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INFECTIOUS DISEASES UPDATE

Legionnaires' disease

There continues to be a small but steady flow of cases of pneumonia owing to *Legionella pneumophila.* Cases occur both sporadically and in outbreaks, the latter usually being related to modern technology in the form of air-conditioning and ventilation systems. Early recognition is essential, since drugs such as erythromycin or rifampicin are generally required for treatment and the traditional penicillins used for pneumococcal pneumonia are usually ineffective. Pointers to legionnaires' disease are fever, chest signs (variable in the early stages), sometimes diarrhoea and often mental confusion or hallucinations. Pneumococcal pneumonia can present in this way but usually later in the illness. Each year, around a third of the recognized cases of legionnaires' disease appear to have been contracted abroad, often in Mediterranean countries. These imported cases commonly occur during the summer months, peaking in September and October; so this disease may be the cause of fever in returning holiday-makers at this time of year.

Viral hepatitis

Many viruses can cause hepatitis including the Epstein-Barr virus responsible for glandular fever and cytomegalovirus. However, the clinical picture of an afebrile illness with a gastrointestinal upset resolving as jaundice appears is usually due to hepatitis A, B or non-A non-B. Hepatitis A continues to be endemic in the UK, more so in the north, with occasional local outbreaks for example among school children. The means of spread is usually person-to-person rather than through contaminated food and water which are common means of transmission in poorer countries. Hepatitis B, which is mostly related to drug abuse, caused about 2700 laboratory confirmed cases of acute hepatitis in the UK during 1984 but around 1700 in 1986. The drug abusing community may be becoming 'saturated' with the virus or there may be fewer new intravenous drug abusers or less sharing of needles and syringes.

Non-A non-B hepatitis, which remains a diagnosis of exclusion, appears to have at least two forms. The first, usually seen following transfusion of blood or blood products, is most commonly recognized in North America and Europe. It is also seen in drug abusers. The second has caused epidemics of hepatitis in particular in India, Burma and Algeria and more recently in refugee camps in Somalia and Sudan. This type of non-A non-B hepatitis appears to be spread by the faecal–oral route and like hepatitis A causes illness more commonly in adults than children. There is no evidence of long term complications for those who recover from the initial illness. There is, however, a particularly high mortality rate among pregnant women. There is no evidence that pooled human immunoglobulin, so effective in preventing hepatitis A, gives protection against this different presumed viral infection. This means that good personal and food hygiene are the only effective means of prevention and this can be emphasized for those travelling to countries where the effective separation of sewage from food and water supplies is uncertain.

Gonorrhoea

Since the start of 1987, confirmed gonorrhoeal infections have been on the decline. In Scotland, for example, there were 1843 cases in 1985, 1664 in 1986 and only 463 so far during the first six months of 1987. This appears to have occurred following the public education campaign on the acquired immune deficiency syndrome (AIDS).

Suggestions for topics to include in future updates are welcomed and should be passed to the contributor, Dr E. Walker, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB (041-946-7120), from whom further information about the current topics can be obtained.