

Table 9. Proportion of children immunised at 2 years of age, preliminary results by disease and State for the birth cohort 1 October to 31 December 1996; assessment date 31 December 1998¹

Vaccine	State or Territory								Australia
	ACT	NSW	NT ¹	Qld	SA	Tas	Vic	WA	
Total number of children	1,113	22,251	890	11,824	4,671	1,654	16,145	6,318	64,866
Diphtheria, Tetanus, Pertussis (%)	83.4	79.2	66.1	84.3	80.9	81.9	81.8	79.4	80.9
Poliomyelitis (%)	88.4	83.2	70.9	89.7	85.5	88.5	87.6	82.5	85.6
Haemophilus influenzae type b (%)	82.3	79.2	69.7	84.2	80.8	81.9	82.1	79.4	81.0
Measles, Mumps, Rubella (%)	88.1	84.3	74.7	90.5	85.4	87.2	87.8	84.3	86.4
Fully Immunised (%)²	77.7	66.9	54.6	77.5	68.1	71.6	72.0	66.0	70.3
Change in fully immunised since last quarter (%)	+2.3	+0.1	-0.2	+1.6	+0.9	+3.9	+2.0	+4.4	+1.5

1. The 12 months age data for this cohort was published in *CDI* 1998;22:170.

2. These data relating to 2 year old children should be considered as preliminary. The proportions shown as "fully immunised" appear low when compared with the proportions for individual vaccines. This is at least partly due to poor identification of children on immunisation encounter forms.

Acknowledgment: These figures were provided by the Health Insurance Commission (HIC), to specifications provided by the Commonwealth Department of Health and Aged Care. For further information on these figures or data on the Australian Childhood Immunisation Register please contact the Immunisation Section of the HIC: Telephone 02 6124 6607.

Overseas briefs

Source: World Health Organization (WHO)
This material has been condensed from information on the WHO internet site. A link to this site can be found under 'Other Australian and international communicable diseases sites' on the CDI homepage.

Nipah virus

Malaysia and Singapore

The United States Centers for Disease Control and Prevention (CDC) have confirmed that of the 15 blood samples from abattoir workers received from Singapore for testing, 11 (including 1 death) tested positive for Nipah virus. No additional cases have been reported in Singapore during the past two weeks and the outbreak there has now ended.

The outbreak of encephalitis is still ongoing in Malaysia. For up-to-date information on the number of cases and deaths, please see the web site of the Department of Public Health, Ministry of Health, Malaysia at: "<http://dph.gov.my/press/press2/cases.htm>"

The Nipah virus is a new virus. It is similar to the Hendra virus which was responsible for the deaths of two humans and some race horses in Australia in 1994. However, genetic analysis of the new virus shows significant differences. Experts at CDC have noted that transmission of the virus has been confined to persons who have had direct contact with infected pigs. Currently, there is no evidence that the virus can be transmitted from human to human. Travellers to Malaysia should be aware of this

outbreak of febrile encephalitis, which thus far has involved only those closely associated with pig farms. No travel restrictions are indicated at this time.

A report of the outbreak can be found in the article, "Outbreak of Hendra-Like Virus - Malaysia and Singapore, 1998-1999" in *MMWR*, April 9, 1999 48(13); 265-269 at: "<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00056866.htm>"

Influenza A(H9N2)

Hong Kong Special Administrative Region of China

Influenza A(H9N2) viruses have been identified in two hospitalised children, ages 1 and 4 years, in Hong Kong SAR. One of the children is from Kowloon, and the other from Hong Kong Island.

Further genetic analysis of the human virus isolates from 2 hospitalized children in Hong Kong SAR in March 1999, confirmed to be influenza A(H9N2) by the WHO Collaborating Centre for Influenza in London (United Kingdom) WHO Collaborating Centres in Atlanta (United States), has revealed that the viruses are genetically closely related to, but distinct from, influenza A/Quail/Hong Kong/GI/97(H9N2) isolates detected in 1997 during the influenza A(H5N1) outbreak in Hong Kong SAR.

Studies on the spread of A(H9N2) viruses between cages of chickens indicate that quail H9N2 virus is transmitted by aerosol more effectively than by faecal transmission.

In China, 5 human cases of influenza A(H9N2) were apparently identified in March 1999, but laboratory confirmation of the virus was not reported. Of the 5 cases, the youngest was 1 year old and the oldest was a man in his 70s. All patients apparently had mild influenza-like symptoms and recovered with no medical complications.

Acute haemorrhagic fever syndrome

Southern Sudan

During the last week of March, an outbreak of an unidentified haemorrhagic fever was reported from Rumbek county. The number of cases and deaths is unknown. Samples were immediately sent for testing to the National Institute for Virology in South Africa. A team from WHO has now reached the area in order to: (1) continue the investigation of the etiology of the outbreak; (2) provide barrier nursing material and training to health care workers; and (3) determine the need for additional on-site personnel.

Cholera

Madagascar

Cholera cases have been reported in Madagascar for the first time. Between 24 March and 12 April, 278 cases of acute diarrhoea were reported. The first cholera case confirmed in the laboratory was diagnosed as *V.cholerae* O1 Ogawa. The areas affected are in the west of Madagascar in the districts of Antsohihy and Mahajanga (Mahajanga Province).

Strict control measures have been put in place and a task force from the Ministry of Health went immediately to the area.

Brazil

The Ministry of Health has reported an outbreak of cholera in the municipality of Paranagua, Parana State. The cases occurred in the villages of Guarani and Araça. Up to 31 March, a total of 235 cases (205 confirmed) and 3 deaths had been reported. Strict investigative and control measures are being implemented, including inspection and training of food vendors and distribution of health education material.

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This journal is indexed by *Index Medicus* and Medline.

Subscriptions

Canberra Mailing, PO Box 650, Fyshwick ACT 2609, Fax (02) 6269 1212

Website

<http://www.health.gov.au/pubhlth/cdi/cdihtml.htm>

Contributions

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