Communicable diseases

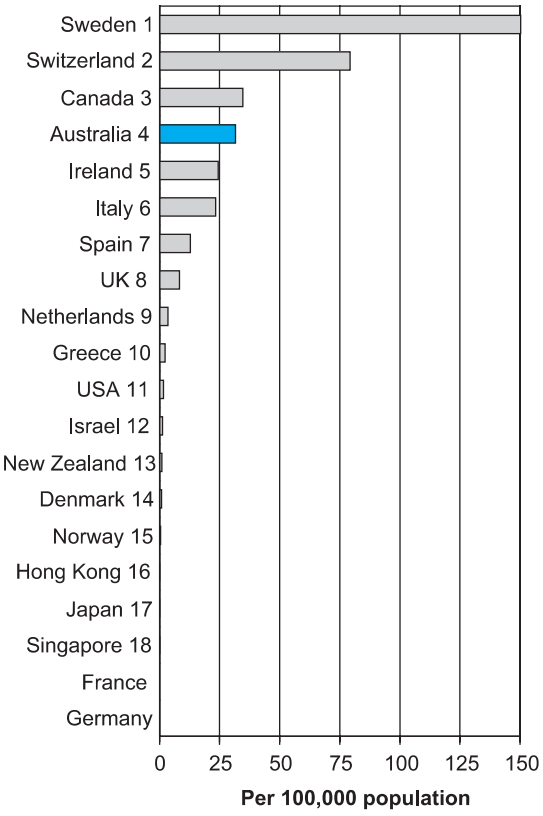

Figure 1: Reported cases of pertussis, 1994

Figure 2: Reported cases of tuberculosis, 1993

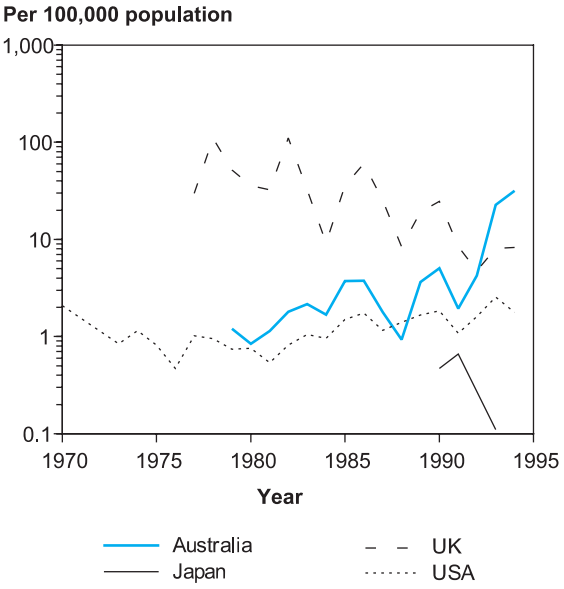

Figure 3: Trends in reported cases of pertussis, 1970 to 1995

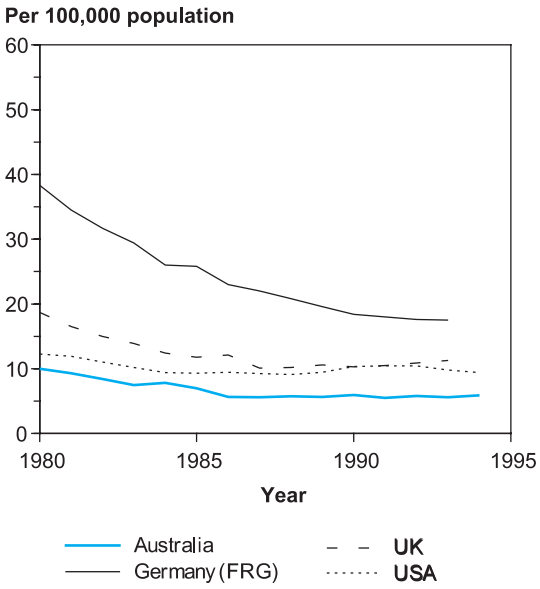

Figure 4: Trends in reported cases of tuberculosis, 1970 to 1995

Communicable diseases

Reported cases of pertussis, tuberculosis and measles (per 100,000 population)

Country	Tuberculosis 1993	Tetanus 1994	Pertussis 1994	Measles 1995
Australia	6.1	0.08	31.6	7.3
Canada	6.9	0.01	34.7	7.8
Denmark	7.9	0.00	0.8	0.1
France	16.1	0.06	—	—
Germany	17.5	0.02	—	—
Greece	1.7	0.05	2.3	0.2
Hong Kong	110.4	1.01	0.1	0.5
Ireland	(a)18.0	(b)0.00	(b)24.4	6.5
Israel	8.0	0.00	1.3	0.5
Italy	8.3	0.18	23.4	56.0
Japan	(a)39.4	(b)0.03	0.1	(b)1.6
Netherlands	10.6	0.01	3.5	1.2
New Zealand	10.6	0.06	1.0	(c)0.9
Norway	5.9	(b)0.02	(b)0.4	0.4
Singapore	63.7	0.00	0.1	6.2
Spain	24.2	0.09	12.8	22.2
Sweden	7.2	0.01	150.2	(c)0.0
Switzerland	13.4	0.04	79.3	0.4
UK	11.3	0.01	8.3	13.4
USA	9.5	0.02	1.7	0.1

(a)1992 data. (b) 1993 data. (c) 1994 data.

Sources: AIHW 1996; WHO 1993a, 1996a.

- In 1990, an estimated one-third of all world-wide deaths were caused by infectious and parasitic diseases. In developed countries however, the diseases accounted for only 4% of deaths whilst the proportion in less developed countries was 44% of all deaths. More than 70% of all deaths among children in developing countries were estimated to be caused by infections (WHO 1992b).
- In developed countries, preventable deaths from communicable diseases still occur. Between 1990 and 1996, 17 Australian children died from measles and its complications. In 1994, the only disease preventable by immunisation for which no cases were notified was diphtheria (AIHW 1996).
- Comparisons between countries is complicated by variations in case definitions, methods of diagnosis and case ascertainment. International data for communicable diseases may also include countries which are experiencing epidemics of a particular disease. Sweden is a case in point, with a pertussis (whooping cough) epidemic occurring during 1993–94 (Figure 1). The United Kingdom also reported a large number of pertussis cases in the 1970s and 1980s, due to marked declines in immunisation rates (Figure 3). Italy experienced a measles outbreak in 1995. Australia also experienced a measles outbreak beginning in late 1992 and continuing through 1994.
- Tuberculosis has resurged throughout many parts of the developed and developing world to such an extent that in 1993 the disease was declared a 'global health emergency' by WHO. Reasons include HIV co-infection, increased resistance to drugs and the neglect of control programs (AIHW 1996). Notification rates tend to be higher in Hong Kong, Singapore and Japan (Figure 2).
- Continued monitoring of disease epidemiology, expanded control activity and the maintenance of high immunisation levels are necessary in order to limit and control local epidemics of infectious diseases.

For more information, see:

WHO 1992. Communicable disease epidemiology and control. World Health Stat Q 45: 166–211.

Curran M, Harvey B, Crerar S et al. 1997. Australia's notifiable diseases status, 1996. Comm Dis Intell 21: 281–307.