

Additional Reports

Rotavirus Surveillance

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The National Rotavirus Reference Centre (NRRC) undertakes surveillance and characterisation of rotavirus strains causing epidemics of severe diarrhoea in young children throughout Australia. There are currently fourteen laboratories contributing data and rotavirus specimens for the characterisation of representative rotavirus serotypes. The NRRC is happy to receive notifications of rotavirus outbreaks Australia-wide.

The NRRC can be contacted at the Murdoch Children's Research Institute, Department of Gastroenterology and Clinical Nutrition, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052. Telephone: (03) 9345 5069. Fax: (03) 9345 6240.

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June to August, 2000

Rotavirus reports have been received from most Australian centres for the period 1 June to 31 August 2000. All Australian capital cities with the exception of Adelaide, Brisbane and Hobart experienced a drop in rotavirus reports compared with the same time last year.¹ Perth in particular had a quiet season reporting 36 rotavirus cases in August 2000, compared with 65 in 1999. This lower incidence was also noted in Melbourne, with 32 cases in August 2000, 22 less than August 1999. Sydney and Townsville had slow starts to their rotavirus seasons. The total number for Australia for the period 1 June to 31 August 2000 (793) was lower than for the same period last year (909).

The rotavirus season of most centres appeared to follow the winter/spring peak, with Western Australia and the Northern Territory experiencing earlier rotavirus season peaks (Figure 10). The Northern Territory experienced a rotavirus season that peaked in May 2000; all 48 reports were from Alice Springs. The timing of the Alice Springs 2000 season appears to be representative of a 'normal' rotavirus season (Fran Morey, Alice Springs Hospital; personal communication). Alice Springs experienced two rotavirus seasons in 1999 (April and October). Serotype analysis of isolates from the Alice Springs specimens, showed that most of the children shared the same infecting rotavirus, serotype G1.

In 2000, in both the north and south of Western Australia, the season appeared to follow that of the Northern Territory, peaking a month after Alice Springs. Centres in Queensland, New South Wales, Victoria, South Australia

and Tasmania had not experienced their respective peaks by August 2000.

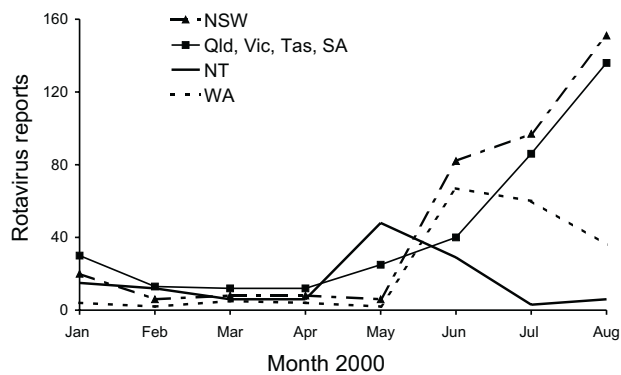
Further surveillance

In order to gain a greater insight into the importance of enteric pathogens, the NRRC has undertaken a pilot study on the prevalence of astrovirus in children admitted to hospital with acute gastroenteritis. We have begun to screen specimens that have had no bacterial or viral pathogen identified by normal diagnostic testing. The specimens are screened by northern hybridisation dot blot analysis. Our results to date show the pathogen may be responsible for up to 4 per cent of hospital admissions in Melbourne. We plan to continue the astrovirus surveillance in other Australian centres and we welcome contributions and comments from interested parties.

The NRRC welcomes contributions from all centres experiencing gastroenteritis outbreaks. The NRRC can be contacted by E-mail, fax or telephone.

- Masendycz P, Bogdanovic-Sakran N, Palombo E, Bishop R, Barnes G. Annual report of the Rotavirus Surveillance Program, 1999/2000. *Commun Dis Intell* 2000;24:195-198.

Figure 10. Rotavirus reports, Australia, 1 January to 31 August 2000, by region



Editorial note. Virology and serology reports for rotavirus for 1 June to 31 August communicated to the CDHAC (as reported in the July, August, and September editions of *Commun Dis Intell* 2000;24: Table 4) totalled 484 for this period in 2000 and 1,000 in 1999. *CDI* data depend on voluntary reporting to the CDHAC. Not all laboratories report to both the Commonwealth Department of Health and Aged Care and to the NRRC.

HIV and AIDS Surveillance

National surveillance for HIV disease is coordinated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), in collaboration with State and Territory health authorities and the Commonwealth of Australia. Cases of HIV infection are notified to the National HIV Database on the first occasion of diagnosis in Australia, by either the diagnosing laboratory (Australian Capital Territory, New South Wales, Tasmania, Victoria) or by a combination of laboratory and doctor sources (Northern Territory, Queensland, South Australia, Western Australia). Cases of AIDS are notified through the State and Territory health authorities to the National AIDS Registry. Diagnoses of both HIV infection and AIDS are notified with the person's date of birth and name code, to minimise duplicate notifications while maintaining confidentiality.

Tabulations of diagnoses of HIV infection and AIDS are based on data available three months after the end of the reporting interval indicated, to allow for reporting delay and to incorporate newly available information. More detailed information on diagnoses of HIV infection and AIDS is published in the quarterly Australian HIV Surveillance Report, and annually in HIV/AIDS and related diseases in Australia Annual Surveillance Report. The reports are available from the National Centre in HIV Epidemiology and Clinical Research, 376 Victoria Street, Darlinghurst NSW 2010. Internet: <http://www.med.unsw.edu.au/nchechr>. Telephone: (02) 9332 4648. Facsimile: (02) 9332 1837.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 31 May 2000, as reported to 31 August 2000, are included in this issue of Commun Dis Intell (Tables 7 and 8).

Table 7. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 31 May 2000, by sex and State or Territory of diagnosis

		State or Territory								Totals for Australia			
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 2000	This period 1999	Year to date 2000	Year to date 1999
HIV diagnoses	Female	1	2	0	2	0	0	2	1	8	6	35	29
	Male	2	21	1	3	0	0	19	3	49	54	266	272
	Sex not reported	0	0	0	0	0	0	0	0	0	0	0	0
	Total ¹	3	23	1	5	0	0	21	4	57	60	302	301
AIDS diagnoses	Female	0	0	0	1	0	0	0	0	1	1	8	6
	Male	0	1	0	1	0	0	2	1	5	10	57	61
	Total ¹	0	1	0	2	0	0	2	1	6	11	65	67
AIDS deaths	Female	0	0	0	0	0	0	0	1	1	1	4	2
	Male	0	4	0	1	0	0	2	0	7	4	32	44
	Total ¹	0	4	0	1	0	0	2	1	8	5	36	47

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

Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 May 2000, by sex and State or Territory

		State or Territory								Australia
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
HIV diagnoses	Female	28	611	11	158	61	5	219	119	1,212
	Male	225	11,042	111	2,012	680	78	3,938	925	19,011
	Sex not reported	0	247	0	0	0	0	24	0	271
	Total ¹	253	11,920	122	2,177	741	83	4,195	1,048	20,539
AIDS diagnoses	Female	9	188	1	49	25	3	70	26	371
	Male	86	4,652	35	829	347	44	1,632	355	7,980
	Total ¹	95	4,852	36	880	372	47	1,710	383	8,375
AIDS deaths	Female	4	113	0	32	15	2	49	17	232
	Male	66	3,179	24	570	231	29	1,277	248	5,624
	Total ¹	70	3,300	24	604	246	31	1,332	266	5,873

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

Childhood Immunisation Coverage

Tables 9 and 10 provide the latest quarterly report on childhood immunisation coverage from the Australian Childhood Immunisation Register (ACIR).

The data show the percentage of children fully immunised at age 12 months for the cohort born between 1 April and 30

June 1999 and at 24 months of age for the cohort born between 1 April and 30 June 1998, according to the Australian Standard Vaccination Schedule.

A full description of the methodology used can be found in *Commun Dis Intell* 1998;22:36-37.

Table 9. Percentage of children immunised at 1 year of age, preliminary results by disease and State for the birth cohort 1 April to 30 June 1999; assessment date 30 September 2000

Vaccine	State or Territory								Australia
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,114	21,775	933	12,499	4,657	1,548	15,051	6,514	64,091
Diphtheria, Tetanus, Pertussis (%)	92.0	88.8	82.7	91.0	90.5	90.5	90.8	88.6	89.8
Poliomyelitis (%)	92.2	89.1	85.6	91.0	90.6	91.3	91.4	89.4	90.2
<i>Haemophilus influenzae</i> type b (%)	91.8	89.0	89.7	91.3	90.5	91.0	91.4	89.5	90.3
Fully immunised (%)	91.7	87.8	80.5	90.3	90.0	89.8	90.2	87.7	89.0
Change in fully immunised since last quarter (%)	+0.6	+1.3	-2.2	+0.6	-0.2	-1.3	+0.2	+0.8	+0.6

Table 10. Proportion of children immunised at 2 years of age, preliminary results by disease and State for the birth cohort 1 April to 30 June 1998; assessment date 30 September 2000¹

Vaccine	State or Territory								Australia
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
Total number of children	1,065	21,599	927	12,712	4,591	1,471	15,190	6,489	64,044
Diphtheria, Tetanus, Pertussis (%)	90.1	87.7	80.8	91.0	90.1	88.6	89.6	87.6	88.9
Poliomyelitis (%)	93.4	90.6	93.0	92.7	94.2	94.0	93.3	91.4	92.2
<i>Haemophilus influenzae</i> type b (%)	89.8	87.7	88.5	91.0	90.2	89.1	89.9	87.8	89.2
Measles, Mumps, Rubella (%)	93.5	89.7	90.2	92.8	92.3	93.5	92.0	90.3	91.3
Fully immunised (%)²	88.0	80.7	77.1	87.4	85.4	84.6	84.1	81.6	83.4
Change in fully immunised since last quarter (%)	+1.0	+2.7	+2.5	+1.2	+1.2	+1.9	+0.7	+2.1	+1.7

1. The 12 months age data for this cohort was published in *Commun Dis Intell* 1999;23:314.

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