

Communicable Diseases Surveillance

Highlights

Communicable Diseases Surveillance consists of data from various sources. The National Notifiable Diseases Surveillance System (NNDSS) is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The *CDI* Virology and Serology Laboratory Reporting Scheme (LabVISE) is a sentinel surveillance scheme. The Australian Sentinel Practice Research Network (ASPREN) is a general practitioner-based sentinel surveillance scheme. In this report, data from the NNDSS are referred to as 'notifications' or 'cases', whereas those from ASPREN are referred to as 'consultations' or 'encounters' while data from the LabVISE scheme are referred to as 'laboratory reports'.

Prolonged outbreak of leptospirosis in Queensland

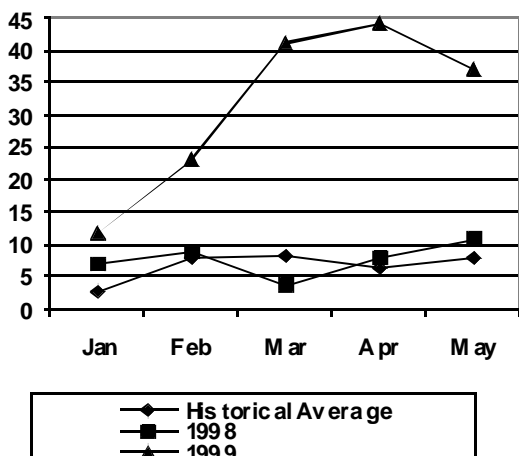
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In Queensland between 50 and 120 notifications of leptospirosis are typically reported annually. In the period 1 January to 18 May this year 153 notifications have been reported to Queensland Health (Figure 1). This is in comparison to 34 notifications for the same period in 1998. Of the notifications, 80% have been reported from Far North Queensland (Figure 2), with the likely cause being the prolonged wet season in this region. The infecting serovars for Queensland are shown in Table 1.

Epidemiological investigations show that the banana (agriculture), meatworker and farming industries account for over 30% of the notifications. Clinical symptoms most commonly reported by respondents are headache (87%),

Figure 1. Notifications of leptospirosis by month, 1 January to 18 May 1999



chills (83%), severe fever (78%), sweats (72%), myalgia (71%) and arthralgia (59%) (Table 2). Pulmonary haemorrhage was reported in 9% of cases and was associated with the serovars australis and zanoni

Most notifications (75%) are in the 20-49 years age groups while school aged children (5-16 years of age) represent approximately 5% of the notifications. A 50%

Figure 2. Notifications of leptospirosis by postcode, 1 January to 18 May 1999

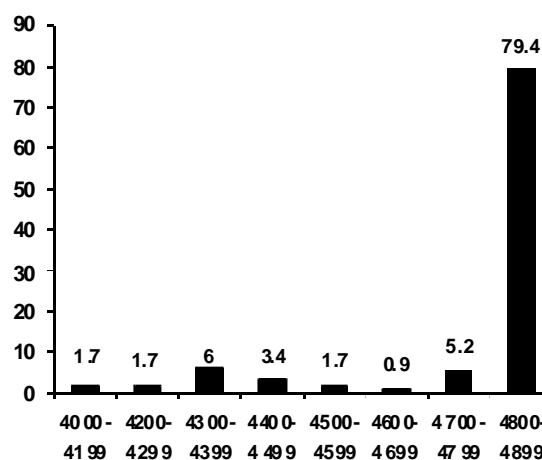


Table 1. Notifications of leptospirosis by serovar, 1 January to 18 May 1999

Serovar	% Notifications
positive cultures - unknown	26.5
zanoni	20.0
hardjo	16.1
australis	10.3
szwajizak	6.5
pomona	5.9
kremastos	3.2
canicola	3.2
robinsoni	1.9
tarassovi	1.3
grippityphosa	1.3
celledoni	1.3
ballum	1.3
medanensis	0.6
bulgarica	0.6

hospitalisation rate is reported with the duration of stay ranging between 1 day and 20 days with an average of 6 days. Of the 153 notifications, 57 isolates have been recovered from either blood, urine or CSF. This is in comparison to 6 isolates recovered for the same period in 1998. All serology based notifications have been confirmed by the Microscopic Agglutination Test.

Table 2. Notifications of leptospirosis by symptoms, 1 January to 18 May 1999

Symptom	% Notifications
Headache	87
Chills	83
Severe Fever	78
Sweats	72
Myalgia	71
Arthralgia	59
Nausea	58
Vomiting	51
Back Pain	45
Conjunctival Suffusion	32
Mild Fever	26
Vision Disturbance	25
Respiratory Symptoms	23
Renal Involvement	16
Rash	9
Pulmonary Haemorrhage	9
Diarrhoea	4

Victorian measles outbreak

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The Victorian measles outbreak, which began in February 1999, appears to have drawn to a close. The last onset date for a laboratory-confirmed case of measles linked with the outbreak was 2 May 1999.

There has been one further laboratory-confirmed case of measles in Melbourne in May, a 12 year old male who is visiting from Indonesia. He arrived in Australia on 8 May to stay with his three older sisters who are attending university in Melbourne. He developed prodromal symptoms on 15 May and there have been no secondary cases linked to him at this stage (7 June 1999). None of his sisters were unwell with a measles-like illness at the time of his arrival.

The preliminary total of notified cases for the outbreak is 75, with 63 (84%) of these in the 18 to 30 years age group. Some of the cases in this age group appeared to falsely believe they were immune to measles either through parental reporting of childhood infection, or through a false belief of previous immunisation. Many thought that measles immunisation was included in the schoolgirl rubella program, or that parental reports of being 'up-to-date' with all immunisations afforded them protection against measles.

A complete report of the outbreak will be published in *Communicable Diseases Intelligence* in the near future.