

Volume 12  
Number 19  
10 May 2002

# CDR WEEKLY



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Published by: PHLS  
Communicable  
Disease Surveillance  
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## News

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### Report of the MMR Expert Group established by the Scottish Executive

The Scottish Executive's MMR Expert Group published its report on immunisation against measles, mumps, and rubella, on 30 April 2002 (1).

Combined measles, mumps, and rubella (MMR) vaccines were introduced into the United Kingdom (UK) childhood immunisation programme in 1988. Since 1998, however, speculation has surrounded MMR because of a hypothesised connection to autism. Over time, a minority of parents in Scotland (now 13%) has decided to reject MMR. Some are calling for a change in policy to allow parents to choose between MMR and single vaccines.

In 2001 the Scottish Parliament's Health and Community Care Committee (HCCC) published a report on MMR which stated that 'on the basis of currently available evidence, there is no proven scientific link between the MMR vaccine and autism or Crohn's disease and therefore the Committee has no reason to doubt the safety of MMR. The Committee does not recommend any change in the current immunisation programme at this time'. The Committee also suggested establishing an Expert Group to consider questions underpinning parents' concerns.

In June 2001, the Scottish Executive agreed to establish an Expert Group 'to consider the matters raised by HCCC relating to immunisation against measles, mumps and rubella, with particular reference to:

- a) describing the consequences of pursuing an alternative vaccination policy to MMR;
- b) reviewing evidence on the apparent rise in the incidence of autism, taking account of the (then) current work of Medical Research Council;
- c) describing the process of vaccine testing and the monitoring of adverse effects; and
- d) in all its work, having regard to the role and remit of the Joint Committee on Vaccination and Immunisation, the Committee on Safety of Medicines and the Medicines Control Agency'.

The new report takes account of the MRC's review of autism research (2), which makes clear that:

- on the basis of current research evidence there is no proven scientific link between MMR and autistic spectrum disorders (ASD);
- more research is needed to establish the causes of ASD, and improve diagnosis and treatment;
- ASD is more common than previously thought.

The report describes vaccine testing and the monitoring of adverse effects, noting the circumstances in which single measles and mumps vaccines can be imported to the UK, if prescribed by a doctor to meet the special needs of a patient. The report also describes the likely consequences of no immunisation, compulsory immunisation, deferral of MMR, a choice between MMR and single vaccines, or single vaccines replacing MMR, and concludes that they would all be less effective in protecting individuals and the population against measles, mumps, and rubella. It makes 11 recommendations designed to:

- improve services provided for people with ASD;
- encourage research into ASD and inflammatory bowel disease;
- help the Joint Committee on Vaccination and Immunisation consideration of that ongoing research and future immunisation policy; and

- improve the level and quality of information available to parents of children due to be immunised.

The Scottish Executive has accepted the recommendations, in principle, pending publication of a detailed response. The Executive has stated that there are no plans to change current immunisation policy, given that the MMR Expert Group, the HCCC and expert opinion across the world confirm that MMR remains the safest and most effective way to protect children against measles, mumps, and rubella.

1. MMR Expert Group. *Report of the MMR Expert Group*. Edinburgh: Scottish Executive Health Department, 2002. Available at <<http://www.show.scot.nhs.uk/mmrexpertgroup/>>.

2. Medical Research Council. *MRC review of autism research: epidemiology and causes*. MRC: London, 2001.

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## Enteric

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### General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 15-18/02\*

Health authority	Organism	Place of outbreak	Month of outbreak	No. ill	Cases positive	Suspect vehicle	Evidence
West Sussex	<i>Salmonella</i> Hadar PT1	Restaurant	April	2	2	None	–
Tees	<i>S. Typhimurium</i> DT104	Not stated	April	>19	19	None	M

\* 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 577 salmonella infections recorded in March 2002 are given in the table below. In April 2002, 684 salmonella infections were recorded and preliminary information was received about two outbreaks.

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

	March 2002
<b>Salmonella</b> (provisional total)	577
<b>S. Enteritidis</b> (PT4)	116
<b>S. Enteritidis</b> (other PTs)	170
<b>S. Typhimurium</b>	109
<b>S. Virchow</b>	14
<b>Other (typed)</b>	168

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## Common gastrointestinal infections, England and Wales: laboratory reports, weeks 14-17/02

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	14/02	15/02	16/02	17/02	14-17/02	17/02	17/01
<i>Campylobacter</i>	735	1023	474	459	2691	11728	14570
<i>Escherichia coli</i> O157*	14	3	6	9	32	73	108
<i>Salmonella</i>	120	169	182	154	625	2461	2432
<i>Shigella sonnei</i>	20	15	11	16	62	191	229
Rotavirus	585	936	684	603	2808	7559	7869
SRSV	18	9	14	76	117	932	730
<i>Cryptosporidium</i>	73	26	35	36	170	853	854
<i>Giardia</i>	66	69	37	51	223	980	955

\* Vero cytotoxin producing isolates (data from LEP)

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## Typhoid and paratyphoid, England and Wales: laboratory reports, January to March 2002

Thirty cases of *Salmonella* Typhi infection were reported in the first quarter of 2002. Eighteen cases were infected abroad (Indian subcontinent 13, Afghanistan 2, Cambodia 1, Nigeria 1, abroad 1). In 12 cases the country of infection was not stated.

Forty-five cases of *S. Paratyphi* A infection were reported. Twenty-eight cases were infected abroad (Indian subcontinent 19, Nigeria 3, more than one country 2, abroad 4). In 17 cases the country of infection was not stated.

Three cases of *S. Paratyphi* B infection were reported. Two cases were infected abroad (Indian subcontinent 1, Morocco 1). In one case the country of infection was not stated.

Organism and phage type	Number of cases	Infection acquired abroad			Excreters and carriers
		Yes	No	Not reported	
<b>S. Typhi</b>					
A	3	2	–	1	–
B2	1	–	–	1	–
D1	1	–	–	1	–
Degraded	3	2	–	1	–
E1	16	11	–	5	–
E14	1	1	–	–	–
E3	1	–	–	1	–
Untypable Vi-2	1	–	–	1	–

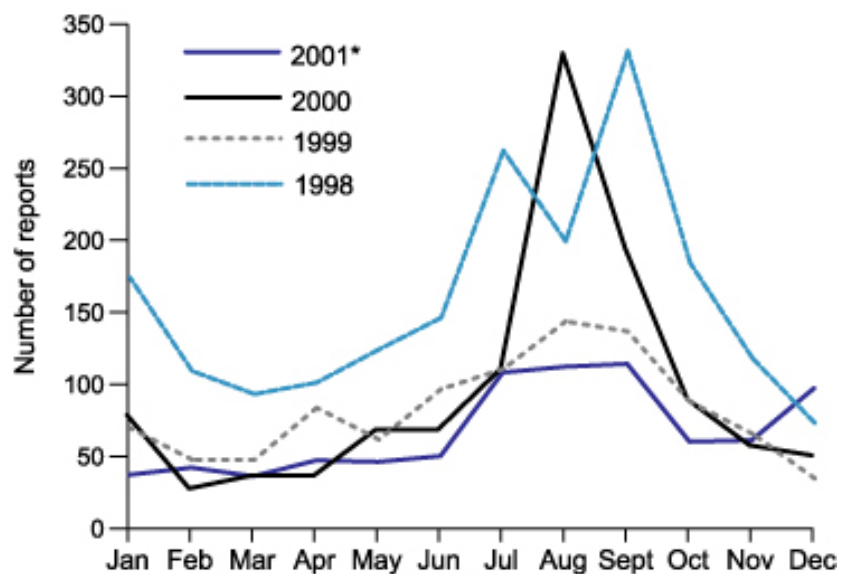
28	1	1	-	-	-
40	1	1	-	-	-
46	1	-	-	1	-
<b>Total</b>	<b>30</b>	<b>18</b>	<b>-</b>	<b>12</b>	<b>-</b>
<b>S. Paratyphi A</b>					
1	18	9	-	9	-
1A	7	6	-	1	-
13	12	8	-	4	-
3	1	1	-	-	-
4	6	4	-	2	-
RDNC	1	-	-	1	-
<b>Total</b>	<b>45</b>	<b>28</b>	<b>-</b>	<b>17</b>	<b>-</b>
<b>S. Paratyphi B</b>					
Taunton	3	2	-	1	-

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## Salmonella Typhimurium infection in humans

In 2001, 2085 *Salmonella* Typhimurium infections in England and Wales were reported to the PHLS Communicable Disease Surveillance Centre compared with 2651 reports in 2000, a decrease of 21%. Eight hundred and ten reports of definitive phage type (DT) 104 were received in 2001, compared with 1142 in 2000, a decrease of 29% (figure).

**Figure Salmonella typhimurium DT104 faecal and unknown reports, England and Wales: 1998-2001\***



\* provisional data

Source: the PHLS Salmonella Dataset

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