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## News

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#### **Case of Lassa fever in a soldier returning to the United Kingdom**

A British soldier who recently returned from training duty in west Africa has been diagnosed with Lassa fever. The man, an army combat medical technician, who had been providing training in the vicinity of Kenema in Sierra Leone became unwell with a febrile illness on 30 January 2003. After receiving care in Sierra Leone he was transferred to the United Kingdom (UK) infectious disease unit, in the West Midlands. His fever was persistent and associated with myalgia, but otherwise the man was stable. Following exclusion of a diagnosis of malaria, the possibility of a viral haemorrhagic fever was considered. The patient had been working in a Lassa fever endemic area, but had not been involved in the care of such patients during the course of his work.

The patient was transferred to Coppett's Wood Hospital high security infectious diseases unit (part of the Royal Free Hampstead NHS Trust) on 9 February. A diagnosis of Lassa fever was confirmed by the Enteric, Respiratory, and Neurological Virus Laboratory (ERNVL) at the PHLS Central Public Health Laboratory. Diagnosis used conventional and quantitative PCR methods refined during the investigation of the case in 2000 (1). The patient is the sixth confirmed case of Lassa fever to be imported into the UK. Four cases were described in a review in 1993 and the last case in the UK occurred in 2000 (2). Around 300,000 cases per year and 5000 deaths are estimated to occur in the endemic areas of west Africa (3). Around twenty cases have been exported from endemic areas into Europe and North America since the infection was first recognised in 1969. Four cases occurred in Europe in 1999/2000, two in Germany, one in The Netherlands, and one in the UK (4).

Guidance on the management and control of viral haemorrhagic fevers is available on the Department of Health website at <http://www.doh.gov.uk/pub/docs/doh/vhf.pdf>. Lassa fever is a zoonosis, an infection acquired from *Mastomys natalensis*, the multimammate rat. The risk of further transmission to humans of Lassa fever in the UK from imported cases is extremely low and the natural reservoir is not found in the UK. Risk is confined to those who have had direct physical contact with body fluids from the patient during the infectious period. There have been no recorded transmissions by such a route in the UK, including 74 health care worker contacts followed up by serology after the case in 2000 (1). There is no risk to the general public including travelling companions. A review of casual contacts that took place in the 1960/70s found no transmission among airline passengers travelling with confirmed Lassa cases (5).

Staff who are, or were, caring for the patient or handling his specimens, visitors of the patient, and other community contacts are being monitored through recording daily temperatures following the guidance in

the 1996 memorandum (3). The World Health Organization (WHO) and the European Commission have also been informed of the case, and details of the diagnosis have been passed back to the appropriate military personnel in Sierra Leone.

(1) CDSC. Lassa fever imported to England. *Commun Dis Rep CDR Wkly* 2000; **10**(11): 99.

(2) BA Bannister. Stringent precautions are advisable when caring for patients with Viral Haemorrhagic Fevers. *Rev Med Virol* 1993; **3**: 3-13

(3) Advisory Committee on Dangerous Pathogens. Management and control of viral haemorrhagic fevers. London: The Stationery Office 1996

(4) Crowcroft NS. Management of Lassa fever in European Countries. European Meeting Report. *Eurosurveillance* 2002; **7**: 50-52

(5) Galbraith NS, Berrie JRH, Forbes P, Young S. Public Health aspects of viral haemorrhagic fevers in Britain. *J R Soc Health* 1978; **98**: 152-160.

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## Enteric

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### General outbreaks of foodborne illness, England and Wales: weeks 01-05/03\*

DHA	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Salisbury	S. Enteritidis PT4	Residential	January	4	4	None	-
Kent	S. Thompson PT1a	Residential	December	3	3	None	-
County Durham	S.Typhimurium U310	Restaurant	December	3	3	None	-

\* 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\*)

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

Details of serotypes of the 775 salmonella infections recorded in December 2002 are given in the adjacent table. In January 2003, 623 salmonella infections were recorded and preliminary information was received about three outbreaks (see above table).

	December 2002
<b>Salmonella (provisional data)</b>	775
S. Enteritidis (PT4)	173
S. Enteritidis (other PTs)	295

S. Typhimurium	110
S. Virchow	13
Other (typed)	184

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## Common gastrointestinal infections, England and Wales: laboratory reports, weeks 01-05/03

Laboratory reports	Number of reports received					Total reports	Cumulative total to	
	01/03	02/03	03/03	04/03	05/03	05/03	01-05/03	01-05/02
<i>Campylobacter</i>	385	1126	555	598	862	3526	3526	3744
<i>Escherichia coli</i> O157*	0	5	2	0	3	10	10	14
<i>Salmonella</i> †	141	234	159	188	162	884	884	834
<i>Shigella sonnei</i>	5	20	6	6	10	47	47	60
Rotavirus	66	185	123	187	344	905	905	1496
Norovirus	49	340	76	160	131	756	756	332
<i>Cryptosporidium</i>	31	60	57	27	54	229	229	339
<i>Giardia</i>	43	87	42	66	65	303	303	344

\* Vero cytotoxin producing isolates (data from LEP)

† Data from PHLS LEP

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## Typhoid and paratyphoid, England and Wales: laboratory reports, October to December 2002

Organism and phage type	Number of cases	Infection acquired abroad			
		Yes	No	Not reported	Excretors and carriers
S. Typhi					
D2	1	1	–	–	–
E1	19	13	–	6	–
M1	1	1	–	–	–
O	1	1	–	–	–
Degraded	1	1	–	–	–
Untypable Vi-2	1	1	–	–	–
28	2	1	–	1	–
40	–	–	–	–	1
51	1	1	–	–	–
S. Paratyphi A					
1	6	3	–	3	–
1A	4	3	–	1	–
2	2	1	–	1	–
4	4	2	–	2	–

8	1	1	-	-	-
13	7	4	-	3	-
RDNC	1	1	-	-	-
S. Paratyphi B					
Taunton	3	1	-	2	-

Twenty-seven cases and one carrier of *Salmonella* Typhi (*S. Typhi*) infection were reported in the fourth quarter of 2002. *S. Typhi* was isolated from a bone marrow aspirate of one patient. Twenty cases were infected abroad (Indian subcontinent 14, Nigeria 2, Far East 1, France 1, Kenya 1, and Spain 1). In seven cases the country of infection was not stated.

Twenty-five cases of *S. Paratyphi* A infection were reported. Fifteen were infected abroad (Indian subcontinent 14 and more than one country 1). In 10 cases the country of infection was not stated.

Three cases of *S. Paratyphi* B were reported. One case acquired their infection abroad (Morocco). In two cases the country of infection was not stated.

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### Laboratory reports of cases of typhoid and paratyphoid, England and Wales: 1980 - 2002\*

Year	S. typhi	S. paratyphi A	S. paratyphi B
1980	232 (192)	40 (37†)	64 (42)
1981	197 (173)	43 (40)	57 (45)
1982	168 (147)	41 (40)	49 (36)
1983	216 (195)	59 (54)	41 (30)
1984	169 (137)	54 (54)	31 (22)
1985	172 (154)	80 (79)	33 (27)
1986	148 (128)	64 (61)	21 (13)
1987	142 (126)	44 (44)	37 (33)
1988	146 (132)	63 (62)	82 (25)
1989	145 (133)	88 (84)	25 (22)
1990	184 (166)	75 (73)	32 (14)
1991	132 (118)	79 (77)	12 (8)
1992	198 (177)	104 (100)	21 (15)
1993‡	173 (144)	118 (108)	15 (11)
1994	227 (201)	180 (168)	37 (27)
1995	265 (196)	153 (113)	17 (12)
1996	179 (116)	116 (88)	35 (19)
1997	134 (96)	130 (91)	37 (14)
1998	134 (85)	156 (109)	28 (6)
1999	153 (94)	149 (106)	44(30)
2000	165 (105)	137 (92)	17 (9)
2001	170 (96)	219(148)	17(10)
2002*	138 (94)	137 (92)	11 (6)

\* Provisional

†Infections acquired abroad are shown in brackets and are included in the total.

‡Active ascertainment of travel details ceased in 1993

One case of *S. Paratyphi* C was also reported in 1989 acquired abroad.

All isolates were confirmed and phage typed by the PHLS Laboratory of Enteric Pathogens

The annual totals for typhoid and paratyphoid are given in the following table. In 2002 there was a 19% decrease in *Salmonella* Typhi cases over 2001. The predominant phage type was E1 and most of the cases returning from the south Asia.

*S. paratyphi* A cases decreased by 38% and the predominant phage type was 1. The number of *S. paratyphi* B cases also decreased by 36% and the predominant phage type was Taunton.

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