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Influenza activity in England and Wales reaches levels required for prescription of zanamivir

In the week ending 28 January, the overall consultation rates for influenza and influenza-like illness in England, reported by the weekly returns service of the Royal College of General Practitioners have risen to 45 consultations per 100,000 population (based on a survey population 549,000) with rates of 52, 50, and 37 in the RCGP northern, central and southern regions of England. Rates have been in the range of 'baseline activity' so far this season. Low numbers of influenza A isolates of the H1N1 subtype have been reported from all regions of England since December 2000 but the recent increase in clinical consultation rates have been associated with the reporting of an increasing number of influenza B isolates. The strains of both influenza A and B are similar to those contained in the vaccine.

In recent years, only modest rises in consultation rates for influenza-like illness with general practitioners have occurred in association with influenza B activity, with the highest rates observed in the age groups between 5 and 64 years. A similar picture is apparent in the figures for the most recent week: consultation rates per 100,000 were 35, 75, 53, 38, and 14 in the 0-4 year, 5-14 year, 15-44 year, 45-64 year, and 65 years and over age groups respectively. Although consultation rates have been lower in the very young and very old, infection in these groups have still occurred and the risk of complications of influenza infection remains highest in the elderly particularly if they have other high risk conditions.

In Wales, clinical consultation rates have remained low and few isolates of influenza virus have been confirmed. In Scotland, consultation rates have been just above baseline rates since early-January associated with isolates of both influenza A and B.

Zanamivir

Recommendations on the prescription of the neuraminidase inhibitor, zanamivir, apply when influenza is known to be circulating in the community (1). They are triggered when the PHLS advises that influenza viruses are circulating and the RCGP weekly returns service in England (CDSC Wales in Wales) indicates that new GP consultation rates for influenza-like illness have risen above the baseline of 50 per 100,000 population (25 in Wales). This threshold for prescription of zanamivir in suitable patients has now been reached across much of England (though not in Wales). The Department of Health has issued a statement recommending that doctors implement the recommendation and consider the prescription of zanamivir in suitable patients in all regions of England (2). A recommendation that zanamivir be considered in the management of suitable patients in Scotland was issued in early-January.

1. CDSC. Guidance on the use of the anti-influenzal drug, zanamivir. *Commun Dis Rep CDR Wkly* 2000; **10**(47): 417,20.

2. Department of Health. Flu and flu immunisation. Use of zanamivir (brand name relenza) [online]. London: Department of Health, 1 February 2001 [cited 2 February 2001]. Available from: <www.doh.gov.uk/fluzan.htm>.

Useful links

National Institute for Clinical Excellence (NICE):

www.nice.org.uk/nice-web/

Supplementary advice to the NHS on the implementation of the NICE guidance on the use of zanamivir:

www.doh.gov.uk/zanamivirguidance/index.htm

Increase in cases of hepatitis A in homeless injecting drug users

A district in south London has reported an increase in acute hepatitis A cases in the local homeless population. A total of 27 cases of confirmed hepatitis A have been reported in the district since the

beginning of November 2000. Over half are known to be young homeless injecting drug users (IDUs), four of whom have been identified in local homeless hostels, and four on admission to the local prison. All these cases are in males, aged from 19 to 40 years. Further information is being sought on the remaining cases. Anecdotal reports suggest that there are other homeless people with jaundice who have not sought medical attention. Other districts in London have not reported similar problems. Further case-finding is underway. It is thought that the very poor environmental conditions in squats lived in and frequented by this population may be contributing to the spread of cases.

Local health care professionals, and agencies dealing with IDUs, and the homeless have been alerted. The Health Authority, together with local drug agencies and the primary healthcare team for the homeless are planning to mount an immunisation and information outreach programme to prevent further cases in this population. For further information, contact Dr Deepti Kumar at CDSC London, tel 020 7725 2734.



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Respiratory viruses – winter 2000/01

Respiratory syncytial virus (RSV) has followed its normal pattern of seasonal activity this winter. Laboratory reports to the PHLS Communicable Disease Surveillance Centre of RSV infections have been characterised by a sharp rise in reports since the beginning of November and are expected to show an equally rapid decline in the next few weeks (figure 1). As usual these infections have mainly been in children aged less than one year, and most derive from hospitalised cases. Community based virological surveillance studies in England and Wales using polymerase chain reaction (PCR) detection have, however, detected RSV infection in all age groups from under 5 years through to over 65 years, confirming that RSV contributes to the burden of respiratory illness in adults (figure 2).

Figure 1 Laboratory reports to CDSC of infections due to RSV, England and Wales: 1990 to 2001 (four weekly)

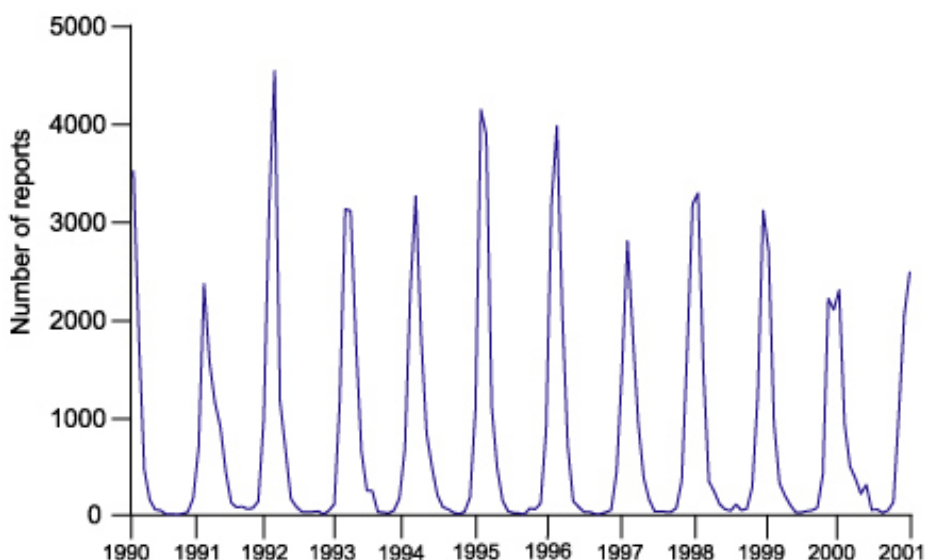
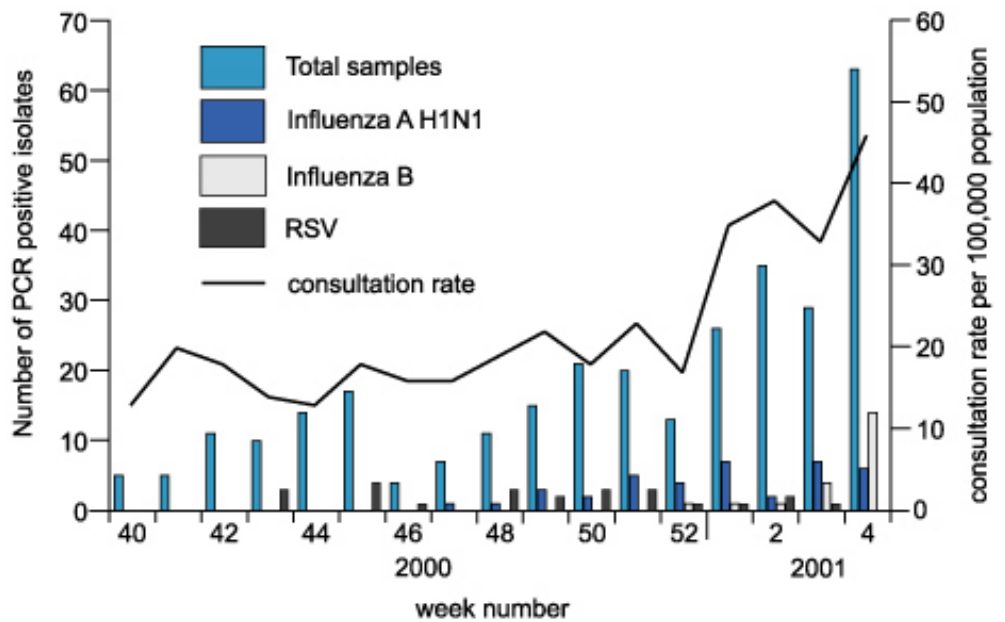


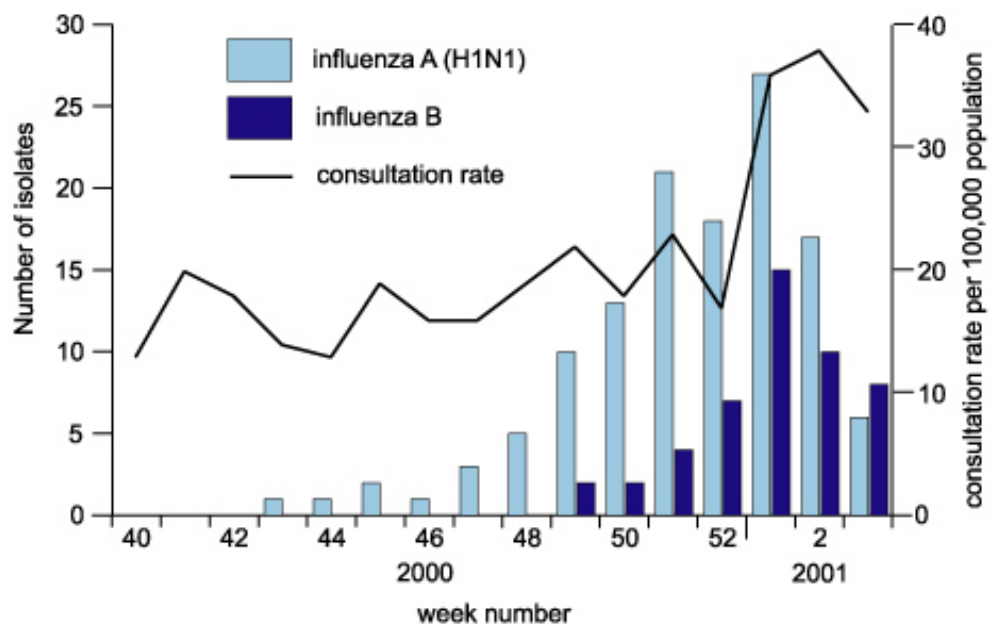
Figure 2 Influenza and RSV detections (by PCR) from the Royal College of General Practitioners community surveillance



Influenza virus activity has been limited so far in the United Kingdom during winter 2000/01 but there are now signs of some increase in association with increasing reports of influenza B infections (see news section). Although the overall rate in England remains just below the upper threshold rate for baseline activity of 50 new consultations per 100,000 population per week, the rate has exceeded the threshold in much of England

The first sporadic influenza A virus infections were detected in week 43/2000 (week ending 29 October 2000). These and subsequent influenza A infections have all been due to H1N1/New Caledonia-like virus. Influenza B was first confirmed in week 49/2000 (week ending 10 December) (figure 3). A small number of outbreaks of acute respiratory infection in schools have recently been reported and, where specimens have been taken, influenza B has been confirmed as the cause. In Wales, clinical influenza activity remains very low with few influenza virus isolations reported.

Figure 3 Influenza isolates received by the PHLS Enteric, Respiratory, and Neurological Laboratory by week of sample date: 2000 to 2001



Respiratory tract infections, England and Wales: laboratory reports, weeks 01-04/01

	Number of reports received				Total reports 01-04/01
	01/01	02/01	03/01	04/01	
Adenovirus (excluding EM faeces)	26	40	15	43	124
Coronavirus	-	-	-	-	-
Influenza A	5	10	5	57	77
Influenza B	1	5	-	17	23

Parainfluenza	4	10	7	14	35
RS virus	862	753	180	682	2477
Rhinovirus	1	7	–	3	11
Chlamydia sp	2	5	2	4	13
Coxiella burnetii	–	1	1	1	3
Legionella sp	9	4	4	1	18
Mycoplasma pneumoniae	12	24	3	23	62

Adenovirus (excluding types 40, 41, group F, EM faeces): 61 patients had eye infections and one pneumonia. M 23y had cystic fibrosis; M 33y impaired immunity; M 58y Guillain-Barré syndrome; male (age unknown) encephalitis.

Coronavirus: no cases were reported

Influenza A: M 50y and F 64y had recently travelled abroad; M 69y had contact with birds; F 16y, M 15y, and M 22y had cystic fibrosis. Northern and Yorkshire region reported 21 cases, South West 16, Trent 12, Eastern ten, and West Midlands eight. Fifteen patients were one to 14 years and 13 patients were over 65 years.

Influenza B: two patients had pneumonia. Three males aged 10 to 13 years were associated with a school outbreak. West Midlands region reported eight cases, South West six, and Eastern five. Ten patients were under 15 years and three were aged over 65 years.

Parainfluenza (type 1, 13; type 3, 14; untyped, 8): Northern and Yorkshire region reported nine cases, South East six, South West six, Eastern four, and West Midlands four. Fifty-seven per cent of patients (20 cases) were under 1 year of age.

Respiratory syncytial virus: 731 patients had bronchiolitis and eight pneumonia. M 65y had impaired immunity. South East region reported 468 cases, Northern and Yorkshire 373, South West 365, Eastern 352, West Midlands 329, Trent 301. Seventy-five per cent of patients (1864 cases) were under 1 year of age.

Rhinovirus: 11 cases were reported. Forty-five per cent of patients (5 cases) were under 1 year of age.

Respiratory chlamydia (*C. psittaci*, 14; *C. pneumoniae*, 3; *Chlamydia sp*, 5): five patients had pneumonia. M 41y and M 61y both had contact with birds.

Coxiella burnetii: three cases were reported. Northern and Yorkshire, South West, and Trent regions each reported one case.

Legionella: 18 cases were reported (14 males aged between 38 and 77 years, and four females aged between 42 and 68 years). All had pneumonia. M 59y and M 77y both died. Eight cases were associated with travel abroad: France 2, Greece 1, Majorca 1, Portugal 1, Spain 1, United States 1, and one case visited both France and Italy. Nine cases acquired infection in the community.

Mycoplasma pneumoniae: 23 patients had pneumonia. M 16y had Stevens-Johnson syndrome. South West region reported 21 cases, South East 14, Eastern nine, and Northern and Yorkshire seven. Thirty-three per cent of patients (20 cases) were under 15 years of age.

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Common animal associated infections, England and Wales: laboratory reports, weeks 01-04/01

Organism	Total reports for weeks 01-04/01		Cumulative totals for weeks 01-04	
	2001*	2000	2001*	2000
<i>Borrelia burgdorferi</i> **#	–	1	–	1
<i>Leptospira hardjo</i> **##	2	1	2	1
<i>Leptospira icterohaemorrhagiae</i> **##	2	2	2	2
<i>Leptospira other</i> **##	6	2	6	2
<i>Pasteurella haemolytica</i>	1	–	1	–
<i>Pasteurella multocida</i>	23	17	23	17
<i>Pasteurella pneumotropica</i>	1	–	1	–
<i>Pasteurella spp</i>	3	4	3	4
<i>Toxocara canis</i>	–	–	–	–
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara spp</i>	–	–	–	–
<i>Toxoplasma gondii</i>	2	2	2	2
<i>Toxoplasma spp</i>	9	5	9	5

* 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 01-04/01

Organism	Total reports for weeks 01-04/01		Cumulative totals for weeks 01-04	
	2001*	2000	2001*	2000
Arbovirus	–	–	–	–
Dengue virus	–	–	–	–
<i>Ascaris spp</i>	21	7	21	7
Hookworm (unspecified)	3	–	3	–
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Leptospira sp</i>	–	–	–	–
<i>Hymenolepis diminuta</i>	–	1	–	1
<i>Hymenolepis nana</i>	2	1	2	1
<i>Hymenolepis sp</i>	–	–	–	–
<i>Schistosoma haematobium</i>	4	6	4	6
<i>Schistosoma intercalatum</i>	–	–	–	–
<i>Schistosoma mansoni</i>	4	1	4	1
<i>Schistosoma sp</i>	3	1	3	1
<i>Strongyloides stercoralis</i>	6	2	6	2
<i>Strongyloides sp</i>	–	–	–	–

* provisional data