

tropical temperatures. These climatic conditions support significant rodent and marsupial populations, known hosts of leptospirosis<sup>1</sup>. Many persons of certain occupational groups in north Queensland work in close association with these animal hosts. Notifications in this Region occurred mainly in the dairy and banana industries.

Leptospirosis in the sugar cane industry dates back to the days of manual harvesting methods. With mechanical harvesting, exposures and consequent risks have changed. The banana industry has assumed many of the manual work practices previously associated with the cane industry. Greater prevention and control measures on banana plantations are recommended. The risk of leptospirosis in dairy communities is well recognised in north Queensland. McClintock (Queensland Department of Primary Industries, personal communication) showed in 1994 seroprevalence for antibodies to leptospirosis of 21% in dairy farmer groups on the Atherton Tableland. Work practices associated with an increased risk of infection are well recognised in this industry, as is the need for further education of farmers and associated workers.

The number of notifications from the Central West Health Region was small and the high rate should be interpreted with caution. Notifications from this Region may reflect contact with animals through activities such as slaughtering on properties, or recreational or professional shooting.

Meat workers represented the largest occupational group in responses to the questionnaire. The majority of meat worker notifications were from the Darling Downs Region. This is possibly explained by the number of abattoirs in this region and the work practice-related nature of the disease in this industry.

While potential occupational exposures to leptospirosis are well described, some exposures may reflect recreational pursuits, especially in Far North Queensland where the organism is common. Further study needs to be undertaken to identify common non-occupational risk factors. Clinicians need to be aware of the non-specific nature of the symptoms of leptospirosis, and maintain it as a differential diagnosis even when an occupational risk is not identified.

Awareness of leptospirosis as a potential diagnosis is also needed

among clinicians working in geographical areas outside those considered to be at most risk. Clinicians should not discount leptospirosis in their differential diagnosis because they think it is a disease of the hot tropics. Knowledge of the incidence of leptospirosis is restricted by the nonspecific nature of the symptoms of the disease, potential misdiagnosis by clinicians and the lack of laboratory confirmation of clinical diagnoses. Improved identification of leptospirosis cases will improve our knowledge of preventable risk factors for the disease.

## References

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2. Faine S. *Leptospira and leptospirosis*. Boca Raton: CRC Press, 1994.
3. Faine S. Guidelines for the control of leptospirosis. Offset Publication No 67. Geneva: World Health Organization, 1982.
4. Herceg A, Oliver G, Myint H *et al*. Annual report of the National Notifiable Diseases Surveillance System. *Comm Dis Intell* 1996;20:440-464.

# Notice to readers

## *National Communicable Diseases Surveillance Strategy*

The National Communicable Diseases Surveillance Strategy (NCDSS) was recently endorsed by

the chief health officers of Australia. An implementation group has now been established. The group will, under the auspices of the National Public Health Partnership, facilitate the implementation of the recommendations of the strategy. The inaugural meeting of the NCDSS

Implementation Group was held in Canberra on 17 December 1996.

Copies of the strategy are available from Michelle Charlton, telephone (06) 289 8245, fax (06) 289 7791.