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# CDR WEEKLY



NEWS

## Main stories this week:

ENTERIC

[New web pages on bloodborne viruses and occupational exposures](#)

RESPIRATORY

IMMUNISATION

[Outbreak of Yellow Fever in Senegal](#)

HIV/STIs

BACTERAEMIA

**Bacteraemia**

ZOONOSES

[Bacteraemia, England and Wales: laboratory reports 2001 and 2002](#)

TRAVEL HEALTH

PRIMARY CARE

DIARY

BACK ISSUES

SEARCH

Published by: PHLS  
Communicable  
Disease Surveillance  
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NEWS

ENTERIC

RESPIRATORY

IMMUNISATION

HIV/STIs

BACTERAEMIA

ZOOSES

TRAVEL HEALTH

PRIMARY CARE

DIARY

BACK ISSUES

SEARCH

## News

Last updated: 16 January 2003  
Next update due: 23 January 2003

### Contents

[New web pages on bloodborne viruses and occupational exposures](#)

[Outbreak of Yellow Fever in Senegal](#)

---

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

### New web pages on bloodborne viruses and occupational exposures

The PHLS website is launching new pages <[http://www.phls.org.uk/topics\\_az/bbv/bbmenu.htm](http://www.phls.org.uk/topics_az/bbv/bbmenu.htm)> covering bloodborne viruses (BBVs) and occupational exposures in healthcare workers. These pages provide web links to all key guidance documents on BBV exposures and infected healthcare workers issued by the Department of Health (DoH) and other regulatory bodies. With the release of new draft *Guidance on health clearance for serious communicable diseases: new health care workers* from the DoH, the timely launch of this new section of the PHLS website will provide useful tool for both health care workers and employers.

The pages include guidance "what to do if exposed" which can be downloaded as a poster. Also included is a set of slides that covers surveillance data collected by the Communicable Disease Surveillance Centre (CDSC) on occupational exposures to BBVs in healthcare workers. Information on how to report to the surveillance system is also available within the new pages.

The importance of bloodborne viruses in the occupational setting cannot be underestimated. The consequences for healthcare workers can be the restriction of clinical practice, long-term illness, and even premature death. Preventing the transmission of these viruses requires the adherence to strict infection control practices of universal precautions, sharps management, and disposal. Although Hepatitis B (the most transmissible of the BBVs) has an effective vaccine, infection control practices should never be neglected.

The information on these pages is not new, but it is the first time that a site in the United Kingdom has been gathered together in a single accessible source for healthcare workers.

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

### Outbreak of yellow fever in Senegal

There is an ongoing outbreak of yellow fever in Senegal. As of 28 November 2002, the Ministry of Health in Senegal (west Africa), had confirmed 60 cases and 11 deaths from yellow fever. By 9 January 2003, the World Health Organization (WHO) had been notified of a further three cases and one death (1). The outbreak has affected many areas throughout Senegal, including Diourbel, Fatick, Louga, Thiés, Tambacounda, Kolda, and Dakar regions (2). One case has been reported from the capital city Dakar, although epidemiological investigation and active surveillance has, so far, not identified any additional cases.

Urban transmission occurred in the city of Touba (800,000 inhabitants, Diourbel region) where 33 cases

have been reported. A vaccination and vector control campaign began in the city on 1 October 2002; no further cases were confirmed in that region from 24 October. WHO is supporting immunisation campaigns in all affected regions (3).

Yellow fever can be fatal in unvaccinated individuals. Although rare in travellers, two deaths from yellow fever have occurred in European travellers to The Gambia (which borders Senegal and is a popular tourist destination) and Côte d'Ivoire in 2001 (4,5). It is strongly recommended that all travellers to west Africa receive vaccination against yellow fever.

1. WHO. Yellow fever in Senegal – Update 6. Communicable Disease Surveillance and Response [online] Geneva: World Health Organization, 2002 [cited 15 January 2003]. Available at <<http://www.who.int/disease-outbreak-news/n2002/november/29november2002.html>>
  2. International Health Regulations. *Wkly Epidemiol Rec* 2002; **78**: (1/2), p7.
  3. WHO. Yellow fever in Senegal – Update 5. Communicable Disease Surveillance and Response [online] Geneva: World Health Organization, 2002 [cited 15 January 2003]. Available at <<http://www.who.int/disease-outbreak-news/n2002/november/20november2002.html>>
  4. Imported case of yellow fever, Belgium (Update). *Wkly Epidemiol Rec* 2001; **76**: ( 47), p365
  5. Yellow fever, Germany. *Wkly Epidemiol Rec* 2001; **75**:( 32), p272
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# Bacteraemia

Last updated: 16 January 2003  
Next update due: 20 February 2003

[PDF](#)

## Bacteraemia, England and Wales: laboratory reports 2001 and 2002\*

	Number of bacteraemia reports (number of CSF reports +/- bacteraemia)				2002 ranking	
	Jan - Dec 2001		Jan - Dec 2002#		In section	Overall
<b>Gram negative bacteria</b>						
<i>Acinetobacter</i> sp	863	(17)	861	(20)	6	11
<i>Aeromonas</i> sp	90	(-)	61	(-)	18	36
<i>Alcaligenes</i> sp	67	(-)	78	(1)	16	33
<i>Campylobacter</i> sp	81	(7)	86	(-)	14	31
<i>Citrobacter</i> sp	444	(1)	462	(4)	9	17
<i>Comamonas</i> sp	29	(-)	49	(0)	19	37
<i>Enterobacter</i> sp	1685	(17)	1814	(13)	4	9
<i>Escherichia coli</i>	11,976	(56)	12,185	(18)	1	2
<i>Fusobacterium</i> sp	73	(2)	80	(0)	15	32
<i>Haemophilus influenzae</i>	381	(26)	418	(36)	10	19
<i>H. influenzae</i> type b	38	(5)	43	(11)	NA	NA
<i>Klebsiella</i> sp	3122	(12)	3296	(12)	2	6
<i>Moraxella</i> sp	91	(3)	93	(1)	13	29
<i>Morganella morganii</i>	266	(1)	312	(-)	12	22
<i>Neisseria meningitidis</i>	1360	(387)	^	^	NA	NA
<i>Proteus</i> sp	1580	(2)	1592	(-)	5	10
<i>Providencia</i> sp	68	(-)	73	(-)	17	35
<i>Pseudomonas</i> sp	2261	(19)	2288	(19)	3	8
<i>P. aeruginosa</i>	1744	(16)	1798	(13)	NA	NA
<i>Salmonella</i> sp	457	(1)	389	(1)	11	20
<i>S. typhi</i> and <i>S. paratyphi</i>	241	(-)	166	(-)	NA	NA
<i>Serratia</i> sp	602	(6)	680	(2)	7	13
<i>Stenotrophomonas maltophilia</i>	468	(1)	509	(3)	8	15
<b>Totals</b>	<b>25,964</b>	<b>(558)</b>	<b>25,326</b>	<b>(154)</b>	<b>NA</b>	<b>NA</b>
<b>Gram positive bacteria</b>						
<i>Bacillus</i> sp	162	(27)	135	(9)	13	27
<i>Corynebacterium</i> sp	200	(4)	364	(6)	8	21
<i>Enterococcus</i> sp**	4059	(30)	4371	(17)	3	4
<i>Gemella</i> sp	51	(1)	39	(-)	16	38
<i>Listeria monocytogenes</i>	76	(13)	75	(9)	15	34
<i>Micrococcus</i> sp	129	(9)	93	(4)	14	29

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

<i>Propionibacterium</i> sp	166	(7)	144	(5)	12	<b>26</b>
<b>Staphylococci</b>						
<i>S. aureus</i>	12,735	(93)	12,285	(79)	1	<b>1</b>
coagulase negative	5428	(303)	6229	(86)	2	<b>3</b>
<b>Streptococci</b>						
pyogenic streptococci	2469	(42)	2541	(35)	5	<b>7</b>
group A	845	(1)	868	(4)	NA	<b>NA</b>
group B	927	(38)	925	(28)	NA	<b>NA</b>
group C/G	697	(3)	748	(3)	NA	<b>NA</b>
non-pyogenic streptococci					NA	<b>NA</b>
' <i>S. anginosus</i> group'	451	(4)	467	(2)	7	<b>16</b>
' <i>S. bovis</i> group'	189	(-)	199	(1)	10	<b>24</b>
' <i>S. mitis</i> group'	675	(15)	673	(14)	6	<b>14</b>
' <i>S. mutans</i> group'	32	(-)	38	(-)	17	<b>39</b>
' <i>S. salivarius</i> group'	136	(2)	165	(2)	11	<b>25</b>
' <i>S. sanguinis</i> group'	225	(1)	255	(-)	9	<b>23</b>
<i>S. pneumoniae</i>	3665	(135)	3951	(168)	4	<b>5</b>
<b>Totals</b>	<b>30,848</b>	<b>(686)</b>	<b>33,055</b>	<b>(437)</b>	<b>NA</b>	<b>NA</b>
<b>Anaerobic bacteria</b>						
Anaerobic cocci##	113	(-)	127	(-)	3	<b>28</b>
<i>Bacteroides</i> sp	864	(1)	829	(2)	1	<b>12</b>
<i>Clostridium</i> sp	386	(2)	435	(4)	2	<b>18</b>
<b>Totals</b>	<b>1363</b>	<b>(3)</b>	<b>1391</b>	<b>(6)</b>	<b>NA</b>	<b>NA</b>
<i>Mycobacterium avium</i> - <i>intracellulare</i> group	16	(-)	15	(-)	NA	<b>40</b>
other bacterial pathogens***	862	(92)	1046	(83)	NA	<b>NA</b>
<b>Overall totals</b>	<b>59,053</b>	<b>(1339)</b>	<b>60,833</b>	<b>(680)</b>	<b>NA</b>	<b>NA</b>

\*genera/groupings where 50 plus bacteraemia reports received in 2002; #provisional data as reports are often delayed;

\*\*includes group D streptococci; ##Includes *Peptococcus* sp, *Peptostreptococcus* sp, *Veillonella* sp;

\*\*\*genera/groupings with less than 50 bacteraemia reports in 2002

NA = not applicable

^data were incomplete at the time of publication

[Back to top](#)

[About CDR Weekly](#) | [Home](#) | [FAQs](#) | [Links](#) | [PHLS Home](#) | [CDPH](#) | [Eurosurveillance](#)