



NEWS

ENTERIC

RESPIRATORY

IMMUNISATION

HIV/STIs

BACTERAEMIA

ZOONOSES

TRAVEL HEALTH

PRIMARY CARE

DIARY

BACK ISSUES

SEARCH

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Main stories this week:

Vero cytotoxic-producing *E. coli* VTEC O157 PT21/28 outbreak associated with a nursery

NHS performance indicators and key targets for 2002/03: new infection control indicators

Public health investigation of *Salmonella* Enteritidis in raw shell eggs

Seasonal increase in respiratory syncytial virus infection begins

Summary report of United Kingdom influenza surveillance, 2001/02

Erratum: Linezolid resistance in MRSA

Enteric

General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 45-48/02

Salmonella infections: England and Wales, reports to the PHLS (salmonella data set*) October 2002

Common gastrointestinal infections, England and Wales: laboratory reports, weeks 45-48/02

Salmonella serotypes recorded in the PHLS salmonella data set: July to September 2002

General outbreaks of foodborne illness, England and Wales: quarterly report

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NEWS

ENTERIC

RESPIRATORY

IMMUNISATION

HIV/STIs

BACTERAEMIA

ZOOSES

TRAVEL HEALTH

PRIMARY CARE

DIARY

BACK ISSUES

SEARCH

News

Last updated: 12 December 2002
Next update due: 19 December 2002

Contents

[Vero cytotoxic-producing *E. coli* VTEC O157 PT21/28 outbreak associated with a nursery](#)

[NHS performance indicators and key targets for 2002/03: new infection control indicators](#)

[Public health investigation of *Salmonella* Enteritidis in raw shell eggs](#)

[Seasonal increase in respiratory syncytial virus infection begins](#)

[Summary report of United Kingdom influenza surveillance, 2001/02](#)

[Erratum: Linezolid resistance in MRSA](#)

[Top](#) | [PDF](#)

Vero cytotoxic-producing *E. coli* VTEC O157 PT21/28 outbreak associated with a nursery

Sixteen cases of Vero cytotoxic-producing *E. coli* VTEC O157 PT21/28 confirmed by the PHLS Laboratory of Enteric Pathogens (LEP), associated with a nursery in Skipton, have been reported to the PHLS Communicable Disease Surveillance Centre (CDSC). The first case, a resident of East Lancashire, was reported on 20 November 2002 to the Ribble Valley environmental health department. This case attended a nursery in Skipton that is located in the neighbouring district in North Yorkshire. Enquiries by public health at the nursery revealed that another child in the pre-school class in the nursery had just been admitted to hospital with bloody diarrhoea and was positive for *E. coli* O157. The nursery provides care for 99 pre-school children and after-school facilities for 43 children, and has 23 staff.

Stool testing of all the pre-school age group attending the nursery was initiated. The first outbreak control team meeting was held on 25 November, by which time a third asymptomatic case in the same class had been identified. The nursery was the only known common link. On a preliminary visit to the nursery, hygiene standards were thought to be satisfactory. It was decided that the nursery should remain open subject to a formal inspection, screening of all children and staff, and a daily review of the situation.

By 27 November six cases (five children and one parent), had been found from different classes throughout the nursery. The outbreak curve was consistent with person-to-person spread rather than a point source, and the nursery remained the only common link. The nursery was, therefore, closed and thorough cleaning and disinfection undertaken. Issues highlighted on formal inspection were brought to the nursery's attention. Parents were advised not to place their children in other child-care centres, and nurseries in the area were informed and advised not to accept children from the nursery involved. By 2 December, 12 cases had been identified.

All children and staff were then re-screened eight days after the closure of the nursery to allow for cases who were negative on initial screening but who may have been incubating the infection. The second round of screening identified two additional asymptomatic cases.

The nursery re-opened on 9 December (11 days after closure) when the outbreak control team was

confident that all requirements had been met by the nursery and that the chain of transmission had been broken. Enhanced surveillance remains in place at the nursery and at a small number of playgroups that had also been attended by the cases. Only individuals testing negative on both screening rounds were readmitted to the nursery.

Of the total of 16 cases, five were symptomatic and 11 were asymptomatic. Three cases were household contacts of cases, two mothers and a sibling, and 13 were children attending the nursery. The five symptomatic cases were all admitted to hospital; one was treated for haemolytic uraemic syndrome (HUS) and there was serious concern about the condition of two other children. All cases have now recovered and been discharged from hospital.

Isolates from nursery cases, compared so far by pulsed field gel electrophoresis (PFGE), had indistinguishable profiles. PFGE screening of VTEC O157 PT21/28 strains showed that among isolates from Yorkshire and Lancashire, since August 2002, there were strains with the same profile as the Skipton outbreak that had caused infections in the community unlinked to the nursery.

The decision about the most appropriate time to close a nursery is very difficult. This outbreak has also highlighted issues about the identification of cross-boundary outbreaks and the role of OFSTED in monitoring infection control standards in nurseries.

Control of infection in nurseries and infant schools is difficult. Guidance is available on the PHLS website at http://www.phls.org.uk/topics_az/gastro/menu.htm. There is also an evidence-based poster for displaying in nurseries, which can be downloaded from http://www.wiredforhealth.gov.uk/healthy/images/infect_poster.pdf

[Top](#) | [PDF](#)

NHS performance indicators and key targets for 2002/03: new infection control indicators

The Parliamentary Under Secretary of State for Health has announced the list of NHS performance indicators and key targets for 2002/03 (1). The Commission for Health Improvement (CHI) has worked closely with the Department of Health in preparing this year's indicator sets, against which CHI will have responsibility for performance rating the NHS. Hospital cleanliness already features in the key targets, but for the first time infection control features formally in the performance indicators for acute and specialist Trusts. The new indicators include "infection control procedures" measured as self-assessment scores by standard/criteria and "methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemia: improvement score" derived from the mandatory *Staphylococcus aureus* bacteraemia surveillance scheme. They form part of the 'clinical focus' section of the performance indicator list. The selection of the indicators follows a consultation exercise undertaken by the Department of Health in 2000, details of which are available at <http://www.doh.gov.uk/piconsultation>.

Details of the lists for inclusion in performance ratings are available at: www.doh.gov.uk/performance/2003 and www.chi.nhs.uk

1. Department of Health. *NHS performance indicators for 2002/03. Pres release HSC 2002/0518*. London: Department of Health, 9 December 2002. Available at <http://www.info.doh.gov.uk/doh/intpress.nsf/page/2002-0518?OpenDocument>

[Top](#) | [PDF](#)

Public health investigation of *Salmonella* Enteritidis in raw shell eggs

The PHLS has initiated an outbreak-related public health investigation (PHI) in response to a dramatic change in the epidemiology of *Salmonella enterica* serotype Enteritidis thought to be associated with raw shell eggs (1). Raw shell eggs from premises linked to outbreaks of *S. Enteritidis*, or their sources of supply, are being examined for *Salmonella* spp. and isolates sent to the PHLS Laboratory of Enteric Pathogens (LEP) for confirmation and typing. The results are shown in table 1.

Since October 2002, public health laboratories have tested 15 batches of eggs, comprising 407 pooled samples of six whole eggs (2442 eggs in total) in the PHI. Salmonellas have been recovered from 30 (7.4%) of the 407 pools. Notably, no salmonellas were isolated from ten of the 15 batches of eggs investigated, but where salmonellas were recovered they were present in 7.5% to 35% of the pooled samples examined. This compares unfavourably with salmonella levels of 1% to 2% reported in retail and imported eggs in 1995-1997 (2).

LEP has confirmed three different serotypes of *Salmonella* from the positive eggs: *S. Enteritidis*, *S. Ohio*, and *S. Infantis*. Eight phage types of *S. Enteritidis* have been identified: PT 5c, PT 6, PT 6a (resistant to nalidixic acid and with low level susceptibility to ciprofloxacin (Nx, CpL)), PT6a (Ampr), PT6d (Ampr), PT13a, PT14b and PT 58. The only isolations of *Salmonella* have been from eggs labelled as originating in Spain, or from unlabelled eggs. No *Salmonella* have been recovered from United Kingdom eggs bearing the Lion Quality mark.

Great care needs to be exercised in interpreting these results. The primary objective of this PHI is to determine the level of contamination in eggs used in premises linked to outbreaks and the types of *Salmonella* they contain. The eggs examined here are unlikely to be those in use when the original outbreaks occurred. No country's eggs were targeted in the PHI: the eggs reported here reflect those in use in the food production premises or suppliers at the time of sampling. Eggs from different countries have not been examined on a statistically representative basis. The Food Standards Agency plans to conduct surveys of eggs in the near future (3) and has advised importers and wholesalers that eggs imported from Spain should be sent for heat treatment (4). The PHI is continuing and the results will be published in the *CDR Weekly* on a regular basis.

Table 1 Salmonella Enteritidis in eggs: contamination rates based on pooled samples of six eggs (Data received up to 10 December 2002)

Labelled origin of eggs	No. pools tested	No. pools positive	% Pools positive	Salmonella sero / phage types	PHLS Laboratory
Spain	5	0	0		London
Spain	20	0	0		London
Spain	20	0	0		London
Spain	20	2	10%	<i>S. Enteritidis</i> PT6a (Nx/CpL)	London
Spain	147	11	7.5%	<i>S. Enteritidis</i> PT5c, 6, 6a (Nx/CpL), 13a, 14b, 58	London
Spain	58	0	0		London
Spain	20	6	30%	<i>S. Enteritidis</i> PT6d (AmpR)	Southampton
UK Lion Quality	2	0	0		Chelmsford
Not known. Not Lion Quality	20	7	35%	<i>S. Enteritidis</i> PT6a (AmpR) <i>S. Ohio</i> <i>S. Infantis</i>	Chelmsford
Not known. Not Lion Quality	20	4	20%	<i>S. Enteritidis</i> PT6a (AmpR) <i>S. Ohio</i> <i>S. Infantis</i>	Chelmsford
Not known. Not Lion Quality	20	0	0		Chelmsford
UK. Not Lion Quality	20	0	0		Southampton
UK. Not Lion Quality	10	0	0		Reading
UK. Not Lion Quality	5	0	0		Southampton
Spain	20	0	0		Southampton

- Wkly [serial online] 2002; 12 (49): news. Available at <<http://www.phls.co.uk/publications/cdr/pages/news.html#salm>>.
2. Advisory Committee on the Microbiological Safety of Food. *Second report on Salmonella in eggs*. London: The Stationery Office, 2001.
3. ACMSF. Current outbreaks of *Salmonella* Enteritidis in England. Information Paper ACM/611. London: Department of Health, 5 December 2002. Available at <<http://www.food.gov.uk/multimedia/pdfs/acm611.pdf>>.
4. FSA. *Agency re-emphasises advice on use and handling of all eggs, and issues guidance on use of Spanish eggs*. Press release. London: Food Standards Agency, 2002. Available at <<http://www.food.gov.uk/news/pressreleases/reemphasiseeggadvice>>.

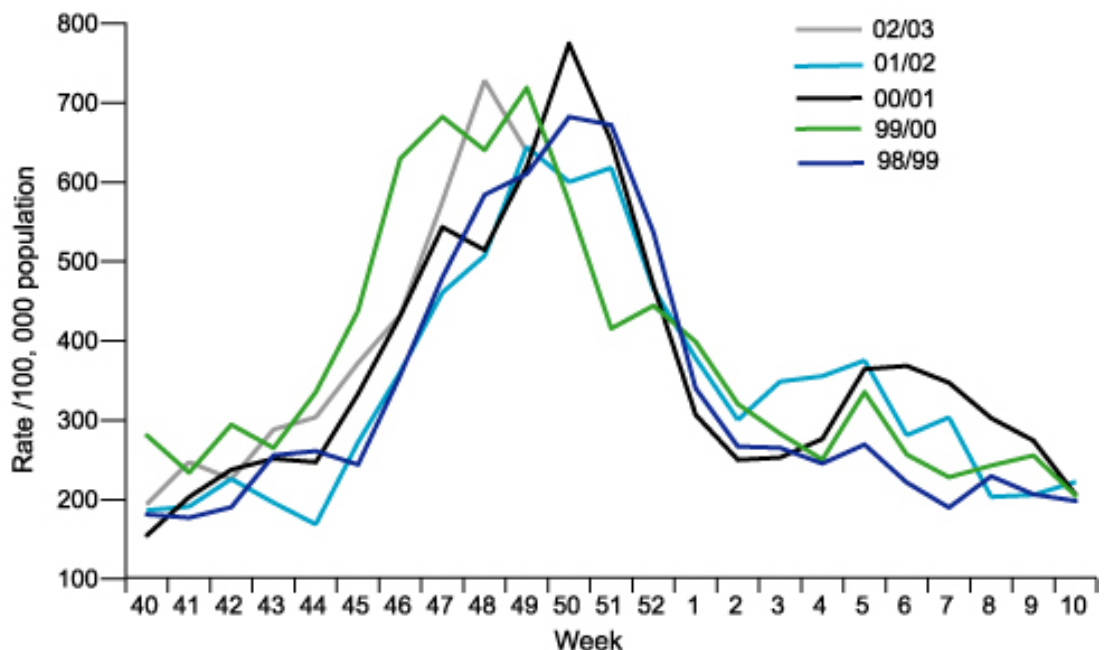
[Top](#) | [PDF](#)

Seasonal rise in reports of respiratory syncytial virus begins

The expected seasonal rise in reports of respiratory syncytial virus (RSV) infections has begun, although influenza activity in the United Kingdom (UK) remains very low. In England and Wales the combined four weekly total for laboratory reports of RSV infection for weeks 45 to 48 in 2002 rose to 816 reports compared with a total of 143 reports for weeks 41 to 44. Eighty per cent of these reports were for children aged less than one year. Currently the numbers of laboratory reports for RSV infection in 2002 are comparable to those reported for the same period in 2001, see figure 1.

This increase in laboratory reports of RSV is paralleled by a rise in the rate of consultations for acute bronchitis in the 0 to 4 year age group in the Royal College of General Practitioners (RCGP) weekly returns service. Between the period of weeks 41 to 44 and 45 to 48 the consultation rate has doubled: in week 48, 727 consultations per 100,000 population were reported, compared with rates of 431.2 and 574.1 in weeks 46 and 47 respectively. This rate has now fallen to 637.3 for week 49 and although it appears that the rate for acute bronchitis in 0 to 4 year olds has peaked earlier than usual this year, the general trend is broadly in keeping with previous years figures. The consultation rates for acute bronchitis in older children or adults have not shown a similar increase to that of the 0 to 4 year age group and rates remain within the range expected for this time of year. Influenza is unlikely to be contributing significantly to this rise in cases of acute bronchitis in young children as no influenza isolates have yet been detected in the UK this winter, and consultation rates for influenza-like illness remain at base line levels in all age groups.

Figure 1 RCGP consultation rates per 100, 000 population for acute bronchitis in the 0 to 4 year age group: week 40 to week 10 for the last five years



[Top](#) | [PDF](#)

Summary report of United Kingdom influenza surveillance, 2001/02

A report summarising influenza and other acute respiratory virus activity during 2001/02 is being published this week as a supplement to the *CDR Weekly*. It details the key features of clinical and virological activity within the United Kingdom, with accompanying graphs and interpretation. The pdf file can be obtained by clicking on the icon below.



[Top](#) | [PDF](#)

Erratum: Linezolid resistance in MRSA

(Commun Dis Rep CDR Wkly 2002; 12(49): news

The published item stated that "A 52 year old man developed an empyema due to MRSA following a thoracotomy. He was treated with linezolid for two weeks as part of a clinical trial." This should have stated that he was treated for **three** weeks.

[Back to top](#)

- NEWS
- ENTERIC
- RESPIRATORY
- IMMUNISATION
- HIV/STIs
- BACTERAEMIA
- ZOONOSES
- TRAVEL HEALTH
- PRIMARY CARE
- DIARY
- BACK ISSUES
- SEARCH

Enteric

Last updated: 12 December 2002
Next update due: 9 January 2003

Contents

[General outbreaks of foodborne illness, England and Wales: laboratory reports, weeks 45-48/02](#)

[Salmonella infections: England and Wales, reports to the PHLS \(salmonella data set*\) October 2002](#)

[Common gastrointestinal infections, England and Wales: laboratory reports, weeks 45-48/02](#)

[Salmonella serotypes recorded in the PHLS salmonella data set: July to September 2002](#)

[General outbreaks of foodborne illness, England and Wales: quarterly report](#)

[Next](#) | [Top](#) | [PDF](#) | [Archive](#)

General outbreaks of foodborne illness, England and Wales: weeks 45-48/02*

DHA	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Lambeth, Lewisham, and Southwark	S. Enteritidis PT 1, 6a	Hospital	October	?52	52	None	–
National	S. Enteritidis PT 56	Community	October	?43	43	None	–
Avon	S. Enteritidis PT6	Party	November	?3	3	None	–
National	S. Enteritidis PT 6d	Community	September	?41	41	None	–
Wales	S. Enteritidis PT 6d	Party	November	?6	6	Egg sandwiches	–

* Preliminary data. Final information will be published in the quarterly report.

not known

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: England and Wales, reports to the PHLS (salmonella data set*)

[Next](#) | [Top](#) | [PDF](#) | [Archive](#)

Salmonella infections: England and Wales, reports to the PHLS (salmonella data set*) October 2002

Details of serotypes of 2207 infections recorded in October are given in the adjacent table. In November 2002, 961 infections were recorded and preliminary information was received about five outbreaks see table above.

	October 2002
Salmonella (provisional data)	2207
S. Enteritidis (PT4)	602
S. Enteritidis (other PTs)	1056
S. Typhimurium	170
S. Virchow	23
Other (typed)	356

[Next](#) | [Top](#) | [PDF](#) | [Archive](#)

Common gastrointestinal infections, England and Wales: laboratory reports, weeks 45-48/02

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	45/02	46/02	47/02	48/02	45-48/02	48/02	48/01
Campylobacter	1012	706	794	866	3378	43,449	53,419
Escherichia coli O157*	13	8	13	14	48	546	745
Salmonella†	304	316	251	225	1096	13,527	15,806
Shigella sonnei	14	12	5	8	39	658	856
Rotavirus	47	89	99	95	330	14,257	16,044
Norwalk-like virus	90	75	180	143	488	3297	1500
Cryptosporidium	57	58	59	61	235	2620	3408
Giardia	67	43	53	65	228	2942	3340

* Vero cytotoxin producing isolates (data from LEP)

† Data from PHLS LEP

[Next](#) | [Top](#) | [PDF](#) | [Archive](#)

Salmonella serotypes recorded in the PHLS salmonella data set: July to September 2002

All serotypes recorded in the PHLS salmonella data set in the third quarter of 2002 are listed below. There were more than ten reports of 5762 serotypes, two to ten reports were 283 serotypes and one report of 55 serotypes.

	July to September 2002 (provisional)
S. Agona	53
S. Blockley	29
S. Braenderup	72
S. Bredeney	11
S. Derby	12
S. Enteritidis	4372
S. Hadar	80
S. Heidelberg	24

S. Infantis	75
S. Java	60
S. Kentucky	13
S. Mbandaka	17
S. Montevideo	23
S. Muenchen	12
S. Newport	35
S. Oranienburg	23
S. Poona	11
S. Saint-paul	13
S. Stanley	27
S. Thompson	25
S. Typhimurium	627
S. Unnamed	65
S. Virchow	63

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

S. Aberdeen	2
S. Abony	3
S. Adelaide	5
S. Agama	5
S. Ajiobo	5
S. Alachua	3
S. Albany	5
S. Altona	3
S. Anatum	9
S. Arechavaleta	3
S. Arizonae	3
S. Bareilly	7
S. Binza	2
S. Bovis-morbificans	7
S. Brandenburg	6
S. Cerro	2
S. Chester	4
S. Coeln	3
S. Colindale	4
S. Corvallis	5
S. Dublin	4
S. Durban	2
S. Durham	6
S. Eastbourne	2
S. Eschersheim	2
S. Florida	2
S. Give	3
S. Gold-coast	9
S. Grumpensis	2
S. Haifa	8
S. Havana	3
S. Hull	4
S. Indiana	8

S. Isangi	2
S. Javiana	8
S. Johannesburg	3
S. Kedougou	7
S. Kiambu	2
S. Kingabwa	2
S. Kottbus	7
S. Labadi	2
S. Lanka	5
S. Livingstone	9
S. London	7
S. Manhattan	4
S. Marina	2
S. Mikawasima	8
S. Mississippi	3
S. Meunster	10
S. Napoli	6
S. New-haw	2
S. Newington	2
S. Nima	2
S. Ohio	6
S. Orion	2
S. Oslo	3
S. Panama	8
S. Reading	6
S. Richmond	2
S. Rissen	5
S. Rubislaw	6
S. Ruiru	2
S. Schwarzengrund	6
S. Senftenberg	10
S. Sofia	2
S. Tennessee	5
S. Weltevreden	3
S. Zanzibar	3

One report of each of the following serotypes were received:

S. Abaetetuba	S. Duesseldorf	S. Litchfield	S. Stanleyville
S. Agbeni	S. Ealing	S. Liverpool	S. Stourbridge
S. Ahuza	S. Garba	S. Matopeni	S. Tafo
S. Albert	S. Goettingen	S. Minnesota	S. Tel-el-kebir
S. Berkeley	S. Haardt	S. Moualine	S. Tuindorp
S. Bispebjerg	S. Ibadan	S. Nagoya	S. Uganda
S. Boecker	S. Ilala	S. Neukoelln	S. Umbilo
S. Bonn	S. Irumu	S. New-brunswick	S. Uphill
S. Breukelen	S. Jangwani	S. Ngozi	S. Vinohrady
S. Carmel	S. Kambole	S. Onderstepoort	S. Volkmarsdorf
S. Carno	S. Kintambo	S. Onireke	S. Wangata
S. Curacao	S. Kokomlele	S. Plymouth	S. Wilhelmsburg
S. Dahomey	S. Lexington	S. Pomona	S. Wimborne
S. Drypool	S. Lille	S. Potsdam	

General outbreaks of foodborne illness in humans, England and Wales: quarterly report

Table 1 Final information on general outbreaks of foodborne illness: April to June 2002

Local Authority	Organism	Location of food prepared or served	Number ill	Cases positive	Suspect vehicle	Evidence
Kent	<i>S. Enteritidis</i> PT4	Residential Home	15	2	Boiled egg	D
North & Mid Hants	<i>S. Enteritidis</i> PT4	Restaurant	24	15	None	–
Camden & Islington	<i>S. Enteritidis</i> PT4	Restaurant	23	10	Scrambled eggs	D
North Essex	<i>S. Enteritidis</i> PT 21B	Public House	3	3	Home-made ice cream	M
West Sussex	<i>S. hadar</i>	Restaurant	2	2	Tiramisu	–
East Riding	<i>Campylobacter</i>	Restaurant	4	2	Chicken liver pate	D
North West Lancs	<i>Campylobacter</i>	Hotel	3	2	None	–

Table 2 Outbreaks of salmonella infection in: July to September 2002

Outbreak type	<i>S. enteritidis</i> Phage type 4	Other phage types	<i>S. typhimurium</i>	Other serotypes	Total
General	4	11	1	1	17
Household	38	45	11	13	107
Acquired abroad	5	10	4	3	22
Total	47	66	16	17	146