viral gastroenteritis. On the way home she lapsed into coma and later in the evening evidenced spasmodic contractions of the mouth muscles, profuse salivation and convulsive seizures. On March 29, she was transferred, in coma, to hospital where, late in the afternoon, she became cyanotic and had respiratory failure. Mouth-to-mouth resuscitation was unsuccessful, and she was placed in a respirator. She died on the evening of April 2, and an autopsy was performed. Brain material was positive for rabies by impression smears and by fluorescent antibody technique. Further laboratory studies are in progress but have not been completed.

There is no known exposure to a rabid animal in this case. The local health department has said there is some evidence that the child was bitten by a dog 10 months earlier, but there is no valid history of this, and the animal was neither quarantined nor examined for rabies.

During 1966, two cases of animal rabies have been reported from the county in which the patient resided, one in a cat and one in a skunk. The last previous rabies reported from this county was in 1960, when there were three cases.

ANNOTATIONS

NOSE AND THROAT SWAB SURVEY OF SCHOOL AGE CHILDREN

In March 1964 a survey was carried out to find carriers of diphtheria organisms among elementary school pupils being immunized by the Grey County Health Unit, Owen Sound, Ontario. At each immunization clinic, nose and throat swabs were taken from approximately every twentieth child. These swabs were sent by mail to the Central Laboratories of the Ontario Department of Health in Toronto, for bacteriological examination.

No diphtheria organisms were isolated from 291 elementary school pupils, but 6.1% of the throat swabs and 1% of the nasal swabs showed beta hemolytic streptococci in these apparently healthy children. Furthermore, approximately 50% of the nasal swabs and 22% of the throat swabs yielded coliform bacteria. No reference on the normal nasopharyngeal carrier rate of coliform organisms could be found, but it is thought that this figure is abnormally high.

The pupils in the survey came mainly from rural one-room schools and some larger town schools. As the coliform organisms probably originate in the bowel, it is surmised that these results indicate a high incidence of fecal-oral and nasal contamination. It was wondered, therefore, whether the percentage of pupils with coliform organisms in their noses might be used as an index of sanitation in rural schools. These findings were of particular interest in that there was a considerable amount of infectious hepatitis in some of these schools which was very difficult to control.

A similar survey was done in November 1964 on 100 high school students (aged 13-19). In this survey coliform organisms were found in 32 of 60 nose swabs (53.3%) and 6 of 31 throat wabs (19.3%).

It is hoped that this preliminary survey can be followed up by a survey to compare the normal nasal and oral bacterial flora of pupils from rural areas with those from urban areas. If this apparently high coliform carrier rate is confirmed in pupils in rural areas where sanitary practices are poor but is not found in urban pupils, this difference might be developed as a useful index of sanitary habits.

Epidemiology Division,
Department of National Health and Welfare.
Ottawa, April 1966.

SUMMARY OF REPORTED CASES OF NOTIFIABLE DISEASES IN CANADA*
ISSUED BY THE PUBLIC HEALTH SECTION, DOMINION BUREAU OF STATISTICS

	Week ended (1966):				*Cumulative total since beginning of year*	
Disease	*April 2*	*April 9*	*April 16*	*April 23*	*1966*	*1965*
Brucellosis (Undulant fever) (044)	—	—	—	—	6	9
Diarrhea of the newborn, epidemic (764)	1	1	—	—	11	51
Diphtheria (055)	—	—	1	—	9	12
Dysentery (045, 046, 048)	40	21	69	38	2018	1480
(a) Amebic (046)	—	1	—	1	20	11
(b) Bacillary (045)	23	12	30	17	1713	695
(c) Other and unspecified (048)	17	8	39	20	285	774
Encephalitis, infectious (082.0)	—	1	—	—	1	2
Food poisoning: (049.0, 042.1, 049.2)	12	13	13	9	293	372
(a) Staphylococcus intoxication (049.0)	4	—	—	—	17	5
(b) Salmonella with food as vehicle of infection (042.1)	8	13	11	7	207	301
(c) Unspecified (049.2)	—	—	2	2	69	66
Hepatitis, infectious (including serum hepatitis) (092, N998.5)	141	80	133	104	2315	2584
Meningitis, viral or aseptic (080.2, 082.1)	3	2	1	3	32	73
(a) Due to poliovirus	—	—	—	—	—	—
(b) Due to Coxsackie virus	—	—	—	—	2	6
(c) Due to ECHO virus	1	—	—	1	5	1
(d) Other and unspecified	2	2	1	2	25	67
Meningococcal infections (057)	1	—	—	4	32	28
Pemphigus neonatorum (Impetigo of the newborn) (766)	—	—	—	—	4	4
Pertussis (Whooping cough) (056)	44	31	40	47	848	892
Poliomyelitis, paralytic (080.0, 080.1)	—	—	—	—	—	1
Scarlet fever and Streptococcal sore throat (050, 051)	582	437	487	391	8384	5251
New active cases of Tuberculosis for December 1965 not available	—	—	—	—	—	—
Typhoid and Paratyphoid fever (040, 041)	—	1	1	3	36	40
Venereal diseases:	454	367	394	439	6872	6967
(a) Gonorrhea (030-034)	410	336	368	403	6274	6171
(b) Syphilis (020-021.3, 023, 024, 026-029)	44	31	26	36	596	796
(c) Other (036-038)	—	—	—	—	2	—

*Including chancroid, granuloma inguinale and lymphogranuloma venereum.