

## Communicable Disease Report

### Cholera update

The seventh cholera pandemic began in 1961 in South-East Asia and spread across Asia, the Middle East and parts of Europe, reaching Africa in 1970<sup>1</sup>. Until January 1991, the pandemic strain had not been identified in the Americas. Following its arrival in Peru in that month, a total of 391,220 cases and 4002 deaths were recorded during 1991 in 14 of the 21 countries of South and Central America. This constituted 66% of the global total of 594,694 cases reported to WHO last year<sup>2</sup>. Africa also experienced a major epidemic with over 150,000 cases recorded in 1991. The previous highest annual global incidence (of less than 200,000 cases) was recorded in 1971<sup>1</sup>. Only 53 cases of cholera – all contracted overseas – have been reported in England and Wales since 1981.

A further 320,507 cases have been recorded worldwide by WHO this year (up to 24 September) and, as in 1991, the majority have occurred in countries of South and Central America: 183,070 in Peru, 29,563 in Ecuador, 19,248 in Bolivia, 18,718 in Brazil, 12,963 in Guatemala and less than 10,000 cases in each of 13 other countries in that continent. In both years, the number of reported cases peaked in the warmer months of February, March and April. Raw fish and seafood products appear to have been the source for the early stage of the Latin American epidemic but inadequate chlorination of water supplies was the major factor that permitted such rapid spread of the disease<sup>3</sup>. The consumption of vegetables that had been irrigated with raw waste water was also a risk factor for disease. Cholera vibrios were isolated from water supplies and food purchased in several of the affected countries. However, the measures taken to improve water quality, sanitation and food safety procedures are thought to have slowed the rate of progression in some countries eg, Brazil, Chile and Mexico<sup>2</sup>.

1. CDSC. Cholera. *Communicable Disease Report* 1991; **1**: R48-50.
2. World Health Organisation. Cholera in 1991. *Wkly Epidemiol Rec* 1992; **67**: 253-60.
3. Anon. Of cabbages and chlorine: cholera in Peru. *Lancet* 1992; **340**: 20-1.

### Global surveillance of tuberculosis

One-third of the world's population is infected with tubercle bacilli and almost three million people die each year from tuberculosis<sup>4</sup>. The increases observed over the last ten years have been summarised recently by the World Health Organisation (WHO) in a Tuberculosis Notification Update. The South-East Asia and Western Pacific Regions have reported the largest numbers of cases and the largest increases. Some of these increases have been due to improved case-finding and reporting. The Tuberculosis Unit of WHO is endeavouring to strengthen tuberculosis surveillance activities worldwide and convened a meeting in Geneva in 1991 to agree a practical case definition for reporting cases of tuberculosis. A report of this meeting (Tuberculosis Surveillance and Monitoring: report of a WHO workshop (WHO/TB/91.163)) and the Notification Update (WHO/TUB/92.169) are available from the Tuberculosis Unit, Division of Communicable Diseases, WHO, 20 Ave Appia, CH-1211 Geneva 27, Switzerland.

4. Bloom BR, Murray CJL. Tuberculosis: commentary on a re-emergent killer. *Science* 1992; **257**: 1055-64.

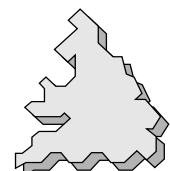
**Salmonella infections:**  
weeks 92/36 - 39

**Gastrointestinal virus infections:**  
weeks 92/36 - 39

**Other gastrointestinal tract infections:**  
weeks 92/36 - 39

**Bacteraemia and bacterial meningitis:**  
weeks 92/36 - 39

### Notice



## Salmonella infections, England and Wales: laboratory reports, weeks 92/36–39

Serotype	Reports to the PHLS (Salmonella dataset)				Total reports 92/36-39
	92/36	92/37	92/38	92/39	
<b><i>S. enteritidis</i></b> (PT4)	468 (401)	665 (561)	685 (573)	411 (339)	2229 (1874)
<b><i>S. typhimurium</i></b>	137	182	163	86	568
<b><i>S. virchow</i></b>	39	34	42	20	135
<b><i>S. java</i></b>	12	12	5	1	30
<b><i>S. hadar</i></b>	10	10	2	2	24
<b><i>S. newport</i></b>	8	10	2	–	20
<b><i>S. infantis</i></b>	11	7	–	–	18
<b><i>S. heidelberg</i></b>	6	8	2	–	16
<b><i>S. kedougou</i></b>	8	7	1	–	16
<b><i>S. wangata</i></b>	5	8	3	–	16
<b><i>S. mbandaka</i></b>	4	4	2	–	10
Other serotypes	41	54	10	–	105
<b><i>Salmonella sp</i>*</b>	28	74	158	434	694
Total	777	1075	1075	954	3881

\* Includes organisms reported without further identification, as well as those yet to be identified, by LEP.

Less than 10 laboratory reports of the following serotypes were recorded during the weeks 92/36-39:

*S. livingstone*, *S. montevideo*, *S. napoli*, *S. reading*, *S. schwarzengrund*, *S. stanley*, *S. tennessee*, *S. weltevreden*, *S. worthington*, *S. zanzibar*.

- 9: *S. braenderup*.
- 8: *S. bredeney*, *S. indiana*.
- 7: *S. blockley*.
- 6: *S. saint-paul*.
- 5: *S. agona*, *S. gold-coast*, *S. thompson*.
- 4: *S. oranienburg*, *S. panama*.
- 3: *S. bareilly*, *S. eastbourne*, *S. give*, *S. havana*.
- 2: *S. brandenburg*, *S. cerro*, *S. manhattan*, *S. muenchen*, *S. senftenburg*, *S. tilburg*.
- 1: *S. abony*, *S. agama*, *S. ajiobo*, *S. amersfoort*, *S. anatum*, *S. bovis-morbificans*, *S. corvallis*, *S. kentucky*, *S. kiambu*, *S. kinshasa*,

### Comment

***S. enteritidis* PT 4:** an outbreak was reported at an adult education centre (one person positive and 10 awaiting confirmation).

***S. typhimurium* DT 195:** at least 8 persons were positive after a silver wedding party.

***S. java* PT Worksop:** 4/84 persons at a special care baby unit were ill (4 persons positive).

**Scombrototoxin poisoning:** three persons had symptoms of scombrototoxin poisoning after eating grilled tuna steak at a restaurant.

## Food poisoning notifications from OPCS

	Number of notifications				Total notifications 92/36-39	Cumulative total 1992
	92/36	92/37	92/38	92/39		
Formally notified §	765	1147	1091	1060	4063	29975
Otherwise ascertained §	432	598	766	609	2405	17035

§ provisional

## Gastrointestinal virus infections, England and Wales: laboratory reports, weeks 92/36–39

Laboratory reports	Number of reports received				Total reports 92/36-39	Cumulative total 1992
	92/36	92/37	92/38	92/39		
<b>Adenovirus</b> (EM faeces)	33	25	15	24	97	1100
<b>Adenovirus</b> type 40/41	1	1	1	1	4	65
<b>Astrovirus</b>	–	3	–	–	3	269
<b>Calicivirus</b>	3	3	1	6	13	131
<b>Rotavirus</b>	48	38	39	45	170	14842
<b>SRSV</b>	19	9	5	22	55	521

**Adenovirus** (EM faeces): four regions reported more than 10% of cases: Trent (24 cases), E Anglia (10), SE Thames (16) and W Midlands (13). One family outbreak was reported.

**Calicivirus**: two regions reported more than 2 cases: E Anglia (5 cases) and N Western (4). One family outbreak was reported.

**Rotavirus**: three regions reported more than 10% of cases: Yorkshire (27 cases), Trent (22) and E Anglia (29).

**SRSV**: four regions reported more than 10% of cases: Yorkshire (6 cases), Trent (20), S Western (6) and N Western (11). Five outbreaks were reported: two in nursing homes, one in a hospital, one at a reception and one in an army camp.

### Other gastrointestinal tract infections, England and Wales: laboratory reports, weeks 92/36–39

Laboratory reports	Number of reports received				Total reports 92/36-39 (acquired abroad)	Cumulative total 1992
	92/36	92/37	92/38	92/39		
<b>Campylobacter</b>	821	844	791	863	3319 (473)	28481
<b>Shigella</b>	187	209	142	232	770 (121)	15789
Enteropathogenic <i>E. coli</i> (children <3 years)	14	22	14	14	64 (1)	435
<b>Aeromonas</b>	20	12	10	9	51 (10)	268
<b>Plesiomonas</b>	1	2	–	3	6 (2)	55
<b>Vibrio</b>	1	3	3	2	9 (7)	57
<b>Clostridium difficile</b>	40	29	10	17	96 (–)	886
<b>C. difficile</b> toxin	35	48	24	32	139 (–)	1201
<b>Yersinia</b>	7	11	5	6	29 (6)	262

**Campylobacter**: two regions reported more than 10% of cases: Yorkshire (402 cases) and W Midlands (336). Thirty-four family outbreaks were reported.

**Shigella**: *S. boydii* 5 (4 abroad); *S. flexneri* 62 (33 abroad); *S. sonnei* 703 (84 abroad). *S. sonnei*: two nursery outbreaks and one in a children's home were reported. One family outbreak of *S. flexneri* was reported.

Notifications of dysentery for weeks 92/36-39 were 131, 179, 143, and 192, respectively; the cumulative total for

1992 is 14853.

**Aeromonas**: *A. caviae* 8 (1 abroad); *A. hydrophila* 31 (6 abroad); *A. sobria* 8 (2 abroad); *Aeromonas sp* 4 (1 abroad).

**Vibrio**: *V. cholerae* non O1, 9 (7 abroad).

**Clostridium difficile**: four regions reported more than 10% of cases: Yorkshire (14 cases), SE Thames (17), S Western (10) and Wales (31).

**Yersinia**: *Y. enterocolitica* 26 (5 abroad); *Y. frederiksenii* 3 (1 abroad).

Laboratory reports	Number of reports received				Total reports 92/36-39 (acquired abroad)	Cumulative total 1992
	92/36	92/37	92/38	92/39		
<b>Cryptosporidium</b>	93	153	109	187	542 (53)	3331
<b>Entamoeba histolytica</b>	5	6	1	10	22 (12)	664
<b>Giardia</b>	123	163	134	180	600 (174)	4585
<b>Blastocystis hominis</b>	4	2	–	–	6 (2)	224
<b>Dientamoeba fragilis</b>	1	–	–	2	3 (1)	56

**Cryptosporidium**: three regions reported more than 10% of cases: Trent (57 cases), S Western (73) and N Western (101). Twelve family outbreaks were reported.

**Giardia**: two regions reported more than 10% of cases: SW Thames (68 cases) and N Western (63). Twenty-three family outbreaks were reported.

**Taenia** 5: *T. saginata* 1; *Taenia sp* 4 (France and Greece 1). F 40y with cerebral cysticercosis (serology).

**Trichostrongylus sp** 2.

**Trichuris trichiura** 14 (Vietnam 2, Mexico and Somalia, 1 each).

### Typhoid and paratyphoid, England and Wales: laboratory reports, weeks 92/36–39

**S. typhi**: 13 cases aged 2-45 years were reported (Indian subcontinent 10, Africa 2, Europe 1).

**S. paratyphi A**: 7 cases aged 16-34 years were reported (Indian subcontinent 5, Far East 1, other abroad 1).

**S. paratyphi B**: 2 cases aged 19 and 59 years, respectively (Africa 1, United Kingdom 1).

Notifications: 16 cases of typhoid and 10 cases of paratyphoid fever were statutorily notified (weeks 92/36-39).

## Bacteraemia and bacterial meningitis, England and Wales: weeks 92/36-39

Laboratory reports	No. of reports received		Age		Total reports 92/36-39	Cumulative total 1992
	Blood only	CSF only or CSF & blood	<1m	≥65y		
<i>Citrobacter sp</i>	28	—	—	14	28	195
<i>Enterobacter sp</i>	87	—	2	45	87	730
<i>Escherichia coli</i>	654	5	13	413	659	5704
<i>Klebsiella sp</i>	124	—	—	64	124	1233
<i>Proteus sp</i>	88	1	—	60	89	955
<i>Salmonella sp</i>	47	—	1	11	47	272

### Bacteraemia

**Citrobacter sp:** *C. freundii* 15; *C. koseri* 8; *Citrobacter sp* 5. *C. freundii*, M 62y had liver abscess following cholecystectomy (blood isolate; *Escherichia coli* also isolated).

**Enterobacter sp:** *E. aerogenes* 17; *E. agglomerans* 9; *E. cloacae* 50; *E. sakazakii* 2; *Enterobacter sp* 9. *E. aerogenes*, M 63y on haemodialysis and F 22y had septic abortion. *E. cloacae*, 3 patients on haemodialysis; M 66y with prosthetic heart valve. Also reported: *E. cloacae*, male, age not stated, had osteomyelitis (pus isolate).

**Escherichia coli:** premature neonate (blood isolate; group B *Streptococcus* also isolated). Four women had post-partum infection, including 3 after Caesarean section; 18 patients had pyelonephritis. M 61y and F 87y (urine isolate also) had joint prostheses. M 70y and M 75y on haemodialysis. F 72y had liver abscess. Also reported: *E. coli* O 157, F 62y with gastro-intestinal symptoms had haemolytic uraemic syndrome (serology).

**Klebsiella sp:** *K. aerogenes* 36; *K. ornitholytica* 1; *K. oxytoca* 24; *K. ozaenae* 1; *K. pneumoniae* 46; *Klebsiella sp* 16. *K. aerogenes*, M 63y on haemodialysis and M 72y with infection following coronary artery bypass graft. *K. ornitholytica*, M 2y with congenital biliary atresia. *K. oxytoca*, M 50y on haemodialysis.

**Proteus sp:** *P. mirabilis* 54; *P. morgani* 12; *P. vulgaris* 9; *Proteus sp* 13. *P. mirabilis*, M 60y on haemodialysis.

**Salmonella sp:** *S. enteritidis* 32 (PT4, 29): 19 patients had gastrointestinal symptoms (8 faecal isolates also); M 19y had leukaemia; M 80y had peritonitis (pus isolate also); M 81y had diabetes; female, age not stated, was HIV-1 antibody positive. *S. typhimurium* 6, including 3 patients with gastrointestinal symptoms and HIV-1 antibody positive male, age not stated. *S. virchow* 8, including 6 patients with gastrointestinal symptoms (4 faecal isolates also); 3 patients had recently travelled abroad. Unnamed *salmonella*, F 50y had gastrointestinal symptoms (faecal isolate also). Also reported: *S. enteritidis* 5 (PT4, 3): M 36y with abscess on chest wall (pus isolate), M 45y (peritoneal fluid isolate), 2 elderly male patients (both urine isolates) and F 46y who was part of a household outbreak (faecal and urine isolates). *S. typhimurium* 4: M 2y with wound infection, and M 24y (both pus isolates); M 30y and F 8y (both urine isolates). *S. virchow*, M 70y (urine isolate).

### Meningitis

**Escherichia coli:** M 13d, M 24d, F 48y with CSF shunt and F 93y with urinary tract infection (all blood and CSF isolates); M 18y with CSF shunt (CSF isolate; coagulase negative *Staphylococcus* also isolated).

**Proteus sp:** M 67y had ventriculitis (CSF isolate).

### DEPUTY EDITOR OF THE COMMUNICABLE DISEASE REPORT

Experienced clinical scientists in microbiology with a higher degree are invited to apply for the post of Deputy Editor in the Editorial Section of the Communicable Disease Surveillance Centre (CDSC). Responsibilities will include editing the microbiological component of the weekly *Communicable Disease Report* (CDR) and providing microbiological expertise for other publications, including the four-weekly CDR Review. This appointment is for two years in the first instance and will provide the opportunity to review and develop the content, style and format of the weekly CDR in conjunction with the Medical Editor. The post-holder will also make a scientific contribution to the study of nosocomial disease (in association with the Division of Hospital and Respiratory Infection of CPHL) with a view to enhancing surveillance and information output. Candidates should possess a first or second class honours degree in a biological subject of relevance to microbiology; a higher degree; several years' postgraduate experience in clinical microbiology, and an interest in epidemiology. Candidates will be expected to have published original work in learned journals; to have a flair for writing and editing, and the ability to communicate well with colleagues in other disciplines. The successful candidate will be appointed to the Clinical Scientist Scale, Grade B (17-19).

Those interested may contact the Medical Editor, Dr Gordon Reeves, for further information (telephone 081 200 6868, ext 4488). A job description and application form may be obtained from the Personnel Department, Public Health Laboratory Service Board Headquarters, 61 Colindale Avenue, London NW9 5DF (telephone 081 200 1295, ext 3690). The closing date is Friday 30th October 1992.