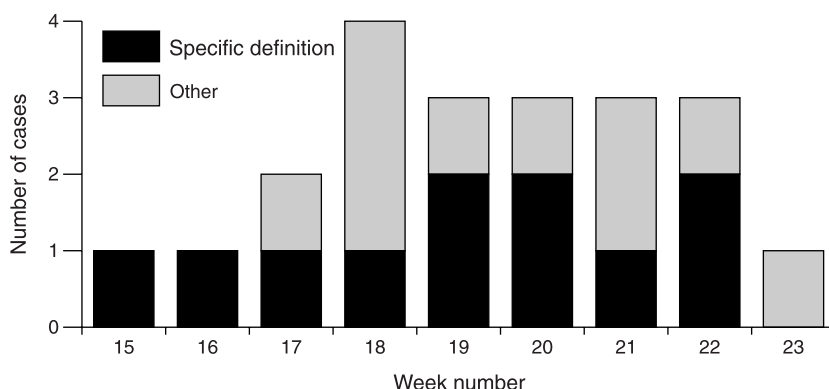


Communicable Disease Report

Injecting drug user on England's south coast dies with *Clostridium novyi* infection

Twenty-one injecting drug users (IDUs) in England and Wales were admitted to hospital or found dead with a severe systemic or local inflammatory condition between 11 April and 9 June (figure); 12 died. Eleven (10 fatal) of the 21 meet a specific case definition drawn up by representatives of several countries¹. *Clostridium novyi* type A has been isolated from tissue specimens from two cases, a fatal case (who became ill in mid May) who fulfils the specific case definition, and one who had severe local but not systemic features. The fatal case from whom *C. novyi* type A has been isolated lived in Brighton. Further cases are being sought in Brighton and IDUs in the locality are being informed².

Figure Cases of unexplained illness and death in injecting drug users in England and Wales since 1 April, by date of admission



Two cases have been reported who fulfil the specific case definition apart from having become ill before 1 April, the start of the period in which cases have been sought actively. The earlier case, from whom an uncharacterised *Clostridium* species was isolated from tissue, was admitted to hospital on 25 February 2000. The second case is being investigated microbiologically, but positive identification is unlikely given the age of specimens. These reports suggest that the association of injecting drug use with this syndrome has existed longer than initially thought.

1. CDC. Unexplained illness and death among injecting drug users – Glasgow, Scotland; Dublin, Ireland; and England, April-June 2000. *MMWR Morb Mortal Wkly Rep* 2000; **49**: 489-92.
2. Brighton Hove and East Sussex Health Authority. Advice to heroin users following Brighton death. Press release, 19 June 2000.

Wound botulism in injecting drug user: second case in England

Wound botulism is rare in Europe¹, but a second case has been reported in England, only a month after the first^{1,2}. Wound infection with *Clostridium botulinum* may be underdiagnosed in injecting drug users (IDUs) and *C. novyi* appears to have caused some of the recent deaths reported in IDUs (see above and *CDR Weekly* 2000; **10**: 213,6).

A 27 year old IDU was admitted to a hospital in north east England with fever (38°C), and a painful groin swelling with cellulitis, which had developed after an unsuccessful attempt at intravenous injection two days earlier. His white cell count on admission was 16.7 x 10⁹/L. Ultrasonography of the groin revealed no abscess. The patient was treated with intravenous cefuroxime and metronidazole for 24

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Invasive meningococcal infections, England and Wales: laboratory reports, weeks 17-20/00

	Method of diagnosis			Total reports 17-20/00	Cumulative total* 2000
	CSF and blood culture	non-culture†	Other sites culture		
Group A	–	–	–	–	1
B	59	54	8	121	884
C	26	23	3	52	474
W135	14	–	4	18	60
X	–	–	–	–	1
Y	3	1	1	5	16
Z	–	–	–	–	–
29E	–	–	–	–	–
Ungroupable	–	2	–	2	14
Ungrouped	–	11	–	11	72
Total	102	91	16	209	1522

* combined CDSC and Meningococcal Reference Unit data

† latex antigen, microscopy, polymerase chain reaction

Vaccine preventable diseases of childhood, England and Wales: laboratory reports, weeks 17-20/00

Laboratory reports	Number of reports received				Total reports 17-20/00	Cumulative totals*	
	17/00	18/00	19/00	20/00		2000	1999
<i>Bordetella pertussis</i>	–	4	3	3	10	46	83
<i>Haemophilus influenzae</i> type b†	4	1	3	2	10	36	23
Measles‡	2	–	2	4	8	43	27
Mumps‡	18	20	10	8	56	273	134
Rubella	1	–	–	–	1	31	98

* cumulative totals may include late reports not included in the last period

† invasive disease only

‡ includes cases confirmed by salivary IgM antibody tests

Bordetella pertussis: one neonate; four infants aged 1 to 3 months; F 4y; one male and three females of unknown age.
***Haemophilus influenzae* type b**: (blood isolate unless otherwise stated) M 2m and M 1y both with meningitis (both cerebrospinal fluid (CSF) isolates); M 5y; F 8m with septic arthritis; F 2y and F 4y both with epiglottitis; F 42y and F 60y both with septic arthritis (joint aspirates); F 47y with pneumonia.

Measles: M 9y and M 15y both unvaccinated; F 10m; five children (four unvaccinated) aged 1 to 5 years associated with a hospital outbreak.

Mumps: M 1y and F 3y both unvaccinated; 11 children aged 9 to 11 years; 40 aged 12 to 18 years, mainly from secondary school outbreaks in North West (25 cases) and West Midlands (11) regions; M 22y; M 46y; F 36y.

Rubella: M 24y.

Salivary IgM antibody tests in cases notified to ONS, weeks 13-15/00

	Cases		Salivary IgM antibody results		
	Notified	Tested (%)	Total positive	Recently vaccinated	Confirmed
Measles	215	127 (59)	6	1	5
Mumps	212	142 (67)	64	–	64
Rubella	159	110 (69)	2	2	–

Virus infections, England and Wales: laboratory reports, weeks 21-24/00

Laboratory reports	Number of reports received				Total total 21-24/00	Cumulative 2000
	21/00	22/00	23/00	24/00		
Coxsackie A	–	–	–	1	1	11
Coxsackie B	2	3	3	4	12	46
Cytomegalovirus	23	11	51	11	96	523
Echovirus	4	1	1	8	14	59
Parvovirus B19	3	3	11	3	20	84
Varicella zoster virus	8	7	23	7	45	176

Coxsackie A: A9, 1. M1m (faecal isolate) from Eastern region.
Coxsackie B: B2, 1; B3, 1; B4, 4; B5, 1; B6, 1; untyped, 4. Five children aged 1 to 4 years, including M 1y with meningitis (faecal and throat isolates); four patients aged 15 to 44 years, including M 31y and pregnant F 28y both with meningitis (throat isolates), and F 16y with meningitis (CSF isolate); three age unknown, including two CSF isolates (sex also unknown). Eastern and South West regions both reported three cases.

Cytomegalovirus: three neonates (aged under 1 month); four infants (aged 1 to 11 months); five children aged 1 to 4; three aged 5 to 9 years; M 12y and F 12y; 46 patients aged 15 to 44 years, including four with cystic fibrosis; 20 aged 45 to 64 years; nine aged 65 years or over; and four whose ages were not reported. Twenty-four patients were immunocompromised: 23 had undergone or were awaiting transplants (renal 9, bone marrow 1, liver 1, unspecified 12) and for one the cause was not stated. Northern and Yorkshire region reported 49 cases, Eastern reported 11, and London and Wales both reported seven.

COVER programme: January to March 2000

Vaccination coverage statistics for children up to 5 years of age in the United Kingdom

This report of the COVER programme (formerly called the COVER/Körner programme) presents coverage data for children in the United Kingdom (UK) who reached their first or second birthday during the evaluation quarter, January to March 2000, and who completed primary vaccination by that birthday. Primary and booster vaccination data are also provided for children in England, Wales, and Northern Ireland who reached their fifth birthdays during the evaluation quarter. Children who reached their first birthdays in the quarter would have been scheduled for their third dose primary vaccinations (third dose diphtheria, tetanus, pertussis), *Haemophilus influenzae* type b (Hib), and polio vaccines) from May to July 1999. Children who reached their second birthdays would have been scheduled for their third dose primary vaccinations from May to July 1998 and first measles, mumps, and rubella (MMR) vaccination from January 1999 to July 1999. Children who reached their fifth birthdays would have been scheduled for their third dose primary vaccinations from May to July 1995, first MMR from January 1996 to July 1996, and preschool booster DT, polio, and second dose MMR from May 1998 onwards.

Echovirus: type 7, 1; type 13, 5; type 18, 1; type 22, 2; type 25, 1; type 32, 1; untyped, 3. Two neonates, including M 6d (CSF other technique); seven infants; four patients aged 15 to 44 years, including F 26y (CSF isolate) and F 35y (CSF other technique); M 57y. Eastern region reported five cases and Trent four.

Epstein-Barr virus (66): four children aged 1 to 4 years, including M 4y with splenomegaly; two aged 5 to 9 years; five aged 10 to 14 years; 46 patients aged 15 to 44 years, including M 28y and F 23y both with encephalitis; three patients aged 45 to 64 years; M 76y; and five whose ages were not reported. Abnormal liver function was reported for six cases.

Herpes simplex virus: eight detections in CSF of patients aged 19 to 80 years: four were said to have encephalitis, one meningitis, and one confusion. Sixteen eye infections were reported.

Parvovirus B19: F 5y; 17 patients aged 15 to 44 years, three of whom were pregnant; F 47y with acute arthritis; M 65y with chronic fever. Northern and Yorkshire region reported 13 cases.

Varicella zoster virus (45). No CSF detections.

Methods

Data from computerised child health information systems were submitted during May and June 2000 for children resident in UK districts and health boards on 31 March 2000 and reaching their first, second, or fifth birthdays during the evaluation quarter (January to March 2000). Details of the data requested have been published¹.

Results

Coverage at 12 and 24 months

Data were received from all districts and health boards in Wales, Northern Ireland, Scotland, and all but one district in England (table 1). Five English trusts, each serving part of a district, could not provide data this quarter. Twenty-nine of the participating districts and health boards (24%) achieved the 95% target for three doses of diphtheria, tetanus, and polio vaccine (D3), 15 (12%) for three doses of pertussis vaccine (P3), and 27 (22%) for Hib3 at 12 months of age. Eighty-two districts and health boards (67%) achieved 95% coverage for D3, 59 (48%) for P3, and 75 (61%) for Hib3 at 24 months of age. Six health boards/districts had achieved 95%

Table 1 Completed primary vaccinations (all antigens) by 12 months and 24 months: January to March 2000

Region/country	Number of participating districts (total)	% coverage at 12 months			% coverage at 24 months			
		D3	P3	Hib3	D3	P3	Hib3*	MMR
Northern and Yorkshire	13 (13)	92.1	91.2	92.1	95.3	94.4	94.9	90.0
Trent	11 (11)	92.5	91.8	92.4	95.9	95.2	95.8	90.4
Eastern	8 (8)	94.2	93.3	94.1	95.7	94.6	95.3	89.0
London	15 (16)	85.9	85.3	85.7	90.1	89.5	89.6	81.8
South East	14 (14)	92.2	91.3	92.0	94.7	93.8	94.4	87.5
South West	8 (8)	93.2	91.8	93.0	95.9	95.0	95.7	88.3
West Midlands	13 (13)	92.0	90.8	91.9	95.6	94.8	95.2	89.4
North West	16 (16)	91.3	90.1	91.2	95.3	94.2	94.9	88.9
England	98 (99)	91.4	90.5	91.3	94.7	93.8	94.3	87.9
Wales	5 (5)	93.6	92.0	93.6	96.1	93.9	95.8	86.5
Northern Ireland	4 (4)	94.5	93.4	94.6	96.4	95.3	96.5	91.3
Scotland	15 (15)	95.2	94.4	95.2	97.5	96.8	97.3	92.6
United Kingdom (District/health board range)	122 (123)	91.9 (77.4-100)	91.0 (77.4-100)	91.8 (77.4-100)	95.0 (82.4-100)	94.1 (81.5-100)	94.7 (82.4-100)	88.4 (69.9-100)

* three doses before 13 months or one dose thereafter

Table 2 Completed primary vaccinations (all antigens) by 5 years: January to March 2000

Region/country	Number of participating districts (total)	% coverage at 5 years					
		D3	P3	Hib3*	D4	MMR1	MMR2
Northern and Yorkshire	13 (13)	95.3	93.7	94.6	80.5	93.5	80.4
Trent	9 (11)	96.8	95.4	96.1	67.9	95.8	70.2
Eastern	8 (8)	95.3	93.5	94.3	79.9	93.6	77.8
London	15 (16)	89.0	86.9	87.1	74.1	85.0	62.0
South East	14 (14)	94.3	93.0	93.2	80.6	93.1	76.6
South West	8 (8)	96.7	95.0	95.9	86.1	94.9	82.2
West Midlands	13 (13)	96.5	94.7	95.4	84.0	95.3	80.0
North West	16 (16)	95.9	93.8	95.0	82.7	94.3	76.0
England	96 (99)	94.8	93.1	93.7	79.9	93.0	75.7
Wales	5 (5)	95.7	92.4	94.8	80.8	93.5	75.3
Northern Ireland	4 (4)	97.6	94.8	96.6	87.3	97.0	85.0
England, Wales, and Northern Ireland	105 (108)	94.9	93.1	93.9	80.2	93.2	76.0

* three doses before 13 months or one dose thereafter

coverage for MMR at 24 months. Coverage of all antigens at 24 months was similar to that reported in the previous quarter except for MMR which rose 0.6% to 88.4%². Coverage for each antigen at 12 months of age was 0.5% lower than last quarter².

Coverage at 5 years

Data were received from 96/99 (97%) districts in the English regions and for all districts/health boards in Wales and Northern Ireland. No data are available from Scotland. Coverage at 5 years was 94.9% for D3, 93.1% for P3, and 93.9% for Hib3. Coverage at 5 years was 80.2% for four doses of diphtheria, tetanus, and polio vaccine (D4), 93.2% for MMR1, and 76.0% for MMR2 (table 2).

Comments

UK coverage for all antigens evaluated at 12 months has fallen by 0.5%, although the number of districts/trusts achieving 95% was similar to that reported the last quarter. The introduction of meningococcal C conjugate vaccine (MenC)³ placed additional demands on Child Health Computer System (CHCS) staff in terms of scheduling for the new vaccine, entering data, and processing late returns. In some areas this created a backlog of data to be entered, possibly affecting the completeness of the current 12 month cohort data. These children would have been scheduled for their third dose primary vaccinations from May to July 1999. In addition, several districts/trusts have recently changed

their CHCS resulting in underestimates of coverage during the changeover and early implementation periods, again possibly due to incompleteness of data. An opportunity to assess whether the decrease represents incomplete data rather than a real fall in coverage will occur when this 12 month cohort is evaluated at 24 months of age in the January to March 2001 quarter. Until then, subsequent evaluations at 12 months will be monitored closely.

Coverage of D3, P3, and Hib3 at 24 months of age is similar to that reported last quarter², but coverage of MMR has risen by 0.6% to 88.4% and is now at its highest level since the April to June 1998 quarter (89.7%). This increase reflects the rise previously detected in coverage for children aged 16 months⁴.

Due to problems with DT vaccine manufacture and supply coverage of D4 at 5 years of age has fallen for the third successive quarter; coverage is now 80.2%, 4.9% lower than in the April to June 1999 quarter. Coverage of both MMR1 and MMR2 at this age has risen slightly since the last report².

1. CDSC. COVER programme: January to March 1999. *Commun Dis Rep CDR Wkly* 1999; **9**: 229,30.
2. CDSC. COVER programme: October to December 1999. *Commun Dis Rep CDR Wkly* 2000; **10**: 119-20.
3. CDSC. Vaccination programme for group C meningococcal infection is launched. *Commun Dis Rep CDR Wkly* 1999; **9**: 261, 4.
4. CDSC. MMWR vaccine coverage shows signs of recovery. *Commun Dis Rep CDR Wkly* 1999; **9**: 345.

Wound botulism in injecting drug user: second case in England (continued from page 221)

hours, followed by oral cephalixin and rectal metronidazole.

The patient presented three days after discharge with dysphasia, dysphagia, and generalised flaccid limb weakness. Twelve hours after admission he suffered a respiratory arrest, and required intubation and artificial ventilation. He exhibited generalised muscle weakness, particularly of bulbar and proximal muscles. Computed tomography of brain, lumbar puncture, and magnetic resonance imaging of brain and brainstem were normal, as was the patient's serum creatine phosphokinase. Electromyography suggested botulism, which was confirmed by the detection of *C. botulinum* toxin type A in serum by the Food Safety Microbiology Laboratory (FSML) at the PHLS Central Public Health Laboratory (CPHL). Muscle power has increased since treatment with botulinum antitoxin. Dr Moira Brett or other senior staff of the FSML are available to discuss the management of suspected cases of wound botulism (tel: 020 8200 4400 ext 4116; out of hours contact CPHL duty doctor: tel: 020 8200 4400). Various centres stock antitoxin (see *PHLS Directory 1998/9* pages 118-21).

1. CDSC. Wound botulism in an injecting drug user in London. *Commun Dis Rep CDR Wkly* 2000; **10**: 177,80.
2. CDSC. Microbiological investigation into wound botulism. *Commun Dis Rep CDR Wkly* 2000; **10**: 185,8.

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

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*). 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 23 [†]			Cumulative totals from mid-year to week 23 [‡]			
		18/00	19/00	20/00	21/00	22/00	23/00	1998 (i)	1999 (ii)	2000 (iii)	97/98(a)	98/99(b)	99/00(c)	
Tuberculosis	Cases [†]	147	148	160	129	112	155	2563	2738	3101	5412	5891	6080	
Scarlet fever	Cases	34	58	48	29	29	21	2039	1232	1104	3332	2364	1825	
Malaria	Cases	14	23	12	31	14	25	503	321	350	1379	886	982	
Leptospirosis	Cases	–	1	1	–	–	–	11	11	12	25	31	23	
Food poisoning formally notified ascertained	Cases	1134	1707	1853	2021	1774	2051	32748	32288	30417	87112	86236	77717	
	Cases	527	862	970	1033	842	1037	18751	18847	15940	49880	49714	41851	
	Cases	607	845	883	988	932	1014	13997	13441	14477	37232	36522	35866	
Typhoid fever presumed contracted	Cases	5	4	4	2	1	2	53	77	57	137	141	121	
	abroad [§]	5	4	3	2	1	2	46	65	54	118	123	113	
	GB	–	–	1	–	–	–	7	12	3	19	18	8	
Paratyphoid fever presumed contracted	Cases	1	5	1	5	2	2	50	55	32	105	121	94	
	abroad [§]	1	5	1	5	2	2	47	52	30	99	111	89	
	GB	–	–	–	–	–	–	3	3	2	6	10	5	
Dysentery	Cases	30	35	45	30	32	29	592	634	607	1615	1766	1420	
Viral hepatitis	hepatitis A	Cases	43	75	85	59	53	73	1322	1431	1500	3126	3117	3290
	hepatitis B	Cases	19	31	37	26	21	33	693	743	603	1801	1479	1448
	hepatitis C	Cases	11	15	29	16	17	18	342	330	429	715	825	907
	hepatitis C	Cases	11	26	17	11	13	17	202	279	405	386	658	817
	other and unknown	Cases	2	3	2	6	2	5	85	79	63	224	155	118
Meningitis	meningococcal	Cases	48	57	48	34	31	39	1030	1098	1139	1981	2049	2034
	influenzal (<i>Haemophilus influenzae</i>)	Cases	28	28	18	23	15	18	614	624	630	1105	1121	1094
	other specified	Cases	1	–	1	–	–	–	13	10	19	31	25	37
	unspecified	Cases	16	17	17	9	10	14	293	323	349	625	632	641
Meningococcal septicaemia (without meningitis)	unspecified	Cases	3	12	12	2	6	7	110	141	141	220	271	262
	Cases	28	34	36	33	22	26	762	1032	956	1388	1689	1650	
Acute encephalitis	infective	Cases	2	1	–	–	–	–	11	12	5	26	27	13
	post-infectious	Cases	1	1	–	–	–	–	9	8	3	17	17	11
	Cases	1	–	–	–	–	–	–	2	4	2	9	10	2
Whooping cough	Cases	16	11	16	12	14	17	700	477	254	2412	1263	846	
Tetanus	Cases	–	–	–	–	–	–	–	1	–	5	8	2	
Measles	Cases	60	53	58	39	36	56	2037	1172	1243	3896	2643	2337	
Mumps	Cases	50	65	46	46	39	37	746	737	1045	1640	1478	1878	
Rubella	Cases	42	41	45	34	26	29	1862	998	870	3354	2144	1684	
Ophthalmia neonatorum	Cases	2	9	4	3	2	6	89	81	78	203	177	154	
Special cases														
Cholera	Cases	1	1	–	2	1	–	24	13	11	44	35	26	
Diphtheria	Cases	–	–	–	1	2	–	7	13	9	15	27	16	
Typhus fever	Cases	–	–	1	–	–	1	–	3	2	–	9	2	

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 un stated origin

¶ Excluding chemoprophylaxis

Table 2 Notifications of infectious diseases in week 23/00 (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	9	12	4	6	–	1	10	13	8	91	145	5
Cumbria	–	–	–	–	–	–	1	–	1	5	10	–
Durham	–	–	2	–	–	–	–	–	–	16	7	–
North Yorkshire	–	–	–	–	–	–	–	2	–	20	21	–
Northumberland	2	–	–	–	–	–	–	1	–	–	4	–
Tyne and Wear¶	1	1	–	2	–	–	–	1	2	4	45	1
West Yorkshire¶	6	10	2	4	–	1	9	8	3	29	54	4
City of Kingston upon Hull	–	–	–	–	–	–	–	–	2	3	–	–
Darlington	–	–	–	–	–	–	–	–	–	3	3	–
East Riding of Yorkshire	–	–	–	–	–	–	–	–	–	3	–	–
Hartlepool	–	–	–	–	–	–	–	–	–	2	–	–
Middlesbrough	–	1	–	–	–	–	–	–	–	–	–	–
Redcar and Cleveland	–	–	–	–	–	–	–	1	–	–	–	–
Stockton-on-Tees	–	–	–	–	–	–	–	–	–	–	–	–
York	–	–	–	–	–	–	–	–	–	6	1	–
Trent	10	2	3	1	3	3	7	15	3	104	122	3
Derbyshire	1	–	–	–	1	–	–	–	–	17	7	–
Leicestershire	1	–	–	–	1	1	–	2	2	14	1	–
Lincolnshire	1	–	–	–	–	–	1	–	–	11	33	–
Nottinghamshire	1	–	–	–	–	–	–	–	1	15	15	–
South Yorkshire¶	5	2	1	1	–	2	5	6	–	23	19	2
Derby	1	–	–	–	–	–	–	2	–	7	5	–
Leicester	–	–	–	–	–	–	–	5	–	–	13	–
North East Lincolnshire	–	–	–	–	1	–	1	–	–	2	13	–
North Lincolnshire	–	–	1	–	–	–	–	–	–	4	3	–
Nottingham	–	–	1	–	–	–	–	–	–	10	13	–
Rutland	–	–	–	–	–	–	–	–	–	1	–	1
Eastern	5	1	5	3	4	2	3	9	5	106	104	2
Bedfordshire	1	1	1	–	1	–	–	1	–	10	7	–
Cambridgeshire	–	–	–	–	–	–	–	–	–	11	12	–
Essex	–	–	2	–	–	–	–	–	–	17	12	–
Hertfordshire	–	–	1	2	2	–	1	2	–	21	32	–
Norfolk	1	–	–	–	–	1	–	1	2	4	21	–
Suffolk	1	–	1	–	–	–	–	1	–	17	15	1
Luton	1	–	–	–	–	–	1	4	2	7	5	1
Peterborough	–	–	–	–	–	–	–	–	–	9	–	–
Southend-on-Sea	1	–	–	–	1	1	1	–	1	3	–	–
Thurrock	–	–	–	1	–	–	–	–	–	7	–	–
London	10	1	3	7	1	1	7	48	1	140	44	11
Greater London	10	1	3	7	1	1	7	48	1	140	44	11
South East	10	3	6	2	4	4	11	12	8	161	196	3
Buckinghamshire	–	–	–	1	–	–	2	–	–	9	19	–
East Sussex	1	–	–	–	–	1	–	1	–	3	8	–
Hampshire	–	1	1	–	–	1	–	1	–	25	44	1
Kent	3	–	1	–	1	–	2	1	2	23	14	2
Northamptonshire	–	–	1	–	1	–	2	4	1	12	29	–
Oxfordshire	–	–	–	–	–	–	–	–	1	3	31	–
Surrey	–	–	–	–	1	–	–	2	2	30	5	–
West Sussex	2	–	1	1	–	–	1	–	1	11	26	–
Bracknell Forest	–	–	–	–	–	–	1	–	–	7	1	–
Brighton and Hove	–	–	–	–	1	–	–	–	–	2	–	–
Isle of Wight	–	–	–	–	–	–	–	–	–	–	–	–
Medway Towns	–	2	1	–	–	–	1	–	–	13	–	–
Milton Keynes	–	–	–	–	–	–	–	–	–	–	–	–
Newbury	2	–	–	–	–	1	–	1	–	1	2	–
Portsmouth	–	–	1	–	–	–	–	–	1	9	–	–
Reading	2	–	–	–	–	1	–	1	–	1	2	–
Slough	–	–	–	–	–	–	–	1	–	–	1	–
Southampton	–	–	–	–	–	–	–	–	–	2	13	–
Windsor and Maidenhead	–	–	–	–	–	–	2	–	–	8	–	–
Wokingham	–	–	–	–	–	–	–	–	–	2	1	–
South West	2	2	–	4	3	–	12	7	1	143	92	–
Cornwall and Isles of Scilly	–	–	–	–	–	–	–	–	–	4	13	–
Devon	–	–	–	2	1	–	–	3	1	20	24	–
Dorset	–	–	–	–	1	–	9	1	–	13	7	–
Gloucestershire	–	–	–	–	–	–	–	2	–	10	–	–
Somerset	–	1	–	1	–	–	–	1	–	41	–	–
Wiltshire	1	–	–	–	–	–	2	–	–	25	–	–
Bath and NE Somerset	–	–	–	–	–	–	–	–	–	–	3	–
Bournemouth	–	–	–	–	–	–	–	–	–	6	–	–
Bristol	–	–	–	–	–	–	–	–	–	–	11	–
North Somerset	–	–	–	1	–	–	–	–	–	2	7	–
Plymouth	–	–	–	–	1	–	1	–	–	–	14	–
Poole	1	–	–	–	–	–	–	–	–	5	1	–
South Gloucestershire	–	1	–	–	–	–	–	–	–	–	7	–
Swindon	–	–	–	–	–	–	–	–	–	12	–	–
Torbay	–	–	–	–	–	–	–	–	–	5	5	–

Table 3 Weekly analysis report of notifications above expected rates in week 23/00

District	County	Observed number	Expected number	Ratio observed/expected	District	County	Observed number	Expected number	Ratio observed/expected
Dysentery					Malaria				
Bradford	West Yorkshire	3	0.27	11.09	Hackney	Greater London	7	0.09	74.58
Teignbridge	Devon	2	0.06	31.10	Islington	Greater London	2	0.08	23.71
Wandsworth	Greater London	3	0.15	20.19	Thanet	Kent	2	0.06	33.03
Food poisoning (all)					Measles				
Blackpool	Blackpool	15	6.09	2.46	Bradford	West Yorkshire	4	0.60	6.64
Broxtowe	Nottinghamshire	13	4.44	2.93	Waltham Forest	Greater London	3	0.26	11.62
Burnley	Lancashire	10	3.56	2.81	Mumps				
Corby	Northamptonshire	8	2.07	3.86	Birmingham	West Midlands	5	0.83	6.05
Craven	North Yorkshire	10	2.02	4.95	Bradford	West Yorkshire	7	0.40	17.59
Leeds	West Yorkshire	44	28.74	1.53	Walsall	West Midlands	6	0.20	30.26
Lewisham	Greater London	20	9.50	2.10	Rubella				
Monmouthshire	Monmouthshire	10	3.40	2.94	Colchester	Essex	2	0.08	24.08
Neath and Port Talbot	Neath and Port Talbot	18	5.53	3.25	Lichfield	Staffordshire	2	0.05	40.77
North East Lincolnshire	North East Lincolnshire	15	6.35	2.36	Tuberculosis*				
North Tyneside	Tyne And Wear	23	7.69	2.99	Birmingham	West Midlands	13	3.05	4.26
North Wiltshire	Wiltshire	12	4.82	2.49	Haringey	Greater London	4	0.64	6.26
Nottingham	Nottingham	23	11.25	2.04	Islington	Greater London	5	0.52	9.56
Solihull	West Midlands	19	8.04	2.36	Lambeth	Greater London	5	0.78	6.38
South Hams	Devon	17	3.14	5.42	Leicester	Leicester	5	0.89	5.64
South Lakeland	Cumbria	13	3.98	3.27	Luton	Luton	4	0.54	7.36
South Ribble	Lancashire	13	4.09	3.18	Newham	Greater London	7	0.68	10.23
South Shropshire	Shropshire	7	1.58	4.44	Stoke-on-Trent	Stoke-on-Trent	5	0.76	6.56
South Somerset	Somerset	18	5.96	3.02	Wolverhampton	West Midlands	6	0.73	8.20
Swansea	Swansea	33	9.14	3.61	Viral hepatitis (all)				
Vale of Glamorgan	Vale of Glamorgan	13	4.71	2.76	West Dorset	Dorset	5	0.13	39.50
Wakefield	West Yorkshire	30	12.57	2.39	Weymouth and Portland	Dorset	3	0.09	33.82
West Devon	Devon	7	1.85	3.79	Whooping cough				
West Lindsey	Lincolnshire	9	3.08	2.93	Carmarthenshire	Carmarthenshire	2	0.05	38.87
West Oxfordshire	Oxfordshire	11	3.80	2.90	Salford	Greater Manchester	2	0.08	25.49
Food poisoning (formally notified)									
Burnley	Lancashire	10	1.80	5.56					
Conwy	Conwy	8	2.23	3.59					
East Hampshire	Hampshire	10	2.20	4.54					
Hyndburn	Lancashire	7	1.61	4.36					
Ipswich	Suffolk	11	2.29	4.81					
Knowsley	Merseyside	10	3.09	3.24					
Medway Towns	Medway Towns	13	4.81	2.70					
Merton	Greater London	12	3.59	3.34					
Mid Devon	Devon	6	1.32	4.53					
Neath and Port Talbot	Neath and Port Talbot	18	2.80	6.43					
North East Derbyshire	Derbyshire	7	1.99	3.52					
North Wiltshire	Wiltshire	12	2.44	4.92					
Oadby and Wigston	Leicestershire	5	1.07	4.69					
Pendle	Lancashire	8	1.71	4.68					
Scarborough	North Yorkshire	10	2.18	4.58					
Sedgemoor	Somerset	7	2.03	3.45					
Sheffield	South Yorkshire	22	10.60	2.08					
South Lakeland	Cumbria	9	2.01	4.47					
South Ribble	Lancashire	13	2.07	6.29					
South Somerset	Somerset	18	3.01	5.97					
Swansea	Swansea	13	4.62	2.81					
Swindon	Swindon	12	3.48	3.44					
Taunton Deane	Somerset	8	1.98	4.04					
Thanet	Kent	11	2.51	4.38					
West Wiltshire	Wiltshire	9	2.20	4.09					
Wolverhampton	West Midlands	15	4.90	3.06					

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.

* excluding prophylaxis