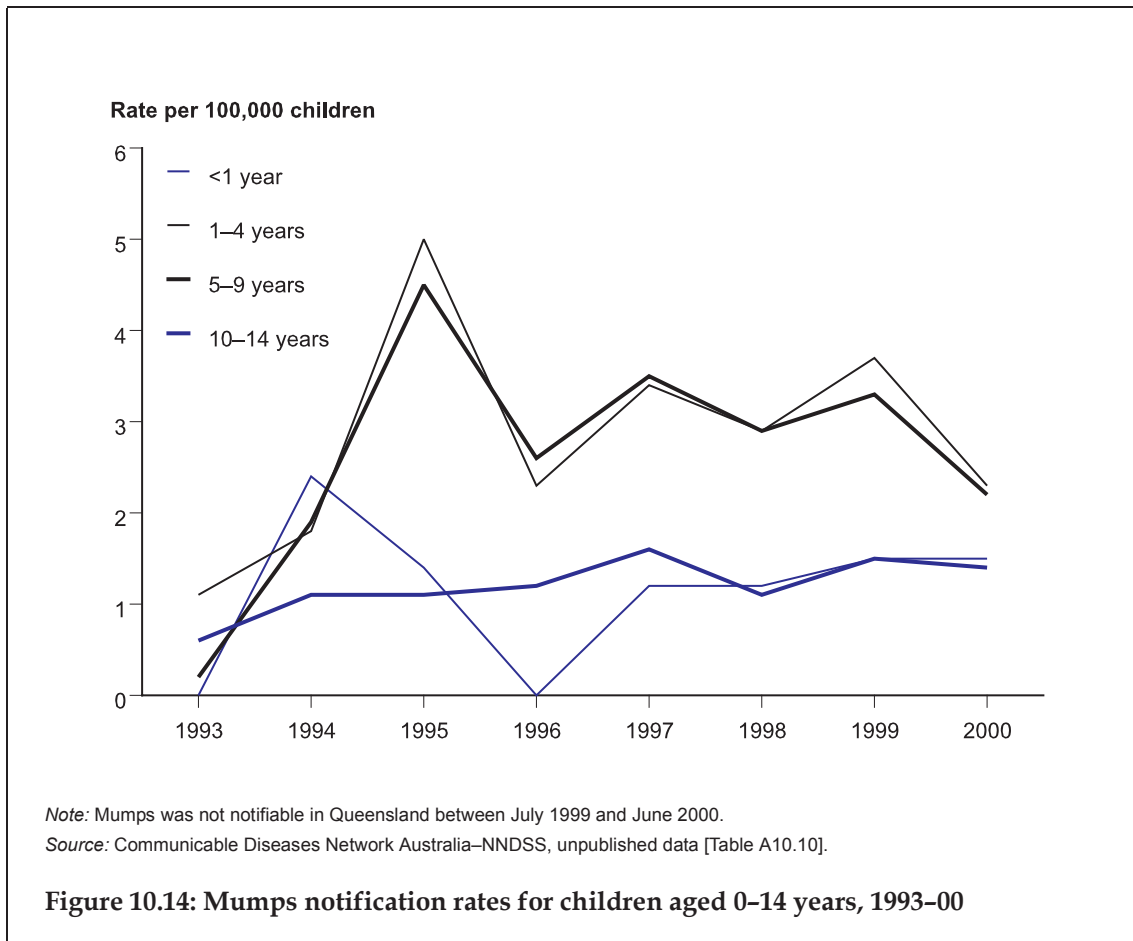


- Over the period 1993 to 2000, there were 1,172 total notifications of mumps. Of these, 584 cases or almost half were for children aged 0–14 years. More than half of these cases were boys (61%) and 64% were children 5 years and older.
- Notifications for mumps among children have varied from month to month, ranging from 1 to 17 cases per month.

The indicator for mumps notifications is the number of notifications for mumps in children aged 0–14 years in a given year as a rate per 100,000 children.

Time series in mumps notification rates for children aged 0–14 years are shown in Figure 10.14.



- Notification rates for mumps are low. The average annual notification rate over the period 1993 to 2000 was 2.1 per 100,000 children. In 2000, the rate was 1.4.
- The annual notification rate has varied in recent years. The highest rate was 3.3 per 100,000 children in 1995.
- The highest notification rates were for children aged 0–4 years and 5–9 years. In all years, rates were higher for boys than for girls.
- Notification rates increased from 1993 but appear to have levelled out in 1999. The rise in notifications in the early 1990s was attributed to a combination of improved reporting and an increased incidence in the disease (McIntyre et al. 2000).

Time series in hospitalisation rates for children aged 0–14 years for mumps are shown in Table 10.2.

Table 10.2: Hospitalisations for children aged 0–14 years for mumps, 1993–94 to 1999–00

	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00
Number	13	20	23	13	11	20	14
Rate per 100,000 children	0.3	0.5	0.6	0.3	0.3	0.5	0.4

Note: ICD-9-CM code 072 (1993–94 to 1997–98) and ICD-10-AM code B26 (1998–99 to 1999–00).

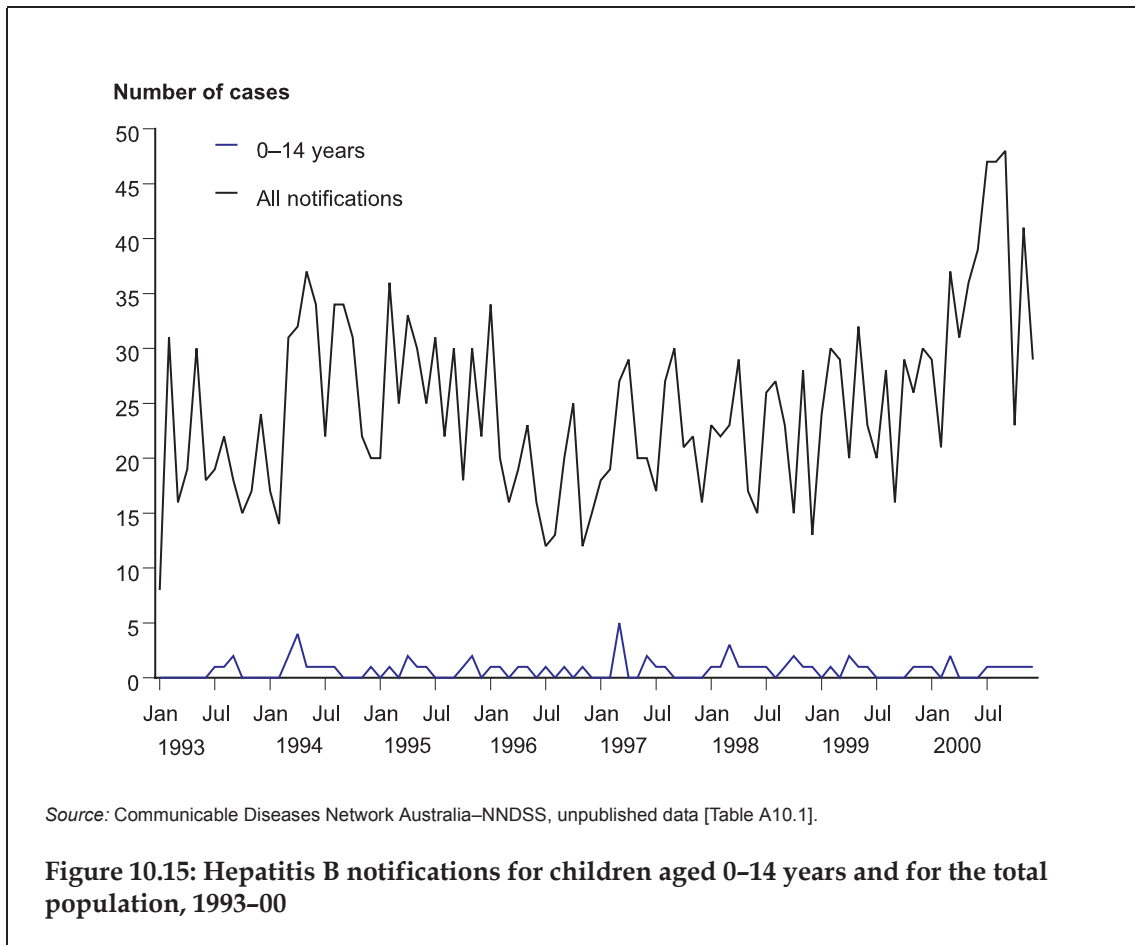
Source: AIHW National Hospital Morbidity Database.

- Over the period 1993–94 to 1999–00, there were 114 hospitalisations of children aged 0–14 years for mumps.
- The hospitalisation rate for mumps was low, and varying between 0.3 and 0.6 per 100,000 over the period. The average rate was 0.4.
- Hospitalisation rates were highest for children aged 0–4 years.

There were no recorded deaths of children from mumps between 1993 and 2000.

Hepatitis B

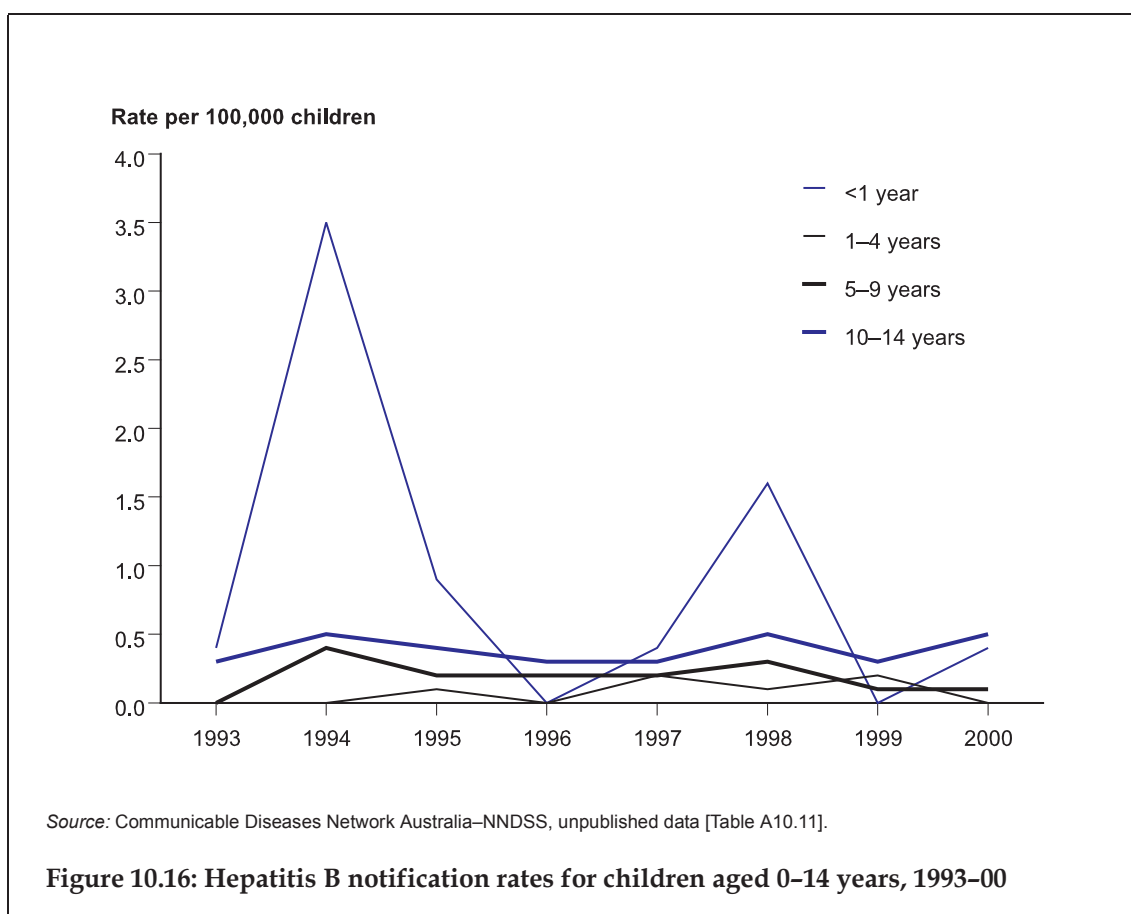
Infection with the hepatitis B virus causes acute hepatitis in about half of all infected adults, but in young children infection usually occurs without symptoms (NHMRC 2000). Following acute infection, 1% to 12% of those infected as adults, and importantly up to 90% of those infected as very young children, remain persistently infected for many years. As well as being able to infect others, those infected as very young children also have a significantly increased risk of chronic hepatitis and primary liver cancer in later life.



- Notification for hepatitis B started in 1993, with the highest annual number of cases (428) recorded in 2000. The incidence of hepatitis B in children is low, being only 3% of the total notifications.
- The total number of cases notified in Australia between 1993 and 2000 was 2,374. Of the cases notified for children aged 0–14 years, the majority (71%) were for those aged 5–14 years.

The indicator for hepatitis B notifications is the number of notifications for hepatitis B in children aged 0–14 years in a given year as a rate per 100,000.

Time series in hepatitis B notification rates for children aged 0–14 years are shown in Figure 10.16.



- The annual notification rate for children with hepatitis B was relatively stable over the period 1993–00, at around 0.1 to 0.5 per 100,000 children. In 2000, the rate was 0.2 (0.3 for girls compared with 0.2 for boys).
- The highest notification rates were for infants, and were highest in 1994 and 1998.

Time series in hospitalisation rates for children aged 0–14 years for hepatitis B are shown in Table 10.3.

Table 10.3: Hospitalisations for children aged 0–14 years for hepatitis B, 1993–94 to 1999–00

	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00
Number	6	16	14	11	14	14	16
Rate per 100,000 children	0.2	0.4	0.4	0.3	0.4	0.4	0.4

Note: ICD-9-CM codes 070.2 & 070.3 (1993–94 to 1997–98) and ICD-10-AM codes B16, B18.0 & B18.1 (1998–99 to 1999–00).

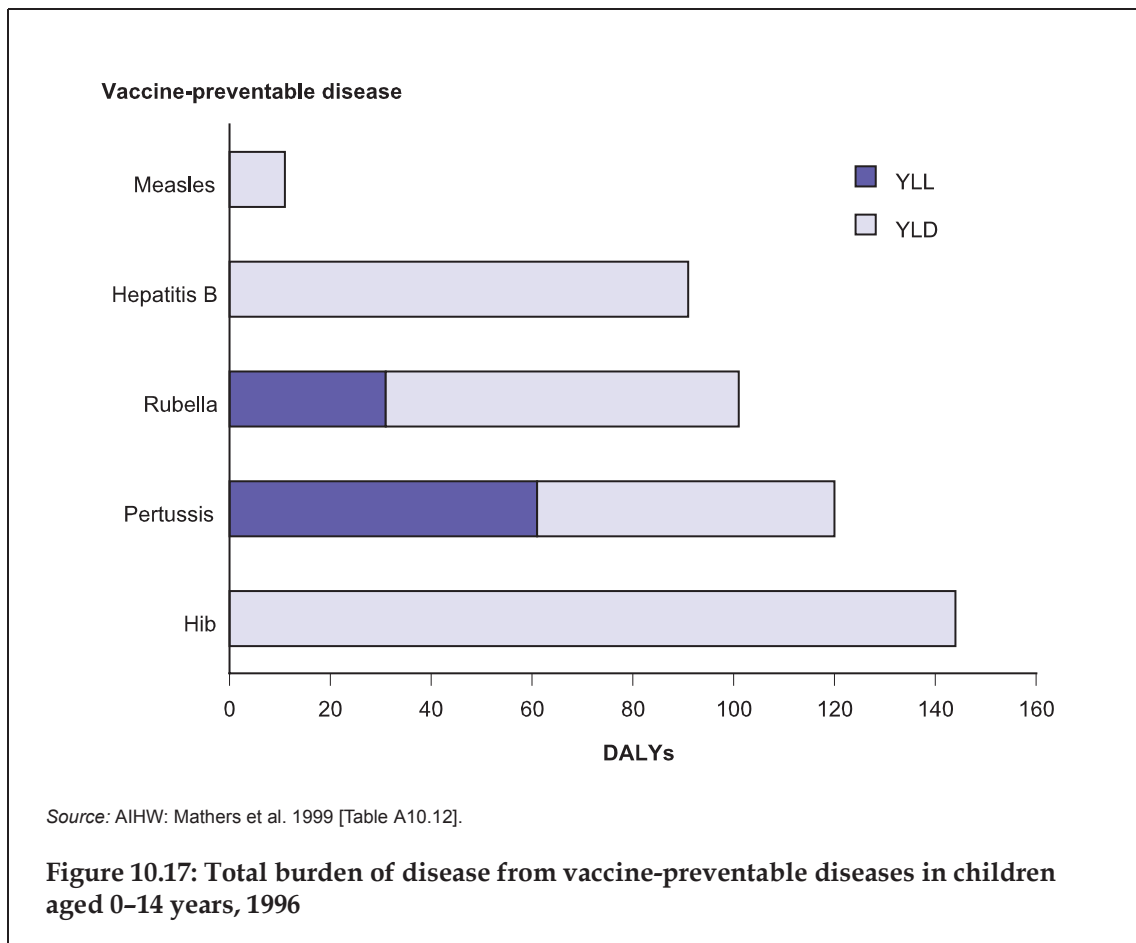
Source: AIHW National Hospital Morbidity Database.

- Between 1993–94 and 1999–00, there were 91 hospitalisations of children aged 0–14 for hepatitis B. The average hospitalisation rate was 0.3 per 100,000 children.
- The rate remained relatively steady over the period – between 0.2 and 0.4 per 100,000 children each year.
- Hospitalisations were highest among children aged 10–14 years and 5–9 years.

There were no deaths of children from hepatitis B during the period 1993 to 2000. The risk of death from hepatitis B for acutely infected children increases as they become adults.

Burden of disease attributable to vaccine-preventable disease

In 1996, vaccine-preventable diseases were estimated to account for 467 DALYs or 0.2% of the total burden of disease in children aged 0-14 years (AIHW: Mathers et al. 1999). This is a reflection of the fact that these diseases no longer exert a heavy toll on children. The burden was higher for boys (56% of the total) than for girls (44%). The burden of vaccine-preventable diseases is largely accounted for by the disability burden (375 YLL; 80%). The mortality burden accounted for 20% of the total burden (92 YLL). The burden of disease due to certain vaccine-preventable diseases is shown in Figure 10.17.



- *Haemophilus influenzae* type b was responsible for the greatest burden of disease among vaccine-preventable diseases (31% of the total burden) in 1996.
- Pertussis accounted for 26% of the total burden, rubella for 22% and hepatitis B for 19%. Measles was responsible for only 2%.
- The entire burden in Hib, hepatitis B and measles was due to disability, while in rubella and pertussis the burden was due to both disability and mortality.