

Communicable Disease Report

An outbreak of diarrhetic shellfish poisoning

An outbreak of diarrhetic shellfish poisoning (DSP), associated with mussels served at two restaurants in London, is being investigated by the consultant in communicable disease (CCDC) and the environmental health department. There are 30 suspected cases. Stool samples were taken from some of the suspected cases and no pathogenic bacteria and viruses were detected. The mussels were produced in the United Kingdom (UK) and distributed through Billingsgate market. DSP toxin was detected in samples of mussels from the supplier and from the restaurants. The supplier has alerted all other outlets that received contaminated mussels.

The incubation period for DSP ranges from 30 minutes to 12 hours. Clinical features include nausea, vomiting, diarrhoea, and abdominal pain, lasting for two or three days. DSP is associated with blooms of toxic marine algae. Mussels and other filter feeding bivalve molluscs can become toxic to humans because they concentrate algal toxins in their digestive glands. DSP toxins are stable and are not denatured by normal cooking. Shellfish harvested in the UK are monitored by the Ministry of Agriculture, Fisheries and Food for the presence of DSP toxin, and shellfish beds are closed for harvesting when DSP toxin is detected.

CCDCs and environmental health officers are advised to consider DSP in cases of gastroenteritis associated with shellfish, and are requested to contact Peter Madden at the PHLS Communicable Disease Surveillance Centre about outbreaks (tel 0181 200 6868 ext 4416) or Anne Scoging at the PHLS Food Hygiene Laboratory about laboratory tests for DSP and other marine toxins (tel 0181 200 4400 ext 3521).

Needlestick malaria with tragic consequences

A 28 year old English woman admitted to Coppetts Wood Hospital on 20 April 1997 had been unwell for about three weeks with intermittent fever and diarrhoea. *Plasmodium falciparum* infection with 30% parasitaemia was diagnosed. She was treated with intravenous quinine, blood transfusion, and prostacyclin and she made a full recovery. She had been travelling in Namibia, Botswana, and Zimbabwe during March and had taken proguanil and chloroquine prophylaxis, but stopped shortly after leaving Africa. She flew to Italy on 25 March and was seen in a hospital in Sicily on 16 April. She was given intravenous fluids and antibiotics, but no specific diagnosis was made and she was not admitted. She was still ill when she returned to England on 19 April. The doctor who saw her in Sicily suffered a needlestick injury with the needle used to set up her drip. He subsequently developed falciparum malaria and died on 6 May. He had apparently not been exposed in a malarious area and the diagnosis was made at necropsy.

The transmission of malaria from patients to health care workers is unusual, and is associated with needlestick injury and the preparation of blood smears^{1,2}. The transmission of malaria by transfusion of blood and blood products such as platelets and fresh frozen plasma is well recognised³.

1. Haworth FLM, Cook GC. Needlestick malaria. *Lancet* 1995; **346**: 1361.
2. Lettau LA. Nosocomial transmission and infection control aspects of parasitic and ectoparasitic diseases, Part II. Blood and tissue parasites. *Infect Control Hosp Epidemiol* 1991; **12**: 111-21.
3. Wernsdorfer WH. Transfusion malaria and other forms of induced malaria. In: Wernsdorfer WH, McGregor IA, editors. *Malaria*. Edinburgh: Churchill Livingstone, 1988: 908-12.

An outbreak of diarrhetic shellfish poisoning

Needlestick malaria with tragic consequences

General outbreaks of foodborne illness:
weeks 24 - 27/97

Salmonella infections:
monthly report

Common gastrointestinal tract infections:
weeks 24 - 27/97

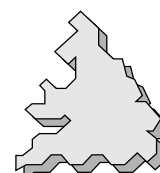
SRSV

Other gastrointestinal tract infections:
weeks 14 - 26/97

***Clostridium difficile*:**
weeks 01-26/97

Cholera imported into England and Wales
1996

Notifications of infectious diseases:
week 26/97



General outbreaks of foodborne illness, England and Wales: weeks 24 – 27/97

Preliminary information has been received about the following outbreaks. Final information will be published in the quarterly report

Health authority	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Comments	Evidence
North Cumbria	<i>Salmonella enteritidis</i> PT4	Retailer	June	10	8	Lemon meringue pie made with raw shell eggs	M
Berkshire	<i>S. enteritidis</i> PT4	Residential institution	June	6	6	None	–
Kensington, Chelsea, and Westminster	<i>S. enteritidis</i> PT4	Restaurant	June	5	2	None	–
East Riding	<i>S. enteritidis</i> PT4	Residential institution	June	4	3	None	–
Suffolk	<i>S. enteritidis</i> PT4	Not known	June	6	6	None	–
Gloucester	<i>S. enteritidis</i> PT4	Restaurant	June	3	3	None	–
Sunderland	<i>S. enteritidis</i> PT4	Hotel	June	4	4	None	–
Leeds	<i>S. enteritidis</i> PT34A and PT29A	Restaurant	May	13	8	Turkey	D
West Kent	<i>S. enteritidis</i> untyped	Caterer	June	5	>1	Tiramisu made with raw shell eggs	D
Berkshire	<i>S. hadar</i> PT5	Armed services	June	>1	>1	None	–
Mid Surrey	<i>S. typhimurium</i> DT104	School	June	20	15	School meal	D
Rochdale	<i>S. typhimurium</i> DT104	Retailer	June	2	2	Doner kebab	D
South Cumbria	<i>S. typhimurium</i> DT104	Public house	June	2	2	None	–
County Durham	<i>S. typhimurium</i> DT104	Club	June	10	10	None	–
S Derbyshire	<i>S. typhimurium</i> DT120	Restaurant	June	5	5	Chicken	D
Sheffield	<i>Bacillus cereus</i>	Restaurant	June	2	2	Meat and rice dish	M
Berkshire	<i>Clostridium perfringens</i>	Restaurant	May	6	4	None	M
Dorset	<i>C. perfringens</i>	Reception	June	35	7	Ham	M
Dorset	Scombrotoxin	Restaurant	June	1	*	Fresh tuna	–

D (descriptive): other evidence, usually descriptive, reported by local investigators as indicating the suspect vehicle.

M (microbiological): identification of an organism of the same type from cases and in the suspect vehicle or vehicle ingredient(s), or detection of toxin in faeces or food.

* not applicable

Salmonella infections, England and Wales: reports to the PHLS (salmonella data set*)

Details of serotypes of the 2205 salmonella infections recorded in May are given in the adjacent table. In June 1997, 2944 salmonella infections were recorded and preliminary information was received about 15 outbreaks (see table above).

* figures quoted from the PHLS salmonella data set are for isolates confirmed and typed by PHLS Laboratory of Enteric Pathogens (LEP).

† provisional.

	May 1997 [†]
<i>Salmonella</i> (total)	2205
<i>S. enteritidis</i> (PT4)	1095
<i>S. enteritidis</i> (other PTs)	476
<i>S. typhimurium</i>	341
<i>S. virchow</i>	47
Others (typed)	246

Common gastrointestinal infections, England and Wales: laboratory reports, weeks 24 – 27/97

Laboratory reports	Number of reports received				Total reports 24-27/97	Cumulative totals	
	24/97	25/97	26/97	27/97		27/97	27/96
<i>Campylobacter</i>	850	2154	743	1975	5722	23054	19516
<i>Escherichia coli</i> O157*	21	28	24	16	89	310	179
<i>Shigella sonnei</i>	26	40	23	46	135	897	568
Rotavirus	232	432	139	329	1132	13042	12211
SRSV	19	34	7	16	76	954	1716
<i>Cryptosporidium</i>	73	169	97	104	443	2100	1983
<i>Giardia</i>	53	110	73	131	367	2357	2418

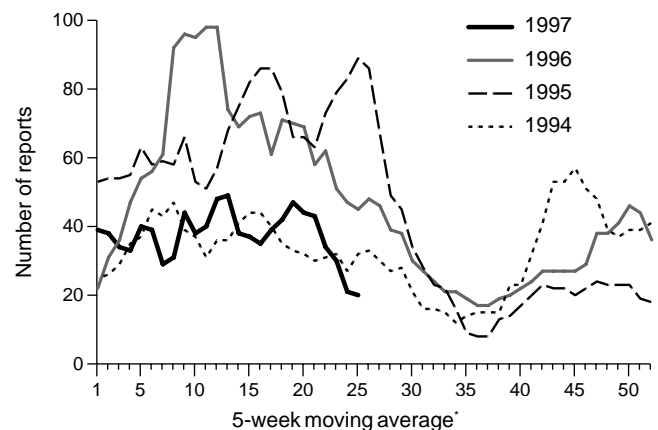
* Vero cytotoxin producing isolates (data from LEP).

Small round structured viruses

Small round structured viruses (SRSV) cause acute, but mild, self limiting gastroenteritis and vomiting – commonly known as ‘winter vomiting disease’ because peak levels usually occur in the winter. Numbers of reports received in 1997 are similar to numbers in 1994 (figure) and are much lower than in 1995 and 1996, when peak levels of SRSV infection occurred in late spring and early summer. The total number of reports received in the first 26 weeks of 1997 was 57% of the total received during the same period of 1996.

* The five weekly moving average is calculated weekly in arrears. The week for which it is expressed is the third of five weeks. It is the average number of reports in those five weeks.

Figure Laboratory reports of SRSV: England and Wales, 1994 to 1997



Other gastrointestinal infections, England and Wales: laboratory reports, weeks 14 – 26/97

Organism	Number of reports	Cumulative totals to		Organism	Number of reports	Cumulative totals to	
		26/97	26/96			26/97	26/96
<i>Adenovirus</i> *	152	347	526	<i>Vibrio</i>	17 [†]	35	34
<i>Astrovirus</i>	39	174	173	<i>Yersinia</i>	50	88	81
<i>Calicivirus</i>	27	42	45	<i>Entamoeba histolytica</i>	174	329	373
<i>Shigella boydii</i>	25	41	56	<i>Blastocystis hominis</i>	81	166	285
<i>S. dysenteriae</i>	8	19	25	<i>Dientamoeba fragilis</i>	30	95	108
<i>S. flexneri</i>	100	190	88	<i>Taenia</i>	42	56	42
<i>Aeromonas</i>	122	190	170	<i>Trichostrongylus</i>	1	1	14
<i>Plesiomonas</i>	4	12	18	<i>Trichuris trichiura</i>	79	109	87

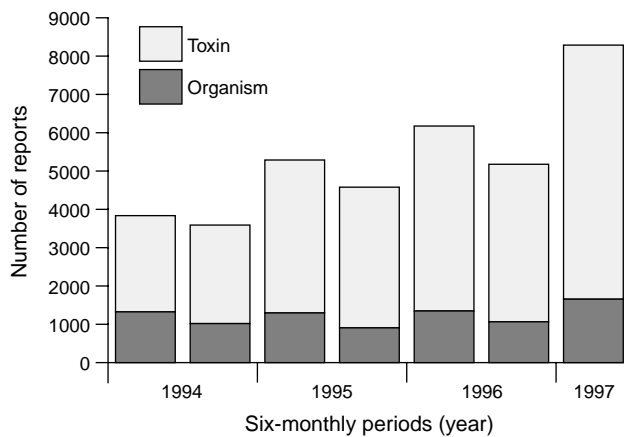
* includes adenovirus EM faeces and adenovirus group F.

† LEP confirmed two cases of *Vibrio cholerae* O1 el tor ogawa; one had returned from Pakistan, the other from Bangladesh.

Clostridium difficile: weeks 01-26/97

A total of 8287 laboratory reports of *Clostridium difficile* (6631 toxin, 1656 organism) were received by the PHLS Communicable Disease Surveillance Centre in the first 26 weeks of 1997, the largest reported half year total (figure). Rates for *C. difficile* toxin ranged from 6.5 (per 100000 population) in North Thames region to 25.8 in Wales

Figure Laboratory reports of *Clostridium difficile*, England and Wales, 1994 to 1997



(table). The high rate in Wales is due in part to the large number of reports from the PHLS Anaerobe Reference Centre at Cardiff Public Health Laboratory. Rates in different regions may also reflect differences in antibiotic policies in different hospitals and regions.

Table Laboratory reports of *Clostridium difficile* toxin, England and Wales, weeks 01-26/97

Country or region of report	Incidence (per 100 000 population)
England:	
Northern and Yorkshire	7.9
Trent	15.4
Anglia and Oxford	12.4
North Thames	6.5
South Thames	17.0
South and West	16.7
West Midlands	7.3
North West	17.6
Wales	25.8

Cholera imported into England and Wales, 1996

The PHLS Laboratory of Enteric Pathogens confirmed and typed isolates from 13 cases of cholera in 1996. Twelve of these cases acquired their infection in areas of Asia and Africa where cholera is endemic, and the other case became ill five days after arriving in the Canary Islands (table). Ten cases acquired infection in Asia; nine had *V. cholerae* serogroup O1 el tor serotype ogawa, and one, who had been to Thailand, had *V. cholerae* serogroup O139. The two cases who acquired *V. cholerae* serogroup O1 el tor serotype inaba had both been to Nigeria.

Table *Vibrio cholerae* serogroup O1 and O139 infections imported into England and Wales, 1996

Country where infection was acquired	Serogroup and biotype			Total cases
	O1 el tor ogawa	O1 el tor inaba	O139	
Asia				
India	4	–	–	4
Nepal	1	–	–	1
Pakistan	3	–	–	3
Thailand	1	–	1	2
Africa				
Nigeria	–	2	–	2
Europe				
Spain	1	–	–	1
Total	10	2	1	13

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 the 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 26 [†]			Cumulative totals from mid-year to week 26 [‡]			
	21/97	22/97	23/97	24/97	25/97	26/97	1995 (i)	1996 (ii)	1997 (iii)	94/95(a)	95/96(b)	96/97(c)	
Typhoid fever presumed contracted	Cases	3	5	–	4	2	2	128	93	54	246	211	132
	Abroad [§]	2	5	–	4	1	2	112	84	51	228	190	117
	In GB	1	–	–	–	1	–	16	9	3	18	21	15
Paratyphoid fever presumed contracted	Cases	2	–	2	4	2	4	70	56	47	133	112	87
	Abroad [§]	1	–	2	4	1	4	61	54	42	119	106	81
	In GB	1	–	–	–	1	–	9	2	5	14	6	6
Dysentery	Cases	58	49	57	72	60	60	2753	1078	1251	6132	2971	2445
Food poisoning formally notified ascertained	Cases	1859	1873	2256	2607	2659	2493	35168	35038	39708	81877	81356	86572
	Cases	994	999	1215	1395	1477	1304	21047	20318	22252	48615	47498	49222
	Cases	865	874	1041	1212	1182	1189	14121	14720	17456	33262	33858	37350
Tuberculosis	Cases [¶]	130	109	122	113	140	111	2920	2873	3112	5645	5586	5940
Whooping cough	Cases	58	48	40	51	44	30	1035	670	1277	3112	1476	2968
Scarlet fever	Cases	79	56	87	61	55	51	3446	3220	2272	5468	5004	3892
Meningitis meningococcal influenzae (<i>Haemophilus influenzae</i>)	Cases	51	42	44	38	41	25	1161	1379	1415	1936	2472	2731
	Cases	18	17	21	18	24	11	599	701	735	973	1217	1207
	Cases	1	–	–	1	–	–	30	17	22	47	46	61
other specified	Cases	27	13	16	12	12	10	383	459	447	668	826	1030
	Cases	5	12	7	7	5	4	149	202	211	248	383	433
Meningococcal septicaemia (without meningitis)	Cases	24	27	18	24	34	12	384	624	804	575	941	1305
Tetanus	Cases	–	1	–	–	–	–	2	3	2	4	7	7
Measles	Cases	95	79	81	95	85	88	4795	3658	2236	12168	6529	4367
Mumps	Cases	55	32	41	40	44	37	1155	948	1062	2330	1777	1896
Rubella	Cases	83	58	69	67	62	78	3373	7094	1874	5998	9941	3986
Viral hepatitis	Cases	59	55	64	60	94	54	1664	1338	1390	3327	2973	2467
Malaria	Cases	28	34	45	50	41	49	463	682	601	1110	1476	1539
Leptospirosis	Cases	–	–	1	–	2	–	6	3	9	16	11	21
Acute encephalitis infective post-infectious	Cases	1	–	–	1	–	–	21	16	18	33	33	29
	Cases	–	–	–	–	–	–	15	11	11	25	27	18
	Cases	1	–	–	1	–	–	6	5	7	8	6	11
Ophthalmia neonatorum	Cases	6	2	3	1	9	10	126	132	112	252	247	217
Special Cases													
Cholera	Cases	–	–	3	–	–	1	23	13	13	55	35	35
Diphtheria	Cases	–	–	1	2	–	1	9	4	15	13	8	22

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) 9 July (b) 8 July (c) 6 July

§ Includes cases of unstated origin

¶ Excluding chemoprophylaxis

Table 2 Notifications of infectious diseases in week 26/97 (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
North	5	2	5	5	8	2	—	3	—	66	105	—
Tyne and Wear†	3	—	3	2	3	1	—	2	—	24	26	—
Cumbria	2	—	—	3	—	—	—	1	—	10	34	—
Durham	—	—	2	—	2	1	—	—	—	18	26	—
Northumberland	—	2	—	—	—	—	—	—	—	—	19	—
Hartlepool	—	—	—	—	—	—	—	—	—	1	—	—
Middlesbrough	—	—	—	—	1	—	—	—	—	2	—	—
Redcar and Cleveland	—	—	—	—	—	—	—	—	—	5	—	—
Stockton-on-Tees	—	—	—	—	2	—	—	—	—	6	—	—
Yorkshire and Humberside	11	6	7	2	9	4	4	9	3	97	107	4
South Yorkshire†	6	2	2	—	2	1	—	4	1	20	12	1
West Yorkshire†	3	2	3	2	4	1	2	4	2	50	82	3
North Yorkshire	—	1	1	—	2	2	—	—	—	15	7	—
City of Kingston upon Hull	2	—	1	—	1	—	1	—	—	—	4	—
East Riding of Yorkshire	—	1	—	—	—	—	1	—	—	1	1	—
North East Lincolnshire	—	—	—	—	—	—	—	1	—	3	—	—
North Lincolnshire	—	—	—	—	—	—	—	—	—	5	—	—
York	—	—	—	—	—	—	—	—	—	3	1	—
East Midlands	12	2	9	2	2	5	4	4	5	122	92	5
Derbyshire	3	—	4	—	2	3	—	—	1	60	1	2
Leicestershire	3	1	1	1	—	1	1	1	—	29	14	3
Lincolnshire	3	1	1	—	—	—	1	1	1	8	16	—
Northamptonshire	—	—	2	—	—	—	1	2	3	14	22	—
Nottinghamshire	3	—	1	1	—	1	1	—	—	11	39	—
East Anglia	2	—	5	2	3	—	—	1	—	66	63	—
Cambridgeshire	—	—	2	1	2	—	—	—	—	25	10	—
Norfolk	2	—	2	1	1	—	—	1	—	11	36	—
Suffolk	—	—	1	—	—	—	—	—	—	30	17	—
South East	22	13	18	28	13	9	29	49	11	503	300	26
Greater London	11	3	10	11	7	4	23	43	3	166	23	18
Bedfordshire	—	—	2	—	1	—	—	—	3	16	16	—
Berkshire	—	—	—	2	—	—	2	1	1	52	9	1
Buckinghamshire	—	—	—	—	1	—	—	—	1	19	21	—
East Sussex	—	—	—	3	1	—	—	2	1	20	13	—
Essex	3	1	1	—	—	—	—	—	—	61	27	—
Hampshire	2	3	—	5	—	—	—	1	—	22	63	3
Hertfordshire	—	2	—	3	—	1	1	—	—	12	40	—
Kent	5	3	4	1	2	2	—	2	1	70	3	3
Oxfordshire	—	—	—	—	—	1	2	—	—	11	32	—
Surrey	—	—	1	2	1	1	1	—	1	45	26	—
West Sussex	1	1	—	1	—	—	—	—	—	9	27	1
Isle of Wight	—	—	—	—	—	—	—	—	—	—	—	—
South West	2	4	11	4	5	—	5	6	2	115	188	2
Cornwall and Isles of Scilly	—	—	1	2	—	—	—	—	1	11	21	—
Devon	—	1	2	—	3	—	—	3	1	44	40	2
Dorset	1	1	2	1	1	—	3	2	—	17	31	—
Gloucestershire	—	—	1	—	—	—	—	—	—	8	10	—
Somerset	—	1	1	—	—	—	—	1	—	14	—	—
Wiltshire	—	—	2	1	—	—	—	—	—	11	31	—
<i>Bath and North East Somerset</i>	—	—	—	—	—	—	—	—	—	7	8	—
<i>Bristol</i>	—	1	2	—	1	—	2	—	—	—	24	—
<i>North Somerset</i>	—	—	—	—	—	—	—	—	—	3	6	—
<i>South Gloucestershire</i>	1	—	—	—	—	—	—	—	—	—	17	—
West Midlands	10	5	13	7	5	4	1	13	1	106	137	9
West Midlands†	7	3	4	3	2	3	—	11	1	54	64	9
Hereford and Worcester	1	—	2	2	1	—	—	—	—	18	21	—
Shropshire	—	2	—	1	—	—	—	—	—	6	25	—
Staffordshire	1	—	5	1	—	1	1	1	—	26	14	—
Warwickshire	1	—	2	—	2	—	—	1	—	2	13	—

Area	Measles	Mumps	Rubella	Dysentery	Scarlet fever	Whooping cough	Viral hepatitis	TB all forms*	Meningitis†	Food poisoning notified‡	ascertained#	Malaria
NorthWest	15	3	5	8	5	4	8	17	2	122	119	2
GreaterManchester†	11	3	3	4	2	2	1	14	2	29	56	–
Merseyside†	2	–	2	3	1	2	3	1	–	27	11	–
Cheshire	–	–	–	–	1	–	1	–	–	16	24	–
Lancashire	2	–	–	1	1	–	3	2	–	50	28	2
Wales	9	–	4	2	1	1	3	8	1	100	77	1
<i>Isle of Anglesey</i>	–	–	–	–	–	–	–	1	–	1	2	–
<i>Gwynedd</i>	2	–	–	–	–	–	–	–	–	1	5	–
<i>Conwy</i>	–	–	1	–	–	–	1	–	–	8	3	–
<i>Denbighshire</i>	–	–	–	–	–	–	1	2	–	8	2	–
<i>Flintshire</i>	1	–	–	–	–	–	–	–	–	6	6	–
<i>Wrexham</i>	–	–	–	–	–	–	–	–	–	2	11	–
<i>Powys</i>	–	–	–	–	–	–	–	–	–	–	1	–
<i>Ceredigion</i>	–	–	–	–	–	–	1	–	–	–	15	–
<i>Pembrokeshire</i>	–	–	–	–	–	–	–	1	–	2	2	–
<i>Carmarthenshire</i>	–	–	–	1	–	–	–	3	–	2	4	–
<i>Swansea</i>	–	–	–	–	–	1	–	–	–	14	–	–
<i>Neath and Port Talbot</i>	–	–	–	–	–	–	–	–	–	4	–	–
<i>Bridgend</i>	–	–	–	–	–	–	–	–	–	6	–	–
<i>Vale of Glamorgan</i>	–	–	–	–	–	–	–	1	–	6	–	–
<i>Rhondda, Cynon, Taff</i>	–	–	–	–	–	–	–	–	–	10	–	–
<i>Merthyr Tydfil</i>	–	–	–	–	–	–	–	–	–	7	–	–
<i>Caerphilly</i>	6	–	–	–	–	–	–	–	–	7	1	–
<i>Blaenau Gwent</i>	–	–	–	–	–	–	–	–	–	–	2	–
<i>Torfaen</i>	–	–	–	1	–	–	–	–	–	–	–	–
<i>Monmouthshire</i>	–	–	–	–	–	–	–	–	–	2	–	–
<i>Newport</i>	–	–	1	–	–	–	–	–	–	9	–	–
<i>Cardiff</i>	–	–	2	–	1	–	–	–	1	5	23	1
Port Health Authorities												
Portsmouth	–	2	–	–	–	–	–	1	–	7	–	–

* Excluding prophylaxis. † All forms. ‡ Formally notified. # Ascertained by other means. †Metropolitan county. Unitary authorities are shown in italics.

Notifications in week 26/97 of infectious diseases not shown in table 2

Cholera: one case in West Yorkshire.

Diphtheria: one case in Swansea. (Strain known to be non-toxicogenic).

Meningitis – meningococcal: 11 cases; two in Greater Manchester and in West Yorkshire, and one in each of Buckinghamshire, Cardiff, Devon, Greater London, Kent, Northamptonshire, and Surrey.

Meningococcal septicaemia (without meningitis): 12 cases; two in Tyne and Wear, and one in each of Cheshire, Cumbria, Devon, Dorset, Greater Manchester, Hertfordshire, Leicestershire, South Yorkshire, Vale of Glamorgan, and West Midlands.

Ophthalmia neonatorum: ten cases; three in Kent and one in each of Berkshire, Hampshire, Leicestershire, Northumberland, Stockton-on-Tees, Tyne and Wear, and West Midlands.

Paratyphoid fever: four cases: three presumed to have been contracted abroad – one from each of Cardiff, Hertfordshire, and West Yorkshire, and one of unknown origin – from Leicestershire.

Typhoid fever: two cases presumed to have been contracted abroad – from Lancashire and West Midlands.

No cases of acute encephalitis, acute poliomyelitis, anthrax, 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 26/97

District	County	Observed number	Expected number	Ratio observed/expected	District	County	Observed number	Expected number	Ratio observed/expected
Dysentery					Malaria				
Islington	Greater London	4	0.20	19.80	Brent	Greater London	3	0.23	12.93
Three Rivers	Hertfordshire	2	0.10	20.56	Coventry	West Midlands	4	0.29	13.94
Walsall	West Midlands	3	0.30	9.86	Haringey	Greater London	3	0.20	14.87
Food poisoning					Leicester	Leicestershire	3	0.28	10.73
<i>All</i>					Newham	Greater London	3	0.22	13.89
Babergh	Suffolk	12	3.78	3.17	Rochester upon Medway	Kent	3	0.14	22.00
Bassetlaw	Nottinghamshire	14	5.11	2.74	Sandwell	West Midlands	3	0.28	10.80
Bolton	Greater Manchester	24	12.73	1.88	Measles				
Cardiff	Cardiff	28	14.84	1.89	Barking and Dagenham	Greater London	4	0.30	13.53
Ceredigion	Ceredigion	15	3.37	4.45	Caerphilly	Caerphilly	6	0.31	19.06
Charnwood	Leicestershire	17	7.41	2.30	East Lindsey	Lincolnshire	3	0.18	16.68
Elmbridge	Surrey	15	5.86	2.56	Meningitis				
Fylde	Lancashire	10	3.57	2.80	<i>All</i>				
Harlow	Essex	15	3.50	4.28	Northampton	Northamptonshire	2	0.09	21.85
Isles of Scilly	Cornwall and Isles of Scilly	2	0.09	21.23	South Bedfordshire	Bedfordshire	2	0.05	37.37
Leeds	West Yorkshire	58	34.78	1.67	<i>Meningococcal</i>				
Mole Valley	Surrey	20	3.81	5.25	Bradford	West Yorkshire	2	0.10	19.52
Newbury	Berkshire	20	6.84	2.92	Mumps				
Norwich	Norfolk	16	6.08	2.63	Castle Morpeth	Northumberland	2	0.03	66.91
South Hams	Devon	19	3.80	5.01	Stevenage	Hertfordshire	2	0.06	32.75
South Lakeland	Cumbria	12	4.82	2.49	Rubella				
Torbay	Devon	19	5.95	3.20	Lichfield	Staffordshire	4	0.13	30.36
Trafford	Greater Manchester	21	10.47	2.01	North Warwickshire	Warwickshire	2	0.09	21.66
Tynedale	Northumberland	11	2.77	3.98	Scarlet Fever				
Wakefield	West Yorkshire	34	15.21	2.23	North Warwickshire	Warwickshire	2	0.06	34.33
Winchester	Hampshire	13	5.01	2.60	Wear Valley	Durham	2	0.06	34.51
Wyre	Lancashire	20	5.00	4.00	Tuberculosis				
<i>Formally notified</i>					Bolton	Greater Manchester	6	0.56	10.65
Ashford	Kent	10	2.41	4.15	City of Westminster	Greater London	6	0.41	14.48
Babergh	Suffolk	12	1.97	6.08	Kensington and Chelsea	Greater London	3	0.33	9.18
Chelmsford	Essex	15	3.92	3.83	Redbridge	Greater London	5	0.48	10.36
Chesterfield	Derbyshire	9	2.53	3.56	Sandwell	West Midlands	4	0.62	6.42
Denbighshire	Denbighshire	8	2.29	3.49	Viral hepatitis				
Derby	Derbyshire	18	5.80	3.10	Greenwich	Greater London	5	0.22	22.70
Elmbridge	Surrey	11	3.06	3.60	Islington	Greater London	3	0.18	16.50
Fylde	Lancashire	10	1.87	5.36	Lambeth	Greater London	3	0.27	11.00
Hart	Hampshire	8	2.10	3.80	Whooping Cough				
Ipswich	Suffolk	10	2.86	3.50	Swale	Kent	2	0.07	28.09
Isles of Scilly	Cornwall and Isles of Scilly	2	0.05	40.69	Walsall	West Midlands	3	0.16	18.69
Maldon	Essex	7	1.36	5.15	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.				
Merthyr Tydfil	Merthyr Tydfil	7	1.47	4.76					
Milton Keynes	Buckinghamshire	13	4.83	2.69					
Newbury	Berkshire	16	3.57	4.48					
North East Derbyshire	Derbyshire	9	2.48	3.62					
Plymouth	Devon	22	6.44	3.41					
Rochford	Essex	7	1.91	3.67					
Rosendale	Lancashire	9	1.64	5.50					
Sevenoaks	Kent	9	2.75	3.28					
Slough	Berkshire	11	2.73	4.02					
Stafford	Staffordshire	13	3.09	4.21					
Swansea	Swansea	14	5.77	2.43					
Thanet	Kent	11	3.14	3.51					
Thurrock	Essex	10	3.29	3.04					
Tunbridge Wells	Kent	9	2.59	3.48					