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Outbreak of influenza in a religious community

An outbreak of influenza A has been reported from a religious community in the south of England. Approximately 120 individuals of all ages, both male and female, have been affected so far in the outbreak from a population of 350. All individuals in the community are reported to have received influenza vaccination in autumn 2001. The date of onset for the majority of cases was between 9 and 20 March 2002, although sporadic cases continue to be reported. Cases have generally presented with 'flu-like illness consisting of fever, cough, headache and malaise. No cases have needed hospital admission. Approximately 20 individuals have been treated therapeutically with zanamivir in line with current Government recommendations (1).

Investigations have been carried out by the local communicable disease control team and microbiology laboratories. Specimens have been submitted to the National Influenza Laboratory at the Enteric, Respiratory, and Neurological Virus Laboratory (ERNVL): influenza A subtype H3N2 has been confirmed in 16 out of 18 cases from whom specimens have been examined. Further investigation of the outbreak is currently underway.

1. Department of Health. *Flu and flu immunisation: use of zanamivir (brand name Relenza)* [online]. Department of Health, 1 March 2002. Available at <<http://www.doh.gov.uk/fluzan.htm>>.

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PHLS SOPs now available free of charge via a secure server

PHLS standard operating procedures, guidance notes and algorithms (PHLS SOPs) are now available free of charge on the secure PHLS document gateway server. The server is password protected and accessible to genuine subscribers who have obtained a password.

The document gateway server contains the following documents:

- Clinical bacteriology SOPs
- Clinical virology SOPs
- Guidance notes (such as Quality assurance in the diagnostic virology and serology laboratory)
- Food, dairy, and water SOPs
- Media SOPs
- Service comments
- Lists of issued documents

The PHLS standard methods are a comprehensive referenced collection of clinical microbiology standard operating procedures, algorithms (for virology and serology), and guidance notes, consisting of over 100 documents. They have been developed since 1996 by working groups of experienced laboratory-based medical and scientific microbiologists from throughout the PHLS and the NHS. Each evidence-based document undergoes a comprehensive consultation process involving staff in all public health laboratories (PHLs), reference laboratories and other experts to ensure the best possible practice is reflected in the methods. All PHLS SOPs are well referenced, and have been tried and tested in PHLs before issue, and include advice on current health and safety legislation and are edited by a senior microbiologist before issue. They are updated as required by changing practice and technology.

Evidence of using SOPs is an essential requirement of accreditation schemes, and using PHLS SOPs removes the need for laboratories to write and update, from first principles, their own methods. PHLS SOPs can help laboratories that are beginning to work together to choose a standard method, making it easier for staff to work in different laboratories, and enhancing efficiency. Importantly, standardising methods across laboratories also improves the quality of epidemiological data collected.

To obtain your first password, send an email to Techsrvc@phls.org.uk, or telephone 020 8200 1295 ext 3038. You will then be sent a password. Any comments on the SOPs, and on aims to develop the website so that microbiologists can contribute to the process of developing the methods can be emailed to the same address.

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1999/2000 Review of communicable diseases – England and Wales

The third review of communicable diseases produced by CDSC for the Public Health Laboratory Service is now available in printed form, having been provisionally published on the PHLS website in December 2001 at <<http://www.phls.org.uk/publications/Annual%20Review/ReviewIndex.htm>>. The review covers the years 1999 and 2000. It contains chapters on tuberculosis, sexually transmitted infections, HIV/AIDS, vaccine preventable diseases, meningitis, viral hepatitis, respiratory infections, gastrointestinal infections, and *Staphylococcus aureus*. There is also a chapter about inequalities and infectious disease, following the announcement of policy initiatives to reduce health inequalities in the government white paper *Saving lives: our healthier nation* (1). The statistical tables that formed the appendix in the 1998 review are being published separately in two volumes that will be available shortly.

The *1999/2000 review of communicable diseases* is available, price £20 plus postage and packing. Contact Publications Department, PHLS Headquarters Office, 61 Colindale Avenue, London, NW9 5DF; tel: 020 8200 1295 ext 4947; fax: 020 8358 3011; email: publications@phls.org.uk.

1. Government White Paper. *Saving lives: our healthier nation*. London: The Stationery Office, 1999.

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New subject index

The *CDR Weekly* has a new electronic subject index. The index can be accessed from any page by clicking the oval button next to the search button, and can be used together with the search facility to locate specific articles. Running the mouse over an entry displays the full title of the article and a mouse-click will open that article. The green bar on the left is linked to the top of the page to assist navigation. The 2001 index is complete and 2002 entries will be updated every week. A printable pdf file of the 2001 index is also available from the back issues page or can be downloaded by clicking on the pdf icon below.

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General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 10-13/02*

Health authority	Organism	Place of outbreak	Month of outbreak	No. ill	Cases positive	Suspect vehicle	Evidence
Wiltshire	S. Enteritidis PT4	Residential	March	18	18	Eggs	M
East Riding	<i>Campylobacter jejuni</i> HS5 PT1	Restaurant	March	3	1	None	–

* 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.

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

Details of serotypes of the 443 salmonella infections recorded in February 2002 are given in the table below. In March 2002, 529 salmonella infections were recorded and preliminary information was received about one outbreak.

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

	February 2002
Salmonella (provisional total)	443
S. Enteritidis (PT4)	100
S. Enteritidis (other PTs)	115
S. Typhimurium	86
S. Virchow	8
Other (typed)	134

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Common gastrointestinal infections, England and Wales: laboratory reports, weeks 10-13/02

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	10/02	11/02	12/02	13/02	10-13/02	13/02	13/01
<i>Campylobacter</i>	1791	470	1112	199	3572	9037	11857
<i>Escherichia coli</i> O157*	5	5	4	4	18	41	82
Salmonella	148	130	127	123	528	1836	1799
<i>Shigella sonnei</i>	21	3	24	3	51	130	186
Rotavirus	899	332	1058	226	2515	4754	5199
SRSV	48	11	178	3	240	815	499
<i>Cryptosporidium</i>	132	22	75	6	235	680	752
<i>Giardia</i>	108	38	87	17	250	757	809

* Vero cytotoxin producing isolates (data from LEP)

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Other gastrointestinal infections, England and Wales: laboratory reports, weeks 01-13/02

Laboratory reports	Total reports	Cumulative reports	
	01-13/02*	13/02*	13/01
Adenovirus**	35	35	49
Astrovirus	27	27	51
Calicivirus	15	15	10
<i>Shigella boydii</i>	10	10	8
<i>Shigella dysenteriae</i>	7	7	5
<i>Shigella flexneri</i>	47	47	45
Aeromonas	25	25	33
Plesiomonas	4	4	8
Vibrio	11	11	10
Yersinia	8	8	8
<i>Entamoeba histolytica</i>	36	36	75
<i>Blastocystis hominis</i>	79	79	53
<i>Dientamoeba fragilis</i>	39	39	50
<i>Taenia</i> spp	13	13	27
<i>Trichostrongylus</i>	–	–	–
<i>Trichuris trichiura</i>	32	32	21

* provisional data

**Includes adenovirus EM faeces and adenovirus group F

Gastroenteritis outbreaks in health care settings: launch of enhanced active surveillance in Avon, England

The large outbreaks of gastroenteritis in Glasgow hospitals during the winter of 2001/2 are a reminder that outbreaks of gastroenteritis are a serious problem in health care institutions (1). Viral agents, most notably Norwalk-like viruses (NLV), are the primary cause of infectious intestinal disease (IID) in these settings. Nearly three-quarters of the 1877 outbreaks of NLV reported to CDSC from 1992-2000 occurred in health care settings, including hospitals and nursing homes (2). The IID study in England demonstrated the importance of NLV infection, although like other population-based studies, it excluded people living in institutional settings (3,4). Thus, the true incidence, epidemiology and the burden of gastroenteritis outbreaks in health care settings remain unknown.

In March 2002 an active surveillance network for gastrointestinal infections was started in the Avon area and will run over the coming year. The network comprises nursing home staff, hospital infection control staff, microbiology laboratories at the Bristol Royal Infirmary, Southmead Hospital, Frenchay Hospital, viral gastroenteritis expertise at Bristol public health laboratory, the gastrointestinal diseases division at CDSC, and the Avon health protection unit. All nursing homes and hospitals in the area have been invited to take part in the surveillance. The system is 'active' because every participating nursing home and hospital will be contacted on a regular basis, and 'enhanced' in that detailed, standardised data, including molecular characterisation information, will be collected on every outbreak.

Using clear definitions of a case and outbreak of gastroenteritis (5), standardised data will be collected on all outbreaks of gastroenteritis and comprehensive bacteriological culture, and virological testing will be done on specimens from all outbreaks. Maintaining regular communication will help to ensure high quality and complete data. All participating facilities will be telephoned monthly to confirm that no outbreaks have occurred in their institution.

The primary objective is to determine the incidence of outbreaks of gastroenteritis in hospitals and nursing homes in the Avon area. From this, it will be possible to calculate the burden placed on the health service by these outbreaks in terms of delayed discharge, ward closure, cancelled operations and staff absence. The utility of molecular diagnostics and the clinical significance of molecular typing of NLVs will be assessed. Virus detected in outbreak specimens will be sequenced. Using phylogenetic analysis the relationship between strains will be examined and the transmission pathways of NLV analysed.

1. Cowden JM. Winter vomiting. *BMJ* 2002; **324**: 249-50.

2. PHLS. Outbreaks of Norwalk-like virus infection. *Commun Dis Rep CDR Weekly* [serial online] 2002 [cited 10 April 2002]: **12** (4): news. Available at <<http://www.phls.org.uk/publications/CDR%20Weekly/archive02/News/news0402.html#Norwalk>>.

3. Tompkins DS, Hudson MJ, Smith HR, Eglin RP, Wheeler JG, Brett MM *et al*. A study of infectious intestinal disease in England: microbiological findings in cases and controls. *Commun Dis Public Health* 1999; **2** (2): 108-13.

4. de Wit MA, Koopmans MP, Kortbeek LM, Wannet WJ, Vinje J, van Leusden F *et al*. Sensor, a population-based cohort study on gastroenteritis in the Netherlands: incidence and etiology. *Am J Epidemiol* 2001; **154**: 666-74.

5. Kaplan JE, Feldman R, Campbell DS, Lookabaugh C, Gary GW. The frequency of a Norwalk-like pattern of illness in outbreaks of acute gastroenteritis. *Am J Public Health* 1982; **72**: 1329-32.

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