

Volume 11

Number 9

1 March 2001



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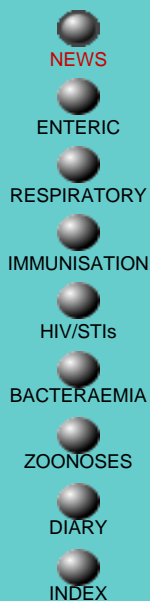
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Foot and mouth disease outbreak – no threat to public health

The advent of the current major outbreak of foot and mouth disease (FMD) in the United Kingdom has raised the question of whether the disease poses a risk to humans. Very few human infections have ever been described, despite regular exposure of humans to infections in livestock throughout the world (1). Cases that have been reported have been mild and self-limiting, no human to human transmission has ever been reported, and FMD is not transmitted to humans through the food chain. FMD is therefore not a public health threat.

Foot and mouth disease is a highly infectious infection of animals (cattle, sheep, pigs, goats, and deer) and spreads rapidly if not controlled. It is caused by a virus of the family Picornaviridae, genus Aphthovirus, of which there are seven main types. The current outbreak is due to the highly virulent pan-Asiatic type O (2). In animals the disease presents with acute fever, followed by the development of blisters chiefly in the mouth and on the feet of the animal. Infected animals secrete numerous virus particles before clinical signs appear. Unless eradicated immediately economic losses can be huge (2).

The overall risk of human infection with FMD is extremely small. The last human case reported in Britain occurred in 1966, during the last FMD epidemic (3). There were no human cases during the 1981 outbreak. In the rare documented cases, symptoms have mostly been mild and self-limiting, mainly uncomfortable tingling blisters on the hands (4), but also fever, sore throat, and blisters on the feet, and in the mouth, including the tongue. This can result in a painful mouth and difficulty in eating, drinking and talking. Human cases have usually recovered a week after the last blister formation. There are no reports of person to person spread. In the unlikely event of suspected human cases occurring in association with the current outbreak they should be reported to the CDSC duty doctor who can direct professional enquiries towards expert advice on management and diagnosis (tel: 020 8200 6868).

Foot and mouth disease should not be confused with the human disease called hand, foot and mouth disease. This is an unrelated and usually mild viral infection, principally of children, and due to the entirely different viruses, principally coxsackie A virus (5).

By far the most important consideration in the present outbreak is to prevent animals from becoming infected, and to prevent further animal to animal transmission. Information about the outbreak and foot and mouth disease in animals is best obtained from the Ministry of Agriculture Fisheries and Food (MAFF) website <www.maff.gov.uk/animalh/diseases/fmd/default.htm>. Aside from the policy of slaughter of infected animals and those animals exposed to infection, movement restrictions are also in place to help contain the disease. These include non-essential movement of the public through areas where infected animals have been found. Visits to farms should be undertaken on the basis of need and personnel, including healthcare staff, should comply with all the requirements of individual farmers regarding disinfection. People who handle infected or suspected infected animals can minimise any possible risk to themselves by maintaining good personal hygiene (such as handwashing and facewashing) and by wearing protective clothing if appropriate and practical. An approved disinfectant should be used on footwear, clothing, and vehicles leaving an infected area (2).

1. Bauer K. Foot-and-mouth disease as zoonosis. *Arch Virol* 1997; **13** (suppl): 95-7.

2. Ministry of Agriculture Fisheries and Food (MAFF). *Foot and mouth disease – FAQ* [online]. London: MAFF, 2001 [cited 28 February 2001]. Available from <www.maff.gov.uk/animalh/diseases/fmd/qa1.htm>.

3. Armstrong R, Davie J, Hedger RS. Foot-and-mouth disease in man. *BMJ* 1967; **iv**: 529-30.

4. Pilz W, Garbe HB. Weitere Fälle von Maul- und Klauenseuche - MKS-Infektionen beim Menschen. *Zbl Bakt I Orig* 1965; **198**: 154-7.

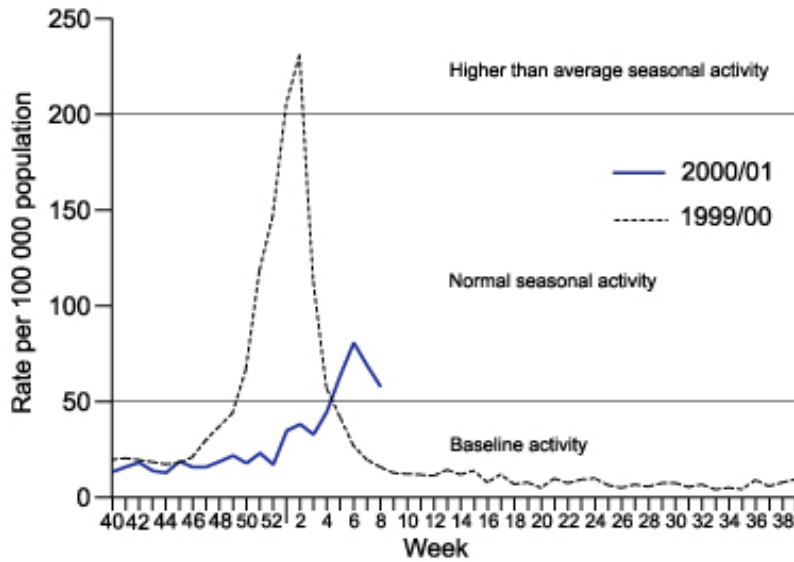
5. Chin J (editor). Coxsackievirus diseases. In: *Control of communicable diseases manual. 17th edition*. Washington DC: American Public Health Association, 2000: 129-31.

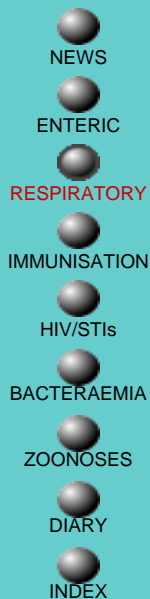
Influenza activity at low levels

Influenza activity has continued to decrease across England with consultation rates for influenza and flu-like illness now at the lower end of the range for normal seasonal activity. Consultation rates for total respiratory disease and acute bronchitis also continue to decline. This suggests that influenza-like illness and other seasonal respiratory illness may now be past their peak.

Consultation rates for influenza and flu-like illness in Scotland have also declined and are now within the range of baseline activity. General practitioner consultation rates for influenza and flu-like illness in Wales have increased but remain within the range of baseline activity.

Figure RCGP consultation rate for influenza and influenza-like illness, England





Respiratory tract infections, England and Wales: laboratory reports, weeks 05-08/01

	Number of reports received				Total reports
	05/01	06/01	07/01	08/01	05-08/01
Adenovirus (excluding EM faeces)	27	26	26	14	93
Coronavirus	–	–	–	–	–
Influenza A	40	34	46	31	151
Influenza B	32	32	43	38	145
Parainfluenza	4	3	8	–	15
RS virus	391	257	305	181	1134
Rhinovirus	3	–	13	3	19
<i>Chlamydia sp</i>	1	5	2	–	8
<i>Coxiella burnetti</i>	1	1	–	1	3
<i>Legionella sp</i>	2	1	1	4	8
<i>Mycoplasma pneumoniae</i>	20	15	17	15	67

Adenovirus (excluding types 40, 41, group F, EM faeces): 56 patients had eye infections and one bronchiolitis. M 18y had meningitis; F 5y impaired immunity; F 24y cystic fibrosis.

Coronavirus: no cases were reported.

Influenza A: 11 patients had pneumonia, four bronchiolitis, and one croup. M 7y had impaired immunity; M 46y pleurisy; M 65y Guillain-Barré syndrome; F 8y and F 20y cystic fibrosis. Trent region reported 38 cases, Wales 22, South West 21, North West 20, and Northern and Yorkshire 19. Nineteen patients were 45 to 64 years and 21 were over 65 years.

Influenza B: 11 patients had pneumonia and one bronchiolitis. M 10y and F 10y were associated with a school outbreak; M 22y had pleurisy; F 35y recurrent pneumonia after recent travel abroad. Trent region reported 33 cases, South West and West Midlands 27 each, North West 21, and Eastern 19. Sixty-one patients were under 15 years and six were over 65 years.

Parainfluenza (type 1, 6; type 2, 1; type 3, 6; type 4, 2): one had bronchiolitis. Northern and Yorkshire region reported five cases, Wales four, and North West, South West, and Trent two each. Sixty-six per cent of patients (10 cases) were under 1 year of age.

Respiratory syncytial virus: 277 patients had bronchiolitis and six pneumonia. M 21y had cystic fibrosis; M 32y, M 39y, and F 49y impaired immunity; M 77y chronic obstructive pulmonary disorder; F (age unknown) cardiomyopathy. Trent region reported 285 cases, Northern and Yorkshire 270, West Midlands and Eastern 117 each. Seventy-five per cent of patients (854 cases) were under 1 year of age.

Rhinovirus: 19 cases were reported. Fifty-seven per cent of patients (5 cases) were under 1 year of age.

Respiratory chlamydia (*C. psittaci*, 5; *C. pneumoniae*, 3): one patient had pneumonia. M 50y had pericarditis; F 16y had contact with birds; F 20y had cystic fibrosis.

***Coxiella burnetii*:** three cases were reported. London, South West, and West regions each reported one case.

Legionella: eight cases were reported, all of whom were males aged between 31 and 73 years, and all had pneumonia. There were no deaths. Two cases were associated with travel abroad: Denmark and Mexico. Six cases acquired infection in the community.

***Mycoplasma pneumoniae*:** 17 patients had pneumonia. M 42y had impaired immunity. South West region reported 28 cases and Trent 13. Twenty-nine 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 05-08/01

Organism	Total reports for weeks 05-08/01		Cumulative totals for weeks 01-08	
	2001*	2000	2001*	2000
<i>Borrelia burgdorferi</i> **#	4	2	4	3
<i>Leptospira hardjo</i> **##	–	–	2	1
<i>Leptospira icterohaemorrhagiae</i> **##	1	–		2
<i>Leptospira other</i> **##	2	6	8	8
<i>Pasteurella haemolytica</i>	–	–	1	–
<i>Pasteurella multocida</i>	16	24	39	41
<i>Pasteurella pneumotropica</i>	–	–	1	–
<i>Pasteurella spp</i>	1	4	4	8
<i>Toxocara canis</i>	–	1	–	1
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara spp</i>	–	–	–	–
<i>Toxoplasma gondii</i>	1	2	3	4
<i>Toxoplasma spp</i>	5	8	14	13

* 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 05-08/01

Organism	Total reports for weeks 05-08/01		Cumulative totals for weeks 01-08	
	2001*	2000	2001*	2000
Arbovirus	–	–	–	–
Dengue virus	–	–	–	–
<i>Ascaris spp</i>	4	7	25	14
Hookworm (unspecified)	5	15	9	15
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Leptospira sp</i>	–	1	–	1
<i>Hymenolepis diminuta</i>	–	–	–	1
<i>Hymenolepis nana</i>	2	1	4	2
<i>Hymenolepis sp</i>	–	–	–	–
<i>Schistosoma haematobium</i>	5	4	9	10
<i>Schistosoma intercalatum</i>	–	–	–	–
<i>Schistosoma mansoni</i>	1	–	5	1
<i>Schistosoma sp</i>	6	2	9	3
<i>Strongyloides stercoralis</i>	3	–	9	2
<i>Strongyloides sp</i>	–	–	–	–

* provisional data