Eligible students will be offered a primary course of three doses of paediatric Hepatitis B vaccine at their local school, THS community Care/Health Centre, Aboriginal Medical Service or general practitioner. No booster doses, nor pre and post testing, are included in this program.

The Program has been well supported by the school population and is proving a popular immunisation.

To date, most high schools and some primary schools in the greater Darwin area have completed dose one and are commencing dose two. Katherine District primary schools will begin the Program in the next semester. The Program has been highly successful in both Nhulunbuy Primary and High Schools.

For information concerning this Program please contact Chris Nagy on 8922 8510.

Mosquito borne virus warning
Nhulunbuy and the Top End, June 1998

Brian Montgomery, Medical Entomology Branch, Darwin

The Territory Health Services advise that a potentially dangerous mosquito borne virus which can cause Australian encephalitis has been detected in sentinel chicken flocks in Nhulunbuy for the first time this year. A similar media release was issued for the Katherine area in March this year. This serves as a reminder that the top half of the NT remains in the seasonal risk period for Australian encephalitis disease.

Australian encephalitis can be caused by either Kunjin virus or Murray Valley encephalitis virus. Murray Valley encephalitis virus causes a potentially fatal illness, while Kunjin causes a generally more mild disease with fever and severe headache. Only Kunjin virus has been detected in the most recent tests.

These two viruses are seasonally present in the north west of WA and the top end of the NT during most years. Both are only transmitted by the bite of certain species of mosquitoes which have become infected with the virus. The most common mosquito in the NT, the common banded mosquito, is regarded as the main carrier of the virus in the NT after the wet season. These viruses are thought to normally infect and multiply in birds but flaviviruses in general and the two viruses mentioned above in particular. While the chickens do not become ill, the test indicates whether a virus infected mosquito has bitten the chicken. This program acts as an early warning system to show the presence of the virus in a general region before the spread to people.

occasionally humans and other mammals become infected.

Murray Valley encephalitis virus is the more dangerous virus and has not been detected in the most recent tests. While only about one in 500 to 1000 people who are bitten by an infected mosquito develop the disease, it can cause a serious illness, particularly in children, and has a death rate of about 20% while another 25% are left with serious nervous system disease symptoms. The normal symptoms of Australian encephalitis caused by Murray Valley encephalitis virus are severe headache, stiff neck, high fever, and in some cases delirium and coma.

There have been 21 confirmed cases of Australian encephalitis in the NT since 1974. Three of these cases were caused by infection with Kunjin virus in 1997.

Sentinel chicken programs are run in WA and the NT to detect the presence of the Australian encephalitis viruses. Blood samples are regularly taken from flocks of 10 chickens placed at different towns and localities in both regions and sent to Perth to test for the presence of antibodies to The sentinel chicken surveillance program in the NT is conducted as a joint program between the Territory Health Services (THS), the Department of Primary Industries and Fisheries (DPI&F) and the University of WA. These flocks are maintained by DPI&F officers or volunteers. There are 7 sentinel flocks of chickens positioned from Darwin to Alice Springs.
Testing of the sentinel chickens bled in May was completed on the 12 June 1998 and has shown the presence of Kunjin virus in two of the chickens in the Nhulunbuy flock. There were no new indications of virus activity for flocks in Alice Springs, Tennant Creek, Katherine, Fogg Dam, Leanyer (Darwin urban) or Howard Springs (Darwin rural).

Brian Montgomery, medical entomologist with THS, said that there were relatively low numbers of vector mosquitoes in Nhulunbuy in May and June to date. However, the risk of Australian encephalitis remains because it is the older mosquitoes that usually carry the virus.

The numbers of the common banded mosquito throughout the remainder of the Top End of the NT are high in most areas, especially near seasonally flooded wetlands such as the major river floodplains, eg the Kakadu area and Jabiru, and other areas around the north coast. Mosquito numbers are still relatively high in the rural areas of Darwin but relatively low in urban areas of Darwin, with the exception of those areas adjacent to Leanyer Swamp.

THS advise that there is no vaccine for Australian encephalitis and that the only protection is to avoid being bitten by mosquitoes.

THS recommend that people in the Top End of the NT take extra precautions against mosquito bites, at least until the end of July. People are advised to:

- avoid outdoor exposure around dusk and at night near wetlands and areas of high mosquito activity.
- reduce outdoor activity in the evening and at night in all areas if mosquitoes are present.
- use mosquito proof accommodation and camping facilities at night in all areas.
- wear protective clothing including light coloured clothing with long sleeves and long trousers and ankle protection with socks between dusk and dawn in areas where mosquito bites are likely.
- use a protective repellent containing DEET as a supplement to protective clothing when outdoors at night in areas of mosquito activity.
- ensure children are adequately protected against mosquito bites.

For more information contact Territory Health Services, Medical Entomology Branch on 8922 8502.

World Health Organization update 1 June 1998

Yellow fever infected countries

The World Health Organization have advised of the occurrence of yellow fever in French Guiana.

The following list of declared yellow fever infected countries is provided for your information.

In AFRICA: Angola, Benin, Cameroon, Gabon, Gambia, Ghana, Guinea, Liberia, Nigeria, Sierra Leone, Sudan, Zaire. In SOUTH AMERICA: Bolivia, Brazil, Colombia, Ecuador, French Guiana [WER 73: (21), 22 May 1998], Peru.

Travellers over the age of 12 months who enter Australia within six days of having been overnight or longer in a yellow fever infected country, as listed in the World Health Organization publication, Weekly Epidemiological Record, must have a valid yellow fever vaccination certificate.

A valid certificate is not required to enter Australia from Rio de Janeiro, Iguacu or Sao Paolo in Brazil.