

## Communicable Disease Report

### Respiratory illness at a conference in Spain

A number of delegates who attended a bio-statistics conference at a hotel in Peniscola near Valencia, Spain from 15-20 April 1991, have subsequently developed a respiratory illness. In most cases the illness has been mild and self-limiting, lasting only a few days, although at least one delegate has developed pneumonia. The microbiological cause of the illness has not yet been identified. The conference was attended by nearly 300 people from around the world, including England and Wales. The Respiratory Diseases Section of CDSC will be grateful for any information about illness in people who may have attended this conference.

### Salmonella surveillance: *Salmonella dublin*

CDSC has received a preliminary report of an outbreak of *S. dublin* infection associated with drinking unpasteurised milk. Twenty-one people from 35 households were affected in late April, all of whom received their milk from a farm in the Northern region. *S. dublin* was isolated from 8 persons, 3 cows and milk from the farm. No new cases have been recorded since the sale of raw milk was suspended and a pasteurisation order instituted.

### Cholera update

The major epidemic of cholera in South America started in Peru in January 1991 and has now spread to four adjacent countries (Table). It forms part of the seventh pandemic which is described in the current issue of the CDR Review<sup>1</sup> (26 April 1991). That issue also reiterates the WHO guidelines for cholera control. Various countries have imposed precautionary restrictions on imports of food products from affected areas although the risk of transmission by food imports is considered to be low<sup>2</sup>. A recent report describing ten confirmed cases of epidemic cholera in the United States reveals that eight of them were infected via crab meat illegally imported from Ecuador; two other cases acquired their infection in South America<sup>3</sup>. Vibrios have occasionally been identified in imported foods in England and Wales but there have been no reports of cholera arising from this source. Of the 50 confirmed laboratory reports made to CDSC of *Vibrio cholerae* O1 infections since 1981, all but one were considered to have been contracted abroad, mostly in the Indian sub-continent and North Africa. The exception was the mother of a child who had recently visited Pakistan and contracted cholera there. The mother had not travelled abroad recently and was found to be a symptomless excreter.

Country	Date of first report	Cases*	Deaths*
Peru	31 January	169255	1244
Ecuador	28 February	3898	140
Colombia	8 March	176	5
Chile	12 April	26	1
Brazil	17 April	4	—

\* Cumulative totals from date of first report up to 29 April<sup>3</sup>

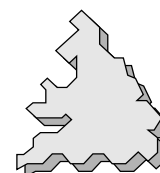
Respiratory tract infections:  
weeks 91/15 - 18

AIDS and HIV-1 antibody  
reports – United Kingdom

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Bacteraemia and bacterial  
meningitis:  
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Notices



Foodborne outbreaks of cholera caused by contaminated crustacean shellfish are well documented and appropriate control measures are in operation in Peru. Salad vegetables can also be an important vehicle of transmission in endemic areas. An outbreak of cholera in Israel was ascribed to the use of fresh vegetables and leaves added in raw form to spice or flavour meals. It was subsequently found that a village vegetable crop, sold in city markets, had been irrigated with sewage<sup>4</sup>. The fact that salads may harbour enteric pathogens has been emphasised in this country by the investigation of an outbreak of *Salmonella saint-paul*, subsequently shown to be associated with contaminated bean sprouts<sup>5</sup>. Vibrios usually survive for only a few days on fruits and vegetables<sup>6</sup> but this period may be prolonged under certain conditions and more data are needed concerning vibrio survival on salad or raw vegetables which have been soil-contaminated and remain damp during transport to the point of consumption.

Epidemiological surveillance of cholera infections in England and Wales is maintained by the *Communicable Disease Surveillance Centre*, who will be grateful for details of any suspected or confirmed cases.

### References

1. CDSC Surveillance and Information Division. Cholera. Communicable Disease Report 1991;1:R48-50.
2. World Health Organisation. Cholera vaccination requirements. Weekly Epidemiological Record 1991;66:55.
3. MMWR 1991, 3 May; 40:287-9.
4. Swartz TA. Recent Israeli experience with cholera. Proc Roy Soc Med 1972;65:428-32.
5. O'Mahony M, Cowden J, Smyth BH, Lynch D, Hall M, Rowe B et al. An outbreak of *Salmonella saint-paul* infection associated with bean sprouts. Epidemiol Infect 1990;104:229-35.
6. Prescott LM, Bhattacharjee HK. Viability of El Tor vibrios in common foodstuffs found in an endemic cholera area. Bull WHO 1969;40:980-2.

## Respiratory tract infections, England and Wales: laboratory reports weeks 91/15 - 18

Laboratory reports	Number of reports received				Total reports 91/15-18	Cumulative total 1991
	91/15	91/16	91/17	91/18		
Adenovirus (excluding EM faeces)	67	41	78	56	242	976
Coronavirus	2	—	2	—	4	13
Influenza A	—	2	2	5	9	77
Influenza B	121	37	85	39	282	1784
Parainfluenza	10	10	19	13	52	155
RS virus	242	85	172	161	660	6280
Rhinovirus	15	8	13	11	47	166

### Comment

**Adenovirus** (excluding EM faeces): 80 patients had eye infections. 5 patients had pneumonia and 11 had bronchiolitis. M 2y, F 1y and male, age not stated, had encephalitis. M 1y had an intussusception and F 8m had interstitial pneumonia. **Influenza A** (one isolate (subtype H<sub>3</sub>N<sub>2</sub>) and 8 single titres): 5 patients had pneumonia.

**Influenza B** (17 isolates; 58 rising titres): 63 patients had pneumonia, 1 bronchiolitis. M 29y, M 68y, M 72y and F 21y had pericarditis and M 61y had myocarditis. F 45y had encephalitis. M 44y had cerebellar syndrome. M 37y had *Streptococcus pneumoniae* bacteraemia and M 4y was also infected with *Staphylococcus aureus*.

Six reports were received from Wexham Park Hospital about pupils from a single school.

**Parainfluenza: type 1**, 14; **type 2**, 1; **type 3**, 34; **untyped 3**. 3 patients had pneumonia, 21 bronchiolitis and 2 croup.

**RS virus**: 3 regions reported more than 10% cases: Yorkshire (102 cases), Trent (174) and W Midlands (91). 84% of patients were aged less than 1 year. 11 patients had pneumonia and 176 had bronchiolitis.

**Rhinovirus**: 4 patients had bronchiolitis.

**Chlamydia psittaci**: 14 patients had pneumonia. 6 patients had contact with birds or animals, including 2 with parrots, one with chickens, and a dairy and beef farmer who also had contact with chickens and pigeons. One patient, who had contact with sheep, had a spontaneous abortion. M 91y had encephalitis.

**Coxiella burnetii**: 2 patients had pneumonia. F 51y had pericarditis.

**Legionella pneumophila**: 10 males and 1 female, age range 44-79 years. 7 patients had pneumonia.

Recent travel abroad: Spain 3, France 2, Rhodes 1, plus one patient who had travelled within the United Kingdom.

**Mycoplasma pneumoniae**: 3 regions reported more than 10% cases: E Anglia (26 cases), S Western (31) and Wales (27). 72% of cases were in the 5-44 years age group. 103 patients had pneumonia and 1 had bronchiolitis. M 9y, F 10y and F 41y had Stevens Johnson syndrome. M 15y and child 3y had erythema multiforme; F 38y and child 6y had other rashes. F 20y had Guillain-Barré syndrome; F 13y had encephalitis; M 18y had ascending paralysis; M 46y had pericarditis; M 52y with a prosthetic heart valve had jaundice.

## AIDS and HIV-1 antibody reports – United Kingdom

During April 1991, 115 new cases of AIDS were reported. Seventy were probably infected through sexual intercourse between men (7 died); twenty through sexual intercourse between men and women (5 died); eleven through injecting drug use (2 died); two through either injecting drug use or sexual intercourse between men; six through blood factor treatment (1 died); one through blood/tissue transfer and one from mother to child (1 died). The exposure category of four cases was undetermined (1 died).

Since reporting began in 1982, 4,568 AIDS cases (4323 men and 245 women) were reported by the end of April 1991, of which 2647 were known to have died (Table 1). To obtain a more accurate measure of survival, clinicians who have reported AIDS cases that are not known to have died are being contacted to establish the current vital status of these cases.

Although the majority of reports in April were in the sexual intercourse between men category, the proportion (61%, 70 of 115) was lower than in any previous month. The proportion of cases in the sexual intercourse between men and women category was 17% (20 of 115), and 11% were injecting drug users (13 of 115). The proportion of AIDS cases in whom the sexual orientation was heterosexual has risen gradually to 23% in the past year (Table 2).

AIDS Control Act reports are required from all regions and districts for the year ended 31 March 1991. During that year, 1309 AIDS cases were reported in the UK (Table 3) compared with 963 in the previous year, an increase of 36%.

Of the 1921 AIDS cases not known to be dead at the end of April 1991, 1418 (74%) were first reported from the Thames regions (Table 4).

**Table 1 AIDS cases (known deaths) by exposure category and date of report: United Kingdom to 30 April 1991**

How persons probably acquired the virus	May 89 – Apr 90		May 90 – Apr 91		Jan 82 – Apr 91			
	Male	Female	Male	Female	Male	(Deaths)	Female	(Deaths)
Sexual intercourse								
between men	783	–	955	–	3560	(2092)	–	–
between men and women								
“high risk” partner <sup>1</sup>	4	7	1	6	10	(6)	26	(14)
other partner abroad <sup>2</sup>	49	23	82	36	181	(90)	81	(35)
other partner UK	3	5	7	6	15	(8)	14	(4)
Injecting drug use (IDU)	45	11	64	26	144	(62)	51	(25)
IDU & sexual intercourse between men	12	–	22	–	69	(41)	–	–
Blood								
blood factor (e.g. haemophiliacs)	47	–	63	2	248	(168)	4	(2)
blood/tissue transfer (e.g. transfusion)								
abroad	1	3	3	9	14	(9)	25	(16)
UK	2	5	2	5	16	(13)	15	(9)
Mother to child	1	2	7	10	16	(6)	24	(12)
Other/undetermined	11	3	26	1	50	(32)	5	(3)
<b>Total</b>	<b>958</b>	<b>59</b>	<b>1232</b>	<b>101</b>	<b>4323</b>	<b>(2527)</b>	<b>245</b>	<b>(120)</b>

1. Includes men and women who had sex with injecting drug users, or with those infected through blood factor treatment or blood transfusion, and women who had sex with bisexual men.

2. Includes persons without other identified risks from, or who have lived in, countries where the major route of HIV-1 transmission is through sexual intercourse between men and women.

**Table 2 Sexual orientation of adult (15 years or over) AIDS cases by date of report: United Kingdom to 30 April 1991**

Sexual orientation	May 89 – Apr 90		May 90 – Apr 91		Jan 82 – Apr 91	
	Cases	(%)	Cases	(%)	Cases	(%)
Homosexual men	679	(68)	848	(67)	3078	(69)
Bisexual men	116	(12)	130	(10)	554	(13)
Heterosexual men and women	205	(21)	294	(23)	805	(18)
<b>Total</b> <sup>1</sup>	<b>1000</b>	<b>(100)</b>	<b>1272</b>	<b>(100)</b>	<b>4437</b>	<b>(100)</b>

1. Excludes some cases under investigation.

**Table 3 Geographical distribution of AIDS cases (known deaths<sup>1</sup>) by date of report: United Kingdom and Channel Islands and Isle of Man to 31 March 1991**

Country and Region of first report	Apr 89 – Mar 90		Apr 90 – Mar 91		Cumulative total since 1982	
	Cases	(Deaths <sup>1</sup> )	Cases	(Deaths <sup>1</sup> )	Cases	(Deaths <sup>1</sup> )
England:						
Northern	13	(6)	26	(5)	86	(49)
Yorkshire	27	(16)	38	(15)	118	(72)
Trent	22	(9)	24	(8)	87	(49)
E Anglia	11	(7)	9	(3)	46	(32)
NW Thames	364	(164)	509	(96)	1745	(953)
NE Thames	134	(48)	258	(70)	803	(424)
SE Thames	127	(64)	134	(44)	493	(306)
SW Thames	51	(34)	38	(11)	163	(111)
Wessex	19	(10)	35	(17)	102	(67)
Oxford	15	(10)	30	(9)	91	(54)
S Western	18	(8)	19	(8)	81	(52)
W Midlands	25	(14)	34	(10)	100	(56)
Mersey	7	(4)	19	(9)	58	(40)
N Western	43	(22)	42	(12)	169	(103)
Wales	18	(7)	17	(12)	71	(52)
Northern Ireland	9	(6)	5	(4)	24	(20)
Scotland	60	(23)	72	(20)	217	(109)
United Kingdom total	963	(452)	1309	(353)	4454	(2549)
Ch. Islands/Isle of Man	1	(1)	1	(1)	4	(4)

1. Reporting of recent deaths is incomplete.

**Table 4 Geographical distribution of AIDS cases (known deaths<sup>1</sup>) by date of report: United Kingdom and Channel Islands and Isle of Man to 30 April 1991**

Country and Region of first report	May 89 – Apr 90		May 90 – Apr 91		Cumulative total since 1982	
	Cases	(Deaths <sup>1</sup> )	Cases	(Deaths <sup>1</sup> )	Cases	(Deaths <sup>1</sup> )
England:						
Northern	14	(6)	25	(5)	88	(50)
Yorkshire	28	(17)	34	(13)	118	(73)
Trent	23	(10)	25	(9)	89	(51)
E Anglia	11	(8)	8	(2)	46	(33)
NW Thames	396	(188)	511	(114)	1785	(1004)
NE Thames	137	(52)	272	(73)	827	(436)
SE Thames	129	(62)	136	(48)	504	(315)
SW Thames	54	(36)	43	(11)	172	(115)
Wessex	17	(10)	40	(19)	107	(69)
Oxford	20	(12)	29	(8)	95	(55)
S Western	19	(9)	20	(8)	83	(53)
W Midlands	27	(15)	35	(10)	104	(59)
Mersey	7	(3)	19	(10)	59	(41)
N Western	49	(26)	39	(9)	172	(105)
Wales	20	(8)	16	(14)	72	(56)
Northern Ireland	8	(6)	5	(4)	24	(20)
Scotland	58	(23)	76	(21)	223	(112)
United Kingdom total	1017	(491)	1333	(378)	4568	(2647)
Ch. Islands/Isle of Man	1	(1)	1	(1)	4	(4)

1. Reporting of recent deaths is incomplete.

Laboratory reports	Number of reports received				Total reports 91/15-18	Cumulative total 1991
	91/15	91/16	91/17	91/18		
<b>Chlamydia psittaci</b>	7	3	10	5	25	149
<b>Coxiella burnetii</b>	2	–	1	1	4	20
<b>Legionella pneumophila</b>	8	2	–	1	11	49
<b>Mycoplasma pneumoniae</b>	53	26	76	57	212	982

### Mycobacterial infections, England and Wales: laboratory reports weeks 91/15 - 18

**Mycobacterium tuberculosis** 124: 70 males, 50 females, 4 sex not stated.

**Pulmonary infections** 94: 58 males, 34 females, 2 sex not stated. 27 were sputum smear positive, 39 patients were aged 65 years or more. 2 males, 1 aged 67y, the other age unknown, died. 9 isolates were from pleural aspirates.

**Disseminated** 3: M 33y with osteomyelitis (lymph node) from Indian Subcontinent (ISC), F 45y miliary disease, F 87y (bone marrow).

**Meningitis** 1: M 22y (CSF).

**Lymph nodes** 6: 2 males, 3 females, 1 sex not stated (1 from ISC).

**Genitourinary** 6: 2 males, 4 females.

**Bone/joint** 6: 3 males, 2 females, 1 sex not stated (4 from ISC).

**Heart** 1: F 65y (pericardial fluid).

**M. bovis** 1: M 62y pulmonary infection.

**M. kansasii** 3: M 37y, M 77y, M 82y (died) all pulmonary infection.

**M. xenopi** 2: M 57y pulmonary infection, M 36y HIV-1 antibody positive (sputum).

**Avium-intracellulare group** 9: 5 HIV-1 antibody positive; M 26y, M 45y, M 54y (blood isolates), M 25y (pleural fluid), M 37y (sputum). M 64y and F 83y with pulmonary infections, M 50y (blood isolate) and F 5y with neck abscess.

**M. malmoense** 1: M 52y pulmonary disease.

**M. marinum** 1: M 27y hand lesions (keeps tropical fish).

**M. fortuitum** 1: F 84y cutaneous abscess on legs, immunocompromised.

### Bacteraemia and bacterial meningitis, England and Wales: weeks 91/15 - 18

Laboratory reports	No. of reports received		Age		Total received	Cumulative total 1991
	blood only	CSF only or CSF & blood	<1m	≥65y		
<b>Staphylococci</b>						
<b>S. aureus</b>	435	2	18	198	437 (2)*	1724
Coagulase negative	181	6	27	51	187	820
<b>Streptococci</b>						
group A	46	–	3	24	46	243
group B	65	8	30	16	73	248
group C & G	41	–	–	26	41	147
enterococci	110	1	–	60	111	461
α and non-haemolytic	118	1	4	37	119	487
<b>S. pneumoniae</b>	334	32	6	190	366	1802

\* methicillin-resistant strains of *Staphylococcus aureus*

#### Bacteraemia

**Staphylococcus aureus**: 21 of the patients with intravascular lines were on haemodialysis. 24 patients had pneumonia/lung abscess; 27 had UTI/GU surgery, including 4 women with post partum infections; 1 patient had biliary tract disease and 2 had burns; 3 patients had CSF shunts; 1 patient had an epidural abscess; F 48y with IV-line had pericarditis.

Also reported: M 35y and M 55y with septic arthritis (both joint isolates).

**Coagulase negative**: 7 patients with IV-lines were on haemodialysis.

Also reported: F 46y with osteomyelitis had *Streptococcus mutans* also (bone isolate).

#### Streptococci:

**group A**: 16 patients had skin infections, including M 75y with disseminated intravascular coagulation. Two women had puerperal infections; M 38y had throat infection and neck

abscess; M 69y had pneumonia; F 32y who died had infected finger and splenic abscess (blood, spleen isolates); M 69y had mycotic aneurysm (blood, aorta isolates).

Also reported: M 8m with disseminated infection (brain, lung, spleen isolates); M 3y with pharyngitis and septic arthritis (joint, throat isolates).

**group B**: 23 neonates; 5 women had childbirth associated infections; 2 elderly patients with UTI/GU surgery; 2 patients had skin infections, including F 82y with pressure sore.

Also reported: M 87y with septic arthritis (joint isolate).

**group C**, 6 and **group G**, 35: 13 patients had skin infections; 2 patients had pneumonia; M 81y had UTI.

**Enterococci**: *S. avium* 1; *S. bovis* 12; *S. faecalis* 50; *S. faecium* 22. 11 patients had UTI/GU surgery, including one woman with post partum infection; 11 had biliary tract disease/surgery; 2 elderly patients had peritonitis. *S. faecalis*, F 1y who died

also had **Group C** streptococcus (blood, PM lung, liver, spleen isolates).

**α- and non-haemolytic:** *S. acidominimus* 1; *S. cremoris* 1; *S. milleri* 18; *S. mitior* 4; *S. mitis* 26; *S. morbillorum* 1; *S. mutans* 1; *S. salivarius* 2; *S. sanguis* 62. 9 patients had biliary tract disease/surgery; 3 patients had UTI/GU surgery, including one woman with post partum infection. *S. milleri*, F 16y with brain abscess (blood isolate only). *S. sanguis*, female with

Henoch-Schönlein purpura and M 62y with empyema. Also reported: F 49y with osteomyelitis (bone isolate); M 71y with liver abscess (liver isolate).

***S. pneumoniae*:** 31 children aged 4 years or less including 3 neonates and 6 with pneumonia; 166 other patients had pneumonia; M 40y, M 83y and F 86y had biliary tract disease; M 33y had peritonitis.

Also reported: M 57y with pneumonia (endotracheal aspirate).

Laboratory reports	Total bacteraemia	Acute bone/joint	Age		IV/CP lines	Pace-makers	Endocarditis (with prostheses)	IVDA (with endocarditis)
			<15y	≥65y				
<b>Staphylococci</b>								
<b><i>S. aureus</i></b>	435	41	12	15	94	11	19 (4)	9 (2)
Coagulase negative	181	–	–	–	104	2	5 (2)	–
<b>Streptococci</b>								
group A	46	5	2	1	–	–	–	1 (–)
group B	65	1	–	1	1	–	3	1 (–)
group C & G	41	2	–	1	1	1	–	1 (–)
enterococci	110	–	–	–	15	–	12 (3)	–
<b>α and non-haemolytic</b>	118	1	–	–	9	–	36 (8)	2 (1)
<b><i>S. pneumoniae</i></b>	334	5	2	3	1	–	2 (–)	–

### Meningitis

***Staphylococcus aureus*:** M 24y with CSF shunt; M 29y following removal of acoustic neuroma.

**Coagulase negative:** F 2m, M 9m, M 5y, F 62y and child, age not stated, with CSF shunts; M 6d.

**Streptococci: group B:** 1 neonate; 4 children aged 12-16 days; F 4m; F 21y; and M 60y.

***S. faecium*:** F 2y with CSF shunt.

***S. milleri*:** M 67y died (blood, meninges, bronchus isolates).

***S. pneumoniae*:** 19 children aged 4 years or less (blood only, 5); 12 patients aged 5-64 years (blood only, 2) 9 aged 65 years or more (blood only, 3); 2 age not stated.

### Updating seminar for those on on-call rotas

A one-day meeting will be held on Friday 20 September 1991 at the Yorkshire Health Authority in Harrogate. The programme is organised by Drs. Martin Schweiger and Arthur Bailey and includes contributions on managing outbreaks, dealing with Section 47, food poisoning, toxic and environmental hazards, and an Epi-info demonstration. It is open to participants from all regions.

For further information contact Dr Freda Eskin, Yorkshire Health, The Queen Building, Park Parade, Harrogate HG1 5AH (telephone 0423 500066).

### MSc/diploma in clinical microbiology (part-time)

This course provides a comprehensive grounding in microbiological science and clinical microbiology. In addition, students take options in *either* molecular and scientific aspects of infection *or* in epidemiology, infection control and public health. The latter option is designed to appeal in particular to those microbiologists who have an interest in pursuing a career in epidemiology and control of infectious diseases.

For information contact: Dr. Rosamund Williams, Department of Medical Microbiology, The London Hospital Medical College, Turner Street, London E1 2AD (Telephone 071 377 7257/9; fax 071 247 7669).

From week 91/01 data in CDR will be from England and Wales only, unless otherwise stated.

Weekly numbers are provisional and should not be used to indicate trends