## **Additional reports**

# Australian childhood immunisation coverage

Tables 1, 2 and 3 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 12 months, 24 months and 5 years of age, for 3-month birth cohorts of children at the stated ages between 1 October and 31 December 2010. 'Fully immunised' refers to vaccines on the National Immunisation Program Schedule, but excludes rotavirus, pneumococcal conjugate, varicella, or meningococcal C conjugate vaccines, and is outlined in more detail below.

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

The percentage of children 'fully immunised' at 12 months of age for Australia increased slightly by 0.4 percentage points to 91.8% (Table 1). There were no important changes in coverage for any individual vaccines due at 12 months of age or by jurisdiction.

The percentage of children 'fully immunised' at 24 months of age for Australia increased by 0.1 percentage points to 92.3 (Table 2). There were no important changes in coverage for any individual vaccines due at 24 months of age or by jurisdiction.

The percentage of children 'fully immunised' at 5 years of age for Australia decreased slightly by 0.2 percentage points, to sit currently at 89.2% (Table 3). There were no important changes in coverage for any individual vaccines due at 5 years of age or by jurisdiction.

Table 1. Percentage of children immunised at 1 year of age, preliminary results by disease and state or territory for the birth cohort 1 October to 31 December 2009; assessment date 31 March 2011

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,298	24,621	961	15,091	4,876	1,628	18,334	7,764	74,573	
Diphtheria, tetanus, pertussis (%)	94.7	92.0	90.5	92.4	92.6	92.0	92.9	90.9	92.3	
Poliomyelitis (%)	94.5	91.9	90.5	92.4	92.6	91.9	92.9	90.9	92.2	
Haemophilus influenzae type b (%)	94.5	91.8	90.4	92.3	92.4	91.9	92.7	90.7	92.1	
Hepatitis B (%)	93.8	91.6	90.4	92.2	92.2	91.9	92.5	90.4	91.9	
Fully immunised (%)	93.5	91.5	90.4	92.1	92.1	91.8	92.3	90.3	91.8	
Change in fully immunised since last quarter (%)	-0.4	+0.1	+0.8	+0.6	+0.6	+0.5	+0.5	+0.5	+0.4	

Table 2. Percentage of children immunised at 2 years of age, preliminary results by disease and state or territory for the birth cohort 1 October to 31 December 2008; assessment date 31 March 2011\*

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,259	24,941	857	15,368	4,890	1,723	18,100	7,552	74,690	
Diphtheria, tetanus, pertussis (%)	95.7	94.9	95.5	94.7	94.6	96.2	95.8	93.3	95.0	
Poliomyelitis (%)	95.6	94.9	95.5	94.7	94.6	96.2	95.7	93.3	94.9	
Haemophilus influenzae type b (%)	95.5	95.1	95.3	94.6	94.5	95.9	95.7	93.3	95.2	
Measles, mumps, rubella (%)	93.7	93.9	95.9	94.1	93.9	95.2	94.8	92.0	94.5	
Hepatitis B (%)	95.0	94.5	95.3	94.2	94.3	96.0	95.3	92.8	94.5	
Fully immunised (%)	92.2	92.5	94.4	92.4	92.2	94.1	93.5	89.9	92.7	
Change in fully immunised since last quarter (%)	-1.3	+0.1	+0.5	-0.5	-0.5	-0.2	-0.0	-0.8	-0.0	

<sup>\*</sup> The 12 months age data for this cohort were published in Commun Dis Intell 2010;34(2):148.

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Table 3. Percentage of children immunised at 5 years of age, preliminary results by disease and state or territory for the birth cohort 1 October to 31 December 2005; assessment date 31 March 2011

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,226	23,390	860	14,761	4,584	1,632	17,458	7,252	71,163	
Diphtheria, tetanus, pertussis (%)	91.5	89.5	88.3	90.2	87.7	90.7	91.5	86.5	89.8	
Poliomyelitis (%)	91.7	89.4	88.1	90.1	87.7	90.6	91.5	86.4	89.7	
Measles, mumps, rubella (%)	91.2	89.3	87.9	90.1	87.4	90.6	91.3	86.4	89.6	
Fully immunised (%)	91.0	88.9	87.4	89.7	87.1	90.2	91.0	85.7	89.2	
Change in fully immunised since last quarter (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Figure 1: Trends in vaccination coverage, Australia, 1997 to 31 December 2010, by age cohorts

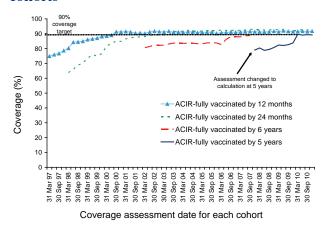


Figure 1 shows the trends in vaccination coverage from the first ACIR-derived published coverage estimates in 1997 to the current estimates. There is a clear trend of increasing vaccination coverage over time for children aged 12 months, 24 months and 6 years (till December 2007). This trend continued when the age of coverage calculation was changed from 6 to 5 years in March 2008, and then increased further in the previous quarter as outlined in the previous report.

### Birth cohort 1 January to 31 March

Tables 4, 5 and 6 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 12 months, 24 months and 5 years of age, for 3-month birth cohorts of children at the stated ages between 1 January to 31 March 2011.

The percentage of children 'fully immunised' at 12 months of age for Australia increased by 1.5 per-

centage points to 90.3% (Table 4). There were no important changes in coverage for any individual vaccines due at 12 months of age or by jurisdiction.

The percentage of children 'fully immunised' at 24 months of age for Australia increased by 0.1 percentage point to 92.8 (Table 5). There were no important changes in coverage for any individual vaccines due at 24 months of age or by jurisdiction.

The percentage of children 'fully immunised' at 5 years of age for Australia increased slightly by 0.4 percentage points to 89.6% (Table 6). There were no important changes in coverage for any individual vaccines due at 5 years of age or by jurisdiction.

Figure 2 shows the trends in vaccination coverage from the first ACIR-derived published coverage estimates in 1997 to the current estimates. There is a clear trend of increasing vaccination coverage over time for children aged 12 months, 24 months and 6 years (till December 2007). This trend continued when the age of coverage calculation was changed from 6 to 5 years in March 2008, and then increased further in the previous quarter as outlined in the previous report.

Figure 2: Trends in vaccination coverage, Australia, 1997 to 31 March 2011, by age cohorts

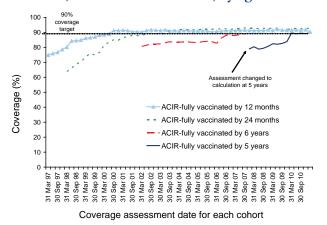


Table 4. Percentage of children immunised at 1 year of age, preliminary results by disease and state or territory for the birth cohort 1 January to 31 March 2010; assessment date 30 June 2011

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,314	24,366	976	16,030	4,957	1,533	17,997	8,049	75,222	
Diphtheria, tetanus, pertussis (%)	93.2	90.2	92.0	91.4	90.9	90.7	92.1	88.2	90.8	
Poliomyelitis (%)	93.2	90.1	91.9	91.3	90.9	90.6	92.1	88.1	90.7	
Haemophilus influenzae type b (%)	93.0	90.0	91.8	91.2	90.8	90.5	91.9	88.1	90.6	
Hepatitis B (%)	92.6	89.8	91.9	91.0	90.7	90.4	91.8	87.8	90.5	
Fully immunised (%)	92.5	89.7	91.8	91.0	90.5	90.4	91.6	87.6	90.3	
Change in fully immunised since last quarter (%)	-1.0	-1.8	+1.4	-1.1	-1.6	-1.4	-0.8	-2.6	-1.4	

Table 5. Percentage of children immunised at 2 years of age, preliminary results by disease and state or territory for the birth cohort 1 January to 31 March 2009; assessment date 30 June 2011\*

	State or territory								
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
Total number of children	1,146	24,033	971	15,660	4,956	1,569	17,519	7,813	73,667
Diphtheria, tetanus, pertussis (%)	95.3	94.6	96.0	94.9	94.7	95.8	95.6	94.1	94.9
Poliomyelitis (%)	95.3	94.6	96.0	94.8	94.7	95.8	95.6	94.1	94.9
Haemophilus influenzae type b (%)	95.1	94.9	95.5	94.8	94.5	96.2	95.5	94.1	95.1
Measles, mumps, rubella (%)	94.5	93.5	95.6	94.3	93.8	95.5	94.7	93.4	94.0
Hepatitis B (%)	94.9	94.2	95.8	94.5	94.1	95.7	95.1	93.6	94.5
Fully immunised (%)	93.1	92.1	94.0	92.9	92.4	94.5	93.4	91.8	92.8
Change in fully immunised since last quarter (%)	+0.9	-0.4	-0.4	+0.5	+0.2	+0.4	-0.2	+1.9	+0.1

<sup>\*</sup> The 12 months age data for this cohort were published in *Commun Dis Intell* 2010;34(3):365.

Table 6. Percentage of children immunised at 5 years of age, preliminary results by disease and state or territory for the birth cohort 1 January to 31 March 2006; assessment date 30 June 2011

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,228	23,532	902	15,480	4,755	1,630	17,305	7,735	72,567	
Diphtheria, tetanus, pertussis (%)	91.5	90.1	88.8	90.8	87.4	91.2	91.6	86.6	90.1	
Poliomyelitis (%)	91.4	90.1	88.8	90.7	87.4	91.2	91.5	86.6	90.0	
Measles, mumps, rubella (%)	91.0	90.0	88.8	90.6	87.3	90.4	91.4	86.5	89.9	
Fully immunised (%)	90.6	89.7	88.1	90.3	87.0	90.3	91.1	86.0	89.6	
Change in fully immunised since last quarter (%)	-0.4	+0.8	+0.7	+0.6	-0.2	+0.1	+0.1	+0.3	+0.4	

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#### Birth cohort 1 April to 30 June

Tables 7, 8 and 9 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 12 months, 24 months and 5 years of age, for 3-month birth cohorts of children at the stated ages between 1 April and 30 June 2011.

The percentage of children 'fully immunised' at 12 months of age for Australia increased by 1.8 percentage points to 92.1%, the highest level ever attained (Table 7). Important changes in coverage were seen for both Western Australia and South Australia with coverage for 'fully immunised', polio and DTP vaccines reaching the highest levels ever attained for these two jurisdictions.

The percentage of children 'fully immunised' at 24 months of age for Australia did not change and

remained at 92.8% (Table 8). There were no important changes in coverage for any individual vaccines due at 24 months of age or by jurisdiction.

The percentage of children 'fully immunised' at 5 years of age for Australia decreased slightly by 0.3 percentage points to 89.3% (Table 9). There were no important changes in coverage for any individual vaccines due at 5 years of age or by jurisdiction.

Figure 3 shows the trends in vaccination coverage from the first ACIR-derived published coverage estimates in 1997 to the current estimates. There is a clear trend of increasing vaccination coverage over time for children aged 12 months, 24 months and 6 years (till December 2007). This trend continued when the age of coverage calculation was changed from 6 to 5 years in March 2008, and then increased further in the previous quarter as outlined in the previous report.

Table 7. Percentage of children immunised at 1 year of age, preliminary results by disease and state or territory for the birth cohort 1 April to 30 June 2010; assessment date 30 September 2011

	State or territory									
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust	
Total number of children	1,299	24,659	957	15,797	4,900	1,517	17,940	7,859	74,928	
Diphtheria, tetanus, pertussis (%)	94.2	92.3	93.4	92.2	93.2	91.5	93.2	91.4	92.5	
Poliomyelitis (%)	94.2	92.3	93.5	92.2	93.2	91.5	93.2	91.3	92.5	
Haemophilus influenzae type b (%)	94.1	92.2	93.4	92.1	93.1	91.4	93.1	91.2	92.4	
Hepatitis B (%)	94.0	92.0	93.4	92.0	93.1	91.4	92.8	90.8	92.2	
Fully immunised (%)	93.6	91.9	93.3	91.8	93.0	91.3	92.7	90.8	92.1	
Change in fully immunised since last quarter (%)	+1.1	+2.2	+1.5	+0.9	+2.5	+1.0	+1.1	+3.1	+1.7	

Table 8. Percentage of children immunised at 2 years of age, preliminary results by disease and state or territory for the birth cohort 1 April to 30 June 2009; assessment date 30 September 2011\*

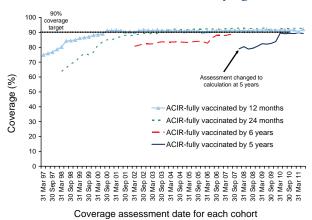
	State or territory								
Vaccine	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
Total number of children	1,256	24,138	1,023	15,872	4,881	1,642	17,752	7,996	74,560
Diphtheria, tetanus, pertussis (%)	96.0	94.7	96.2	95.0	95.3	95.5	95.7	94.3	95.0
Poliomyelitis (%)	95.9	94.6	96.2	94.9	95.3	95.5	95.6	94.2	95.0
Haemophilus influenzae type b (%)	96.7	95.1	96.6	95.1	95.2	96.0	95.7	94.7	95.3
Measles, mumps, rubella (%)	95.6	93.5	95.1	94.2	94.2	95.2	94.7	93.3	94.1
Hepatitis B (%)	95.7	94.3	95.8	94.5	94.8	95.3	95.1	93.7	94.6
Fully immunised (%)	94.5	92.3	93.7	93.0	93.2	94.3	93.6	91.7	92.8
Change in fully immunised since last quarter (%)	+1.4	+0.1	-0.3	+0.1	+0.8	-0.2	+0.2	-0.2	+0.0

<sup>\*</sup> The 12 months age data for this cohort were published in Commun Dis Intell 2010;34(4):469.

State or territory Vaccine ACT NSW NT Qld Vic WA Aust SA Tas Total number of children 1,178 23,446 897 15,464 4,687 1,446 17,323 7,673 72,114 Diphtheria, tetanus, pertussis (%) 91.9 90.0 88.7 89.8 87.1 90.4 91.5 86.3 89.8 Poliomyelitis (%) 91.9 90.0 88.7 89.6 87.0 90.4 91.5 86.2 89.7 Measles, mumps, rubella (%) 91.6 89.9 88.6 89.5 87.0 90.5 91.5 86.2 89.6 Fully immunised (%) 91.3 89.5 88.4 89.2 86.6 90.2 85.6 89.3 Change in fully immunised since +0.7 -0.1 +0.3 -1.1 -0.3 -0.1 +0.0 -0.4 -0.3 last quarter (%)

Table 9. Percentage of children immunised at 5 years of age, preliminary results by disease and state or territory for the birth cohort 1 April to 30 June 2006; assessment date 30 September 2011

Figure 3: Trends in vaccination coverage, Australia, 1997 to 30 June 2011, by age cohorts



'Fully immunised' at 12 months of age is defined as a child having a record on the ACIR of 3 doses of a diphtheria (D), tetanus (T) and pertussis-containing (P) vaccine, 3 doses of polio vaccine, 2 or 3 doses of PRP-OMP containing Haemophilus influenzae type b (Hib) vaccine or 3 doses of any other Hib vaccine, and 2 or 3 doses of Comvax hepatitis B vaccine or 3 doses of all other hepatitis B vaccines. 'Fully immunised' at 24 months of age is defined as a child having a record on the ACIR of 3 or 4 doses of a DTP-containing vaccine, 3 doses of polio vaccine, 3 or 4 doses of PRP-OMP containing Hib vaccine or 4 doses of any other Hib vaccine, 3 or 4 doses of Comvax hepatitis B vaccine or 4 doses of all other hepatitis B vaccines, and 1 dose of a measles, mumps and rubella (MMR)-containing vaccine. 'Fully immunised' at 5 years of age is defined as a child having a record on the ACIR of 4 or 5 doses of a DTP-containing vaccine, 4 doses of polio vaccine, and 2 doses of an MMR-containing vaccine.

The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) provides commentary on the trends in ACIR data. For further information please contact NCIRS at: telephone +61 2 9845 1435, E-mail: brynleyh@chw.edu.au

## Australian Sentinel Practices Research Network

The Australian Sentinel Practices Research Network (ASPREN) is a national surveillance system that is funded by the Australian Government Department of Health and Ageing, owned and operated by the Royal Australian College of General Practitioners and directed through the Discipline of General Practice at the University of Adelaide.

The network consists of general practitioners who report presentations on a number of defined medical conditions each week. ASPREN was established in 1991 to provide a rapid monitoring scheme for infectious diseases that can alert public health officials of epidemics in their early stages as well as play a role in the evaluation of public health campaigns and research of conditions commonly seen in general practice. Electronic, web-based data collection was established in 2006.

In June 2010, ASPREN's laboratory ILI testing was implemented, allowing for viral testing of 25% of ILI patients for a range of respiratory viruses including influenza A, influenza B and influenza A H1N1 (2009).

The list of conditions is reviewed annually by the ASPREN management committee. In 2011, 4 conditions are being monitored. They include influenza-like illness (ILI), gastroenteritis and varicella infections (chickenpox and shingles). Definitions of these conditions are described in Surveillance systems reported in CDI, published in Commun Dis Intell 2011;35(1):57–58.

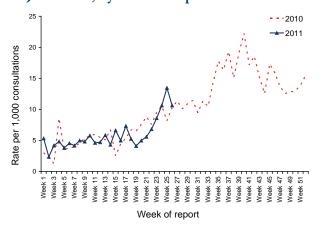
### Reporting period 1 April to 30 June 2011

Sentinel practices contributing to ASPREN were located in all 8 jurisdictions in Australia. A total of 121 general practitioners contributed data to ASPREN in the second quarter of 2011. Each week an average of 94 general practitioners provided information to

ASPREN at an average of 9,792 (range 7,412–11,608) consultations per week and an average of 122 (range 70–184) notifications per week.

ILI rates reported from 1 April to 30 June 2011 averaged 7 cases per 1,000 consultations (range 4–13 cases per 1,000 consultations). The reported rates in April, May and June 2011 (4–7 cases per 1,000 consultations; 4–7 cases per 1,000 consultations and 9–13 cases per 1,000 consultations respectively) were relatively consistent compared with rates in the same reporting period in 2010 (3–7 cases per 1,000

Figure 1: Consultation rates for influenzalike illness, ASPREN, 1 January 2010 to 30 June 2011, by week of report



consultations, 7–9 cases per 1,000 consultations and 8–11 cases per 1,000 consultations respectively) (Figure 1).

ILI swab testing has continued through 2011. The most commonly reported virus during this reporting period was rhinovirus (21% of all swabs performed), with the second most common virus being influenza A H1N1(2009) (9% of all swabs performed) (Figure 2).

From the beginning of 2011 to the end of week 26, 55 cases of influenza have been detected, the majority of these being H1N1(2009) (9% of all swabs performed) and the remainder influenza A untyped / other (3% of all swabs performed) and influenza B (5% of all swabs performed).

During this reporting period, consultation rates for gastroenteritis averaged 5 cases per 1,000 consultations (range 3–6 cases per 1,000, Figure 3). This was lower compared with rates in the same reporting period in 2010 where the average was 6 cases per 1,000 consultations (range 5–9 cases per 1,000).

Varicella infections were reported at a slightly lower rate for the second quarter of 2011 compared with the same period in 2010. From 1 April to 30 June 2011, recorded rates for chickenpox averaged 0.21 cases per 1,000 consultations (range 0–0.71 cases per 1,000 consultations, Figure 4).

Figure 2: Influenza-like illness swab testing results, ASPREN, 1 January 2010 to 30 June 2011, by week of report

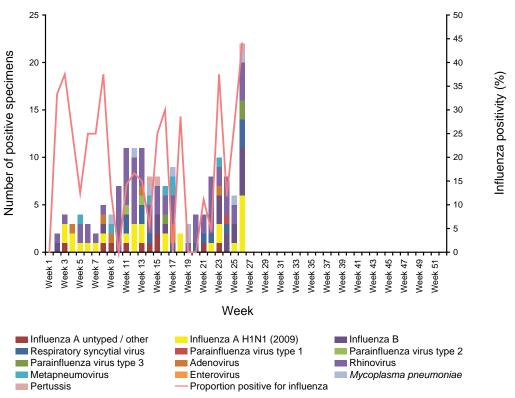


Figure 3: Consultation rates for gastroenteritis, ASPREN, 1 January 2010 to 30 June 2011, by week of report

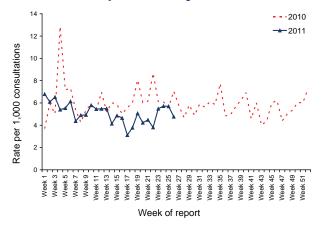
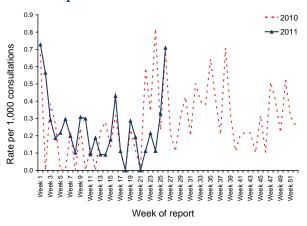


Figure 4: Consultation rates for chickenpox, ASPREN, 1 January 2010 to 30 June 2011, by week of report

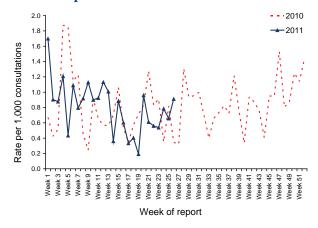


In the second quarter of 2011, reported rates for shingles averaged 0.6 cases per 1,000 consultations (range 0.2–1 cases per 1,000 consultations, Figure 5), slightly lower than the same reporting period in 2010 where the average shingles rate was 0.7 cases per 1,000 consultations (0.3–1.3 cases per 1,000 consultations).

#### Reporting period 1 July to 30 September 2011

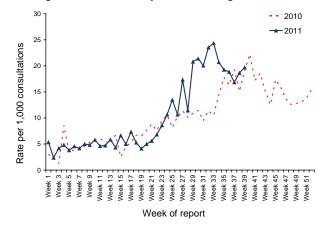
Sentinel practices contributing to ASPREN were located in all 8 jurisdictions in Australia. A total of 134 general practitioners contributed data to ASPREN in the third quarter of 2011. Each week an average of 111 general practitioners provided information to ASPREN at an average of 9,980 (range 9,229–10,031) consultations per week and an average of 259 (range 186–322) notifications per week.

Figure 5: Consultation rates for shingles, ASPREN, 1 January 2010 to 30 June 2011, by week of report



ILI rates reported from 1 July to 30 September 2011 averaged 19 cases per 1,000 consultations (range 11–24 cases per 1,000 consultations). The reported rates in July, August and September 2011 (11–21 cases per 1,000 consultations, 19–24 cases per 1,000 consultations and 17–20 cases per 1,000 consultations respectively) were higher compared with rates in the same reporting period in 2010 (10–11 cases per 1,000 consultations, 9–18 cases per 1,000 consultations and 15–19 cases per 1,000 consultations respectively) (Figure 6).

Figure 6: Consultation rates for influenzalike illness, ASPREN, 1 January 2010 to 30 September 2011, by week of report



ILI swab testing has continued through 2011. The most commonly reported virus during this reporting period was rhinovirus (17% of all swabs performed), with the second most common virus being influenza B (14% of all swabs performed) (Figure 7).

From the beginning of 2011 to the end of week 39, 337 cases of influenza have been detected, the major-

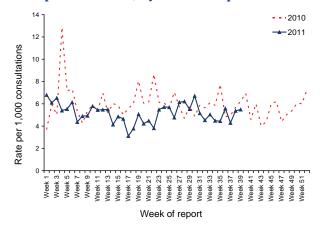
60 50 45 Number of positive specimens 50 40 Influenza positivity (%) 35 40 30 30 25 20 20 15 10 10 5 Week 19 Week 23 Week 17 Week 29 Week 35 Week 39 Week 5 Week 21 Week 27 Week 31 Week 33 Week 37 Week 7 Week 9 Neek 13 Neek 15 25 47 49 2 Veek 11 Neek 41 Week 43 Neek 45 Week Week Influenza A untyped / other Influenza A H1N1 (2009) Influenza B Respiratory syncytial virus Parainfluenza virus type 1 Parainfluenza virus type 2 Parainfluenza virus type 3 Adenovirus Rhinovirus Metapneumovirus Enterovirus Mycoplasma pneumoniae Proportion positive for influenza Pertussis

Figure 7: Influenza-like illness swab testing results, ASPREN, 1 January 2010 to 30 September 2011, by week of report

ity of these being influenza B (14% of all swabs performed), influenza A H1N1(2009) (13% of all swabs performed) and the remainder influenza A untyped/other (5% of all swabs performed).

During this reporting period, consultation rates for gastroenteritis averaged 5 cases per 1,000 consultations (range 4–7 cases per 1,000, Figure 8). This was lower compared to rates in the same reporting period in 2010 where the average was 6 cases per 1,000 consultations (range 5–8 cases per 1,000).

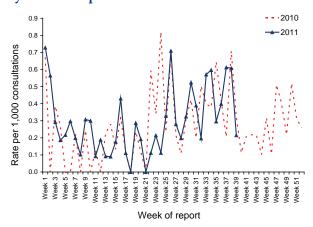
Figure 8: Consultation rates for gastroenteritis, ASPREN, 1 January 2010 to 30 September 2011, by week of report



Varicella infections were reported at a slightly higher rate for the second quarter of 2011 compared with the same period in 2010. From 1 July to 30 September 2011, recorded rates for chickenpox averaged 0.4 cases per 1,000 consultations (range 0.2–0.61 cases per 1,000 consultations, Figure 9).

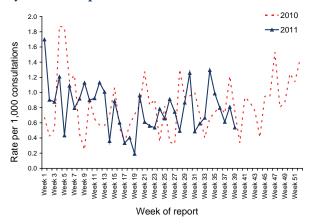
In the second quarter of 2011, reported rates for shingles averaged 0.8 cases per 1,000 consultations (range 0.5 to 1.3 cases per 1,000 consultations, Figure 10), which was relatively consistent compared with the

Figure 9: Consultation rates for chickenpox, ASPREN, 1 January 2010 to 30 September 2011, by week of report



same reporting period in 2010 where the average shingles rate was 0.8 cases per 1,000 consultations (0.3 to 1.3 cases per 1,000 consultations).

Figure 10: Consultation rates for shingles, ASPREN, 1 January 2010 to 30 September 2011, by week of report



## HIV and AIDS surveillance

National surveillance for HIV disease is coordinated by the Kirby Institute, in collaboration with state and territory health authorities and the Australian Government Department of Health and Ageing. Cases of HIV infection are notified to the National HIV Registry 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 3 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, viral hepatitis and sexually transmissible infections in Australia, annual surveillance report'. The reports are available from the Kirby Institute, CFI Building, Cnr Boundary and West Streets, Darlinghurst NSW 2010. Internet: http://hiv.cms.med.unsw.edu.au/ Telephone: +61 2 9385 0900. Facsimile: +61 2 9385 0920. For more information see Commun Dis Intell 2011;35(1):58.

HIV and AIDS diagnoses and deaths following AIDS reported for 1 July to 31 December 2010, are included in this issue of Communicable Diseases Intelligence (Tables 1, 2, 3 and 4).

Table 1: Number of new diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 July to 30 September 2010, by sex and state or territory of diagnosis

				Sta	te or t	errito	ry			T	otals for Austr	alia	
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 2010	This period 2009	YTD 2010	YTD 2009
HIV	Female	0	10	1	10	1	1	4	10	37	32	112	108
diagnoses	Male	3	80	1	46	12	4	63	13	222	241	698	691
	Not reported	0	0	0	0	0	0	0	0	0	0	1	2
	Total*	3	91	2	56	13	5	67	23	260	274	816	801
AIDS	Female	0	1	0	0	0	0	0	0	1	1	9	14
diagnoses	Male	0	6	0	3	0	0	13	4	26	38	80	103
	Total*	0	7	0	3	0	0	13	4	27	39	89	117
AIDS	Female	0	0	0	0	0	0	0	0	0	1	1	2
deaths	Male	0	1	0	1	0	0	2	0	4	2	15	9
	Total*	0	1	0	1	0	0	2	0	4	3	16	11

<sup>\*</sup> Totals include people whose sex was reported as transgender.

Table 2: Number of new diagnoses of HIV infection since the introduction of HIV antibody testing 1985, and number of new diagnoses of AIDS and deaths following AIDS since 1981, cumulative to 30 September 2010, by sex and state or territory

					State or	territory				
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
HIV diagnoses	Female	38	1,039	31	390	130	22	485	291	2,426
	Male	290	14,764	163	3,393	1,100	139	6,200	1,458	27,507
	Not reported	0	228	0	0	0	0	22	0	250
	Total*	328	16,066	194	3,792	1,231	161	6,731	1,756	30,259
AIDS diagnoses	Female	10	282	6	79	32	4	127	49	589
	Male	95	5,623	50	1,108	427	55	2,190	466	10,014
	Total*	105	5,924	56	1,189	460	59	2,330	517	10,640
AIDS deaths	Female	7	142	1	44	20	2	66	30	312
	Male	73	3,610	33	684	281	34	1,461	301	6,477
	Total*	80	3,763	34	730	301	36	1,536	332	6,812

<sup>\*</sup> Totals include people whose sex was reported as transgender.

Table 3: Number of new diagnoses of HIV infection, new diagnoses of AIDS and deaths following AIDS occurring in the period 1 October to 31 December 2010, by sex and state or territory of diagnosis

				Sta	te or t	errito	ry			Totals for Australia				
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	This period 2010	This period 2009	YTD 2010	YTD 2009	
HIV	Female	1	4	0	7	0	0	14	7	33	35	145	143	
diagnoses	Male	3	58	0	55	2	2	57	17	194	226	892	917	
	Not reported	0	0	0	0	0	0	0	0	0	0	1	2	
	Total*	4	62	0	62	2	2	71	24	227	261	1043	1062	
AIDS	Female	0	0	0	1	0	0	0	0	1	5	10	19	
diagnoses	Male	0	11	1	4	0	0	13	3	32	20	112	123	
	Total*	0	11	1	5	0	0	13	3	33	25	122	142	
AIDS	Female	0	0	0	0	0	0	0	0	0	0	1	2	
deaths	Male	0	2	0	3	0	0	2	0	7	3	22	12	
	Total*	0	2	0	3	0	0	2	0	7	3	23	14	

<sup>\*</sup> Totals include people whose sex was reported as transgender.

Table 4: Number of new diagnoses of HIV infection since the introduction of HIV antibody testing 1985, and number of new diagnoses of AIDS and deaths following AIDS since 1981, cumulative to 31 December 2010, by sex and state or territory

					State or	territory				
	Sex	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Aust
HIV diagnoses	Female	39	1,043	31	397	130	22	499	298	2,459
	Male	293	14,822	163	3,448	1,102	141	6,257	1,475	27,701
	Not reported	0	228	0	0	0	0	22	0	250
	Total*	332	16,128	194	3,854	1,233	163	6,802	1,780	30,486
AIDS diagnoses	Female	10	282	6	80	32	4	127	49	590
	Male	95	5,634	51	1,112	427	55	2,203	469	10,046
	Total*	105	5,935	57	1,194	460	59	2,343	520	10,673
AIDS deaths	Female	7	142	1	44	20	2	66	30	312
	Male	73	3,612	33	687	281	34	1,463	301	6,484
	Total*	80	3,765	34	733	301	36	1,538	332	6,819

<sup>\*</sup> Totals include people whose sex was reported as transgender.

## Meningococcal surveillance

(Dr Monica M Lahra, The Prince of Wales Hospital, Randwick, NSW, 2031 for the Australian Gonococcal Surveillance Programme)

The reference laboratories of the Australian Meningococcal Surveillance Programme report data on the number of cases confirmed by laboratory testing using culture and by non-culture based techniques. Culture positive cases, where Neisseria meningitidis is grown from a normally sterile site or skin lesions, and non-culture based diagnoses, derived from results of nucleic acid amplification assays (NAA) and serological techniques, are defined as invasive meningococcal disease (IMD) according to Public Health Laboratory

Network definitions. Data contained in quarterly reports are restricted to a description of the numbers of cases by jurisdiction and serogroup, where known. Some minor corrections to data in the Table may be made in subsequent reports if additional data are received. A full analysis of laboratory confirmed cases of IMD in each calendar year is contained in the annual reports of the Programme is published in Communicable Diseases Intelligence. For more information see Commun Dis Intell 2011;35(1):57.

Laboratory confirmed cases of invasive meningococcal disease for the period 1 July to 30 September 2011 are included in this issue of Communicable Diseases Intelligence (Table).

Table: Number of laboratory confirmed cases of invasive meningococcal disease, Australia, 1 July to 30 September 2011, by serogroup and state or territory

		Serogroup													
State or		A		В		С		Y		W135		ND		All	
territory	Year	Q3	YTD	Q3	YTD	Q3	YTD	Q3	YTD	Q3	YTD	Q3	YTD	Q3	YTD
Australian Capital Territory	2011	0	0	0	5	0	0	0	0	0	0	0	0	0	5
	2010	0	0	1	2	0	0	0	0	0	0	0	0	1	2
New South Wales	2011	0	0	11	26	0	0	1	6	2	4	4	15	18	51
	2010	0	0	14	35	2	4	2	2	0	2	2	4	20	47
Northern Territory	2011	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2010	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Queensland	2011	0	0	26	46	0	3	1	3	0	0	0	2	27	54
	2010	0	0	31	48	4	5	0	0	1	2	0	0	36	55
South Australia	2011	0	0	6	10	0	1	0	0	0	2	0	1	6	14
	2010	0	0	6	16	0	0	0	1	0	0	0	0	6	17
Tasmania	2011	0	0	4	6	0	1	0	0	1	3	0	0	5	10
	2010	0	0	0	1	0	0	0	0	0	0	0	1	0	2
Victoria	2011	0	0	10	34	0	0	1	1	2	2	0	3	13	40
	2010	0	0	12	32	0	0	0	2	0	3	0	0	12	37
Western Australia	2011	0	0	4	12	0	0	0	1	0	0	0	0	4	13
	2010	0	0	8	13	0	1	0	1	1	1	0	0	9	16
Total	2011	0	0	61	139	0	5	3	12	5	11	4	21	73	188
	2010	0	0	73	147	6	10	3	6	3	8	2	5	86	176

Please Note: 2011 YTD totals have been amended to include diagnostic serology notifications.