

VIROLOGY

This report summarises viral infections in New Zealand for 1997 (Table 17). The information is based on weekly data collated from the virology laboratories of Auckland Healthcare, Healthcare Waikato, Canterbury Health Laboratories, Healthcare Otago and ESR.

RESPIRATORY VIRUSES

Influenza virus

The National Influenza Surveillance Programme isolated and identified 743 influenza cases. There were two significant peaks throughout the season. The first peak was influenza B seen in July closely resembling B/Beijing/184/93. The second peak was seen in September and was caused by two groups of circulating influenza A H3N2, the most common one closest to A/Sydney/5/97.

Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) was very predominant in the winter months with a peak in September of 255 cases.

ENTERIC VIRUSES

A total of 567 adenoviruses were isolated in 1997 compared with 226 in 1996. The outbreak peaked in June. Most of the isolates were from cases of conjunctivitis. The most common type identified was adenovirus type 4, with 271 cases identified.

A coxsackie A virus type 24 outbreak occurred from February to April. There were 82 positive isolations mainly from cases of haemorrhagic conjunctivitis. Five isolates of coxsackie A virus type 8 were identified. Coxsackie A type 8 mainly causes hand, foot and mouth disease in young children.

The most predominant echovirus for 1997 was echovirus type 17 with 17 positive isolates identified.

VIRAL RASH & CHILDHOOD ILLNESSES

The measles epidemic accounted for 1,220 laboratory-confirmed cases from March through to the end of the year. The peak of the laboratory-confirmed cases was in July, with 312 cases. Of the 1,220 cases, 66% were children under the age of 10 years.

A total of 21 cases of rubella were reported, a marked decrease from previous years. In 1996 there were 339 cases and in 1995 there were 1581 cases. There was no typical seasonal increase for rubella this year. This may have been due to the mass MMR vaccination campaign undertaken during the measles outbreak.

As in 1996, very few (11) cases of mumps were reported.

Twenty-six parvovirus B19 infections were reported compared with five in 1996 and nine in 1995. There were two clusters reported during the year; a cluster of nine from Tauranga and a cluster of five from Otago.

Table 17. Summary of virus identifications and mycoplasma notifications, 1997

| Causative Agent | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Influenza A/H3N2 | 0 | 0 | 0 | 0 | 0 | 2 | 9 | 98 | 169 | 68 | 7 | 2 | 355 |
| Influenza A/H1N1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 10 | 0 | 0 | 17 |
| Influenza B | 0 | 0 | 3 | 0 | 11 | 66 | 154 | 100 | 31 | 4 | 2 | 0 | 371 |
| Parainfluenza 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 7 | 2 | 0 | 0 | 11 |
| Parainfluenza 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 6 |
| Parainfluenza 3 | 1 | 0 | 0 | 0 | 0 | 1 | 10 | 7 | 18 | 45 | 13 | 4 | 99 |
| Respiratory syncytial virus | 0 | 0 | 4 | 0 | 6 | 6 | 71 | 141 | 255 | 110 | 34 | 18 | 645 |
| Echovirus | 0 | 2 | 8 | 3 | 1 | 34 | 7 | 12 | 3 | 8 | 3 | 5 | 70 |
| Adenovirus | 10 | 41 | 70 | 60 | 55 | 203 | 33 | 19 | 24 | 22 | 21 | 9 | 567 |
| Enterovirus | 10 | 29 | 54 | 17 | 6 | 14 | 9 | 4 | 7 | 4 | 2 | 9 | 165 |
| Herpes virus | 65 | 69 | 56 | 49 | 62 | 60 | 35 | 28 | 18 | 16 | 14 | 12 | 484 |
| Cytomegalovirus | 0 | 3 | 2 | 0 | 0 | 4 | 3 | 1 | 2 | 3 | 3 | 0 | 21 |
| Mumps | 0 | 0 | 0 | 3 | 3 | 1 | 3 | 1 | 0 | 1 | 2 | 0 | 14 |
| Rubella | 0 | 4 | 9 | 0 | 0 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 21 |
| Measles | 0 | 0 | 4 | 20 | 100 | 236 | 312 | 180 | 118 | 112 | 90 | 58 | 1220 |
| Parvovirus | 1 | 1 | 0 | 1 | 6 | 1 | 3 | 1 | 8 | 3 | 0 | 1 | 26 |
| Mycoplasma | 25 | 21 | 16 | 16 | 48 | 10 | 39 | 47 | 27 | 12 | 14 | 11 | 277 |