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研究報告の概要	スコットランドにおける梅毒、2003 年： 英国において現在、梅毒を含む性感染症 (STIs) の発生が 1980 年代半ば以降で最高を記録している。 2003 年は梅毒が計 67 症例 (2002 年の 43 例から 56% 増加) 報告されており、67 例のうち 8 例は HIV 陽性である。					使用上の注意記載状況・ その他参考事項等
	報告企業の意見			今後の対応		なし
本報告は、血液等を介して感染した症例数増加の報告であり、原材料血液による人への感染や本製品への汚染を示す報告ではなかった。			今後とも継続的な情報収集および評価検討を行う。			



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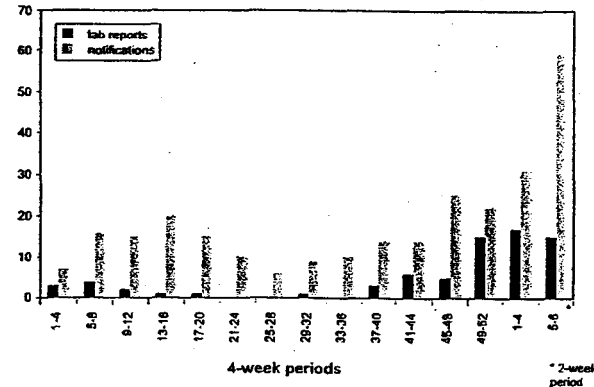
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## CURRENT NOTES

### Mumps: increase in confirmed cases

**38/0701** There has been a marked increase in the number of confirmed mumps cases reported to SCIEH since the beginning of December 2003 (Figure 1). To date, 49 laboratory reports have been received for the period 1 December (week 49) to 8 February (week 6). This is in comparison with 26 other lab reports received for the rest of 2003. The number of notifications for mumps has also been rising, with 76 for weeks 49/2003 to 06/2004 inclusive. There are currently age data for 57 cases in 2003 and 2004. With the exception of five outliers (ages 4, 36, 47, 55, 68 years), all cases were aged 13-25 years, with a mean and median of 19 years. Since week 49 of 2003, the majority of confirmed cases have been in Greater Glasgow NHS Board (35/49; 71%), with smaller numbers for other boards, mainly in those adjacent to Greater Glasgow. There is therefore evidence that mumps virus is circulating throughout Scotland.

Figure 1. Mumps notifications and confirmed cases (lab reports), Scotland, 2003 (weeks 1-52) and 2004 (weeks 1-6)



The ages of the confirmed cases indicate increased risk for mumps infection in individuals too old to have had the opportunity for two doses of MMR vaccine in the routine schedule (born before 1992, currently age 12 years or more), but young enough to have grown up during a period of lower mumps incidence (born approximately early 1980s onwards, currently aged approximately early 20s or less). GPs should be aware of the potential for mumps infection, particularly in this age group. All suspected cases should be notified and it is strongly encouraged that saliva samples be submitted for laboratory testing. Mumps may be prevented by two doses of MMR vaccine. Entrance to higher or further education provides good opportunity to check immunisation history and to complete the course of two doses of MMR. Similarly, MMR vaccination may be considered for secondary school pupils and school leavers who have not received a full course.

### Possible endoscope decontamination failure

**38/0702** Lothian NHS Board and West Lothian Healthcare Trust are investigating an incident involving the decontamination of endoscopes between 15 – 22 January 2004. It has been established that endoscopies were performed on 14 patients using endoscopes which may not have been completely decontaminated. The endoscopes used in this instance had been manually cleaned but the automated washer-disinfector may not have fully disinfected the scopes.

The incident management team undertook a risk assessment. This identified that the risk of cross-infection was extremely low. It was nevertheless recommended that these patients be informed and offered appropriate testing. All 14 patients have now been contacted and control measures have been put in place. [Source: Rebecca Walton, Specialist Registrar, Public Health and Health Policy, Lothian NHS Board]

### European Parliament votes for ECDC

**38/0703** David Byrne, the European Commissioner for Health and Consumer Protection, has strongly welcomed the European Parliament's vote to create a European Centre for Disease Prevention and Control (ECDC), stating that 'Outbreaks like SARS in 2003 and bird flu this year have been a wake-up call. Infectious diseases can pose a deadly threat and they do not respect national borders. This new EU agency will enable Europe to be better prepared for future epidemics'

The initial focus of the Centre will be on communicable diseases and outbreaks of disease of unknown origin. After it has been operating for three years the work of the Centre will be reviewed by an external evaluator. Following this review, and also future reviews of the Centre's work, the EU may decide to extend the ECDC's remit to cover other activities in the field of public health, such as health monitoring.

For further information on the proposal to create a European Centre for Disease Prevention and Control see: [http://europa.eu.int/comm/health/ph\\_overview/strategy/ecdc/ecdc\\_en.htm](http://europa.eu.int/comm/health/ph_overview/strategy/ecdc/ecdc_en.htm)

### Call for abstracts at the Health Protection Agency Annual Conference 2004

**38/0704** Abstract submissions for oral and poster presentations at the Health Protection Agency Annual Conference 2004 are invited from 12 February. These presentations will form an important element of the conference and

# Syphilis in Scotland 2003

Prepared by Lesley Wallace

## Background

Syphilis is a bacterial infection resulting from exposure to lesions containing *Treponema pallidum* subspecies *pallidum* during sexual contact or, in the case of congenital syphilis, by transplacental transmission from the infected mother.

The diagnosis of syphilis is based on clinical symptoms and on serological laboratory assays. Early syphilis is categorised into three stages: primary (characterised by the appearance of an ulcerated lesion at the site of infection 10-90 days after infection), secondary (or disseminated syphilis resulting from spread of the treponemes throughout the body with symptoms including general malaise, headaches and a generalised rash with lesions on hands and feet among other symptoms which appear six weeks to six months after infection), and early latent (clinical symptoms subside within the first year of infection but serologic antibody tests remain positive).<sup>1-3</sup>

In the UK, the incidence of STIs, including syphilis, is now the highest recorded since the mid-1980s.<sup>4</sup> Campaigns to raise awareness and reduce HIV infection during the late 1980s contributed significantly to the reduction of STI transmission.<sup>5</sup> However, in the late 1990s, following two decades of steady decline, syphilis outbreaks were observed firstly among heterosexuals in Bristol (1997), and then among gay men in Manchester, London and Brighton.<sup>6-10</sup> This mirrored the pattern of resurgence in the USA and other parts of Europe. Increased numbers of infectious syphilis cases in Scotland were first noted in Glasgow during 2001.

Until the establishment of a new national system, the surveillance of syphilis in Scotland used data derived from ISD(D)5 codes generated from the numbers of cases diagnosed at genitourinary medicine (GUM) clinics. Major drawbacks included the lack of epidemiological data on the cases and the lack of timeliness in reporting. The new system, developed by SCIEH in collaboration with physicians at the twenty-seven GUM clinics and staff from the key diagnostic and reference laboratories, has now been in place since the end of 2002. Retrospective data were collected for 2001 and 2002 and this was described in the previous report.<sup>11</sup> (Data from the Aberdeen and Edinburgh clinics were unavailable for 2001/2002 and 2001 respectively.)

## Methods

The new system (National Enhanced Surveillance of Infectious Syphilis in Scotland, NESISS) involves the collection of both laboratory and clinical information through the use of two forms: one, completed by the GUM physician or a representative, collects demographic and behavioural information; the other, completed by laboratory staff, collects details of the tests performed and the results. The forms for each case are matched at SCIEH and the data are entered onto an Access database.

## Results

A total of 67 cases of infectious syphilis were reported during 2003, an increase of 56% from 43 cases in 2002. Forty-five of the 67 cases (67%) were men who had sex with men (MSM); two were bisexual; this represents a 32% increase in the number of diagnoses among gay men since 2002 (Table 1). For 10 cases, seven of whom are male, no information on sexual orientation was available. The ages of the 67 cases ranged from 16 to 63 years (median 36 years).

More than half (57%) of the cases were diagnosed in Glasgow (n=38); 12 (18%) and 6 (9%) cases were diagnosed in Edinburgh and Aberdeen, respectively (Figure 1). The rise in the number of cases presenting in Glasgow, in contrast to other areas of Scotland, has been increasing in the past three years and this is particularly noticeable in the MSM/bisexual male population (Table 1, Figure 2).

For both the heterosexual and MSM groups, the majority (65%) were acquired through contacts in Scotland (Table 2). This observation is similar to that for 2002.

Of the 67 cases, eight were HIV positive MSM/bisexual males; 36 were HIV negative and for 23 the HIV status was unknown.

Reasons for attending the GUM clinic include: 36 (54%) because they had symptoms, 11 for a routine visit, eight as a result of contact tracing and two because of a positive antenatal screen. No-one was recorded as having presented as a result of a health promotion campaign in any year, 2001-2003.

Table 1: Number of cases of infectious syphilis by clinic in Scotland reported to SCIEH, 2001-2003.\*

Year	Clinic attended	Heterosexual		MSM/BI	Unknown	Total
		Female	Male			
2001	Glasgow	2	3	3	-	8
	Edinburgh	-	-	-	-	0
	Rest Scotland	1	1	3	-	5
	<b>Total</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>13</b>
2002	Glasgow	2	5	17	-	24
	Edinburgh	1	1	12	-	14
	Rest Scotland	-	-	5	-	5
	<b>Total</b>	<b>3</b>	<b>6</b>	<b>34</b>	<b>0</b>	<b>43#</b>
2003	Glasgow	3	4	27	4	38
	Edinburgh	-	1	10	1	12
	Rest Scotland	1	3	8	3	15
	Unknown	-	-	-	2	2
	<b>Total</b>	<b>4</b>	<b>8</b>	<b>45</b>	<b>10</b>	<b>67</b>
<b>Total</b>		<b>10</b>	<b>18</b>	<b>85</b>	<b>10</b>	<b>123</b>

\*No data available from Aberdeen GUM clinic for 2001/2002. Also no data available from Edinburgh during 2001, but estimated at only 1-2 cases  
#total number of cases updated since last report<sup>11</sup>

Table 2: Number of cases of syphilis reported to SCIEH in 2003 by probable location of where infection was acquired.

Location	Heterosexual		MSM/BI	Unknown	Total
	Female	Male			
Scotland	3	6	33	1	43
Rest UK	1	0	5	0	6
Europe	0	1	2	0	3
Non-Europe	0	1	2	0	3
Multiple locations	0	0	1	0	1
Unknown	0	0	2	9	11
<b>Total</b>	<b>4</b>	<b>8</b>	<b>45</b>	<b>10</b>	<b>67</b>

Figure 1: Number of infectious syphilis cases diagnosed at GUM clinics in Scotland, 2003.

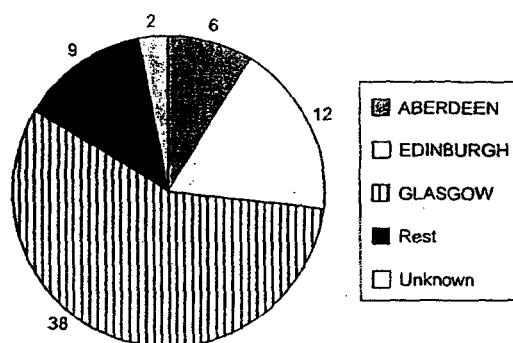
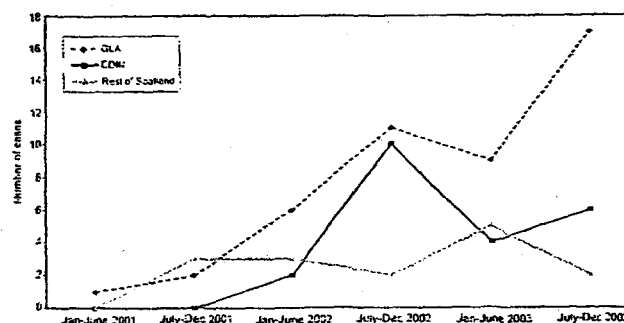


Figure 2: Number of cases of infectious syphilis among MSM/bisexual men only diagnosed at GUM clinics in Scotland by half-yearly totals, 2001-2003.



## MSM/bisexual male cases, 2003

In 2003, the 45 cases of infectious syphilis among MSM had an age range of 16-53 years (median 37 years); 40% (n=18) had primary syphilis, 18% (n=8), secondary syphilis and 40% (n=18), early latent syphilis (Table 3).

The majority of infections (73%) were acquired in Scotland (n=33) with a further five in the rest of the UK. One case reported four possible locations including one in Scotland and two in Europe. Two cases reported contacts in Europe and two cases, outwith Europe.

In 2003, the great majority (37 of 45, 82%) of diagnoses were made in Glasgow and Edinburgh. There has been a notable increase in the number of infectious syphilis cases in MSM/bisexual men attending the Glasgow clinic, rising from three to 17 reports in 2001 and 2002, respectively, to 27 in 2003 (Table 1).

Eight of the 45 cases reported being HIV positive and three of these (37%) were likely to have acquired their syphilis through oral sex (Table 4). These figures are similar to those for 2002. Of the 29 cases reported as HIV negative, oral sex was the most likely route of transmission in 11 (38%).

In 2003, a total of 190 sexual contacts during the three months prior to diagnosis were reported by 41 of the 45 MSM/bisexual men; this is 75% of the total reported in 2002 (n=253). The number of partners ranged from 1 to 50 (median 2); 18% (8 cases) reported 1 partner, 56% (25 cases) reported 2 to 5 partners and the remaining 8 cases reported 6 or more partners, (Table 5). Contact tracing was possible for 40% of all partners: the corresponding figure for 2002 being 18%. The number of contacts that could be traced varied, ranging from 1 to 18 (median =1).

Table 3: Number of cases of syphilis reported to SCIEH in 2003 by stage of infection.

Stage	Heterosexual		MSM/BI	Unknown	Total
	Female	Male			
Primary	0	3	18	1	22
Secondary	2	4	8	0	14
Early latent	2	0	18	0	20
Unknown	0	1	1	9	11
<b>Total</b>	<b>4</b>	<b>8</b>	<b>45</b>	<b>10</b>	<b>67</b>

Table 4: Number of cases of infectious syphilis reported to SCIEH in 2003 by HIV status and whether oral sexual intercourse was the likely route of acquisition of infection.

HIV Status	Oral sex only	Heterosexual		MSM/BI	Unknown	Total
		Female	Male			
Negative	No	2	4	8	-	14
	Yes	-	1	11	-	12
	Unknown	-	-	10	-	10
Positive	No	-	-	4	-	4
	Yes	-	-	3	-	3
	Unknown	-	-	1	-	1
Unknown	No	1	2	4	1	8
	Yes	1	1	3	-	5
	Unknown	-	-	1	9	10
<b>Total</b>	<b>Total</b>	<b>4</b>	<b>8</b>	<b>45</b>	<b>10</b>	<b>67</b>

## Heterosexual cases, 2003

The 12 heterosexual cases (4 female and 8 male) diagnosed with infectious syphilis in 2003 had an age range of 21-54 years (median 32 years). All infections except two were acquired in the UK - 9 of the 12 in Scotland alone (Table 2).

In 2003, 7 of the 12 cases were diagnosed in Glasgow, and only one in Edinburgh (Table 1).

Secondary syphilis constituted the largest proportion of heterosexual infections in 2003 with 6 cases (Table 3).

Seven cases reported being HIV negative and for five, their HIV status was unknown (Table 4). For three cases, two males and one female, syphilis was likely to have been acquired through oral sex.

The 12 heterosexual cases reported a total of 15 contacts in the three months prior to their syphilis diagnosis; seven cases reported one

contact and four cases reported two contacts each. Eight of the contacts could be traced. All four female cases reported one contact each - two of these were traceable. Three of the four were infected in Scotland and the remaining one in London. Seven of the 8 males reported a total of 11 contacts - six of these partners could be traced.

Table 5: Contact tracing for cases of infectious syphilis among MSM/bisexuals reported to SCIEH, 2003

Reported No.Partners	No.of cases reporting	Total No. Contacts	No.Traceable Contacts	% traceable
1	8	8	3	38%
2	15	30	20	67%
3-5	10	35	16	46%
6-9	4	29	19	66%
10-20	3	38	18	47%
50	1	50	0	0%
<b>Total</b>	<b>41*</b>	<b>190</b>	<b>76</b>	<b>40%</b>

\*there are a further 4 cases whose number of partners has not been reported

## Comment

The incidence of syphilis continues to increase in Scotland; of particular concern is the continuing rise in the transmission of infection among gay men from Glasgow. It appears that measures to improve awareness about the problem here have yet to result in a reduction in high risk sexual behaviour among this population.

Since syphilis is a good indicator of high risk sexual behaviour and since this is associated with HIV transmission, it would not be surprising if the incidence of HIV among gay men in the West of Scotland had also increased in the last two years. As HIV, generally, is asymptomatic in the early stages of infection, such an increase in incidence may not become evident for some time. In contrast to the situation in Glasgow, it is reassuring that the incidence of syphilis among gay men in Edinburgh decreased slightly in 2003.

## Acknowledgements

We acknowledge the collaboration and support of GUM consultants, their staff, the laboratory directors and their staff across Scotland in collecting data for NESISS.

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The last Sexually Transmitted Infection Surveillance Report was in Issue 0339  
The next Sexually Transmitted Infection Surveillance Report will be in Issue 0419

provide researchers with a prestigious opportunity to bring their projects to the attention of a wide audience within health protection and public health.

Abstracts are invited that fit topics within the main themes of the Conference (Children's Health, International Health, and Risk Communication) and other selected categories, which reflect the scope of the HPA including Environmental, Epidemiology, Medical Treatment and Control Strategies, Methodologies, and Surveillance.

For full details about abstract submission (before 22 April), please visit <http://www.hpaconference.org.uk>.

### HAI Surveillance Newsletter

38/0705 A new issue of the HAI Surveillance Newsletter has been published and can also be accessed on the SCIEH website at <http://www.show.scot.nhs.uk/scieh/#infectious/hai/SSHAIP/newsletter.htm>.

The current issue includes features on MRSA bacteraemia surveillance, the European Antimicrobial Resistance Surveillance System (EARSS), new technologies in data collection and the orthopaedic surgical site infection surveillance programme in the South Glasgow University Hospitals NHS Trust.

INFLUENZA TABLE: Reports from GP spotter practices of consultations for flu-like illness, rates per 100,000

WEEK NO.	WEEK ENDING	AA	AC	BR	DG	FF	FV	GG	HG	LN	LO	OR	TY	WI	SCOTLAND
5	01/02/04	0	15	21	42	5	56	4	15	0	9	22	70	34	21
6	08/02/04	85	19	0	51	13	21	14	6	0	9	0	91	54	22
7	15/02/04	0	20	0	68	5	8	4	6	0	8	0	50	42	14

N/R no return

## Statutory Notification of Infectious Diseases Week ended 6 February 2004

An ISD Scotland National Statistics release

Infectious Disease	Age Group																Not known			
	All ages		Under 1		1-4		5-14		15-24		25-34		35-44		45-64		65 & over		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bacillary dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	182	161	8	11	96	81	57	48	7	5	4	10	6	6	3	-	-	-	-	1
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food poisoning	52	48	1	2	8	4	8	3	4	6	7	9	3	5	17	12	4	7	-	-
Legionellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Malaria	2	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-
Measles	3	3	1	-	1	2	1	-	1	1	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	15	22	-	-	1	1	3	2	10	15	1	1	-	2	-	1	-	-	-	-
Rubella	7	4	2	2	3	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	-	2	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: resp.	4	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	2	1	-	-
Tuberculosis: non-resp.	2	2	-	-	-	-	-	-	-	1	2	-	-	1	-	-	-	-	-	-
Viral hepatitis	24	9	-	-	-	-	-	-	1	1	10	2	10	5	3	1	-	-	-	-
Whooping cough	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
TOTAL	294	253	12	16	108	90	72	55	24	28	25	24	21	18	25	14	6	8	1	-

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				2003*	2004**
Bacillary dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	8	5
Chickenpox	20	17	5	2	26	12	49	63	17	34	74	-	-	21	3	343	360	613	3701	2188
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	6	4
Food poisoning	6	5	3	5	7	8	9	24	1	15	10	-	-	6	1	100	104	99	502	545
Legionellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Lyme Disease	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	2	3	4	4
Malaria	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	-	-	6	3
Measles	-	-	-	1	1	-	2	-	2	-	-	-	-	-	-	6	4	3	25	32
Meningococcal infection	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	3	1	24	16
Mumps	3	1	-	-	2	1	1	23	-	5	-	-	1	-	-	37	22	3	16	90
Rubella	1	-	-	-	-	-	1	-	2	2	5	-	-	-	-	11	4	8	15	22
Scarlet fever	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	2	4	13	63	18
Tuberculosis: resp.	-	1	-	-	1	-	-	3	-	-	-	-	-	-	-	5	7	11	37	31
Tuberculosis: non-resp.	-	-	-	1	-	-	-	-	1	2	-	-	-	-	-	4	2	2	16	15
Viral hepatitis	-	2	-	2	-	-	2	17	-	5	1	-	-	4	-	33	17	21	96	146
Whooping cough	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	2	2	9	9
TOTAL	30	26	9	10	37	23	64	133	21	66	92	-	1	31	4	547	534	782	4531	3129

Amendments: None  
\* This includes 1 Puarperal Fever  
\*\* This includes 1 Typhoid Fever (FV wk 06)

Source: Information and Statistics Division, Common Services Agency.

NHS BOARD ABBREVIATIONS							
AC Argyll & Clyde	DG Dumfries & Galloway	GG Greater Glasgow	LN Lanarkshire	SH Shetland			
AA Ayrshire & Arran	FF Fife	GR Grampian	LO Lothian	TY Tayside			
BR Borders	FV Forth Valley	HG Highland	OR Orkney	WI Western Isles			

医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日	新医薬品等の区分	厚生労働省処理欄
一般的名称	インターフェロンα-2b (遺伝子組換え)		研究報告の公表状況	SCIEH Weekly Report Vol. 38, No. 2004/13 Mar. 30, 2004	公表国	
販売名(企業名)	イントロン A(シェリング・プラウ(株))			英国		
研究報告の概要	静注薬物濫用者における破傷風: 2003年11月20日のCDR Weeklyで静注薬物濫用者間における破傷風のアウトブレイクが始めて報告され、それは継続中である。静注薬物濫用者間の臨床破傷風はスコットランドの3例を含む合計22例が現在英国で報告されており(2003年7月~2004年3月)、2例は既に死亡したと知られている。症例は英国全域に広まっており、汚染されたヘロインの皮下もしくは筋肉内注射との関連が考えられている。汚染は英国国内でのみ発生していると考えられ、ヨーロッパのほかの地域からの報告は今のところ無い。  番号4の関連情報					使用上の注意記載状況・ その他参考事項等
	報告企業の意見			今後の対応		なし
本報告は、薬物使用者の注射を介した感染報告であり、原材料血液による人への感染や本製品への汚染を示す報告ではなかった。			今後とも継続的な情報収集および評価検討を行う。			

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30 March 2004  
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## CURRENT NOTES

### LACORS study of external packaging of raw meat and offal

**38/1301** A study conducted by LACORS/PHLS Co-ordinated Food Liaison Group to examine the nature and extent of microbiological contamination on external surfaces of packaging of raw meat and offal has recently published their findings.

During September and October 2002, 3662 raw meat samples were taken from retail premises across England, Wales, Scotland and Northern Ireland. *E.coli* was isolated from external packaging on 139 samples (4%), *Salmonella* spp. on 2 samples (0.05%) and *Campylobacter* spp. on 41 (1.1%) samples.

The authors of the study consider these findings provide further evidence that external packaging of raw meats is a vehicle for potential cross-contamination of *E.coli*, *Salmonella* and *Campylobacter*. The report draws attention to the advice from the Advisory Committee on the Microbiological Safety of Food (ACMSF) that food safety advice on raw meat products should include measures for effective cooking and avoidance of cross contamination.

This report is available in the reference section of LACORS website (<http://www.lacors.gov.uk>).

### Particle deposition and health in the vicinity of power lines

**38/1302** The independent Advisory Group on Non-ionising Radiation has examined evidence relating to whether there could be health effects caused by increased charge on pollutant particles in the atmosphere resulting from the presence of power lines. The Advisory Group concluded that '...it seems unlikely that corona ions would have more than a small effect on the long-term health risks associated with particulate air pollutants, even in the individuals who are most affected. In public health terms, the proportionate impact will be even lower because only a small fraction of the general population live or work close to sources of corona ions.'

Furthermore, the group has concluded that the potential implications for the health of the general public of corona ions generated by power lines do not provide a strong case for further research in this area. The Advisory Group suggests some possible studies that would provide further information on the charge distribution on atmospheric particulate materials and its effect on deposition in the body. [Source: NRPB Press Release, 10 March 2004. [http://www.nrpb.org/press/press\\_releases/2004/press\\_release\\_3\\_04.htm](http://www.nrpb.org/press/press_releases/2004/press_release_3_04.htm)]

### Healthcare worker with tuberculosis

**38/1303** Lothian NHS Board have confirmed that a healthcare worker working at the Royal Hospital for Sick Children and the Edinburgh Dental Institute was recently diagnosed with tuberculosis. An independent risk assessment by public health and infection control experts has, however, concluded that the risk to patients and staff is extremely low.

Letters have been issued to all the patients and staff who may have come into contact with the healthcare worker advising them of this and re-assuring them that the risk of contacting tuberculosis is extremely low. They have also been provided with an information sheet which outlines possible symptoms. They have also been asked to give their GP a letter about this so they too can provide further advice if necessary.

The healthcare worker has received the appropriate treatment and is not infectious. [Source: Lothian NHS Board Press Release, 29 March 2004. [http://www.nhslothian.scot.nhs.uk/news/archive/04\\_03\\_29\\_th\\_worker.html](http://www.nhslothian.scot.nhs.uk/news/archive/04_03_29_th_worker.html)]

### Food safety symposium

**38/1304** The Scottish Food and Drink Federation (SFDF) and the Institute of Food Science and Technology (IFST) will co-host a seminar on food contaminants, food risk and public perception on Tuesday 11 May in the Huntingtower Hotel, Perth. The aim of the symposium is the dissemination of information about the present state of knowledge regarding potentially dangerous contaminants in foods. Speakers include Dr Gene Rowe (Institute of Food Research) presenting current knowledge of the public's perception of risk and Dr Andrew Wadge (Food Standards Agency) on food surveillance, risk assessment and risk control activities within the UK and Europe.

The event is aimed at those involved with food enforcement, quality control, food analysis, food manufacture, public health, consultancy and all aspects of food safety.

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## Gastro-intestinal and foodborne infections

Prepared by: Alison Smith-Palmer

## General outbreaks of infectious intestinal disease reported to SCIEH during the fourth quarter of 2003

During the fourth quarter of 2003, 57 general outbreaks of infectious intestinal disease (IID) were identified at SCIEH. This is more than twice the number identified (21) during the third quarter of 2003. However, the 57 outbreaks in the fourth quarter of 2003, is less than half the 118 outbreaks identified during the same quarter in 2002.

Forty-nine percent of the outbreaks identified were of norovirus (NV) infection. A total of 829 persons were reported to have been affected in outbreaks of NV infections. Of these, 56 cases (7%) were laboratory confirmed. Of the 28 NV outbreaks, fifteen (54%) were reported from residential institutions, 12 (43%) from hospitals and one from a school. Another 116 cases were reported from outbreaks of viral aetiology and 77 cases from those of unknown aetiology, some of which were possibly due to NV infection.

One outbreak of rotavirus infection was reported during the fourth quarter, the first such outbreak identified since 2000.

*Clostridium difficile* was identified in four outbreaks, in one of which a case of salmonella infection was also identified, with other cases of suspected viral aetiology. In two other outbreaks NV or viral infection was also involved. Three of the outbreaks of *C. difficile* were associated with hospitals and one with a residential institution.

Three outbreaks of *E. coli* O157 infection were identified, one was an outbreak involving three persons in which the suspected mode of transmission was foodborne.

SCIEH is grateful to all the consultants in public health medicine, infection control nurses, microbiologists, and environmental health officers who have completed the outbreak report forms.

Data are still anticipated on some outbreaks and the information presented here is still therefore provisional. A complete report on all outbreaks reported to SCIEH during 2003 will be published shortly.

TABLE 2: Common gastrointestinal infections, Scotland: laboratory reports, weeks 2004/09-12

Organism	Number of reports				Total for period 04/09-12	Cumulative total to:	
	04/09	04/10	04/11	04/12		04/12	03/12
<i>Campylobacter</i>	88	49	47	80	264	717	717
<i>E. coli</i> O157	2	2	0	2	6	14	17
<i>Shigella sonnei</i>	0	0	0	0	0	2	2
Rotavirus	38	55	42	71	206	352	473
Norovirus	7	0	2	28	37	115	929
<i>Cryptosporidium</i>	2	2	3	1	8	65	33
<i>Giardia</i>	3	0	5	1	9	36	35

TABLE 3: Salmonella infections (excl. *S. typhi* & *paratyphi*), Scotland: reference laboratory identifications, weeks 2004/09-12

Salmonellas	Number of reports				Total for period 04/09-12	Cumulative total to:	
	04/09	04/10	04/11	04/12		04/12	03/12
<i>S. Enteritidis</i> PT4	0	2	2	2	6	27	17
<i>S. Enteritidis</i> (other PTs)	2	2	0	2	6	31	18
<i>S. Typhimurium</i> DT104	1	0	0	0	1	13	11
<i>S. Typhimurium</i> (other PTs)	3	2	3	0	8	27	16
Other salmonellas	1	4	10	3	18	45	56
Total (excl. <i>S. typhi</i> & <i>S. paratyphi</i> )	7	10	15	7	39	143	118

TABLE 4: Viral gastro-enteritis and Hepatitis A, Scotland: laboratory reports, weeks 2004/09-12

Organism	Number of reports				Total for period 04/09-12	Cumulative total to:	
	04/09	04/10	04/11	04/12		04/12	03/12
Adenovirus	13	8	6	14	41	123	186
Calicivirus	0	0	0	0	0	0	0
Astrovirus	0	0	0	0	0	0	1
Hepatitis A	2	1	0	1	4	11	9

TABLE 5: Other gastro-intestinal infections, Scotland: laboratory reports, weeks 2004/09-12

Organism	Number of reports				Total for period 04/09-12	Cumulative total to:	
	04/09	04/10	04/11	04/12		04/12	03/12
<i>Yersinia</i>	0	0	1	0	1	7	2
<i>Aeromonas</i>	0	2	0	0	2	16	19

Table 1: General outbreaks of infectious intestinal disease reported to SCIEH during the fourth quarter of 2003.

NHS Board	Organisim	Confirmed, Suspected, Nil return	Location	Main mode/s of spread	Cases ill	Cases positive	Suspect vehicle	Evidence for suspicion
FV	Salmonella	IR	Restaurant	N/K	N/K	N/K	N/K	N/K
GG	Salmonella typhimurium	IR	Hospital	N/K	N/K	N/K	N/K	N/K
AA	E. coli O157	IR	N/K	N/K	N/K	N/K	N/K	N/K
LN	E. coli O157	C	N/K	FB	3	3	N/K	N/A
Various	E. coli O157	IR	N/K	N/K	N/K	N/K	N/K	N/K
FV	Campylobacter	IR	N/K	N/K	N/K	N/K	N/K	N/K
AA	Clostridium difficile + NV	C	Hospital	Multi excl FB	5	4	N/A	N/A
AA	Clostridium difficile+ Salmonella + viral	C	Hospital	Multi excl FB	18	2	N/A	N/A
FV	Clostridium difficile + NV	C	Residential institution	P to P	11	3	N/A	N/A
LN	Clostridium difficile	C	Hospital	Multi excl FB	12	4	N/A	N/A
FV	Rotavirus	C	Residential institution	P to P	13	1	N/A	N/A
AA	NV	S	Hospital	P to P	16	0	N/A	N/A
AA	NV	S	Hospital	Multi excl FB	22	0	N/A	N/A
AA	NV	S	Hospital	P to P	8	0	N/A	N/A
AA	NV	C	Hospital	P to P	3	1	N/A	N/A
AA	NV	C	Hospital	Multi excl FB	8	1	N/A	N/A
AA	NV	C	Hospital	Multi excl FB	23	2	N/A	N/A
AA	NV	C	Hospital	Multi excl FB	35	3	N/A	N/A
AA	NV	C	Hospital	Multi excl FB	17	2	N/A	N/A
AA	NV	S	Hospital	Multi excl FB	11	0	N/A	N/A
AC	NV	S	Residential institution	Multi excl FB	97	0	N/A	N/A
AC	NV	C	Residential institution	Multi excl FB	18	3	N/A	N/A
FV	NV	C	Residential institution	P to P	55	6	N/A	N/A
FV	NV	C	Residential institution	Multi excl FB	34	3	N/A	N/A
FV	NV	C	Hospital	P to P	14	4	N/A	N/A
FV	NV	C	Residential institution	P to P	39	10	N/A	N/A
FV	NV	S	Residential institution	P to P	18	0	N/A	N/A
FV	NV	C	Residential institution	Multi incl FB	52	12	N/K	N/K
FV	NV	C	Residential institution	P to P	41	2	N/A	N/A
GG	NV	IR	Hospital	N/K	N/K	N/K	N/K	N/K
GG	NV	IR	Hospital	N/K	N/K	N/K	N/K	N/K
LO	NV	C	School	P to P	200	1	N/A	N/A
LN	NV	C	Residential institution	Multi excl FB	31	3	N/A	N/A
LN	NV	S	Residential institution	P to P	21	0	N/A	N/A
LN	NV	C	Residential institution	Multi excl FB	30	2	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	8	0	N/A	N/A
LN	NV	S	Residential institution	P to P	7	0	N/A	N/A
TY	NV	C	Residential institution	E	15	1	N/A	N/A
AA	Viral	S	Hospital	P to P	8	0	N/A	N/A
AA	Viral	S	Residential institution	P to P	4	0	N/A	N/A
AA	Viral	S	Hospital	Multi excl FB	12	0	N/A	N/A
AA	Viral	S	Residential institution	P to P	10	0	N/A	N/A
AA	Viral	S	Residential institution	P to P	19	0	N/A	N/A
FV	Viral	S	Residential institution	P to P	22	0	N/A	N/A
FV	Viral	S	Residential institution	P to P	41	0	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	N/K	N/K	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	6	0	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	26	0	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	7	0	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	15	0	N/A	N/A
AA	Unknown	N/A	Hospital	P to P	18	0	N/A	N/A
AC	Unknown	IR	Hospital	N/K	N/K	N/K	N/K	N/K
FV	Unknown	IR	Hospital	N/K	N/K	N/K	N/K	N/K
FV	Unknown	N/A	Residential institution	P to P	5	0	N/A	N/A
GR	Unknown	IR	Hospital	N/K	N/K	N/K	N/K	N/K
LN	Unknown	IR	Restaurant	N/K	N/K	N/K	N/K	N/K

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

The last Gastro-intestinal and Foodborne Infections Surveillance Report was in Issue 04/09  
 The next Gastro-intestinal and Foodborne Infections Surveillance Report will be in Issue 04/17

The full delegate rate is £65. Reduced rates of £45 are available to members of the funding organizations, the IPST and the SFDF.

Further details about the symposium can be obtained from SFDF (tel: 0131 229 9415; fax: 0131 229 9407; e-mail: sfdf@sfdf.org.uk).

**Tetanus in injecting drug users**

**38/1305** The outbreak of tetanus in injecting drug users (IDUs) first reported in *CDR Weekly* on 20 November 2003 is still ongoing. A total of 22 cases of clinical tetanus among IDUs, including three in Scotland, have now been reported in the UK

(July 2003 - March 2004); two cases are known to have died. Cases are spread across Great Britain, and are thought to be linked to subcutaneous or intramuscular injection of contaminated heroin. Some clustering of cases is observed in the north west and midlands of England. Contamination is thought to occur within the UK, considering no cases have as yet been reported from elsewhere in Europe.

More information on this and on diagnosis, treatment, advice for drug users and guidance on public health management of tetanus for health professionals is available at <http://www.show.scot.nhs.uk/scieh/#infectious/tetanus/tetanus.html>.

**INFLUENZA TABLE:** Reports from GP spotter practices of consultations for flu-like illness, rates per 100,000

WEEK NO.	WEEK ENDING	AA	AC	BR	DG	FF	FV	GG	HG	LN	LO	OR	TY	WI	SCOTLAND
11	14/03/04	0	7	0	51	3	8	4	0	0	2	0	37	17	8
12	21/03/04	0	7	0	59	N/R	3	11	9	0	0	N/R	35	N/R	9
13	28/03/04	N/R	7	0	34	3	0	4	15	0	0	0	22	17	6

N/R no return

**Statutory Notification of Infectious Diseases**  
Week ended 19 March 2004

An ISD Scotland 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
Bacillary dysentery	3	3	-	-	1	-	-	-	-	1	1	1	-	-	-	-	1	-	-	-
Chickenpox	284	264	12	18	162	147	75	62	8	10	10	9	6	9	2	3	1	1	8	5
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food poisoning	42	40	2	1	1	1	4	2	5	7	8	6	9	7	10	9	3	7	-	-
Legionellosis	1	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	3	3	-	-	3	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Mumps	25	39	-	-	-	-	1	6	18	22	4	6	-	1	2	2	-	2	-	-
Rubella	4	1	-	-	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	4	4	-	-	3	2	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: resp.	1	2	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-
Tuberculosis: non-resp.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viral hepatitis	27	11	-	-	-	-	-	-	3	3	8	4	9	3	7	1	-	-	-	-
Whooping cough	-	3	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>396</b>	<b>371</b>	<b>14</b>	<b>19</b>	<b>173</b>	<b>152</b>	<b>82</b>	<b>77</b>	<b>35</b>	<b>43</b>	<b>31</b>	<b>26</b>	<b>26</b>	<b>21</b>	<b>21</b>	<b>16</b>	<b>4</b>	<b>12</b>	<b>10</b>	<b>5</b>

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				2003*	2004
Bacillary dysentery	-	-	-	-	-	1	-	1	-	-	3	-	-	1	-	6	1	2	11	12
Chickenpox	69	52	15	10	34	33	98	-	42	59	76	-	15	44	1	548	572	592	7344	5254
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	10	7
Food poisoning	5	5	-	3	2	1	18	18	2	8	14	-	-	6	-	82	102	85	1067	1077
Legionellosis	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	-	-	2	2
Lyme Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	7	6
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	4
Measles	1	-	-	-	1	-	-	2	-	2	-	-	-	-	-	6	10	3	58	72
Meningococcal infection	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2	6	1	43	36
Mumps	4	6	-	-	1	5	2	24	3	16	2	-	-	1	-	64	75	2	39	418
Rubella	-	-	-	-	-	1	-	2	-	1	1	-	-	-	-	5	5	7	50	56
Scarlet fever	-	-	-	-	1	-	1	2	2	-	1	-	1	-	-	8	9	11	151	62
Tuberculosis: resp.	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	3	9	9	61	73
Tuberculosis: non-resp.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	24	26
Viral hepatitis	-	-	-	1	2	-	6	23	-	1	-	-	-	5	-	38	14	15	259	271
Whooping cough	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	3	-	1	15	17
<b>TOTAL</b>	<b>79</b>	<b>63</b>	<b>15</b>	<b>14</b>	<b>41</b>	<b>42</b>	<b>125</b>	<b>74</b>	<b>51</b>	<b>89</b>	<b>99</b>	<b>-</b>	<b>16</b>	<b>58</b>	<b>1</b>	<b>767</b>	<b>808</b>	<b>732</b>	<b>9151</b>	<b>7397</b>

Amendments : delete 1 Mumps (Ty wk 01); delete 1 Mumps (Ty wk 04); delete 1 pulmonary TB (HG wk 05)  
\*This includes 2 Leptospirosis, 1 Puerperal Fever, 1 Typhoid Fever  
\*\* This includes 1 Tetanus (AC wk 09), 1 Typhoid Fever (FV wk 05), 2 Toxoplasmosis (HG wk 07, 09)

Source: Information and Statistics Division, Common Services Agency.

**NHS BOARD ABBREVIATIONS**

AC Argyll & Clyde	DG Dumfries & Galloway	GG Greater Glasgow	LN Lanarkshire	SH Shetland
AA Ayrshire & Arran	FF Fife	GR Grampian	LO Lothian	TY Tayside
BR Borders	FV Forth Valley	HG Highland	OR Orkney	WI Western Isles