

Communicable Disease Report

Listeriosis surveillance

A provisional total of 128 cases of listeriosis with onsets of illness in 1991 has been reported to CDSC and to the CPHL Division of Microbiological Reagents (DMR) from England and Wales. In addition, three reports were received from Northern Ireland and one from Eire. These totals compare with figures of 115, 3 and 5 cases, respectively, in 1990. This contrasts with numbers seen during the upsurge of listeriosis in the late 1980s; a peak of 291 cases was recorded in England, Wales and Northern Ireland in 1988.

Sixteen reports of listeriosis have been received in 1992 to the end of February. DMR has also identified a further case in which *Listeria ivanovi* was isolated from the blood of a patient who was HIV antibody positive and pyrexial. This is the first such case reported to DMR.

National case control study: The data collection phase of the national listeriosis case control study has been completed and analysis is now in progress. A total of 121 cases and 454 controls was interviewed. Microbiologists, public health physicians and clinicians are thanked for their cooperation in reporting and permitting their patients to be included in the study. For the purposes of surveillance, microbiologists are asked if they would continue to complete the standard form for all cases reported and send listeria strains to CPHL for identification and typing.

Tumbu fly infestation

A microbiologist in the West Country has reported two patients with boils from which maggots emerged. Both had recently returned from West Africa. The organism responsible was *Cordylobia anthropophaga*, or Tumbu fly¹. This fly, which is common across all sub-Saharan Africa, typically lays eggs on drying clothing or wet ground. If these eggs hatch in contact with skin, maggots will burrow in, producing a boil within one or two weeks. Travellers to Africa can prevent this by ensuring that clothing is laid to dry on towels rather than directly on the ground and is ironed after drying. Although human infestation with Tumbu fly is rarely reported in the UK, the condition may be considered in persons presenting with boils soon after their return from Africa. Diagnosis is made by covering a suspect boil with an occlusive film of paraffin wax, whereupon the suffocating maggot rapidly emerges. Treatment for secondary bacterial infection is rarely needed.

Pilgrimage to Mecca (Hajj) 1992

The World Health Organisation reports² that pilgrims and Umra visitors are required to produce a certificate of vaccination against meningococcal meningitis, issued not more than two years and not less than ten days before arrival in Saudi Arabia. Pilgrims from countries where meningitis is endemic, and from countries with diseases subject to the International Health Regulations, will be examined. Suspect cases will be isolated and contacts placed under observation.

Foodstuffs carried by travellers will not be allowed into Saudi Arabia, except in small quantities for consumption during the journey and provided these can be easily inspected.

1. Manson-Bahr PEC, Apted FIC. *Manson's tropical diseases* 19th edition. Appendix III. London: Baillière Tindall, 1987: 914-5, 1462-3.
2. WHO. Vaccination requirements - pilgrimage to Mecca (Hajj). *Wkly Epidemiol Rec* 1992; **67**: 64.

Virus infections:

weeks 92/06 - 92/09

Selected bacterial infections:

weeks 92/06 - 92/09

Bacteraemia and bacterial meningitis:

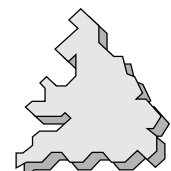
weeks 92/06 - 92/09

Unusual infections

Animal-associated infections:

weeks 92/06 - 92/09

Notices



PHLS

Public Health Laboratory Service

Virus infections, England and Wales: laboratory reports, weeks 92/06 – 92/09

Laboratory reports	Number of reports received				Total reports 92/06-09	Cumulative total 1992
	92/06	92/07	92/08	92/09		
Coxsackie A	2	–	–	2	4	7
Coxsackie B	2	7	5	2	16	27
Echovirus	17	20	9	7	53	110
Measles	–	2	1	3	6	9
Mumps	–	2	–	1	3	8
Parvovirus B19	13	17	13	17	60	85
Rubella	–	1	2	2	5	16

Coxsackie A: A7, 1; A9, 1; A10, 1; A16, 1.

Two infants aged 1-11 months (both nasal isolates); 2 adults, one of whom (F 58y) had hand, foot and mouth disease (serology).

Coxsackie B: B1, 4; B2, 2; B3, 3; B4, 3; B5, 3; B6, 1.

Two infants aged 1-11 months (both faecal isolates); 3 children aged 1-4 years; 10 adults, including M 19y with post viral fatigue syndrome (serology) and M 32y with meningitis

(faecal isolate). One patient, age not stated.

Echovirus: type 1, 1; type 2, 2; type 5, 1; type 6, 1; type 7, 2; type 9, 17; type 11, 2; type 12, 1; type 14, 1; type 15, 1; type 17, 1; type 18, 5; type 22, 11; type 26, 1; type 30, 6.

Twenty patients presented with meningitis (12 CSF isolates), including baby 11d and 10 children aged 1-9 years.

One region reported more than 10 cases: Trent (11).

Type 9, 4 cases in a family outbreak (1 CSF isolate).

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

Notifications	92/06	92/07	92/08	92/09	Total 92/06-08	Cumulative total 1992
Measles	169	220	204	NA	593	1514
Mumps	47	51	60	NA	158	375
Rubella	120	127	122	NA	369	861

NA not available

Measles: M 9y with encephalitis (serology).

Mumps: M 7y, M 45y and male, age not stated (all serology).

Parvovirus (B19): one region reported more than 10 cases: W Midlands (16).

Ages: nine children aged less than 15 years, including 3 aged

1-4 years; 48 adults (4 males, 44 females).

Rubella: no region reported more than 2 cases.

Ages: one child aged 2 years with congenital infection; 4 adults (1 male, 3 females).

Selected bacterial infections, England and Wales: laboratory reports, weeks 92/06 – 92/09

Bordetella pertussis 14: one region reported more than three cases: Trent (5).

Ages: 8 babies aged less than 6 months; 1 infant aged 7 months; 2 children aged 1-5 years; 3, 6-14 years.

Bacteraemia and bacterial meningitis, England and Wales: weeks 92/06 – 92/09

Laboratory reports	No of reports received		Age		Total received	Cumulative total 1992
	Blood only	CSF only or CSF & blood	< 1m	≥ 65y		
Neisseria meningitidis	38	85	–	5	123 (22) *	291
group A	–	–			–	
B	23	50			73 (15) *	
C	9	24			33 (7) *	
W135	1	1			2 (–) *	
ungrouped	5	10			15 (–) *	
Haemophilus influenzae	44	45	–	5	89 (2) §	263
type b	22	32			54 (1) §	
Listeria monocytogenes	5	2	2	1	7	19

* sulphonamide-resistant

§ β-lactamase producing

Neisseria meningitidis: two regions reported more than 10% of cases: Northern (19 cases) and W Midlands (18).

Twenty-two sulphonamide-resistant strains were reported:

group B, 15 (Northern 2, Yorkshire, E Anglia 3, Wessex 2, S Western, W Midlands 5 and Mersey); **group C**, 7 (Northern, NW Thames, W Midlands, Mersey, N Western 2, and Wales).

Also reported: **group Y**, M 7y whose mother had died with suspected meningococcal meningitis, M 33y with erythema nodosum (both throat isolates) and F 64y with chest infection (sputum isolate). M 3y with septic arthritis (joint isolate);

M 3y with meningitis and male, age not stated, with rash who died (both throat isolates); homosexual M 22y with anal lesion (throat and anal isolates); F 20y with meningitis (serological diagnosis).

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

Notifications	92/06	92/07	92/08	92/09	Total 92/06-08	Cumulative total 1992
Total meningitis	59	63	60	NA	182	546
Meningococcal meningitis	33	35	24	NA	92	291
Meningococcal septicaemia	8	4	10	NA	22	71

NA not available

Age distribution recorded on laboratory reports

Laboratory reports	Age (years)										Not stated
	<1	1	2	3	4	5-9	10-14	15-19	20-24	≥25	
<i>Neisseria meningitidis</i>	24 *	18	11	9	3	7	8	14	6	21	2
<i>Haemophilus influenzae</i>	32 §	20	10	12	-	2	-	-	-	13	-

* includes 10 aged ≤3 months

§ includes 5 aged ≤3 months

Haemophilus influenzae: three regions reported more than 10% of cases: Northern (10 cases), SW Thames (10) and W Midlands (13).

Nine ampicillin-resistant strains were reported: M 5m and M 3y (both Oxford), M 1y (SE Thames), M 1y (S Western), M 2y with meningitis (W Midlands), M 3y (Wessex) and M 3y

(Wales) both with epiglottitis, F 10m (NW Thames) and F 1y (Northern).

Listeria monocytogenes: bacteraemia: M58y; M 77y with cirrhosis; F 56y on steroids; female, age not stated, with amyloidosis. Meningitis: F 1d (also isolated from placenta and maternal blood); F 3d.

H. influenzae: clinical features recorded on laboratory reports

Clinical features	Age in years				Not stated
	≤3	4-14	15-64	≥65	
Meningitis (blood isolate only)	8 (7)	-	-	-	-
Epiglottitis	6	1	1	-	-
Pneumonia	2	-	-	2	-
Septic arthritis/osteomyelitis	3	-	1	-	-
Facial cellulitis	2	-	1	-	-

Unusual infections

Aerococcus viridans: F 54y (blood isolate).

Bacillus sp: M 1m and F 79y (both blood isolates).

Branhamella catarrhalis: M 16y with leukaemia (blood isolate).

Campylobacter sp: M 43y had gastrointestinal symptoms (blood isolate).

Cardiobacterium hominis: M 45y had endocarditis (blood isolate).

Corynebacterium sp 3: *C. jeikeium*, M 54y with leukaemia (blood isolate). *Corynebacterium sp*, M 17y, and male, age not stated, with leukaemia and IV-line (both blood isolates).

Haemophilus aphrophilus 2: M 32y on haemodialysis and M 46y with endocarditis (both blood isolates).

Hafnia alvei: M 78y (blood isolate; *Escherichia coli* also isolated).

Kingella denitrificans: immunosuppressed male, age not stated (blood isolate).

Leclercia adecarboxylata: M 53y had pyrexia following hip replacement (blood isolate).

Moraxella sp 3: *M. osloensis*, M 28y, injecting drug user, had cellulitis (blood isolate). *M. phenylpyruvica*, M 19y had intra-abdominal sepsis (pus isolate). *Moraxella sp*, F 3y with leukaemia (blood isolate).

Propionibacterium sp: M 37y with prosthetic heart valve had endocarditis (blood isolate).

Shigella sonnei 2: M 75y who died (blood isolate) and F 31y (blood and faecal isolates) both on haemodialysis and with gastrointestinal symptoms.

Yersinia enterocolitica 5: F 28y with leukaemia (blood and CSF isolates); M 83y had pyrexia (blood isolate); M 53y with terminal ileitis, and F 28y with fever, arthralgia and lymphadenopathy (both serology); M 77y with sideroblastic anaemia had abscess on forehead (pus isolate).

Animal-associated infections, England and Wales: laboratory reports, weeks 92/06 – 92/09

Borrelia burgdorferi 1: F 37y with rash, aches and malaise after a visit to Scotland in July 1991.

Leptospira 3: *L. hardjo*, M 32y, a slaughterman, with fever, headache and hepatomegaly. *Leptospira sp.*, M 32y, a canoeist, with influenza-like illness, and M 45y.

Orf paravaccinia 4: M 65y; male, age not stated; F 17y and F 41y who both reported animal contact, one of them with sheep.

Pasteurella sp 20: *P. multocida* 17: 6 patients aged 4-76 years had dog bites, 4 aged 47-87 years had cat bites/scratches, F 28y had infected bite, and 4 aged 11-68 years had wounds; M 70y and M 77y, who died, both with chest infection (both

blood isolates). *Pasteurella sp* 3: M 29y after a horse bite; male, age not stated, with a wound; F 83y (urine).

Toxocara sp 1: M 20y.

Toxoplasma gondii 65: 21 patients had lymphadenopathy; 6 had eye lesions; 7 were HIV-1 antibody positive. Three congenital infections were reported: F 22y and her 6 day old baby who had cranial calcification; F 28y and her 4 day old baby who had intracerebral calcification and hydrocephalus, and preterm infant aged 10 days with intra-uterine growth retardation and presumed congenital infection. Immunocompromised M 30y had cerebral toxoplasmosis.

HACCP (hazard analysis critical control point) seminar

The Department of Health and the Leatherhead Food Research Association are holding a seminar on HACCP (hazard analysis critical control point) on Thursday 19 March 1992 at New Cross Hospital, Wolverhampton. The seminar includes the principles and applications of HACCP in food manufacturing and catering, and legal aspects of enforcement. The cost of the seminar is £58.75 (including VAT), which covers refreshments, lunch and course materials. Further information is available from Conference Administration, Leatherhead Food RA, Randall's Road, Leatherhead, Surrey KT22 7RY (telephone 0372 376761).

Parasitic Zoonoses

A Royal Institute Symposium on parasitic zoonoses is to be held on Monday 13 April 1992 at St John's College, Cambridge. The symposium is aimed principally at general practitioners and public health doctors, and topics include water and foodborne infections, toxoplasma and other internal parasites, and ectoparasites. The course fee is £89 (including VAT) which covers coffee, lunch and tea. Further information is available from Mrs W A Moore, Deputy Secretary, Royal Institute of Public Health and Hygiene, 28 Portland Place, London W1N 4DE (telephone 071 580 2731).

Hospital infection control

The Hospital Infection Society and the PHLS Division of Hospital Infection are holding a course on hospital infection control from 27 April to 1 May 1992 at Colindale. It is primarily intended for senior registrars in medical microbiology who require training for consultant responsibilities for infection control. Further information is available from Dr B D Cookson, Director, PHLS Division of Hospital Infection, Central Public Health Laboratory, 61 Colindale Avenue, London NW9 5HT.

Infectious and parasitic diseases update 1992

A course entitled 'Infectious and parasitic diseases update 1992' is to be held by the Department of Clinical Sciences at the London School of Hygiene and Tropical Medicine from 15-19 June 1992. The course is aimed at physicians, microbiologists and others with an interest in infectious diseases. It is approved for study leave and for postgraduate educational allowance. Further details are available from Dr S G Wright, Department of Clinical Sciences, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT (fax 071 637 4314).

Data are for England and Wales only, unless otherwise stated.

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