preliminary data: case counts for recent months may increase because of reporting delays. Laboratory-confirmed cases, except for measles, meningococcal disease and pertussis.

NSW population	
Male	50%
<5	7%
5–24	28%
25–64	52%
65+	13%
Rural*	42%

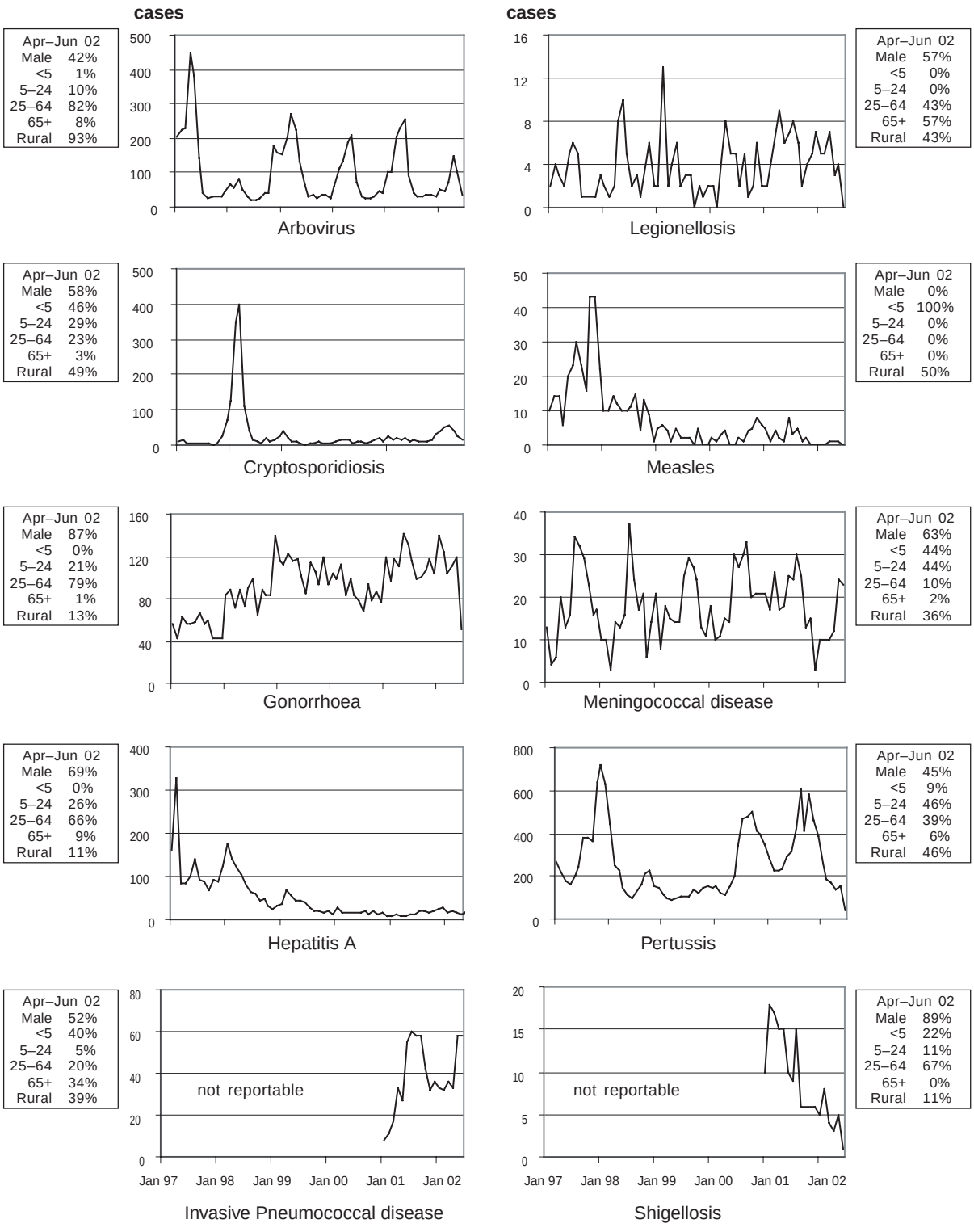

TABLE 1 REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN JUNE 2002 BY AREA HEALTH SERVICES

Condition	Area Health Service																		Total for June†	To date†
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	CHS		
Blood-borne and sexually transmitted																				
Chancroid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)*	35	38	23	18	-	17	27	18	97	22	9	15	2	11	8	14	10	-	364	2,533
Gonorrhoea*	26	8	8	2	-	1	1	4	51	-	1	-	-	-	-	1	-	-	103	704
Hepatitis B—acute viral*	-	1	-	-	-	-	1	-	1	2	-	-	-	-	-	-	-	-	5	38
Hepatitis B—other*	42	35	37	4	-	4	3	7	40	1	1	3	2	2	2	-	-	1	185	1,810
Hepatitis C—acute viral*	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	2	61
Hepatitis C—other*	37	30	66	18	-	35	30	25	60	38	20	9	3	10	-	9	15	-	407	3,631
Hepatitis D—unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Syphilis	10	2	5	-	-	2	-	1	28	3	1	3	-	-	-	-	1	-	56	392
Vector-borne																				
Barmah Forest virus*	-	-	1	-	-	2	10	-	1	8	24	-	-	-	-	-	2	-	48	278
Ross River virus*	-	-	-	-	-	1	3	2	-	5	9	-	1	-	-	-	2	-	23	148
Arboviral infection (Other)*	-	2	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	6	48
Malaria*	-	-	2	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	5	67
Zoonoses																				
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Leptospirosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2	22
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis*	-	-	-	21	1	-	1	-	-	-	2	-	-	-	-	-	1	-	26	34
Q fever*	-	1	-	-	-	1	-	-	-	2	1	2	6	1	-	-	-	-	14	112
Respiratory and other																				
Blood lead level*	2	4	-	-	-	2	4	4	3	3	-	-	1	-	-	-	-	-	23	166
Influenza*	6	13	8	3	2	-	2	1	22	-	1	-	1	-	-	1	-	-	60	121
Invasive pneumococcal infection*	7	11	16	6	9	9	10	7	6	1	3	-	-	-	-	5	-	-	90	262
Legionella longbeachae infection*	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	13
Legionella pneumophila infection*	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	15
Legionnaires disease (other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection (invasive)	1	2	9	1	1	-	2	1	6	-	-	2	1	-	-	-	-	-	26	89
Tuberculosis	4	4	-	1	4	-	2	-	3	2	-	-	-	-	-	-	-	-	21	214
Vaccine-preventable																				
Adverse event after immunisation	-	-	1	-	-	3	1	-	3	-	-	1	-	-	-	-	-	-	9	86
H. *Influenzae b* infection (invasive)*	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	8
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Mumps*	1	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	4	16
Pertussis	9	23	7	-	9	3	20	3	19	3	5	1	7	3	1	4	8	-	124	1,291
Rubella*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																				
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis*	4	1	-	1	1	-	-	5	4	2	-	2	-	-	-	-	-	-	20	242
Food borne illness (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	6	27
Gastroenteritis (in an institution)	4	-	-	-	-	-	58	-	30	-	-	-	-	-	-	-	188	-	280	682
Giardiasis*	2	10	10	3	2	1	9	1	8	-	1	2	2	-	-	4	-	-	57	488
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	4
Hepatitis A*	3	-	1	1	-	-	-	-	4	-	-	-	-	-	-	-	-	-	9	103
Hepatitis E*	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3
Listeriosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Salmonellosis (not otherwise specified)*	5	14	15	2	13	2	3	5	6	13	1	3	1	4	-	5	1	-	93	1,337
Shigellosis*	-	1	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	4	31
Typhoid and paratyphoid*	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	20
Verotoxin producing *E. coli**	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	3-

* lab-confirmed cases only

+ includes cases with unknown postcode

* HIV and AIDS data are reported separately in the *NSW Public Health Bulletin* each quarter

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area
WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area
HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area
NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area
MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area
GMA = Greater Murray Area
SA = Southern Area
CHS = Corrections Health Service

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