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Further increases in new diagnoses of HIV infection in parts of Europe

The latest half yearly report from the European Centre for the Epidemiological Monitoring of AIDS presents National HIV/AIDS surveillance data from the 51 countries that comprise the WHO European Region (1). In addition to AIDS surveillance data, which prior to the advent of highly active antiretroviral treatment (HAART) provided the principle means of monitoring the HIV/AIDS epidemic at the European level, the report also presents data from the recently established HIV case reporting scheme for the region (2), and a database of HIV prevalence in specific populations.

Surveillance of new diagnoses of HIV infection has the potential to provide a more up to date picture of the HIV situation than AIDS data alone, which in the era of HAART is more likely to reflect failures of early diagnosis and treatment than underlying HIV incidence. In addition to being incomplete for many countries, however, including some of the most affected in Western Europe (Portugal, Spain, Italy and France), the results of HIV case reporting need to be interpreted with caution since they are dependant on patterns of HIV testing and reporting and are not a direct measure of HIV incidence. Despite these limitations, HIV case reporting has clearly demonstrated the recent emergence of large outbreaks of HIV infection associated with injecting drug use in several countries of the former Soviet Union (3). For countries with longer established epidemics, such as the United Kingdom (UK), it may provide unique insights into the comparative success and failures of primary HIV prevention initiatives compared to other countries.

On first inspection the data on new diagnoses of HIV infection in the UK presents a worrying picture. Among countries of the Western Region, the UK has reported 40% of cumulative diagnoses (43,834 of 109,109) and 31% of new diagnoses reported in the ten countries providing data on new diagnoses in 2000.

Even after standardization using population denominators, the UK ranks fifth out of the ten countries in the Western area that have provided data on new diagnoses reported in 2000. The UK, however, has a long established and comprehensive surveillance system for new diagnoses of HIV infection, and direct comparisons of cumulative numbers with countries that have more recently begun HIV case reporting may therefore not be valid. Similarly, comparisons of the numbers of new diagnoses reported in a year are problematic. Although AIDS surveillance data are presented earlier in the report by year of diagnosis with adjustments for delayed reporting estimated from previous patterns of reporting, this has not been possible for recently established HIV case reporting systems and hence the data on new HIV diagnoses has been presented by year of report. Consequently the 3733 HIV diagnoses reported in 2000 from Portugal, which began contributing HIV case reporting data for the first time that year, is likely to contain a substantial proportion of individuals first diagnosed in previous years and therefore not directly comparable with countries that have longer established surveillance systems.

The report reveals that in the European Eastern Region as a whole, rates of new reports of HIV infection have increased dramatically with the rate for 2000 being nearly five times that for 1998 (50.2 per million population in 1998 compared to 239 in 2000). There were 55,123 reports from the Russian Federation in 2000 comprising 87% of the total for the Eastern Region for that year. In Latvia rates of new reports of HIV infection almost doubled between 1999 and 2000 (101.3 per million to 195.1) and in Estonia there was a huge increase from 8.5 per million in 1999 to 276.2 in 2000. In contrast AIDS incidence in the Eastern Region remains low, although is now increasing slowly in the Ukraine and Latvia.

As with AIDS surveillance data, the ability to differentiate specific exposure categories for HIV infection is probably the most powerful aspect of the HIV case reporting data. There are further problems in interpreting this data (for example uptake of HIV testing may differ by exposure category across the countries) although it does allow a broad measure of the targeting and the relative successes of prevention initiatives. Providing the problems of participation, standardisation and interpretation can be overcome, these datasets provide some of the best evidence yet for combating the HIV epidemic in Europe.

1. European Center for the Epidemiological Monitoring of AIDS. *HIV/AIDS surveillance in Europe. End-year report 2000.* Saint-Maurice, France: EuroHIV, 2001.

2. Hamers FF, for the group of experts and national coordinators of HIV/AIDS surveillance from the countries of the WHO European Region. Recommendations for HIV/AIDS Surveillance in Europe. *Eurosurveillance* 1998; **3**: 51.

3. Hamers FF, Downs AM, Infuso I, Brunet JB. Diversity of the HIV/AIDS epidemic in Europe. *AIDS* 1998; **12** (Suppl A): S63-S70.

New regional centre for mycobacteriology for Wales and south west England

The new Wales and South West of England Centre for Mycobacteriology at Llandough Hospital, Penarth, opened on 10 September. Moving the centre to Llandough Hospital, from its previous location at the University Hospital of Wales, has provided a laboratory with improved health and safety design features, and a location that allows closer cooperation with the department of respiratory medicine at Llandough hospital.

The unit provides a primary diagnostic and clinical service in mycobacteriology to NHS Trusts within Wales, a mycobacterial reference service to laboratories within Wales and south western England, and contributes to the management of outbreaks of tuberculosis and surveillance of this disease. The national Mycobacterium Reference Unit (MRU) which was previously located at Cardiff Public Health Laboratory moved to Dulwich in 1995 as part of a national reorganisation of mycobacteriology services.

The use of new microbial technologies, including nucleic acid detection techniques, which are available through the PHLS regional centres for mycobacteriology* has substantially reduced the time taken to provide clinicians with confirmation of a diagnosis of TB and an indication of the antibiotic susceptibility of the organisms responsible.

*Midlands regional centre at Birmingham PHL, Northern regional centre at Newcastle PHL, Wales and South West regional centre at Llandough, and the South East regional centre and Mycology Reference Laboratory at Dulwich PHL.

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General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 32-36/01*

Health authority	Organism	Place of outbreak	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Newcastle	*Salmonella enteritidis* PT4	Residential home	August	9	5	–	–
Merton and Sutton	*S. enteritidis* PT4	Nursery	August	2	2	–	–
West Surrey	*S. enteritidis* PT4	Restaurant	August	>1	>1	–	–
Swansea	*S. enteritidis* PT4	Not stated	August	2	2	Buffet	–
Brighton	*S. enteritidis* PT5C	Restaurant	August	>1	>1	–	–
Tees	*S. enteritidis* PT6	Hospital	August	>1	>1	–	–
Exeter	*S. enteritidis* PT8	Wedding meal	August	3	3	–	–
Brent and Harrow	*S. enteritidis*	Restaurant	July	2	2	Chinese meal	–
West Midlands	*S. infantis*	Public house	July	34	18	Chicken drumsticks	D
Cardiff	*S. virchow* PT8	Restaurant	July	4	4	–	–

* Preliminary data. Final information will be published in the quarterly report.
M (microbiological): identification of an organism of the same type from cases and in the suspect vehicle, or vehicle ingredient(s), or detection of toxin in faeces or food; 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 investigators as indicating the suspect vehicle.

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

Details of serotypes of the 2026 salmonella infections recorded in July 2001 are given in the table below. In August 2001, 2176 salmonella infections were recorded and preliminary information was received about 7 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)

	July 2001
Salmonella (provisional total)	2026
S. enteritidis (PT4)	716
S. enteritidis (other PTs)	709
S. typhimurium	236
S. virchow	32
Other (typed)	333

Common gastrointestinal infections, England and Wales: laboratory reports, weeks 32-36/01

	Number of reports received					Total reports	Cumulative reports	
Laboratory reports	**32/01**	**33/01**	**34/01**	**35/01**	**36/01**	**32-36/01**	**2001**	**2000**
Campylobacter	1131	886	1445	686	1019	**5167**	**38142**	**36963**
Escherichia coli* O157	25	20	37	20	49	**151**	**490**	**548**
Shigella sonnei	8	11	17	5	9	**50**	**598**	**490**
Rotavirus	95	111	138	60	57	**461**	**15175**	**15901**
SRSV	10	10	27	8	3	**58**	**1243**	**1677**
Cryptosporidium	45	36	61	41	84	**267**	**1754**	**2883**
Giardia	50	43	54	32	86	**265**	**2153**	**2593**

* Vero cytotoxin producing isolates (data from LEP)

Salmonella serotypes recorded in the PHLS salmonella data set: April to June 2001

All serotypes recorded in the PHLS salmonella data set in the second quarter of 2001 are listed below. There were more than ten reports of 21 serotypes, two to ten reports of 64 serotypes, and one report of 47 serotypes.

	April to June 2001 (provisional)
S. agona	27
S. bareilly	14
S. blockley	12
S. braenderup	27
S. bredeney	15
S. derby	12
S. enteritidis	2141
S. hadar	59
S. heidelberg	24
S. infantis	36
S. java	26
S. montevideo	15
S. newington	12
S. newport	47
S. oranienburg	29
S. stanley	24
S. thompson	11
S. typhimurium	381
S. virchow	87
S. weltevreden	11
Others (unnamed)	58
Others (typed)	296
Salmonella (total)	3364

Two to ten reports of each of the following serotypes were received:

(2)	*S. abony*	(5)	*S. livingstone*
(2)	*S. adelaide*	(2)	*S. lohbruegge*
(6)	*S. agama*	(4)	*S. london*
(3)	*S. ajiobo*	(5)	*S. manhattan*
(6)	*S. albany*	(2)	*S. marina*
(6)	*S. anatum*	(9)	*S. mbandaka*
(5)	*S. arechavaleta*	(2)	*S. meleagridis*
(7)	*S. arizonae*	(2)	*S. mikiwasima*
(3)	*S. bovis-morbificans*	(2)	*S. mississippi*
(5)	*S. brandenburg*	(2)	*S. mkamba*
(6)	*S. cerro*	(9)	*S. muenchen*
(4)	*S. chester*	(2)	*S. muenster*
(4)	*S. colindale*	(2)	*S. napoli*
(3)	*S. corvallis*	(2)	*S. ohio*
(2)	*S. dublin*	(5)	*S. oslo*
(2)	*S. duisburg*	(6)	*S. panama*
(2)	*S. durham*	(2)	*S. pomona*
(2)	*S. eimsbuettel*	(5)	*S. poona*
(4)	*S. emek*	(2)	*S. reading*
(2)	*S. give*	(3)	*S. richmond*
(3)	*S. gold-coast*	(3)	*S. rissen*
(5)	*S. grumpensis*	(2)	*S. rostock*
(9)	*S. haifa*	(2)	*S. ruiru*
(2)	*S. hartford*	(10)	*S. saint-paul*
(2)	*S. hull*	(2)	*S. san-diego*
(5)	*S. hvittingfoss*	(2)	*S. sarajane*
(2)	*S. indiana*	(3)	*S. schwarzengrund*
(3)	*S. javiana*	(10)	*S. senftenberg*
(8)	*S. kedougou*	(3)	*S. stanleyville*
(8)	*S. kentucky*	(4)	*S. tennesse*
(2)	*S. kisangani*	(2)	*S. umbilo*
(5)	*S. kottbus*	(3)	*S. weybridge*

One report of each of the following serotypes was received:

S. abaetetuba	*S. ealing*	*S. ibadan*	*S. molade*	*S. tel-el-kebir*
S. agbeni	*S. fanti*	*S. joal*	*S. nashua*	*S. teshie*
S. agoueve	*S. farakan*	*S. johannesburg*	*S. negev*	*S. tilene*
S. alachua	*S. finaghy*	*S. jukestown*	*S.nijmegen*	*S. tuindorp*
S. bonariensis	*S. galiema*	*S. kiambu*	*S. nima*	*S. uganda*
S. caracas	*S. gatuni*	*S. kingston*	*S. okatie*	*S. vancouver*
S. chandans	*S. glostrup*	*S. kumasi*	*S. orion*	*S. warnow*
S. concord	*S. goverdhan*	*S. litchfield*	*S. plymouth*	*S. wassenaar*
S. cubana	*S. havana*	*S. miami*	*S. sculcoates*	*S. westhampton*
S. dahomey	*S. houten*			

General outbreaks[1] of foodborne illness, England and Wales: laboratory reports, January to March 2001

Health authority	Organism	Place of outbreak	Number ill[2]	Cases positive	Suspect vehicle[3]	Evidence[4]
Burnley	*Salmonella enteritidis* PT4	Caterer	14	8	Chicken pieces	D
Southampton	*S. enteritidis* PT6	Restaurant	21	15	Fried breaded brie with hollandaise sauce	S
Stevenage	*S. enteritidis* PT6	Restaurant	9	9	Various	D
Swansea	*S. indiana*	Hospital	17	17	Egg mayonnaise sandwich	S
Barnet	*Campylobacter jejuni* HSUT PT39 HS2 PT36	Canteen	30	12	Orange juice, pasta salad	S
Guildford	*Clostridium perfringens*	Restaurant	5	2	Various	–
Kensington and Chelsea	SRSV	Restaurant	12	–	Oysters	M
Gwynedd	SRSV	Restaurant	6	4	Oysters	M
Kettering	SRSV	Caterer	22	2	Various	–
Sunderland	SRSV	Public house	50	5	Ham and pease pudding	S
South Norfolk	*Vibrio alginolyticus*	Private house	3	–	Oysters	M
Redbridge	Unknown	Restaurant	20	–	Various	D
Newcastle	Unknown	Restaurant	5	–	–	–
Windsor and Maidenhead	Unknown	Hotel	10	–	–	–
Sutton	Unknown	Sports club	15	–	Turkey	–
Trafford	Unknown	Restaurant	2	–	Tuna steak	D

1. General outbreaks involve members of more than one household; 2. The number known to be ill; 3. Local investigations may not provide conclusive evidence of vehicles of infection. Vehicles are therefore designated 'suspect'; 4. M (microbiological): identification of an organism of the same type from cases and in the suspect vehicle, or vehicle ingredient(s), or detection of toxin in faeces or food. 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; * not applicable. NA: not available.

Outbreaks[1] of salmonella infection: April to June 2001

Outbreak type	*S. enteritidis*		*S. typhimurium*	Other serotypes	Total
	Phage type 4	Other phage types			
General[2]	5	1	3	3	**12**
Household[3]	26	23	11	9	**69**
Acquired abroad[4]	6	15	2	5	**28**
Total	**37**	**39**	**16**	**17**	**109**

1. An 'outbreak' represents two or more related laboratory confirmed infections in humans of whom at least one was ill, or two or more related cases of illness in humans of whom at least one had confirmed infection with salmonella; 2. 'General outbreak' involves members of more than one household; 3. 'Family outbreaks' involve members of one household only; 4. Family and general outbreaks in which infection was acquired outside England and Wales.

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Common animal associated infections, England and Wales: laboratory reports, weeks 31-35/01

	Total reports for weeks 31-35/01		Cumulative totals for weeks 01-35	
Organism	**2001***	**2000**	**2001***	**2000**
*Borrelia bugdorferi***#	17	73	111	188
*Leptospira hardjo***##	–	–	2	5
*Leptospira icterohaemorrhagiae***##	–	2	4	18
Leptospira other**##	1	1	14	4
Pasteurella haemolytica	–	–	2	3
Pasteurella multocida	32	29	206	155
Pastaurella pneumotropica	1	1	3	2
Pasteurella spp	4	11	52	39
Toxocara canis	–	–	–	2
Toxocara cati	–	–	–	–
Toxocara spp	1	–	1	1
Toxoplasma gondii	6	19	21	40
Toxoplasma spp	5	28	42	63

* 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 31-35/01

	Total reports for weeks 31-35/01		Cumulative totals for weeks 01-35	
Organism	**2001***	**2000**	**2001***	**2000**
Arbovirus	–	1	–	1
Dengue virus	–	–	–	3
Ascaris spp	9	18	74	77
Hookworm (unspecified)	1	6	37	44
Ancylostoma duodenale	–	–	–	–
Necator americanus	–	–	–	–
Leptospira sp	–	–	8	3
Hymenolepis diminuta	–	–	–	1
Hymenolepis nana	4	4	30	15
Hymenolepis sp	–	–	–	–
Schistosoma haematobium	1	14	32	45
Schistosoma intercalatum	–	–	–	–
Schistosoma mansoni	2	3	12	10
Schistosoma sp	5	3	19	24
Strongyloides stercoralis	1	4	18	11
Strongyloides sp	–	1	2	3

* provisional data