



CDR WEEKLY

the Communicable Disease Report Weekly

Current Issue: Volume 16 Number 22 **Published on:** 2 June 2006

NEWS STORIES:

- ↙ Update to press report on suspected Ebola
- ↙ *Working Party Guidance on the Control of Multi-Resistant Acinetobacter Outbreaks*
- ↙ Gwynedd healthcare worker: look back exercise
- ↙ Department of health publishes *Heatwave: plan for England*

INFECTION REPORTS:

RESPIRATORY

- ↙ Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 18-21/06

CDR S UBSCRIPTION:

To subscribe to CDR Weekly, email us at: cdr@hpa.org.uk

News

Last updated: 2 June 2006 **Volume 16, No.22** **Next update:** 8 June 2006

- ☑ Update to press report on suspected Ebola
 - ☑ *Working Party Guidance on the Control of Multi-Resistant Acinetobacter Outbreaks*
 - ☑ Gwynedd healthcare worker: look back exercise
 - ☑ *Department of health publishes heatwave plan for England*
-

☑ Update to press report on suspected Ebola

A press report in the United Kingdom (UK) media on Saturday 20 May said that a patient with suspected Ebola haemorrhagic fever had been transported from Southern Africa on a overnight flight to the UK on Thursday night/Friday morning 18/19 May 2006. The patient who had been ill on the flight was immediately taken to casualty where they died within one and a half hours. Tests for viral haemorrhagic fevers and rabies have all proved negative.

Calls on this case are still being received at the Health Protection Agency's Centre for Infections by medical and scientific staff and by the press and media teams locally in London and nationally. The HPA can confirm that the tests were negative. Ongoing investigations are proceeding to establish the cause of death.

☑ *Working Party Guidance on the Control of Multi-Resistant Acinetobacter Outbreaks*

Expert guidance developed by a working group representing the Association of Medical Microbiologists, British Society for Antimicrobial Chemotherapy, Health Protection Agency, Hospital Infection Society, Infection Control Nurses Association, and Department of Health has been updated following two meetings of Infection Control Teams from many of the affected hospitals and relevant experts. This is the first update of the guidance and it is the working group's intention to review it periodically in the light of new evidence for prevention and control. The guidance can be viewed <http://www.hpa.org.uk/infections/topics_az/acinetobacter_b/guidance.htm>.

☑ Gwynedd healthcare worker: look back exercise

A healthcare worker in Gwynedd, north Wales was discovered last year to be hepatitis C positive. The healthcare worker is no longer working. In compliance with national guidelines the Incident Management Team set up to manage the look back examined the infection control procedures and records of the healthcare worker. This raised concerns, and advice was sought from the United Kingdom Advisory Panel (UKAP) for Blood-Borne Viruses. The Panel advised that there is a very low risk of hepatitis B or HIV being passed from one patient to another in the healthcare setting. The Incident Management Team (National Public Health Service for Wales and Gwynedd Local Health Board) advise that the contact programme is precautionary and the risk of transmission of hepatitis C from the healthcare worker to a patient is very low. The healthcare worker does not have hepatitis B or HIV. In addition to advice and support an opportunity to be tested for hepatitis C, hepatitis B, and HIV is available.

Letters are being sent to over 5000 patients, the majority of whom still reside in the north Wales area. A large number of patients are, however, now believed to be living in other parts of Wales, in other parts of the United Kingdom or overseas. This latter group of patients are also receiving letters offering advice, support from a dedicated helpline, and a blood test.

More information about the look back, including press releases and a 'frequently-asked questions' document is available for the NPHS internet site at www.nphs.wales.nhs.uk in both Welsh and English.

Department of health publishes heatwave plan for England

The Department of Health has published the latest version of the heatwave plan [1], which operates from 1 June to 15 September 2006. The plan outlines the arrangements to be taken by health and social care services and other bodies to raise awareness of the risks associated with severe hot weather, and the preparations they should make to reduce those risks.

The action to be taken depends on the level of the threat. The levels (Levels 1 to 4) are defined by temperature thresholds and give rise to different actions, which are detailed in the plan.

References

1. Department of Health. *Heatwave plan for England - protecting health and reducing harm from extreme heat and heatwaves*. London: Department of Health, 2006. Available at <http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4135296&chk=kQeY65>.
-

Respiratory

Last updated: 2 June 2006, Volume 16, No. 22 Next update: 6 July 2006

Respiratory Routine Data Reports

Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 18-21/06

Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 18-21/06

Table 1 Reports of influenza infection made to HPA Centre for Infections, by week of report: weeks 18-21/2006

Week	Week 18	Week 19	Week 20	Week 21	Total
Week ending	07/05/06	14/05/06	21/05/06	28/05/06	
Influenza A	14	9	13	17	53
Isolation	2	–	1	5	8
DIF*	–	–	5	2	7
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	4	4
Other†	12	9	7	6	34
Influenza B	2	2	–	3	7
Isolation	–	–	–	–	–
DIF*	–	–	–	1	1
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other†	2	2	–	2	6
Influenza (untyped)	–	–	–	–	–
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 18-21/2006

Week	Week 18	Week 19	Week 20	Week 21	Total
Week ending	07/05/06	14/05/06	21/05/06	28/05/06	
Adenovirus*	14	16	14	38	82
Coronavirus	–	–	–	–	–
Parainfluenza†	5	8	16	12	41
Rhinovirus	–	–	2	–	2
Respiratory syncytial virus (RSV)‡	11	8	5	10	34

*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 18-21/2006

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	13	9	7	35	16	1	1	82
Coronavirus	–	–	–	–	–	–	–	–
Influenza A	3	4	6	10	11	19	–	53
Influenza B	–	–	2	2	1	–	2	7
Parainfluenza†	25	10	3	2	–	–	1	41
Rhinovirus	2	–	–	–	–	–	–	2
Respiratory syncytial virus (RSV)‡	21	–	–	3	7	3	–	34

*Respiratory samples only.

†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: weeks 18-21/2006

Week	Week 18	Week 19	Week 20	Week 21	Total
Week ending	07/05/06	14/05/06	21/05/06	28/05/06	
<i>Coxiella burnetii</i>	1	–	–	–	1
Respiratory <i>Chlamydia</i> sp*	1	3	1	1	6
<i>Mycoplasma pneumoniae</i>	14	14	8	7	43
<i>Legionella</i> sp	4	3	3	3	13

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

Table 5a Reports of legionnaires' disease cases in England and Wales, by week of report: weeks 18-21/2006

Week	Week 18	Week 19	Week 20	Week 21	Total
Week ending	07/05/06	14/05/06	21/05/06	28/05/06	
Nosocomial	–	–	–	–	–
Community	2	2	–	2	6
Travel abroad	2	–	3	1	6
Travel UK	–	1	–	–	1
Total	4	3	3	3	13
Male	4	3	3	2	12
Female	–	–	–	1	1

*Pneumonic and non-pneumonic cases.

Thirteen cases were reported with pneumonia – 12 males aged between 33 and 76 years and F 37y. Six cases had community-acquired infection. Two deaths were reported (M44 and M64). One case was associated with a community-acquired cluster.

Seven cases were travel associated: Dominican Republic (1), Germany (1), India & United States of America (1), Latvia (1) Mexico (1), Spain (1), and United Kingdom (1).

Table 5b Reports of legionnaires' disease (pneumonic and non-pneumonic*) cases by region of report in England and Wales: weeks 18-21/2006

Region	Nosocomial	Community	Travel (Abroad)	Travel (UK)	Total
North East	–	1	–	–	1
Yorkshire & the Humber	–	2	3	–	5
East Midlands	–	–	–	–	–
East of England	–	1	–	–	1
London	–	–	1	–	1
South East	–	1	1	1	3
South West	–	–	–	–	–
West Midlands	–	1	–	–	1
North West	–	–	–	–	–
Wales	–	–	1	–	1
Total	–	6	6	1	13

*Including case who travelled both abroad and to UK.