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News

Last updated: 5 February 2004
Next update due: 12 February 2004

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Update on avian influenza (H5N1) among poultry in south east and east Asia, and humans in Viet Nam and Taiwan

On 4 February 2004, the World Health Organization (WHO) has confirmed outbreaks of avian influenza (H5N1) among poultry in nine countries in south east and East Asia (Cambodia, China, Hong Kong, Indonesia, Japan, Laos, South Korea, Thailand, and Viet Nam). Outbreaks among poultry are now widespread in some countries, with confirmed or suspected outbreaks of highly pathogenic H5N1 avian influenza reported on poultry farms in 12 of China's 31 provinces, autonomous regions, and municipalities, and in 445 different locations in Viet Nam.

As of 4 February 2004, human cases of infection have only been reported in Viet Nam and Thailand. Viet Nam has reported 13 cases, nine of whom have died, and Thailand has reported four cases, all of whom have died. The infection of two sisters who died in the Thai Binh province of Viet Nam are being investigated as part of a cluster of four cases of severe respiratory illness in a family. The cluster includes the two sisters, their brother, and his wife. The brother died on 12 January but no samples were available for testing. His wife has fully recovered. To date, the investigation has not been able to conclusively identify the source of infection for the two sisters and the WHO has stated that limited human-to-human transmission is being considered as the possible route of infection. With the exception of this family cluster, all other human cases in the Viet Nam outbreak have been linked to contact with infected poultry. No outbreaks have been reported in human populations. Further information is available from WHO at: http://www.who.int/csr/don/2004_02_02/en/.

A joint United Nations Food and Agriculture Organisation (FAO), World Organisation for Animal Health (OIE), and WHO emergency meeting on avian influenza has been convened in Rome. It will set policies and strategies for controlling the disease and will develop action plans to address the animal as well as public health concerns in each affected country <http://www.fao.org/>.

The threat of avian influenza A (H5N1) to the United Kingdom remains low at this time. The Health Protection Agency (HPA) is maintaining close contact with the Department of Health, the Department for Environment Food and Rural Affairs (DEFRA), and WHO to monitor the situation. Updated information will be available on the HPA website as it becomes available http://www.hpa.org.uk/infections/topics_az/avianinfluenza/menu.htm.

New laboratory-confirmed case of SARS in Guangdong Province, China

On 31 January 2004, the World Health Organization (WHO) reported a further laboratory-confirmed case of SARS coronavirus (SARS-CoV) infection in Guangdong province, China. This is the fourth case (three confirmed and one probable) detected in China since 16 December 2003. The case, a male aged 40 years, is a director of a hospital and a practicing physician in Guangdong Province. He was admitted to hospital on 16 January. He has now fully recovered and was discharged from hospital on 30 January.

The source of the infection of this most recent case is currently unknown. The Ministry of Health in China is undertaking epidemiological investigations into the possible sources of transmission, and contact tracing. To date, none of the contacts identified have developed symptoms of SARS. Further information is available from WHO at: http://www.who.int/csr/don/2004_01_31/en/.

Report of the systems evaluation project for infection control (ASEPTIC)

The Systems Evaluation Project for Infection Control (ASEPTIC) was commissioned by the Health Protection Agency (HPA) under the terms of a service level agreement between the Department of Health (DoH) and the Public Health Laboratory Service, which required 'a fixed term project to review existing healthcare associated infections (HCAI) surveillance systems for local use and evaluate whether they may be suitable for wider application across the NHS'. (The Public Health Laboratory Service officially became part of the Health Protection Agency on 1 April 2003.) The ASEPTIC project was contracted to the South Devon Health Informatics Service (SDHIS) after a tendering process, and was managed by a project board whose members were drawn from the HPA, SDHIS, and a representative from the DoH. Part of the project remit was to establish a stakeholder group that included infection control practitioners, microbiologists, users of the surgical site infection surveillance scheme and relevant HPA staff.

The project undertook to define and make recommendations on:

1. the user requirements relating to surveillance and management of infection control functions in acute hospitals (reported on the project web site as user requirement documents [URDs]);
2. an assessment against the URD of the currently available computer-based infection control systems;
3. a recommendation from the project team as to which currently available computer-based infection control systems were suitable to pilot in acute hospitals;
4. the design of a suitable 'pilot' and the resources needed to undertake 'pilot' testing.

Since the project was commissioned, the DoH has instituted a National Programme for IT in the NHS, part of which, is the National Care Record Service.

The report has identified that a suitable system would need to meet a range of infection control teams' requirements, defined in the URD. These include: collection of local surveillance data including those required by the DoH in the mandatory surveillance initiative (surgical site infection surveillance, mandatory bacteraemia surveillance of methicillin resistant *Staphylococcus aureus* (MRSA) and glycopeptide resistant enterococci (GRE), and surveillance of *Clostridium difficile*); infection control aspects of case-management; analysis of information required for outbreak investigation; and an ability to document and report serious untoward events.

Nine IT systems for infection control were reviewed to establish whether they met the required surveillance and management outputs defined in the user requirement documents, which are available at www.swdhis.nhs.uk/aseptic.

The key recommendations of the ASEPTIC project team, endorsed by the Project Board, were that:

- Three systems should be piloted as soon as practicable.
- The inclusion of three systems was dependent on some further development in the case of one supplier, which was subsequently undertaken.
- The three systems were: EpiQuest, ICEnterprise, and ICNet

Members of the ASEPTIC project board met with DoH colleagues and a representative from the Information Authority to discuss how the results and recommendations in the report of the ASEPTIC project could be taken forward. Subsequently, it has been agreed that an evaluation of the three systems could be undertaken and agreement reached with the suppliers, to support a managed implementation and evaluation of their HCAI software systems.

In the meantime, the suppliers will continue to respond to enquiries from other hospitals and regions so that they can make individual purchase decisions when funding is available. It is hoped to post any relevant updates on the HPA website in due course so as to inform local and regional procurement decisions made prior to the publication of the evaluation.

The report of the project is available on the Health Protection Agency website at

www.hpa.org.uk/infections/publications/pdf/aseptic_Report.pdf.

Respiratory

Last updated: 5 February 2004

Next update due: 4 March 2004

 [Laboratory reports of respiratory infections made to CDSC from Health Protection Agency and NHS laboratories in England and Wales](#)

Laboratory reports of respiratory infections made to CDSC from Health Protection Agency and NHS laboratories in England and Wales

Data are recorded by week of report, but only include specimens taken in the last eight weeks (*ie*, recent specimens)

Table 1 Reports of influenza infection made to CDSC, by week of report: weeks 01-05/04

Week	01/04	02/04	03/04	04/04	05/04	Total
Week ending	04/01/04	11/01/04	18/01/04	25/01/04	01/02/04	
Influenza A	58	83	55	29	40	265
Isolation	7	18	5	4	3	37
DIF	23	26	20	1	2	72
Four-fold rise in paired sera	3	3	2	1	1	10
PCR	3	–	–	–	1	4
Other	22	36	28	23	33	142
Influenza B	2	5	–	1	3	11
Isolation	–	1	–	–	–	1
DIF	1	3	–	1	3	8
Four-fold rise in paired sera	–	–	–	–	–	–
PCR	–	–	–	–	–	–
Other	1	1	–	–	–	2
Influenza (untyped)	–	–	–	–	–	–
Isolation	–	–	–	–	–	–
DIF	–	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–	–
PCR	–	–	–	–	–	–
Other	–	–	–	–	–	–

DIF = Direct Immunofluorescence.

'Other' = 'Antibody detection - Single high titre' or 'method not specified'

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Table 2 Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in paired sera, single high serology titre, genomic, electron microscopy, other method, other method unknown), by week of report: weeks 01-05/04

Week	01/04	02/04	03/04	04/04	05/04	Total
Week ending	04/01/04	11/01/04	18/01/04	25/01/04	01/02/04	
Adenovirus*	17	28	32	29	18	124
Coronavirus	1	–	–	–	–	1
Parainfluenza†	4	17	8	6	7	42
Rhinovirus	3	8	4	9	8	32
Respiratory syncytial virus (RSV)	405	1064	642	343	404	2858

*Respiratory samples only. Excludes diagnoses made by electron microscopy (EM)

†includes parainfluenza types 1, 2, 3, 4, and untyped

‡ excludes diagnosis made by electron microscopy (EM)

Table 3 Respiratory viral detections by age group: weeks 01-05/04

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	31	14	5	58	14	1	1	124
Coronavirus	–	–	–	–	1	–	–	1
Influenza A	37	45	12	56	58	54	3	265
Influenza B	7	2	–	1	1	–	–	11
Parainfluenza†	23	7	1	5	2	4	–	42
Rhinovirus	21	4	3	2	2	–	–	32
Respiratory syncytial virus (RSV)	2419	320	28	27	15	16	33	2858

*Respiratory samples only. Excludes diagnoses made by electron microscopy (EM)

†includes parainfluenza types 1, 2, 3, 4, and untyped

Table 4 Laboratory reports of infections associated with atypical pneumonia by week of report (non-pneumonic cases*): weeks 01-05/04

Week	01/04	02/04	03/04	04/04	05/04	Total
Week ending	04/01/04	11/01/04	18/01/04	25/01/04	01/02/04	
<i>Coxiella burnetii</i>	–	1	1	–	–	2
Respiratory <i>Chlamydia</i> sp†	1	2	4	2	2	11
<i>Mycoplasma pneumoniae</i>	6	10	14	6	14	50
<i>Legionella</i> sp	–	12(1)	4	4	2	22(1)

* non-pneumonic cases in brackets

†Includes *Chlamydia psittaci*, *Chlamydia pneumoniae*, and *Chlamydia* sp detected from blood, serum, and respiratory specimens

Table 5 Reports of legionnaires' disease (pneumonic and non-pneumonic*) cases in England and Wales, by week of report: weeks 01-05/04

Week	01/04	02/04	03/04	04/04	05/04	Total
Week ending	04/01/04	11/01/04	18/01/04	25/01/04	01/02/04	
Nosocomial	–	–	–	–	–	–
Community	–	6	1	1	1	9
Travel abroad	–	6(1)	3	3	1	13(1)
Travel UK	–	–	–	–	–	–
Total	–	12(1)	4	4	2	22(1)
Male	–	10(1)	4	4	2	20(1)
Female	–	2	–	–	–	2

* non-pneumonic cases in brackets

Twenty-two cases were reported with pneumonia and one with non-pneumonic infection. Twenty-one males aged between 36 and 82 years and F 54y and F 61y. Nine cases were due to community-acquired infection. Three travel-related cases, M 52y, M 53y, and M 54y.

Three deaths occurred, all of which were travel related including M 52y, M 53y, and M 54y.

Fourteen cases were travel associated: two in each of Cyprus, India, Thailand, United States, and one in each of Bahamas and United States, Caribbean, England and Spain, Italy, Malta, and Spain.

Zoonoses

Last updated: 5 January 2003
Next update due: 12 February 2004

▾ [Common animal associated infections, England and Wales: laboratory reports: weeks 01-05/04](#)

▾ [Common imported infections, England and Wales: laboratory reports: weeks 01-05/04](#)

Common animal associated infections, England and Wales laboratory reports: weeks 01-05/04

	Total reports for weeks 01-05		Cumulative totals for weeks 01-05	
	2004*	2003	2004*	2003
<i>Borrelia burgdorferi</i> *‡	–	–	–	–
<i>Leptospira hardjo</i> †§	–	–	–	–
<i>Leptospira icterohaemorrhagiae</i> †§	3	3	3	3
<i>Leptospira other</i> †§	1	5	1	5
<i>Pasteurella haemolytica</i>	1	1	1	1
<i>Pasteurella multocida</i>	31	34	31	34
<i>Pasteurella pneumotropica</i>	1	–	1	–
<i>Pasteurella</i> spp	6	6	6	6
<i>Toxocara canis</i>	–	–	–	–
<i>Toxocara cati</i>	–	–	–	–
<i>Toxocara</i> spp	–	–	–	–
<i>Toxoplasma gondii</i>	2	4	2	4
<i>Toxoplasma</i> spp	4	10	4	10

* provisional data; † by specimen date; ‡ Lyme Disease Reference Laboratory and CDSC

§ *Leptospira* Reference Laboratory and CDSC.



Common imported infections, England and Wales laboratory reports, weeks 01-05/04

Organism	Total reports for weeks 01-05		Cumulative totals for weeks 01-05	
	2004*	2003	2004*	2003
Arbovirus	–	–	–	–
Dengue virus	3	6	3	6
<i>Ascaris</i> spp	9	9	9	9
Hookworms (unspecified)	5	3	5	3
<i>Leptospira</i> spp†	–	–	–	–
<i>Ancylostoma duodenale</i>	–	–	–	–
<i>Necator americanus</i>	–	–	–	–
<i>Hymenolepis diminuta</i>	–	–	–	–
<i>Hymenolepis nana</i>	–	2	–	2
<i>Hymenolepis</i> spp	–	–	–	–
<i>Schistosoma haematobium</i>	–	–	–	–
<i>Schistosoma intercalatum</i>	–	–	–	–
<i>Schistosoma mansoni</i>	2	1	2	1
<i>Schistosoma</i> spp	4	1	4	1
<i>Strongyloides stercoralis</i>	2	6	2	6
<i>Strongyloides</i> spp	–	1	–	1

* Provisional data

† Leptospira Reference Laboratory and CDSC

Comments:

Leptospirosis: four males.

***L. icterohaemorrhagiae*:** M 57y, caretaker with occupational water contact; M 64y; immersion in river water; M 51y, no information.

***Leptospira* sp:** M 69y, water contact, died.

Pasteurella: 20 males, 19 females.

***P. multocida*:** F 44y, unspecified animal contact; M 68y, dog bite to left hand; M 27y, abscess on left hand following dog bite; F 81y, infected right foot no animal contact reported; M 55y, dog bite to hand; F 72y, cat bite; M 67y, unspecified animal contact; M 22y, wound to big toe.

***P. spp*:** F 67y dog bite to left hand.

Toxoplasmosis: three females, three males.

***Toxoplasma gondii*:** M 39y; M 40y.

***Toxoplasma* spp:** F 4y; F 13y; F 46y; M 54y.

Dengue: two females, one male.

Dengue virus type 3: M 30y.

Dengue virus type 1: F 38y.

Dengue virus untyped: F 51y.

Ascaris spp: five females, four males.

***A. lumbricoides*:** M 30y, recently returned from Shanghai; M 33y, recent travel in south east Asia; M age unknown, roundworm identified.

Hookworm: five males aged between 23 and 31years.

Schistosomiasis: 3 females, 3 males.

***S. mansoni*:** F 16y; M 16y.

***Schistosoma* spp:** M 15yr; F 17y; M 28y; F 39y.

Strongyloidiasis: two males.

***S. stercoralis* :** M 31y; M 69y.