

Editorial: looking back, looking forward

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This issue of *CDI* contains the annual report of the National Notifiable Diseases Surveillance System (NNDSS) for 1999, as well as the usual array of articles and latest surveillance reports. It will be our final issue in 2001, and is our third with the 'new look', which we hope everyone is enjoying.

The articles in this volume reflect some of the current issues in communicable diseases surveillance and control in Australia — the threat of intentional use of biological agents as weapons, transmissible spongiform encephalopathies (TSEs), tuberculosis (TB), meningococcal disease, arboviral disease, Q fever, foodborne illness, and antibiotic resistance. We have published the first in a series of reviews highlighting the networks that are vital to communicable disease surveillance in Australia. In this issue we have included an overview of the Communicable Diseases Network Australia (p266). While many people working in public health in this country are more than familiar with these networks, we recognise that not all of our readers may be aware of all functions and we hope that these articles will provide an interesting look at their history and development.

The events of 11 September 2001 and the use of anthrax as a biological weapon in the USA has impacted on communicable disease surveillance across Australia, with public health workers responding to numerous incidents. It has been a poignant reminder of our need for preparedness. The editorial on page 188 addresses the risk of anthrax and smallpox in Australia.

The article by Boyd and colleagues (p248) describes the Australian National Creutzfeldt-Jakob Disease Registry (ANCJDR), one part of Australia's response to TSEs (for a review of Australia's response see *Commun Dis Intell* 2001; 25:99-100). At the time of writing the registry contained 405 probable or definite cases, reflecting a 30 year period of surveillance. While initially established in response to CJD associated with cadveric human pituitary hormone treatment for infertility or short stature, the ANCJDR has broadened its focus and now has the capacity to survey other forms of CJD, including variant CJD, should it occur in Australia. Familial, sporadic and healthcare acquired cases are captured in the surveillance system. The long incubation period highlights the need for continued and sustained vigilance. New certification requirements for imported beef (p253) are another part of Australia's response to TSEs.

Surveillance of TB notifications and TB drug resistance are covered by two articles in the current issue. The report from the National TB Advisory Committee summarises TB notifications for 1999 (p254). This report shows that in Australia, while our overall incidence rate is low, TB remains a concern for the health of indigenous Australians, as well the health of people born in countries where TB rates were high. In 1999 rates of new TB cases in overseas-born Australians was 20.6 cases per 100,000 and 8.3 per 100,000 in indigenous Australians, while the overall rate in Australia was 6.1 per 100,000 population.

Surveillance of TB drug resistance in Australia is co-ordinated by the Australian Mycobacterium Reference Laboratory Network. The report from this network by Dawson and colleagues (p261) covers the 1998 to 1999. The report indicates that single- and multi-drug resistance has remained relatively stable between 0.3–2.0, since 1994, with 0.5 per cent of all isolates showing multi-drug resistance in 1999. The results from this Network currently cannot be stratified according to whether the case was newly acquired or relapsed, nor can the laboratory isolates be linked back to notifications at the national level.

Enhancing the surveillance in NNDSS in 2002 will improve the quality of TB reporting. Linkage of notification, laboratory and clinical data will give a national perspective on issues such as drug resistance, effectiveness of treatment regimes and the identification of groups at higher risk. Drug resistance will be able to be correlated with country of birth and treatment history. This information will inform policy development in the area of TB treatment and management, and will contribute to efforts towards TB control in the WHO Western Pacific Region.

This year has been a time of change in the Surveillance Section of the Commonwealth Department of Health and Aged Care. In addition to changing the look of *CDI*, we have strived to improve the quality of reporting of national surveillance data. We continue, with the participation of State and Territory Health Departments, to implement a new data acquisition system for NNDSS. This system, which captures a much broader range of data, should be fully operational in 2002. The revision of the NNDSS system will have many advantages, including improved data quality, improved timeliness and decreased administrative load, allowing more time for us to work on the 'Intelligence' in *CDI*. Some of our goals for 2002 include improving timeliness (we hope the 2000 annual report will appear hot on the heels of the 1999 report contained in this issue), further improving the quality of our reporting, and implementing enhanced surveillance systems for a number of key diseases.

We welcome our new staff member, Patricia Hurtado, who has recently joined the *CDI* team as administrative assistant. I would also like to take this opportunity to thank the rest of the team (Paul Roche, Alison Milton and Ming Lin) who have all worked extremely hard to produce *CDI* this year. I would also like to acknowledge the support and contribution from our Director, Angela Merianos, who continues to be a guiding light and meticulous editor.

Finally, we would like to thank all of the people who have contributed to *CDI* this year, including authors of articles, the reviewers who took time out of their busy lives to review articles, and the vast number of people who contribute to all communicable diseases surveillance systems across the country. We wish everyone a Merry Christmas and a safe and prosperous New Year, and we look forward to your contributions to *CDI* in 2002.