CDR WEEKLY

Volume 2
Number 6
7 February 1992
ISSN 0144-3186

Communicable Disease Report

Salmonella typhimurium DT 203 in West Yorkshire

Twenty-two cases of food poisoning due to *Salmonella typhimurium* DT 203 have been reported from the Halifax and Huddersfield area. Ten cases became ill between 17 and 26 December 1991 and twelve others between 5 and 17 January 1992. Fourteen cases had consumed sandwiches (ten of which had a beef filling) from a local sandwich bar. Investigations indicate that the beef was imported from South America.

Outbreaks due to this unusual phage type have occurred in Blackpool and Sheffield in recent months in association with cooked meat (*Communicable Disease Report* 1990; **1**: 191). CDSC and the local CCDC, Dr Howard Barnes (telephone 0422 358411) will be interested to receive any further information of relevance to these outbreaks.

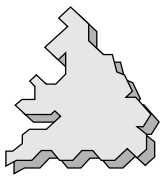
Clostridium difficile in London and Staffordshire

Forty cases of diarrhoea associated with the presence of *Clostridium difficile* toxin have been reported by a hospital in South East London since April 1991. Twenty-seven have occurred on geriatric wards in recent months. Four of these had biopsy-confirmed pseudomembranous colitis and two others were suspected to have this condition on clinical grounds. The infection is believed to have contributed to the deaths of three patients. Most of the elderly patients (average age – 85 years) had multiple underlying conditions and a range of antibiotics had been prescribed prior to the onset of illness in many cases. Control measures implemented so far include: isolation of affected patients, restriction of patient transfers, extra ward cleaning and restrictions on antibiotic prescribing. Further studies are underway including the typing of environmental and patient specimens.

An outbreak of *C. difficile* infection has also been reported from mid-Staffordshire. Fifteen cases occurred on an acute geriatric ward during a two week period commencing 13 January 1992. Control measures similar to those described above, and in other incidents (see *Communicable Disease Report* 1992; **2**: 9), have been implemented.

Influenza update

Influenza activity, as judged by reports from sentinel practice schemes in England, Wales and Scotland for the week ending 26 January 1992, continues at a relatively low level. Emergency applications for hospital beds in the London area are being received at the expected rate for the time of year, and respiratory mortality has decreased a little following the small rise in the early New Year. However, the number of reports of outbreaks in institutions due to influenza virus has increased markedly in the last two weeks: these have involved elderly groups in residential settings and children in schools. This has been accompanied by an increase in the proportion of positive results among specimens submitted to public health laboratories for influenza virus culture: from 1-2% in the first two weeks of 1992, to 7% in the week beginning 18 January 1992. It is not possible to predict if these reports herald an increase in influenza virus activity in the wider community.



Correspondence to: Editor CDR,
PHLS Communicable Disease Surveillance Centre,
61 Colindale Avenue, London NW9 5EQ
Tel: 0181 200 6868 Fax: 0181 200 7868 Telex: 8953942

PHLS
Public Health Laboratory Service

Virus infections, England and Wales: laboratory reports, weeks 92/02 – 92/05

Laboratory reports	Number of reports received 92/02	92/03	92/04	92/05	Total reports 92/02-05	Cumulative total 1992
Coxsackie A	–	–	–	–	–	3
Coxsackie B	5	1	1	2	9	11
Echovirus	17	5	7	4	33	57
Measles	–	1	1	–	2	3
Mumps	–	1	–	–	1	5
Parvovirus B19	8	3	2	9	22	25
Rubella	2	1	3	1	7	11

Coxsackie B: B1, 2; B2, 1; B3, 2; B4, 2; B5, 1; B6, 1.
Three infants aged 1-11 months (1 faecal, 2 nasal isolates); 6 adults, 2 of whom presented with myocarditis (1 CSF isolate, 5 serology).
Echovirus: type 5, 1; type 9, 7; type 11, 3; type 16, 1; type 17, 1; type 18, 1; type 22, 9; type 23, 1; type 30, 8; untyped 1.
M 16y and M 35y presented with meningitis (no CSF isolates).
One region reported more than 10 cases: W Midlands (16).
Type 11, baby 3m with Down's syndrome, who had previously had RSV infection, died (nasopharyngeal aspirate isolate). **Type 22**, F 4m with Pierre-Robin syndrome and F 5m with bronchiolitis (both faecal isolates). **Type 23**, F 11m after surgery for biliary atresia.

Notifications to OPCS of measles, mumps and rubella, England and Wales

Notifications	92/02	92/03	92/04	92/05	Total 92/02-05	Cumulative total 1992
Measles	207	183	196	182	768	921
Mumps	48	44	48	46	186	217
Rubella	118	89	91	110	408	492

Measles: M 5y with encephalitis and M 9y with subacute sclerosing panencephalitis (both serology).
Mumps: M 20y with encephalitis (serology).
Parvovirus (B19): one region reported more than 4 cases: W Midlands (7).
Ages: 4 children aged less than 15 years, including two babies aged less than one year; 18 adults (2 males, 15 females, 1 sex not stated).
Rubella: no region reported more than 2 cases.
Ages: 4 children aged less than 10 years, including one aged less than one year; 3 adults (2 males, 1 female who was pregnant).

Selected bacterial infections, England and Wales: laboratory reports, weeks 92/02 – 92/05

Bordetella pertussis 17: one region reported more than 3 cases: NE Thames (4).
Ages: 8 babies aged less than 6 months; 3 children aged 1-5 years; 5, 6-14 years; one patient, age not stated.

Animal-associated infections, England and Wales: laboratory reports, weeks 92/02 – 92/05

Borrelia burgdorferi: M 54y.
Leptospira 2: *L. hardjo*, M 20y, a dairy farmer, with severe headaches; *Leptospira sp*, M 48y, a fish filleter, with jaundice and acute renal failure.
Orf paravaccinia 2: M 52y with thumb lesion and M 69y with pustular dermatitis.
Pasteurella multocida 21: 12 patients had dog bites, 3 had cat bites / scratches and one was scratched by a rat; 2 with wounds; F 56y with bronchiectasis and M 82y with pneumonia (both sputum); M 77y after embolectomy (wound).
Toxoplasma gondii 44: 22 patients with lymphadenopathy (histology suggestive, 2) including one of 6 patients with eye lesions; 6 patients were immunosuppressed, including 3 HIV-1 antibody positive men; baby 1m had congenital infection; M 39y had cerebral lesion.

Bacteraemia and bacterial meningitis, England and Wales: weeks 92/02 – 92/05

Laboratory reports of blood and CSF isolates of bacteria are grouped into the following four categories and published in a weekly sequence:

1. Staphylococci and streptococci (excluding anaerobic cocci).
2. Enterobacteriaceae ie, *Citrobacter, Enterobacter, Escherichia coli, Klebsiella, Proteus* and *Salmonella species.*
3. Environmental and anaerobic bacteria ie, *Bacteroides, Clostridia, Acinetobacter, Aeromonas, Pseudomonas, Serratia* and anaerobic cocci.
4. *Neisseria meningitidis, Haemophilus species* and *Listeria monocytogenes.*

This week's CDR contains reports for category 4. Less commonly reported causes of bacteraemia or bacterial meningitis are listed under **Unusual infections**.

Laboratory reports	No of reports received: Blood only	No of reports received: CSF only or CSF & blood	Age: < 1m	Age: ≥ 65y	Total received	Cumulative total 1992
Neisseria meningitidis	41	112	1	8	153 (29) *	168
group A	–	–			–	
B	27	71			98 (18) *	
C	5	22			27 (10) *	
W135	–	1			1 (–) *	
Y	–	2			2 (1) *	
ungrouped	9	16			25 (–) *	
Haemophilus influenzae	82	52	1	16	134 (5) §	174
type b	40	35			75 (4) §	
Listeria monocytogenes	7	2	–	5	9	12

* sulphonamide-resistant § β–lactamase producing

Neisseria meningitidis: four regions reported more than 10% of cases: Northern (16 cases), Yorkshire (19), SE Thames (20) and W Midlands (22).
Twenty-nine sulphonamide-resistant strains were reported: **group B**, 18 (Northern, Yorkshire 2, SE Thames 2, SW Thames 2, Oxford, S Western 3 and W Midlands 7); **group C**, 10 (Yorkshire 2, Trent, SE Thames, Oxford, S Western, W Midlands 2, N Western, Wales); **group Y**, 1 (E Anglia).
Also reported: M 1y with meningitis, F 64y with hypopyon, and infant twin, sex not stated (all eye isolates); M 6m with rash, F 7y and M 17y with meningitis, and two other patients (all throat isolates).

Notifications to OPCS of meningitis and meningococcal infections, England and Wales

Notifications	92/02	92/03	92/04	92/05	Total 92/02-05	Cumulative total 1992
Total meningitis	92	90	71	58	311	364
Meningococcal meningitis	45	51	38	34	168	199
Meningococcal septicaemia	10	9	13	10	42	49

Age distribution recorded on laboratory reports

Laboratory reports	Age (years): <1	1	2	3	4	5–9	10–14	15–19	20–24	≥25	Not stated
Neisseria meningitidis	37 *	23	11	6	5	9	11	19	5	27	1
Haemophilus influenzae	36 §	29	13	11	2	3	1	–	–	30	9

* includes 19 aged ≤3 months § includes 8 aged ≤3 months

Haemophilus influenzae: two regions reported more than 10% of cases: NW Thames (15 cases) and W Midlands (17).
Twelve ampicillin-resistant strains were reported: M 5m, M 1y (both SW Thames), M 3y (Oxford), F 1y (Trent) and F 3y (Wessex) with meningitis (2 blood isolates only); M 5m (Trent), F 7m (Wessex), M 60y (W Midlands), M 71y (SW Thames) and M 84y (NE Thames) with pneumonia; F 6m (Yorkshire) and F 1y (W Midlands) with croup.
Listeria monocytogenes: bacteraemia: immunodeficient M 9y; M 53y with prosthetic heart valve; pregnant F 28y.

***H. influenzae*: clinical features recorded on laboratory reports**

Clinical features	Age in years				
	≤ 3	4–14	15–64	≥ 65	Not stated
Meningitis (blood isolate only)	10 (8)	2 (1)	–	–	1 (1)
Epiglottitis	10	1	2	–	1
Pneumonia	4	–	4	7	2
Septic arthritis/osteomyelitis	3	–	1	–	1
Facial cellulitis	1	–	–	–	–

Unusual infections

Aerococcus viridans 2: premature female neonate and diabetic F 34y (both blood isolates).
Bacillus cereus: F 32y with infected IV-line (blood isolate).
Branhamella catarrhalis 2: M 16y on CAPD (peritoneal dialysate isolate); F 7y had respiratory tract infection (blood isolate).
Brevibacterium sp: M 33y with leukaemia had IV-line (blood isolate).
Campylobacter jejuni: F 75y had gastrointestinal symptoms (blood isolate).
Corynebacterium sp: *C. jeikeium*, 5 patients aged 27-78 years, including one with bone marrow transplant and one with leukaemia who had IV-line (all blood isolates). *Corynebacterium sp* 3: M 2y had IV-line (blood isolate); F 28y with paracetamol overdose (blood isolate); M 72y with Wegener's granulomatosis and tuberculosis of knee joint (knee joint fluid aspirate).
Diphtheroids 5: premature M 19d (CSF isolate; *Candida parapsilosis* also isolated); M 67y with CSF shunt (CSF isolate); F 42y had brain abscess after resection of metastatic cerebral tumour (pus isolate); male and female, ages not stated, with leukaemia (both blood isolates).
Flavobacterium sp: F 35y (blood isolate).
Fusobacterium mortiferum: M 87y (blood isolate).
Gemella haemolysans: M 39y had endocarditis (blood isolate).
Haemophilis aphrophilus: F 63y with empyema of gall bladder.
Kluyvera sp 2: M 75y (blood isolate); M 80y had urinary tract infection (blood and urine isolates).
Lactobacillus brevis: F 62y with liver transplant (blood isolate).
Leuconostoc sp: M 57y had IV-line (blood and IV-line tip isolates).
Providencia sp 4: *P. rettgeri*, male, age not stated, had urinary tract infection (blood isolate; *Staphylococcus aureus* also isolated). *P. stuartii* 3: M 80y had motor neurone disease and M 81y had urinary tract infection (both blood isolates); M 45y with pyrexia (blood isolate; *Streptococcus faecalis* also isolated).
Veillonella sp: M 17y with cardiac transplant (blood isolate).
Yersinia enterocolitica 3: M 62y, M 70y and F 69y, all had pyrexia (all blood isolates).
Yersinia pseudotuberculosis 2: M 60y on haemodialysis (blood isolate); M 3y had erythema nodosum, lymphadenopathy and splenomegaly (serology).

Multipoint methods in the clinical laboratory

A two-day workshop on the principles and practice of multipoint methods in the clinical laboratory will be held on 8-9 April 1992 at the Central Public Health Laboratory, Colindale, in conjunction with the British Society for Microbial Technology. It will consist of lectures, practical work and demonstrations covering the use of multipoint technology for bacterial identification, antibiotic sensitivity testing and urine screening. For further information, contact Rita Legros, Central Public Health Laboratory, 61 Colindale Avenue, London NW9 5HT (telephone 081 200 4400, ext 3839).

Opportunist fungal infections

The British Society for Mycopathology is holding a symposium, of interest to clinicians, microbiologists and research workers, on the diagnosis of opportunist fungal infections on Tuesday 14 April 1992 at the Royal Holloway and Bedford New College, Egham, Surrey. The speakers include Dr E G V Evans, University of Leeds, Prof R J Hay, Guy's Hospital, London, Dr D C Coleman, University of Dublin and Dr T Walsh, National Institutes of Health, USA.

Requests for a booking form or further information should be sent to Dr G Midgley, Department of Medical Mycology, St John's Dermatology Centre, St Thomas' Hospital, London SE1 7EH (telephone 071 928 9292, ext 1376). The registration fee includes coffee, lunch and tea. The deadline for booking is 1 March 1992.

Data are for England and Wales only, unless otherwise stated.
Weekly numbers are provisional and should not be used to indicate trends.