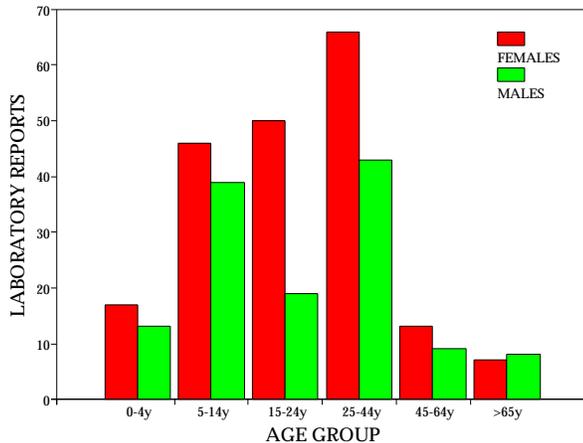


**Figure 30. *Mycoplasma pneumoniae* laboratory reports, 1995, by age group and sex**



### ***Bordetella pertussis* and *Bordetella* species**

There were 868 reports of *Bordetella pertussis* and *Bordetella* species received. More reports were received for the warmer months of the year (Figure 31). The male:female ratio was 1:1.2 and cases occurred in all age groups. Methods of diagnosis included isolation (17) and antibody detection (76) and antibody detection (122).

### ***Cryptococcus* species**

Twenty-six reports of *Cryptococcus* species were received including 7 *Cryptococcus neoformans*. Twenty-one were males and 3 females (sex of two was not stated). All were in the 25 - 74 years age range. Included was one case of meningitis and one of other CNS disease. Specimen types were blood (25) and CSF (1).

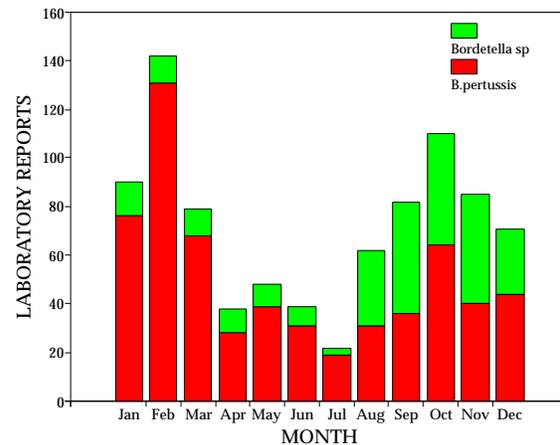
### ***Treponema pallidum***

There were 455 reports of *Treponema pallidum* reported. Most reports (73%) were for the 15 - 44 years age group. Twenty-three were pregnant, one was HIV positive and one reported recent overseas travel. All specimens were blood.

### ***Toxoplasma gondii***

*Toxoplasma gondii* was reported for 107 patients in 1995. More reports were received for April than for other months. Included were 69 females of child-bearing age, 2 of whom were reported to be pregnant. Diagnosis was by

**Figure 31. *Bordetella pertussis* and *Bordetella* species laboratory reports, 1995, by month of specimen collection**



IgM detection (40), single high titre (6), total antibody (60) and other (1).

### ***Echinococcus granulosus* (hydatid disease)**

Eleven reports of hydatid disease were received in 1995 for 5 males and 5 females. The sex of one case was not reported. All diagnoses were by serology.

## **Acknowledgements**

The contribution of all the LabVISE laboratories is gratefully acknowledged.

## **References**

1. Hargreaves J. Annual report of the CDI Virology and Serology Reporting Scheme, 1992. *Comm Dis Intell* 1993;17:530-551.
2. Curran M. Annual Report of the CDI Virology and Serology Reporting Scheme, 1993. *Comm Dis Intell* 1994;18:570-596.
3. Curran M. Annual Report of the CDI Virology and Serology Reporting Scheme, 1994. *Comm Dis Intell* 1995;19:590-615.
4. Van Buynder P, Sam G, Russel R, et al. Barmah Forest virus epidemic on the South Coast of New South Wales. *Comm Dis Intell* 1995;19:188-191.
5. Hanna J, Ritchie S, Loewenthal M, et al. Probable Japanese encephalitis acquired in the Torres Strait. *Comm Dis Intell* 1995;19:206-208.
6. Curran M. National Influenza Surveillance 1995. *Comm Dis Intell* 1996;20:140-145.
7. An outbreak of respiratory disease in Victoria. *Comm Dis Intell* 1995;19:578.

---

## **OVERSEAS BRIEFS**

---

Source: World Health Organization (WHO)

### **Ebola haemorrhagic fever**

**South Africa.** A case of Ebola haemorrhagic fever was confirmed in a nurse on 16 November. The illness started with mild fever and when severe headache developed the nurse was admitted to hospital with suspected encephalitis. The patient developed a fine rash and diarrhoea, and her platelet count, which had been low on admission,

continued to fall. This was accompanied by marked leukopenia and abnormal liver enzyme tests.

This is the first case of Ebola fever diagnosed in South Africa. Tracing the source of the infection established that the nurse had been exposed in late October to the blood of

a very ill doctor who had been brought from Libreville, Gabon on 27 October. The doctor recovered and was later discharged to convalesce in a nearby facility. He was shown to have antibody to Ebola virus; virus isolation is being attempted from blood specimens collected during his acute illness. Immediately after the laboratory confirmation, committees were established to oversee infection control, contact tracing and observation, and all other aspects of outbreak control.

**Gabon.** A source from the Ministry of Health in Gabon has notified WHO that the doctor who flew to South Africa for treatment on 27 October had been in direct contact with

one of two patients previously identified during the Booué outbreak. These two patients had travelled to Libreville for health care. The Ministry of Health is now looking for additional contacts in Libreville. As the maximum incubation period has elapsed since the infected doctor left the country and no new cases have been seen, it is unlikely that Ebola virus transmission is still going on in the capital. If no new cases are detected, the doctor will be the last in the outbreak which then could be declared over on 11 December. The total number of cases is 25 with 17 deaths.

## COMMUNICABLE DISEASES SURVEILLANCE

### National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislations. De-identified core unit data are supplied fortnightly for collation, analysis and dissemination. For further information, see *CDI 1996;20:9-10*.

#### Reporting period 27 October to 9 November 1996

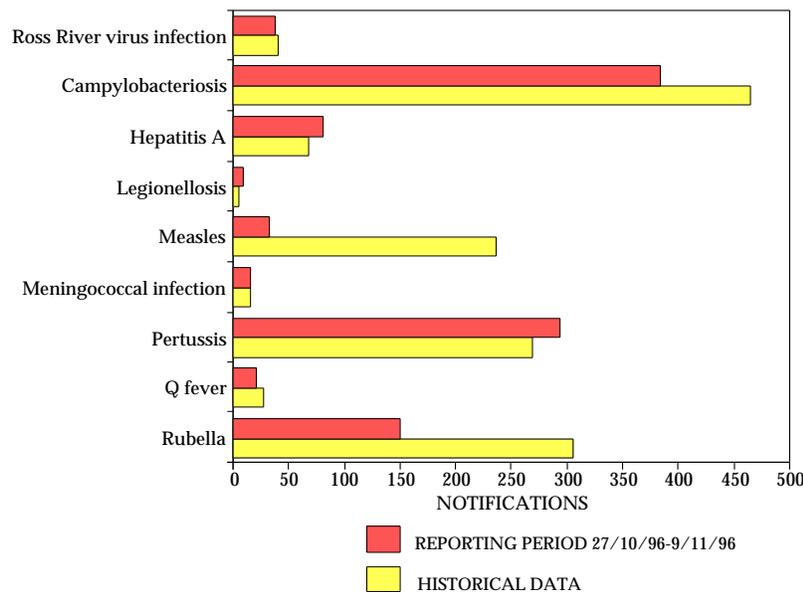
There were 2,330 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

One case of *Haemophilus influenzae* type b infection was received this reporting period for a male in the 25 - 29 years age group. Notifications continue in low numbers (Figure 2).

Measles notifications rose slightly in the month of October, but remained below the number reported for this month in previous years.

Few reports of Ross River virus continue to be received, as is usual for the time of year (Figure 3). The seasonal rise in notifications begins in the months of December and January.

**Figure 1. Selected National Notifiable Diseases Surveillance System reports, and historical data<sup>1</sup>**



1. The historical data are the averages of the number of notifications in 9 previous 2-week reporting periods: the corresponding periods of the last 3 years and the periods immediately preceding and following those.