

Epidemiology

Influenza

ENGLAND AND WALES

Deaths from influenza in England and Wales numbered 58 in the week ending 22 January, and deaths from pneumonia numbered 1,173. The weekly deaths have been rising since before Christmas and are now higher than at the corresponding time last year. Many outbreaks of influenza-like illness have been reported among schoolchildren, some of them identified as due to virus B. In addition virus A2 (Asian influenza) has been isolated from a number of adults. Virus B usually infects children more than adults. Of the 58 people who died of influenza in the week ending 22 January, 29 (50%) were aged 75 or over. The outbreak is expected to continue.

The illness affecting schoolchildren is usually mild and lasts two to three days. Symptoms include headache, sore throat, fever, and occasional nausea and vomiting.

WESTERN REGION OF SCOTLAND

Professor N. R. GRIST (Glasgow) writes: A sharp outbreak of influenzal illness affected many parts of this area during the week ending 22 January. The epidemic increased during the next week, with particular impact among children, with 40–50% absences from affected primary and secondary schools and up to 77% in a nursery school. Cases also occurred among adults, but so far the weekly returns for Glasgow of the Registrar-General for Scotland have shown no dramatic increases, though the Ministry of National Insurance new claims in the week ending 25 January rose to 10,482:

Weekly Returns for Glasgow

	Weeks Ending January:					
	8	11	15	18	22	29
New claims for sickness benefit	—	8,752	—	8,914	—	—
Notifications of pneumonia ..	87	—	79	—	88	95
Deaths from pneumonia ..	8	—	14	—	21	32

Most cases appear to follow a typical influenzal course with several days of mild fever, headache, muscle pains, and often mild sore throat or tracheitis. A biphasic illness is common, with respiratory symptoms reappearing after an intervening day of relative well-being. A few rapidly fatal cases of pneumonia have been reported during the outbreak.

Virological investigations have provided evidence of influenza B infection. They suggest also that there is some antigenic variation from recently current strains. Influenza B antigen has also been identified in respiratory secretions of 15 out of 18 Renfrewshire children examined by immunofluorescent methods at the Department of Laboratory Medicine, Belvidere Hospital (Dr. R. T. Hughes, personal communication).

Thus the Glasgow area appears to be sharing the general type B outbreak in Britain, although our finding of serological evidence of influenza A in two cases of pneumonia (one in Ayrshire, one in Stranraer) raises the possibility of differences in the prevalence of the types further south-west in Scotland. Minor outbreaks of influenza B were detected in Glasgow in 1955, 1959, 1962, and 1963, but the generally low prevalence of this infection since the epidemic of 1952, when schoolchildren were also particularly affected,¹ suggests that the immunity of children under the age of 14 years is probably low.

I thank my laboratory and clinical colleagues in hospital and general practice and the staff of the Glasgow Corporation Health and Welfare Department.

OUTSIDE BRITAIN

Reports from outside the British Isles (for which we are indebted to Dr. H. G. PEREIRA, of the World Influenza Centre, London) indicate there are a few cases of influenza B in the U.S.A. at present. Substantial outbreaks of B infection in Czechoslovakia and Hungary a few months ago have now subsided. A sharp outbreak of A2 infection in Thailand has now also declined.

Eire in Third Quarter 1965

The birth rate in Eire during the third quarter of 1965 was 24.4 per 1,000 population, being 1.2 above the rate for the preceding third quarter. The infant mortality rate was 23 and the neonatal mortality rate was 16 per 1,000 registered births. These were 2 and 1, respectively, below the rates for the third quarter of 1964; the infant mortality rate was the lowest recorded in any quarter. The death rate was 10.3 per 1,000 population, and was 0.6 above the rate for the third quarter of 1964.

Deaths from malignant neoplasms numbered 1,249, being 17% of all deaths. The commonest sites were: digestive system 553, respiratory system 197, and genito-urinary system 169. Deaths from diseases of the circulatory system numbered 2,778 and formed 38% of all deaths; 1,273 of these deaths were due to coronary and arteriosclerotic heart diseases and 660 to other myocardial degeneration. Fifty-three deaths were registered from respiratory tuberculosis and 10 from others forms; these were 17 fewer and 3 more, respectively, than in the preceding third quarter. Deaths from infectious diseases included 33 from gastroenteritis (under 2 years), 18 from influenza, 3 from measles, 2 from acute infectious encephalitis, and 1 from whooping-cough.

¹ Anderson, T., Grist, N. R., Landsman, J. B., Laidlaw, S. I. A., and Weir, I. B. R., *Brit. med. J.*, 1953, 1, 7.

Infectious Diseases

Areas where numbers of notifications were high in the latest two weeks for which figures are available.

Food-poisoning	Week Ending	
	15 Jan.	22 Jan.
Lancashire ...	22	34
Denton U.D. ...	0	11
Nottinghamshire ...	0	11
Carlton U.D. ...	0	11
Edinburgh ...	55	30
Measles		
Lancashire ...	575	464
Liverpool C.B. ...	206	213
Paratyphoid Fever		
Cardiganshire ...	0	4
Aberystwyth M.B. ...	0	4
Influenza Deaths		
Durham ...	9	8
Greater London ...	1	7
Lancashire ...	6	11
Staffordshire ...	1	6

Graphs of Infectious Diseases

The graphs below show the uncorrected number of deaths from influenza and cases of acute pneumonia in England and Wales. Figures for 1965–6 are compared with the highest and lowest figures for each week in the previous years shown.

