TOPIC: SURVEILLANCE IN THE STATE OF CONNECTICUT
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In November 1991, within two months of each other, two children from the same elementary school in Windsor, Connecticut, developed a sudden onset of unexplained encephalopathy. Following the second case, the local health director requested assistance from the Connecticut State Health Department; the health department investigated the case histories and tested for environmental or toxic exposures. A medical history determined that the second case had contracted cat scratch disease one month prior to the incident. Both cases were eventually diagnosed with encephalopathy related to cat scratch disease.

Although cat scratch disease has been described for more than 50 years, only recently was the disease associated with *Bartonella henselae*. While large case series have been published on cat scratch disease, no epidemiologic population-based study had been undertaken to examine the descriptive etiology of the disease. Based on findings from the initial two cases and following discussion with the Centers for Disease Control and Prevention (CDC), the Connecticut State Health Department embarked on a case-control study. Effective two months after the initial two cases, cat scratch disease was added to the list of reportable conditions in Connecticut.

Concurrent with the decision to mount a population-based study, researchers at CDC had developed a test for antibodies to *B. henselae*. In a letter sent to all physicians in Connecticut regarding the addition of cat scratch disease to the list of reportable conditions, it also was indicated that any blood specimens sent to the state would be analyzed using the newly developed test, thus providing an incentive for clinicians to participate. A case definition of cat scratch disease was established, as were exclusion criteria for the study. Data were collected on age and sex of the person affected. Data also were solicited about the pet, such as the breed of cat, whether it was an outdoor cat, and the cat's interaction with rodents. Human/cat interactions also were measured, including the level of the person's physical contact with the cat, responsibility for feeding it, or sleeping with the animal.

The case-control study determined a matched odds ratio of 13, with a confidence interval from 3.1 to 55, for those persons with two or more cats. An association also was encountered between owning a kitten with fleas and developing cat scratch disease. Other risk factors were physical contact with kittens

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and being scratched or bitten by cats. These data indicated that fleas may have a role in cat-to-cat transmission. The statewide incidence was 3.7 cases per 100,000 persons, with encephalopathy occurring in 1% to 2% of cases. The highest case rates occurred in children.

TOPIC: SURVEILLANCE AT THE INTERNATIONAL LEVEL

**PRESENTER: JAMES W. LEDUC, PhD, MEDICAL OFFICER,
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The significance of new and re-emerging infectious diseases has been recognized by the World Health Organization (WHO). During the 48th World Health Assembly, two key resolutions were endorsed that form the critical foundation of future activities designed to prevent and mitigate problems associated with infectious disease.

The first resolution, "Communicable Disease Control: New, Emerging and Re-emerging Infectious Diseases" (Resolution 48.13), urges the approximately 180 member states to strengthen active surveillance efforts. These efforts should include improvements both to diagnostic capabilities and to internal and international communications. The resolution calls on all countries to encourage routine antimicrobial sensitivity testing and to foster rational antimicrobial prescription practices. Resolution 48.13 urges member states to increase the number of staff skilled in epidemiology and laboratory investigations of infectious disease, as well as to foster more applied research in areas such as development of sensitive, specific, and inexpensive diagnostics. Countries should set standards for basic public health procedures and establish fundamental disease-prevention strategies, including prompt and accurate reporting of cases at both the national and international level.

Resolution 48.13 requests the director general, WHO headquarters in Geneva, and the six regional offices that implement WHO policy to develop strategies for rapid national and international response in investigating infectious disease outbreaks and epidemics. The resolution also acknowledges the necessity of coordinating WHO's activities with other specialized UN agencies and governmental organizations.

The second resolution, "Revision and Updating of the International Health Regulations" (Resolution 48.7), calls for the revision of the health regulations

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