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News

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[Investigation of the decontamination arrangements for endoscopes in Northern Ireland](#)

Investigation of the decontamination arrangements for endoscopes in Northern Ireland

At the beginning of June 2004 a hospital in Northern Ireland announced that the arrangements for cleaning and disinfecting one of their endoscopes were not fully in accordance with necessary standards. Following a detailed risk assessment, the Trust undertook a patient notification exercise in relation to over 400 patients. To date, the results from this exercise have shown no cause for concern.

In response to this incident the Department of Health, Social Services, and Public Safety (DHSSPS) in Northern Ireland initiated a formal audit involving a detailed observational audit of all endoscopes in use at hospitals in Northern Ireland. This audit has identified a number of issues in relation to the decontamination of a small number of endoscopes (16 in total including gastroscopes, duodenoscopes, and colonoscopes). The specific issues in relation to the cleaning and disinfection of these endoscopes fall into two groups:

1. In a small number of endoscopes one narrow channel on the endoscope was not fully cleaned or disinfected despite going through the normal cleaning and disinfection process.
2. In a second group, all the channels in the endoscope had been fully cleaned but one channel may not have been disinfected despite going through the normal cleaning and disinfection process.

In response to this incident DHSSPS convened a regional team to manage this issue. The team involved specialists in public health, decontamination, endoscopy, infection control, and virology. It was supported and advised by the Health Protection Agency which, at the request of the Chief Medical Officer, convened an expert advisory group to advise on the risk assessment for the transmission of micro-organisms, including bloodborne viruses, associated with the endoscopy cleaning and disinfection issues identified. It is estimated that the prevalence of bloodborne viruses in the Northern Ireland population is less than 3 per 1000 .

In this risk assessment the expert advisory group determined that:

1. For the first group of endoscopes, the risk of transmission of bloodborne viruses was very low, but nonetheless a patient notification exercise would be required for all patients who had endoscopy with these instruments.
2. For the second group of endoscopes, the risk of transmission of bloodborne viruses was even lower and it was therefore recommended that, where the endoscope was possibly in recent contact with a bloodborne virus, only a limited number of patients should be notified and offered testing.

In the interest of public reassurance the local regional team concluded that all patients who were scoped with endoscopes from the second group should be contacted, made aware of the situation, and offered reassurance and advice. It is expected that over 1700 patients will be involved in a patient notification exercise; this includes patients involved in the notification exercise at the first hospital. An estimated 1800 patients will receive letters offering reassurance and advice.

An independent review of the situation in Northern Ireland has been commissioned by DHSSPS. The Medicines and

Healthcare Products Regulatory Agency (MHRA) has issued an alert to NHS Trusts in England, reminding all staff involved in specification for purchase, purchase, reprocessing and use of endoscopes of the requirement to carry out an assessment of all endoscope decontamination processes (1). The alert also includes advice on procedures that need to be followed to ensure that endoscopes are properly decontaminated. Assessments of reprocessing facilities and equipment should involve the infection control team, risk manager, health and safety advisor, and the Trust decontamination lead person.

Technical advice is already available from the British Society for Gastroenterology (2), and the National Assembly for Wales has asked all hospitals in Wales to review practice. The HPA has formed a task force to coordinate activity across the United Kingdom, and an expert advisory group to give independent advice on management, should any further incidents come to light.





Endoscopes are complex, multi-channelled instruments with some of the channels requiring manual cleaning and disinfection procedures, but it is important to stress that the risk of acquiring any form of infection from an endoscope is very low. Evidence from the literature would suggest that the risk of transmission of any infection is 1 in 1.8 million procedures (3). The most common infections transmitted by endoscopy are *salmonella*, *pseudomonas*, and mycobacteria species. The main reasons for transmission appear to be improper cleaning and disinfection procedures; the contamination of endoscopes by automatic washer; and an inability to decontaminate endoscopes despite the use of standard disinfection techniques because of their complex channel and valve systems. There is little documented evidence in the international literature of transmission of bloodborne virus infection at endoscopy. Limited evidence is available from case reports (4-7) and would indicate that, to date, there have only been five documented cases in the world of an association between endoscopy and transmission of blood borne viruses. Four of these relate to transmission of Hepatitis C virus infection at endoscopy, each of which was associated with a decontamination failure or a breakdown in general infection control precautions (4-6). One report documents the endoscopic transmission of Hepatitis B virus. There are no reports in the published literature of HIV transmission at endoscopy. Concern about the decontamination of endoscopes in the United States prompted the issuing of a Food and Drug Administration alert and the development of multi-society guidelines (8,9).

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4. Bronowicki J-P, Venard V, Botte C, Monhoven N, Gastin I, *et al*. Patient-to patient transmission of hepatitis C virus during colonoscopy. *N Engl J Med* 1997; **337**: 237-40.
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6. Tennenbaum R, Colardelle P, Chochon M, Maisonneuve P, Jean F *et al*. Hepatite C après cholangiographie retrograde [French]. *Gastroenterol Clin Biol* 1993; **17**: 763-75.
7. Food and Drugs Administration. FDA and CDC aAdvisory: infections from endoscopes inadequately reprocessed by an automated endoscope reprocessing system. Rockville MD: FDA, 10 September 1999. Available at <<http://www.fda.gov/cdrh/safety/endoreprocess.html>>.
8. American Society for Gastrointestinal Endoscopy and the Society for Healthcare Epidemiology of America. Multi-Society guideline for reprocessing flexible gastrointestinal endoscopes. *Gastrointestinal Endoscopy* 2003; **58**(1): 1-8.
9. American Society for Gastrointestinal Endoscopy and the Society for Healthcare Epidemiology of America. Multi-Society guideline for reprocessing flexible gastrointestinal endoscopes. *Gastrointestinal Endoscopy* 2003; **58**(1):1-8..

Immunisation

Last updated: 24 June 2004

Next update due: 22 July 2004

-  [Laboratory reports of invasive meningococcal infections, England and Wales: weeks 05-08/2004](#)
-  [Laboratory confirmed cases of pertussis infection England and Wales: January to March 2004](#)
-  [COVER programme: January to March 2004](#)
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Laboratory reports of invasive meningococcal infections, England and Wales: weeks 05-08/2004

Table 1 Laboratory reports of invasive meningococcal infections, England and Wales: weeks 05-08/2004

| | Method of diagnosis | | | Total reports | Cumulative* |
|--------------|-----------------------|-------------|-------------|---------------|-----------------------|
| | CSF and blood Culture | Non-culture | Other sites | 05-08/04 | Total to week 08/2004 |
| Group A | – | – | – | – | 1 |
| B | 52 | 48 | 7 | 107 | 264 |
| C | 3 | 3 | – | 6 | 20 |
| W135 | 3 | 2 | – | 5 | 9 |
| X | – | – | – | – | – |
| Y | 2 | 2 | – | 4 | 6 |
| Z | – | – | – | – | – |
| 29E | – | – | 1 | 1 | 1 |
| Ungroupable | – | – | – | – | – |
| Ungrouped | – | 4 | – | 4 | 12 |
| Total | 60 | 59 | 8 | 127 | 313 |

* combined CDSC data and Meningococcal Reference Unit data latex antigen, microscopy, polymerase chain reaction

Laboratory confirmed cases of pertussis infection England and Wales: January to March 2004

Table 1 Laboratory confirmed cases of pertussis infection England and Wales: January to March 2004

| Age Group | PCR and/or serology only | Culture | Total |
|--------------|--------------------------|-----------|-----------|
| <3 months | 1 | 9 | 10 |
| 3-5 months | – | 1 | 1 |
| 6-11 months | – | 1 | 1 |
| 1-4 years | – | 1 | 1 |
| 5-9 years | 5 | 1 | 6 |
| 10-14 years | 1 | – | 1 |
| >15 years | 3 | – | 3 |
| Not known | – | 1 | 1 |
| Total | 10 | 14 | 24 |

* All data are provisional

Since January 2002, infants ≤ 6 months of age with suspected pertussis have been offered PCR testing through the Health Protection Agency's Respiratory and Systemic Infections Reference Laboratory (RSIL). Adults with a cough persisting for more than 21 days and children with a cough persisting for more than 14 days, have been offered serology testing through RSIL. These cases are likely to have been culture negative, and testing with PCR and/or serology have increased case ascertainment.

Table 2 Laboratory confirmed cases of pertussis infection England and Wales: January to March 2004*

| Quarter 2004 | PCR and/or serology only | Culture | PCR/serology reports as a % of total | Total |
|--------------|--------------------------|---------|--------------------------------------|-------|
| Jan to Mar | 10 | 14 | 42 | 24 |

*All data are provisional.

The apparent increase particularly in adult cases is explained by the availability of enhanced diagnostic methods, which have been increasingly used during the year, as illustrated by the increasing proportion of reports diagnosed by PCR and or serology.



COVER programme: January to March 2004

Vaccination coverage statistics for children aged up to five years in the United Kingdom

This report of the COVER programme presents coverage data for children in the United Kingdom (UK) who reached their first, second, or fifth birthday during the evaluation quarter – January to March 2004 (annual COVER begins on 1 April each year, *ie*, 1 April to 30 June 2003 is the first quarter). This is the fifteenth quarter to include coverage data on meningococcal conjugate group C vaccine (MenC) following its introduction in the UK vaccination programme in November 1999 (1).

Children who reached their first birthdays in the quarter would have been scheduled to receive their third dose primary vaccinations (third dose diphtheria, tetanus, pertussis (DTP vaccine), *Haemophilus influenzae* type b (Hib vaccine), polio vaccine, and MenC vaccine) during the period between May and July 2003. Children who reached their second birthdays would have been scheduled to receive their third dose primary vaccinations between May and July 2002 and first measles, mumps, and rubella (MMR) vaccination between January and July 2003. Children who reached their fifth birthdays would have been scheduled to receive their third dose primary vaccinations between May and July 1999, their first MMR during the period between January 2000 and July 2001, their pre-school diphtheria, tetanus, acellular pertussis (DTaP) booster, polio, and second-dose MMR from May 2002 onwards. One catch-up dose of MenC would have been scheduled for these children from January 2000 onwards.

Methods

Data from computerised child health information systems were submitted in May and June 2004 for children resident in administrative regions (AR) in Wales, health boards (HB) in Scotland and Northern Ireland, and British Forces Germany (BFG), and for children in the primary care trust (PCT) responsible population (as defined below) in England, on 31 March 2004. Data were collected for those reaching their first, second, or fifth birthdays during the evaluation quarter (January to March 2004) and completing a primary course of each antigen: three doses of diphtheria (D3), tetanus (T3), pertussis (P3), polio (Pol3), *Haemophilus influenzae* type b (Hib3), meningococcal conjugate Group C (MenC3) vaccines; and one dose of measles, mumps, and rubella (MMR1) vaccine given at any time up to their first or second birthdays. Numbers were also requested for children who had received a primary course of each antigen (DTPol3, P3, and Hib3), a pre-school booster dose (DTPol4), at least one MMR (MMR1), and two doses of MMR (MMR2) given at any time up to their fifth birthdays.

For this quarter, English COVER data were collected by PCT and summarised by government office regions (GORs). The PCTs and GORs have different boundaries and populations to health authorities and regional health authorities used in previous reports. The PCT responsible population for COVER data includes all children registered with a general practitioner (GP) whose practice forms part of the PCT, regardless of where the child is resident. In addition, the PCT responsible population will also include any children not registered with a GP, who are resident within the PCTs statutory geographical boundary. Children resident within the PCT geographical area, but registered with a GP belonging to another PCT, are the responsibility of that other PCT. Details can be found at <http://www.hpa.org.uk/infections/topics_az/vaccination/REQ03-4.pdf>.

These data are evaluated against the World Health Organization (WHO) targets of 95% coverage annually for each antigen (except MenC) by two years of age at the national level and of at least 90% coverage annually in each strategic health authority (2).

Results

Coverage at age 12 and 24 months

Data were received from 317 PCTs, health boards, and administrative regions (PCT/HB/AR) as described in the methods section (tables 1 and 2). Eighty-seven of the participating (PCT/HB/AR) (27%) achieved the 95% target at 12 months for three doses of diphtheria, tetanus, and polio vaccine (DTPol3). Eighty-three (26%) achieved the 95% target at 12 months for three doses of Hib vaccine (Hib3), and 74 (24%) for three doses of pertussis vaccine (P3). One hundred and eighty-three PCT/HB/AR (58%) achieved 95% coverage at 24 months for DTPol3, 164 (52%) for P3, and 177 (56%) for Hib3. All countries and all English regions, except for London, achieved at least 90% coverage for these antigens. No (PCT/HB/AR) achieved 95% coverage for MMR at 24 months. Compared to the previous quarter, UK coverage for all antigens at 12 and 24 months decreased (range 0.1% and 0.8%), except for MMR at 24 months which increased 0.8% to 81.9% (tables 1 and 2) (3).

Table 1 Completed primary immunisations (all antigens) by age 12 months: January to March 2004

| Region/Country | PCT/HB/AR* (total) | DTPol3 % | P3 % | Hib3 % | MenC % |
|-------------------------------|-----------------------|-------------|-------------|-------------|-------------|
| Regions of England | | | | | |
| North East | 15 (16) | 92.7 | 92.3 | 92.6 | 92.3 |
| North West | 42 (42) | 91.0 | 90.5 | 90.7 | 90.7 |
| Yorkshire and Humberside | 29 (34) | 92.9 | 92.6 | 92.8 | 90.9 |
| East Midlands | 28 (28) | 93.3 | 93.1 | 92.8 | 92.5 |
| West Midlands | 27 (30) | 91.8 | 91.4 | 91.8 | 92 |
| East of England | 41 (41) | 93.1 | 92.7 | 92.9 | 92.7 |
| London | 32 (32) | 81.4 | 81.0 | 81.6 | 80.8 |
| South East | 49 (49) | 92.0 | 91.8 | 92.1 | 89.2 |
| South West | 32 (32) | 93.3 | 92.8 | 93.1 | 92.8 |
| England (total) | 295 (304) | 90.2 | 89.8 | 90.1 | 89.4 |
| Wales | 3 (3) | 94.4 | 93.6 | 94.1 | 94.1 |
| Northern Ireland | 4 (4) | 94.4 | 94.0 | 94.5 | 94.7 |
| Scotland (age 6 years) | 15 (15) | 95.4 | 95.1 | 95.0 | 94.2 |
| United Kingdom | 317 (326) | 90.9 | 90.5 | 90.8 | 90.1 |

*PCTs/health boards/administrative regions

Table 2 Completed primary immunisations (all antigens) by age 24 months: January to March 2004

| Region/Country | PCT/HB/AR* (total) | DTPol3 % | P3 % | Hib3 % | MenC % | MMR1 % |
|-----------------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|
| Regions of England | | | | | | |
| North East | 15 (16) | 95.8 | 95.2 | 95.7 | 95.0 | 86.2 |
| North West | 42 (42) | 94.7 | 94.1 | 94.3 | 94.6 | 83.8 |
| Yorkshire and Humberside | 29 (34) | 94.0 | 93.5 | 94.2 | 92.7 | 85.8 |
| East Midlands | 28 (28) | 96.0 | 95.7 | 96 | 95.1 | 86.3 |
| West Midlands | 27 (30) | 95.1 | 94.6 | 94.7 | 95.2 | 83.4 |
| East of England | 41 (41) | 94.9 | 94.4 | 94.7 | 94.3 | 81.8 |
| London | 32 (32) | 86.2 | 86.0 | 86.1 | 84.6 | 69.9 |
| South East | 49 (49) | 94.2 | 93.9 | 94.3 | 93.5 | 81.5 |
| South West | 32 (32) | 95.9 | 95.5 | 95.5 | 95.2 | 82.4 |
| England (total) | 295 (304) | 93.3 | 92.9 | 93.2 | 92.1 | 81.0 |
| Wales | 3 (3) | 96.1 | 95.0 | 96.1 | 95.6 | 81.9 |
| Northern Ireland | 4 (4) | 96.8 | 96.4 | 96.6 | 96.9 | 87.6 |
| Scotland (6 years) | 15 (15) | 97.1 | 96.8 | 96.6 | 96.2 | 88.0 |
| United Kingdom | 317 (326) | 94.1 | 93.6 | 93.9 | 92.9 | 81.9 |

*PCTs/health boards/administrative regions

The country specific 12 month coverage for MenC vaccine was 89.4% in England, 94.1% in Wales, 94.1% in Northern Ireland, and 94.2% in Scotland. Coverage for the 24 month cohort was 92.1% in England, 95.6% in Wales, 96.9% in Northern Ireland, and 96.2% in Scotland. This is the ninth 24 month cohort to be entirely routinely scheduled for three doses of MenC vaccine.

Coverage at age 5 years

Data were received from 302 PCT/HB/AR in England, Northern Ireland, and Wales. Coverage at five years remained the same or very similar to the previous quarter for DTPol3, Hib3 and P3, and decreased by 1.7% for MenC. Coverage for MMR1 decreased by 0.4% to 90.1% and by 0.7% to 81.8% for MMR2 (table 3) (3). Country-specific data for MenC catch-up coverage at five years was 86.4% in England, 91.8% in Wales, and 91.9% in Northern Ireland (table 3). Data for children reaching their sixth birthday in Scottish health boards were also received for DTPol4 and MMR2; coverage was 95.2% and 91.1% respectively.

Table 3 Completed primary immunisations (all antigens) by age 5 years: January to March 2004

| Region/Country | PCT/HB/AR* (total) | DTPol3 % | P3 % | Hib3 % | MenC % | MMR1 % | MMR2 % | DTPol4 % |
|---|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Regions of England | | | | | | | | |
| North East | 15 (16) | 96.1 | 95.1 | 95.9 | 91.8 | 93.4 | 81.2 | 85.0 |
| North West | 42 (42) | 95.7 | 94.5 | 94.9 | 90.8 | 92.1 | 77.8 | 82.4 |
| Yorkshire and Humberside | 29 (34) | 95.1 | 94.1 | 94.4 | 86.0 | 91.7 | 79.2 | 82.2 |
| East Midlands | 28 (28) | 95.8 | 95.3 | 95.4 | 91.9 | 93.2 | 78.9 | 84.2 |
| West Midlands | 27 (30) | 96.3 | 95.2 | 95.4 | 90.9 | 93.4 | 79.9 | 85.2 |
| East of England | 41(41) | 94.3 | 93.3 | 93.7 | 89.1 | 89.8 | 79.2 | 84.2 |
| London | 32 (32) | 85.7 | 85.1 | 85.0 | 70.8 | 80.4 | 57.3 | 60.4 |
| South East | 49 (49) | 93.5 | 92.6 | 92.9 | 86.0 | 89.7 | 74.7 | 82.4 |
| South West | 32 (32) | 96.3 | 95.0 | 95.4 | 89.8 | 92.0 | 79.2 | 85.7 |
| England (total) | 295 (304) | 93.7 | 92.7 | 93.0 | 86.4 | 89.8 | 75.1 | 80.1 |
| Wales | 3 (3) | 95.0 | 93.1 | 94.4 | 91.8 | 90.4 | 75.3 | 83.2 |
| Northern Ireland | 4 (4) | 97.5 | 96.6 | 96.8 | 91.9 | 96.0 | 86.2 | 88.4 |
| Scotland (6 years) | 15 (15) | – | – | – | – | – | 91.1 | 95.2 |
| England, Wales, and Northern Ireland | 317 (326) | 93.9 | 92.9 | 93.2 | 87.1 | 90.1 | 75.5 | 80.6 |

* PCTs/health boards/administrative regions

†No data available at 5 years

British Forces Germany Health Service

Comparable COVER data have been received from the regions across British Forces Germany (BFG). The BFG child population is approximately 1500 and is spread over five separate geographical regions throughout Germany. The average coverage at 12 months (n=172) was 98.1% for all antigens; at 24 months (n=194) coverage was 97.4% for all antigens except for MMR1 which was 95.4%, and at five years (n=217) coverage was 95.9% for DTPol3, P3, Hib3, and MenC, 94.9% for MMR1, and 88.9% for MMR2 and DTPol4.

MMR sentinel surveillance scheme coverage

In order to give a more timely indication of trends in MMR coverage, a sentinel surveillance scheme has monitored MMR coverage in a sample of children becoming 16 and 24 months of age in a particular month in England from April 1999. Initially, this information was requested every four months for all children in the participating trusts/health authorities who were turning 16 months or 24 months old in the defined one-month period. From March 2001, the request was made quarterly so that the information coincided with routine COVER reports. Since March 2002, this information has been routinely collected every month and was extended in June 2002 to include coverage at 20 and 36 months of age to help determine whether there is further improvement in coverage as children get older, because some parents delay MMR vaccination. This sentinel surveillance scheme is based on a sample of trusts/PCTs in England and represents approximately 20% of the population, although monthly reporting is not always complete for the whole sample. This means that these data are not geographically representative or sufficiently detailed to allow us to compare different regions, and will be subject to greater variability than the national data due to varying monthly sample size. Data collected from March to May 2004 for children in the four age cohorts is summarised in table 4 (range for the three months was from 65.2% to 66.2% at 16 months, 76.6% to 77.6% at 20 months, 80.9% to 81.3% at 24 months, and 83.2% to 83.8% at 36 months).

Table 4 Monthly sentinel estimates of measles, mumps, and rubella (MMR) coverage at 16, 20, 24 and 36 months: March to May 2004

| Evaluation month | PCTs/trust | Age at vaccination | | | |
|------------------|------------|--------------------|-------------|-------------|-------------|
| | | 16 months % | 20 months % | 24 months % | 36 months % |
| March 04 | 40 | 65.2 | 77.3 | 81.3 | 83.8 |
| April 04 | 33 | 66.2 | 77.6 | 81.2 | 83.2 |
| May 04 | 36 | 65.6 | 76.6 | 80.9 | 83.0 |

Comments

Coverage of MMR1 in the UK at 24 months shows the third successive quarterly rise, increasing by 0.8% from 81.1% to 81.9% since the last quarter (3). This is due to increases in several countries/regions including the South East (up 2.1%), North East (2.0%), East of England (1.6%), Northern Ireland (1.3%), Yorkshire and Humberside (1.1%) and West Midlands (1.0%). Within England, this was predicted through the sentinel surveillance scheme in September 2003 when estimated coverage of MMR1 at 16 months showed signs of improvement (4). The monthly sentinel estimates for March to May 2004 reported in table 4 (representing children born between October and December 2002, and scheduled for their MMR1 between October 2003 and April 2004) are slightly lower than those recorded in the previous three months (3). These data suggest that there may be a small decline, later in 2004, in the routine MMR1 coverage evaluated at 24 months .

Apart from MMR1 and DTPol3 at 24 months, all antigens evaluated at 12 and 24 months decreased slightly between 0.1% and 0.8% this quarter to levels comparable to those recorded in early 2003 (tables 1 and 2). Within the UK, England is the only country not achieving the WHO targets of 95% coverage for DTPol3 and P3 by two years of age at the national level, a situation that has persisted for the several years due mainly to the low levels achieved in the London region.

Relevant links for country specific coverage data

- Wales

<<http://www.wales.nhs.uk/sites/page.cfm?OrgID=368&PID=2278>>

- Scotland

<<http://www.show.scot.nhs.uk/scieh/>>

- Northern Ireland

<<http://www.cdscni.org.uk/surveillance/Coveragestats/default.asp>>

- England

<<http://www.publications.doh.gov.uk/public/sb0316.htm>>

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Other relevant links

- <http://www.hpa.org.uk/infections/topics_az/vaccination/vac_coverage.htm>
- <<http://www.mmrthefacts.nhs.uk/>>

1. Chief Medical Officer, Chief Nursing Officer, Chief Pharmaceutical Officer. *Introduction of immunisation against group C meningococcal infection* (PL/CMO/99/2, PL/CNO/99/4, PL/CPHO/99/1. London: Department of Health, 1999.
2. WHO Regional Office for Europe. *Operational targets for EPI diseases*. EUR/ICP/CMDS 01 01 14 Rev.1. Copenhagen: WHO: 1996.
3. HPA. COVER programme: October to December 2003. *Commun Dis Rep CDR Wkly* [serial online] 2004 [cited 18 Jun 2004]; **14**(4): Immunisation available at <<http://www.hpa.org.uk/cdr/PDFfiles/2004/cdr1304.pdf>>.
4. HPA. COVER programme: April to June 2003. *Commun Dis Rep CDR Wkly* [serial online] 2003 [cited 18 June 2004]; **13**(39): Immunisation available at <<http://www.hpa.org.uk/cdr/PDFfiles/2003/cdr3903.pdf>>.

**Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: January to March 2004**

The four weekly reporting of laboratory confirmed cases of measles, mumps, and rubella previously published in the *CDR Weekly* have been replaced by quarterly reporting. Cases include those confirmed by oral fluid IgM antibody tests and routine laboratory reports (table 1). Analyses are by date of onset. Regional breakdown figures relate to Government Office Regions rather than regional health authorities (pre-April 2002 definitions) as used previously in this section.

Quarterly figures for cases confirmed by oral fluid antibody detection only from 1995 are available at:

- measles: <http://www.hpa.org.uk/infections/topics_az/measles/data_not_confirmed.htm>
- mumps: <http://www.hpa.org.uk/infections/topics_az/mumps/data_quarter.htm>
- rubella: <http://www.hpa.org.uk/infections/topics_az/rubella/data_rub_not.htm>

and annual total numbers of confirmed cases by health region and age from

- measles: <http://www.hpa.org.uk/infections/topics_az/measles/data_reg_age.htm>
- mumps: <http://www.hpa.org.uk/infections/topics_az/mumps/data_reg_age.htm>
- rubella: <http://www.hpa.org.uk/infections/topics_az/rubella/data_reg_age.htm>

Table 1 Total confirmed cases of measles, mumps, and rubella, and oral fluid IgM antibody tests in cases notified to ONS*, weeks 01-13/2004

| | Cases | | | Oral fluid | IgM antibody | Results | | |
|---------|----------|--------|------|----------------|---------------------|-----------|---------------------|-----------------------|
| | Notified | Tested | % | Total positive | Recently vaccinated | Confirmed | Other lab confirmed | Total confirmed cases |
| Measles | 635 | 614 | 96.7 | 30 | 4 | 26 | 20 | 46 |
| Mumps | 1272 | 777 | 61.1 | 311 | 4 | 307 | 271 | 578 |
| Rubella | 394 | 289 | 73.4 | 1 | 1 | – | 6 | 6 |

*ONS = Office for National Statistics

Measles

Forty-six cases of confirmed measles with onset dates in the first quarter of 2004 were reported compared to 67 cases in the last quarter of 2003 (1). Thirty-five (76%) were aged under 15 years: 12 less than one year, 13 aged between 1 and 4 years, five aged between 5 and 9 years, and five aged between 10 and 14 years. Eleven were adults aged between 17 and 54 years. Eight cases had a history of vaccination, including three reported to have had two doses of measles, mumps, and rubella vaccine (MMR).

A small number of cases were reported from all regions of England with only three regions reporting more than five cases; London (13), South East (7), North West (6). Nine cases were imported. Four cases had recently returned from Pakistan, one of these is thought to be the index case in a small cluster in the East Midlands. Two cases had been to Thailand, one of whom was identified as being infected with a genotype D5 strain. Two cases were identified as D3 strains, one had travelled to the Philippines and the other to Sri Lanka, and one case identified as genotype D4 had a history of travel to several countries. A further seven D4 strains were identified, six were from cases in London, the other was from the West Midlands.

Mumps

Five hundred and seventy-eight cases of mumps were confirmed with onset dates in the first quarter of 2004 compared to 331 in the last quarter of 2003 (1). This is the highest quarterly total since oral fluid surveillance began in 1995. All regions in England and Wales reported cases, although the majority were reported from Wales (119), the North West (98), the West

Midlands (90), the East Midlands (64), the North East (59), and the South East (56). One case of viral encephalitis was reported in a male aged 16 years.

The cohort at an increased risk of mumps are those currently aged between 14 and 22 years (born between 1982 and 1990), because they have either received no MMR vaccine or only one dose (2), and more than 70% of cases reported this quarter were born in this period. Outbreaks have changed from being predominantly in secondary schools to being in universities and military establishments. In response to outbreaks in a variety of settings, the Health Protection Agency's Health Protection Units have been working with primary care trusts (PCTs), general practitioners, schools, colleges, military bases, universities, and prison/remand services in their areas to ensure that action is taken. PCTs could consider an age-based or institution-based campaign either in response to a local increase or even prior to such an increase. Many areas have decided to undertake campaigns in local educational establishments. The Department of Health has produced a leaflet and poster specifically to support local university MMR vaccination campaigns. Immunisation co-ordinators can order copies of the leaflet and poster from Robert Duff, email: <robert.duff@doh.gsi.gov.uk>.

Table 2 Laboratory confirmed cases of mumps by age group and region, England and Wales: weeks 01-13/04

| Region | Age group | | | | | | | NK* | Total |
|--------------------------|-----------|----------|-----------|-----------|------------|------------|----------|------------|-------|
| | <1y | 1-4y | 5-9y | 10-14y | 15-19y | ≥20y | | | |
| North East | – | – | 3 | 3 | 28 | 23 | 2 | 59 | |
| North West | – | 3 | – | 9 | 51 | 33 | 2 | 98 | |
| Yorkshire and Humberside | – | 1 | – | 3 | 17 | 7 | – | 28 | |
| East Midlands | – | 1 | – | 2 | 41 | 20 | – | 64 | |
| West Midlands | – | 1 | 3 | 5 | 38 | 42 | 1 | 90 | |
| East of England | – | 1 | – | – | 4 | 11 | – | 16 | |
| London | – | – | – | 1 | 7 | 11 | – | 19 | |
| South East | – | – | 1 | 2 | 21 | 32 | – | 56 | |
| South West | – | – | – | 1 | 7 | 10 | – | 18 | |
| Wales | – | 2 | 3 | 17 | 62 | 33 | 2 | 119 | |
| Not known | – | – | – | 2 | 5 | 4 | – | 11 | |
| Total | – | 9 | 10 | 45 | 281 | 226 | 7 | 578 | |

*NK= Not known

Rubella

Six cases of rubella with onset dates in the first quarter of 2004 were confirmed. One case was a child aged one year, and the other five cases were adults aged between 18 and 33 years (two males and three females).

References

1. HPA. Laboratory confirmed cases of measles, mumps and rubella, England and Wales: Oct to December 2003. *Commun Dis Rep CDR Wkly* [serial online] 2004 [cited 19 June 2004]; **14**(13): Immunisation. Available at <<http://www.hpa.org.uk/cdr/PDFfiles/2004/cdr1304.pdf>>.
2. HPA. Laboratory confirmed cases of measles, mumps and rubella, England and Wales: April to June 2003. *Commun Dis Rep CDR Wkly* [serial online] 2003 [cited 20 March 2004]; **13**(39) : Immunisation. Available at <<http://www.hpa.org.uk/cdr/PDFfiles/2003/cdr3903.pdf>>.

Diary

Last updated: 4 June 2004

For information about other conferences, courses, and events visit http://www.hpa.org.uk/hpa/about_us/events.htm

▾ [TB conference: current issues in the control of tuberculosis](#)

▾ [Healthcare workers and infectious diseases: update on screening and immunisation](#)

TB conference: current issues in the control of tuberculosis

The South Yorkshire Health Protection Unit are organising a conference covering current issues in the control of Tuberculosis (TB). The conference is aimed at all sections of the health community who have contact with TB and those who are interested in learning more about this disease. Further details, with full programme of speakers will be sent out in the next few months.

Conference details:

Date: Tuesday 12 October 2004

Venue: Tankersley Manor Hotel, Barnsley
(close to junction 36, M1)

Time: 9:30 am – 4:30 pm

Topic areas to be covered by local and national speakers:

- Overview and management
- TB in primary care
- Control measures for TB
- Occupational Health measures
- TB / HIV co-infection

The cost of the full day (including lunch and refreshments) will be £25.00 with some assisted places available. Certificates of attendance will be issued, accreditation being sought. For further information or an application form please contact: Mrs J Beech, South Yorkshire Health Protection Unit, Hillder House, 49-51 Gawber Road, Barnsley. S75 2PY, tel: 01226 777 013
email: <julie.beech@barnsleypct.nhs.uk>.

Healthcare workers and infectious diseases: update on screening and immunisation

Healthcare workers and infectious diseases: update on screening and immunisation
(CPD point from the Faculty of Occupational Medicine have been applied for)

A one day conference for Occupational Health and Infection Control Professionals titled *Healthcare workers and infectious diseases: update on screening and immunisation* will be held at the Royal Free Hospital, London, Monday 27 September 2004 (registration from 09:15 to 09:45)

This conference is aimed at occupational health, infection control, virology, and microbiology specialists who are involved in writing and implementing policies on health care worker protection from infectious diseases. It also addresses contact tracing.

Delegates will have the opportunity to question experts from the HPA who were involved in developing the national guidance, and staff from the Royal Free hospital who have recent experience of translating the guidance into local policy.

Copies of the Royal Free policies will be available and delegates can request an electronic copy by email.

Programme Outline:

- Chicken pox new guidance from the DoH by Dr Elizabeth Miller of the Health Protection Agency, London.
- From policy to practice screening, immunisation and contact tracing by Dr Siân Williams, consultant in occupational medicine, Royal Free Hospital, London.
- TB: how to interpret screening tests and when to give BCG by Dr Marc Lipman, consultant in respiratory and HIV medicine, Royal Free Hospital, London.
- Hepatitis C: what do the tests mean? By Dr Anna Maria Geretti, consultant and senior lecturer in Virology, Royal Free Hospital, London.
- Implementing DoH guidance on HCV screening of HCWs Dr Paul Grime, consultant in occupational medicine and honorary lecturer, Royal Free Hospital, London.
- Blood borne virus screening of health care workers audit of pre-employment BBV screening across London by Deborah Mathews, operational manager / senior nurse, Royal Free Hospital, London.
- Measles epidemiology by Dr Mary Ramsay, consultant epidemiologist, Health Protection Agency CDSC.
- From policy to practice screening, immunisation, and contact tracing by Chris Jeffs, senior occupational nurse advisor, Royal Free Hospital, London.
- Nurse prescribing and patient group directions By Wendy Spicer, principal pharmacist, Royal Free Hospital, London.

For more details and a booking form contact Judith Swallow, Conference Coordinator
Occupational Health and Safety Unit, Royal Free Hospital, Pond Street, London NW3 2QG. tel: 0207 830 2513 Fax: 0207 830 2512, email: <judith.swallow@royalfree.nhs.uk>.