

Communicable Disease Report

Leishmaniasis and the Arabian Gulf

When personnel from Western countries travelled to the Arabian Gulf in preparation for Operation Desert Storm, it was anticipated that some might be exposed to infection with *Leishmania major*, a cause of cutaneous leishmaniasis¹. A recent report describes sixteen United States military personnel who contracted the cutaneous disease and a further seven who developed systemic infection². Five of the latter cases were shown by culture and isoenzyme analysis to be due to *L. tropica*, a species more commonly associated with the cutaneous form of the disease. They were diagnosed between November 1990 and December 1991. Those with visceral disease had a relatively mild and non-specific illness; five had fever and two developed left upper quadrant pain and mild splenic enlargement while under investigation for gastrointestinal symptoms. One had hepatosplenomegaly; none had pancytopenia and one asymptomatic case was discovered by screening.

The diagnosis of visceral leishmaniasis was made by immunofluorescent examination of bone marrow aspirates. Symptomatic cases responded to treatment with antimonial drugs whereas the asymptomatic case, and one who had recovered by the time of diagnosis, both remained well without treatment. These cases represent an attack rate of approximately 4.6 per 100,000 United States personnel. Specialist advice should be sought if British personnel, recently returned from the Arabian Gulf, develop chronic skin lesions, persistent fever or splenomegaly although few cases would be expected to present more than a year after exposure. Of the twenty laboratory reports of leishmania infection received by CDSC in 1991, thirteen were cutaneous and seven visceral.

1. Bannister BA. Infections imported from the Arabian Gulf. *Communicable Disease Report* 1991; 1: R28-31.
2. Centers for Disease Control. Viscerotropic leishmaniasis in persons returning from Operation Desert Storm - 1990-1991. *MMWR* 1992; 41: 131-4.

Issue of human normal immunoglobulin

As from 1 April 1992, the Public Health Laboratory Service will no longer issue human normal immunoglobulin (HNIG) for hepatitis A prophylaxis in persons travelling abroad. The PHLS will continue to issue normal immunoglobulin for contacts of hepatitis A and measles after this date. The issue of specific anti-varicella-zoster, anti-hepatitis B and human anti-rabies immunoglobulin preparations will continue as previously. No charge will be made for normal and specific immunoglobulins issued by the PHLS.

HNIG for the protection of travellers against hepatitis A, formerly issued by the PHLS, can be obtained on prescription or direct from commercial suppliers, as listed in the British National Formulary. In cases of difficulty, colleagues are advised to contact their local public health laboratory or the duty doctor at CDSC.

Coliphage as an indicator of infection

A research project is in progress to examine the feasibility of using coliphage as an indicator of enteric viruses, principally SRSV, in oysters. Laboratories receiving batches of oysters or mussels implicated in outbreaks or cases of viral gastroenteritis, are encouraged to submit samples of oysters or homogenised flesh. Costs will be reimbursed and participating laboratories will be informed of progress in this project. Please contact Dr Tom Humphrey or Mrs Karen Martin at Exeter Public Health Laboratory (telephone 0392 402953).

Virus infections:
weeks 92/10 - 92/13

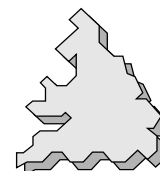
Selected bacterial infections:
weeks 92/10 - 92/13

Bacteraemia and bacterial meningitis:
weeks 92/10 - 92/13

Unusual infections

Animal-associated infections:
weeks 92/10 - 92/13

Notice



Virus infections, England and Wales: laboratory reports, weeks 92/10 – 92/13

Laboratory reports	Number of reports received				Total reports 92/10-13	Cumulative total 1992
	92/10	92/11	92/12	92/13		
Coxsackie A	2	–	–	–	2	9
Coxsackie B	8	1	6	3	18	45
Echovirus	14	5	6	9	34	144
Measles	2	4	–	2	8	17
Mumps	–	1	4	1	6	14
Parvovirus B19	10	6	11	8	35	120
Rubella	2	2	6	2	12	28

Coxsackie A: A9, 1; A10, 1.

Two infants aged 1 year (faecal and skin isolates).

Coxsackie B: B1, 5; B2, 2; B3, 1; B4, 4; B5, 3; B untyped, 3.

One neonate with meningitis (faecal isolate); 2 children aged 2 and 7 years, respectively (faecal and throat isolates); 14 adults, including 2 with meningitis (CSF and faecal isolates) and 2 with pericarditis (both serology). One patient, age not

stated.

Echovirus: type 1, 1; type 2, 1; type 7, 1; type 9, 2; type 11, 6; type 13, 2; type 15, 1; type 17, 1; type 18, 5; type 22, 8; type 23, 2; type 25, 1; type 30, 3.

Six patients presented with meningitis (3 CSF isolates), including two babies aged 4 months, one of whom died.

Only one region reported more than 5 cases: Trent (10).

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

Notifications	Number of notifications				Total 92/10-13	Cumulative total 1992
	92/10	92/11	92/12	92/13		
Measles	212	219	238	285	954	2682
Mumps	59	53	56	47	215	633
Rubella	116	193	144	158	611	1588

Measles: eight adults, including F 17y with subacute sclerosing panencephalitis (CSF isolate).

Mumps: two children aged 1 year (throat isolate and serology); M 12y and 3 adults (all serology).

Parvovirus (B19): one region reported more than 5 cases: Wessex (6).

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

5-9 years, one of whom had aplastic crisis; 29 adults (all females), including 3 who were pregnant, one of whom had foetal death.

Rubella: one region reported more than two cases: NE Thames (5).

Ages: 11 adults (8 males, 3 females). One patient, age not stated.

Animal-associated infections, England and Wales: laboratory reports, weeks 92/10 – 92/13, and quarterly trends

Borrelia burgdorferi 1: M 24y with arthritis.

Three cases were reported in the first quarter of this year compared with five and three, respectively, in the same periods of 1991 and 1990.

Brucella sp: there were no reports of brucellosis this quarter compared with one and none, respectively, in the same periods of 1991 and 1990.

Capnocytophaga sp 1: M 44y with cellulitis after dog bite (wound).

This was the first case reported this year; there was one report in the same period last year.

Cowpox: there were no reports of cowpox this quarter, as in the previous two years.

Echinococcus granulosus (hydatid disease) 2: F 21y and F 66y (both serology).

Five cases were reported in the first quarter of this year

compared with three in the first quarter of 1991 and four in the first quarter of 1990.

Leptospira sp: there were no reports of leptospirosis during weeks 92/10-13.

Eight cases were reported in the first quarter of 1992 compared with five in the same period of 1991 and six in that of 1990.

Orf paravaccinia 2: F 31y and M 48y.

Eight cases were reported in the first quarter; no cases were reported in the same periods of 1991 and 1990.

Pasteurella sp 23: *P. haemolytica* 1: F 70y (blood isolate).

P. multocida 18: nine patients aged 4-68 years had dog bites, four aged 13-47 years had cat bites/scratches and three aged 5-87 years had wounds; F 61y (blood isolate); F 80y (sputum, blood isolate). *Pasteurella sp* 4: M 24y and F 77y, both with wounds; infant aged 4 months (eye); M 48y (ear).

Seventy cases were reported in the first quarter, similar to the

average for the same periods of 1991 and 1990.

Toxocara sp 1: female, who owns a puppy, with eye lesion. There were two reports of toxocariasis in the first quarter of 1992 compared with six and 15, respectively, in the same periods of 1991 and 1990.

Toxoplasma gondii 78: 25 patients had lymphadenopathy (histology suggestive 1); 11 had eye lesions; 9 patients were immunosuppressed, including 6 who were HIV-1 antibody

positive; two congenital infections were reported: M 3y with primary microcephaly and baby aged 2 days with neonatal jaundice and intracerebral calcification, whose mother also had *T. gondii*. Pregnant F 19y with abnormal foetus; F 20y with polyhydramnios at 30 weeks.

There were 188 reports of toxoplasmosis in the first quarter of 1992, similar to the total for the same period last year.

Selected bacterial infections, England and Wales: laboratory reports, weeks 92/10 – 92/13

Bordetella sp 5: *B. pertussis* 4: W Midlands region reported two cases. Ages: 3 babies aged 6 months or less; one adult. *B. parapertussis*, M 5y.

Corynebacterium sp 3: *C. diphtheriae var mitis* non toxigenic, F 6y and her grandmother F 67y (both throat isolates). *C. haemolyticum*, M 3y (submandibular isolate).

Bacteraemia and bacterial meningitis, England and Wales: weeks 92/10 – 92/13

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		Age		Total received	Cumulative total 1992
	Blood only	CSF only or CSF & blood	< 1m	≥ 65y		
<i>Neisseria meningitidis</i>	27	66	–	3	93 (19) *	384
group A	–	–	–	–	–	–
B	13	43	–	–	56 (13) *	–
C	6	16	–	–	22 (6) *	–
W135	2	–	–	–	2 (–) *	–
ungrouped	6	7	–	–	13 (–) *	–
<i>Haemophilus influenzae</i>	55	32	1	8	87 (2) §	350
type b	26	12	–	–	38 (2) §	–
<i>Listeria monocytogenes</i>	2	–	–	1	2	21

*sulphonamide-resistant

§β-lactamase producing

Neisseria meningitidis: three regions reported more than 8 cases: Northern (9), Trent (9) and NE Thames (9).

Nineteen sulphonamide-resistant strains were reported (weeks 92/10 and 92/11 only): **group B**, 13 (Trent, E Anglia, NE Thames 2, SW Thames, Wessex 2, Oxford 3, S Western, Mersey and N Western); **group C**, 6 (Northern 2, NE Thames, Wessex, and Mersey 2).

Also reported: **group B**, M 10m (eye isolate) and F 15y whose mother had meningitis (throat isolate). **Group C**, M 4y (bronchial aspirate isolate) and F 43y with rash (sputum isolate; *Staphylococcus aureus* also isolated). **Group W135**, M 20y (throat isolate). **Ungrouped**, M 1y (pernasal isolate), M 20y whose father had meningococcal septicaemia, and M 27y (both throat isolates) and F 54y (sputum isolate).

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

Notifications	92/10	92/11	92/12	92/13	Total 92/10-13	Cumulative total 1992
Total meningitis	63	42	59	50	214	820
Meningococcal meningitis	32	20	28	21	101	427
Meningococcal septicaemia	6	4	5	6	21	93

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>	22 *	13	3	5	2	6	6	12	3	17	4
<i>Haemophilus influenzae</i>	28 §	23	8	4	1	3	—	—	1	16	3

* includes 4 aged ≤3 months

§ includes 8 aged ≤3 months

Haemophilus influenzae: one region reported more than 10% of cases: SW Thames (10 cases).

Twelve ampicillin-resistant strains were reported: M 1y (Wessex); M 3y (W Midlands) and F 5y (Yorkshire) both with epiglottitis; M 6y, M 69y with pneumonia, F 10m and female, age not stated (all NE Thames); M 31y (SW Thames); F 3m

(Northern); F 1y (S Western); F 2y (Trent); female, age not stated (NW Thames).

Also reported: M 36y with epiglottitis (endotracheal aspirate isolate), two female neonates (one gastric isolate, one outer ear, skin and umbilical isolates) and F 88y with symptoms of urinary tract infection (urine isolate).

***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)	10 (5)	—	—	—	—
Epiglottitis	5	1	3	—	1
Pneumonia	5	—	2	1	—
Septic arthritis/osteomyelitis	2	—	—	—	—
Facial cellulitis	2	—	—	—	—

Unusual infections

Bacillus cereus 2: F 6m, and F 43y with cellulitis (both blood isolates).

Campylobacter coli: F 53y (blood and faecal isolates).

Comamonas acidovorans: M 65y had lung abscess (blood isolate).

Corynebacterium sp 4: *C. haemolyticum*, F 19y had peritonsillar abscess (pus isolate). *C. jeikeium*, M 25y with bone marrow transplant; F 19y with lymphoma and F 48y with leukaemia both had IV-lines (all blood isolates).

Erwinia sp: F 16y with CSF shunt (CSF isolate).

Ochrobactrum anthropi: M 43y with lymphoma had IV-line (blood isolate).

Providencia sp: M 66y had urinary tract infection (blood isolate).

Stomatococcus mucilaginosus: M 25y with leukaemia (blood isolate).

Yersinia enterocolitica: M 84y and F 69y (both blood isolates).

The Warwick course in communicable disease control

The School of Postgraduate Medical Education at the University of Warwick will host the ninth Warwick course in communicable disease control from 5 - 15 May 1992. The course, which costs £295, will focus on the practical aspects of surveillance, prevention and control of communicable disease and relevant environmental health issues. Further details can be obtained from the School of Postgraduate Medical Education, University of Warwick, Coventry CV4 7AL (telephone 0203 523913).

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

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