

## NOTICES TO READERS

### ASPREN needs GPs

The Australian Sentinel General Practitioner Network (ASPREN) is a national network of sentinel general practitioners (GPs) coordinated by the Research and Health Promotion Unit of the Royal Australian College of General Practitioners (RACGP). The network was established in 1991 to record data on certain medical conditions. The aim of ASPREN is to provide an indicator of the burden of disease in the primary health care setting and to detect trends in consultation rates. Data for communicable diseases are published fortnightly in *Communicable Diseases Intelligence (CDI)*. In addition, information is also made available to the World Health Organization Centre for Influenza Reference and Research and to other organisations and individuals. The list of conditions is reviewed annually by the ASPREN management committee.

ASPREN currently has 99 participating GPs in all States and Territories (Table). Seventy-two of these are in metropolitan areas and 27 are rural based. Approximately 7,000 consultations are recorded each week. For 1996, 12 conditions are being monitored. These include influenza, rubella, measles, chickenpox, pertussis, gastroenteritis, paediatric asthma, paediatric asthma treated with inhaled steroids, injury or illness during or immediately following overseas travel, dementia, hepatitis C inquiry and hepatitis C consultation.

ASPREN would like to increase the number of general practitioners in its network. In order to improve the national coverage of the scheme, those in New South Wales, Queensland, Victoria and Western Australia are particularly encouraged to apply. The work is not onerous or difficult. Participants are required to record the number of consultations for the nominated conditions each week according to clinical case definitions. In addition the number of consultations is recorded for the week, thus enabling consultation rates to be calculated. Data are submitted by mail on a weekly basis to the Research and Health Promotion Unit. In addition to the information published in *CDI*,

participants also receive a copy of ASPREN's annual report.

If you would like to become an ASPREN contributor or would like further information, please contact Julia Rudd at the Research and Health Promotion Unit, telephone (08) 8362 9954, fax (08) 8362 0320.

**Table. Geographical locations of ASPREN participating GPs, 1996**

State or Territory	Number of GPs
Australian Capital Territory	2
New South Wales	23
Northern Territory	1
Queensland	13
South Australia	31
Tasmania	6
Victoria	18
Western Australia	5
TOTAL	99

### Enhancement of the *CDI* Home Page of the Department of Health and Family Services Web Site

To reduce the loading time, *CDI* contents pages have been split into two separate pages.

*CDI* last three issues page is:

<http://www.health.gov.au/hfs/pubs/cdi/cdicur3.htm>

and *CDI* old issues page is:

<http://www.health.gov.au/hfs/pubs/cdi/cdiold.htm>

Starting from Volume 20 Number 19 (16 September 1996), readers can select the whole issue to be down loaded as a single file, or an individual article.

## OVERSEAS BRIEFS

Source: World Health Organization

### Dengue/dengue haemorrhagic fever, India

The National Institute of Communicable Diseases in Delhi has reported 7,427 cases of dengue and dengue haemorrhagic fever to 29 October. Of these 297 (4%) have died. Dengue type 2 has been isolated from five cases by the All India Institute of Medical Sciences, New Delhi, and the National Institute of Virology, Pune.

Dengue is a mosquito-borne infection which in recent years has become a major international public health concern. Dengue is found in tropical regions around the

world, predominately in urban and peri-urban areas. A frequently lethal complication, dengue haemorrhagic fever was first recognized during the 1950s and is today a leading cause of childhood death in many countries. There are four distinct viruses which cause dengue, and infection by one does not offer protection against subsequent infection by the other three. The major mosquito vector of dengue is *Aedes aegypti*.

As there is no commercially available vaccine to prevent dengue, protection from mosquito bites is important to prevent infection. Covering exposed areas of the body

with insect repellent and sleeping under bed nets is effective personal protection. Longer-term protection can be accomplished by eliminating the mosquito breeding sites such as small collections of water in objects like broken bottles, standing water, and even plants which collect and contain rain water.

### Ebola haemorrhagic fever, Gabon

The surveillance and follow-up of all cases of suspected Ebola haemorrhagic fever in Gabon have resulted in the identification of additional cases. As at 30 October, the total number of cases reported since the outbreak started was 25, of which 17 have died. Seventy-five contacts were being followed up.

### Yellow fever, Benin

There have been 86 cases with 65 deaths of yellow fever in the outbreak in the Department of Atakora, Benin, which

began in July. Yellow fever vaccine donated by various agencies has been distributed to 115,000 of the population at risk. A further 500,000 doses are still required. Médecins Sans Frontières has sent a team to the area to assist in the control of the outbreak.

### Crimean-Congo haemorrhagic fever, South Africa

An outbreak of Crimean-Congo haemorrhagic fever has been reported in Oudtshoorn, Western Cape Province, by the National Institute of Virology, Sandringham, among workers at an ostrich farm and slaughterhouse. There has recently been an increase in tick bites among these workers and 32 have been hospitalised with symptoms of the disease. One case has died. Investigations were started on 4 November.

## COMMUNICABLE DISEASES SURVEILLANCE

### National Notifiable Diseases Surveillance System

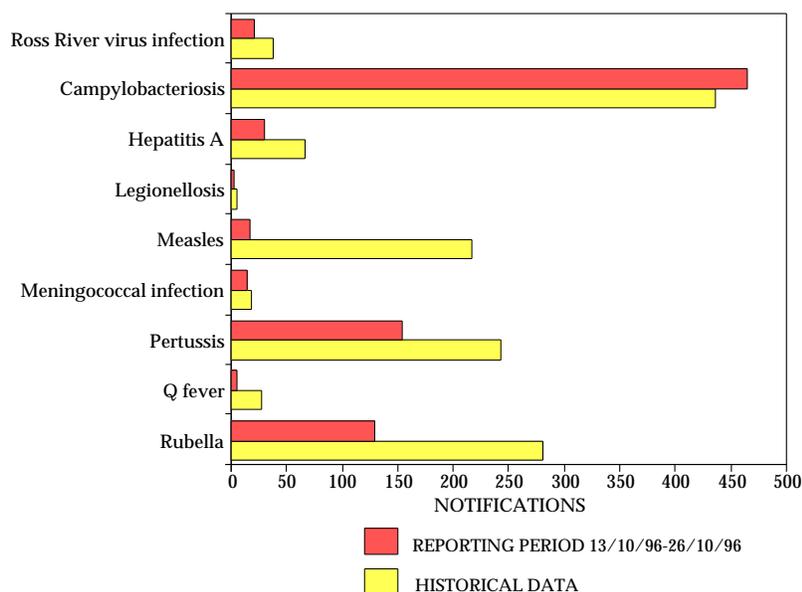
The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia New Zealand. The system coordinates the national surveillance of more than 40 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases 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 1996;20:9-10*.

### Reporting period 13 to 26 October 1996

There were 1,778 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

A total of 45 notifications of *Haemophilus influenzae* type b infection with onset in 1996 has been received so far. Of

Figure 1. Selected National Notifiable Diseases Surveillance System reports, and historical data<sup>1</sup>



1. The historical data are the averages of the number of notifications in 9 previous 2-week reporting periods: the corresponding periods of the last 3 years and the periods immediately preceding and following those.