



# CDR WEEKLY

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**Outbreak of infectious syphilis in Gloucestershire** 

Eighteen new cases of confirmed infectious syphilis were diagnosed and treated by the Gloucestershire Genitourinary Medicine (GUM) service between January and October 2004 compared with no cases in 2001 and 2002 and one case in 2003.

Sixteen of the cases are males, 15 of whom are men who have sex with men. Six cases are also HIV infected. Cases are aged between 20 and 65 years. Seventeen of the cases are of white ethnicity (16 males and one female).

Most of the cases believed they acquired their infection outside Gloucestershire and never used condoms for oral, anal, or vaginal sex. A large number of contacts cannot be traced. To date, there is no evidence of association with the use of crack cocaine, intravenous drugs, or commercial sex work.

Access to treatment has been improved by providing a walk-in service at the GUM clinic. Primary health care and dental teams have been alerted, and the incident has been publicised locally among the gay population.

An information campaign has been launched to raise awareness and promote knowledge about syphilis, with the aim of informing decision making and choice in sexual relationships. Syphilis screening tests will also be provided at local gay venues.

Health professionals who became aware of cases that might be linked to this outbreak should report them to the consultant in communicable disease control, Toyin Ejidokun (tel: 01242 548807, email: <[toyin.ejidokun@glos.nhs.uk](mailto:toyin.ejidokun@glos.nhs.uk)> at the Gloucestershire Health Protection Team.

**References**

1. CDSC. Syphilis in Bristol 1997-8: an update. *Commun Dis Rep CDR Wkly* 1998 [cited 7 October 2004]; **8**(47): News. Available at <<http://www.hpa.org.uk/cdr/CDR98/cdr4798.pdf>>.
2. Pugh RN, Lavery S, Simms I, Morrall IA, Chandramani S, Joseph AT, *et al*. Syphilis outbreak in Walsall : case profiles and public health implications . *Commun Dis Pub Health* 2004; **7**:27-9.
3. Simms I, Fenton KA, Ashton M, Turner KME, Crawley-Boevey E, Gorton R, *et al* . The re-emergence of syphilis in the UK: the new epidemic phases. *Sex Transm Dis* 2004/5 (In press).

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## Health secretary announces MRSA target, and the Chief Nursing Officer announces infection control training for NHS staff



### Health secretary announces MRSA target

On 5 November 2004, the Health Secretary, speaking to the Chief Nursing Officer's conference, announced a new target to reduce methicillin resistant staphylococcus aureus (MRSA) bloodstream infections by 50% in hospitals by 2008.

The secretary made it clear that lowering rates of healthcare acquired infections is a top priority and that the government is committed to a campaign to control MRSA. All NHS Trusts will have to draw up comprehensive action plans to prevent or isolate MRSA and all Trusts will be tasked with achieving an annual reduction up to and beyond March 2008 (2).

### Infection control training for NHS staff

Speaking at the same conference, the Chief Nursing Officer announced that over one million NHS staff will receive infection control training. This training will be offered to all staff covered by Agenda for Change, *ie*, all NHS staff except medical staff and senior managers, and will help to raise staff awareness of their responsibility for good practice and general hygiene (1).

### References

1. Department of Health. Bloodborne MRSA infection rates to be halved by 2008 - Reid (*press release*). London: Department of Health, Thursday 4 November 2004. Available at [http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4093533&chk=MY%2BkD/](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4093533&chk=MY%2BkD/).
2. Department of Health. New Chief Nurse says all staff must play their part in fight against MRSA (*press release*). London: Department of Health, Thursday 4 November 2004. Available at [http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4093432&chk=7bcARL/](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4093432&chk=7bcARL/).

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### General outbreaks of foodborne illness, England and Wales: weeks 40-43/04

Preliminary information has been received about the following outbreaks. Final information will be published in the quarterly report.

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Leeds/West Yorkshire	<i>Campylobacter</i>	Restaurant	June	4	3	–	–
Bradford	<i>Clostridium perfringens</i>	Restaurant	September	5	>1	Chicken	M
Cumbria & Lancashire	<i>C. perfringens</i>	Residential Home	September	29	5	Stew	D
South west London	<i>S. Enteritidis</i> PT4	Restaurant	August	17	6	Tiramisu	S
Hereford and Worcester	<i>S. Enteritidis</i> PT8	Restaurant	October	12	12	–	–
County Durham and Tees Valley	<i>S. Enteritidis</i> PT14B	Hotel	September	26	7	Prawn toasties	S
Calderdale & Kirklees/West Yorkshire	<i>S. Enteritidis</i> PT21	Hospital	October	4	4	–	–
Wakefield/West Yorkshire	<i>S. Thompson</i>	Hotel	September	11	9	Chicken	D
Hampshire & Isle Of Wight	<i>Staphylococcus aureus</i>	Function	September	15	1	–	–

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; D (descriptive): other evidence, usually descriptive, reported by local investigators as indicating the suspect vehicle or food; S (statistical): a significant statistical association between consumption of the suspect vehicle(s) and being a case.

**Salmonella infections (faecal specimens), England and Wales, reports to the HPA (salmonella data set): September 2004**

Details of serotypes of the 2150 salmonella infections recorded in September are given in the adjacent table. In October 2004, 977 salmonella infections were recorded and preliminary information was received about five outbreaks (see table above).

	September 2004
<b>Total Salmonella *</b>	2150
S. Enteritidis (PT4)	345
S. Enteritidis (other PTs)	1111
S. Typhimurium	108
S. Virchow	19
Others (typed)	567

\* Data provisional.

**Common gastrointestinal infections, England and Wales, laboratory reports: weeks 40-43/04**

Laboratory reports	Number of report received				Total reports 40-43/04	Cumulative total to	
	40/04	41/04	42/04	43/04		43/04	43/03
<b>Campylobacter</b>	831	752	679	564	2826	34,453	36,558
<b>Escherichia coli O157*</b>	20	16	3	30	69	566	360
<b>Salmonella†</b>	311	360	271	198	1140	10,449	13,066
<b>Shigella sonnei</b>	25	21	15	16	77	555	493
<b>Rotavirus</b>	22	29	39	36	126	12,853	14,348
<b>Norovirus</b>	28	28	28	41	125	1823	1929
<b>Cryptosporidium</b>	105	96	80	52	333	2721	4501
<b>Giardia</b>	70	74	60	41	245	2386	2524

\* Vero cytotoxin producing isolates (data from Health Protection Agency's Laboratory of Enteric Pathogens (LEP)).

† Data from Health Protection Agency's Laboratory of Enteric Pathogens.


**Typhoid and paratyphoid laboratory reports, England and Wales: July to September 2004**

Organism and phage type	Infection acquired abroad				Excretors and carriers
	Number of cases	Abroad	No	Not reported	
<b>S. Typhi</b>					
B2	1	1	–	–	–
C1	1	–	–	1	–
D1	1	–	–	1	–
D2	1	1	–	–	–
E1	13	8	–	5	–
E9	9	6	–	3	–
G1	1	–	–	1	–
N	2	1	–	1	–
Degraded	2	–	–	2	–
Degraded Vi-14	1	–	–	1	–
Untypable	8	7	–	1	–
Untypable Vi-1	1	–	–	1	–
Vi-negative	1	–	–	1	–
46	1	1	–	–	–
<b>S. Paratyphi A</b>					
1	20	13	–	7	–
1A	9	3	–	6	–
2	2	1	–	1	–
3	1	1	–	–	–
4	8	4	–	4	–
13	17	8	–	9	–
<b>S. Paratyphi B</b>					
Dundee Var 2	1	–	–	1	–

Forty-three cases of *Salmonella* Typhi infection were reported in the third quarter of 2004. Twenty-five cases were infected abroad (South Asia 17, Bulgaria 3, Nigeria 1, Spain 1, abroad unspecified further 2, more than one country 1). In 18 cases the country of infection was not stated.

Fifty-seven cases of *S. Paratyphi* A infection were reported. Thirty cases were infected abroad (South Asia 24, abroad country not specified 2, Bulgaria 1, China 1, Indonesia 1, more than one country 1). In 27 cases the country of infection was not stated.

One case of *S. Paratyphi* B infection was reported; their country of infection was not stated.