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CURRENT NOTES

HPV vaccination programme

41/2501 Despite the success of the national cervical screening programme, in Scotland the lifetime risk of a woman developing cervical cancer is 1 in 124. 282 new cases of cervical cancer were diagnosed in Scotland in 2004 and 102 deaths from the disease were recorded. In view of this, and following the JCVI (Joint Committee of Vaccination and Immunisation) recommendation on the subject, the Scottish government announced its commitment to a human papillomavirus (HPV) vaccination programme on 20 June.

The schools-based programme will provide vaccination free of charge to girls of around 12 years of age. Funding for the programme will be included in a forthcoming government spending review with the aim of implementing the programme by autumn 2008. [Source: Scottish Executive News Release, 20 June 2007. <http://www.scotland.gov.uk/News/Releases/2007/06/20154748>]

Further information on the vaccination programmes is also available on the UK Department of Health Press Release (dated 20 June 2007) at <http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=293322&NewsAreaID=2&NavigatedFromDepartment=False>.

E. coli O157 outbreak - Dunfermline, May 2006

41/2502 On 26 June 2007, two reports were presented to the Fife NHS Board in connection with the outbreak of *E. coli* O157 associated with Careshare Nursery in Lauder, Dunfermline in May 2006. The reports are accompanied by an action plan to address the recommendations set out in the reports.

The first report is that of the Incident Control Team (ICT). The production and format of this report follows national guidance. The report makes 29 recommendations targeted at a range of agencies, including NHS Fife.

The second report is an external review of NHS Fife's response to the outbreak which was commissioned by the Board on 30 May 2006. It was undertaken by Dr Malcolm McWhirter, then Director of Public Health of NHS Forth Valley, supported by Health Protection Scotland.

The reports can be accessed at http://www.nhsfife.scot.nhs.uk/about_us/corporatedocuments.html#public. [Source: NHS Fife Press Release, 26 June 2007. <http://www.nhsfife.scot.nhs.uk/news2.aspx>]

BCG Statement

41/2503 Following a review of recent surveillance data of tuberculosis (TB), the Joint Committee on Vaccination and Immunisation (JCVI) is maintaining its advice that the targeted BCG vaccination programme announced in 2005 remains the most effective vaccination strategy for the UK.

The data shows that the disease remains most prevalent in certain groups within the population and in certain parts of the UK. Rates of TB in other groups remain low and stable.

The JCVI believes that targeting the BCG programme to achieve high rates of coverage in particular ethnic groups and in parts of the country where TB rates are highest is the most effective vaccination strategy.

http://www.advisorybodies.doh.gov.uk/jcvi/bcg-jcvi-statement_7june2007.pdf.

New WHO plan to contain drug-resistant TB

41/2504 The World Health Organization (WHO) and the Stop TB Partnership argue that hundreds of thousands of cases of drug-resistant tuberculosis (TB) can be prevented and as many as 134,000 lives saved through the implementation of a two-year response plan, launched on 22 June.

The Global MDR-TB and XDR-TB Response Plan 2007-2008 sets out measures needed now to prevent, treat and control extensively drug-resistant TB (XDR-TB) and multidrug-resistant TB (MDR-TB). The plan also sets in motion actions to reach a 2015 goal of providing access to drugs and diagnostic tests to all MDR-TB and XDR-TB patients, saving the lives of up to 1.2 million patients.

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The plan emphasizes the urgent need to boost basic TB control and target investment in key areas, including: strengthening programmes to treat drug-resistant TB; building capacity in diagnostic laboratories; expanding infection control and surveillance; and funding research into new and improved diagnostics, drugs and vaccines. [Source: WHO News Release, 22 June 2007. <http://www.who.int/mediacentre/news/releases/2007/pr32/en/index.html>]

Model Infection Control Policies / HAI & Infection Control Resource Centre

41/2505 HPS Infection Control Team would welcome stakeholder feedback on the recently revised model policies and associated literature reviews on the newly launched HAI & Infection Control Resource Centre (<http://www.hps.scot.nhs.uk/haic/ic/resourcecentre.aspx>).

A formal on-line evaluation has been taking place in the form of a questionnaire which is accessible on the website. The closing date for completing the questionnaire is Friday 29 June 2007 and the team would appreciate any feedback that you have.

Sanitation, waste-water drainage and their roles in infection

41/2506 The Society of Public Health Engineers (SopHE) replaced the CIBSE Public Health Engineering Group with the aim of providing a higher profile and focus for public health engineers within CIBSE (the Chartered Institution of Building Services Engineers).

On June 6, the Society held a seminar on the role of drainage in the spread of infection. Presentations (given by Professors John Swaffield, Brian Austin and Drs Lynne Jack and David Campbell of Heriot-Watt University, and Professors Duncan Mara (University of Leeds) and Clara Greed (University of the West of England)) included:

- The history of water and sanitation provision and the current state of play
- The causes of SARS virus transmission and the modelling of transmission effects
- Other transmissible diseases and their frequency
- Applications in developing countries
- Washrooms as pathogen transmitters
- New technologies: Acceptability and effects
- Changes in hygiene practice including the increase in the use of hygiene wipes

The presentations can be accessed at <http://www.cibse.org/index.cfm?action=showpage&PageID=645&TopSecID=4>.

Dounreay drainage - detection of radioactivity

41/2507 The Scottish Environment Protection Agency (SEPA), has been notified by the UK Atomic Energy Authority (UKAEA) of the detection of radioactivity in a surface water drain near to the Dounreay foreshore.

UKAEA has been informed by SEPA that it must take control of the liquid radioactive waste in the drain and dispose of it in accordance with the conditions of their authorisation.

Actions SEPA recommends will include UKAEA conducting a dye test and camera survey to identify the route and origination of the waste.

SEPA and Nuclear Installations Inspectorate inspectors have been on site and will continue to investigate and monitor.

UKAEA comment can be found here: http://www.ukaea.org.uk/downloads/dounreay/bulletins/Dounreay_Bulletin_20th_June.pdf. [Source: SEPA Press Release, 20 June 2007. <http://www.sepa.org.uk/news/releases/view.asp?id=552&y=2007>]

FSA response to farm-animal MRSA report

41/2508 On 25 June, the Food Standards Agency (FSA) reiterated advice on safe handling and cooking of meat for those concerned by a report concerning a strain of MRSA in farm animals.

The Soil Association report highlights a new strain of methicillin-resistant *Staphylococcus aureus* (MRSA) that has developed amongst intensively farmed pigs, chickens and other livestock, especially in the Netherlands, where it has spread to some farm workers and their families. None of the new strain of MRSA, however, has been found in UK food-producing animals.

The Agency is aware of this issue and is keeping a watching brief on developments across Europe and it is being considered jointly by a number of government agencies. Any possible emerging risk in the UK will be assessed, and appropriate action will be taken. The Soil Association's report (published on 25 June) will be examined in detail.

The Agency's advice on avoiding food poisoning bacteria applies equally to any strain of MRSA. Proper cooking will destroy MRSA. [Source: FSA Press Release, 25 June 2007. <http://www.food.gov.uk/news/newsarchive/2007/jun/mrsa>]

The Soil Association report can be accessed at <http://www.soilassociation.org/web/sa/saweb.nsf/89d058cc4dbeb16d80256a73005a2866/5cae3a9c3b4da4b880257305002daadf?OpenDocument>.

Gastro-intestinal and foodborne infections

Prepared by: Alison Smith-Palmer and Susan Brownlie

General outbreaks of infectious intestinal disease reported to ObSurv during the first quarter of 2007

ObSurv is the surveillance system established in 1996 for all general outbreaks of infectious intestinal disease (IID) in Scotland. For the purposes of ObSurv, an outbreak is defined as an incident in which two or more linked cases exhibit the same symptoms, or when the observed number of cases unaccountably exceeds the expected number. The system seeks information on general outbreaks, defined as outbreaks affecting members of more than one household or residents of an institution.

During the first quarter of 2007, 100 general outbreaks of IID were reported to ObSurv, which is a decrease of 24 on the 124 outbreaks reported during the same period last year.

During the first quarter of 2007, there were eight outbreaks of bacterial aetiology - three of *Salmonella*, two of *Clostridium difficile* (one of which also involved norovirus (NV) infection) and one each of *Shigella sonnei*, *Campylobacter* and *E.coli* O157. There was one protozoal outbreak of *Cryptosporidium*, 88 viral outbreaks that were due to NV (one of which also involved *C.difficile*) and four outbreaks of unknown aetiology.

Although *Campylobacter* is the most frequently identified bacterial cause of IID in Scotland outbreaks are comparatively rare with only 26 outbreaks reported to ObSurv between 1996 and 2006; none of the outbreaks occurring during 2006. During the first quarter of 2007, there was one outbreak of *Campylobacter* affecting a total of 52 persons, 15 of whom were laboratory confirmed: pâté was the suspected vehicle of infection.

Outbreaks of *Shigella* are also relatively rare events. Since the establishment of ObSurv a total of six outbreaks of *Shigella* have been reported, with one during 2006. In the first quarter of this year there was one outbreak of *Shigella sonnei* involving six persons.

There were three outbreaks of *Salmonella* reported during the first quarter, one each of *S. Schwarzengrund*, *S. Hadar*, and *S. Java*. The outbreak of *S. Schwarzengrund* involved 14 laboratory confirmed cases in Scotland and was part of a larger UK wide outbreak (*HPS Weekly Report* 2007; 41 (03): 1).

One outbreak of *Cryptosporidium* was reported during the first quarter, associated with animal contact on a farm. One outbreak of *Cryptosporidium* was reported during 2006.

There were 88 outbreaks of NV during the first quarter of 2007, one of which also involved *C.difficile*. Of the 87 outbreaks involving only NV infection the virus was confirmed in 52% and suspected in 48% of these outbreaks. Fifty-three of the outbreaks were associated with residential institutions, 33 with hospitals and one with a hotel. In all the outbreaks of NV infection the main mode of transmission was either person to person or multiple modes excluding a foodborne element. A total of 1992 persons were affected in these outbreaks of which 117 were laboratory confirmed with NV.

There were four outbreaks reported in which the aetiology was unknown, affecting a total of 129 persons. Two of these outbreaks were associated with hospitals, one with a residential institution and the other with a school.

HPS is grateful to all the consultants in public health medicine, infection control nurses, environmental health officers and microbiologists who have contributed to this surveillance system.

TABLE 1: General outbreaks of Infectious Intestinal Disease reported to HPS during the first quarter of 2007

NHSB	Organism	Confirmed Suspected, Nil return	Location	Main mode/s of spread	Cases ill	Cases positive	Suspect vehicle	Evidence For suspicion
FV	<i>E.coli</i> O157	NR	Farm	N/K	N/K	N/K	N/K	N/K
V	<i>Salmonella</i> Schwarzengrund	C	Community	FB	14	14	N/K	N/A
FF	<i>Salmonella</i> Hadar	NR	Hospital	N/K	N/K	N/K	N/K	N/K
FV	<i>Salmonella</i> Java	NR	Hospital	N/K	N/K	N/K	N/K	N/K
FV	<i>Campylobacter</i>	C	Restaurant	FB	52	15	Pâté	M, E
AA	<i>Clostridium difficile</i>	C	Hospital	P to P	15	5	N/A	N/A
GR	<i>Clostridium difficile</i> + NV	C, S	Residential institution	Multi excl FB	3	0	N/A	N/A
GR	<i>Shigella sonnei</i>	C	Private house	P to P	6	6	N/A	N/A
LO	<i>Cryptosporidium</i>	C	Farm	Zoonoses	6	6	N/A	N/A
GR	NV + <i>C. difficile</i>	C	Hospital	Multi excl FB	196	32	N/A	N/A
AA	NV	C	Residential institution	P to P	45	2	N/A	N/A
AA	NV	C	Residential institution	P to P	21	3	N/A	N/A
AA	NV	C	Residential institution	P to P	55	2	N/A	N/A
DG	NV	C	Residential institution	P to P	61	3	N/A	N/A
FF	NV	C	Hospital	P to P	17	3	N/A	N/A
FF	NV	C	Hospital	P to P	34	3	N/A	N/A
FF	NV	C	Hospital	P to P	20	1	N/A	N/A
FF	NV	C	Hospital	P to P	11	1	N/A	N/A
FF	NV	C	Hospital	P to P	15	1	N/A	N/A
FF	NV	C	Hospital	P to P	23	3	N/A	N/A
FF	NV	C	Hospital	P to P	27	2	N/A	N/A
FF	NV	C	Hospital	P to P	13	1	N/A	N/A

NHSB	Organism	Confirmed Suspected, Nil return	Location	Main mode/s of spread	Cases ill	Cases positive	Suspect vehicle	Evidence For suspicion
FF	NV	C	Hospital	P to P	15	1	N/A	N/A
FF	NV	C	Hospital	P to P	24	1	N/A	N/A
FF	NV	C	Hospital	P to P	19	3	N/A	N/A
FF	NV	C	Hospital	P to P	14	2	N/A	N/A
FF	NV	C	Hospital	P to P	13	1	N/A	N/A
FF	NV	C	Hospital	P to P	16	1	N/A	N/A
FF	NV	C	Hospital	P to P	23	3	N/A	N/A
FF	NV	C	Hospital	P to P	21	3	N/A	N/A
FF	NV	C	Hospital	P to P	16	3	N/A	N/A
FF	NV	C	Hospital	P to P	12	2	N/A	N/A
FF	NV	C	Hospital	P to P	6	2	N/A	N/A
FV	NV	C	Hospital	Multi excl FB	27	4	N/A	N/A
FV	NV	C	Hospital	Multi excl FB	20	3	N/A	N/A
FV	NV	C	Hospital	Multi excl FB	23	6	N/A	N/A
GG+C	NV	C	Residential institution	Multi excl FB	13	1	N/A	N/A
GG+C	NV	C	Residential institution	Multi excl FB	27	2	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	28	1	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	31	2	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	49	3	N/A	N/A
GR	NV	C	Hospital	Multi excl FB	16	3	N/A	N/A
GR	NV	C	Hospital	Multi excl FB	17	4	N/A	N/A
GR	NV	C	Hospital	Multi excl FB	19	3	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	52	5	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	31	5	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	24	1	N/A	N/A
GR	NV	C	Residential institution	Multi excl FB	33	14	N/A	N/A
HG	NV	C	Hospital	P to P	16	2	N/A	N/A
LN	NV	C	Residential institution	P to P	47	2	N/A	N/A
LN	NV	C	Hospital	P to P	15	3	N/A	N/A
TY	NV	C	Residential institution	P to P	29	1	N/A	N/A
TY	NV	C	Residential institution	P to P	22	2	N/A	N/A
TY	NV	C	Residential institution	P to P	27	3	N/A	N/A
AA	NV	S	Residential institution	P to P	10	0	N/A	N/A
AA	NV	S	Hospital	P to P	17	0	N/A	N/A
AA	NV	S	Hospital	P to P	4	0	N/A	N/A
AA	NV	S	Hospital	P to P	22	0	N/A	N/A
AA	NV	S	Hospital	P to P	8	0	N/A	N/A
AA	NV	S	Residential institution	P to P	25	0	N/A	N/A
FF	NV	S	Hospital	P to P	19	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	31	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	10	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	18	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	12	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	28	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	10	0	N/A	N/A
GG+C	NV	S	Residential institution	Multi excl FB	11	0	N/A	N/A
GR	NV	S	Residential institution	Multi excl FB	4	0	N/A	N/A
GR	NV	S	Residential institution	Multi excl FB	5	0	N/A	N/A
GR	NV	S	Residential institution	Multi excl FB	6	0	N/A	N/A
HG	NV	S	Hotel	P to P	180	0	N/A	N/A
LN	NV	S	Residential institution	P to P	13	0	N/A	N/A
LN	NV	S	Residential institution	P to P	49	0	N/A	N/A
LN	NV	S	Residential institution	P to P	6	0	N/A	N/A
LN	NV	S	Residential institution	P to P	24	0	N/A	N/A
LN	NV	S	Hospital	P to P	14	0	N/A	N/A
LN	NV	S	Residential institution	P to P	5	0	N/A	N/A
LN	NV	S	Residential institution	P to P	20	0	N/A	N/A
LN	NV	S	Residential institution	P to P	13	0	N/A	N/A
LN	NV	S	Residential institution	P to P	34	0	N/A	N/A
LN	NV	S	Residential institution	P to P	48	0	N/A	N/A
LN	NV	S	Residential institution	P to P	6	0	N/A	N/A
LN	NV	S	Residential institution	P to P	6	0	N/A	N/A
LN	NV	S	Residential institution	P to P	17	0	N/A	N/A
LN	NV	S	Residential institution	P to P	21	0	N/A	N/A

NHSB	Organism	Confirmed Suspected, Nil return	Location	Main mode/s of spread	Cases ill	Cases positive	Suspect vehicle	Evidence For suspicion
LN	NV	S	Residential institution	P to P	10	0	N/A	N/A
LN	NV	S	Residential institution	P to P	14	0	N/A	N/A
LN	NV	S	Residential institution	P to P	4	0	N/A	N/A
LN	NV	S	Residential institution	P to P	52	0	N/A	N/A
LN	NV	S	Residential institution	P to P	24	0	N/A	N/A
LN	NV	S	Residential institution	P to P	25	0	N/A	N/A
LN	NV	S	Residential institution	P to P	25	0	N/A	N/A
TY	NV	S	Residential institution	P to P	19	0	N/A	N/A
TY	NV	S	Residential institution	P to P	13	0	N/A	N/A
TY	NV	S	Residential institution	Multi excl FB	10	0	N/A	N/A
TY	NV	S	Residential institution	P to P	13	0	N/A	N/A
TY	Unknown	N/A	Hospital	P to P	6	0	N/A	N/A
GR	Unknown	N/A	Residential institution	Multi excl FB	11	0	N/A	N/A
GR	Unknown	N/A	School	Multi excl FB	106	0	N/A	N/A
FF	Unknown	N/A	Hospital	P to P	6	0	N/A	N/A

Modes of transmission: FB = Foodborne, P to P = Person to Person, E = Environmental, W = Water, Multi excl FB = multiple modes without a foodborne element, Multi incl FB = multiple modes including a foodborne element.

Evidence for suspicion: D = descriptive, M = microbiological, E = epidemiological

N/K = not known, N/A = not applicable, V = various

TABLE 2: Selected gastro-intestinal infections, Scotland: laboratory reports, weeks 2007/1-24

Organism	Number of reports				Total for period 07/21-24	Cumulative total to:	
	07/21	07/22	07/23	07/24		07/24	06/24
<i>Campylobacter</i>	109	147	129	94	479	1723	1673
<i>E.coli</i> O157	0	5	3	4	12	38	74
<i>Shigella sonnei</i>	3	1	2	0	6	39	15
Rotavirus	102	74	58	60	294	1033	1451
Norovirus	73	46	34	46	199	1229	1924
<i>Cryptosporidium</i>	12	20	18	8	58	196	204
<i>Giardia</i>	0	7	3	1	11	81	79
<i>Yersinia</i>	0	5	1	1	7	18	16

TABLE 3: *Salmonella* infections (excl. *S. Typhi* & *S. Paratyphi*), Scotland: reference laboratory identifications, weeks 2007/1-24

Salmonellas	Number of reports				Total for period 07/21-24	Cumulative total to:	
	07/21	07/22	07/23	07/24		07/24	06/24
<i>S. Enteritidis</i> PT4	1	4	1	6	12	32	8
<i>S. Enteritidis</i> (other PTs)	2	3	17	8	30	89	84
<i>S. Typhimurium</i> DT104	0	0	0	0	0	12	14
<i>S. Typhimurium</i> (other PTs)	2	1	1	1	5	50	31
Other <i>Salmonellas</i>	4	7	1	7	19	156	105
Total excl (<i>S. Typhi</i> & <i>S. Paratyphi</i>)	9	15	20	22	66	339	242

TABLE 4: Viral gastro-enteritis and hepatitis A, Scotland: laboratory reports, weeks 2007/1-24

Organism	Number of reports				Total for period 07/21-24	Cumulative total to:	
	07/21	07/22	07/23	07/24		07/24	06/24
Adenovirus	60	31	46	30	167	738	588
Sapovirus	2	1	0	0	3	12	9
Astrovirus	2	0	0	0	2	16	12
Hepatitis A	0	0	3	1	4	20	11

The last Gastro-intestinal and foodborne infections Surveillance Report was in Issue [07/21](#)
The next Gastro-intestinal and foodborne infections Surveillance Report will be in Issue [07/29](#)

Statutory Notification of Infectious Diseases

Week ended 15 June 2007

A National Statistics release

Infectious Disease	Age Group																			
	All ages		Under 1		1 - 4		5 - 14		15 - 24		25 - 34		35 - 44		45 - 64		65 & over		Not known	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary dysentery	2	1	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-
Chickenpox	258	262	15	14	158	147	56	63	7	7	9	14	4	8	2	2	-	3	7	4
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	3	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-
Food poisoning	102	87	2	-	4	3	9	4	9	7	18	15	14	11	34	29	12	18	-	-
Legionellosis	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	2	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	4	3	1	-	2	1	-	-	1	1	-	-	-	1	-	-	-	-	-	-
Meningococcal infection	5	1	1	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Mumps	38	26	-	1	3	-	7	2	19	17	6	2	1	2	2	1	-	1	-	-
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rubella	3	4	-	-	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	5	4	-	-	1	2	3	2	-	-	-	-	1	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Toxoplasmosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: respiratory	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-
Tuberculosis: non-respiratory	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viral hepatitis	10	4	-	-	-	-	-	-	1	1	6	3	2	-	1	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	433	394	19	15	174	158	75	72	37	33	40	35	24	21	43	34	14	22	7	4

Infectious Disease	NHS BOARD AREA															Current week	Previous week	Current week last year	Total from 1st week of year	
	AC	AA	BR	DG	FF	FV	GR	GG	HG	LN	LO	OR	SH	TY	WI				2006	2007
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary dysentery	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	3	2	-	36	61
Chickenpox	-	30	4	12	24	50	38	129	25	51	130	-	1	26	-	520	461	626	8596	12983
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Continued fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	3	-	-	11	12
Food poisoning	-	7	8	2	9	12	31	31	14	17	36	-	1	21	-	189	200	220	2497	2552
Legionellosis	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	7	6
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2	3	2	23	52
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Measles	-	-	-	-	-	-	-	4	1	2	-	-	-	-	-	7	5	8	148	91
Meningococcal infection	-	1	-	-	-	-	1	2	1	-	-	-	-	1	-	6	1	2	70	85
Mumps	-	1	-	-	2	12	1	22	-	9	7	-	-	10	-	64	55	73	1630	1849
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rubella	-	-	-	-	-	2	1	3	-	-	1	-	-	-	-	7	1	6	87	75
Scarlet fever	-	-	-	-	-	-	1	2	2	2	2	-	-	-	-	9	9	8	182	189
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Toxoplasmosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Tuberculosis : resp.	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2	4	13	120	105
Tuberculosis : non-resp.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	54	46
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Typhus fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Viral hepatitis	-	-	-	3	2	1	3	1	-	1	2	-	-	1	-	14	16	9	514	589
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	39
TOTAL	-	39	12	17	37	77	78	197	46	82	180	-	3	59	-	827	758	970	14001	18742

Source: Health Protection Scotland, National Services Scotland

Amendments: add 54 Chickenpox (AA 1 wk 15, AA 15 wk 16, AA 21 wk 17, AA 14 wk 18, AA 1 wk 19, AA 1 wk 21), delete 2 Measles (FV 1 wk 16, TY wk 20), add 1 Bacillary Dysentery (LN 1 wk 23), add 2 Food Poisoning (OR 1 wk 10, wk 11)

NHS BOARD ABBREVIATIONS

AC Argyll & Clyde
AA Ayrshire & Arran
BR BordersDG Dumfries & Galloway
FF Fife
FV Forth ValleyGG Greater Glasgow
GR Grampian
HG HighlandLN Lanarkshire
LO Lothian
OR OrkneySH Shetland
TY Tayside
WI Western Isles