

Volume 11

Number 15

12 April 2001



NEWS



ENTERIC



RESPIRATORY



IMMUNISATION



HIV/STIs



BACTERAEMIA



ZOONOSES



DIARY



BACK ISSUES

# CDR WEEKLY

## Main stories this week:

[Syphilis continues to spread in Greater Manchester](#)

[Foot and mouth disease: update](#)

[Tuberculosis in a school in Leicester – update](#)

## Updated this week:

[General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 10-14/01](#)

[Salmonella infections \(faecal specimens\), England and Wales: reports to the PHLS \(salmonella data set\\*\)](#)

[Common gastrointestinal infections, England and Wales: laboratory reports, weeks 10-14/01](#)

[Other gastrointestinal infections, England and Wales: laboratory reports, weeks 01-13/01](#)

[Salmonella typhimurium DT104 infection in humans](#)

[Yersinia in England and Wales](#)

[Diary dates](#)

[Notifications of infectious diseases, weekly data](#)

To download a printable version of this week's *CDR Weekly*, click the icon below. Please note that the pdf file now reflects the appearance of the website, not the old print version.



If you need *Acrobat Reader*, click [here](#)

If you have any comments or encounter any problems with this website, please contact [nhough@phls.org.uk](mailto:nhough@phls.org.uk)

**Best viewed at a screen resolution of 800 x 600 pixels**

**Published by**

**PHLS Communicable Disease Surveillance Centre**



NEWS



ENTERIC



RESPIRATORY



IMMUNISATION



HIV/STIs



BACTERAEMIA



ZOONOSES



DIARY



BACK ISSUES

## Contents

[Syphilis continues to spread in Greater Manchester](#)

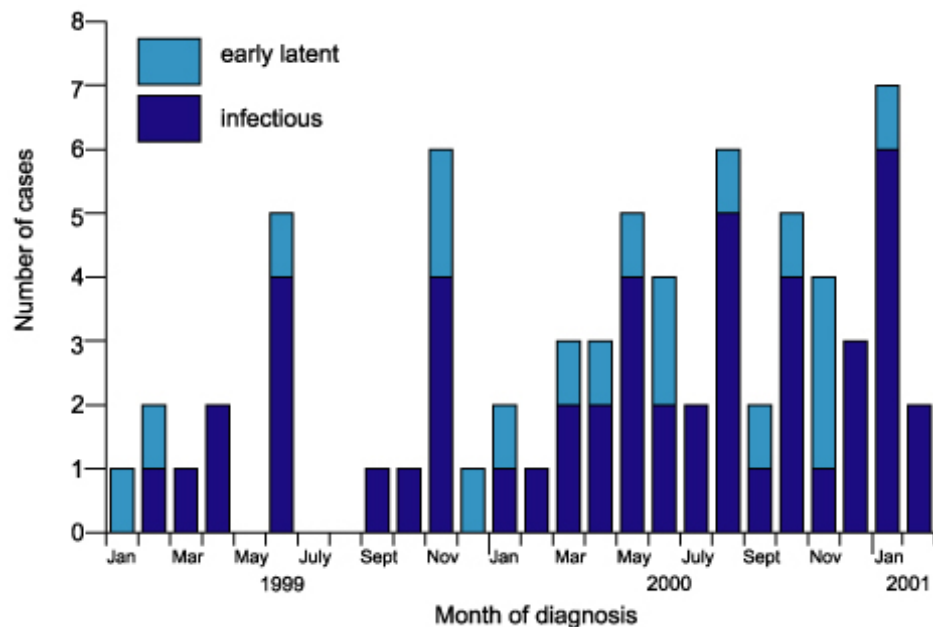
[Foot and mouth disease: update](#)

[Tuberculosis in a school in Leicester – update](#)

## Syphilis continues to spread in Greater Manchester

Transmission of syphilis in the Greater Manchester outbreak, first recognised in 1999 (1) is continuing. Since the last update in October 2000 (2), the total cases identified have nearly doubled (from 53 to 104) with the highest number of new cases being diagnosed in January 2001. Seventy-four per cent of the 51 new cases were diagnosed as either primary or secondary syphilis and therefore considered infectious (figure). Several cases of early latent (non-infectious) syphilis have also been diagnosed since October 2000. The outbreak continues to be concentrated in men who have sex with men, with 87% of new cases describing themselves as being 'exclusively homosexual'.

Figure Cases of syphilis, Greater Manchester: January 1999 to February 2001



The continuing rise in infectious cases suggests that initial interventions to control the outbreak, including distribution of free condom packs (with enclosed syphilis alert cards), outreach education, and posters displayed at gay events were not successful in halting transmission. As a result, renewed efforts at targeted health promotion and screening were initiated on 14 February. One such intervention included the introduction of a weekly early evening clinic located within the gay village which provided free on-site syphilis screening, and regular peer-outreach and counselling by members of the Lesbian and Gay Foundation. Seventy-six people were approached in bars in the first three weeks of the scheme and asked to complete a short questionnaire about syphilis awareness. The data suggest relatively high awareness of syphilis with poor interest in taking up sexual health screening. Sixty-eight per cent of respondents were aware of a local increase in syphilis, 85% were aware that symptoms did not always accompany ongoing infection, and 80% were aware that syphilis was easily treatable. Nevertheless, only 36% were interested in free screening and only two people attended the outreach clinic for testing. Possible reasons for the poor uptake include ignorance of the outreach clinic's existence, and low perceived risk of acquiring syphilis. A poster campaign is continuing and the screening clinic is still available.

Similar outbreaks of syphilis among homosexual men have been reported in other sites in the United Kingdom and mainland Europe (2,3). Recently, an outbreak of 63 cases of infectious syphilis, 87% of whom were homosexually active men, was reported in Dublin (4). A large-scale publicity campaign was launched in January and there has been a marked rise in gay men presenting for sexual health screens at their local genitourinary medicine clinics.

As syphilis shares modes of transmission with, and can facilitate the transmission of, HIV infection these outbreaks may herald a subsequent rise in HIV incidence in the worst affected areas, particularly among gay and bisexual men. This highlights the importance of evaluating interventions to improve their effectiveness,

maintaining heightened awareness, and continuing to develop relevant and appropriate interventions among those at greatest risk. Enhanced syphilis surveillance is continuing locally.

1. CDSC. Increased transmission of syphilis in Manchester. *Commun Dis Rep CDR Wkly* 2000; **10** (10): 89.

2. CDSC. Increased transmission of syphilis in Brighton and Greater Manchester among men who have sex with men. *Commun Dis Rep CDR Wkly* 2000; **10** (43): 383,6.

3. Doherty L, Fenton K, O Flanagan D, Couturier E. Evidence for increased transmission of syphilis among homosexual men and heterosexual men and women in Europe. *Eurosurveillance Weekly* [serial online] 2000 [cited 11 April 2001]; 4: 001214. Available from <[www.eurosurv.org/update/](http://www.eurosurv.org/update/)>

4. NDSC. Update: syphilis outbreak. *EPI-INSIGHT* 2001; 2 (April):1.

## Foot and mouth disease: update

Consultants in communicable disease control (CCDCs) are receiving an increasing number of requests for advice on issues arising from the foot and mouth disease (FMD) epidemic. In response to this the PHLS has drawn up a list of questions and answers. This has been emailed to CCDCs, regional epidemiologists, and public health laboratories, and will shortly be available on the PHLS website. The questions and answers (Q&As) will be subject to review and comments are welcomed.

The advice that FMD does not pose an individual health threat because of the lack of infectivity to humans is still valid (1). A few cases have been reported to CDSC where human FMD has been considered. To date no human infections have been found. Any professional who considers they may be managing a case (see reference for signs and symptoms) should report the case to the CDSC duty doctor (tel: 020 8200 6868). It is possible to investigate cases virologically, and a Central Public Health Laboratory (CPHL) protocol for investigation is available via CDSC duty doctors. All virological investigations, including initial virology to rule out other diagnoses and viruses, are being carried out by CPHL.

1. CDSC. Foot and mouth disease outbreak – no threat to public health. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 12 April 2001]; **11**(9): news. Available from <[www.phls.co.uk/publications/CDR%20Weekly/archive/news0901.html#foot](http://www.phls.co.uk/publications/CDR%20Weekly/archive/news0901.html#foot)>

## Tuberculosis in a school in Leicester – update

A total of 31 cases of tuberculosis have now been reported in association with the outbreak at a school in Leicester (1). Twenty-five of the cases are students at the school, two are teachers, and four are family contacts. All cases are on, or have, completed treatment. Isolates from three of the cases have been confirmed as *Mycobacterium tuberculosis* and fully susceptible to standard anti-tuberculosis drugs. Definitive molecular typing results are not yet available on the isolates.

All other children at the school (which has 1202 students aged from 11 to 16 years) are being screened for tuberculosis. Currently 60 children have been identified with strongly positive tuberculin skin test results and placed on chemoprophylaxis. Further cases of active disease, and further cases of infection without disease requiring chemoprophylaxis, may be identified as the screening is concluded.

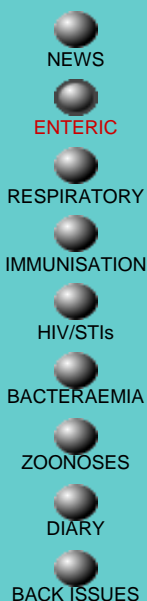
Screening, including chest x-ray examination, of all staff members at the school is also being carried out. A single source for the outbreak has not yet been identified with certainty. It is probable that at least some of the cases represent incidental cases that have been detected as a result of the outbreak investigation in a population subgroup with a high incidence of tuberculosis.

Other cases of potentially infectious tuberculosis have been identified in children in other schools in the city, as would be expected each year in the population of Leicester. Screening of other children and staff in these schools is to be carried out. No links have been identified between these cases and the outbreak.

The outbreak investigation and management is being carried out by Leicestershire Health Authority and coordinated by the local consultant in communicable disease control. A meeting of the local incident committee took place on 10 April which was attended by representatives of the Public Health Laboratory Service, the Trent NHS Executive, the Joint Tuberculosis Committee of the British Thoracic Society, and the Department of Health. The investigation of the outbreak to date, and future plans, were reviewed. The meeting concluded with strong endorsement for the approach implemented by the local investigation team.

1. CDSC. Tuberculosis outbreak at a community college in Leicester. *Commun Dis Rep CDR Wkly* [serial online] 2001 [cited 11 April]; **11** (14): news. Available from <[www.phls.co.uk/publications/CDR%20Weekly/archive/news1401.html#tuberculosis](http://www.phls.co.uk/publications/CDR%20Weekly/archive/news1401.html#tuberculosis)>

[Back to top](#)



## Contents

[General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 10-14/01](#)

[Salmonella infections \(faecal specimens\), England and Wales: reports to the PHLS \(salmonella data set\\*\)](#)

[Common gastrointestinal infections, England and Wales: laboratory reports, weeks 10-14/01](#)

[Other gastrointestinal infections, England and Wales: laboratory reports, weeks 01-13/01](#)

[Salmonella typhimurium DT104 infection in humans](#)

[Yersinia in England and Wales](#)

## General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 10-14/01

Health authority	Organism	Place of outbreak	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Camden and Islington	<i>Salmonella enteritidis</i> PT4	Nursery	February	>1	>1	None	-
Sheffield	<i>S. enteritidis</i> PT4	Prison	February	>1	>1	None	-
East and North Hertfordshire	<i>S. enteritidis</i> PT6	Restaurant	February	14	14	None	-
Doncaster	<i>S. panama</i>	Hospital	March	6	6	None	-
Barnet	<i>Campylobacter jejuni</i> HSUT PT39 and <i>C. jejuni</i> HS2 PT36	Canteen	March	30	30	Pasta salad, orange juice	S
Sunderland	SRSV	Public house	March	40	5	Ham and pease pudding	S
Salford and Trafford	Unknown	Restaurant	January	2	-	Tuna steaks	D

S (statistical): a significant statistical association between consumption of the suspect vehicle(s) and being a case. D (descriptive): other evidence, usually descriptive, reported by local investigations as indicating the suspect vehicle;

## Salmonella infections (faecal specimens), England and Wales: reports to the PHLS (salmonella data set\*)

Details of serotypes of the 489 salmonella infections recorded in February 2001 are given in the table below. In March 2001, 592 salmonella infections were recorded and preliminary information was received about four outbreaks (see table above).

\* figures quoted from the PHLS salmonella data set are for isolates confirmed and typed by PHLS Laboratory of Enteric Pathogens (LEP)

	February 2001
<b>Salmonella</b> (provisional total)	489
<b>S. enteritidis</b> (PT4)	109
<b>S. enteritidis</b> (other PTs)	112
<b>S. typhimurium</b>	104
<b>S. virchow</b>	9
<b>Other (typed)</b>	155

## Common gastrointestinal infections, England and Wales: laboratory reports, weeks 10-14/01

Laboratory reports	Number of reports received					Total reports	Cumulative reports	
	10/01	11/01	12/01	13/01	14/01	10-14/01	2001	2000
<i>Campylobacter</i>	804	1166	874	692	847	4383	11785	10949
<i>Escherichia coli</i> O157*	5	3	6	14	4	32	76	63
<i>Shigella sonnei</i>	4	17	13	18	14	66	200	145
Rotavirus	559	774	708	803	881	3725	6080	8329
SRSV	23	47	30	108	18	226	517	709
<i>Cryptosporidium</i>	50	59	34	72	27	242	779	841
<i>Giardia</i>	36	84	43	58	52	273	861	934

\* Vero cytotoxin producing isolates (data from LEP)

## Other gastrointestinal infections, England and Wales: laboratory reports, weeks 01-13/01

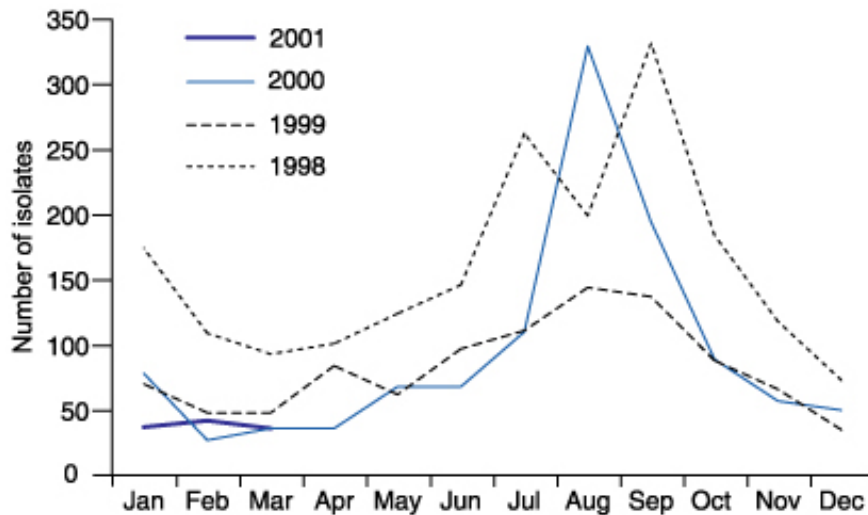
	Number of reports 01-13/01	Cumulative reports	
		2001	2000
Adenovirus*	36	36	88
Astrovirus	51	51	126
Calicivirus	10	10	11
<i>Shigella boydii</i>	8	8	9
<i>Shigella dysenteriae</i>	5	5	9
<i>Shigella flexneri</i>	45	45	37
Aeromonas	33	33	29
Plesiomonas	8	8	1
Vibrio	11	11	11
Yersinia	8	8	8
<i>Entamoeba histolytica</i>	75	75	66
<i>Blastocystis hominis</i>	53	53	68
<i>Dientamoeba fragilis</i>	46	46	47
<i>Taenia spp</i>	27	27	11
<i>Tichostrongylus</i>	1	1	–
<i>Trichuris trichiura</i>	22	22	19

\* include adenovirus EM faeces and adenovirus group F

## Salmonella typhimurium DT104 infection in humans

In 2000, 2651 *Salmonella typhimurium* infections in England and Wales were reported to the PHLS Communicable Disease Surveillance Centre compared to 2424 reports in 1999, an increase of 8.6%. One thousand, one hundred and forty-two *S. typhimurium* definitive type (DT) 104 infections were confirmed by the Laboratory of Enteric Pathogens in 2000 compared with 990 in 1999, an increase of 13.3% (figure). This increase was partly due to a widespread outbreak in August 2000 which accounted for over 300 cases (1).

**Figure Laboratory reports of *Salmonella typhimurium* DT104, England and Wales: January 1998 to March 2001**



1. CDSC. Case control study links salad vegetables to national increase in multiresistant *Salmonella typhimurium* DT104. *Commun Dis Rep CDR Wkly* 2000; **10**(37): 333,6.

## Yersinia in England and Wales

During 2000, 42 laboratory reports of *Yersinia* were received by PHLS Communicable Disease Surveillance Centre compared to 88 in 1999, a decrease of 52%. In the last ten years there has been a reduction of 91% in reporting of cases from laboratories in England and Wales. This decrease reflects a large drop in laboratory reports of *Yersinia enterocolitica*, with 30 cases reported in 2000 compared with 76 in 1999, a decrease of 60%. Reports of *Yersinia pseudotuberculosis* were 4 in 1999 and 7 in 2000. *Yersinia enterocolitica* continued to account for the highest proportion of *Yersinia* infection. Over a third of cases of patients were aged between 15 and 44 years, with no significant difference in the distribution of cases amongst males and females.

**Table Laboratory reports of *Yersinia*, England and Wales: 1991 to 2000**

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
<i>Yersinia enterocolitica</i>	404	314	299	227	229	174	139	89	76	30
<i>Y. frederiksenii</i>	43	25	46	25	37	19	8	1	3	–
<i>Y. intermedia</i>	2	–	9	1	2	5	–	–	–	–
<i>Y. pseudo-tuberculosis</i>	7	10	1	8	–	5	9	10	4	7
<i>Yersinia</i> sp (others)	13	20	22	14	12	5	10	3	5	5
<b>Total</b>	<b>469</b>	<b>369</b>	<b>377</b>	<b>275</b>	<b>280</b>	<b>208</b>	<b>166</b>	<b>103</b>	<b>88</b>	<b>42</b>

[Archive data](#)

[Back to top](#)