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## MAIN STORIES THIS WEEK:

-  [Suspected SARS case in Beijing, China](#)
-  [Zoonoses report 2002 published by DEFRA](#)
-  [Communicable Disease and Public Health published](#)



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## REPORTS BY INFECTION:

### Immunisation:

-  [Laboratory reports of invasive meningococcal infections, England and Wales laboratory reports: weeks 49-53/03](#)
-  [Laboratory reports of hepatitis A in England and Wales: October to December 2003](#)
-  [Laboratory reports of acute hepatitis B infection by age group and sex, England and Wales: October to December 2003](#)
-  [Laboratory reports of hepatitis C infection by age group and sex, England and Wales: October to December 2003](#)
-  [Laboratory Reports of \*Haemophilus influenzae\* by age group and serotype, England and Wales: 1st quarter 2004 \(2003\)](#)



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### Diary:

-  [Public health development – reasons, routes, and registration](#)



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## News

Last updated: **22 April 2004**  
Next update due: **29 April 2004**

-  [Suspected SARS case in Beijing, China](#)
-  [Zoonoses report 2002 published by DEFRA](#)
-  [Communicable Disease and Public Health published](#)

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### Suspected SARS case in Beijing, China

On 22 April, the World Health Organization (WHO) reported a suspected case of SARS in Beijing. The case, a nurse aged 20 years, developed SARS-like symptoms on 5 April 2004 and was transferred to intensive care on 14 April. One hundred and seventy-one contacts have been traced, and they have been placed under observation, five of whom have developed fever. If confirmed, this will be the first case of SARS since January.

Additional unconfirmed reports of suspected cases are also being investigated. The most up-to-date information can be obtained from the WHO website at <http://www.who.int/csr/sars/en/>

The Health Protection Agency (HPA) urges clinicians and other healthcare professionals to remain vigilant to the possibility of SARS, even though the level of risk in the United Kingdom remains very low. Clinicians should continue to report unusual clusters of severe respiratory illness among health care workers and possible SARS infection in persons returning from China. Current information, including an algorithm to assist with the diagnosis of possible SARS cases, is available on the HPA website:

**Algorithm:**

[http://www.hpa.org.uk/infections/topics\\_az/avianinfluenza/pdfs/Algorithm140404.pdf](http://www.hpa.org.uk/infections/topics_az/avianinfluenza/pdfs/Algorithm140404.pdf).

**General information:**

[http://www.hpa.org.uk/infections/topics\\_az/SARS/menu.htm](http://www.hpa.org.uk/infections/topics_az/SARS/menu.htm).



## Zoonoses report 2002 published by DEFRA

The Department for Environment, Food and Rural Affairs (DEFRA) has this month published the latest Annual report on Zoonoses for the UK (*Zoonoses Report UK 2002*). This has been produced by DEFRA in conjunction with the devolved administrations, the Veterinary Laboratory Agencies, Scottish Agricultural College, Scottish Centre for Infection and Environmental Health, Health Protection Agency, Food Standards Agency, and the Departments of Health of the UK. The Report draws together information on zoonoses from many sources and gives information on the situation in man, food and animals. The report focuses on major foodborne and waterborne zoonoses, notifiable zoonotic diseases of animals, and other zoonoses.

Zoonoses are defined by the World Health Organization as 'diseases and infections which are transmitted naturally between vertebrate animals and man'. They cover a broad range of diseases with different clinical and epidemiological features, with varying control measures because the causative organism may be bacterial, fungal, protozoal, parasitic, viral, or any other communicable agent (for example, prions). Some highlights include documenting the first definite fall in the reports of campylobacter species with around 52,500 reports in the UK in 2002 compared with a peak of just over 65,000 in 1998 (there was a small decline in 2001, although that was an anomalous year as incidents and reports were artificially disrupted by the national foot and mouth disease outbreak). Overall trends in salmonella in humans continue to be downward, despite there was a sharp rise in non-phage type 4 *Salmonella* Enteritidis in England and Wales, although this was not seen in Scotland and Northern Ireland. At least some of this increase in 2002 was due to multiple outbreaks associated with raw shells eggs used in commercial food preparation. The picture for Vero cytotoxin producing *E. coli* (VTEC) O157 in humans showed a continuation of the decline in the total number of laboratory reports that has been seen most years since 1996. The number of cases of BSE confirmed in cattle in Great Britain continued to fall, with 1039 cases confirmed in 2002, compared with 1113 in 2001.

Further information can be found in the report, which can be found on the DEFRA website at <<http://www.defra.gov.uk/animalh/diseases/zoonoses/reports.htm>>.








## Communicable Disease and Public Health published

*Communicable Disease and Public Health* Volume 7 No 1 has been published. Full content listing, editorials, and summaries of papers are available at <<http://www.hpa.org.uk/cdph/issues/CDPHvol7/No1/CDPHv7n1.html>>. The issue includes papers on the incidence and epidemiology of HIV in England, Wales, and Northern Ireland; meningococcal disease; tuberculosis; and disease surveillance. Also included is a paper on the health impacts of flooding that was pre-published on the website.

## Immunisation

Last updated: **22 April 2004**  
Next update due: **24 June 2004**

-  [Laboratory reports of invasive meningococcal infections, England and Wales laboratory reports: weeks 49-53/03](#)
-  [Laboratory reports of hepatitis A in England and Wales: October to December 2003](#)
-  [Laboratory reports of acute hepatitis B infection by age group and sex, England and Wales: October to December 2003](#)
-  [Laboratory reports of hepatitis C infection by age group and sex, England and Wales: October to December 2003](#)
-  [Laboratory Reports of \*Haemophilus influenzae\* by age group and serotype, England and Wales: 1st quarter 2004 \(2003\)](#)

### Laboratory reports of invasive meningococcal infections, England and Wales laboratory reports: weeks 49-53/03

Table 1 Invasive meningococcal infections laboratory reports, England and Wales weeks: 49-53/03

	Method of diagnosis			Total reports	Cumulative*
	CSF and blood Culture	Non-culture	Other sites	49-53/03	Total to week 53/2003
Group A	–	–	–	–	1
B	72	87	7	166	1362
C	6	1	–	7	99
W135	6	2	–	8	42
X	–	–	–	–	4
Y	3	–	–	3	20
Z	–	–	–	–	–
29E	–	–	–	–	1
Ungroupable	–	–	–	–	3
Ungrouped	–	9	–	9	76
<b>Total</b>	<b>87</b>	<b>99</b>	<b>7</b>	<b>193</b>	<b>1608</b>

\*Combined CDSC data and Meningococcal Reference Unit data latex antigen, microscopy, polymerase chain reaction.

### Laboratory reports of hepatitis A in England and Wales: October to December 2003

During the fourth quarter of 2003, 202 laboratory reports of hepatitis A were made to the Health Protection Agency's Communicable Disease Surveillance Centre (CDSC), 33% (98) less than in the equivalent quarter of 2002. The last three quarters have seen a decrease in the number of cases compared to the equivalent quarters in the previous year. Thirty-eight

per cent (77) were men aged between 15 and 44 years (table 1), and the majority of cases occurred in the East Midlands and Yorkshire and Humberside regions. Five people acquired their infection abroad (Cyprus, Egypt, Greece, Kenya, and Turkey one each) and seven infections were reported to be in injecting drug users (IDUs). The overall number of cases of hepatitis A in the fourth quarter of 2003 decreased by 17% (43), compared to that of the third quarter of 2003. This is opposed to last quarter, where the number of cases increased, but is compatible with the general declining trend following the 2002 outbreak year (figure 1). Most of the decrease seen this quarter occurred in males aged under 15 years, particularly those aged between 10 and 14 years, but also in males and females aged between 15 and 44 years, the age group where most increase was seen previously.

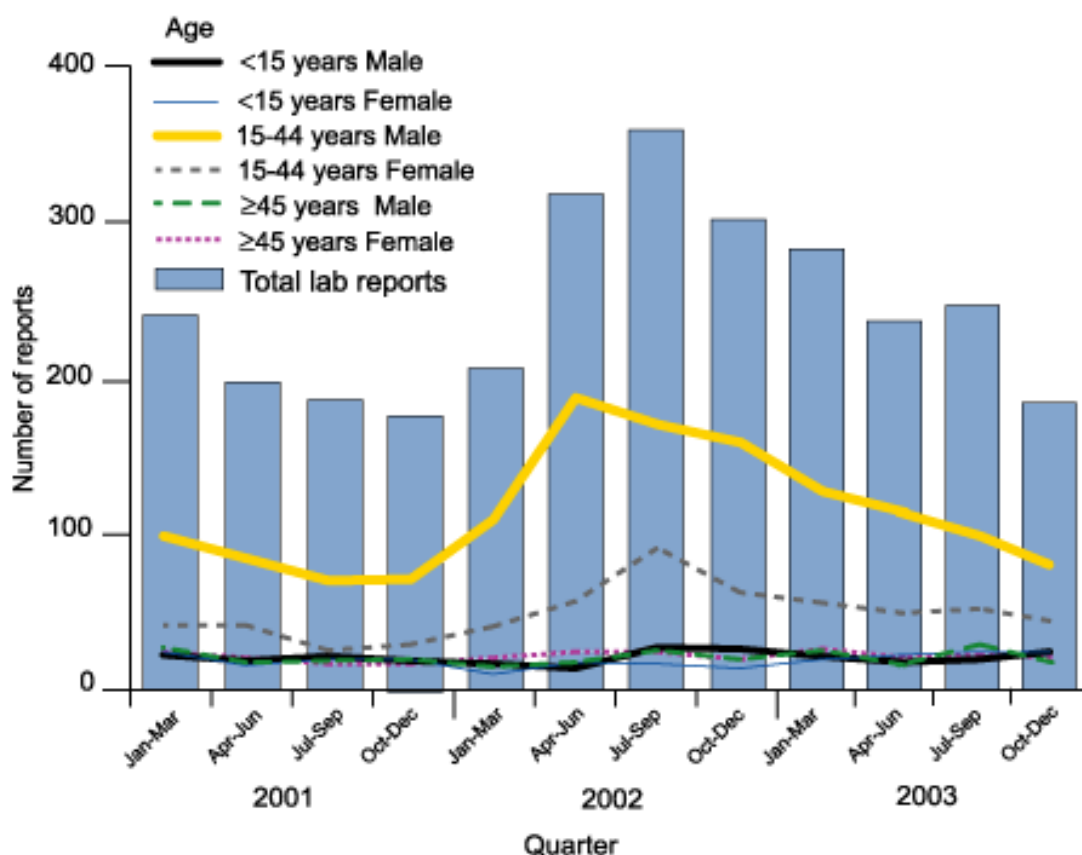
**Table 1 Laboratory reports of hepatitis A in England and Wales: October to December 2003\***

Group	Male	Female	NK†	Total
<1	–	–	–	–
1-4	3	7	–	10
5-9	11	11	1	23
10-14	1	4	–	5
15-24	27	15	1	43
25-34	33	13	2	48
35-44	17	15	–	32
45-54	10	4	–	14
55-64	3	4	–	7
≥65	9	10	–	19
NK†	1	–	–	1
<b>Total</b>	<b>115</b>	<b>83</b>	<b>4</b>	<b>202</b>

\*Provisional data.

†NK= Not known.

**Figure 1 Number of laboratory reports of hepatitis A by age group and sex: January 2001 to December 2003**



Under-reporting and variations in regional reporting continue to present a challenge. A total of 242 cases of hepatitis A were formally notified in the fourth quarter of 2003, 16% more than laboratory confirmed. The number of notifications exceeded the number of laboratory reports for most regions. Discrepancy between notifications and laboratory reports was high in the East of England, East Midlands, and London regions. The largest discrepancy, however, was seen in the North West region, where the number of laboratory reports exceeded the number of notifications. In this region thirty-four laboratory reports were made and only 21 cases were formally notified.

The total number of laboratory reports, as well as the number of notifications, has decreased this quarter compared to last, which may reflect a real decrease in the number of cases of hepatitis A. This suggests that the outbreaks occurring in the IDU community are being controlled.

Priorities for improving control of hepatitis A include enhancing risk-factor reporting by clinicians to laboratories and from laboratories to CDSC, increasing the speed and rates of notification of cases by clinicians to Health Protection Units, obtaining greater participation in laboratory reporting of cases, especially in London, and providing better detection and definition of outbreaks through means such as the application of hepatitis A virus genotyping

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### Laboratory reports of acute hepatitis B infection by age group and sex, England and Wales: October to December 2003

A total of 114 reports of acute hepatitis B infection were reported in the fourth quarter of 2003. The majority of cases (78%) occurred in those aged between 15 and 44 years (table 1).

During the fourth quarter of 2003, injecting drug use was the main risk-factor associated with hepatitis B infection, accounting for 33% (16/48) of individuals with known risk factors (table 2). Hepatitis B infection associated with heterosexual exposure accounted for 27% (13/48), 20% in men who had sex with men, and 19% in individuals with other risk exposures.

**Table 1 Laboratory reports of acute hepatitis B infection by age group and sex, England and Wales: October to December 2003\***

Group	Male	Female	NK†	Total
<1	–	–	–	–
1-4	–	–	–	–
5-9	–	1	–	1
10-14	–	–	–	–
15-24	16	10	2	28
25-34	26	8	1	35
35-44	21	5	–	26
45-54	8	3	–	11
55-64	9	1	–	10
≥65	1	1	1	3
NK†	–	–	–	–
<b>Total</b>	<b>81</b>	<b>29</b>	<b>4</b>	<b>114</b>

\* All data Provisional.

†NK= Not known.

**Table 2 Laboratory reports of acute hepatitis B infection by exposure category in England and Wales October to December 2003\***

Summary	Total
IVDU†	16
Sex between men and women	13
Sex between men	10
other identified risk	9
NRI	66
<b>Total</b>	<b>114</b>

\* All data Provisional data.

†IVDU= Intravenous drug user.

### Laboratory reports of hepatitis C infection by age group and sex, England and Wales: October to December 2003

A total of 1546 reports of hepatitis C infection were reported in the third quarter of 2003 (table 3). Sixty-five per cent (989/1526) of the cases occurred in those aged between 25 and 44 years. Cases in males exceeded those in females.

**Table 1 Laboratory reports of hepatitis C infection in England and Wales: October to December 2003\***

Group	Male	Female	NK†	Total
<1	–	–	–	–
1-4	10	4	–	<b>14</b>
5-9	–	3	–	<b>3</b>
10-14	–	–	1	<b>1</b>
15-24	87	83	3	<b>173</b>
25-34	343	152	4	<b>499</b>
35-44	350	129	11	<b>490</b>
45-54	148	61	4	<b>213</b>
55-64	42	22	1	<b>65</b>
≥65	33	34	1	<b>68</b>
NK†	15	5	–	<b>20</b>
<b>Total</b>	<b>1028</b>	<b>493</b>	<b>25</b>	<b>1546</b>

\*Provisional data.

†NK= Not known.

**Laboratory Reports of *Haemophilus influenzae* by age group and serotype, England and Wales: 1st quarter 2004 (2003)****Table Laboratory Reports of *Haemophilus influenzae* by age group and serotype, England and Wales 1st quarter 2004\* (2003)**

Serotype	Age					Total
	<1 year	1-4 years	5-14 years	15 $\geq$ years	Not known	
b	6(10)	3(37)	9(7)	20(26)	–(–)	<b>38(80)</b>
nc	9(10)	10(3)	1(3)	49(70)	2(–)	<b>71(86)</b>
a,e,f	1(–)	–(1)	1(–)	6(13)	–(–)	<b>8(14)</b>
not typed†	4(1)	2(1)	–(1)	38(24)	–(1)	<b>44(28)</b>
<b>Total</b>	<b>20(21)</b>	<b>15(42)</b>	<b>11(11)</b>	<b>113(133)</b>	<b>2(1)</b>	<b>161(208)</b>

\*All data are provisional.

†Awaiting further typing data from the Oxford *Haemophilus* reference unit.

## Diary

Last updated: **22 April 2004**

For information about other conferences, courses, and events visit [http://www.hpa.org.uk/hpa/about\\_us/events.htm](http://www.hpa.org.uk/hpa/about_us/events.htm)

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 [Public health development – reasons, routes, and registration](#)

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### Public health development – reasons, routes, and registration

The Public Health Resource Unit, on behalf of the Health Protection Agency, is facilitating two awareness raising sessions which are open to any senior public health professionals in the HPA who are actively considering registration as a specialist in public health, and who are competent across all ten key areas of public health. The session will provide an opportunity to discuss, informally, support mechanisms available. There will be opportunities to find out more about:

- The Voluntary Register for specialists in public health
- Portfolio development and the timescale for registration via this route
- Meeting the ten key competencies of public health

The sessions are being held on 24 May 2004, HPA Colindale, 10 am to 4 pm, and 3 June, Royal Preston Hospital.

To book a place please e-mail <[linda.parr@hpa.org.uk](mailto:linda.parr@hpa.org.uk)> by 14 May 2004 and state which date you wish to attend