

**Table 8. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 30 September 1997, by sex and State or Territory**

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
HIV diagnoses	Female	21	500	5	114	49	4	190	81	964
	Male	179	10,622	92	1,772	620	77	3,627	829	17,818
	Sex not reported	0	2,062	0	1	0	0	28	0	2,091
	Total <sup>1</sup>	200	13,197	97	1,892	669	81	3,855	913	20,904
AIDS diagnoses	Female	7	153	0	40	19	2	59	23	303
	Male	80	4,213	30	743	317	41	1,491	331	7,246
	Total <sup>1</sup>	87	4,377	30	785	336	43	1,557	356	7,571
AIDS deaths	Female	2	112	0	27	14	2	41	14	212
	Male	52	3,015	23	519	212	26	1,176	239	5,262
	Total <sup>1</sup>	54	3,134	23	548	226	28	1,223	254	5,490

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

HIV and AIDS diagnoses and deaths following AIDS reported for September 1997, as reported to 31 December 1997, are included in this issue of *CDI* (Tables 7 and 8).

## *Sentinel Chicken Surveillance Programme*

*Sentinel chicken flocks are used to monitor flavivirus activity in Australia. The main viruses of concern are Murray Valley encephalitis (MVE) and Kunjin which causes the potentially fatal disease Australian encephalitis in humans. Currently 26 flocks are maintained in the north of Western Australia, seven in the Northern Territory, nine in New South Wales and ten in Victoria. The flocks in Western Australia and the Northern Territory are tested year round but those in New South Wales and Victoria are tested only from November to March, during the main risk season.*

*Results are coordinated by the Arbovirus Laboratory in Perth and reported bimonthly. For more information see CDI 1998;22:7*

*AK Broom<sup>1</sup>, J Azuola<sup>2</sup>, L Hueston<sup>3</sup>, JS Mackenzie<sup>4</sup>, L Melville<sup>5</sup>, DW Smith<sup>6</sup> and PI Whelan<sup>7</sup>*

1. Department of Microbiology, The University of Western Australia
2. Veterinary Research Institute, Victoria
3. Virology Department, Westmead Hospital, NSW
4. Department of Microbiology, The University of Queensland
5. Berrimah Agricultural Research Centre, Darwin
6. PathCentre, Perth
7. Department of Health and Community Services, Darwin

Sentinel chicken serology was carried out for 25 of the 28 flocks in Western Australia in January and February 1998. There were no seroconversions to flaviviruses during this period. However, there were three seroconversions in the Kununurra flock in early March. Two of these had antibodies to MVE virus and one had antibodies to both MVE and Kunjin viruses. There was also a human case caused by Kunjin virus reported from Kununurra in late February. More details will be available in the next report.

Six flocks of sentinel chickens from the Northern Territory were tested in January and February 1998. There were two seroconversions to Kunjin virus in the Tennant Creek flock, one in January and one in February. The February seroconversion is yet to be confirmed.

There have been no seroconversions to flaviviruses in January or February 1998 from the sentinel chicken flocks located in New South Wales and Victoria.

## Overseas briefs

**Source: World Health Organization (WHO) and Pacific Public Health Surveillance Network**

### *Influenza in the northern hemisphere*

The number of influenza virus isolates increased markedly in Canada during January and early February 1998 while the United States of America experienced a widespread epidemic. In Asia, widespread activity was reported in Israel, Islamic Republic of Iran and Japan. Countries in Europe had a low level of activity until late January but are now also reporting increasing influenza activity.

The recommendations for the composition of the 1998-1999 influenza vaccine for the northern hemisphere were issued on 18 February by the WHO, as follows:

- an A/Sydney/5/97(H3N2)-like virus;
- an A/Beijing/262/95(H1N1)-like virus;
- a B/Beijing/184/93-like virus.

### *Cholera*

**Comoros Islands.** As of 16 February, 282 cases with 10 deaths (case fatality rate 3.5%) have been reported, mainly in Moroni (the capital city) and surrounding villages, and Mbéni 40 km north of Moroni. The causative organism

has been confirmed as *Vibrio cholerae* O1, El Tor. The WHO has been involved with the national authorities in controlling the outbreak since it was notified on 19 January. A national cholera committee has been established and activities are being directed at improving case management in the national hospital, training of health staff and education of the general public, ensuring water safety, and supplying oral rehydration salts, chlorine and other materials.

**Mozambique.** From August 1997 to 9 February 1998, 14,679 cases of cholera with 477 deaths (case fatality rate 3.2%) were reported. During the last week of January 1,657 cases were reported corresponding to an attack rate of 4.1%. Most of these cases occurred in Beira City, Sofala Province. Over 800 cases with 80 deaths were reported in a 48 hour period in a single week and 900 patients are currently being treated. The situation in other affected areas (Gaza, Manica, Maputo City and Maputo Province) appears to be stable. Neighbouring countries (Zimbabwe, Zambia and Malawi) have been alerted to the need to strengthen surveillance for early detection of cholera coming via the Beira corridor.

**Peru.** A large increase in cholera cases has been reported in Peru since the end of 1997. In the first four weeks of 1998 a total of 2,863 cases with 16 deaths had been reported compared with 174 cases with one death in the corresponding period in 1997. The largest numbers of cases were reported from Arequipa, Lima, La Libertad, Lambayeque, Ancash and Cuzco but cases have occurred in many other regions including those in the forest areas, where no cases or very few had previously been reported. This large increase has probably occurred as a result of storms and floods caused by El Niño. The national authorities are discussing cholera control activities with the WHO, and neighbouring countries have been informed.

## Dengue

**Cambodia.** The number of cases of dengue haemorrhagic fever admitted to two paediatric hospitals which function as sentinel sites in Phnom Penh, was higher than usual in December 1997 and January 1998. During 1997 the monthly number of cases had increased from 10 in January

to a peak of 220 in November, but remained below the monthly epidemic thresholds. The number of cases fell to 140 in December but then increased again to 227 in January 1998, which is almost five times above the epidemic threshold for that month. Three of the 227 cases were fatal. Experts from the WHO Office for the Western Pacific Region are currently assessing the situation and discussing control strategies with the national health authorities.

**Fiji.** Since mid-December 1997 there have been at least 20,148 cases of suspected dengue fever, with 989 hospital admissions. Included were 11 deaths, all except one in the greater Suva area. The case fatality rate of 0.6 per 1,000 cases compares to a rate of 8.1 deaths per 1,000 during the 1989-1990 epidemic. The low case fatality rate is believed to be due to the rapid diagnosis and appropriate management of serious cases, and the technical assistance provided by the WHO. Nearly 2.5% of Fiji's population has been affected to date. It appears that weekly suspected case levels are declining, particularly in Viti Levu. The public are being encouraged to keep living environments free of mosquito breeding sites.

**Tonga.** As of 10 March 1998, 7 cases of dengue had been reported for the year to date. Active surveillance is continuing together with public education and a control program.

**New Caledonia.** The outbreak of type 2 dengue which began in New Caledonia in December 1996 is continuing. Up to 15 February 1998, 594 cases had been reported. No deaths were registered. For 1997, a total of 243 cases were reported; amongst the cases for which the serotype was identified 95% (146/154) were type 2 dengue, 5% (7/154) type 3 dengue and one case was type 1 dengue (imported from Thailand). In December 1997, the weekly number of new cases began to increase. Three hundred and forty-seven cases were notified from 1 January to 16 February 1998, representing more than the total number of cases for 1997; all confirmed cases (260) were type 2 dengue. The Department of Health is undertaking vector control measures including insecticide spraying and reduction of mosquito breeding sites. Awareness campaigns targeting both the public and health professionals are also being conducted.

**Editor:** Bronwen Harvey

**Deputy Editor:** Corrine Rann

**Assistant Editor:** Margaret Curran

### Editorial Advisory Board

Charles Watson (Chair), Mary Beers, Margaret Burgess, Scott Cameron, John Kaldor, Margery Kennett, Cathy Mead

### Editorial and Production Staff

Alison Milton, John Mohoric, Htoo Myint, Edward O'Brien, Graeme Oliver

Contributions covering any aspects of communicable diseases are invited. Instructions to authors can be found in *CDI* 1998;22:9.

*CDI* is produced every four weeks by the National Centre for Disease Control, Department of Health and Family Services, GPO Box 9848 Canberra ACT 2601; fax: (02) 6289 7791, phone: (02) 6289 6895.

For subscriptions or change of address please fax (02) 6269 1212 or write to PO Box 650, Fyshwick ACT 2609.

Opinions expressed in *CDI* are those of the authors and not necessarily those of the Department of Health and Family Services or the Communicable Diseases Network Australia New Zealand. Data may be subject to revision.

Electronic editions of *CDI* and data from the National Notifiable Diseases Surveillance Scheme (NNDSS) are available on the Department of Health and Family Services Internet web site. The address is 'http://www.health.gov.au/hfs/pubs/cdi/cdihtml.htm'.

Consent for copying all or part of *CDI* can be obtained from the Manager, Commonwealth Information Services, Australian Government Publishing Service, GPO Box 84, Canberra ACT 2601.