CDR WEEKLY

the Communicable Disease Report Weekly

Current Issue: Volume 16 Number 19 **Published on:** 11 May 2006

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News

Last updated: **5 May 2006**, Volume 16, No 19
Next update due: **11 May 2006**

Cluster of heterosexual HIV transmission in Cornwall

Seasonal influenza in the United Kingdom 2005/6 – summary

Cluster of heterosexual HIV transmission in Cornwall

A cluster of cases of heterosexual HIV transmission has been identified in St Ives, Cornwall, and is being investigated by HPA South West and the local NHS Trusts.

It has not yet been possible to obtain a full sexual history for all of the patients, and to complete the contact tracing process. It appears that there has been a risk to the local population over a six to eight years period. These factors lead the outbreak control team to make a public announcement on Friday 5 May. In the 72 hours following the announcement, the NHS Direct helpline received 200 calls. People are being offered tests in special clinics in St Ives and Truro. Numbers attending the special clinics are increasing steadily.

The public health response to a local outbreak of heterosexually-acquired HIV infection is complex. Such outbreaks often gain a high media profile, and the issue of preserving confidentiality, and ensuring that those exposed to infection can have proper diagnosis and treatment, need to be balanced with the need to inform and offer testing to the wider population who may have been at risk of exposure. In this instance the outbreak attracted both local and national media coverage, not all of which was accurate.

St Ives is a costal town with a population of 7715 of whom 4380 are aged between 15 and 59 years. The population of St Ives increases greatly during the summer months, due to the influx of tourists. Cornwall is an area of low incidence of HIV.

For further information please contact Brian Guttridge, Consultant in Communicable Disease Control Cornwall, HPA South West; email <Brian.Guttridge@centralpct.cornwall.nhs.uk>.

Seasonal influenza in the United Kingdom 2005/6 – summary

The 2005/06 influenza season was the sixth consecutive year of low levels of influenza activity in the United Kingdom. Clinical activity started to increase late, from week 05/2006 (early February) peaking at 43.7 per 100,000 in week 07/2006 (mid-February). In England, Wales, and Scotland rates for influenza and influenza-like illness remained close to or below baseline levels during the whole season. Northern Ireland, which does not yet use thresholds, recorded a later peak at 101 per 100,000 in week 08/2006. Virological activity remained at low levels in England and Wales. Influenza B virus was identified by the Respiratory Virus Unit at the HPA Centre for Infections as the dominant influenza virus, with 75.5% detections between week 40/2005 and 16/2006. The circulating strain was mostly B/Hong Kong/330/2001-like virus. This dominance of influenza B was also seen in most European countries participating in the European Influenza Surveillance Scheme (EISS).

A large number of school outbreaks of influenza-like illness (689 out of 708 outbreaks) were reported across England and Wales, mainly during January and February 2006. Seventy of the outbreaks were confirmed as due to influenza B virus infection. Other establishments (such as nursing homes) also reported influenza B outbreaks. Many school outbreaks were reported with coinfections, mainly suspected norovirus. A small number of influenza A outbreaks in nursing homes were also reported towards the end of the season.

A full report can be found on the seasonal influenza pages of the HPA website at <http://www.hpa.org.uk/infections/topics_az/influenza/seasonal/activity0506/flureport.htm>.

Enteric

Last updated: **11 May 2006**, Volume 16, No. 19
Next update due: **22 June 2006**

Enteric Routine Data Reports

General outbreaks of foodborne illness in humans, England and Wales: weeks 14-18/06

Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (salmonella data set): March 2006

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 14-18/06

Typhoid and paratyphoid, England and Wales: laboratory reports: January to March 2006

General outbreaks of foodborne illness in humans, England and Wales: weeks 14-18/06

Preliminary information has been received about the following outbreaks.

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Hampshire and Isle of Wight	*S.* Enteritidis PT 4	Function	April	4	4	–	–

M (microbiological): identification of an organism of the same type from cases and in the suspect vehicle, or vehicle ingredient(s), or detection of toxin in faeces or food; D (descriptive): other evidence, usually descriptive, reported by local investigators as indicating the suspect vehicle or food; S (statistical): a significant statistical association between consumption of the suspect vehicle(s) and being a case.

Salmonella infections (faecal specimens), England and Wales, reports to the HPA (salmonella data set): March 2006

Details of serotypes of 441 Salmonella infections recorded in March 2006 are given in the table below. In April 2006, 592 Salmonella infections were recorded and preliminary information was received about one outbreak (see table above).

	March 2006
S. Enteritidis (PT4)	40
S. Enteritidis (other PTs)	95
S. Typhimurium	75
S. Virchow	19
Others (typed)	212
Total *Salmonella* (provisional data)*	**441**

*Figures quoted from the Health Protection Agency salmonella data set are for isolates confirmed and typed by Laboratory of Enteric Pathogens (LEP).

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 14-18/06

Laboratory reports	Number of reports received					Total reports	Cumulative total to	
	14/06	15/06	16/06	17/06	18/06	14-18/06	18/06	18/05
Campylobacter	464	371	404	448	71	**1758**	**8918**	**10,743**
Escherichia coli* O157	10	8	2	8	9	**37**	**126**	**97**
***Salmonella*†**	253	132	105	102	66	**658**	**2060**	**2268**
Shigella sonnei	13	6	6	10	–	**37**	**144**	**256**
Rotavirus	684	464	343	269	80	**1840**	**10,098**	**11,161**
Norovirus	158	81	68	33	6	**346**	**2638**	**2030**
cryptosporidium	21	24	43	45	26	**159**	**604**	**611**
Giardia	47	23	27	24	6	**127**	**699**	**843**

*Vero cytotoxin-producing isolates (data from Health Protection Agency's Laboratory of Enteric Pathogens (LEP).
† Data from Health Protection Agency's Laboratory of Enteric Pathogens.

Typhoid and paratyphoid, England and Wales: laboratory reports: January to March 2006

		Infection acquiried aborad			
Organism and Phage type	**Number of cases**	**Yes**	**No**	**Not reported**	**Excreters and carriers**
***S.* typhi**					
D1	2	–	–	2	–
E1	21	6	–	15	–
E9	3	2	–	1	–
E14	1	1	–	–	–
J1	1	1	–	–	–
K1	1	1	–	–	–
O	1	–	–	1	–
46	1	1	–	–	–
53	1	–	–	1	–
Degraded	2	1	–	1	–
Untypable	1	1	–	–	–
Untypable Vi-1	1	1	–	–	–
Untypable Vi-2	4	3	–	1	–
Untypable Vi-7	5	3	–	2	–
Vi-negative	2	–	–	2	–
***S.* paratyphi A**					
1	21	9	–	12	–
1A	8	5	–	3	–
2	5	3	–	2	–
4	3	1	–	2	–
6	1	–	–	1	–
13	12	6	–	6	–
Untypable	5	1	–	4	–
RDNC	1	1	–	–	–

Forty-seven cases of *Salmonella* typhi infection were reported in the first quarter of 2006. Twenty-one cases were infected abroad (Indian subcontinent 18, Bulgaria 1, Nigeria 1, abroad country not specified 1). In 26 cases the country of infection was not stated.

Fifty-six cases of *S*. paratyphi A infection were reported. Twenty-six cases were infected abroad (Indian subcontinent 22, abroad country not specified 4). In 30 cases the country of infection was not stated.

There were no cases of *S.* paratyphi B infection reported this quarter.

Emerging Infections/ CJD

Last updated: **11 May 2006**, Volume 16, No. 19
Next update due: **10 August 2006**

Creutzfeldt-Jakob disease (CJD) update report

This six-monthly report provides an update on reports of incidents of potential iatrogenic (healthcare-acquired) exposure to Creutzfelt-Jakob disease (CJD) via surgery, and on the National Anonymous Tonsil Archive. Numbers of CJD case reports can be found on the national CJD Surveillance Unit (NCJDSU) [1]. The latest quarterly analysis of vCJD reports (onsets and deaths) is also available from the NCJDSU website [2].

Reports of incidents of potential iatrogenic exposure to CJD via surgery: September 2004 to August 2005

During the year September 2004 to August 2005, 62 incidents of potential exposure to CJD via surgical instruments were reported to the CJD Incidents Panel. Surgical incidents occur when instruments considered potentially contaminated with the CJD agent during use on an index patient have been subsequently re-used on other patients. The patient whose surgery results in potential contamination of instruments is referred to as the index patient. Table 1 shows the number of CJD surgical incidents reported to the CJD Incidents Panel during the five years August 2000 to August 2005 by the diagnosis of the index patient.

Table 1 CJD Surgical Incidents (n=235) reported to the CJD Incidents Panel, by diagnosis of index patient: August 2000 and August 2005

Final diagnosis of index patient	Year 1 to 4	Year 5	Total
	28/08/00-31/08/2004	01/09/04-31/08/2005	Aug 2000-Aug-05
Sporadic CJD (possible, probable or definite)	81	16	**97**
Variant CJD(possible, probable, or definite)	45	2	**47**
Other types of CJD, or 'at risk' of CJD, or CJD type unclear	33	42	**75**
Not CJD	14	2	**16**
Total	**173**	**62**	**235**

Investigation of surgical incidents occasionally resulted in advice to remove surgical instruments from use on other patients (to quarantine, destroy, or donate for research). Hospitals are asked to consider sending any instruments to be permanently removed from use to the Surgical Instrument Store (held by the Health Protection Agency [HPA], Porton Down) to be used for research purposes.

In year five, (ie, from 1 September 2004 to 31 August 2005), the Panel advised that instruments should be permanently removed from use on other patients following use on the index patient in seven incidents. Advice to contact and inform patients of their potential exposure to CJD via surgical instruments was given in one incident. Information about the CJD Incidents Panel can be found on the HPA website [3].

The National Anonymous Tonsil Archive

The National Anonymous Tonsil Archive (NATA) is a national unlinked anonymous survey of tonsil tissue that will be used to undertake studies on the prevalence of abnormal prion protein, the agent believed to be responsible for infection with variant Creutzfeldt-Jakob Disease (vCJD) [4]. NATA began it's activities at the end of 2003 and aims to collect 100,000 pairs of tonsils. Tonsils are being collected from people of all ages during routine tonsillectomies. The archive only includes tissue which is not required for patient care, and would normally be discarded. Patients are given an opportunity to object to their tissues being used in the archive.

By the end of April 2006, 25,209 tonsil pairs had been collected. In addition, 1087 collection forms were completed without accompanying tonsil tissue (730 due to patient objection and 357 due to clinical pathology having been requested on the specimen as part of the patient's care). Figure 1 shows the number of tonsil pairs received per month between January 2004 and April 2006.

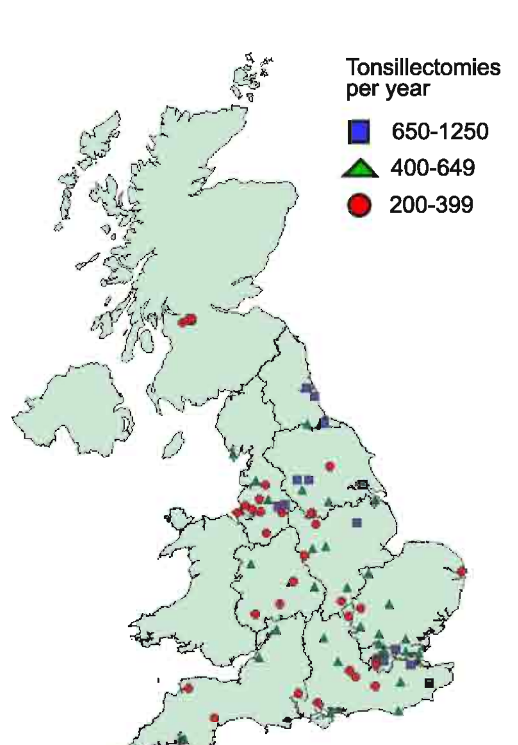
Figure 1 Number of tonsil pairs collected for NATA monthly: January 2004 to April 2006

1500
1200
900
600
300
0
Number of tonsil pairs collected
Jan-04 Mar-04 May-04 Jul-04 Sep-04 Nov-04 Jan-05 Mar-05 May-05 Jul-05 Sep-05 Nov-05 Jan-06 Mar-06
Month-Year

By April 2006, 76 of the 100 NHS hospital trusts that perform more than 200 tonsillectomies per year in England were regularly sending tonsil pairs to NATA. Recruitment of hospitals continues, with the expectation that the target recruitment rate of 500 tonsil pairs per week will be met. Approximately 50,000 tonsillectomies are currently performed annually in England.

The project has recently started in Scotland where just over 5000 tonsillectomies are performed each year. There are 14 hospitals in Scotland that carry out more than 200 tonsillectomies per year and these hospitals are being visited by a team of liaison officers so that procedures for the collection of tonsil tissue after tonsillectomies are successfully adopted. By April 2006, six of the hospitals in Scotland had begun sending tonsil tissue to the archive.

Figure 2 NHS hospital trusts currently sending tonsils to NATA



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