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Second Arbovirus Symposium

(Arboviruses of Australia and New Guinea Continued)

Orbiviruses

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<td>Bluetongue Group</td>
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Rhabdovirus

- Bovine Ephemeral fever, (Tibrogargan), Kununurra, (Parry Creek) (Kimberley)

Unclassified

- DGK Group
- Sakhalin Group
- Turlock Group

Ungrouped

- Kowanyama, Almpiwar, Upolu, Belmont, Charleville, Wongorr, Ngaingan, Yacaaba, Termeil, Leanyer, Joinjakaka, Japanaut, (MT-19334), (CSIRO-79), (CSIRO-104), (CSIRO-25), Parker's Farm, Little Sussex, (PK886), (OR 379), (OR 732), (OR 869)

* Unpublished viruses in parenthesis
List prepared June 1979 (JGC)

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INFORMATION EXCHANGE WITHIN AUSTRALIA

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Two cases illustrating some problems, failures and successes in information exchange may provide a basis for discussion. Each has relevance to this symposium.

There was a surge of interest in the dengue vector, Aedes aegypti, about 10 years ago. WHO provided funds for a survey in Queensland and NHMRC appointed an "Ad Hoc Subcommittee on Aedes aegypti control" which last met in 1974 and was disbanded in 1975. At that time in Australia, Aedes aegypti was found only in Queensland, in widely scattered localities and seldom in pest numbers. The next that Queensland entomologists heard of any national interest was a Telex on 24 August 1978 advising that the NHMRC's "Working Party on Ae. aegypti" was to be convened on 19 September and would QIMR entomologists report on the Ae. aegypti situation in Queensland. Setting up of the Working Party had been recommended by the Communicable Diseases Committee a year before, in August 1977. Had we been told informally that it was in the pipe-line we could have collected information during the 1977-78 summer. A request in August for information within 3-4 weeks was quite unrealistic as I shall show.

Mosquito control regulations under the Queensland Health Act apply in all parts of the state. Local Authorities are responsible for implementing them and control measures are in the hands of their health surveyors. In practice, unless there is an outbreak of mosquito-borne diseases, control is usually undertaken only where mosquitoes are, or are likely to become, a pest.
Ae. aegypti breeds in containers around houses. The Health Act gives health surveyors the right of entry but has no provision to give it to entomologists. An Ae aegypti survey therefore must be undertaken by a health surveyor, or by an entomologist accompanied by a health surveyor, although opportunistic collections are made in other ways. From time to time health surveyors and others submit specimens. Between April 1974 and September 1978, Ae aegypti was identified from 3 localities, Clermont, Cloncurry and Mackay, and was reported from Bamaga.

Since last September, I have been gathering information in case the Working Party should meet again. A letter requesting a search for Ae aegypti and specimens for verification was sent to 89 Local Authority Health Surveyors at the end of March. The intention was to time it for the end of the summer wet season when Ae aegypti populations might be expected to be high. There was failure on my part here, as in retrospect the request should have been sent at the end of January. Many areas were already too dry for extensive container breeding, and Local Authority elections in April delayed collecting in some cases. In the event, 36 replied and some publicised the enquiry in their local press. Eighteen sent one or more samples which included Ae aegypti from 8 localities; two other records came from entomologists.

Reports to the Working Party in September 1978 showed that Ae aegypti had not been found in other states since 1974. To summarise, the Queensland (and Australian) records since April 1974 are: 1976 - Clermont, Cloncurry; 1977 Bamaga (reported by N. Rajapaksa); 1978 - Coconut I (Torres Strait), Mackay; 1979 - Blackall, Charters Towers, Clermont, Longreach (reported by G. Davis), Lucinda Point, Mareeba, Monto, Rockhampton, Townsville.

Although numbers may generally be low, Ae aegypti can build up big populations in favourable circumstances. The Chief Health Surveyor at Rockhampton, reported that a plague infestation had occurred in one area in March, when heavy breeding took place in the basement of a new theatre under construction. This was promptly controlled.

A means of dispersal that has not been considered previously is indicated by two collections from caravan parks, one at Longreach and one at Townsville. Ae. aegypti adults readily enter dwellings and might be transported long distances in caravans. In reporting the results of the enquiry to Local Authority Health Surveyors, I have emphasised the special need to control container breeding in caravan parks.

My second case of information exchange is the informal "Australian Mosquito News Bulletin". For many years the people working on mosquitoes in Australia were concentrated in a few institutions and were all well known to each other. About 10 years ago, and more particularly after the 1974 epidemic of MVE, many more institutions became involved. Several of us discussed how all mosquito workers might be kept in touch with what was going on.

In February 1976, I sought information on recent, current and proposed activities related to mosquitoes from about 100 individuals and institutions in Australia. This enquiry was related to a review paper but it provided the opportunity to append a questionnaire seeking views on a suggested Australian news sheet. Fifty-nine people expressed interest, so Harry Standfast, Brian Kay and I appointed ourselves joint editors and sent out the first issue in October 197. We aim at an issue about twice a year and there have been 4 others, July '77, February and August '78, March '79, varying in length from 8 to 16 pages. The bulletin is cyclostyled and does not constitute a publication. There is no overseas distribution except to a few Australians working abroad. With the support of our two institutions, we have avoided the need for handling money. The editors are thus under no pressure to fulfil obligations or maintain a strict timetable. About 70 copies are distributed and this is probably the maximum we can handle. The five issues have included 49
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contributions from 29 authors (including 18 from the 3 editors). However, some of these contributions were not submitted as such, but extracted by the editors from letters or reports. In addition, each issue has a list of theses and papers published or in press.

We are disappointed that so many recipients have failed to provide us with even a few lines. Articles have failed to stir up discussion in the Bulletin or responses to requests. Nevertheless, we feel it is performing a useful function and may provide a prototype for information exchange in other specialised fields.

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DISCUSSION SESSION 8 - OPEN FORUM

Russell: The School of Public Health in Sydney and the Field Hygiene Unit of the Army have been making a survey of A. aegypti throughout NSW over the last 18 months. To date we have been looking at the upper north coast areas and also slightly inland. We failed to find any Ae. aegypti in that area and also the central coast just along the Sydney-Gosford area.

Q. Muller: Are health inspectors in large ports on the lookout for Ae. aegypti? A. Marks: Townsville is always reported by WHO as being Ae. aegypti free but I had no bother getting Ae. aegypti from my friends, the health surveyors in Townsville. Whether in fact it is within a km of the airport I would not like to say. Dr. Kay might like to comment on airport surveillance. Kay: There is a surveillance scheme based in international airports around Australia. Several of us, namely Richard Russell (Sydney) and Peter Whelan (Darwin), put out ovitraps designed to collect the eggs of Ae. aegypti which may be present in the international terminal. We handle the Brisbane aspect and we have recorded no Ae. aegypti in the last 3 years surveillance.

Q. Stanley: Discussing information exchange within Australia, I think the Mosquito News is an excellent example of this exchange, as is also the QIMR acting as a reference centre for isolates of arboviruses. However, I do not think it is adequate, because I find that frequently I have to go to the international arbovirus exchange to find out what is happening in Australasia. I wonder if, with all the sero-epidemiology that is going on with the clinical cases, if there could not be a better exchange of information within Australia. A. French: This is a good point. Dr. Langsford touched briefly on this during his address. He put out a challenge, I thought, to us all to think more deeply about the possibility of exchanging information with our medical colleagues and with veterinarians and scientists as well. I wonder if we took up Dr. Langsford's suggestions, and supplied him with information each time an arbovirus laboratory writes to WHO or to the arbovirus exchange centre, by sending a copy to Canberra, that perhaps in due course this could be incorporated into the epidemiological bulletin.

Aaskov: I would like to comment on WHO reporting. We have been looking at this problem in Queensland. The figures done by the State Health Laboratories are of interest to others as is the information from QIMR. It is fairly difficult to make somebody responsible for disseminating that information. I think, when we start talking of exchange of information then it occurs at 2 levels. One is at the routine diagnostic level - where you are imposing a load on somebody who is already looking at about 5,000 sera a week and then has to run off an extra 6 or 7 copies; one for here, one for there, one for somewhere else, which, quite frankly, I do not think they will undertake. The other thing is the investigative diagnostic work e.g. the serology at the moment which we are doing on Fiji which will probably interest a large number of people. So I see 2 separate problems without a solution to either - one, because I do not think the public health people are prepared to take on the