# **HPS Weekly Report**



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National Services Scotland

## Polio in Tajikistan

**44/2801** Further to *Current note* 44/1703 (at http://www.hps.scot.nhs.uk/ewr/redirect.aspx?id=44600) and as of 29 June there had been 456 cases of polio reported globally, 334 from Tajikistan. Tajikistan has accounted for nearly 85% of all global cases in 2010.

Neighbouring countries, including Uzbekistan, continue to conduct immunisation campaigns to minimise the risk and consequences of international spread of polio from Tajikistan. In Russia, investigation continues into the possible sources of exposure of six cases and their connections to the current outbreak in Tajikistan.

It is important that travellers to countries endemic for polio or that have had imported cases of polio in the last three years, are adequately immunized. They should have received a primary course of a polio-containing vaccine and boosters should be up-to-date (within the last 10 years). Polio is a virus transmitted through food and water. Travellers to areas with ongoing polio transmission should take care strict care with food and water hygiene.

Country-by-country information on polio status can be found on the TRAVAX (http://www.travax. nhs.uk) professionals only) and Fitfortravel (http://www.fitfortravel.nhs.uk public) websites.

Continuing enhanced surveillance of acute flaccid paralysis (AFP) across Europe is required. Clinicians should be aware of the possibility of polio infection in individuals recently arrived from Tajikistan or neighbouring countries (Kyrgyzstan, Uzbekistan, Kazakhstan, Afghanistan) and showing signs of acute flaccid paralysis (including Guillain-Barré syndrome). Any suspected cases should be reported to the appropriate authorities according to countries' relevant legislation.

Further detail on cases worldwide can be accessed on the Global Polio Eradication Initiative website (http://www.polioeradication.org/casecount.asp) and the WHO European Region website (http:// www.euro.who.int/en/what-we-publish/information-for-the-media/press-releases).

#### Seasonal influenza vaccination programme 2010-2011

**44/2802** Further to *Current note* 44/2101 (at http://www.hps.scot.nhs.uk/ewr/redirect. aspx?id=44839), the Scottish Chief Medical Officer issued a new letter on 30 June replacing the earlier letter of 18 May and taking account of an error in the recommendations in Annex A and in a table in Annex C.

CMO letter CMO(2010)14 can be accessed at http://www.sehd.scot.nhs.uk/cmo/CMO(2010)14.pdf.

#### Scottish yellow fever vaccination centres – training

**44/2803** Further to *Current note* 44/2003, the Yellow fever training session on 1 September designed for newly registering yellow fever centres, has a few places still available. The venue for the session is Clifton House, Glasgow and the cost is £85.

This is a repeat of the programme already delivered as part of the foundation training for all registered centres across Scotland. Attendance at this session will not therefore qualify as re-training in order to meet re-registration requirements. It does however provide a face-to-face training opportunity and would be of most benefit for those staff who were unable to attend a foundation session, or who are new to issues surrounding administration of yellow fever vaccine.

An application form is available at http://www.documents.hps.scot.nhs.uk/travel/yf-training-application.pdf or phone 0141 300 1948 for further information.

#### FSA commissions Campylobacter research

44/2804 The Food Standards Agency (FSA) is commissioning a range of research to tackle *Campylobacter*.

*Campylobacter* is the most common cause of foodborne disease in the UK, causing over 300,000 cases per year. The most common source is poultry meat, although it is also found in red meat, unpasteurised milk and untreated water.

# CURRENT NOTES

To support the Agency's five-year *Campylobacter* risk management programme, the Agency is looking to commission a range of research as part of a new *Campylobacter* research programme. Where appropriate, the FSA will work with other funders to help deliver the evidence needed in a coordinated way.

The initial areas of research are:

- · feasibility of developing a rapid on-farm test
- · effectiveness of biosecurity training
- controlling Campylobacter in the slaughterhouse
- monitoring Campylobacter
- predictive models
- measuring the impact of interventions

Information about the individual research requirements, deadlines for the FSA's receipt of applications, and the standard application documentation can be found at http://www.food.gov.uk/aboutus/how\_we\_work/procurement/campylobacterevidenceprogramme/. [Source: FSA Press Release, 6 July 2010. http://www.food.gov.uk/news/newsarchive/2010/jul/campylobacterresearch]

#### Radon in dwellings in Scotland

**44/2805** A new report details a project, funded by the Scottish Government, to map levels of radon in homes throughout Scotland and brings together all the data held in the UK national radon database on radon levels in Scottish dwellings. It updates previous reports and presents the first complete radon probability map for the whole of Scotland including the inhabited off-shore islands.

Data from radon measurements in over 19,000 Scottish dwellings are presented in tabular format by local authority and by various divisions of the postcode system. The radon probability maps are based on the national grid system and show some geographical detail, such as council boundaries, settlements and major roads.

A number of Radon Affected Areas are identified on the maps. These are areas where there is a 1% or greater probability of the radon level in a dwelling exceeding the Action Level. It is recommended that a phased programme should be undertaken in the higher probability areas with the twin objectives of identifying homes with high radon levels and encouraging owners and landlords to reduce such levels.

The report - *Radon in dwellings in Scotland: 2008 Review and Atlas* – can be accessed at http://www.ukradon.org/article.php?key=definitivemap\_scot and further maps covering England, Wales and Northern Ireland are available at: http://www.ukradon.org/article.php?key=indicativemap. For further details, see the current issue of *Health Protection Report* at http://www.hpa.org.uk/hpr/archives/2010/news2710.htm#rce15.

#### SEPA guidance on waste oils

**44/2806** Around 50,000 tonnes of waste lubricating oil enters the waste stream each year in Scotland. Sulphur, chlorine and various metals can be present in waste oil at elevated concentrations as a result of the use of additives and through engine wear. These hazardous wastes are required to be incinerated in special plants with strict environmental controls.

However, with sufficient treatment, these and other oily wastes can be processed into replacement fuels with similar environmental performance to a virgin fuel. The Scottish Environment Protection Agency (SEPA) is hoping to encourage such high quality processing, which means the subsequent storage, movement and combustion of the product will not be subject to the requirements of waste legislation, including the Waste Incineration Directive.

New SEPA guidance on the production of fuel oils from recycled waste, published on 12 July, ensures that fuel oils which meet the correct specification will no longer be regulated as waste.

The *Production of processed fuel oil from waste* guidance ensures there is consistency across Scotland, England, Wales and Northern Ireland. It distinguishes between 'distillate oil equivalents' (e.g. gas oil) and 'residual oil equivalents' (e.g. heavy fuel oil) in the same way as British standard BS2869:2006 – *Fuel oils for agricultural, domestic and industrial engines and boilers*. It requires that the parameters set out in BS2869:2006 are met and adds extra environmental parameters to ensure that there is no greater risk to the environment or human health than from a virgin fuel.

In order for fuel oil processors to take advantage of this new policy, they should contact SEPA and provide evidence of compliance with the specification detailed in the new guidance. Processors and users are not obliged to comply with these terms, but fuel oil which does not meet the specification will remain classified as waste. [Source: SEPA News Release, 12 July 2010. http://www.sepa.org.uk/about\_us/news/2010/sepa\_publishes\_new\_guidance\_fo.aspx]

# *R* (on the application of Ethos Recycling Ltd.) v Barking and Dagenham Magistrates Court [2009] EWHC 2885

Francis McManus, Edinburgh Napier University

#### Background

An abatement notice was served on a recycling company Ethos Recycling Ltd. (E) by a local authority in terms of s79 of the Environmental Protection Act 1990 (EPA) after the local authority had received a number of complaints from neighbours about dust emanating from premises which was occupied by E. The local authority had not obtained the approval of the Secretary of State prior to serving the notice. E appealed against the notice to the Magistrates Court, claiming that such approval was a condition precedent to the validity of the notice on the basis that s79(10) provides that a local authority may not, without the consent of the Secretary of State, institute summary proceedings in terms of s79 if proceedings could be instituted under Part 1 of the Pollution Prevention and Control Act 1999 or regulations made thereunder. However, the EPA does not define the expression, 'summary proceedings'. The district judge, sitting in the magistrates' court, rejected the contention that such consent was necessary. E appealed against the decision to the Queens Bench Divisional Court.

## Decision

It was held that the expression 'summary proceedings' as used in s79(10) did not include the serving of an abatement notice under the EPA. The appeal was, therefore, dismissed. In the opinion of the Court it would be wholly artificial for a local authority to be required to obtain the approval of the Secretary of State before serving an abatement notice under the EPA, since such a step would take time which is frequently of the essence in effective environmental control. Members of the public who complain to local authorities expect prompt action to be taken by the latter.

## Comment

The decision of the Divisional Court seems quite correct, in that to require local authorities to obtain central government approval before serving an abatement notice on the occupiers of premises which are polluting the environment, would impose an unnecessary constraint on local authorities. On the other hand, the institution of court proceedings is a different matter. Indeed, it would be wasteful of public money for separate enforcement bodies to simultaneously be taking action in the criminal courts in order to abate the same environmental nuisance. While the decision is not, of course, binding on the Scottish courts, the author is of the view that the decision would be followed north of the Border.

The full decision of the court can be viewed at http://www.bailii.org/cgi-bin/markup.cgi?doc=/ew/cases/EWHC/Admin/2009/2885. html.

# Noise nuisance and human rights *Oluic v Croatia* [2010] ECHR 686

Francis McManus, Edinburgh Napier University

## **Background and decision**

The applicant Oluic (O) owned part of a house in Rijeka in Croatia where she lived with her family. Since December 1999 a bar had been run by a third party who lived in the other part of the house. In 2001 O wrote to the Sanitary Inspection(SI) (which was a public authority responsible for noise nuisance abatement in the area in which O lived) claiming that her flat had been constantly exposed to excessive noise from the bar which was open from 7am until midnight each day. Soon after her initial contact with the SI she urged the SI to take urgent action on her request. Measurements were carried out in May 2001 at night by an independent expert firm. The firm found that the level of noise exceeded the permitted level in terms of the relevant bylaw which governed neighbour noise. Later in the year the SI ordered the company which owned the bar to reduce the level of noise from their equipment for the reproduction of music. That decision was quashed by the Ministry of Health. Further measurements were taken later. These showed that noise from the bar exceeded the permitted levels. In 2002 the SI ordered the owner of the bar to add sound insulation to the walls and floor of the bar. A subsequent inspection established that the order had not been complied with. The SI then ordered an enforcement of the order. Sound insulation was subsequently installed but it was subsequently ascertained that it was insufficient. Further measurements which were taken in 2003 showed that the noise from the bar exceeded the permitted level. Later in 2003 proceedings against the bar owner were terminated on the basis that only the ground floor was being used as a bar and that the noise from the bar was not excessive. O then lodged an appeal against this decision to the Ministry of Health. O then brought a claim before the Administrative Court challenging the findings of the administrative bodies. Further measurements which were carried out showed that the level of noise in O's flat exceeded the

permitted level. O then lodged a complaint with the Supreme Court about the length of the proceedings before the Administrative Court. The complaint was accepted and the former ordered the latter to come to a decision within three months. In April 2007 the Administrative Court quashed the decisions of the lower bodies and ordered them to establish whether the noise from the bar was still excessive. Later in the same year a second instance administrative body annulled the decisions which were made by the SI in 2003 on the basis that the noise which came from the O's flat was excessive and also that the insulation between the flat and the bar was insufficient.

Between late December 2007 and December 2008 the SI took more measurements. In January 2009 the SI ordered the owner of the bar to reduce the noise level but a month later measurements showed that the noise levels from the bar had not exceeded the set standards. O then brought an action before the European Court of Human Rights on the basis that the State had failed to protect her from the excessive noise which emanated from the bar. Firstly, the Government argued that O had failed to exhaust domestic remedies in the administrative proceedings. The Government also argued that O had failed to enlist the aid of civil proceedings to abate the nuisance.

The Court held that before one could invoke the assistance of the Court, one was required to make use of normal domestic remedies which are effective, sufficient and accessible. If there were a number of domestic remedies, an individual could make use of a remedy which addressed his or her grievance. In other words, when a remedy had been pursued there was no need for the applicant to pursue another remedy which had the same objective. In the instant case the remedies which O had invoked were aimed at securing the same objective as the appropriate civil proceedings, namely abating the noise from the bar. Therefore, the Government's argument that the applicant had failed to exhaust domestic remedies by reason of failing to take civil proceedings against the author of the nuisance fell to be rejected.

Secondly, the Government argued that the applicant had failed to exhaust domestic remedies, in that the administrative proceedings against the bar owner were still pending. Thirdly, the Government claimed that the level of noise to which the applicant was exposed had not reached the necessary level of severity for Article 8 to be engaged. Fourthly, the Government claimed that the dispute simply concerned two private individuals in contradistinction to an act of the State against the individual. The court held that that both the second, third and also fourth issues fell to be decided on the merits of the case.

Prior to deciding the second, third and fourth issues the Court held that whilst there is no right to a clean and quiet environment under human rights law, where an individual is both directly and also seriously affected by noise or other forms of pollution, Art 8 could be engaged. The Court went on to state that whereas Art 8 is essentially aimed at protecting the individual against arbitrary interference by public authorities it may involve the authorities adopting measures which are designed to secure respect for private life even in the sphere of relations between private individuals themselves. However, in determining whether Art 8 had been breached the applicable principles were the same, that is to say, regard had to be paid to the competing interests of the individual and of the community. The instant case concerned an allegation that the relevant public authorities had failed to put a stop to third parties breaching the applicant's rights under Art 8.

The court then went on to determine whether the noise to which the applicant had been subjected contravened Art 8. The Court took into account the fact that the noise levels to which the applicant had been exposed had exceeded the permitted levels over the years which had been set by the appropriate byelaw and, furthermore, had exceeded the international standards which had been set by the WHO and also most European countries. The Court then went on to hold that both the volume of noise and also its duration reached the minimum level of severity which required the relevant authorities to implement measures in order to protect the applicant from such a noise in terms of Article 8.

In the last analysis, the fact that the noise which was excessive and also the fact that the national authorities had allowed the situation to persist for almost eight years, meant that the State had failed to discharge its positive obligation to guarantee the applicant's right to respect for her home and family life. Therefore, there had been a violation of Art 8.

#### Comment

*Oluic* follows previous decisions such as *Hatton and Gomez* where the European Court of Human Rights held that noise pollution which impacts on the enjoyment of one's home is capable of flouting Art 8. *Oluic* also emphasises the point that in determining whether Art 8 has been flouted, not only is one entitled to take into account the relevant domestic law of the country where the complainant lives, one is also entitled to take into account WHO environmental noise standards and also any acceptable noise levels which other European countries have set. Furthermore, *Oluic* also establishes the principle that one is not required to bring civil proceedings against the author of a noise nuisance before enlisting the aid of the European Court of Human Rights. Finally, it is also of interest that in determining whether Art 8 had been contravened the Court took into account the length of time O's case was before the Administrative Court. In the recent case of *Anderson v UK* the European Court of Human Rights held that the length of time it took for a case to proceed through the Court of Session amounted to a breach of the litigant's rights in terms of Art 6 of the ECHR (see (2010) 138 SPEL 43).

A full report of the case can be accessed on the European Court's HUDOC database at http://cmiskp.echr.coe.int/tkp197/search. asp?skin=hudoc-en.

## Notifiable diseases

Part 2 (Notifiable Diseases, Organisms and Health Risk States) of the Public Health etc.(Scotland) Act came into effect on 1 January 2010 and sets out new duties for registered medical practitioners, NHS boards and directors of diagnostic laboratories. GP practices should familiarise themselves with the Scotlish Government guidance on the new notification requirements at: http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/publicact/Implementation/Timetable3333.

Registered medical practitioners report notifiable diseases based on 'clinical suspicion'. As such, notifications may not be subject to laboratory report confirmation. The published figures will record therefore how many diseases have been clinically suspected.

Patient notifications can, however, be reclassified. When, for example, a suspected (and notified) tuberculosis case is subsequently reported as negative by a laboratory (and found not to be a health protection risk) it would subsequently be removed from the disease totals.

Diseases to be notified by registered medical practitioners with effect from 1 January 2010:

#### Notifiable Diseases which come into effect on 1 January 2010

*Anthrax	*Meningococcal disease	*Severe Acute Respiratory Syndrome (SARS)
*Botulism	Mumps	*Smallpox
Brucellosis	*Necrotising fasciitis	Tetanus
*Cholera	*Paratyphoid	Tuberculosis (respiratory or non-respiratory) (see Note 2)
*Clinical syndrome due to <i>E. coli</i> O157 infection ( <b>see note 1</b> )	*Pertussis (Whooping Cough)	*Tularemia
*Diphtheria	*Plague	*Typhoid
*Haemolytic Uraemic Syndrome (HUS)	*Poliomyelitis	*Viral haemorrhagic fevers
*Haemophilus influenzae Type b (Hib)	*Rabies	*West Nile fever
*Measles	Rubella	Yellow Fever

It is recommended that those diseases above marked with an \* require urgent notification, i.e. within the same working day.

#### Note 1: Escherichia coli O157

Clinical suspicion should be aroused by (i) likely infectious bloody diarrhoea or (ii) acute onset non-bloody diarrhoea with a biologically plausible exposure and no alternative explanation. Examples of biologically plausible exposures include:

- contact with farm animals, their faeces or environment;
- drinking privately supplied or raw water;
- eating foods such as undercooked burgers or unpasteurised dairy products;
- contact with a confirmed or suspected case of VTEC infection.

Further guidance is available at: http://www.hps.scot.nhs.uk/giz/e.coli0157.aspx.

Where a case is notified as HUS (Haemolytic Uraemic Syndrome) it should NOT also be notified as 'Clinical syndrome due to *E. coli* O157 infection'.

#### Note 2: Tuberculosis

For the purposes of notification, respiratory TB or non-respiratory TB should be taken to have the same meanings as the World Health Organisation definitions of **pulmonary TB** and **non-pulmonary TB** respectively:

Pulmonary TB is tuberculosis of the lung parenchyma and/or the tracheobronchial tree.

Non-pulmonary TB is tuberculosis of any other site.

Where tuberculosis is clinically diagnosed in both pulmonary and non-pulmonary sites, this should be treated as pulmonary TB.

Registered medical practitioners have been advised to contact their local NHS Board Health Protection Team for advice should they have any doubts about the diagnosis of suspected cases.

#### Non-notifiable diseases

Registered medical practitioners are no longer required to notify the diseases listed below.

- Bacillary dysentery
- Chickenpox
- Food poisoning
- Scarlet fever
- Viral hepatitis

These diseases are now covered by a list of notifiable organisms details of which will be reported by laboratories to health protection teams.

14 July 2010

# Statutory Notification of Infectious Diseases (by age) Week ended 2 July 2010

#### A National Statistics release

	Age Group																			
Infectious Disease	All ages		Under 1		1.	.4	5 -	14	15 - 2	4	25 -	34	35 -	44	45 -	64	65 &	over	Not known	
	М	F	М	F	М	F	Μ	F	М	F	М	F	М	F	М	F	М	F	Μ	F
Anthrax	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Syndrome E.coli O157	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haemolytic Uraemic Syndrome (HUS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haemophilus Influenzae Type B (Hib)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	2	2	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
Mumps	3	7	-	1	2	-	-	-	1	1	-	-	-	1	-	4	-	-	-	-
Necrotizing Fasciitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pertussis	-	1	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-
Plague	-	-	-	-	-	-	I	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rubella	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Severe Acute Respiratory Syndrome (SARS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: respiratory	5	2	-	-	-	-	-	-	1	-	-	1	1	1	2	-	1	-	-	-
Tuberculosis: non-respiratory	-	3	-	-	-	-	I	-	-	-	-	-	-	-	-	-	-	3	1	-
Tularemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Nile Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	11	17	3	1	2	0	0	1	2	3	0	2	1	2	2	5	1	3	0	0

# Statutory Notification of Infectious Diseases (by NHS board) Week ended 2 July 2010

Infectious Disease		NHS BOARD AREA												Current	Previous	Current week	Total from1st week of year		
	AA	BR	DG	FF	FV	GR	GG	HG	LN	LO	OR	SH	ΤY	WI	week	week	last year	2009	2010
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	35
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Clinical Syndrome <i>E.coli</i> O157	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haemolytic Uraemic Syndrome (HUS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Haemophilus Influenzae Type B (Hib)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	3	4	102	42
Meningococcal infection	-	-	-	-	-	-	3	1	-	-	-	-	-	-	4	2	2	89	43
Mumps	-	-	-	5	-	-	4	-	-	-	-	-	1	-	10	10	38	599	466
Necrotizing Fasciitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Pertussis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	2	-	33	21
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rubella	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	3	52	25
Severe Acute Respiratory Syndrome (SARS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: respiratory	-	-	-	-	-	-	6	-	1	-	-	-	-	-	7	1	4	121	156
Tuberculosis: non-respiratory	-	-	-	1	-	-	-	-	2	-	-	-	-	-	3	2	-	85	89
Tularemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Nile Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	0	0	0	6	0	1	13	2	3	0	0	0	2	1	28	20	51	1085	902

Amendments: add 1 Anthrax (1 x TY wk 24); 1 Measles (1 x LO wk 25); 1 Mumps (1 x FV wk 5, 1 x FV wk 11)

Source: Health Protection Scotland, NHS National Services Scotland

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