

EPIDEMIOLOGY

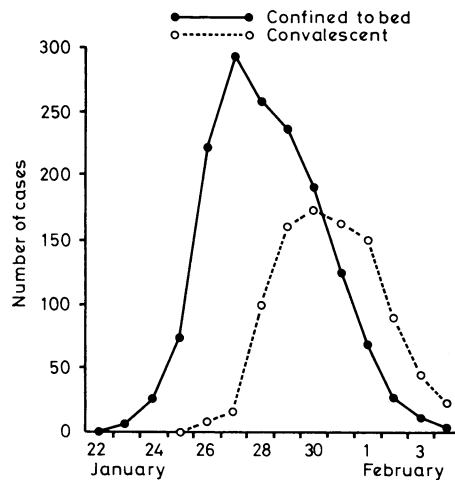
Influenza in a boarding school

The following notes are compiled by the Communicable Disease Surveillance Centre (Public Health Laboratory Service) and the Communicable Diseases (Scotland) Unit from reports submitted by microbiological laboratories, community physicians, and environmental health officers.

During January an epidemic of influenza occurred in a boarding school in the north of England. A total of 763 boys between the ages of 10 and 18 were at risk, all except 30 being full boarders; the staff were from the surrounding villages. There were 113 boys between the ages of 10 and 13 in the junior house, while the rest were divided into 10 houses of about 60 boys each.

The Easter term began on 10 January, with boys returning from all over Britain and some from Europe and the Far East. One boy from Hong Kong had a transient febrile illness from 15 to 18 January. On Sunday 22 January three boys were in the college infirmary. The graph shows the daily total number confined to bed or convalescent during the epidemic: 512 boys (67%) spent between three and seven days away from class, and 83% of the boys in the junior house were affected. Of about 130 adults who had some contact with the boys, only one, a house matron, developed similar symptoms.

Most of the boys who became ill first complained of feeling very tired, with headache as fever developed, and sore throat and tracheitis being the rule. The temperature was usually 100°-102°F (38°-39°C) and often higher in the morning. Three boys with no other abnormal



signs had temperatures of 105°-106°F (40°-41°C). Many had mild reddening of the anterior pillars of the fauces, but the throat never looked as inflamed as symptoms suggested. In only five boys were there abnormal signs on chest examination. Symptoms subsided quickly once the boys were confined to bed. They were allowed up 36 hours after their temperatures had returned to normal and back to classes two to four days later, depending on the severity of the attack. The average time off sick was five to six days.

One boy of 13 was readmitted after two days with probable bacterial pneumonia, with a temperature of 104°F (40°C), pulse rate of 110/min, respiration rate of 22/min, and moist

sounds in his right lung. He was given ampicillin and by next morning his temperature was 99°F (37°C) and his chest clear. Five days later he went home to convalesce. Four boys developed wheezy bronchitis. Two received ampicillin and two tetracycline. All recovered quickly and were back at work in seven to eight days. Four boys with otitis media, with bulging red ear drums, responded to ampicillin within 48 hours and none had any aural discharge. One boy had sinusitis, which again responded to ampicillin. He was in bed for seven days and off work for ten days. In all, only 10 of the 512 boys who became ill received antibiotics.

Throat swabs were taken from eight boys, and influenza A viruses similar to A/USSR/90/77 (H1N1) were isolated from six. The spread of this virus through the school was much more rapid than in the outbreaks due to influenza B in November 1954 and to influenza A (Asian flu) H2N2 in October 1957. These two epidemics reached their peak in two weeks and lasted four weeks. This year's epidemic reached a peak in seven days and was over in 13 days. Influenza vaccine (Fluvirin) had been given to 630 boys in October 1977—as had been the practice for some years. The incidence of influenza among the boys had been low except in those years in which a definite antigenic shift occurred. The fact that this is the first major outbreak of influenza at the school since the Asian flu suggests that influenza vaccination has a useful role in a boarding school. Had it been possible to include the H1N1 strain in the vaccine a major outbreak might well have been avoided.

PARLIAMENT

Abortion (Amendment) Bill

Sir Bernard Braine introduced a Bill on 21 February "to make further provision with respect to the protection of the life of a viable fetus; to amend section 4 of the Abortion Act 1967; to regulate the provision of payment for consultation and advice in relation to the termination of pregnancy; and to make provision with respect to bodies corporate." He emphasised that the Bill was limited solely to three important matters of principle and would not interfere "in any way with the criteria for lawful abortion laid down in the 1967 Act." The first change he wanted was to reduce the upper limit for an abortion from 28 to 20 weeks. The BMA, the Peel Advisory Group, Sir Stanley Clayton (when president of the RCOG), and a poll among gynaecologists had all favoured a 20-week limit or less.

The Bill's second purpose was to strengthen and clarify the provision in section 4 of the 1967 Act regarding conscientious objection to taking part in an abortion by giving statutory clarification of the grounds on which objection could be based. The third change would require all pregnancy advisory bureaux which charged fees to be licensed by the Secretary of State, as proposed by the Lane Committee.

A condition of licensing would be that the bureaux should have no financial connection with abortion clinics. Sir Bernard admitted that without the Government's help the Bill was unlikely to make progress.

Opposition to Bill

Sir George Sinclair opposed the Bill because, he said, "it would pave the way for a Bill to restrict the operation of the 1967 Act, and because it is in the teeth of the medical profession." It was only in the most exceptional cases that abortion after 20 weeks was sanctioned. Furthermore, "until, in certain areas, the restrictions under the NHS are removed, and with them the risk of delay, it would, in my view, be too soon to change the existing time limit." But, most importantly, to disrupt the services of the British Pregnancy Advisory Service and the Pregnancy Advisory Service in London, which the Bill sought to do, would "once again drive women . . . to back street abortions." Half of all abortions were still carried out in the private sector. The BMA, Sir George said, had voted against any amendment to the 1967 Act at its 1977 ARM. "I hope," he concluded, "that in view of the medical opinion and the need of women in distress, the motion will be given very little support."

The Bill was given a first reading by 181 votes to 175.

Medical Bill

The Medical Bill was considered by a second reading committee in the House of Commons on 22 February. The Minister of State, Mr Roland Moyle, explained the Bill clause by clause and told the committee of the amendments which had been made in the House of Lords (4 February, p 311). "The Bill," he said, "is no longer a short first-stage measure. It is considerably longer than it was on its original introduction. The reason is that a consensus on the additional provisions has developed more rapidly than at one time was thought possible, and we want to meet that consensus in full. I hope that, during its passage through the House, the Government and the committee will be able to make the Bill even more comprehensive." The only outstanding issue, which had been covered in the Merrison Report, was the question of specialist registration.

During the debate in the committee the size and cost of the new council were raised. Mr Moyle pointed out that the figure of 98 did not appear anywhere in the Bill, though he conceded that the council would be considerably enlarged. On the question of cost, he said "there has been no decision in principle about how the future costs of the new General Medical Council are to be met."

The committee recommended that the Bill should be read a second time and the House gave the Bill a second reading on 23 February.