

Epidemic Observation Unit

During February 1958 the Unit attempted to study the spread of acute bronchiolitis of infants in Great Britain and Eire. The epidemic was first reported by Dr L. A. Pike of Birmingham on 12th February and, in keeping with our previous practice, it was given the code name of PB/58 (Pike, Birmingham, 1958). About the same time it was learnt from the medical journals and other sources that similar cases were occurring in London, Cardiff, Bristol and Liverpool.

A "Red Warning" (see Appendix) was sent out to all members of the Research Register and the replies are still being analysed. Nil returns were not required in this instance, but from a study of the positive reports it would appear that the disease was prevalent in Glasgow last autumn some weeks after the peak of the influenza epidemic had passed. At the end of 1957 it was also recognized in Yorkshire and East London. Early in January the Yorkshire and London outbreaks expanded and by the end of January the disease was widespread also in the Midlands. By the end of February cases had been reported from the South and West of England, Wales and Ireland, but only two more outbreaks were reported from Scotland—both in or near Glasgow.

There were 44 positive reports, notifying a total of more than 290 cases, of whom only 55 (18%) were admitted to hospital.

DISTRIBUTION OF REPORTS ABOUT PB/58 BY DATES AND REGIONS

<i>Region</i>	1957	<i>Early Jan.</i>	<i>Late Jan.</i>	<i>1st wk Feb.</i>	<i>2nd wk Feb.</i>	<i>3rd wk Feb.</i>	<i>4th wk Feb.</i>	<i>March</i>	<i>Total</i>	<i>Hospital</i>
In or near— GLASGOW	15	27	—	—	—	—	—	—	42	10
YORKS . . .	10	8	4	5	—	9	—	—	36	6
LONDON AND HOME COUNTIES . . .	2	17	21	1	7	1	4	—	53	24
MIDLANDS . . .	—	—	69	15	7	8	1	—	100	8
WEST OF ENGLAND . . .	—	—	5	1	—	2	—	—	8	5
WALES	—	—	—	20	15	—	—	—	35	2
S. ENGLAND . . .	—	—	—	3	—	2	—	—	5	—
IRELAND	—	—	—	—	6	6	3	—	15	—
TOTAL	27	52	99	45	35	28	8	—	294	55

APPENDIX

Epidemic Asthmatic Bronchiolitis in Infants. (Code Name PB/58)

Dr L. A. Pike, of Handsworth, Birmingham, reports that during the past week, including weekend rota duty for four practices, he has seen 14 cases of an acute respiratory infection in infants. The first case was seen on Tuesday, 4th February.

Age Incidence. The ages of these 14 infants ranged from one month to under one year.

Course of Disease. Coryzal symptoms for 3—4 days. The infant has usually first been seen by the doctor at this stage but no physical signs are found in the chest. On the third day the child develops a repetitive, dry, irritant cough and becomes restless, ceases to take its feeds, and may vomit. Next the infant begins to wheeze and the respiration rate increases.

Physical signs in the chest at this stage consist of broncho-spasm with rales in one or both lung fields. Temperature may be normal and has not been over 100°F. Cyanosis was seen in two cases in the practice, with severe illness requiring admission to hospital. The infants are obviously distressed as the disease progresses, the alae nasi muscles working, and the child crying and grunting by turns.

Treatment and Prognosis. Only 2 out of the 14 infants required admission to hospital.

Patients in the practice have received intramuscular penicillin though the impression that this helps them may be erroneous.

Epidemiology

The disease appears to be spreading in the practice area. In one instance circumstances suggest an incubation period of about one week. Further clinical and epidemiological observations are being made.

Dr M. E. Disney of Dudley Road Hospital, Birmingham, confirms that at present 75 cases of infection of this kind are under his care. The first case was admitted to hospital on January 18th, and new cases now come in at a rate of 5—10 a day. The hospital cases have varied in age from 0—18/12. There have been two deaths. No bacterial pathogens have so far been isolated and no antibiotic or specific therapy has been used in hospital, except in those cases with x-ray evidence of secondary infection.

A virus is thought to be the cause of the illness, and it is hoped that family studies may demonstrate whether a relationship exists between it and milder respiratory infections among house contacts.

Further reports suggest that similar cases have been occurring recently in London, Cardiff, Bristol and Liverpool, and that the disease may be similar to one which affected Sunderland a few years ago.

Please do your best to co-operate in this urgent enquiry in the way described below.

G. I. WATSON,

14th February, 1958.

Director, Epidemic Observation Unit.

ACTION

It is realized "acute wheezy chests" commonly occur in infants and others in every practice at this time of year.

The unusual feature here is the grouping of so many cases together in time and place among young infants.

EVERY MEMBER of the Research Register is invited urgently to watch for the appearance of similar cases in his own practice and to report them *promptly* as follows:—

Notification Form A should be completed when appropriate and sent to your local Medical Officer of Health, after informing him personally about the College enquiry. [Not reproduced here.]

Notification Form B should be completed when appropriate and sent to Dr G. I. Watson, CORRAN, PEASLAKE, SURREY.

NIL Returns are NOT REQUIRED at present but please complete the appropriate section of the notification form in the next *Journal*.

[A notification form is printed at the back of the *Journal* for use in connection with this outbreak.]