

Communicable Disease Report

Increased transmission of syphilis in men who have sex with men reported from Brighton and Hove

An increase in cases of infectious syphilis (primary or secondary syphilis) in men who have sex with men has been noted by genitourinary medicine (GUM) specialists in Brighton and Hove. Nine cases of infectious syphilis have been seen in Brighton and Hove since June 1999, five of them in the first three months of 2000, compared with one or no cases each year since 1996. All of the nine cases have been men who have sex with men, two of whom are known to have HIV infection. Contact tracing is under way but two of the cases have had numerous anonymous and untraceable contacts. Local general practitioners and outreach workers have been informed and an article has been published in a local gay newspaper (*G-Scene*). GUM clinics have arranged additional sessions to test those at risk¹.

Increased transmission of syphilis was reported recently in Manchester², where both heterosexual and homosexual transmission occurred. About two thirds of the cases were men who have sex with men, several of whom are HIV positive. No epidemiological links between the two incidents have been identified as yet. Similar reports of increased transmission of syphilis among men who have sex with men have recently been reported in North America³.

One hundred and twenty-eight cases of infectious syphilis were reported by GUM clinics in England in 1998, 20 of which were attributed to transmission through sex between men. Preliminary data from GUM clinics in England for 1999 show 193 cases of infectious syphilis, 43 acquired through sex between men.

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Wound botulism in an injecting drug user in London

A 34 year old Caucasian woman with a long history of injecting heroin was admitted recently to a London hospital with generalised – mainly proximal – muscular paralysis, profound pharyngeal and ocular paralysis, ventilatory failure, but no sensory loss. She responded to treatment with specific botulism antitoxin, pending the results of assay for botulinum toxin and microbiological culture. Other causes of neuromuscular paralysis were excluded by electromyography studies and examination of cerebrospinal fluid and there was no evidence of a peripheral neuropathy. The serum creatine kinase, a marker of primary muscle breakdown, remained normal, making it unlikely that an acute myopathy was the cause of the weakness.

This is the first report of this rare and novel cause of wound botulism in the United Kingdom. The patient has injected heroin subcutaneously or into muscle for many years. On admission she was noted to have two small needle-related lesions in the right buttock. In November 1999 she was admitted with deep injection-related abscesses in the buttocks, which healed well. Wound botulism has been reported recently in Norway and Switzerland, occurring in drug users who inject heroin subcutaneously or into muscle^{1,2}. It was first described in the United States some years ago and has been associated with the injection of 'black tar' heroin preparations³. Wound botulism is well known in the context of large and deep traumatic injuries due to *Clostridium botulinum* colonisation or infection. In the case of needle-related wounds in drug addicts, the lesions may be small and seemingly insignificant. Specific toxicological or microbiological confirmation of the causative agent has been lacking in most of the cases reported thus far^{1,2}.

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Bacteraemia, England and Wales: laboratory reports, weeks 16-19/00

	Reports received weeks 16-19 blood (cerebrospinal fluid with or without blood)		Cumulative total to week 19		Ranking (cumulative total 2000)	
	2000	1999	2000	1999	Section	Overall
Gram negative bacteria						
<i>Acinetobacter sp</i>	39	46 (1)	220	262	8	16
<i>Aeromonas sp</i>	4	4	13	12	17	31
<i>Branhamella/Moraxella sp</i>	6	8	35	46	15	28
<i>Campylobacter sp</i>	11 (1)	8 (3)	43	40	14	27
<i>Citrobacter sp</i>	24	32	125	133	11	21
<i>Enterobacter sp</i>	115 (1)	100	525	542	4	9
<i>Escherichia coli</i>	870 (3)	777 (3)	3807	4012	1	2
<i>Haemophilus influenzae</i> ¹	25	14	132	128	10	20
<i>H. influenzae</i> type b	1	–	11	8	18	32
<i>Klebsiella sp</i>	213 (1)	184	972	944	2	6
<i>Neisseria meningitidis</i>	66 (21)	56 (18)	448	433	6	11
<i>Proteus sp</i>	124 (1)	100	588	593	3	8
<i>Providencia sp</i>	4	2	24	20	16	30
<i>Pseudomonas aeruginosa</i>	90	78	502	487	5	10
<i>Pseudomonas sp</i> ²	69 (1)	71	334	356	7	14
<i>Salmonella typhi</i> and <i>S. paratyphi</i>	24	18	61	66	12	23
<i>Salmonella sp</i> ³	8 (1)	10	56	57	13	25
<i>Serratia sp</i>	38	34 (1)	189	177	9	17
Totals	1731	1542	8085	8316		
Gram positive bacteria						
<i>Bacillus sp</i>	9	8	34	44	11	29
<i>Corynebacterium sp</i> and diphtheroids	6	6	50	58	10	26
<i>Listeria sp</i>	1	6	6	28	12	34
Staphylococci:						
<i>S. aureus</i>	937 (7)	730 (1)	4401	3961	1	1
coagulase negative ⁴	367 (2)	207 (5)	1569	1445	3	4
Streptococci:						
group A	83 (1)	63	391	345	6	12
group B	53 (2)	58 (4)	316	275	7	15
group C	18	6	58	46	9	24
group G	26	42	150	179	8	19
<i>Enterococcus sp</i> ⁵	283 (1)	228	1250	1288	4	5
α- and non-haemolytic	119	108	656	687	5	7
<i>S. pneumoniae</i>	345 (21)	281 (16)	1989	2058	2	3
Totals	2247	1743	10870	10414		
Anaerobic bacteria						
Anaerobic cocci ⁶	8	6	73	71	3	22
<i>Bacteroides sp</i> ⁷	73	79	360	372	1	13
<i>Clostridium sp</i>	35	26	154	154	2	18
Totals	116	111	587	597		
<i>Mycobacterium avium/intracellulare</i>	3	–	8	6		33
Overall totals	4097	3396	19550	19333		

1. Includes all *H. influenzae* except type b2. Includes all *Pseudomonas sp* and *Pseudomonas*-like *sp* except *P. aeruginosa*3. Includes all salmonellas except *S. typhi* and *S. paratyphi*4. Includes all staphylococci *sp* except *S. aureus*, and also includes *Micrococcus sp* and *Aerococcus sp*5. *Enterococcus avium*, *E. casseliflavus*, *E. durans*, *E. faecalis*, *E. faecium*, *E. gallinarum*, *Enterococcus sp*, *Streptococcus bovis*, group D streptococci6. Includes *Peptococcus sp*, *Peptostreptococcus sp*, *Veillonella sp*7. Includes *Bacteroides sp*, *Fusobacterium sp*, *Prevotella sp*, *Porphyromonas sp*

Viral hepatitis, England and Wales: laboratory reports, weeks 13-16/00

Laboratory reports	Number of reports received				Total for weeks 13-16/00	Cumulative total for 2000
	13/00	14/00	15/00	16/00		
Hepatitis A (IgM)	13	16	9	7	45	335
Hepatitis E (IgM/IgG)	–	–	–	–	–	1
Acute hepatitis B	9	8	5	11	33	192
HBsAg other	16	13	9	11	49	188
HBsAg*	15	–	–	6	21	88
Hepatitis C	60	67	72	64	263	1428

* category not yet determined

Hepatitis A

A total of 45 cases were reported, compared with 93 in the equivalent four week period in 1999. A history of travel abroad in the six weeks before onset was recorded for two cases (eastern Europe 1; country not stated 1). Nine cases were associated with outbreaks in Trent, London, South East, South West, and West Midlands regions.

Hepatitis E

No cases were reported.

Laboratory reports	Age (years)					Not stated	Total
	<1	1-14	15-44	45-64	≥65		
Hepatitis A (IgM)	–	9	24	7	5	–	45
Hepatitis E (IgM/IgG)	–	–	–	–	–	–	–
Acute hepatitis B	1	–	28	4	–	–	33
HBsAg other	–	–	41	4	4	–	49
HBsAg*	1	–	18	1	1	–	21
Hepatitis C	1	–	197	44	14	7	263

* category not yet determined

Hepatitis B

Thirty-three cases (23 men and 10 women) of acute hepatitis B were reported. Information about risk exposure was available for 19 cases: injecting drug use 11 (8 men aged 23 to 56 years and 3 women aged 21 to 31); sexual intercourse between men and women 3 (M 31y, F 20y, and F 26y); sexual intercourse between men 1 (M 36y); M 1y and M 26y vertical transmission; M 24y and M 30y living in an institution.

Hepatitis C

A total of 263 cases of hepatitis C infection were reported. Reports were received from all regions: Northern and Yorkshire 10; Trent 25; Eastern 29; London 30; South East 63; South and West 42; West Midlands 44; Wales 20.

Seminar on the surveillance of surgical site infection

A seminar on the surveillance of infections associated with surgical sites is being held by the Communicable Disease Surveillance Centre (Northern and Yorkshire) at the Jarvis International Hotel, Skelton, York on Thursday 22 June 2000. The seminar will consider models of surveillance before and after discharge from hospital to promote discussion about the future of surgical site infection surveillance. Other topics covered include the Nosocomial Infection National Surveillance Scheme (NINSS), the PHLS Wound Study, and alternative methodology. There is no charge for the seminar and refreshments will be provided. For further information and to register, please contact the Surgical Wound Project Office (tel 0113 390 9220; fax 0113 232 1301).

Private water supplies: new direction, new regulations

Aqua Enviro Technology Transfer are organising a conference at the Midlands Hotel, Bradford, Yorkshire on Tuesday 18 July 2000 entitled 'Private water supplies: new direction, new regulations'. The new European Drinking Water Directive requires that new regulations governing private water supplies be ready by the end of this year. This seminar will look at the current state of knowledge and experience with existing regulations and consider what is necessary for the safety of users of private water supplies and should be covered by regulation. The meeting sponsors include the Drinking Water Inspectorate, North West Water, and the Centre for Research into Environment and Health. This seminar is aimed at environmental health officers and technicians, consultants in communicable disease control, public health specialists, water company staff, and other interested professionals. The fee is £65 plus VAT. For further information, please contact Sarah Hickinson at Aqua Enviro Technology Transfer (tel 0113 260 3881; fax 0113 260 3881).

International summer school on infectious disease epidemiology

The second international summer school on infectious disease epidemiology is to be held at the School of Public Health, University of Bielefeld, Germany from Monday 28 August to Friday 1 September 2000. The subjects covered include principles of infectious disease epidemiology, epidemiological methods, outbreak investigation, modern surveillance, mathematical and stochastic modelling, health economic analysis, prevention and intervention strategies including vaccinations and their evaluation, and newly emerging infections. This summer school is aimed at professionals in health departments, other health agencies and industry, and physicians, epidemiologists, microbiologists, and students of public health. For further information and registration, please contact Lutz Wille, School of Public Health, University of Bielefeld, PO Box 100 131, D-33501, Germany (tel: +49 521 106 4253/4262; fax: +49 521 106 2968; email: lutz.wille@uni-bielefeld.de).

Increased transmission of syphilis in men who have sex with men reported from Brighton and Hove (continued from page 177)

1. Williams LA, Klausner JD, Whittington WL, Handsfield HH, Celum C, Holmes KK. Elimination and reintroduction of primary and secondary syphilis. *Am J Public Health* 1999; **89**: 1093-7.
2. CDSC. Increased transmission of syphilis in Manchester. *Commun Dis Rep CDR Wkly* 2000; **10**: 89.
3. Klausner JD, et al. Early syphilis among men meeting in an internet chat room – San Francisco. Baltimore: STIs at the millennium meeting, 3-7 May 2000. (abstract 24).

Wound botulism in an injecting drug user in London (continued from page 177)

1. Burnens AP. Wound botulism in Switzerland. *Eurosurveillance Weekly* [online] 1999; **3**: 990225 [cited 18 May 2000] <www.eurosurv.org/1999/990225.html>
2. Kuusi M, Hasseldvedt V, Aavitsland P. Botulism in Norway. *Eurosurveillance* 1999; **4**: 11-2. <www.ceses.org/eurosurv>
3. CDC. Wound botulism – California, 1995. *MMWR Morb Mortal Wkly Rep* 1995; **44**: 889-92. <[ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4448.pdf](http://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4448.pdf)>

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 18†			Cumulative totals from mid-year to week 18‡			
		13/00	14/00	15/00	16/00	17/00	18/00	1998 (i)	1999 (ii)	2000 (iii)	97/98(a)	98/99(b)	99/00(c)	
Tuberculosis	Cases ¹	140	139	146	154	98	136	1957	2072	2382	4806	5225	5361	
Scarlet fever	Cases	53	76	64	45	56	33	1696	1021	917	2989	2153	1638	
Malaria	Cases	9	16	7	6	6	14	417	250	244	1293	815	876	
Leptospirosis	Cases	4	–	–	–	–	–	10	8	10	24	28	21	
Food poisoning formally notified ascertained	Cases	1245	1257	1251	1095	1039	1072	23856	23022	20931	78220	76970	68231	
	Cases	646	700	671	507	529	494	13718	13723	11146	44847	44590	37057	
	Cases	599	557	580	588	510	578	10138	9299	9785	33373	32380	31174	
Typhoid fever presumed contracted	Cases	1	6	4	5	4	5	35	51	44	119	115	108	
	abroad [§]	1	6	3	4	4	5	31	43	42	103	101	101	
	GB	–	–	1	1	–	–	4	8	2	16	14	7	
Paratyphoid fever presumed contracted	Cases	3	2	–	1	–	1	32	33	17	87	99	79	
	abroad [§]	3	2	–	1	–	1	30	30	15	82	89	74	
	GB	–	–	–	–	–	–	2	3	2	5	10	5	
Dysentery	Cases	22	27	30	21	31	30	429	493	435	1452	1625	1248	
Viral hepatitis	hepatitis A	Cases	59	74	84	50	64	41	1047	1117	1153	2851	2803	2943
	hepatitis B	Cases	30	29	27	17	31	18	550	578	454	1658	1314	1299
	hepatitis C	Cases	16	15	31	17	19	11	268	262	334	641	757	812
	other and unknown	Cases	12	30	23	11	10	11	155	214	321	339	593	733
		Cases	1	–	3	5	4	1	74	63	44	213	139	99
Meningitis meningococcal influenzae (<i>Haemophilus influenzae</i>)	Cases	28	61	58	37	40	44	877	930	926	1828	1881	1821	
	Cases	14	39	22	19	20	26	534	541	526	1025	1038	990	
	Cases	1	1	2	–	–	1	9	6	18	27	21	36	
	Cases	8	15	28	11	13	14	245	268	280	577	577	572	
	Cases	5	6	6	7	7	3	89	115	102	199	245	223	
Meningococcal septicaemia (without meningitis)	Cases	20	42	45	32	49	23	642	875	798	1268	1532	1492	
Acute encephalitis infective post-infectious	Cases	–	–	–	–	–	1	10	9	3	25	24	11	
	Cases	–	–	–	–	–	–	8	6	2	16	15	10	
	Cases	–	–	–	–	–	–	2	3	1	9	9	1	
Whooping cough	Cases	10	25	5	5	8	9	578	347	177	2290	1133	769	
Tetanus	Cases	–	–	–	–	–	–	–	1	–	5	8	2	
Measles	Cases	64	45	58	52	40	58	1649	947	999	3508	2418	2093	
Mumps	Cases	57	49	65	43	46	50	605	561	811	1499	1302	1644	
Rubella	Cases	30	47	49	33	40	37	1505	777	690	2997	1923	1504	
Ophthalmia neonatorum	Cases	1	4	3	1	–	1	70	64	53	184	160	129	
Special cases														
Cholera	Cases	1	–	1	–	–	1	20	8	7	40	30	22	
Diphtheria	Cases	1	–	–	–	1	–	6	9	6	14	23	13	

All figures include late returns

* includes notifications from Port Health Authorities

† Cumulative totals commencing week ended (i) 2 Jan (ii) 8 Jan (iii) 7 Jan

‡ Cumulative totals from mid-year commencing week ended (a) 5 July (b) 4 July (c) 9 July

§ Includes cases of unstated origin

¶ Excluding chemoprophylaxis

Table 2 Notifications of infectious diseases in week 18/00 (health 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
Northern and Yorkshire	11	5	7	3	11	–	4	15	3	56	92	3
Cumbria	1	–	–	–	1	–	1	2	–	6	13	–
Durham	2	–	–	–	–	–	–	–	–	3	11	–
North Yorkshire	–	1	–	–	1	–	–	–	–	9	12	–
Northumberland	–	–	–	–	–	–	–	–	–	–	10	–
Tyne and Wear¶	–	–	–	–	2	–	2	1	2	3	21	–
West Yorkshire¶	5	3	3	3	4	–	1	12	1	27	24	3
City of Kingston upon Hull	1	1	2	–	–	–	–	–	–	2	–	–
Darlington	–	–	–	–	–	–	–	–	–	2	1	–
East Riding of Yorkshire	2	–	1	–	2	–	–	–	–	1	–	–
Hartlepool	–	–	1	–	–	–	–	–	–	1	–	–
Middlesbrough	–	–	–	–	1	–	–	–	–	1	–	–
Redcar and Cleveland	–	–	–	–	–	–	–	–	–	–	–	–
Stockton-on-Tees	–	–	–	–	–	–	–	–	–	1	–	–
York	–	–	–	–	–	–	–	–	–	–	–	–
Trent	5	6	4	2	6	3	–	5	7	60	81	–
Derbyshire	–	1	1	–	2	–	–	2	–	8	7	–
Leicestershire	–	–	–	–	1	1	–	–	3	6	2	–
Lincolnshire	–	–	–	–	–	–	–	–	1	2	14	–
Nottinghamshire	–	–	1	1	–	–	–	–	1	20	25	–
South Yorkshire¶	2	4	2	–	2	1	–	1	1	8	7	–
Derby	–	–	–	–	–	1	–	1	–	4	2	–
Leicester	1	–	–	–	–	–	–	–	1	–	3	–
North East Lincolnshire	1	–	–	–	–	–	–	–	–	–	5	–
North Lincolnshire	–	–	–	–	1	–	–	–	–	4	4	–
Nottingham	1	1	–	1	–	–	–	1	–	8	12	–
Rutland	–	–	–	–	–	–	–	–	–	–	–	–
Eastern	8	2	1	2	1	1	1	3	3	45	69	1
Bedfordshire	–	–	–	–	–	–	–	–	–	–	–	–
Cambridgeshire	–	–	–	–	–	–	–	–	–	11	3	–
Essex	2	–	–	1	–	–	–	–	–	11	16	–
Hertfordshire	–	1	–	1	1	1	–	–	–	8	33	1
Norfolk	2	–	–	–	–	–	–	–	3	1	11	–
Suffolk	1	–	1	–	–	–	–	–	–	3	6	–
Luton	–	–	–	–	–	–	–	–	–	–	–	–
Peterborough	–	1	–	–	–	–	–	1	–	6	–	–
Southend-on-Sea	–	–	–	–	–	–	–	2	–	2	–	–
Thurrock	3	–	–	–	–	–	–	–	–	3	–	–
London	11	2	2	5	4	1	–	57	4	63	16	6
Greater London	11	2	2	5	4	1	–	57	4	63	16	6
South East	7	2	7	6	3	3	6	5	8	66	79	2
Buckinghamshire	–	–	–	–	–	–	–	–	1	1	8	–
East Sussex	–	–	–	–	–	–	–	–	2	3	2	–
Hampshire	1	–	1	2	–	2	1	1	–	13	11	–
Kent	3	1	3	–	–	1	1	–	3	10	11	–
Northamptonshire	–	–	–	–	1	–	1	2	–	2	14	–
Oxfordshire	–	–	–	–	–	–	–	–	–	–	–	–
Surrey	–	1	–	–	1	–	3	–	–	10	12	1
West Sussex	–	–	–	–	–	–	–	–	–	5	14	–
Bracknell Forest	1	–	1	1	–	–	–	–	–	4	–	–
Brighton and Hove	–	–	–	–	–	–	–	1	–	–	–	–
Isle of Wight	–	–	–	–	–	–	–	–	–	1	–	–
Medway Towns	1	–	1	–	–	–	–	–	–	1	–	–
Milton Keynes	–	–	–	–	–	–	–	–	–	–	1	–
Newbury	–	–	–	–	–	–	–	–	–	4	–	–
Portsmouth	–	–	–	–	1	–	–	–	–	2	–	–
Reading	–	–	–	3	–	–	–	–	2	2	1	–
Slough	1	–	–	–	–	–	–	–	–	–	1	1
Southampton	–	–	–	–	–	–	–	1	–	–	4	–
Windsor and Maidenhead	–	–	–	–	–	–	–	–	–	2	–	–
Wokingham	–	–	1	–	–	–	–	–	–	6	–	–
South West	1	2	4	5	–	–	21	5	7	63	57	1
Cornwall and Isles of Scilly	–	–	–	–	–	–	–	1	2	6	14	–
Devon	1	–	–	–	–	–	2	–	2	10	4	1
Dorset	–	1	–	1	–	–	7	–	1	2	6	–
Gloucestershire	–	–	–	–	–	–	1	1	–	1	1	–
Somerset	–	–	2	2	–	–	2	–	–	18	1	–
Wiltshire	–	–	–	–	–	–	–	–	–	9	–	–
Bath and NE Somerset	–	–	–	–	–	–	1	–	–	3	4	–
Bournemouth	–	1	2	–	–	–	–	1	–	3	–	–
Bristol	–	–	–	1	–	–	7	1	1	–	8	–
North Somerset	–	–	–	1	–	–	–	–	–	1	6	–
Plymouth	–	–	–	–	–	–	–	–	–	–	7	–
Poole	–	–	–	–	–	–	1	1	1	5	1	–
South Gloucestershire	–	–	–	–	–	–	–	–	–	–	3	–
Swindon	–	–	–	–	–	–	–	–	–	2	–	–
Torbay	–	–	–	–	–	–	–	–	–	3	2	–

Area	Measles	Mumps	Rubella	Dysentery	Scarlet fever	Whooping cough	Viral hepatitis	TB all forms*	Meningitis†	Food poisoning notified§	ascertained#	Malaria
West Midlands	5	18	4	5	3	–	–	17	1	64	106	1
Shropshire	–	–	–	–	–	–	–	1	–	2	8	–
Staffordshire	–	–	–	–	–	–	–	1	–	19	14	–
Warwickshire	3	–	–	–	1	–	–	1	–	1	9	–
West Midlands‡	2	16	1	5	1	–	–	12	1	29	47	1
Worcestershire	–	1	1	–	–	–	–	–	–	11	14	–
<i>Hereford</i>	–	–	2	–	1	–	–	–	–	1	6	–
<i>Stoke-on-Trent</i>	–	–	–	–	–	–	–	2	–	1	5	–
<i>Telford and Wrekin</i>	–	1	–	–	–	–	–	–	–	–	3	–
North West	8	11	7	2	4	1	6	21	7	52	48	–
Cheshire	–	–	–	–	–	–	–	–	–	14	5	–
Cumbria	–	–	–	–	–	–	–	–	–	2	9	–
Greater Manchester‡	6	–	3	1	1	–	1	11	2	13	15	–
Lancashire	–	1	2	–	–	–	2	6	3	20	5	–
Merseyside	1	–	2	–	3	1	1	2	2	2	7	–
<i>Blackburn</i>	–	10	–	–	–	–	–	–	–	–	2	–
<i>Blackpool</i>	1	–	–	–	–	–	2	2	–	1	4	–
<i>Halton</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Warrington</i>	–	–	–	1	–	–	–	–	–	–	1	–
Wales	2	2	1	–	1	–	3	8	4	25	30	–
<i>Blaenau Gwent</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Bridgend</i>	1	–	–	–	–	–	–	2	1	2	–	–
<i>Caerphilly</i>	1	–	–	–	–	–	–	1	–	3	4	–
<i>Cardiff</i>	–	1	–	–	1	–	1	–	–	–	4	–
<i>Carmarthenshire</i>	–	–	–	–	–	–	–	1	2	1	–	–
<i>Ceredigion</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Conwy</i>	–	–	–	–	–	–	–	2	1	3	2	–
<i>Denbighshire</i>	–	–	1	–	–	–	–	–	–	8	3	–
<i>Flintshire</i>	–	–	–	–	–	–	–	–	–	3	2	–
<i>Gwynedd</i>	–	–	–	–	–	–	2	–	–	–	4	–
<i>Isle of Anglesey</i>	–	–	–	–	–	–	–	–	–	–	5	–
<i>Merthyr Tydfil</i>	–	–	–	–	–	–	–	1	–	–	–	–
<i>Monmouthshire</i>	–	–	–	–	–	–	–	–	–	–	2	–
<i>Neath and Port Talbot</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Newport</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Pembrokeshire</i>	–	1	–	–	–	–	–	–	–	1	1	–
<i>Powys</i>	–	–	–	–	–	–	–	–	–	–	1	–
<i>Rhondda, Cynon, Taff</i>	–	–	–	–	–	–	–	1	–	3	–	–
<i>Swansea</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Torfaen</i>	–	–	–	–	–	–	–	–	–	1	–	–
<i>Vale of Glamorgan</i>	–	–	–	–	–	–	–	–	–	–	2	–
<i>Wrexham</i>	–	–	–	–	–	–	–	–	–	–	–	–

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

Unitary authorities are shown in italics.

Notifications in week 18/00 of infectious diseases not shown in table 2

Acute encephalitis: one infective case; in Lincolnshire.

Cholera: one case; in Greater Manchester.

Meningitis influenzal (*Haemophilus influenzae*): one case; in Greater London.

Meningitis (meningococcal): 26 cases; three in Kent and in Leicestershire, two in each of Cornwall and Isles of Scilly, Greater London, Lancashire, Norfolk, and Reading, and one in each of Bristol, Dorset, East Sussex, Greater Manchester, Leicester, Lincolnshire, Nottinghamshire, Poole, West Midlands, and West Yorkshire.

Meningococcal septicaemia (without meningitis): 23 cases; three in Cornwall and the Isles of Scilly, two in each of Buckinghamshire, Dorset, Greater Manchester, Newbury, North Lincolnshire, and West Midlands, and one in each of

Blackburn, Bridgend, Isle of Anglesey, Northumberland, Norfolk, Nottingham, Shropshire, and Wokingham.

Ophthalmia neonatorum: one case; in City of Kingston upon Hull.

Paratyphoid fever: one case; country of origin not stated – from West Midlands.

Typhoid fever: five cases; four presumed to have been contracted abroad – one from each of Greater London, Greater Manchester, West Sussex, and Worcestershire, and one whose country of origin was not stated – from Lancashire.

No cases of acute poliomyelitis, anthrax, diphtheria, leptospirosis, 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 18/00

District	County	Observed number	Expected number	Ratio observed/expected	District	County	Observed number	Expected number	Ratio observed/expected
Dysentery					Meningitis (meningococcal)				
Birmingham	West Midlands	4	0.59	6.78	Charnwood	Leicestershire	2	0.08	25.77
Reading	Reading	3	0.08	36.56	Norwich	Norfolk	2	0.06	31.40
Food poisoning (all)					Preston	Lancashire	2	0.07	29.63
Amber Valley	Derbyshire	8	2.38	3.36	Reading	Reading	2	0.07	28.12
Arun	West Sussex	9	2.82	3.19	Mumps				
Bassetlaw	Nottinghamshire	11	2.21	4.98	Blackburn	Blackburn	10	0.17	60.32
Broxtowe	Nottinghamshire	11	2.32	4.74	Walsall	West Midlands	11	0.27	41.05
Copeland	Cumbria	9	1.47	6.14	Rubella				
Crewe and Nantwich	Cheshire	9	2.35	3.82	Bournemouth	Bournemouth	2	0.09	21.79
Dacorum	Hertfordshire	14	2.79	5.02	Hereford	Hereford	2	0.10	19.69
Daventry	Northamptonshire	6	1.34	4.47	Mendip	Somerset	2	0.07	27.34
Denbighshire	Denbighshire	11	1.90	5.80	Scarlet fever				
Nottingham	Nottingham	20	5.88	3.40	Amber Valley	Derbyshire	2	0.07	29.99
Rushcliffe	Nottinghamshire	9	2.14	4.21	Tuberculosis*				
South Lakeland	Cumbria	8	2.08	3.85	Birmingham	West Midlands	9	2.68	3.36
South Somerset	Somerset	9	3.12	2.89	Bradford	West Yorkshire	6	1.27	4.73
South Staffordshire	Staffordshire	15	2.16	6.94	Brent	Greater London	10	0.64	15.50
Sutton	Greater London	11	3.61	3.04	Ealing	Greater London	11	0.77	14.32
Wakefield	West Yorkshire	17	6.57	2.59	Hackney	Greater London	5	0.51	9.79
Wear Valley	Durham	8	1.30	6.13	Haringey	Greater London	5	0.56	8.91
Wolverhampton	West Midlands	16	5.06	3.16	Havering	Greater London	4	0.61	6.59
Worcester	Worcestershire	8	1.89	4.24	Manchester	Greater Manchester	7	1.14	6.15
Wychavon	Worcestershire	8	2.20	3.64	Newham	Greater London	7	0.60	11.66
Food poisoning (formally notified)					Preston	Lancashire	5	0.35	14.16
Cambridge	Cambridgeshire	6	1.10	5.47	Waltham Forest	Greater London	6	0.58	10.32
Crewe and Nantwich	Cheshire	9	1.09	8.29	Viral hepatitis (all)				
Denbighshire	Denbighshire	8	0.87	9.15	Bristol	Bristol	7	0.32	22.04
East Hampshire	Hampshire	5	1.05	4.77	Burnley	Lancashire	2	0.07	28.10
Hambleton	North Yorkshire	6	0.80	7.49	Gwynedd	Gwynedd	2	0.09	21.38
Malvern Hills	Worcestershire	5	0.88	5.71	Spelthorne	Surrey	3	0.07	42.32
Peterborough	Peterborough	6	1.52	3.94	West Dorset	Dorset	2	0.07	28.13
Rossendale	Lancashire	4	0.62	6.41	Weymouth and Portland	Dorset	5	0.05	100.36
South Somerset	Somerset	8	1.44	5.57	Whooping cough				
South Staffordshire	Staffordshire	6	1.00	6.02	Gosport	Hampshire	2	0.01	140.52
Stafford	Staffordshire	7	1.18	5.94	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.				
Sutton	Greater London	11	1.67	6.61					
Wokingham	Wokingham	6	1.36	4.42					
Wolverhampton	West Midlands	13	2.33	5.57					
Malaria									
Bradford	West Yorkshire	3	0.13	22.96					
Merton	Greater London	2	0.05	41.24					
Measles									
Dartford	Kent	2	0.09	21.86					
Hackney	Greater London	6	0.25	23.74					
Rugby	Warwickshire	2	0.10	20.79					
Thurrock	Thurrock	3	0.16	18.87					
Meningitis (all)									
Teignbridge	Devon	2	0.10	20.50					

* excluding prophylaxis