Age group	Sex ¹													
	1991		1992		1993		1994		1995		1996		1997	
(years)	М	F	М	F	М	F	М	F	М	F	М	F	М	F
0-4	10	9	8	8	10	13	9	5	4	4	13	12	16	13
5-9	13	13	19	13	14	7	13	10	10	3	18	18	15	10
10-14	39	22	24	15	20	13	15	8	20	11	27	12	17	13
15-19	68	30	53	34	54	28	59	31	33	35	74	37	55	31
20-24	87	26	68	17	79	26	89	30	59	25	85	45	73	31
25-29	85	24	100	34	71	20	71	34	76	22	96	37	68	29
30-34	47	24	62	16	46	21	58	20	50	14	58	32	63	27
35-39	46	17	57	19	39	15	41	18	42	15	60	20	50	17
40-44	49	11	37	16	39	15	50	16	38	21	46	14	38	11
45-49	36	11	29	10	38	12	30	8	45	7	56	10	43	12
50-54	9	8	18	3	17	6	32	12	24	9	19	7	34	10
55-59	12	1	11	7	16	6	12	1	17	2	20	7	15	3
60-64	10	4	12	5	8	2	4	3	7	1	7	4	8	3
65-69	3	1	4	2	5	4	3	4	7	3	13	2	10	2
70-74	3	0	8	0	4	1	2	0	3		4	2	2	2
75-79	1	0	1	0	1	0	2	0	1	1	2	0	2	2
80-84	1	0	0	1	0	0	1	0	1	1	0	0	0	1
85+	2	0	1	1	0	0	0	0		1	0	0	0	0
NS	16	17	17	5	10	2	8	4	5	2	5	1	0	2
Total	537	218	529	206	471	191	499	204	442	177	603	260	509	219

Table 2. Malaria notifications, Australia, 1991-1997, by age group and sex

Source: National Notifiable Diseases Surveillance System

1. Excludes the following cases for whom sex was not stated: 1991 = 10, 1992 = 6, 1993 = 7, 1994 = 1, 1995 = 3, 1996 = 3, 1997 = 5.

VRE; a public health context

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In recent weeks newspapers around Australia have reported outbreaks of vancomycin-resistant enterococci (VRE) in five Victorian hospitals. To date, VRE has not been a major cause of hospital infection in Australia, unlike the United States where it has become a major nosocomial pathogen. Since 1994, when Australia's first case of VRE was detected, the National Antimicrobial Resistance Surveillance Program (NARSP) has collected data on 69 cases of VRE from around Australia which are presented in a timely report for this issue of *CDI*.¹

The outbreaks in Victoria serve as a reminder that we must constantly examine and improve our public health practices. Vancomycin is currently the last line of treatment against methicillin resistant Staphylococcus aureus, a common cause of nosocomial infection in Australia. Japan and the United States have already seen nosocomial infections with S. aureus that have resistance to vancomycin. Australia needs to heed this warning and re-examine current practice. Community use of antibiotics in Australia is one of the highest in the developed world.² Antibiotics are also used in animal feeds. The extent to which these practices are contributing to the increasing antibiotic resistant pathogens in humans is largely unknown, but this question is being examined by the Joint Expert Technical Advisory Committee on Antimicrobial Resistance (JETACAR), a joint initiative of the Federal Ministers for

Health and Industries. This committee is expected to complete its work before 1999.

Effective infection control in health care settings remains a vital strategy in containing and preventing nosocomial infections. In the National Centre for Disease Control a review of the national infection control guidelines *Infection Control in the Health Care Setting* is under way. This will utilise experts from across the health care professions in drafting a new national infection control policy. The revised document will include more comprehensive and up-to-date information for controlling antibiotic resistant organisms in health care settings.

Last but not least, outbreaks of VRE remind us of the importance of surveillance. Early detection of resistant organisms can provide important early warnings of changes in our environment that may impact on public health. Without comprehensive active surveillance we can not develop effective or well targeted infection control policies. Surveillance of nosocomial infections and antibiotic resistance in animals and humans has been identified as a high public health priority by the Communicable Disease Network Australia New Zealand.

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