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Tuberculosis in England, Wales, and Northern Ireland – 2005 figures released

Final data on tuberculosis cases reported to the Enhanced Tuberculosis Surveillance system in 2005, and the outcome of treatment for cases reported in 2004 have been published on Health Protection Agency (HPA) website. An HPA newsletter also released today provides an update on the national tuberculosis situation and current initiatives contributing to the control of tuberculosis in the United Kingdom . Both the latest data and the newsletter are available at http://www.hpa.org.uk/infections/topics_az/tb/menu.htm.

In 2005, a total of 8113 tuberculosis cases were reported in England , Wales and Northern Ireland, a rate of 14.7 per 100,000 population. The number of cases reported increased by 11% between 2004 and 2005. There was a 7% increase in the number of pulmonary cases and a 17% increase in the number of extra-pulmonary cases. The majority of tuberculosis cases continue to occur in the non-UK born population (72% in 2005).

Between 2001 and 2004, the proportion of tuberculosis cases in which the outcome of treatment was reported increased from 79 to 86%, while the proportion of cases completing treatment remained constant at around 78 to 79%.

The continuing increase in tuberculosis incidence in England, Wales, and Northern Ireland re-enforces the need for the continued surveillance of the disease and highlights the importance of working towards the goals outlined in the Chief Medical Officer's Tuberculosis Action plan [1].

References

1. Department of Health. *Stopping tuberculosis in England: an action plan from the Chief Medical Officer*. London: Department of Health, 2004. Available at http://www.dh.gov.uk/AboutUs/MinistersAndDepartmentLeaders/ChiefMedicalOfficer/CMOGeneralArticle/fs/en?CONTENT_ID=4103091&chk=3U7zta.

Suspected cases of *Paecilomyces variotii* pseudofungaemia

Since July 2006, there has been a marked increase in the number of *Paecilomyces variotii* isolates referred to the HPA Mycology Reference Laboratory (MRL) in Bristol for identification, and in some cases susceptibility testing. Nineteen *P. variotii* sterile site isolates (all except four from blood culture) have been received by MRL since 1 July 2006, compared with the usual 5 to 6 isolates received per year. The isolates originated from 14 laboratories with a wide distribution around England, to whom the Centre for Infections is grateful for highlighting the issue. A further 20 cases of suspected 'pseudofungaemia' caused by *P. variotii* from seven laboratories have been reported to MRL, bringing the total number identified to nearly 40. Antifungal susceptibility testing suggests that two distinct strains are involved, although morphologically the isolates are similar and differ in appearance from the usual *P. variotii* strains.

P. variotii is a common environmental filamentous fungus, present in soil and decaying vegetable matter. Although *P. variotii* is occasionally associated with human infection and is an emerging pathogen in immunocompromised patients [1], invasive infection is rare, raising the likelihood of contamination with consequent implications for patient management. No source for these suspected contaminants has been identified although it is clear that at least two different blood culture detection systems are in use at the different hospitals.

P. variotii may be misidentified by laboratories as *Fusarium* or *Cladosporium* but can be distinguished by the production of long non-branching chains of oat-shaped cells produced from long, delicate phialides. Isolates identified to date have a less powdery appearance, more floccose aerial mycelium and a less distinct khaki colour than is usual for this species. Laboratories should carefully question the clinical significance of any *Paecilomyces* spp. identified. For further information on the identification of isolates or other mycological advice, contact Elizabeth Johnson at the Mycology Reference Laboratory, Bristol, tel: 0117 9285028 / 0117 9291326; email elizabeth.johnson@ubht.nhs.uk.

Further investigation of these apparent pseudofungaemias is being undertaken by the HPA Centre for Infections (Healthcare Associated Infection and Antimicrobial Resistance Department and Mycology Reference Laboratory). Laboratories who have identified this mould since the beginning of July 2006 are requested to contact Colin Campbell at the Centre for Infections, tel: 020 8327 7146; email: colin.campbell@hpa.org.uk.

All laboratories prospectively identifying any *Paecilomyces variotii* isolates are asked to keep the isolates and take a record of events around the blood culture taking process, details of the patient and the interpretation of the blood culture results to facilitate our investigation. For instance, who took the blood culture, their procedure (for example, prior hand washing; whether rubber tops of the blood culture bottles were disinfected and alcohol allowed to evaporate first; whether patient's skin was disinfected and what wipes were used), what type of venepuncture set was used (plus manufacturer), whether blood was taken from a peripheral vein or from an indwelling line, type of indwelling line, were other blood collection tubes filled before the blood culture set (if so, which types of bottles eg EDTA and manufacturer), type of blood culture system used and which bottle(s) were positive. This will help determine the source of the contamination.

References

1. Groll AH, Walsh TJ. Uncommon opportunistic fungi: new nosocomial threats. *Clin Microbiol Infect* 2001; 7: 8-24. Available at <<http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1469-0691.2001.tb00005.x>>

Respiratory

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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 40-43/06

↘ Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 40-43/06

Table 1 Reports of influenza infection made to HPA Centre for Infections, by week of report: weeks 40-43/2006

Week	Week 40	Week 41	Week 42	Week 43	Total
Week ending	08/10/06	15/10/06	22/10/06	29/10/06	
Influenza A	2	2	–	2	6
Isolation	–	–	–	–	–
DIF*	–	1	–	–	1
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other†	2	1	–	2	5
Influenza B	–	2	–	–	2
Isolation	–	–	–	–	–
DIF*	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other†	–	2	–	–	2
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 40-43/2006

Week	Week 40	Week 41	Week 42	Week 43	Total
Week ending	08/10/06	15/10/06	22/10/06	29/10/06	
Adenovirus*	2	2	–	2	6
Coronavirus	–	–	–	–	–
Parainfluenza†	3	4	6	4	17
Rhinovirus	2	3	3	–	8
Respiratory syncytial virus (RSV)‡	6	12	26	29	73

*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 40-43/2006

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	7	3	7	37	13	2	–	69
Coronavirus	–	–	–	–	–	–	–	–
Influenza A	–	–	1	1	4	–	–	6
Influenza B	–	–	1	1	–	–	–	2
Parainfluenza†	9	2	1	2	1	2	–	17
Rhinovirus	3	3	1	–	–	–	1	8
Respiratory syncytial virus (RSV)‡	63	3	–	1	3	3	–	73

*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 40-43/2006

Week	Week 40	Week 41	Week 42	Week 43	Total
Week ending	08/10/06	15/10/06	22/10/06	29/10/06	
<i>Coxiella burnettii</i>	1	–	2	–	3
Respiratory <i>Chlamydia</i> sp*	2	2	1	2	7
<i>Mycoplasma pneumoniae</i>	12	17	14	10	53
<i>Legionella</i> sp	16	30	29	32	107

*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 40-43/2006

Week	Week 40	Week 41	Week 42	Week 43	Total
Week ending	08/10/06	15/10/06	22/10/06	29/10/06	
Nosocomial	–	–	–	–	–
Community	10	21	20 (1¶)	23	74
Travel abroad	6	7 (1*)	6	5	24
Travel UK	–	2	3	4	9
Total	16	30	29	32	107
Male	13	25	25	24	87
Female	3	5	4	8	20

*Cases of Pontiac fever (included in totals). ¶ 2004 case.

One hundred and seven cases were reported with pneumonia and one additional non-pneumonic case; 87 males between 17 and 84 years and 20 females aged between 28 and 81 years. Seventy-four cases had community acquired infection. Seven deaths were reported (in five males aged from 31 to 84 years and two females aged from 60 to 69).

Thirty-three cases were travel associated: United Kingdom (9), France (7), Spain (5), Greece (3), and one from each of Belgium, Cuba, Egypt, France/Italy, Germany, Italy, Portugal/United Kingdom, Russia, and United States.

Table 5b Reports of legionnaires' disease cases by region of report in England and Wales: weeks 40-43/2006

Region	Nosocomial	Community	Travel (Abroad)	Travel (UK)	Total
North East	–	1	1	–	2
Yorkshire & the Humber	–	9	4	1	14
East Midlands	–	11	–	1	12
East of England	–	6	–	1	7
London	–	14	–	1	15
South East	–	13	6 (1*)	1	20
South West	–	4	6	1	11
West Midlands	–	8	3	2	13
North West	–	5 (1†)	3	–	8
Wales	–	3	1	1	5
Total	–	74	24	9	107

*Cases of Pontiac fever (included in totals). † Non-pneumonic case (included in totals).

Zoonoses

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Common animal associated infections, England and Wales laboratory reports: weeks 27-39/06

Common animal associated infections, England and Wales: laboratory reports, weeks 27-39/06

Organism	Total reports for weeks 27 - 39		Cumulative totals for weeks 01 - 39	
	2006*	2005	2006*	2005
<i>Borrelia burgdorferi</i> *,‡	80	349	509	491
<i>Leptospira hardjo</i> †, §	1	–	1	2
<i>Leptospira icterohaemorrhagiae</i> †, §	3	5	5	7
<i>Leptospira</i> other†, §	6	5	11	9
<i>Pasteurella haemolytica</i>	–	2	5	5
<i>Pasteurella multocida</i>	81	96	248	256
<i>Pasteurella pneumotropica</i>	5	2	9	10
<i>Pasteurella</i> other/spp	16	30	53	64
<i>Toxocara canis</i>	–	–	–	4
<i>Toxocara</i> other/spp	–	1	–	1
<i>Toxoplasma gondii</i>	6	12	20	20
<i>Toxoplasma</i> other/spp	15	22	49	49
<i>Coxiella burnetii</i>	10	6	17	14
<i>Chlamydia (Chlamydophila) psittaci</i>	9	17	24	38
<i>Capnocytophaga</i> spp	5	4	7	9
<i>Mycobacterium marinum</i>	4	2	20	20
Orf virus	–	1	1	1
<i>Echinococcus granulosus</i>	3	6	10	9

* provisional data, † by specimen date, ‡ Lyme Diagnostic Unit and the HPA's Centre for Infections,

§ *Leptospira* Reference Unit and the HPA's Centre for Infections.

***Borrelia burgdorferi* (Lyme borreliosis): (373)**

Eight females, 22 males aged under 15 years; 18 females, 15 males aged from 15 to 29 years; 70 females, 80 males aged 30 to 59 years; 120 females, 35 males aged 60 years and over.

Leptospirosis: (10)

L. icterohaemorrhagiae: M 25y; two M 27y

L. hardjo : M 27y

L. australis : F 63y who swam in waters overseas (country not stated)

Leptospira spp: M 19 y; M 22y; M23y who travelled to Viet Nam; M 33y who travelled to France; M 50y.

***Pasteurella* : (102)**

***Pasteurella haemolytica* : (-)**

***Pasteurella multocida* : (81)**

***Pasteurella pneumotropica* : (5)**

***Pasteurella aerogenes* : (1)**

***Pasteurella* spp : (15)**

One male, one female aged under 10 years; five males and four females aged 15 to 24 years; nine males and 11 females aged 25 to 49 years; 14 males and 20 females aged 50 to 64 years; eight males, 27 females, two age and sex not stated aged, 65 years and over.

Toxoplasmosis: (21)

***Toxoplasma gondii* : (6)**

***Toxoplasma* spp: (15)**

Two males and 3 females aged from 15 to 24 years; 25-49yr: one male and nine females aged from 25 to 49 years; two males and two females aged from 50 to 64 years; two males aged 65 years and over.

The Health Protection Agency, in collaboration with the National Public Health Service for Wales (NPHSW), is reviewing the number of cases of toxoplasmosis diagnosed by the Toxoplasma Reference Unit (TRU) in Swansea. This follows the recent publication addressing the epidemiology of congenital toxoplasmosis [1].

A total of 667 cases were diagnosed by TRU over a recent 12 month period (July 2005 to June 2006), compared with an average of 117 cases reported annually to the HPA by NHS laboratories [2]. This would suggest that the decrease in the incidence of toxoplasmosis in the UK during the mid-1990s may have been due to changes in reporting arrangements. Comparison of numbers of reference unit reports between the early 1990s and the present provides no evidence to support a significant reduction over this period.

More detailed analysis of the data provided by TRU reveals that 185 of the 667 cases identified were in patients either classed as known HIV positive, or considered to be at high risk for HIV infection (based upon indication by the referring laboratory). Further analysis will follow in subsequent reports in *CDR Weekly*.

***Coxiella burnetii* : (10)**

North East England M 49y; South East England M 62y; South West England M 34y, M 35y, M 45y, F36y (overseas travel) ; West Midlands M 57y; Wales M 32y, F 29y, F 41y.

***Chlamydia (Chlamydophila) psittaci*: (9)**

M 39y; M 52 y; M 56y; M 66y; M age not stated. F 34y ; F 34y with atypical pneumonia ; F 46y; F 52y. No bird or animal contact specified.

***Capnocytophaga* spp: (5)**

M 57y; M 69y; M 79y after dog bite; F 8y; F 85y.

***Mycobacterium marinum*: (4)**

Two M 32y; M 61y; M 62y.

Orf: none reported

***Echinococcus granulosus* : (3)**

M 32y with hydatid cyst in liver; F 54y liver cyst, sheep farmer's wife; F 79y.

References

1. Gilbert R, Tan HK, Cliffe S, Guy E, Stanford M. Symptomatic toxoplasma infection due to congenital and postnatally acquired infection. *Arch Dis Child* 2006;**91**:495-8

2. *Zoonoses Report: United Kingdom 2005*. London: Department for Environment, Food and Rural Affairs, 2006. Available from http://www.defra.gov.uk/animalh/diseases/zoonoses/zoonoses_reports/zoonoses2005.pdf.

