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Severe Acute Respiratory Syndrome – update

By 24 April 2003, 4439 probable cases of severe acute respiratory syndrome (SARS) had been reported to the World Health Organization (WHO) from 27 countries. The case fatality rate is approximately 5%. As a result of ongoing local transmission in Beijing and Shanxi Province, China, and in Toronto, Canada, WHO recommends that people planning to travel to these destinations should consider postponing all but *essential travel*. This is an extension to the previous travel advice issued on 2 April 2003 for Guangdong Province and Hong Kong Special Administrative Region, China. Travel advice in the United Kingdom (UK) (which can be found on the website of the former PHLS) has been reviewed to follow WHO recommendations.

Six probable cases of SARS have been reported in the UK. None of the probable cases have yet been confirmed as infected with the SARS coronavirus. All have fully recovered. Regular reports of possible cases of SARS in residents of the UK have been received by the Communicable Disease Surveillance Centre (CDSC) either through local public health officials (the preferred route) or directly to CDSC; all these reports have been assessed and none have been classified as probable cases. Enhanced surveillance of possible SARS cases is continuing in UK. The WHO International Laboratory network group is in agreement that the gold standard of diagnosis for SARS coronavirus infection is a serological test. Convalescent sera are being collected from reported cases and will be tested over the next few weeks.

CDSC is involved in the UK arm of a WHO study aimed at identifying risk factors and possible mechanisms for transmission of SARS associated with a hotel in Hong Kong. A cluster of 13 people with probable SARS are known to have stayed at the hotel. The index patient who became unwell on 15 February stayed on the ninth floor of the hotel on 21 February. He had travelled from Guangdong province to Hong Kong to visit his family. Approximately 160 UK nationals who stayed at the hotel in question between 20 and 22 February 2003 will be invited to participate in a telephone survey covering their use of hotel facilities and activities during their stay at the hotel as well as their subsequent health status. Participants will also be invited to give a blood sample at their general practitioners practice.

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Invasive meningococcal infections, England and Wales: laboratory reports, weeks 01-04/03

	Method of diagnosis			Total reports 01-04/03	Cumulative* total 2003
	CSF and blood		Other sites		
	Culture	Non-culture	Culture		
Group A	–	–	–	–	–
B	69	85	14	168	168
C	6	12	–	18	18
W135	1	1	2	4	4
X	–	–	1	1	1
Y	2	–	–	2	2
Z	–	–	–	–	–
29E	–	–	–	–	–
Ungroupable	–	–	–	–	–
Ungrouped	–	11	–	11	11
Total	78	109	17	204	204

* combined CDSC data and Meningococcal Reference Unit data

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Laboratory Reports of *Haemophilus influenzae* by age group and serotype, England and Wales

First quarter 2003 (2002)

Serotype	Age					Total
	<1 year	1-4 years	5-14 years	>=15 years	Not known	
b	10(4)	38(25)	7(6)	23(17)	–(–)	78(52)
nc	9(20)	3(2)	1(3)	62(60)	–(–)	75(85)
a,e,f	–(1)	1(3)	–(–)	11(5)	–(–)	12(9)
not typed	2(3)	2(–)	1(1)	36(37)	2(–)	43(41)
Total	21(28)	44(30)	9(10)	132(119)	2(–)	208(187)

Useful link

http://www.phls.org.uk/topics_az/haemophilus/data_lab_age_qtr.htm

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Laboratory reports of hepatitis A in England and Wales: fourth quarter 2002*

During the fourth quarter of 2002, 300 laboratory reports of hepatitis A were made to the Communicable Disease Surveillance Centre (CDSC), 45% (135) more than in the equivalent quarter of 2001. Fifty-four per cent (163) were men aged between 15 and 44 years (table 1) and the majority of cases occurred in the Yorkshire and Humberside region. Three people acquired their infection abroad (country not stated) and 15 infections were reported to be in injecting drug users (IDUs). The number in the latter group has decreased by 21% since the previous quarter. The overall number of cases of hepatitis A in the fourth quarter decreased by 16% (57) compared to that of the third quarter. Unlike last quarter, this was mainly attributable to the 33% decrease seen in females aged between 15 and 44 years. Male cases in this particular age group decreased by 7% this quarter compared to the previous quarter.

The trends are difficult to interpret because information on risk-factors is incomplete. The increase in female cases in the previous quarter could be secondary cases acquired from men (1). This suggestion is reinforced by observations made this quarter. The peak in females aged between 15 and 44 years occurred after the peak observed in male cases for the same age group, and is now following a similar declining trend (figure 1).

Regional reporting variation continues to present a challenge to surveillance. Four hundred and thirty-two cases of hepatitis A were formally notified in the fourth quarter of 2002, 30% more than were confirmed by laboratory testing. The largest discrepancy was seen in London, where 40 cases were formally notified, while only ten laboratory reports were made. If the low numbers are a true reflection of current incidence in London it is difficult to explain, as populations at high-risk are concentrated in the city. Since the IDU population is so mobile, the ongoing outbreaks would be expected to have spread into London as well. Under-reporting by London laboratories continues to impede surveillance, and potentially control measures, in the capital. Discrepancies between notifications and laboratory reports were also high in the North West region, where 26 notifications and nine laboratory reports were made, and in the East Midlands, where 46 notifications and 16 laboratory reports were made. The number of notifications exceeded the number of laboratory reports for all regions except in the South West, where the number of laboratory confirmations remained higher. This is similar to the previous quarter and is probably due to under-notification by general practitioners in the area.

Although the total number of laboratory reports has decreased this quarter compared to last, the number of notifications has increased. This may reflect the numerous outbreaks known to be occurring in England and Wales.

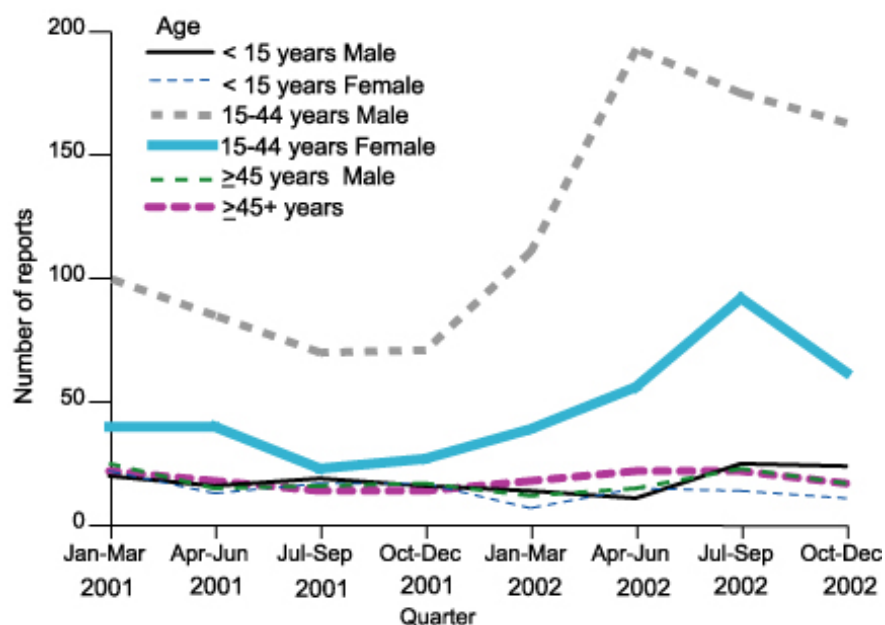
Table 1 Laboratory reports of hepatitis A in England and Wales: fourth quarter 2002*

Age Group (years)	Male	Female	Not known	Total
<1	–	–	–	–
1-4	2	3	1	6
5-9	9	1	3	13
10-14	6	7	–	13
15-24	75	32	1	108

25-34	65	21	-	86
35-44	23	9	-	32
45-54	9	4	-	13
55-64	6	5	-	11
≥ 65	9	8	-	17
Not Known	-	1	-	1
Total	204	91	5	300

* All data are provisional

Figure 1 Laboratory reports of hepatitis A by age group and sex: January 2001- December 2002



1. PHLS. Laboratory reports of hepatitis A in England and Wales: third quarter 2002. *Commun Dis Rep CDR Wkly* [serial online] 2003 [cited 22 April 2003]; 13 (4): immunisation. Available at <<http://www.phls.org.uk/publications/cdr/PDFfiles/2003/CDR0403.pdf>>

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Laboratory reports of acute hepatitis B infection by age group and sex in England and Wales: fourth quarter 2002*

One hundred and thirty-eight cases of acute hepatitis B infection were reported in the fourth quarter of 2002. The majority of cases (76%) occurred in those aged between 15 and 44 years (table 1).

During the fourth quarter of 2002 injecting drug use was the main risk-factor associated with hepatitis B infection, accounting for 18% (25/138) of individuals with reported risk-factors and those with no risk reported (table 2). Hepatitis B infection associated with heterosexual exposure accounted for 12% (17/138), 8% in sex between men, and 4% in individuals with other risk exposures. Acute cases with no risk reported accounted for 57% (79/138) of the total number of reports.

Table 1 Laboratory reports of acute hepatitis B infection by age group and sex England and Wales: fourth 2002*

Age group (years)	Female	Male	Not known	Total
<1	-	-	-	-

1-4	–	–	–	–
5-9	–	–	–	–
10-14	2	–	–	2
15-24	16	12	1	29
25-34	18	32	–	50
35-44	4	21	1	26
45-54	3	8	–	11
55-64	1	8	–	9
≥ 65	2	2	–	4
Not known	3	3	1	7
Total	49	86	3	138

* All data are provisional

Table 2 Laboratory reports of acute hepatitis B infection by exposure category in England and Wales: fourth quarter 2002*

Summary	Total
Intravenous drug users	25
Sex between men and women	17
Sex between men	11
Other identified risk	6
No risk information	79
Total	138

* All data are provisional

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Laboratory reports of hepatitis C infection in England and Wales: fourth quarter 2002*

There were 1162 reports of hepatitis C infection in the fourth quarter of 2002 (table). Sixty-two per cent (721/1162) of the cases occurred in those aged between 25 and 44 years. Cases in males exceeded those in females.

Table Laboratory reports of hepatitis C infection in England and Wales: fourth quarter 2002*

Age group (years)	Female	Male	Not known	Total
<1	–	–	–	–
1-4	4	2	1	7
5-9	–	–	1	1
10-14	3	–	–	3
15-24	81	42	3	126
25-34	250	118	6	374
35-44	251	88	8	347
45-54	135	53	1	189
55-64	29	12	–	41
≥ 65	21	25	1	47
Not known	16	9	2	27
Total	790	349	23	1162

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\(A summary of HIV infections diagnosed in 2002\)](#)

HIV infection and AIDS in the United Kingdom: monthly report - April 2003 (A summary of HIV infections diagnosed in 2002)

United Kingdom (UK) data from the Communicable Disease Surveillance Centre (CDSC), HIV and STI Division, Scottish Centre for Infection and Environmental Health, Institute of Child Health, London, and Oxford Haemophilia Centre (on behalf of UK Haemophilia Centre Doctors' Organisation).

The data presented aims to give a concise summary of new HIV diagnoses in 2002, reported by the end of March 2003, looking primarily at route of infection, region of diagnosis, and ethnicity.

Key points:

- In the first quarter of 2003, there were 1847 newly reported diagnoses of HIV infection (two-thirds diagnosed in 2002), bringing the 2002 total to 5338 (table 1)
- Continuing the trend of recent years, the highest numbers of new diagnoses were reported from London and the South East (table 2)
- Sex between men and women was the most frequently reported route of infection for the fourth year running (table 3)
- Just over half of those diagnosed in 2002 for whom ethnicity was reported were individuals of black African origin (table 4)

There were 1847 new diagnoses of HIV infection in the United Kingdom (UK) reported to the CDSC in the first quarter of 2003, as compared to 1430 new diagnoses reported in the first quarter of 2002 (1). Of these, 624 (34%) were reports of HIV diagnoses made in the first quarter of 2003. The number of new diagnoses in 2002 has now risen to 5338 and numbers are expected to rise further as more delayed reports are received. This brings the total number of reports of new HIV diagnoses to 56,108 since the beginning of reporting in 1982.

Table 1 HIV infected individuals by year of diagnosis: UK data to end of March 2003

Probable route of infection	1992 or earlier	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002†	Total‡
Sex between men*	14,422	1497	1483	1465	1544	1400	1352	1340	1488	1676	1481	29,322
Sex between men and women	3035	767	796	850	836	1009	1158	1424	1981	2826	2899	17,870
Injecting drug use	2492	205	167	183	172	167	130	112	108	127	84	3954
Blood Factor	1337	4	2	–	2	2	2	1	1	2	3	1356
Blood/tissue transfer	184	13	15	20	18	25	8	18	22	23	19	366
Mother to infant	176	66	64	61	62	79	93	81	100	81	96	973
Other/Undetermined	580	63	49	66	57	51	67	82	120	237	756	2267
Total	22,226	2615	2576	2645	2691	2733	2810	3058	3820	4972	5338	56,108

* includes 698 individuals who also injected drugs

† numbers will rise as further reports are received

‡ includes 624 cases diagnosed in 2003

In 2002, 54% (2899) of newly diagnosed HIV infections were reported as being acquired heterosexually, 28% (1481) through sex between men, and 2% (84) through injecting drug use (IDU) (table 1). Of those HIV infections acquired heterosexually, 71% (2068) were probably acquired in Africa. There are 756 (14%) diagnoses for which the probable route of infection cannot be determined from the information available at the end of March. The reports concerned will be investigated, as will those of heterosexually acquired HIV for which the probable location of infection is not established. As a result these numbers and proportions will change in the future.

Table 2 HIV infection newly diagnosed in the United Kingdom in 2002 by ethnicity and region of infection

Region of Diagnosis	White	Black African	Black Caribbean	Black Other	Indian sub-continent	Other/Mixed	Not known	Total
England								
North East	20	27	1	–	–	1	12	61
Yorkshire and Humberside	97	141	9	1	2	6	52	308
East Midlands	65	134	7	2	5	6	13	232
Eastern	79	316	10	2	1	8	27	443
London	464	994	128	31	17	75	791	2500
South East	176	350	9	5	3	19	67	629
South West	65	50	4	0	–	4	31	154
West Midlands	63	129	19	5	–	–	56	272

North West	198	102	15	–	10	7	106	438
Wales	33	26	–	–	–	2	5	66
Northern Ireland	17	5	–	–	–	1	–	23
Scotland	191	20	1	–	–	–	–	212
Total	1468	2294	203	46	38	129	1160	5338

In 2002, 47% (2500) of HIV infections were diagnosed in London (table 2). Where ethnicity is given (68% of reports), in London, 58% (994) of newly diagnosed HIV infections were in individuals of black African ethnicity, 27% (464) were white, and 15% (251) were from other ethnic groups. In the other English regions the proportion of reports where ethnicity was stated, which related to black African individuals, ranged from 31% in the North West to 76% in Eastern. Scotland had the lowest proportion of reports of diagnoses in Black Africans (9%). In 2002, there were no new diagnoses of HIV infection reported from the Channel Islands or Isle of Man.

Table 3 HIV infections newly diagnosed in the United Kingdom in 2002 by probable route of transmission

Region of Diagnosis	Sex between men *	Sex between men and women	Injecting Drug Use	Blood/Tissue	Mother to Infant	Other/Undetermined	Total
England							
North East	14	38	–	–	–	9	61
Yorkshire and Humberside	53	210	10	2	5	28	308
East Midlands	40	151	5	2	12	22	232
Eastern	49	267	3	3	5	116	443
London	802	1281	36	8	49	324	2500
South East	143	398	7	1	5	75	629
South West	67	81	3	–	1	2	154
West Midlands	43	155	2	3	11	58	272
North West	165	156	9	2	6	100	438
Wales	25	34	2	–	–	5	66
Northern Ireland	13	9	1	–	–	–	23
Scotland	67	119	6	1	2	17	212
Total	1481	2899	84	22	96	756	5338

* includes 19 individuals also exposed through IDU

Of the 2899 heterosexually acquired infections, 44% (1281) were diagnosed in London, 50% in the rest of England, compared to 6% (162) diagnosed in Wales, Northern Ireland and Scotland combined (table 3). In London 54% (1281) of those newly diagnosed were probably infected with HIV through sex between men, and outside of London, the highest proportion of diagnoses in this transmission group were reported from

the North West region (11%). The majority of HIV infections transmitted through IDU (36 of 84 diagnoses) and mother to infant (49 of 96 diagnoses) were diagnosed in London. Reports of diagnoses of infection attributed to blood/tissue (*ie*, in the course of health care) are all followed-up. None of those diagnosed in 2002 were associated with health care in the UK.

Table 4: HIV infections newly diagnosed in the United Kingdom in 2002 by probable route of infection and ethnicity

Probable route of infection	White		Black African		Black Caribbean		Black Other		Indian sub-continent		Other / Mixed		Not Known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Male (M) or Female (F)	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Sex between men *	917	–	22	–	50	–	10	–	8	–	47	–	427	–	1481	–
Sex between men and women	177	202	696	1290	51	81	6	23	12	12	16	44	111	178	1069	1830
Injecting Drug Use	40	15	1	–	1	–	2	–	1	–	5	–	15	4	65	19
Blood / Tissue	1	1	5	10	–	–	–	–	–	–	–	–	2	3	8	14
Mother to Infant	1	2	38	45	–	2	–	–	–	–	5	2	1	–	45	51
Other / Undetermined	92	20	67	120	12	6	4	1	3	2	4	6	234	185	416	340
Total	1228	240	829	1465	114	89	22	24	24	14	77	52	790	370	3084	2254

* includes 19 individuals who also injected drugs

In 2002, 58% (3084) of reported HIV diagnoses were in men (table 4); 48% were infected through sex between men, and 35% (1069) probably acquired HIV heterosexually. Of those diagnoses where ethnicity is known, including those for whom the probable route of infection has not been established, 54% (1228) of men diagnosed with HIV were white, the equivalent figure in women being 13% (240). Of the 2254 diagnoses in women, 81% (1830) were HIV infections probably acquired heterosexually. Where ethnicity is known, 78% of heterosexually infected women (1290) were of black African origin.

The UK has already seen for 2002 the highest annual number of newly diagnosed HIV infections reported to date, and the numbers will rise further as delayed reports are received. The ultimate total is likely to be almost 6500, a more than two-fold increase on the number of diagnoses reported for 1999.

1. PHLS. AIDS and HIV infection in the United Kingdom: Monthly Report. *Commun Dis RepCDR Wkly* [serial online] 2002 [cited 24 April 2003]; **12** (17): HIV/STIs. Available at <<http://www.phls.co.uk/publications/cdr/PDFfiles/2002/cdr1702.pdf>>

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Society for Applied Microbiology Conference

Society for Applied Microbiology Conference

The Society for Applied Microbiology conference is to be held from 14 to 17 July 2003 at the University of Surrey and the Conference is entitled: 'Microbiology of Engineered Environments' and this year incorporates the 2nd International Congress on Microbiology in Civil Engineering.

Further information may be obtained from Mavis Knight, email: mavis@sfam.org.uk
