



# CDR WEEKLY

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**News**Last updated: **3 September 2004**  
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- ▾ [Rabid dog in south west France](#)
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- ▾ [WHO confirms presence of influenza A \(H5N1\) in pigs in China](#)

**Rabid dog in south west France**

On 26 August 2004, the Pasteur Institute in Paris, France confirmed that an unvaccinated dog that had been illegally imported into south west France from North Africa, was rabid. This incident has implications for:

- UK residents who may have come into contact with the dog in August while travelling in that part of France
- UK residents who are exposed to other animals in that region in the coming months
- Travellers to south west France
- Animals taken to that region under the pet travel scheme
- Control of rabies in Europe
- Details of the incident

The dog, female aged four months, was acquired near Agadir, Morocco, in early July 2004 and illegally imported into France through Spain on 11 July 2004. The dog showed initial clinical signs of illness on 18 August and died on 21 August. The dog would not have been infectious while it was travelling through Spain en-route to France, but is likely to have become infectious on or around 2 August.

The dog was of medium size, with medium length hair of a brown-apricot colour, black muzzle, long tail, and drooping ears (picture).



Further pictures of the dog are available at:

[http://www.invs.sante.fr/display/?doc=presse/2004/communiqués/rage\\_270804](http://www.invs.sante.fr/display/?doc=presse/2004/communiqués/rage_270804).

Transmission of rabies from this animal to humans and other animals could have occurred at any time from 2 August to 21 August. Throughout this period, the infected dog had contact with several people and dogs, and is known to have bitten some people. The dog's owner, a resident of Bordeaux in the Gironde region, frequently took the dog for walks throughout the city, but most often in the neighbourhoods of Pont de Pierre, Bastide, quai de Queyries, the botanical gardens, and near the lake of Bordeaux. The owner also travelled with the dog to other parts of south western France as follows:

- on 2 August to Hostens (Gironde region) including the beach
- on 5 August to the Mimos Festival in Périgueux (Dordogne region)
- from 7 to 8 August to a street theatre festival in Miramont de Guyenne (Lot and Garonne region)
- from 12 to 14 August to the Fest'Art music festival in Libourne (Gironde region).

Further information is available at <http://www.eurosurveillance.org/ew/2004/040902.asp>.

### **Implications for people in France**

Several people have already been identified and given rabies vaccination. French authorities are now urgently seeking additional people and animals who may have been in contact with this dog during the infectious period. In particular, the authorities are seeking:

- a French-North African couple with two children (a boy and girl around the age of five) who played with the dog one night (date not known) after 21:00 in Bordeaux on the quai rive gauche;
- a young lady speaking French with a Spanish accent who was walking near the lake of Bordeaux with her young daughter and a small white West Highland terrier dog on 10 or 11 August;
- a cyclist, aged 40 years, who was chased by the dog on the docks of Garonne in front of the restaurant l'Estacade;
- a couple, aged 50 years, who played with the dog near Lac Bleu in Léognan (Gironde).

People who fit any of the above descriptions who are in France are asked urgently to telephone this emergency number in Gironde: (+33) 15 56 90 60 00. If a UK resident thinks that the description may apply to themselves or someone they know, they should seek medical attention immediately.

People living in the area who believe their dog may have had contact with the infected animal, including licking, sniffing, playing, scratching, or biting, should contact a local veterinary service for an assessment of the risk.

### **Implications for UK residents who travelled to France in August**

UK residents who have had contact with the dog during the infectious period of 2 to 21 August should seek medical attention immediately. Information to that effect has gone out through the media.

Alerts have been sent out to the NHS through Public Health Link and the Health Protection Agency's alerting system (HPAS) to inform health professionals. Those people, who may have had contact with the dog, may already have been reassured that no further action is required, following dog bites, because France has been rabies free – but that advice has now changed. Centres giving advice on post-exposure prophylaxis should have already reviewed their records and re-contacted anyone who had been reassured about an incident occurring in France to check whether they could have been exposed to this specific dog.

### **Implications for post-exposure prophylaxis for rabies for people visiting this region in September to November 2004**

The rabid dog is known to have come into contact with other dogs during its infectious period, and it is possible that other dogs may have been infected as a result. As a precautionary measure France has declared the area in which this latest dog travelled during its illness as "rabies infected" for three months, up to the end of November 2004. This area of south west France comprises the three Départements of Gironde, Dordogne, and Lot et Garonne.

UK individuals who are bitten or have other types of close exposure to animals, while travelling in this part of France during September, October, or November 2004 should be managed as if they had been in a rabies endemic area and be offered rabies vaccine or rabies vaccine and immunoglobulin if indicated by a risk assessment. This is a change in policy since exposures in France were previously considered "no risk", and because France has been rabies-free. It will take several months to determine whether the rabid dog has passed its infection on to other animals as the incubation period in dogs is up to 6 months. Further advice will be issued as and when new information arises.

These incidents highlight the fact that people who have had potential rabies exposures should receive an individual

assessment to decide on further management. Expert advice is available 24 hours from relevant centres; in England, the Health Protection Agency (HPA) Virus Reference Department (tel: 020 8200 4400) or Communicable Disease Surveillance Centre (tel: 020 8200 6868); in Wales, the National Public Health Service for Wales (tel: 029 20742178, out of hours (tel: 029 20747747) and ask for the medical virologist on call). In Scotland the Scottish Centre for Infection and Environmental Health (tel: 0141 300 1100); and in Northern Ireland, the Consultant in Communicable Disease Control in the relevant Health Board or Communicable Disease Surveillance Centre (Northern Ireland) (tel: 02890 263765) .

#### **Implication for people travelling to France in the coming months**

The risk of acquiring rabies in France remains very low and pre-exposure rabies vaccination is not recommended. If UK residents are bitten or scratched by or come into other very close contact with an animal while travelling in the affected Départements of Gironde, Dordogne, or Lot et Garonne they should seek medical attention immediately in France. If they have returned to the UK they should contact their GP or seek advice at an Accident and Emergency Department. Further advice is available at: <<http://www.nathnac.org/>>.

#### **Implications for other animals in France and UK pets travelling to the region**

There has been no routine rabies vaccination of dogs in France since it was declared rabies free in 2001, apart for dogs travelling to and returning from other countries. Advice given by the French Ministry of Agriculture (through extensive media coverage) is for dogs which are not vaccinated to be kept on a lead at all times or kept at home, and observed for 15 days. Anyone who knows or thinks their dog was exposed has been advised to seek veterinary advice.

There is a low risk to UK pets who have travelled to this region in August 2004 and those taken to the region in the coming months. People travelling with cats, dogs, or ferrets to France and other European Union (EU) countries can be expected to have done so under the pet travel scheme. This requires, among other things, that animals are vaccinated against rabies. No vaccination is completely effective. Further information is available from Defra: <<http://www.defra.gov.uk/news/latest/2004/animal-040901.htm>>.

#### **Information that has been issued already**

The Health Protection Agency sent information by e-mail to through HPAS to doctors and issued a press statement, getting coverage in the national media during the weekend of 29 to 31 August to try to alert individuals who may have had direct contact with the dog. The Department of Health issued an alert through the Public Health Link on 29 August. HPA sent further information on the rabies-infected status of the region on 1 September. WHO issued an alert on 1 September 2004 to assist French authorities in tracing persons and their animals known or thought to have been in contact with the infected dog during its infectious period.

#### **Implications for rabies control**

This is the third dog with rabies to be imported illegally into France this year. As routine rabies vaccination of dogs ceased in 2001, the risk that an importation could lead to an outbreak of rabies has increased in recent years. Whether this latest incident results in an outbreak is yet to be determined. Other European countries need to take the incident and its evolving outcome into account in advising residents on appropriate post-exposure prophylaxis following a visit to France.

The risks of re-importation of rabies affect all European countries, and may be increasing as the boundaries of the EU expand towards regions where rabies has been less well controlled in recent years in the wild animal reservoirs such as foxes. For the UK these risks will be minimised by the pet travel scheme rules for pets entering or returning to the UK.

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### **Hepatitis A outbreak linked to hotel in Egypt**

The Robert Koch Institute (RKI) in Berlin issued a European Early Warning on 24 August 2004 following the notification of 22 cases of hepatitis A in German tourists who visited one hotel near the Red Sea in Egypt between 10 June and 24 July (1). Up to 31 August, 157 cases linked to the hotel have been reported in Germany and 38 in other countries, including Austria, Belgium, the Netherlands, Denmark, and Sweden (C Frank, RKI, personal communication, 31 August 2004) . It is believed, through interviews with German tourists staying in the hotel, that people from Austria, Denmark, England, France, Italy, Russia, Sweden, and Switzerland stayed at the hotel during this time period.

Two cases of hepatitis A infection with a history of travel to Egypt have been reported in England and Wales. It is possible that these are linked to the outbreak; further details are awaited however, before confirmation can be made.

No cases of hepatitis A infection in England and Wales with a history of travel to Egypt had been reported through Lab-base (laboratory reporting system) up to 26 August 2004. Travel history is incomplete in laboratory data, so the ascertainment of UK cases that might be linked to this outbreak relies on case finding through the detailed investigations that are carried out by local health protection teams.

Although the risk of contracting hepatitis A in Egypt is highest in rural areas, where sanitation may be poor, this outbreak illustrates that a potential risk of infection exists in hotel accommodation in tourist areas. The risk of acquiring hepatitis A can be reduced by following simple guidelines on food and water hygiene and by ensuring good personal hygiene. More advice can be found on the website of the National Travel Health Network and Centre (NaTHNaC) at:

<<http://www.nathnac.org/healthprofessionals/food-water.html>>.

Non-immune travellers to endemic areas should be offered hepatitis A vaccine. Information for health professionals on hepatitis A vaccination for travellers is available from the National Travel Health Network and Centre, available at:

<<http://www.nathnac.org/healthprofessionals/hepa-vaccine.html>>.

The source of infection is still under investigation, and the RKI should be informed of potentially related cases, email: <[frankc@rki.de](mailto:frankc@rki.de)>. The Health Protection Agency's Communicable Disease Surveillance Centre (CDSC) will pass on non-patient identifiable information about the number of cases that come to light to RKI.

RKI would also welcome contribution to the virus detection and sequencing to establish the extent of the outbreak – it will also contribute to their European genotyping database. They are requesting IgM positive serum samples and/or stool specimens from persons with acute Hepatitis A for potential virus detection and sequencing. Those interested in contributing to this investigation, should forward specimens to the Health Protection Agency Specialist and Reference Microbiology Division, cOlindeale, London (contact Siew-Lin Ngui), email: <[Siewlin.ngui@hpa.org.uk](mailto:Siewlin.ngui@hpa.org.uk)>, tel 020 8327 6234). Genotyping is a tool for epidemiological investigation; it would help a patient prove that their infection is linked to this specific outbreak, but is of no clinical benefit to patients.

Health professionals who become aware of cases that might be linked to this outbreak, should report them to Natasha Crowcroft (email: <[natasha.crowcroft@hpa.org.uk](mailto:natasha.crowcroft@hpa.org.uk)>, tel 020 8327 7437) or Julia Granerod (email:

<[julia.granerod@hpa.org.uk](mailto:julia.granerod@hpa.org.uk)>, tel 020 8327 7060) in the Immunisation Department of CDSC.

## References

1. Frank C, Stark K. Cases of travel-associated hepatitis A in Germany: international alert. *Eurosurv Wkly* [serial online] 2003 [cited 2 September 2004]; 8 (35). Available at: <<http://www.eurosurveillance.org/ew/2004/040826.asp> - 1>..

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## WHO confirms presence of influenza A (H5N1) in pigs in China

On 25 August 2004, the World Health Organization (WHO) confirmed that there is evidence of avian influenza A (H5N1) infection in pigs from farms in parts of China.

The possibility that pigs might have a role in the emergence of new influenza viruses has been suggested, as they have receptors in their respiratory tract which make them potentially susceptible to infection with both human and avian influenza viruses. If a pig becomes simultaneously infected with both a human and an avian influenza virus, the animal itself can serve as a "mixing vessel" which facilitates the exchange of genetic material between the two viruses in a process known as "reassortment". It is therefore theoretically possible that the resulting new virus may have one or more of the following features:

- 1) it is partially of avian origin, meaning that humans will have no background immunity to it
- 2) it retains sufficient human influenza genes to allow efficient person-to-person transmission
- 3) it can cause severe disease

If all of these features are present, the new virus may have the potential to cause an influenza pandemic. The risk of this happening is not negligible, but is nevertheless small.

Given the widespread nature of the current influenza A H5N1 outbreak in Asia, and the ability of influenza viruses to jump the species barriers, scientists regard it as inevitable that evidence of infection with the H5N1 virus will be detected in a small number of pigs. It is not clear, however, from the results of studies undertaken to date, whether the virus has become widely established in pig populations in China.

The WHO are encouraging further studies to help national and international health authorities assess the role pigs and

humans play in the emergence of a new pandemic influenza virus, and to inform appropriate public health interventions. Further information is available from WHO website at [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/).

## Respiratory

Last updated: 3 September 2004

Next update due: 7 October 2004

 [Laboratory reports of respiratory infections made to CDSC from Health Protection Agency and NHS laboratories in England and Wales: weeks 32-35/2004](#)



### Laboratory reports of respiratory infections made to CDSC from Health Protection Agency and NHS laboratories in England and Wales: weeks 32-35/2004

Data are recorded by week of report, but only include specimens taken in the last eight weeks (*ie*, recent specimens).

**Table 1 Reports of influenza infection made to CDSC, by week of report: weeks 32-35/2004**

Week	32/04	33/04	34/04	35/04	
Week ending	08/08/04	15/08/04	22/08/04	29/08/04	Total
<b>Influenza A</b>	10	9	–	3	<b>22</b>
Isolation	–	–	–	–	–
DIF	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other	10	9	–	3	<b>22</b>
<b>Influenza B</b>	1	2	2	1	<b>6</b>
Isolation	–	–	–	–	–
DIF	–	1	–	1	<b>2</b>
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other	1	1	2	–	<b>4</b>
<b>Influenza (untyped)</b>	–	–	–	–	–
Isolation	–	–	–	–	–
DIF	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other	–	–	–	–	–

DIF = Direct Immunofluorescence.

'Other' = 'Antibody detection - single high titre' or 'method not specified'.

**Table 2 Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in**

paired sera, single high serology titre, genomic, electron microscopy, other method, other method unknown), by week of report: weeks 32-35/2004

Week	32/04	33/04	34/04	35/04	Total
Week ending	08/08/04	15/08/04	22/08/04	29/08/04	
Adenovirus*	12	13	39	28	92
Coronavirus	–	–	–	–	–
Parainfluenza†	2	–	8	9	19
Rhinovirus	2	1	5	1	9
Respiratory syncytial virus (RSV)‡	5	6	6	2	19

\*Respiratory samples only. Excludes diagnoses made by electron microscopy (EM).

†Includes parainfluenza types 1, 2, 3, 4, and untyped.

‡Excludes diagnosis made by electron microscopy (EM).

**Table 3 Respiratory viral detections by age group: weeks 32-35/2004**

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	6	12	10	48	12	4	–	92
Coronavirus	–	–	–	–	–	–	–	–
Influenza A	–	–	3	7	7	5	–	22
Influenza B	2	–	–	–	2	2	–	6
Parainfluenza†	11	3	1	1	3	–	–	19
Rhinovirus	7	2	–	–	–	–	–	9
Respiratory syncytial virus (RSV)‡	13	1	1	1	1	1	1	19

\*Respiratory samples only, and excludes diagnoses made by electron microscopy (EM).

†includes parainfluenza types 1, 2, 3, 4, and untyped.

‡Excludes diagnoses made by electron microscopy (EM).

**Table 4 Laboratory reports of infections associated with atypical pneumonia by week of report (non-pneumonic cases\*): weeks 32-35/2004**

Week	32/04	33/04	34/04	35/04	Total
Week ending	08/08/04	15/08/04	22/08/04	29/08/04	
<i>Coxiella burnettii</i>	–	–	2	–	2
Respiratory <i>Chlamydia</i> sp†	1	2	6	1	10
<i>Mycoplasma pneumoniae</i>	6	1	13	–	20
<i>Legionella</i> sp	4	3	10	5	22

†Includes *Chlamydia psittaci*, *Chlamydia pneumoniae*, and *Chlamydia* sp detected from blood, serum, and respiratory specimens.

**Table 5 Reports of legionnaires' disease (pneumonic and non-pneumonic\*) cases in England and Wales, by week of report: weeks 32-35/2004**

<b>Week</b>	<b>32/04</b>	<b>33/04</b>	<b>34/04</b>	<b>35/04</b>	
<b>Week ending</b>	<b>08/08/04</b>	<b>15/08/04</b>	<b>22/08/04</b>	<b>29/08/04</b>	<b>Total</b>
Nosocomial	1	–	–	–	<b>1</b>
Community	3	–	3	2	<b>8</b>
Travel abroad	–	3	6	1	<b>10</b>
Travel UK	–	–	1	2	<b>3</b>
<b>Total</b>	<b>4</b>	<b>3</b>	<b>10</b>	<b>5</b>	<b>22</b>
Male	3	3	9	5	<b>20</b>
Female	1	–	1	–	<b>2</b>

Twenty-two cases were reported with pneumonia, 20 males aged between 35 and 73 years and two females aged 33 and 55 years. One case was hospital-acquired, and eight cases were community-acquired infections. No deaths were reported.

Thirteen cases were travel associated: England (3), Spain (3), France (2), Italy (2), France, Germany and Italy (1), Greece (1), and Thailand (1).

humans play in the emergence of a new pandemic influenza virus, and to inform appropriate public health interventions. Further information is available from WHO website at <[http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)>.

**Zoonoses**Last updated: **3 September 2004**Next update due: **7 October 2004****Common animal associated infections, England and Wales laboratory reports: weeks 32-35/04****Common animal associated infections, England and Wales laboratory reports: weeks 32-35/04**

	Total reports for weeks 32-35		Cumulative totals for weeks 32-35	
	2004*	2003	2004*	2003
<i>Borrelia burgdorferi</i> *‡	26	54	136	208
<i>Leptospira hardjo</i> †§	1	—	1	-
<i>Leptospira icterohaemorrhagiae</i> †§	—	2	3	6
<i>Leptospira other</i> †§	3	—	8	7
<i>Pasteurella haemolytica</i>	—	—	8	3
<i>Pasteurella multocida</i>	22	23	189	178
<i>Pasteurella pneumotropica</i>	1	—	6	7
<i>Pasteurella</i> spp	6	6	55	57
<i>Toxocara</i> spp	—	1	3	4
<i>Toxoplasma gondii</i>	1	1	18	23
<i>Toxoplasma</i> spp	4	2	36	41
<i>Capnocytophaga</i> spp	—	1	3	6
<i>Echinococcus granulosus</i>	—	1	2	7
<i>Coxiella burnetii</i>	2	2	26	27
<i>Chlamydia psittaci</i>	5	6	49	57
<i>Brucella</i> spp	3	—	9	4
Orf-paravaccinia virus	—	—	1	2

\* provisional data; † by specimen date; ‡ Lyme Disease Reference Laboratory and CDSC.

§ *Leptospira* Reference Laboratory and CDSC. NA = Not available.**Comment****Lyme borreliosis**

M 73y with myalgia following tick exposure in East Anglia, F 72y erythema migrans (EM), M 49y tick bite 5 days previously, M 9y tick bite in New Forest, M 44y no clinical details (NCD), M 9y tick bite 2/12 previously, M 73y multiple tick bites, M 60y EM and lethargy, F 43y EM tick bite in Scotland, M 57y EM, F 7y tick bite EM, M 35y tick bite EM malaise arthralgia, M 11 y NCD, M 75y NCD, F 53y EM and facial palsy, M 40y tick bite 4 weeks previously, M 71 y

EM on calf, F 42y tick bites, sex not stated, 67y NCD, M 48y tick bite and EM, M 74y EM, M 61y tick bite and rash, M 59y tick bite in French woods, M 52y tick bites, M 71y tick bite flu-like illness, M 66y NCD.

**Leptospirosis:**

***Leptospira hardjo:***

M 39y, working with livestock

***Leptospira spp:***

M 13y, played rugby then jumped in River Thames

M49y, M age not stated, no clinical details

**Pasteurellosis**

***Pasteurella multocida:*** F 30y cat bite, F 5y bitten by a dog, F 4y wound to cheek following a dog bite, F 75 y cat scratch, F 81y cat scratch, F 61y with unspecified animal contact, 12 females: aged 5y to 84y, 9 males: aged 1y to 88y

***Pasteurella pneumotropica:*** F 11y with no clinical or epidemiological details

***Pasteurella spp:*** F 70 y cat bite, F 21y, 4 males aged 24y to 88y

**Toxoplasmosis**

***Toxoplasma gondii:*** M 36y with acute infection

***Toxoplasma spp:*** 4 females aged 24y to 41y

**Q fever:** M 40 y, F 51y with acute Q fever

**Psittacosis**

F 59y breathless and sore throat

M 35y with persistent cough, three females aged 25y to 49y

**Brucellosis**

***Brucella melitensis:***

M age not stated biovar 1, M age not stated no details

***Brucella melitensis:***

M age not stated biovar 1, M age not stated no details

***Brucella spp:***

M age not stated