

## Communicable Disease Report

### Leprosy in England and Wales

Leprosy became a notifiable disease in England and Wales in 1951. About ten cases have been notified each year in the past ten years. It is likely that some cases are not notified. No definite case of indigenously acquired leprosy has been reported since the disease became notifiable. The PHLS Communicable Disease Surveillance Centre (CDSC) maintains a confidential register of all cases. There were 140 cases on the register at 31 December 1994 (36 receiving chemotherapy, 87 under surveillance having completed chemotherapy, 17 status unknown). Questionnaires have been distributed as part of the annual review of all cases on the central register in 1996.

The Department of Health and the Welsh Office have published a new memorandum on leprosy<sup>1</sup>, which contains essential information for those involved in the management of patients with leprosy. It summarises the most common presentations of leprosy, management of patients and their household contacts, the roles of clinicians and consultants in communicable disease control (CCDC) (see box), and details of the members of the Panel of Leprosy Opinion, a panel of doctors who are available to consult and advise about diagnosis and management.

#### Box

##### The role of the clinician

1. Maintain an index of suspicion for leprosy
  - in patients who have lived in an endemic area for a long period
  - anaesthetic skin lesions
  - peripheral neuropathy
  - symptoms suggestive of a leprosy reaction
2. Discuss the case with a member of the Panel before slit skin smears and/or biopsies are taken.
3. Ensure any slit skin smears of skin lesions are taken by someone experienced in the technique.
4. Ensure any diagnostic skin biopsies are taken according to the protocol.
5. Send specimens for microscopy and for histological examination to laboratories with appropriate expertise.
6. Notify the case on confirmation of the diagnosis to the local CCDC.
7. Discuss drug treatment and other aspects of management and follow up with a member of the Panel.
8. Discuss management of household contacts with the CCDC (and, if necessary, a member of the Panel).
9. Complete the annual questionnaire from CDSC for the case.

##### The role of the CCDC

1. Discuss management of household contacts with the clinician (and, if necessary, a member of the Panel), agree:
  - which contacts are to be seen, examined and, if necessary, educated about the disease, and by whom
  - whether contacts who are children or young adults require BCG immunisation
  - whether contacts who are children under 10 years should be given chemoprophylaxis
2. Coordinate with colleagues in other areas if any household contacts who need to be traced have moved.
3. Forward a copy of the notification under confidential cover to CDSC.
4. Assist, if necessary, in completing the annual questionnaire for patients who reside in their health authority.

1. Department of Health and the Welsh Office. *Memorandum on leprosy*. 1997. (Copies may be obtained from the Department of Health Stores, PO Box 410, Wetherby LS23 7LN (fax 0990 210266) or from Miss C Cody, Public Health Unit, The Welsh Office, Cathays Park, Cardiff CF1 3NQ).

### Leprosy in England and Wales

#### National survey of tuberculosis in England and Wales, 1998

**Mycobacterial infections**  
weeks 40-48/97

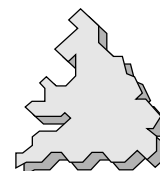
**Opportunist mycobacterial infections**  
weeks 40-48/97

**Respiratory tract infections:**  
weeks 45-48/97

**Common animal associated infections**  
weeks 45-48/97

**Common imported infections**  
weeks 45-48/97

**Notifications of infectious diseases:**  
week 47/97



***Mycobacterium tuberculosis* infections, England and Wales: laboratory reports weeks 40 - 48/97**

	Number of reports received				Cumulative totals for weeks 01 - 48	
	Male	Female	Not stated	Total	1997	1996
<b><i>M. tuberculosis</i></b>						
All cases (disseminated)	145	113	11	269	1664 (20)	1489 (7)
Site of isolate*						
pulmonary (smear positive)	89 (26)	59 (14)	5 (2)	153 (42)	968 (200)	999 (221)
lymph node	4	6	–	10	83	112
CNS (meningitis)	1 (1)	–	–	1 (1)	23 (23)	13 (11)
genitourinary	4	6	–	10	67	56
bone/joint (spinal)	–	2 (1)	1	3 (1)	15 (4)	27 (5)
gastrointestinal/peritoneal	–	3	1	4	29	26
non-pulmonary respiratory	4	2	–	6	51	NA
abscess	8	8	–	16	77	NA
other (unspecified)	38	27	4	69	390	230†
<b><i>M. bovis</i></b>	2	–	–	2	8	5

\* The number of isolates may exceed the number of cases, as cases may have disease at more than one site.

NA not available

† Includes non-pulmonary respiratory (including pleural) disease, abscesses (site not stated), and other sites.

**Opportunist mycobacterial infections, England and Wales: laboratory reports weeks 40 - 48/97**

	Number of reports received				Cumulative totals for weeks 01 - 48	
	Male	Female	Not stated	Total	1997	1996
<b><i>Avium-intracellulare</i> group</b>	28	19	1	48	307	240
Site of isolate*						
pulmonary	19	10	–	29	143	109
lymph node	–	–	–	–	22	19
blood	6	2	–	8	53	76
other	6	7	1	14	108	38
<b><i>M. malmoense</i></b>	11	7	–	18	75	99
Site of isolate*						
pulmonary	9	2	–	11	50	79
lymph node	–	1	–	1	3	8
other	2	4	–	6	22	13
<b><i>M. kansasii</i></b>	6	6	1	13	71	62
<b><i>M. xenopi</i></b>	4	3	–	7	37	32
Other species	4	4	–	8†	27	28

\* The number of isolates may exceed the number of cases, as cases may have disease at more than one site

† *M. chelonae* 1; *M. fortuitum* 3; *M. marinum* 4

**Respiratory tract infections, England and Wales: laboratory reports, weeks 45-48/97**

	Number of reports received				Total reports 45-48/97
	45/97	46/97	47/97	48/97	
<b>Adenovirus</b> (excluding EM faeces)	22	15	50	28	115
<b>Coronavirus</b>	–	–	1	–	1
<b>Influenza A</b>	1	5	5	3	14
<b>Influenza B</b>	1	1	4	2	8
<b>Parainfluenza</b>	4	7	12	10	33
<b>RS virus</b>	149	393	430	711	1683
<b>Rhinovirus</b>	3	16	20	8	47

**Adenovirus** (excluding types 40, 41, group F, EM faeces): male, whose age was not reported, had Stevens-Johnson syndrome. Twelve patients had eye infections. Ninety cases (78%) were aged under 5 years. Four regions reported over 10% of cases: Wales (22 cases), Trent (19), Northern (17), and North Western (17).

**Coronavirus:** F 5y, reported from South Western region.

**Influenza A** (1 microscopy, 7 single high titres, 6 method of diagnosis not stated): 13 cases were aged 15y or over. Two cases had recently travelled abroad: F 51y, United States, and M 57y, India. Three regions reported more than 1 case: South Western (6), Yorkshire (3), and North West Thames (2).

**Influenza B** (1 four-fold rise, 3 single high titres, 4 method of diagnosis not stated): M 69y had pericarditis. All cases were aged 15 years or over. Two regions reported more than 1 case: Trent (2), and North East Thames (2).

**Parainfluenza** (type 1, 8; type 2, 13; type 3, 8; type 4, 1; untyped, 3): 1 patient had bronchiolitis, F 47y with neutropenia had fever. Twenty-five patients were aged under 1 year. Two regions reported more than 4 cases: Trent (8), and South Western (8).

**Respiratory syncytial virus:** 669 patients had bronchiolitis and two had pneumonia. 1408 cases (84%) were aged under 1 year, and 1601 cases (95%) were aged under 5 years. Four regions reported more than 10% of cases: North Western (369), Yorkshire (321), Trent (248), and Mersey (240).

**Rhinovirus:** 32 cases were aged under 1 year. Five regions reported five or more cases: Trent (12), North Western (9), Wessex (6), South Western (6), and West Midlands (6).

	Number of reports received				Total reports 45-48/97
	45/97	46/97	47/97	48/97	
<b>Chlamydia sp</b>	6	8	15	11	40
<b>Coxiella burnetii</b>	–	2	1	1	4
<b>Legionella sp</b>	4	1	1	22	28
<b>Mycoplasma pneumoniae</b>	11	21	72	27	131

**Chlamydia** (respiratory infection): (*C. pneumoniae* 2, *C. psittaci* 32, *Chlamydia sp* 6). Twelve patients had pneumonia, F 73y had jaundice and fever. Four patients (including two with pneumonia) had contact with birds.

**Coxiella burnetii:** all four patients were aged over 15 years. One region (South Western) reported 2 cases.

**Legionella:** 23 males aged 31y to 74y (including five who died) and 5 females aged 25y to 63y (including F 51y who died) all had pneumonia. Nine cases acquired infection in the community and one acquired infection in hospital. Eighteen cases were associated with travel, 1 in the United Kingdom, and 17 abroad: Spain 7 (including cluster of 2 cases at a hotel in Salou that was associated with clusters

in 1993 and 1995, and a second case in a cluster associated with a hotel in Menorca that was associated with a cluster in 1987 and a single case in 1993), Greece 1 (a second case in a cluster associated with apartments on the island of Skiathos), Tunisia 1 (a second case in a cluster associated with a hotel in Port el Kantaoui), France and Spain 2, United States 2, France 1, Turkey 1, Portugal 1, and Bermuda 1.

**Mycoplasma pneumoniae:** 55 patients had pneumonia, F 31y had Guillain-Barré syndrome. One hundred and fourteen patients (87%) were aged between 15 and 64 years. Three regions reported more than 10% of cases: Trent (38 cases), Northern (15), and South Western (15).

## Common animal associated infections, England and Wales: laboratory reports, weeks 45 - 48/97

Organism	Total reports for weeks 45 - 48		Cumulative totals for weeks 01 - 48	
	1997*	1996	1997*	1996
<i>Borrelia burgdorferi</i> <sup>†#</sup>	26	6	104	51
<i>Leptospira hardjo</i> <sup>‡§</sup>	1	1	8	8
<i>Leptospira icterohaemorrhagiae</i> <sup>‡§</sup>	—	—	6	3
<i>Leptospira other</i> <sup>‡§</sup>	2	3	22	9
<i>Pasteurella haemolytica</i>	—	—	1	2
<i>Pasteurella multocida</i>	9	10	170	131
<i>Pasteurella pneumotropica</i>	—	—	5	1
<i>Pasteurella spp</i>	4	2	51	53
<i>Toxocara canis</i>	—	—	2	7
<i>Toxocara cati</i>	—	—	1	1
<i>Toxocara spp</i>	—	—	1	12
<i>Toxoplasma gondii</i>	12	29	223	354
<i>Toxoplasma spp</i>	10	10	50	58

\* provisional data. † by specimen date. # Lyme disease Reference Laboratory and CDSC data. § Leptospira Reference Laboratory and CDSC data.

## Common imported infections, England and Wales: laboratory reports, weeks 45 - 48/97

Organism	Total reports for weeks 45 - 48		Cumulative totals for weeks 01 - 48	
	1997*	1996	1997*	1996
Arbovirus	—	—	—	1
Dengue virus	1	3	21	19
<i>Ascaris spp</i>	14	24	200	209
Hookworms (unspecified)	16	12	112	138
<i>Ancylostoma duodenale</i>	—	—	—	2
<i>Necator americanus</i>	—	—	—	1
<i>Hymenolepis diminuta</i>	—	—	5	—
<i>Hymenolepis nana</i>	6	3	44	40
<i>Hymenolepis sp</i>	—	—	1	—
<i>Schistosoma haematobium</i>	4	7	47	94
<i>Schistosoma intercalatum</i>	—	—	1	—
<i>Schistosoma mansoni</i>	3	3	22	30
<i>Schistosoma sp</i>	1	—	14	17
<i>Strongyloides stercoralis</i>	—	9	33	48
<i>Strongyloides sp</i>	—	1	5	7

\* provisional data.

## National survey of tuberculosis in England and Wales, 1998

The 1998 National Survey of Tuberculosis in England and Wales is being coordinated by the PHLS Communicable Disease Surveillance Centre (CDSC) in collaboration with the British Thoracic Society and the Department of Health. This survey aims to determine the incidence of newly diagnosed cases of tuberculosis in England and Wales in 1998, recent trends, and factors influencing the occurrence of tuberculosis. The survey will include all patients diagnosed with tuberculosis between 1 January and 31 December 1998 who are notified to consultants in communicable disease control (CCDCs), and will also aim to ascertain and include other cases of tuberculosis who are diagnosed during the survey period, but not notified. The survey will not collect data on co-infection with HIV.

Information about the survey has been sent to all CCDCs, medical microbiologists, chest physicians, and general physicians with an interest in respiratory medicine. Further information can be obtained from the survey coordinator at CDSC, Angela M C Rose (tel 0181 200 6868 ext 4482).

Data are for England and Wales only, unless otherwise stated. Weekly numbers are provisional and should not be used to indicate trends.

Registered as a newspaper.

## Notifications of infectious diseases

Doctors in England and Wales have a statutory duty to notify a 'proper officer' of the local authority (usually the consultant in communicable disease control) of cases of certain infectious diseases (*CDR Review 1993*; 3: R19-25). Notifications of infectious diseases, not all of which are microbiologically confirmed, prompt local investigation and action to control the diseases. Proper officers are required each week to inform the Registrar General of the

number of cases of each disease that have been notified. The responsibility for collating the weekly returns from proper officers, and publishing analyses of local and national trends has been transferred to CDSC from ONS (*CDR Weekly 1997*; 7: 145). Data published here – and an expanded form of table 2 with data to district level – are also available in an electronic format to Epinet subscribers on the PHLS network.

**Table 1 Notifications of infectious diseases\* in the past 6 weeks, with totals for the current year compared with corresponding periods of the two preceding years.**

	Week						Cumulative totals to week 47 <sup>†</sup>			Cumulative totals from mid-year to week 47 <sup>‡</sup>			
	42/97	43/97	44/97	45/97	46/97	47/97	1995 (i)	1996 (ii)	1997 (iii)	95/96(a)	96/97(b)	97/98(c)	
Typhoid fever presumed contracted	Cases	7	4	4	2	5	4	244	166	136	116	73	81
	Abroad <sup>§</sup>	7	3	3	2	1	4	217	146	121	105	62	69
	GB	–	1	1	–	4	–	27	20	15	11	11	12
Paratyphoid fever presumed contracted	Cases	4	–	1	4	2	1	122	95	94	52	39	47
	Abroad <sup>§</sup>	4	–	1	4	2	1	109	92	87	48	38	45
	GB	–	–	–	–	–	–	13	3	7	4	1	2
Dysentery	Cases	43	35	42	45	41	33	4478	2124	2152	1725	1046	900
Food poisoning formally notified ascertained	Cases	1967	1988	1787	1736	1824	1647	78177	77049	86742	43009	42011	46894
	Cases	1098	1082	914	925	994	882	46282	44380	48262	25235	24062	25978
	Cases	869	906	873	811	830	765	31895	32669	38480	17774	17949	20916
Tuberculosis	Cases <sup>¶</sup>	102	147	117	111	97	110	5315	5337	5553	2395	2464	2439
Whooping cough	Cases	66	64	39	41	60	48	1771	2027	2764	736	1357	1486
Scarlet fever	Cases	59	43	50	55	69	60	4793	4437	3256	1347	1217	979
Meningitis meningococcal	Cases	78	45	29	44	37	37	1995	2486	2153	834	1107	738
	Cases	51	22	13	26	19	24	963	1087	1111	364	386	375
	Cases	1	3	–	1	2	–	54	47	36	24	30	14
influenzal ( <i>Haemophilus influenzae</i> )	Cases	17	14	12	9	14	8	682	960	710	299	501	264
	Cases	9	6	4	8	2	5	296	392	296	147	190	85
other specified	Cases	9	6	4	8	2	5	296	392	296	147	190	85
unspecified	Cases	9	6	4	8	2	5	296	392	296	147	190	85
Meningococcal septicaemia (without meningitis)	Cases	68	26	37	27	29	33	599	1006	1289	215	382	479
Tetanus	Cases	–	–	2	1	–	–	6	8	7	4	5	5
Measles	Cases	72	64	57	72	76	81	7235	5511	3756	2440	1853	1519
Mumps	Cases	44	38	37	40	54	49	1893	1669	1801	738	721	738
Rubella	Cases	44	62	42	62	60	52	5667	8987	3151	2294	1893	1274
Viral hepatitis	Cases	66	91	63	66	74	67	3076	2284	2937	1412	946	1550
Malaria	Cases	14	28	14	24	26	25	1234	1621	1380	771	939	778
Leptospirosis	Cases	2	1	2	–	–	–	13	13	22	7	10	13
Acute encephalitis infective	Cases	1	–	1	–	1	1	35	22	27	14	6	9
	Cases	–	–	–	–	–	1	28	15	17	13	4	6
	Cases	1	–	1	–	1	–	7	7	10	1	2	3
post-infectious	Cases	1	–	1	–	1	–	7	7	10	1	2	3
Ophthalmia neonatorum	Cases	9	7	2	7	3	8	230	231	208	104	99	96
<b>Special cases</b>													
Cholera	Cases	–	1	3	2	–	–	41	31	32	18	18	19
Diphtheria	Cases	2	1	–	–	1	–	13	10	22	4	6	7

All figures include late returns

\* includes notifications from Port Health Authorities

† Cumulative totals commencing week ended (i) 6 Jan (ii) 5 Jan (iii) 3 Jan

‡ Cumulative totals from mid-year commencing week ended (a) 7 July (b) 5 July (c) 4 July

§ Includes cases of unstated origin

¶ Excluding chemoprophylaxis

**Table 2 Notifications of infectious diseases in week 47/97 (standard regions, counties, and unitary authorities)**

Area	Measles	Mumps	Rubella	Dysentery	Scarlet fever	Whooping cough	Viral hepatitis	TB all forms*	Meningitis†	Food poisoning notified§	ascertained#	Malaria
<b>North</b>	<b>5</b>	<b>5</b>	<b>9</b>	–	<b>6</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>40</b>	<b>43</b>	–
Tyne and Wear †	1	2	2	–	1	1	1	2	1	12	11	–
Cumbria	1	–	4	–	1	–	–	1	–	9	11	–
Durham	3	1	1	–	2	1	–	–	–	11	10	–
Northumberland	–	–	1	–	–	–	–	1	–	–	8	–
Hartlepool	–	1	–	–	–	–	–	–	–	1	–	–
Middlesbrough	–	1	–	–	–	–	–	–	–	1	–	–
Redcar and Cleveland	–	–	–	–	–	–	–	–	–	3	–	–
Stockton-on-Tees	–	–	–	–	2	–	1	–	–	1	–	–
Darlington	–	–	1	–	–	–	–	–	–	2	3	–
<b>Yorkshire and</b>												
<b>Humberside</b>	<b>14</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>15</b>	<b>4</b>	<b>96</b>	<b>67</b>	<b>4</b>
South Yorkshire †	1	–	1	–	–	2	1	6	1	17	13	1
West Yorkshire †	4	3	3	5	2	4	5	9	2	45	44	3
North Yorkshire	8	–	–	–	1	–	–	–	–	14	8	–
City of Kingston upon Hull	–	–	–	–	3	1	–	–	–	1	–	–
East Riding of Yorkshire	1	–	–	–	1	–	–	–	1	3	–	–
North East Lincolnshire	–	–	–	–	–	–	–	–	–	5	–	–
North Lincolnshire	–	1	–	–	–	1	1	–	–	6	–	–
York	–	2	1	–	–	–	–	–	–	5	2	–
<b>East Midlands</b>	<b>7</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>63</b>	<b>63</b>	<b>4</b>
Derbyshire	2	–	–	–	–	–	–	1	–	11	–	–
Leicestershire	–	–	4	–	–	2	–	–	–	20	4	–
Lincolnshire	1	–	–	–	2	–	–	–	–	5	17	–
Northamptonshire	2	2	–	–	–	4	–	1	1	9	13	1
Nottinghamshire	1	–	1	1	1	–	–	1	4	12	21	–
Derby	1	1	2	–	–	–	–	1	–	5	–	–
Leicester	–	–	–	–	–	–	1	1	1	1	8	3
Rutland	–	–	1	–	–	1	–	–	–	–	–	–
<b>East Anglia</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>29</b>	<b>46</b>	<b>3</b>
Cambridgeshire	–	3	–	2	1	–	–	1	–	8	9	–
Norfolk	–	–	–	–	2	1	1	1	1	10	20	3
Suffolk	1	–	1	–	1	–	–	–	–	11	17	–
<b>South East</b>	<b>20</b>	<b>12</b>	<b>17</b>	<b>12</b>	<b>20</b>	<b>15</b>	<b>31</b>	<b>55</b>	<b>11</b>	<b>336</b>	<b>236</b>	<b>11</b>
Greater London	11	4	3	6	9	6	21	37	7	146	53	7
Bedfordshire	–	–	2	–	–	–	1	1	–	2	4	–
Berkshire	–	2	2	–	1	1	2	3	–	29	3	–
Buckinghamshire	–	–	–	1	–	–	4	2	–	2	31	–
East Sussex	–	–	1	2	–	–	–	3	1	6	14	–
Essex	–	–	1	–	3	4	–	–	–	39	15	–
Hampshire	–	1	2	–	–	1	–	1	1	18	19	2
Hertfordshire	1	1	1	–	1	2	–	1	1	15	23	–
Kent	3	1	1	–	2	–	–	–	1	29	12	1
Oxfordshire	1	–	–	1	1	–	–	–	–	1	19	–
Surrey	3	–	–	–	1	1	1	1	–	19	8	–
West Sussex	1	–	–	–	1	–	–	2	–	6	21	–
Luton	–	1	1	2	1	–	1	–	–	3	5	1
Milton Keynes	–	–	–	–	–	–	–	–	–	8	–	–
Brighton and Hove	–	–	–	–	–	–	1	2	–	9	–	–
Portsmouth	–	1	1	–	–	–	–	1	–	4	–	–
Southampton	–	1	2	–	–	–	–	1	–	–	9	–
Isle of Wight	–	–	–	–	–	–	–	–	–	–	–	–
<b>South West</b>	<b>15</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>3</b>	–	<b>6</b>	<b>5</b>	<b>4</b>	<b>75</b>	<b>108</b>	<b>1</b>
Cornwall and Isles of Scilly	1	1	1	–	–	–	–	–	–	8	19	–
Devon	3	3	1	–	1	–	1	–	2	24	9	–
Dorset	1	1	–	1	1	–	–	2	–	4	7	–
Gloucestershire	10	1	–	–	–	–	–	–	–	6	2	–
Somerset	–	1	–	1	–	–	–	–	–	12	–	–
Wiltshire	–	–	–	1	–	–	–	–	–	5	8	–
<i>Bath and North East Somerset</i>	–	–	–	–	–	–	–	–	–	6	6	–
<i>Bristol</i>	–	–	–	1	–	–	–	2	–	1	21	1
<i>North Somerset</i>	–	–	–	–	–	–	1	–	–	–	8	–
<i>South Gloucestershire</i>	–	–	1	–	–	–	–	–	–	–	6	–
<i>Bournemouth</i>	–	–	–	1	–	–	4	1	1	4	7	–
<i>Poole</i>	–	1	1	–	1	–	–	–	1	4	10	–
<i>Swindon</i>	–	–	–	–	–	–	–	–	–	1	5	–

Area	Measles	Mumps	Rubella	Dysentery	Scarlet fever	Whooping cough	Viral hepatitis	TB all forms*	Meningitis†	Food poisoning notified§	ascertained#	Malaria
<b>West Midlands</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>13</b>	<b>4</b>	<b>4</b>	<b>12</b>	<b>4</b>	<b>102</b>	<b>92</b>	<b>2</b>
West Midlands †	2	2	2	4	4	1	4	8	3	62	45	1
Hereford and Worcester	2	–	–	–	2	–	–	–	1	17	9	–
Shropshire	–	–	1	–	1	–	–	–	–	5	23	1
Staffordshire	2	1	–	–	1	3	–	1	–	12	7	–
Warwickshire	1	1	–	–	5	–	–	3	–	5	5	–
Stoke-on-Trent	–	–	–	–	–	–	–	–	–	1	3	–
<b>North West</b>	<b>10</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>10</b>	<b>3</b>	<b>67</b>	<b>70</b>	<b>–</b>
Greater Manchester †	7	1	1	–	–	2	4	6	–	24	30	–
Merseyside †	1	4	–	2	2	3	–	1	3	18	8	–
Cheshire	–	3	2	1	–	4	2	2	–	4	19	–
Lancashire	2	–	–	1	2	1	–	1	–	21	13	–
<b>Wales</b>	<b>2</b>	<b>–</b>	<b>2</b>	<b>–</b>	<b>–</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>3</b>	<b>71</b>	<b>40</b>	<b>–</b>
<i>Isle of Anglesey</i>	–	–	–	–	–	–	–	–	–	1	1	–
<i>Gwynedd</i>	–	–	–	–	–	–	2	–	–	–	3	–
<i>Conwy</i>	–	–	–	–	–	1	2	–	–	5	3	–
<i>Denbighshire</i>	–	–	–	–	–	–	–	–	1	3	–	–
<i>Flintshire</i>	–	–	1	–	–	–	1	–	–	2	3	–
<i>Wrexham</i>	1	–	–	–	–	–	–	–	–	2	2	–
<i>Powys</i>	–	–	–	–	–	–	1	–	–	–	1	–
<i>Ceredigion</i>	–	–	–	–	–	–	–	–	–	–	1	–
<i>Pembrokeshire</i>	–	–	–	–	–	–	1	–	–	3	1	–
<i>Carmarthenshire</i>	–	–	1	–	–	–	2	1	–	3	2	–
<i>Swansea</i>	–	–	–	–	–	–	–	–	–	15	–	–
<i>Neath and Port Talbot</i>	–	–	–	–	–	–	–	–	–	8	–	–
<i>Bridgend</i>	–	–	–	–	–	–	–	–	–	1	–	–
<i>Vale of Glamorgan</i>	–	–	–	–	–	–	–	–	–	10	–	–
<i>Rhondda, Cynon, Taff</i>	–	–	–	–	–	–	–	1	–	7	–	–
<i>Merthyr Tydfil</i>	–	–	–	–	–	–	–	–	–	2	–	–
<i>Caerphilly</i>	–	–	–	–	–	–	–	–	–	3	2	–
<i>Blaenau Gwent</i>	–	–	–	–	–	–	–	–	1	–	1	–
<i>Torfaen</i>	–	–	–	–	–	–	–	–	–	–	2	–
<i>Monmouthshire</i>	–	–	–	–	–	–	–	–	–	2	–	–
<i>Newport</i>	–	–	–	–	–	–	–	–	1	–	4	–
<i>Cardiff</i>	1	–	–	–	–	–	–	–	–	4	14	–
<b>Port Health Authorities</b>												
Barnstaple	–	–	–	–	–	–	–	–	–	2	–	–

\* Excluding prophylaxis. † All forms. § Formally notified. # Ascertained by other means. †Metropolitan county.

Unitary authorities are shown in italics.

## Notifications in week 47/97 of infectious diseases not shown in table 2

**Acute encephalitis:** one infective case in Hampshire.

**Meningitis – meningococcal:** 24 cases; six in Greater London, two in each of Dorset, Merseyside, Nottinghamshire, and West Midlands, and one in each of Blaenau Gwent, East Sussex, Hampshire, Hereford and Worcester, Hertfordshire, Kent, Norfolk, South Yorkshire, Tyne and Wear, and West Yorkshire.

**Meningococcal septicaemia (without meningitis):** 33 cases; five in Greater London, four in West Midlands, three in Devon and in Staffordshire, two in each of Conwy, Greater Manchester, and Merseyside, and one in each of Cardiff, Flintshire, Hartlepool, Hertfordshire, Kent, Lancashire, Leicestershire, Norfolk, Nottinghamshire, Suffolk, Tyne and Wear, and West Yorkshire.

**Ophthalmia neonatorum:** eight cases; two in West Yorkshire, and one in each of Berkshire, Derbyshire, Greater Manchester, Merseyside, Nottinghamshire, and Wiltshire.

**Paratyphoid fever:** one case of unknown origin – from West Midlands.

**Typhoid fever:** four cases presumed to have been contracted abroad – three from Greater London, and one from Oxfordshire.

No cases of acute poliomyelitis, anthrax, cholera, diphtheria, leptospirosis, meningitis influenzal (*Haemophilus influenzae*), plague, rabies, relapsing fever, smallpox, tetanus, typhus, viral haemorrhagic fever, or yellow fever were notified.

**Table 3 Weekly analysis report of notifications above expected rates in week 47/97**

<i>District</i>	<i>County</i>	<i>Observed number</i>	<i>Expected number</i>	<i>Ratio observed/expected</i>	<i>District</i>	<i>County</i>	<i>Observed number</i>	<i>Expected number</i>	<i>Ratio observed/expected</i>
<b>Dysentery</b>					<b>Meningitis</b>				
East Cambridgeshire	Cambridgeshire	2	0.04	48.29	<i>Meningococcal</i>				
Wealden	East Sussex	2	0.09	22.99	Knowsley	Merseyside	2	0.07	27.99
<b>Food poisoning</b>					<b>Mumps</b>				
<i>All</i>					East Northamptonshire	Northamptonshire	2	0.07	29.68
Barnet	Greater London	38	9.94	3.82	Peterborough	Cambridgeshire	3	0.17	17.85
Bracknell Forest	Berkshire	11	3.42	3.21	Sefton	Merseyside	3	0.27	11.13
Broxtowe	Nottinghamshire	10	3.56	2.81	<b>Rubella</b>				
Chiltern	Buckinghamshire	24	2.94	8.16	North West				
Leeds	West Yorkshire	52	23.05	2.26	Leicestershire	Leicestershire	2	0.08	24.46
Leominster	Hereford and Worcester	6	1.31	4.57	<b>Scarlet fever</b>				
Lewes	East Sussex	9	2.80	3.22	Rugby	Warwickshire	3	0.10	30.56
Mendip	Somerset	11	3.13	3.51	West Lindsey	Lincolnshire	2	0.09	23.53
Mole Valley	Surrey	8	2.52	3.17	<b>Tuberculosis</b>				
Oadby and Wigston	Leicestershire	7	1.69	4.14	Bradford	West Yorkshire	9	1.03	8.77
Poole	Dorset	14	4.42	3.17	Newham	Greater London	7	0.49	14.42
St. Edmundsbury	Suffolk	12	2.96	4.05	City of Westminster	Greater London	6	0.42	14.45
<b>Formally notified</b>					<b>Viral hepatitis</b>				
Bexley	Greater London	11	3.75	2.94	Bournemouth	Dorset	4	0.21	19.19
Bracknell Forest	Berkshire	11	1.83	6.00	Camden	Greater London	3	0.24	12.53
Brighton and Hove	East Sussex	9	2.66	3.39	Chiltern	Buckinghamshire	4	0.12	33.41
Colchester	Essex	9	2.57	3.50	Greenwich	Greater London	4	0.27	14.61
Coventry	West Midlands	13	5.16	2.52	Tower Hamlets	Greater London	3	0.22	13.40
Hart	Hampshire	7	1.43	4.89	<b>Whooping cough</b>				
Leeds	West Yorkshire	23	12.33	1.86	Ellesmere Port and				
Mendip	Somerset	11	1.68	6.56	Neston	Cheshire	2	0.08	25.58
Merton	Greater London	9	3.05	2.95	Lichfield	Staffordshire	2	0.08	24.63
Neath and Port Talbot	Neath and Port Talbot	8	2.37	3.37	South Northamptonshire	Northamptonshire	2	0.07	27.81
Oadby and Wigston	Leicestershire	7	0.91	7.73					
Pendle	Lancashire	6	1.45	4.14					
Plymouth	Devon	14	4.38	3.20					
Stafford	Staffordshire	8	2.10	3.81					
Sutton	Greater London	9	2.97	3.03					
Swansea	Swansea	15	3.92	3.82					
Thurrock	Essex	10	2.24	4.47					
Vale of Glamorgan	Vale of Glamorgan	10	2.02	4.95					
West Devon	Devon	5	0.79	6.30					
Wolverhampton	West Midlands	13	4.16	3.13					
<b>Malaria</b>									
Leicester	Leicestershire	3	0.14	21.00					
North Norfolk	Norfolk	2	0.05	43.23					
<b>Measles</b>									
Forest of Dean	Gloucestershire	8	0.11	72.53					
Scarborough	North Yorkshire	7	0.15	45.28					

Note: This table shows those districts from which the rates of notifications reported this week were significantly higher than expected ( $P < 0.005$ ). The number of notifications in each district is shown in the third column (observed). The number expected if the national rate is applied to the district population is shown in the fourth column (expected). The fifth column shows by how many times the number of notifications exceeds the expected number (ratio observed/expected). Caution must be exercised when interpreting this table, as listing is wholly dependent on comparable reporting of notifiable infectious diseases from all districts of England and Wales and on local patterns of disease.