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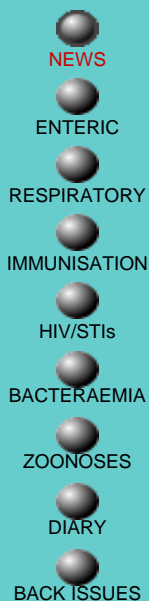
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Details of the compensation fund for vCJD victims announced

The compensation scheme for variant Creutzfeldt Jakob disease (vCJD) cases, announced by the Secretary of State for Health, Alan Milburn, was outlined in a press release earlier this week (1).

To date there have been 100 confirmed deaths in the United Kingdom due to vCJD (2). UK victims of vCJD and their families will now receive compensation from a £55 million Trust fund. The first 250 cases will be awarded from this fund, if the number of cases exceeds this, any future payments will be reviewed. So far, most families have received £25 000 from an interim Trust fund.

The compensation scheme has been set up by the Government in consultation with representatives of families affected by vCJD. An independent Trust will administer the scheme and make the payments to vCJD victims and their families. Trustees will be appointed to assess each claim.

In recognition of exceptional circumstances, the Government will award an extra £55 000 to each victim or their family. This is in place to account for the legal and other difficulties the first families have had to encounter and the additional pressures they have had to bear and is restricted to the first 250 cases.

1. Department of Health. Monthly Creutzfeldt-Jakob disease statistics. Press release 2001/0457, 1 October 2001. <http://tap.cta.gov.uk/doh/intpress.nsf/page/2001-0456?OpenDocument>

2. Department of Health. Press release 2001/0456, 1 October 2001. <http://tap.cta.gov.uk/doh/intpress.nsf/page/2001-0457?OpenDocument>

TB in London - the need for action: a meeting of agencies to address tuberculosis in the capital

Sharing best practice and identifying the further actions needed to face the challenge of tuberculosis in London were the twin themes of a conference on tuberculosis organised collaboratively by the London regional unit of the PHLS CDSC and the charity TBAlert. It was held at the Royal Society of Medicine on Wednesday 3 October.

Tuberculosis rates in London continue to rise (by 17% during the period 1999 to 2000) to just over 40 cases per 100 000 and over 100 cases per 100 000 in some areas. Much has been done in recent years across London, but this meeting was called to bring experts and decision-makers together to review the current situation and discuss further action. There were over 200 attendees from health (including primary care), local and voluntary services.

Speakers at the conference included Dr Sue Atkinson, Regional Director of Public Health for the NHS London Regional Office and Dr Paula Fujiwara, Deputy General Secretary of the International Union against TB and Lung Disease formerly head of the TB programme in New York, as well as other experts. Dr Fujiwara described the problems with tuberculosis that had emerged in the 1980s in New York and the subsequent action taken to successfully deal with them.

The action identified for London was the need to urgently implement previously agreed London Regional Office targets and standards. These include:

- 100 per cent monitoring of outcome of treatment
- at least 90 per cent completion of treatment
- one nurse for every 40 notifications by 2002
- clinical networks in each of the five London Sectors to ensure monitoring of care and contact tracing
- to offer and recommend an HIV test for all cases of TB being treated in London
- ensure full NHSNet connectivity for all London clinics in order to link to the London TB register in 2001/2

The need to increase awareness, reduce misconceptions and taboos, reduce delays in diagnosis and identify risk factors (e.g. HIV infection) was also recognised. Removal of any financial burden falling on patients such as prescription charges, work to improve housing, nutritional guidance and social care for patients are also important issues. Both information for patients and screening of people at increased risk of tuberculosis need to be improved. Critically important is the need to help, support and integrate patients so they have better access to primary and specialist care.

See also the preliminary results of [surveillance of anti-tuberculosis drug resistance](#) in the UK for the year 2000 published in this weeks CDR.

Influenza weekly reports 2001/02

The influenza season is approaching: the Department of Health has launched the national influenza immunisation campaign this week (1), recommending vaccination for all people aged 65 years and over, as well as people of all ages with underlying medical conditions and/or those in residential or nursing homes. Following the success of last year's influenza vaccination campaign, the Government has increased the target uptake among those aged 65 years and over from 60% to 65%.

Clinical activity for influenza and flu-like illness remains at baseline levels and no confirmed cases have yet been identified. Low levels of activity, primarily associated with influenza A (H1N1) and influenza B, are reported from Southern Hemisphere countries.

The PHLS will start publishing influenza reports for 2001/02 on 3 October 2001. As last season, the reports will be published on the PHLS web site at www.phls.co.uk/facts/influenza/flu.htm.

The text will be updated every two weeks until influenza activity begins to increase, and more frequently thereafter. The accompanying graphs will be updated weekly. If you wish to receive an email notification when the report has been published please send your email address to respcdsc@phls.org.uk (if you received notification by email last season you will remain on the list for this season).

1. Department of Health. Get your job in first. Press Release 2001/0447, 1 October 2001. <http://tap.cta.gov.uk/doh/intpress.nsf/page/2001-0447?OpenDocument>.

Enhanced surveillance for Giardia: request to readers/reporters

The PHLS is undertaking a project on the enhanced surveillance of Giardia in England and Wales. The study starts in September and lasts for one year.

Faecal samples from infected patients will be collected centrally by the Food Safety Microbiology Laboratory (FSML) in the Central Public Health Laboratory. Giardia isolates will be speciated and typed by genetic methods. In addition, patient information will be collected in CDSC. The surveillance information and typing data will be linked to provide clear descriptive epidemiological information on giardiasis in England and Wales. A substantial percentage of infections have been associated with travel abroad and this study will include all patients in whom Giardia has been detected, including those that have recently travelled abroad.

The study does not wish to burden laboratories with any additional testing, outside that which is usually undertaken, but FSML will be happy to type all samples containing Giardia that are submitted. We hope that the feedback of typing information in a timely manner may prove useful locally as well as improving our understanding of giardiasis nationally.

We would be grateful if laboratories could send all faecal samples of patients from whom Giardia has been identified, together with a photocopy of the original request form, to: Dr Jim McLauchlin, Food Safety Microbiology Laboratory, 61, Colindale Avenue, London NW9 5HT

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Surveillance of anti-tuberculosis drug resistance

Preliminary results from the UK mycobacterial resistance network (Mycobnet) for 2000 are now available. The proportion of drug resistant isolates remains unchanged while the total number of isolates continues to increase (figure). Of all initial UK isolates, 6.2% were isoniazid resistant (with or without resistance to other drugs) and 1% were multi-drug resistant, defined as resistance to isoniazid and rifampicin, with or without other resistance (table).

Figure Total initial *M. tuberculosis* complex isolates and percentage of isoniazid and multi-drug resistant in the UK: 1993 to 2000

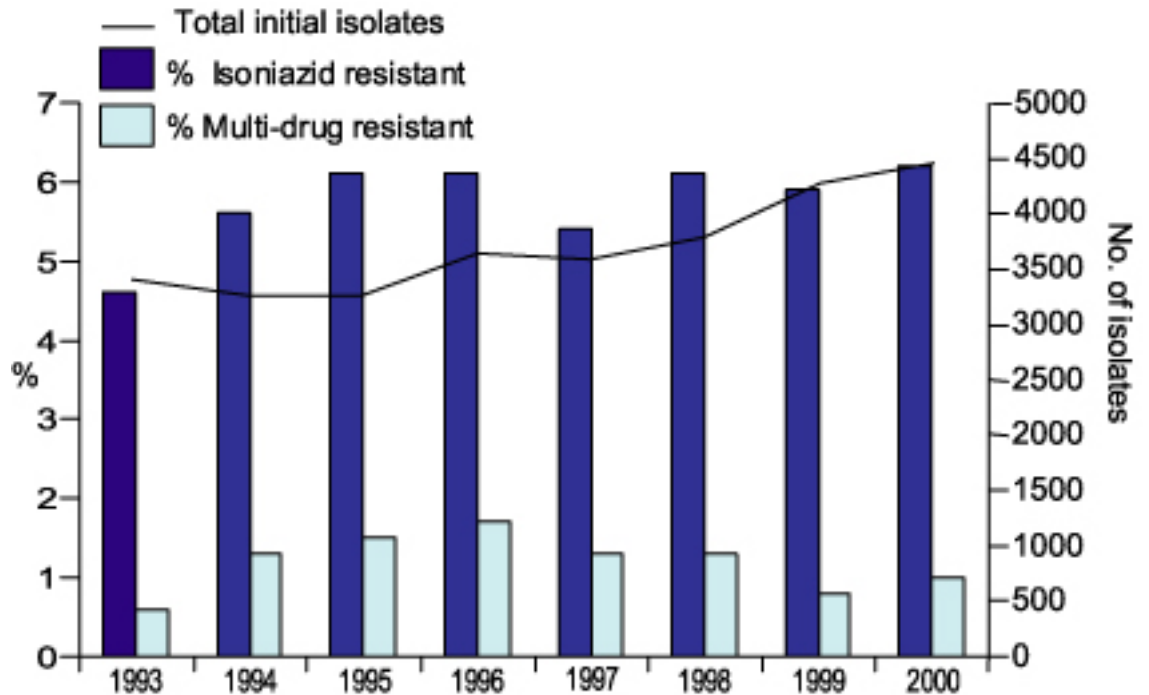


Table 1 First line drug resistance in initial isolates of *M. tuberculosis* complex in the UK by country, 2000

	Isoniazid (%)	Rifampicin (%)	At least one first line drug (%)	More than one first line drug (%)	MDR (%)	Total isolates
England*	259 (6.5)	60 (1.5)	280 (7.0)	48 (1.2)	44 (1.1)	3959
Wales	3 (2.1)	-	3 (2.1)	-	-	140
Scotland	14 (4.6)	1 (0.3)	14 (4.6)	2 (0.7)	1 (0.3)	305
N. Ireland	-	-	-	-	-	40
Total (%)	276 (6.2)	61 (1.4)	297 (6.7)	50 (1.1)	45 (1.0)	4444

* Includes Channel Isles & Isle of Man

Over forty per cent of all UK isolates came from the London region where 8.2% were resistant to isoniazid and 9.1% were resistant to at least one first line drug (excluding streptomycin).

A final report of anti-tuberculosis drug resistance in the UK will be produced after matching Mycobnet data with data from the TB Enhanced Surveillance system in the first quarter of 2002. Further data on Mycobnet and tuberculosis surveillance, including regional data in England and Wales can be found on the PHLS website at <<http://www.phls.co.uk/facts/TB/Index.htm>>.

The PHLS TB website has been extensively revised and updated and will increasingly become an important means of disseminating key epidemiological data and reports produced by CDSC. Information requests can also be submitted through tbservice@phls.org.uk.

An updated TB Surveillance Newsletter has been produced and is currently being circulated. Copies can also be downloaded as a pdf document from the PHLS CDSC website.

Enhanced surveillance of tuberculosis by age, sex, and site of disease, England & Wales and Northern Ireland: 2000*

Age group	Sex	Pulmonary**	Non-pulmonary only	Site unknown	Total
0-14 years	Male	91	87	–	178
	Female	106	84	3	193
	Unknown	1	–	–	1
	Total	198	171	3	372
15-34 years	Male	688	586	19	1293
	Female	592	477	3	1072
	Unknown	4	6	–	10
	Total	1284	1069	22	2375
35-54 years	Male	552	367	5	924
	Female	300	401	3	704
	Unknown	4	3	1	8
	Total	856	771	9	1636
55-74 years	Male	542	192	7	741
	Female	325	271	6	602
	Unknown	–	3	–	3
	Total	867	466	13	1346
75+ years	Male	227	80	2	309
	Female	150	83	1	234
	Unknown	–	1	–	1
	Total	377	164	3	544
Age unknown	Male	1	1	–	2
	Female	3	4	–	7
	Unknown	–	–	–	–
	Total	4	5	–	9
Total	–	3586	2646	50	6282

* provisional data. ** with or without extra-pulmonary disease. Source: Enhanced Tuberculosis Surveillance database (September 2001).

Enhanced surveillance of tuberculosis by region and site of disease, England, Wales and Northern Ireland: 2000*

Region	Pulmonary**	Non-pulmonary only	Site unknown	Total
Northern & Yorkshire	339	217	17	573
Trent	271	189	–	460
Eastern	166	107	–	273
London	1412	1234	33	2679
South East	321	186	–	507
South West	164	64	–	228
West Midlands	409	301	–	710
North West	356	270	–	626
Wales	119	55	–	174
Northern Ireland	29	23	–	52
Total	3586	2646	–	6282

* provisional data. ** with or without extra-pulmonary disease. Source: Enhanced Tuberculosis Surveillance database (September 2001).

Respiratory tract infections, England and Wales: laboratory reports, weeks 36-39/01

	Number of reports received				Total reports
	36/01	37/01	38/01	39/01	31-35/01
Adenovirus (excluding EM faeces)	15	15	39	38	107
Coronavirus	–	–	–	–	–
Influenza A	3	5	1	3	12
Influenza B	–	2	–	1	3
Parainfluenza	3	2	10	4	19
RS virus	10	2	7	18	37
Rhinovirus	–	2	5	–	7
Chlamydia sp	2	2	–	2	6
Coxiella burnetii	1	–	–	–	1
Legionella sp	2	2	8	5	17
Mycoplasma pneumoniae	15	8	13	24	60

Adenovirus (excluding types 40, 41, group F, EM faeces): 107 cases were reported. Seventy-seven patients had eye infections.

Coronavirus: No cases were reported

Influenza A: Twelve cases were reported. One patient had pneumonia. Trent (1 case), North West (9 cases), South West (2 cases). 42% of cases were aged 45-64 years, 25% of cases were aged 65 years or over.

Influenza B: Three cases were reported. M 13y, F31y both had recent foreign travel. Northern & Yorkshire (1 case), Trent (1 case), North West (1 case).

Parainfluenza (type 1, 2; type 2, 2; type 3, 12; type 4, 0; untyped, 3): 19 cases were reported. Northern & Yorkshire (2 cases), Trent (4 cases), West Midlands (2 cases), North West (2 cases), Eastern (1 case), London (2 cases), South East (4 cases), South West (1 case), Wales (1 case). 53% were aged under 1y (10 cases).

Respiratory syncytial virus: Thirty-seven cases were reported. Northern & Yorkshire (1 case) Trent (2 cases), West Midlands (1 case), North West (19 cases), Eastern (1 case), London (1 case), South East (8 cases), South West (4 cases). 54% of patients were aged less than 1 year (20 cases).

Rhinovirus: Seven cases were reported. 86% of the cases were aged less than 1y (6 cases).

Respiratory Chlamydia (*C. psittaci*, 3 ; *C. pneumoniae*, 0; *C. species*, 3): Two patients had pneumonia. M 39y had contact with animals.

Coxiella burnetii: One case was reported. (South West).

Legionella sp: Seventeen cases were reported with pneumonia, nine were male aged 39 to 71 years and eight were females aged 53 to 75 years. One male aged 60 years died. Eight cases were associated with travel: Spain (2), Turkey (1), Mexico (1), Cyprus (1), Norway (1), Greece (1) and one case travelled to both Italy and France. One case, a 64 year old female, had community acquired infection and is associated with an outbreak in South West London.

Mycoplasma pneumoniae: Sixty cases were reported. 18 patients had pneumonia. M 32y who had animal contact had recurrent infections. (Northern & Yorkshire (5 cases), Trent (5 cases), North West (9 cases), Eastern (4 cases), London (3 cases), South East (12 cases), South West (18 cases), Wales (4 cases). 37% of the cases were aged under 15y (22 cases).

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Common animal associated infections, England and Wales: laboratory reports, weeks 36-39/01

Organism	Total reports for weeks 36-39/01		Cumulative totals for weeks 01-39	
	2001*	2000	2001*	2000
<i>Borrelia burgdorferi</i> **#	10	49	121	237
<i>Leptospira hardjo</i> **##	2	–	4	5
<i>Leptospira icterohaemorrhagiae</i> **##	–	3	4	21
<i>Leptospira other</i> **##	2	3	16	7
<i>Pasteurella haemolytica</i>	1	–	3	3
<i>Pasteurella multocida</i>	17	19	223	174
<i>Pasteurella pneumotropica</i>	–	–	3	2
<i>Pasteurella spp</i>	4	7	56	46
<i>Toxocara canis</i>	–	–	–	2
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara spp</i>	2	2	3	3
<i>Toxoplasma gondii</i>	1	6	22	29
<i>Toxoplasma spp</i>	3	4	45	41

* provisional data; ** by specimen date; # Lyme Disease Reference Laboratory and CDSC;

Leptospira Reference Laboratory and CDSC

Common imported infections, England and Wales: laboratory reports, weeks 36-39/01

Organism	Total reports for weeks 36-39/01		Cumulative totals for weeks 01-39	
	2001*	2000	2001*	2000
Arbovirus	–	–	–	1
Dengue virus	–	–	–	3
<i>Ascaris spp</i>	13	15	87	92
Hookworm (unspecified)	3	10	40	54
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Leptospira sp</i>	–	–	8	3
<i>Hymenolepis diminuta</i>	1	–	1	1
<i>Hymenolepis nana</i>	6	1	36	16
<i>Hymenolepis sp</i>	–	–	–	–
<i>Schistosoma haematobium</i>	4	7	36	52
<i>Schistosoma intercalatum</i>	–	–	–	–
<i>Schistosoma mansoni</i>	–	1	12	11
<i>Schistosoma sp</i>	9	3	28	27
<i>Strongyloides stercoralis</i>	3	–	21	11
<i>Strongyloides sp</i>	–	1	2	4

Common gastrointestinal infections, England and Wales: laboratory reports, weeks 27-39/01

Laboratory reports	Total reports 27/01-39/01*	Cumulative total to	
		39/01*	39/00
<i>Taenia</i> spp	16	55	42
<i>Trichostrongylus</i>	–	1	–
<i>Trichuris trichiura</i>	10	55	48

* provisional data

Diary Dates

The Royal College of Paediatrics and Child Health: Sixth Spring Meeting

The RCPCH 6th Spring Meeting from the 15-18 April 2002 is to be held at York University. A preliminary programme is available, including keynote lectures such as The global evolution of childhood diabetes , Increasing scope in paediatric surgery and The early life origins of asthma and related allergic disorders . Associated with this meeting, is the 2nd Conference of the International Network of Paediatric Surveillance Units (INoPSU), to be held at the same location from the 13-15 April 2002. For further information contact Aaron Barham at the RCPCH office, tel.: 020 7307 5614, email: aaron.barham@rcpch.ac.uk or visit <http://www.rcpch.ac.uk/visitors/Spring%20Meeting/spring%20meeting.htm>.