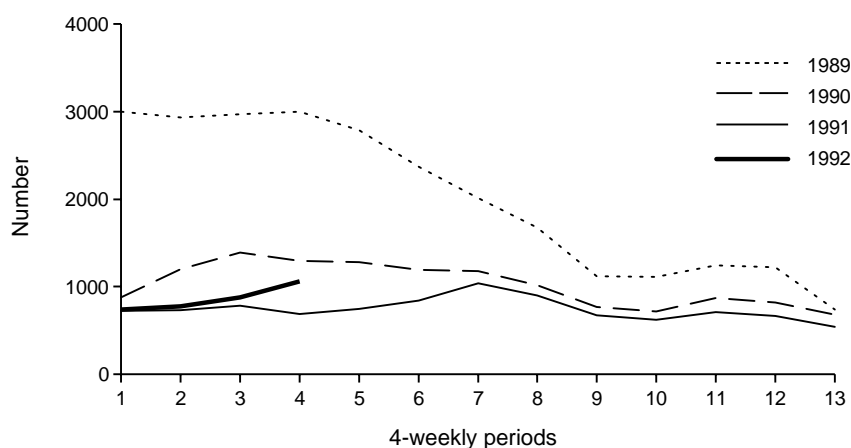


Communicable Disease Report

Measles surveillance

Notifications of measles have increased in recent weeks following a year with the lowest figures on record (Figure). A provisional total of 3456 cases was notified during the first sixteen weeks of 1992, compared with 2933 cases in the same period in 1991. These numbers are, however, considerably lower than in other recent years.

Figure Notifications of measles to OPCS (data for 1990-2 are provisional)



Three small outbreaks in secondary schools have been reported from North West Thames, Northern and Yorkshire regions. Laboratory confirmation should be obtained wherever possible in such incidents, as a recent study conducted in seven districts has shown that the notified diagnosis was not confirmed by laboratory tests in a high proportion of cases. CDSC would be grateful to hear of any outbreaks of measles and particularly those affecting older children or adults.

Salmonella saint-paul

At least seventy people were reported to have become ill following a meal in the Bristol area. The function, which took place on 11 April, was attended by about 160 guests and most of those who were affected became ill within 48 hours. Sixty-three persons were positive for a salmonella that has since been confirmed as *Salmonella saint-paul*. Investigations suggest that turkey was the vehicle of infection. Six turkeys had been cooked, three in a domestic kitchen and three in a church hall kitchen, and then stored at ambient temperature for up to two days before serving. This outbreak highlights the problems which may occur when large scale catering is carried out from domestic premises¹. Any faults in catering practice are likely to be amplified by high ambient temperature and poor storage facilities.

1. CDSC. Food poisoning outbreaks associated with domestic premises being used for mass catering. *Communicable Disease Report* 1985; (13): 3-4.

Virus infections:
weeks 92/14 - 92/17

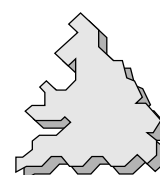
Bacteraemia and bacterial meningitis:
weeks 92/14 - 92/17

Unusual infections

Selected bacterial infections:
weeks 92/14 - 92/17

Animal-associated infections:
weeks 92/14 - 92/17

Notices



Virus infections, England and Wales: laboratory reports, weeks 92/14 – 92/17

Laboratory reports	Number of reports received				Total reports 92/14-17	Cumulative total 1992
	92/14	92/15	92/16	92/17		
Coxsackie A	2	–	2	–	4	13
Coxsackie B	8	2	2	3	15	60
Echovirus	14	8	4	3	29	173
Measles	–	1	2	2	5	22
Mumps	1	2	2	–	5	19
Parvovirus B19	14	10	15	7	46	166
Rubella	7	9	3	4	23	51

Coxsackie A: A7, 1; A9, 3. Two babies aged less than 1 year and two adults (2 throat and 2 faecal isolates).

Coxsackie B: B1, 2; B2, 2; B3, 1; B4, 2; B5, 3; B6, 1; B untyped, 4. One neonate (nasal isolate); F 5m (faecal isolate); M 8m (nasal isolate) and M 9m (sputum isolate); 11 adults, including two with pericarditis (both serology).

Echovirus: type 5, 2; type 6, 2; type 9, 4; type 11, 12; type 17, 1; type 18, 1; type 22, 2; type 23, 1; type 30, 3; type 32, 1.

Four adults presented with meningitis (no CSF isolates).

Only one region reported more than 3 cases: NE Thames (4).

Measles: 3 adults; two children aged 5 years and 9 years, respectively, both with subacute sclerosing panencephalitis.

Mumps: one child aged 1 year (urine isolate); 4 adults (1 blood isolate), including one with meningitis (no CSF isolate).

Parvovirus (B19): W Midlands region reported 9 cases.

Ages: three children aged less than 14 years; 40 adults (1 male and 39 females, 2 of whom were pregnant); 3 age not stated.

Rubella: two regions reported more than 5 cases: Yorkshire (7) and NE Thames (6). Ages: four children aged 5-14 years; 19 adults (14 males, 5 females).

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

Notifications	92/14	92/15	92/16	92/17	Total 92/14-17	Cumulative total 1992
Measles	282	254	238	234	1008	3690
Mumps	59	64	58	39	220	853
Rubella	139	156	119	118	532	2120

Bacteraemia and bacterial meningitis, England and Wales: weeks 92/14 – 92/17

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>	15	45	–	–	60 (15) *	444
group A	–	–	–	–	–	
B	10	26	–	–	36 (11) *	
C	3	11	–	–	14 (4) *	
ungrouped	2	8	–	–	10 (–) *	
<i>Haemophilus influenzae</i>	34	22	1	–	56 (4) §	406
type b	14	16	–	–	30 (3) §	
<i>Listeria monocytogenes</i>	5	–	–	4	5	26

*sulphonamide-resistant

§β-lactamase producing

Neisseria meningitidis: four regions reported more than 10% of cases: Northern (8 cases), Trent (10), W Midlands (9) and N Western (7).

Fifteen sulphonamide-resistant strains were reported: **group B**, 11 (Northern 3, Yorkshire 3, Trent, SW Thames,

Oxford, W Midlands and N Western); **group C**, 4 (Yorkshire, SE Thames, SW Thames and Wessex).

Also reported: M 6m (detection by microscopy) and M 17y (detection by ELISA) both had meningitis. **Group B**, M 1y (throat isolate).

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

Notifications	92/14	92/15	92/16	92/17	Total 92/14-17	Cumulative total 1992
Total meningitis	58	51	41	48	198	1018
Meningococcal meningitis	27	20	17	23	87	514
Meningococcal septicaemia	7	6	4	9	26	119

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	
Neisseria meningitidis	21 *	3	3	4	5	—	1	7	4	7	5
Haemophilus influenzae	19 §	13	5	4	1	1	1	—	1	6	5

* includes 5 aged ≤3 months § includes 3 aged ≤3 months

Haemophilus influenzae: three regions reported more than 10% of cases: Trent (8 cases), Oxford (9) and W Midlands (10). Nine ampicillin-resistant strains were reported: M 3y and F 25y (both Northern), M 2m and F 3y (both Trent), M 1y (NW Thames), male, age not stated (SW Thames), female

child and F 38y (both W Midlands) and F 9m (N Western). **Listeria sp:** *L. monocytogenes*, M 66y had leukaemia (blood isolate). *Listeria sp*, F 62y who had meningitis associated with the consumption of unpasteurised cheese, was on corticosteroids for autoimmune disease (CSF 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)	4 (4)	—	—	—	—	
Epiglottitis	8	1	2	—	1	
Pneumonia	2	—	2	—	—	
Septic arthritis/osteomyelitis	2	—	1	—	—	
Facial cellulitis	—	—	—	—	—	

Unusual infections

Bacillus sp 2: F 3y after bone marrow transplant and F 58y with IV-line (both blood isolates).

Branhamella catarrhalis: M 69y with myeloma (nasal and blood isolates).

Campylobacter sp 4: M 16y had abdominal pain (blood isolate); M 32y had gastrointestinal symptoms (blood and faecal isolates); M 71y with biliary tract disease had peritonitis (blood isolate; *Peptostreptococcus sp* also isolated); M 74y had gastrointestinal symptoms (blood isolate only).

Comomonas acidovorans: male, age not stated, with IV-line (blood isolate).

Diphtheroids 2: M 68y had pyrexia after cystoscopy and male, age not stated, with endocarditis (both blood isolates).

Escherichia hermannii: male, age not stated, with renal transplant (blood isolate).

Flavobacterium sp: M 3y with leukaemia (blood isolate).

Gemella haemolysans: M 54y (blood isolate).

Haemophilus aphrophilus: M 66y with suspected endocarditis (blood isolate).

Kluyvera sp: F 3m, who died suddenly, had *Streptococcus pneumoniae* and *Klebsiella aerogenes* also (blood, CSF and lung isolates).

Moraxella osloensis: F 43y with leukaemia (blood isolate).

Providencia stuartii: F 20y with renal stone (blood isolate).

Shigella sp 2: *S. flexneri*, HIV-1 antibody positive female, age not stated, with gastrointestinal symptoms, died (blood isolate). *S. sonnei*, F 81y had gastrointestinal symptoms and pyrexia (blood and faecal isolates).

Vibrio alginolyticus: M 9y had chronic otitis externa (external ear isolate).

Yersinia enterocolitica: male, age not stated, had ruptured aortic aneurysm (aneurysm wall isolate).

Selected bacterial infections, England and Wales: laboratory reports, weeks 92/14 – 92/17

Bordetella pertussis 5: E Anglia (2), Wessex, W Midlands and Mersey. Ages: F 4m, F 6m, F 1y, F 5y and M 9y.

Animal-associated infections, England and Wales: laboratory reports, weeks 92/14 – 92/17

Borrelia burgdorferi: M 64y, a forestry worker who had been in contact with deer, had a rash.

***Brucella melintensis* type 3**: F 20y from Jordan.

Echinococcus granulosus (hydatid disease): F 47y with liver cysts.

Leptospira hardjo: M 56y, a dairy farmer, with 'flu-like illness and headache; the herd was also infected.

Pasteurella sp 21: *P. multocida* 20: 11 patients aged 21-83 years had dog bites; two aged 32-67 years had cat bites/

scratches, including M 67y (blood isolate); four patients aged 8 months - 83 years had wounds; M 3y with leukaemia and F 70y with pneumonia (both blood isolates); M 86y had contact with cats (sputum isolate). *P. pneumotropica*, F 2y with dog bite.

Toxoplasma gondii 36: 13 patients had lymphadenopathy (histology suggestive 2); five had eye lesions; three were HIV-1 antibody positive; one was immunocompromised; F 26y, and her baby aged 1 month with congenital infection.

Association of Clinical Microbiologists

The Annual Scientific Meeting and AGM of the Association of Clinical Microbiologists is to be held on 21 May 1992 in the lecture theatre, Central Public Health Laboratory, Colindale. The programme will cover the clinical management of immuno-compromised patients, immunodeficiency and its assessment in the laboratory, the immunotherapy of sepsis and immunisation via the mucosal route. Further information is available from Dr T Harrison, Division of Microbiological Reagents, CPHL, 61 Colindale Avenue, London NW9 5HT (telephone 081 200 4400, ext 3967).

CCDC training programme

CDSC is organising a residential course for consultants in communicable disease control (CCDCs) and senior registrars wishing to take up a CCDC appointment, which will take place from 15-24 June 1992. The course, which makes up the third module of the joint LSHTM/CPHL/CDSC training programme for CCDCs, will cover case studies in outbreak control, computing skills and press relations. Further details are available from Dr M O'Mahony or Mrs M Ashley at CDSC (telephone 081 200 6868).

European Mycoplasma Group

The European Mycoplasma Group is to hold a one-day conference at Westminster Medical School on Friday 19 June 1992. Topics covered will include the diagnosis of *Mycoplasma pneumoniae* infection and the association between AIDS and mycoplasma. Further information and registration details are available from Paul Taylor, Microbiology Department, Royal Brompton Hospital, Sydney Street, London SW3 6NP.

PHLS publication

The following book has been published recently by the PHLS:

A study of surveillance methods for detecting hospital infection, by HM Glenister, LJ Taylor, EM Cooke and CLR Bartlett (price £8.50). The study examines the effectiveness of various methods used to detect hospital acquired infection and the resources required to collect data in the hospital setting. It is available from the Treasurer, Public Health Laboratory Service, 61 Colindale Avenue, London NW9 5DF. Payment must accompany any order.

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

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