Week number 33 35 36 34 22 August 1999 29 August 1999 5 September 1999 12 September 1999 Week ending on Doctors reporting 56 49 49 30 Total encounters 7,839 7,103 6,876 4,130 Rate per Rate per Rate per Rate per 1,000 1,000 1,000 1,000 Reports encounters Condition encounters Reports encounters Reports encounters Reports 7 Influenza 137 17 105 15 77 11 30 0 0 0 0 1 0 0 Ruhella 2 0 Measles 2 0 2 0 0 0 2 Chickenpox 9 1 8 9 7 1 2 7 2 14 3 0 7 New diagnosis of asthma 1 5 9 1 7 1 3 1 Post operative wound sepsis 1 Gastroenteritis 61 R 53 58 R 35 R

Table 5. Australian Sentinel Practice Research Network reports, weeks 33 to 36, 1999

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 1999;23:55.

LabVISE is a sentinel reporting scheme. Twenty-one laboratories contribute data on the laboratory identification of viruses and other organisms. Data are collated and published in Communicable Diseases Intelligence every four weeks. These data should be interpreted with caution as the number and type of reports received is subject to a number of biases. For further information, see CDI 1999;23:58.

ASPREN currently comprises about 100 general practitioners from throughout the country. Up to 9,000 consultations are reported each week, with special attention to 12 conditions chosen for sentinel surveillance in 1999. CDI reports the consultation rates for seven of these. For further information, including case definitions, see CDI 1999;23:55-56.

Additional Reports

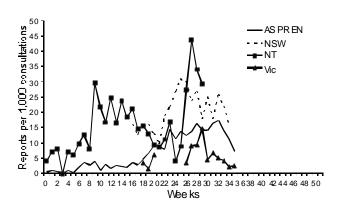
National Influenza Surveillance, 1999

Three types of data are included in National Influenza Surveillance, 1999. These are sentinel general practitioner surveillance conducted by the Australian Sentinel Practice Research Network, Department of Human Services (Victoria), Department of Health (New South Wales) and the Tropical Influenza Surveillance Scheme, Territory Health (Northern Territory); laboratory surveillance data from the Communicable Diseases Intelligence Virology and Serology Laboratory Reporting Scheme, LabVISE, and the World Health Organization Collaborating Centre for Influenza Reference and Research; and absenteeism surveillance conducted by Australia Post. For further information about these schemes, see CDI 1999; 23:56.

Sentinel general practitioner surveillance

Over the last 4 week reporting period up until 8 September 1999 reports of influenza consultations were provided from ASPREN and the Victorian Sentinel Scheme. Reports were not available from The Tropical Influenza Surveillance Program (NT) due to the management of the Timorese refugees and reports were not available from the NSW Sentinel Scheme for the last week of the reporting period. From the available data the

Figure 1. Sentinel general practitioner influenza consultation rates, 1999, by scheme



rate of reports of influenza consultations had a consistent downward trend. By the end of the period the rate of reports of influenza consultations had reached 7/1,000 for ASPREN, 2/1,000 for the Victorian Sentinel Scheme and 16/1,000 for the NSW Sentinel Surveillance Scheme. The rates for ASPREN and the Victorian Sentinel Scheme were returning to levels seen in late April to early May of this year (Figure 1).

Laboratory surveillance

For the year to date a total of 1,442 laboratory reports of influenza have been received. Of these 1,323 (92%) were influenza A and 119 (8%) influenza B. The trend in the number of laboratory reports was downwards, consistent with the trend in the clinical notifications (Figure 2). The number of influenza A reports to date is again less than the previously recorded high noted in 1998 (Figure 3).

Figure 2. Laboratory reports of influenza, 1999, by type and by week of specimen collection

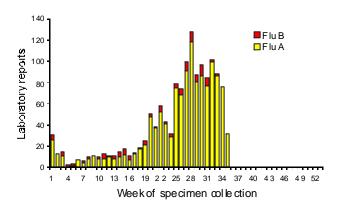
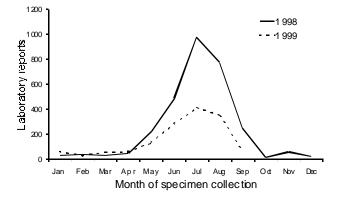


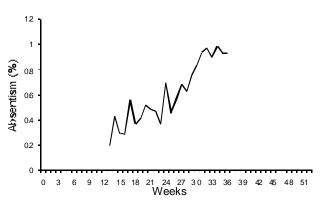
Figure 3. Laboratory reports of influenza, 1998-99, by month of specimen collection



Absenteeism surveillance

The average rate for the last 4 week reporting period were 0.95% and the maximum rate was 1.0%. The rates show a plateauing of the upwards trend noted in previous reports but again a marked increase compared to a similar period in 1998 (Figure 4).

Figure 4. Absenteeism rates in Australia Post, 1999



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 (ACT, 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. Telephone: (02) 9332 4648; Facsimile: (02) 9332 1837; http://www.med.unsw.edu.au/nchecr.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 to 30 June 1999, as reported to 30 September 1999, are included in this issue of CDI (Tables 6 and 7).

Table 6. New diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 to 30 June 1999, by sex and State or Territory of diagnosis

										Totals for Australia			
		АСТ	NSW	NT	Qld	SA	Tas	Vic	WA	This period 1999	This period 1998	Year to date 1999	Year to date 1998
HIV diagnoses	Female	1	2	0	0	0	0	1	0	3	5	34	39
	Male	0	14	0	4	1	0	10	0	29	48	272	333
	Sex not reported	0	2	0	0	0	0	0	0	2	0	2	5
	Total ¹	0	18	0	4	1	0	11	0	34	53	308	377
AIDS diagnoses	Female	0	0	0	0	0	0	0	0	0	1	3	7
	Male	0	2	0	0	0	0	0	0	2	25	41	146
	Total ¹	0	2	0	0	0	0	0	0	2	26	44	153
AIDS deaths	Female	0	0	0	0	0	0	0	0	0	2	1	4
	Male	0	2	0	1	0	0	2	0	5	13	40	72
	Total ¹	0	2	0	11	0	0	2	0	5	15	42	76

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

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 June 1999, by sex and State or Territory

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female Male	24 189	591 10,630	9 107	138 1,908	57 655	5 79	206 3,813	109 884	1,139 18,265
	Sex not reported	0	260	0	0	0	0	24	0	284
	Total 1	213	11,500	116	2,053	712	84	4,056	996	19,730
AIDS diagnoses	Female	8	173	0	46	21	3	67	26	344
	Male Total ¹	85 93	4,546 4,731	35 35	794 842	330 351	44 47	1,595 1,669	344 372	7,773 8,140
AIDS deaths	Female	3	113	0	30	15	2	47	16	226
	Male	64	3,135	24	557	227	28	1,250	245	5,530
	Total 1	67	3,256	24	589	242	30	1,303	262	5,773

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