

Communicable Disease Report

Serious unexplained illness among drug injectors

Serious unexplained illness has affected 29 drug injectors in Scotland, 14 of whom have died, and 14 in Ireland, seven of whom have died, since 1 April. Active case finding has revealed 14 cases (seven definite and seven probable) in England and Wales since 24 April – seven have died. All cases injected heroin, usually mixed with citric acid, either intramuscularly or subcutaneously.

Evidence of tissue damage at a site of injection, ranging from extensive oedema to necrosis, are characteristic of the illness. In severe cases there has been rapid deterioration over a number of days with development of a septic shock-like syndrome requiring intensive care. Pleural effusions have been common clinically and at post-mortem. Cases have not responded to broad-spectrum antibiotics and surgical debridement. White cell counts in those who died have reached levels between 40 000 and 135 000. A range of organisms has been isolated from tissue and blood cultures but none have been detected with any consistency. There is no evidence to implicate *Bacillus anthracis*, despite earlier reports¹.

In Scotland and the Republic of Ireland the Greater Glasgow Health Board Department of Public Health in collaboration with the Scottish Center for Infection and Environmental Health, the National Disease Surveillance Unit in the Republic of Ireland, the PHLS Anaerobe Reference Unit and the Centre for Applied Microbiology and Research, Guy's and St Thomas' Medical Toxicology Unit, the PHLS Communicable Disease Surveillance Centre (CDSC), and the Meningitis and Special Pathogen Unit at the Centers for Disease Control and Prevention, Atlanta, are continuing to investigate the problem.

As the problem is also continuing in England and Wales, consultants in communicable disease control (CCDCs) have been asked to report to CDSC whether or not any cases have occurred in their area. CCDCs should institute active case finding for the period from 1 April 2000 by contacting local intensive care units and infectious disease physicians. The case definition is "any drug user who injects intramuscularly or subcutaneously and has a severe systemic inflammatory reaction requiring intensive care or high dependency treatment". Microbiologists and infectious disease physicians aware of cases fitting this initial surveillance case definition should contact their local CCDC.

1. SCIEH. Serious unexplained illness among drug injectors in Scotland: update. *SCIEH Weekly Report* 2000; 34: 121.

National sentinel surveillance of antimicrobial resistance in *Neisseria gonorrhoeae*

A new sentinel surveillance programme for monitoring antimicrobial resistance in *Neisseria gonorrhoeae* was launched by the PHLS Communicable Disease Surveillance Centre in collaboration with the Genitourinary Infections Reference Laboratory (GUIRL) in Bristol and Imperial College, London on 1 June. The Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) is a Department of Health funded initiative to determine the prevalence and distribution of gonococcal antibiotic resistance in England and Wales. Thirty genitourinary medicine (GUM) clinics and microbiological laboratories in England and Wales are involved in the initiative. Thirteen clinics in London were part of an earlier surveillance scheme coordinated by Imperial College, and funded by North Thames Region NHS Executive. During June, July and continued on page 198

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***Mycobacterium tuberculosis* infections, England and Wales: laboratory reports, weeks 14-21/00**

	Number of reports received				Cumulative totals for weeks 01-21	
	Male	Female	Not stated	Total	2000	1999
<i>M. tuberculosis</i>						
All cases (disseminated)	195	150 (1)	30	375 (1)	832 (2)	961 (3)
Site of isolate*						
pulmonary (smear positive)	131 (24)	90 (26)	22 (7)	243 (57)	506 (114)	558 (160)
lymph node	4	8	1	13	46	51
CNS (meningitis)	4 (4)	2 (1)	–	6 (5)	9 (8)	14 (12)
genitourinary	6	3	1	10	21	28
bone/joint (spinal)	4 (2)	2 (2)	–	6 (4)	12 (6)	12 (4)
gastrointestinal/peritoneal	5	1	1	7	14	6
non-pulmonary respiratory	7	7	1	15	32	45
abscess	9	11	2	22	52	45
other (unspecified)	28	28	3	59	148	205†
<i>M. bovis</i>	1	–	–	1	5	6

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

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

Opportunist mycobacterial infections, England and Wales: laboratory reports, weeks 14-21/00

	Number of reports received				Cumulative totals for weeks 01-21	
	Male	Female	Not stated	Total	2000	1999
<i>Avium-intracellulare</i> group	41	23	2	66	154	150
pulmonary	22	16	2	40	105	88
lymph node	–	1	–	1	2	6
blood	7	–	–	7	10	10
other	14	6	–	20	39	49
<i>M. malmoense</i>	13	7	–	20	68	60
Site of isolate*						
pulmonary	12	5	–	17	55	48
lymph node	–	–	–	–	–	3
other	1	2	–	3	13	9
<i>M. kansasii</i>	7	6	2	15	57	45
<i>M. xenopi</i>	5	2	–	7	15	27
Other species	–	3	–	3	14	14

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

† *M. marinum* 2; *M. chelonae* 1

Respiratory tract infections, England and Wales: laboratory reports, weeks 18-21/00

	Number of reports received				Total reports 18-21/00
	18/00	19/00	20/00	21/00	
Adenovirus (excluding EM faeces)	34	69	48	27	178
Coronavirus	1	–	–	–	1
Influenza A	35	40	49	8	132
Influenza B	2	9	9	6	26
Parainfluenza	20	54	14	10	98
RS virus	36	96	28	53	213
Rhinovirus	3	14	4	6	27

Adenovirus (excluding types 40, 41, group F, EM faeces): 75 patients had eye infections. M 1w had respiratory distress syndrome, M 2y meningococcal infection, and F 14y cerebral palsy.

Coronavirus: one case was reported.

Influenza A: eight patients had pneumonia, one of whom (F 46y) had had contact with birds. M 56y had impaired immunity. One case was associated with foreign travel. South West region reported 48 cases, Northern and Yorkshire 38, and South East 26. Seven patients were aged under 15 years and 44 were aged 65 years or over.

Influenza B: four patients had pneumonia, one of whom (F 64y) had had contact with birds. South West region reported 12 cases, Eastern and West Midlands four each, and Trent three. Nine cases were aged under 15

years and one was aged 65 years or over.

Parainfluenza (type 1, 6; type 3, 92): three patients had bronchiolitis. M 8m had asthma, M 51y impaired immunity, and F 2y convulsions. South West region reported 29 cases, Eastern 16, Northern and Yorkshire 14, South East and Trent 12 each, and West Midlands ten. Fifty patients were under 1 year of age.

Respiratory syncytial virus: 31 patients had bronchiolitis. South West region reported 70 cases, London 67, Northern and Yorkshire 34, and South East 23. Fifty-eight per cent of cases were under 1 year of age.

Rhinovirus: one patient had pneumonia. M 3m had encephalitis, M 25y meningitis, and F 42y had had a transplant. Sixty-three per cent of cases were under 1 year of age.

	Number of reports received				Total reports 18-21/00
	18/00	19/00	20/00	21/00	
<i>Chlamydia sp</i>	4	17	12	7	40
<i>Coxiella burnetii</i>	–	6	6	4	16
<i>Legionella sp</i>	6	7	5	3	21
<i>Mycoplasma pneumoniae</i>	4	7	3	4	18

Respiratory chlamydia (*C. psittaci*, 21; *C. pneumoniae*, 9; *Chlamydia sp*, 3): eleven patients had pneumonia. M 54y had renal vasculitis, M 63y and F 45y were both contacts of cases, and M 65y, F 54y, and F 78y had had contact with birds.

***Coxiella burnetii*:** sixteen cases were reported. South West region reported 11 cases, and Northern and Yorkshire and Wales reported two each.

***Legionella*:** 21 cases were reported (19 males aged between 25 to 76 years, and two F 57y. All had pneumonia. M 41y,

M 49y, M 54y, and M 62y all died. Four cases were associated with travel abroad – one to each of Germany (case may also have been associated with community cluster in England), France, Mallorca, and Tenerife. Fifteen cases had acquired infection in the community and M 41y acquired infection in hospital.

***Mycoplasma pneumoniae*:** four patients had pneumonia. South West region reported eight cases, Northern and Yorkshire four, and London and South East three each.

Common animal associated infections, England and Wales: laboratory reports, weeks 18-21/00

Organism	Total reports for weeks 18-21/00		Cumulative totals for weeks 01-21	
	2000*	1999	2000*	1999
<i>Borrelia burgdorferi</i> ^{†‡}	–	2	7	16
<i>Leptospira hardjo</i> ^{†§}	–	–	1	–
<i>Leptospira icterohaemorrhagiae</i> ^{†§}	–	2	4	4
<i>Leptospira other</i> ^{†§}	1	–	5	8
<i>Pasteurella haemolytica</i>	2	–	2	1
<i>Pasteurella multocida</i>	21	28	97	97
<i>Pasteurella pneumotropica</i>	–	–	–	–
<i>Pasteurella spp</i>	5	5	20	20
<i>Toxocara canis</i>	–	–	1	–
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara spp</i>	–	1	–	7
<i>Toxoplasma gondii</i>	2	5	11	62
<i>Toxoplasma spp</i>	2	8	24	34

* 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 18-21/00

Organism	Total reports for weeks 18-21/00		Cumulative totals for weeks 01-21	
	2000*	1999	2000*	1999
Arbovirus	–	–	–	–
Dengue virus	–	4	–	13
<i>Ascaris spp</i>	10	7	42	45
Hookworms (unspecified)	1	7	21	34
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Leptospira canicola</i>	–	–	–	–
<i>Leptospira sp</i>	1	1	4	4
<i>Hymenolepis diminuta</i>	–	–	1	2
<i>Hymenolepis nana</i>	–	2	6	12
<i>Hymenolepis sp</i>	–	–	–	–
<i>Schistosoma haematobium</i>	3	7	21	39
<i>Schistosoma intercalatum</i>	–	–	–	1
<i>Schistosoma mansoni</i>	1	1	4	6
<i>Schistosoma sp</i>	10	1	18	21
<i>Strongyloides stercoralis</i>	1	2	4	6
<i>Strongyloides sp</i>	1	2	2	5

* provisional data.

National sentinel surveillance of antimicrobial resistance in *Neisseria gonorrhoeae* (continued from page 195)

August each year, GRASP collaborating laboratories will send consecutive gonococcal isolates to the antimicrobial susceptibility testing laboratories at Bristol or Imperial College for testing for susceptibility to penicillin, ceftriaxone, ciprofloxacin, tetracycline, and spectinomycin. GUM clinics will provide retrospective clinical, demographic and behavioural data for each isolate.

Gonorrhoea is the second most common sexually transmitted bacterial infection in England and Wales and its incidence is increasing¹. Ad hoc surveys suggest that 10 to 12 per cent of isolates show some form of antimicrobial resistance. This prevalence of resistance is a major public health concern² as resistant organisms are more likely to persist following therapy, require additional resources to treat, and can potentially increase the burden of disease in the community.

GUURL operates a national reference service for monitoring gonococcal antimicrobial resistance and will continue to provide this facility for laboratories not involved in this enhanced surveillance initiative. The GRASP collection will augment this information annually. For further information on GRASP please contact Tom Paine at CDSC (tel: 020 8200 6868 ext 4532).

1. CDSC. Gonorrhoea incidence in England rises again. *Commun Dis Rep CDR Wkly* 2000; **10**; 107.
2. Standing Medical Advisory Committee. Subgroup on antimicrobial resistance. *The Path of Least Resistance*. London: Department of Health, 1998.

2

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*). An expanded form of table 2 with data to district level is available on a quarterly basis on the PHLS website <www.phls.co.uk/facts/noid.htm>.

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 20†			Cumulative totals from mid-year to week 20‡			
		14/00	15/00	16/00	17/00	18/00	19/00	1998 (i)	1999 (ii)	2000 (iii)	97/98(a)	98/99(b)	99/00(c)	
Tuberculosis	Cases [§]	146	154	100	147	148	135	2186	2397	2680	5035	5550	5659	
Scarlet fever	Cases	64	45	56	34	58	43	1837	1126	1020	3130	2258	1741	
Malaria	Cases	7	6	7	14	23	11	442	283	279	1318	848	911	
Leptospirosis	Cases	–	–	–	–	1	1	10	10	12	24	30	23	
Food poisoning formally notified ascertained	Cases	1252	1096	1047	1134	1707	1669	26748	26658	24379	81112	80606	71679	
	Cases	672	507	537	527	862	885	15348	15703	12935	46477	46570	38846	
	Cases	580	589	510	607	845	784	11400	10955	11444	34635	34036	32833	
Typhoid fever presumed contracted	Cases	4	5	4	5	4	1	41	63	49	125	127	113	
	abroad [§]	3	4	4	5	4	1	35	53	47	107	111	106	
	GB	1	1	–	–	–	–	6	10	2	18	16	7	
Paratyphoid fever presumed contracted	Cases	–	1	–	1	5	1	43	42	23	98	108	85	
	abroad [§]	–	1	–	1	5	1	41	39	21	93	98	80	
	GB	–	–	–	–	–	–	2	3	2	5	10	5	
Dysentery	Cases	30	21	33	30	35	38	493	556	509	1516	1688	1322	
Viral hepatitis	hepatitis A	Cases	84	50	64	43	75	68	1146	1228	1298	2950	2914	3088
	hepatitis B	Cases	27	17	31	19	31	24	600	641	510	1708	1377	1355
	hepatitis C	Cases	31	17	19	11	15	26	300	283	375	673	778	853
	other and unknown	Cases	23	11	10	11	26	16	168	235	363	352	614	775
		Cases	3	5	4	2	3	2	78	69	50	217	145	105
Meningitis meningococcal	influenzal (<i>Haemophilus influenzae</i>)	Cases	58	37	40	48	57	42	935	997	1029	1886	1948	1924
	other specified	Cases	22	19	20	28	28	17	562	576	573	1053	1073	1037
	unspecified	Cases	2	–	–	1	–	–	12	7	18	30	22	36
		Cases	28	11	13	16	17	15	265	289	314	597	598	606
		Cases	6	7	7	3	12	10	96	125	124	206	255	245
Meningococcal septicaemia (without meningitis)	Cases	45	32	49	28	34	32	690	935	869	1316	1592	1563	
Acute encephalitis infective post-infectious	Cases	–	–	–	2	1	–	11	10	5	26	25	13	
	Cases	–	–	–	1	1	–	9	6	3	17	15	11	
	Cases	–	–	–	1	–	–	2	4	2	9	10	2	
Whooping cough	Cases	5	5	8	16	11	14	631	403	209	2343	1189	801	
Tetanus	Cases	–	–	–	–	–	–	–	1	–	5	8	2	
Measles	Cases	58	52	40	60	53	52	1827	1047	1106	3686	2518	2200	
Mumps	Cases	65	43	46	50	65	43	663	622	920	1557	1363	1753	
Rubella	Cases	50	33	40	42	41	40	1652	879	777	3144	2025	1591	
Ophthalmia neonatorum	Cases	3	1	–	2	9	4	80	73	67	194	169	143	
Special cases														
Cholera	Cases	1	–	–	1	1	–	22	10	8	42	32	23	
Diphtheria	Cases	–	–	1	–	–	–	6	10	6	14	24	13	
Typhus fever	Cases	–	–	–	–	–	1	–	3	1	–	9	1	

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 20/00 (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	5	3	5	1	11	2	6	13	2	69	101	–
Cumbria	–	–	–	1	1	1	–	1	–	6	11	–
Durham	–	–	–	–	3	–	–	–	–	8	13	–
North Yorkshire	–	–	1	–	1	–	–	–	–	16	18	–
Northumberland	1	–	2	–	–	–	–	–	–	–	5	–
Tyne and Wear¶	1	1	–	–	–	–	2	3	1	6	24	–
West Yorkshire¶	1	2	1	–	6	–	1	4	–	21	27	–
City of Kingston upon Hull	2	–	1	–	–	1	–	2	–	–	–	–
Darlington	–	–	–	–	–	–	–	–	–	1	2	–
East Riding of Yorkshire	–	–	–	–	–	–	1	1	–	2	–	–
Hartlepool	–	–	–	–	–	–	–	–	–	4	–	–
Middlesbrough	–	–	–	–	–	–	1	1	1	1	1	–
Redcar and Cleveland	–	–	–	–	–	–	–	–	–	–	–	–
Stockton-on-Tees	–	–	–	–	–	–	1	1	–	4	–	–
York	–	–	–	–	–	–	–	–	–	–	–	–
Trent	6	4	8	1	6	1	8	6	6	74	88	–
Derbyshire	1	–	–	–	1	–	1	–	–	4	11	–
Leicestershire	–	–	4	1	–	–	1	–	–	24	2	–
Lincolnshire	–	1	1	–	–	–	–	–	–	1	15	–
Nottinghamshire	1	1	–	–	–	–	2	–	1	9	13	–
South Yorkshire¶	4	2	1	–	4	1	–	2	5	19	16	–
Derby	–	–	2	–	1	–	1	3	–	8	8	–
Leicester	–	–	–	–	–	–	–	–	–	–	–	–
North East Lincolnshire	–	–	–	–	–	–	1	1	–	–	13	–
North Lincolnshire	–	–	–	–	–	–	2	–	–	2	5	–
Nottingham	–	–	–	–	–	–	–	–	–	1	5	–
Rutland	–	–	–	–	–	–	–	–	–	6	–	–
Eastern	8	3	6	5	4	1	4	8	4	78	110	2
Bedfordshire	2	1	–	–	1	–	–	–	–	6	5	–
Cambridgeshire	–	–	–	–	–	–	–	–	–	11	2	–
Essex	–	1	1	2	2	–	–	1	2	25	13	–
Hertfordshire	–	1	2	1	–	–	1	2	–	5	51	–
Norfolk	1	–	1	–	–	–	3	4	1	7	22	1
Suffolk	1	–	–	2	1	–	–	1	–	16	12	1
Luton	2	–	1	–	–	–	–	–	1	4	5	–
Peterborough	–	–	1	–	–	–	–	–	–	4	–	–
Southend-on-Sea	1	–	–	–	–	–	–	–	–	–	–	–
Thurrock	1	–	–	–	–	1	–	–	–	–	–	–
London	6	6	–	7	5	2	13	59	4	155	18	4
Greater London	6	6	–	7	5	2	13	59	4	155	18	4
South East	12	3	6	15	7	6	18	15	12	147	152	2
Buckinghamshire	1	–	–	–	–	–	2	4	–	5	12	–
East Sussex	1	–	–	–	–	–	–	–	1	7	13	–
Hampshire	1	1	1	–	–	–	1	–	1	18	31	1
Kent	6	1	3	2	1	1	–	3	4	25	2	–
Northamptonshire	–	–	1	2	1	–	3	2	2	8	13	–
Oxfordshire	–	1	–	–	–	1	5	2	–	2	25	–
Surrey	–	–	–	1	1	–	2	2	–	29	13	–
West Sussex	–	–	–	–	2	2	1	1	–	10	23	–
Bracknell Forest	–	–	–	2	–	–	–	–	–	7	1	–
Brighton and Hove	–	–	–	1	1	–	3	–	2	3	–	–
Isle of Wight	–	–	–	–	–	–	–	–	–	–	–	–
Medway Towns	1	–	–	1	1	–	1	–	–	4	–	–
Milton Keynes	–	–	–	–	–	–	–	–	–	2	4	–
Newbury	–	–	1	–	–	1	–	–	–	6	1	–
Portsmouth	–	–	–	–	–	–	–	–	–	2	–	–
Reading	–	–	–	1	–	1	–	–	–	2	3	–
Slough	–	–	–	1	–	–	–	1	1	2	–	–
Southampton	1	–	–	2	–	–	–	–	–	4	6	1
Windsor and Maidenhead	1	–	–	1	–	–	–	–	–	5	2	–
Wokingham	–	–	–	1	–	–	–	–	1	6	3	–
South West	6	1	3	1	4	1	7	5	3	134	94	–
Cornwall and Isles of Scilly	–	–	–	–	1	–	1	–	–	10	22	–
Devon	2	–	–	–	1	–	–	–	1	13	8	–
Dorset	–	1	–	–	1	–	2	–	–	2	14	–
Gloucestershire	–	–	–	–	–	–	1	2	–	2	1	–
Somerset	–	–	1	–	–	1	1	1	–	42	–	–
Wiltshire	–	–	–	–	–	–	–	–	–	35	1	–
Bath and NE Somerset	–	–	–	–	–	–	–	–	–	–	–	–
Bournemouth	–	–	–	1	–	–	–	–	–	5	4	–
Bristol	–	–	–	–	–	–	–	–	–	–	–	–
North Somerset	–	–	–	–	–	–	–	–	–	4	8	–
Plymouth	3	–	–	–	–	–	1	–	–	–	11	–
Poole	–	–	1	–	–	–	1	–	1	1	4	–
South Gloucestershire	–	–	1	–	–	–	–	2	–	1	9	–
Swindon	1	–	–	1	–	–	–	–	–	18	–	–
Torbay	–	–	–	–	–	–	–	–	1	1	12	–

Area	Measles	Mumps	Rubella	Dysentery	Scarlet fever	Whooping cough	Viral hepatitis	TB all forms*	Meningitis†	Food poisoning notified§	ascertained#	Malaria
West Midlands	5	8	6	2	3	–	–	5	4	48	75	–
Shropshire	–	–	–	–	–	–	–	–	1	3	8	–
Staffordshire	3	1	2	–	1	–	–	–	2	17	11	–
Warwickshire	2	–	1	–	–	–	–	2	–	3	9	–
West Midlands‡	–	5	3	2	2	–	–	3	–	13	28	–
Worcestershire	–	–	–	–	–	–	–	–	–	6	10	–
<i>Hereford</i>	–	–	–	–	–	–	–	–	–	3	2	–
<i>Stoke-on-Trent</i>	–	–	–	–	–	–	–	–	–	1	5	–
<i>Telford and Wrekin</i>	–	2	–	–	–	–	–	–	1	2	2	–
North West	4	14	4	5	3	1	9	13	4	119	94	3
Cheshire	–	1	–	–	–	–	–	–	1	2	13	–
Cumbria	–	–	–	–	–	–	–	–	–	5	15	–
Greater Manchester‡	2	3	2	1	–	1	3	8	1	33	33	1
Lancashire	1	1	1	1	3	–	1	2	–	63	9	2
Merseyside	–	1	1	–	–	–	2	1	2	11	9	–
<i>Blackburn</i>	1	8	–	–	–	–	1	1	–	–	6	–
<i>Blackpool</i>	–	–	–	–	–	–	–	1	–	5	5	–
<i>Halton</i>	–	–	–	–	–	–	2	–	–	–	–	–
<i>Warrington</i>	–	–	–	3	–	–	–	–	–	–	4	–
Wales	–	1	2	1	–	–	3	11	3	61	52	–
<i>Blaenau Gwent</i>	–	–	–	–	–	–	–	–	–	–	4	–
<i>Bridgend</i>	–	–	–	–	–	–	–	–	1	6	–	–
<i>Caerphilly</i>	–	–	–	–	–	–	–	–	–	5	2	–
<i>Cardiff</i>	–	1	–	–	–	–	–	4	–	3	16	–
<i>Carmarthenshire</i>	–	–	–	–	–	–	–	–	1	–	–	–
<i>Ceredigion</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Conwy</i>	–	–	–	–	–	–	2	–	–	6	–	–
<i>Denbighshire</i>	–	–	–	–	–	–	–	–	–	4	2	–
<i>Flintshire</i>	–	–	1	–	–	–	–	–	–	3	5	–
<i>Gwynedd</i>	–	–	–	–	–	–	–	–	–	2	5	–
<i>Isle of Anglesey</i>	–	–	–	–	–	–	–	1	–	3	–	–
<i>Merthyr Tydfil</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Monmouthshire</i>	–	–	–	–	–	–	–	–	–	–	5	–
<i>Neath and Port Talbot</i>	–	–	1	–	–	–	–	–	1	3	–	–
<i>Newport</i>	–	–	–	1	–	–	–	1	–	–	4	–
<i>Pembrokeshire</i>	–	–	–	–	–	–	–	–	–	–	–	–
<i>Powys</i>	–	–	–	–	–	–	1	2	–	–	–	–
<i>Rhondda, Cynon, Taff</i>	–	–	–	–	–	–	–	2	–	2	–	–
<i>Swansea</i>	–	–	–	–	–	–	–	–	–	5	–	–
<i>Torfaen</i>	–	–	–	–	–	–	–	1	–	6	–	–
<i>Vale of Glamorgan</i>	–	–	–	–	–	–	–	–	–	11	–	–

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

Unitary authorities are shown in italics.

Notifications in week 19/00 of infectious diseases not shown in table 2

Leptospirosis: one case; in Halton.

Meningitis (meningococcal): 17 cases; three in South Yorkshire, two in Greater London and in Kent, and one in each of Brighton and Hove, Cheshire, Essex, Hampshire, Merseyside, Northamptonshire, Nottinghamshire, Poole, Slough, and Staffordshire.

Meningococcal septicaemia (without meningitis): 32 cases; six in Tyne and Wear, three in Cornwall and the Isles of Scilly, two in South Yorkshire, and one in each of Bedfordshire, Bridgend, City of Kingston upon Hull, Dorset, East Riding of Yorkshire, Greater London, Greater Manchester, Gwynedd, Hertfordshire, Kent, Luton, Merseyside, Newport, Northamptonshire, Nottinghamshire, Poole, Reading, Shropshire, West Midlands, West Sussex, and West Yorkshire.

Ophthalmia neonatorum: four cases; one in each of Cheshire, Greater London, Kent, and Worcestershire.

Paratyphoid fever: one case; presumed to have been contracted abroad – from West Yorkshire.

Typhoid fever: one case; presumed to have been contracted abroad – from Greater London.

Typhus: one case; in Greater London.

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

Table 3 Weekly analysis report of notifications above expected rates in week 20/00

District	County	Observed number	Expected number	Ratio observed/expected	District	County	Observed number	Expected number	Ratio observed/expected
Dysentery					Measles				
Barnet	Greater London	3	0.23	13.07	Barnsley	South Yorkshire	3	0.23	13.09
Bracknell Forest	Bracknell Forest	2	0.08	25.28	Dartford	Kent	3	0.08	36.58
Warrington	Warrington	3	0.14	21.73	Plymouth	Plymouth	3	0.25	11.78
Food poisoning (all)					Rugby	Warwickshire	2	0.09	23.19
Bromley	Greater London	20	9.47	2.11	Sevenoaks	Kent	3	0.11	27.48
Caradon	Cornwall and Isles of Scilly	10	2.56	3.90	Meningitis (all)				
Chorley	Lancashire	11	3.13	3.52	Ashford	Kent	2	0.08	25.58
Crawley	West Sussex	9	2.96	3.04	East Staffordshire	Staffordshire	2	0.08	24.53
Derby	Derby	16	7.48	2.14	Sheffield	South Yorkshire	4	0.43	9.32
East Hertfordshire	Hertfordshire	11	3.96	2.78	Meningitis (meningococcal)				
Epsom and Ewell	Surrey	8	2.23	3.58	Sheffield	South Yorkshire	3	0.17	17.27
Mendip	Somerset	13	3.18	4.09	Mumps				
North East Lincolnshire	North East Lincolnshire	13	5.17	2.52	Blackburn	Blackburn	8	0.14	56.11
Rutland	Rutland	6	1.12	5.37	Walsall	West Midlands	3	0.23	13.02
Ryedale	North Yorkshire	10	1.55	6.46	Rubella				
South Cambridgeshire	Cambridgeshire	11	4.08	2.70	Dartford	Kent	2	0.06	31.70
South Lakeland	Cumbria	16	3.24	4.94	Harborough	Leicestershire	2	0.06	35.67
South Ribble	Lancashire	27	3.33	8.12	North West Leicestershire	Leicestershire	2	0.06	31.79
Spelthorne	Surrey	9	2.89	3.12	Scarlet fever				
Swindon	Swindon	18	5.61	3.21	Brentwood	Essex	2	0.05	36.72
Taunton Deane	Somerset	12	3.18	3.77	Chester-le-Street	Durham	2	0.04	45.89
Torbay	Torbay	13	4.00	3.25	Leeds	West Yorkshire	4	0.63	6.36
Vale of Glamorgan	Vale of Glamorgan	11	3.83	2.87	Tuberculosis*				
Wandsworth	Greater London	19	8.55	2.22	Brent	Greater London	6	0.64	9.37
West Somerset	Somerset	6	1.04	5.75	Dover	Kent	3	0.28	10.72
West Wiltshire	Wiltshire	20	3.54	5.65	Hackney	Greater London	5	0.51	9.87
Wolverhampton	West Midlands	20	7.88	2.54	Hammersmith and Fulham	Greater London	7	0.41	17.18
Worcester	Worcestershire	12	2.94	4.08	Lewisham	Greater London	6	0.63	9.59
Wrexham	Wrexham	11	3.98	2.76	Newham	Greater London	4	0.60	6.71
Food poisoning (formally notified)					Tameside	Greater Manchester	4	0.58	6.92
Bracknell Forest	Bracknell Forest	7	1.84	3.80	Tower Hamlets	Greater London	5	0.45	11.09
Canterbury	Kent	8	2.31	3.46	Viral hepatitis (all)				
Chorley	Lancashire	11	1.66	6.63	Brighton and Hove	Brighton and Hove	3	0.21	14.61
Epsom and Ewell	Surrey	8	1.18	6.76	Greenwich	Greater London	4	0.28	14.40
Ipswich	Suffolk	8	1.95	4.10	Oxford	Oxfordshire	4	0.18	22.57
Kennet	Wiltshire	6	1.28	4.69	Whooping cough				
Mendip	Somerset	13	1.69	7.71	Horsham	West Sussex	2	0.03	63.38
Pendle	Lancashire	6	1.46	4.11	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.				
Preston	Lancashire	8	2.30	3.48					
Rutland	Rutland	6	0.59	10.13					
Selby	North Yorkshire	6	1.24	4.84					
South Cambridgeshire	Cambridgeshire	11	2.16	5.09					
South Ribble	Lancashire	27	1.76	15.31					
Sutton	Greater London	10	2.98	3.35					
Swindon	Swindon	18	2.97	6.05					
Taunton Deane	Somerset	12	1.69	7.11					
Trafford	Greater Manchester	11	3.73	2.95					
Vale of Glamorgan	Vale of Glamorgan	11	2.03	5.41					
Wandsworth	Greater London	19	4.54	4.19					
West Somerset	Somerset	6	0.55	10.84					
West Wiltshire	Wiltshire	19	1.88	10.12					
Malaria									
Fylde	Lancashire	2	0.02	126.22					
Greenwich	Greater London	2	0.04	44.50					

* excluding prophylaxis