



# CDR WEEKLY

**Current Issue:** Volume 15 Number 2 **Published on:** 13 January 2005

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- ▾ [Influenza activity in England reaches levels required for the prescription of zanamivir and oseltamivir](#)
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**News**Last updated **13 January 2005**  
Next update due: **20 January 2005**

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**Advice for travellers to tsunami affected regions in south Asia and east Africa - update** 

Following the tsunamis that struck several Asian and east African countries on 26 December 2004, (1) the World Health Organization (WHO) together with the international community, aid agencies, and local Ministries of Health are continuing to co-ordinate the relief effort. Over 150,000 people were killed and there are still approximately three to five million people who lack access to the basic life essentials. At the same time, efforts are beginning to plan the rehabilitation and reconstruction of communities and their basic infrastructures, which have been destroyed or seriously damaged. Surveillance of infectious diseases as well as maintaining access to health care and public health facilities are some of the main health priorities for those involved in the relief effort. No major disease outbreaks have yet been reported, although sporadic cases of diarrhoea, acute respiratory illness, viral fevers, measles, and wound infections have been reported from India, Indonesia, Maldives, Sri Lanka, and Thailand. The latest situation updates are available from the WHO website at [http://www.who.int/hac/crises/international/asia\\_tsunami/sitrep/en/](http://www.who.int/hac/crises/international/asia_tsunami/sitrep/en/).

The Foreign and Commonwealth Office are continuing to advise people not to travel to tsunami-affected areas unless absolutely necessary <http://www.fco.gov.uk/servlet/Front?pagename=OpenMarket/Xcelerate/ShowPage&c=Page&cid=1007029390590>. For those intending to travel to affected areas, country-specific pre-travel advice for countries most affected by the disaster (ie, India, Indonesia, Malaysia, Maldives, Sri Lanka, and Thailand) is available from the National Travel Health Network and Centre (NaTHNaC) website at <http://www.nathnac.org/healthprofessionals/tsunami.html>.

Antibiotic resistance has been documented in various microorganisms circulating in India and southeast Asia, such as *Salmonella* spp (Typhi and non Typhi), *Vibrio cholerae*, *Shigella* spp, other Enterobacteriaceae, *Pseudomonas auruginosa*, and *Acinetobacter* spp). Travellers who have been either directly affected by the tsunamis or involved in the relief effort may in some circumstances be exposed to such microorganisms. Health professionals and microbiologists should be alert to the travel history of the returning patient and, if they suspect failure to respond to empiric therapy, should obtain a relevant specimen for microbiological examination. Screening procedures and guidance on recommended treatments for antibiotic resistant organisms are available on the Health Protection Agency's website at [http://www.hpa.org.uk/infections/topics\\_az/travel/current\\_items/tsunami\\_amr\\_probs\\_gastro.htm](http://www.hpa.org.uk/infections/topics_az/travel/current_items/tsunami_amr_probs_gastro.htm).

All the above information and advice for travellers and health professionals can be accessed through the main tsunami page on the Health Protection Agency's website at [http://www.hpa.org.uk/infections/topics\\_az/travel/current\\_items/tsunami\\_adv.htm](http://www.hpa.org.uk/infections/topics_az/travel/current_items/tsunami_adv.htm).

**References**

1. Health Protection Agency. Advice for travellers to tsunami affected regions in south Asia and east Africa. *Commun Dis Rep Wkly* [serial online] 7 January 2005 [cited 11 January 2005]; 15(1): News. Available at <http://www.hpa.org.uk/cdr/PDFfiles/2005/cdr0105.pdf>.



## Influenza activity in England reaches levels required for the prescription of zanamivir and oseltamivir

Based on epidemiological and community derived virological surveillance, influenza A is now circulating in the community. As a result, the Department of Health have issued the a statement, which includes guidance from the National Institute of Clinical Excellence (NICE) on the use of antiviral drugs for the prevention or treatment of influenza. This recommends that doctors should consider the prescription of the antiviral agents zanamivir and oseltamivir for suitable patients in all regions of England (1).

In the week ending 09 January 2005, the overall general practitioner (GP) consultation rate for influenza-like illness in England, reported by the weekly returns service of the Royal College of General Practitioners (RCGP) increased to 41/100,000 (based on a survey population of 572,164) with rates of 62, 39 and 30/100,000 in the RCGP northern, central, and southern regions of England respectively. This national rate crosses the new 'baseline' threshold of 30/100,000 that was introduced in October 2004 (2). An increase in the number of influenza A isolates of both (H3) and (H1) subtypes have been reported from all regions of England over recent weeks.

Recommendations on the prescription of the antiviral neuraminidase inhibitors, oseltamivir and zanamivir, apply when influenza is known to be circulating in the community. They are triggered when the Health Protection Agency (HPA) advises that influenza viruses are circulating, when the RCGP indicates that new GP consultation rates for influenza-like illness in England have risen above the baseline of 30/100,000, and when community based influenza surveillance schemes indicate that levels of influenza activity have risen above baseline levels.

### Useful Links

- Department of Health guidance on the implementation of NICE guidance on the use of antiviral drugs for the prevention or treatment of influenza:  
<[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/FluGeneralInformation/FluGeneral/fs/en?CONTENT\\_ID=4002391&chk=Cje5ME](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/FluGeneralInformation/FluGeneral/fs/en?CONTENT_ID=4002391&chk=Cje5ME)>.
- Full Guidance on the use of zanamivir, oseltamivir and amantadine for the treatment of influenza. National Institute for Clinical Excellence (NICE): <[http://www.nice.org.uk/pdf/58\\_Flu\\_fullguidance.pdf](http://www.nice.org.uk/pdf/58_Flu_fullguidance.pdf)>.
- Full Guidance on the use of antiviral drugs for the prevention of influenza. National Institute for Clinical Excellence (NICE): <<http://www.nice.org.uk/page.aspx?o=86770>>.

### References

1. Department of Health. Guidance on the use of antiviral drugs for the prevention of influenza - NICE guidance notes on prescribing antiviral drugs. London : Department of Health, 2005. Available at:  
<[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/FluGeneralInformation/FluGeneral/fs/en?CONTENT\\_ID=4002391&chk=Cje5ME](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/FluGeneralInformation/FluGeneral/fs/en?CONTENT_ID=4002391&chk=Cje5ME)>.
2. Goddard NL, Kyncl J, Watson JM. Appropriateness of thresholds currently used to describe influenza activity in England . *Commun Dis Public Health* 2003; 6 :238-45.



## CDR Weekly and HPA websites new improved search engines – now powered by Google

Since December 2004 both the CDR Weekly and Health Protection Agency (HPA) website search engines have been substantially improved. Both search engines are now powered by the Google search engine, with the major advantage that you can now search content for both the CDR Weekly and the HPA websites separately. This new improved search functionality also helps users find public health information in a more timely fashion, due to the higher specificity and accuracy of search results than was available previously.

The CDR Weekly search engine is available from the left navigation panel <<http://www.hpa.org.uk/cdr/>>, and the HPA engine is available at the top header <<http://www.hpa.org.uk/>>.

For those users searching/browsing the HPA website we have also created an advanced search page that allows searches on both sites: <<http://www.hpa.org.uk/search/default.htm>>. Users can further increase the accuracy of their searches by adding operators that fine-tune their own keywords. Google supports several advanced operators, which are query words that have special meaning to Google. Further details on refining your search are available from the Google website at: <<http://www.google.com/help/refinesearch.html>>.

For any further enquires or comments regarding either the CDR Weekly or HPA websites: please contact, <[webteam@hpa.org.uk](mailto:webteam@hpa.org.uk)>.

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## Enteric

Last updated: 13 January 2004  
Next update due: 10 February 2005

-  [General outbreaks of foodborne illness, England and Wales: weeks 49-52/04](#)
-  [Salmonella infections, England and Wales, reports to the HPA \(Salmonella data set\): November 2004](#)
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-  [Less common gastrointestinal infections, England and Wales: laboratory reports, weeks 40-52/04](#)

### General outbreaks of foodborne illness, England and Wales: weeks 49-52/04

Preliminary information has been received about the following outbreaks. Final information is included in the quarterly report (below).

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Thames valley	S. Enteritidis PT1	Restaurant	November	4	4	Chicken and rice	D
West Yorkshire	S. Typhimurium DT104	Retail	November	4	4	None	–
County Durham	S. Enteritidis PT14b	Function	November	3	3	None	–
Northumberland	S. Enteritidis PT4	School	November	2	2	None	–

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): November 2004**

Details of serotypes of 809 *Salmonella* infections recorded in November 2004 are given in the adjacent table. In December 2004, 394 salmonella infections were recorded and preliminary information was received about four outbreaks (see above table).

	November 2004
<b>Total <i>Salmonella</i>* spp.</b>	<b>809</b>
S. Enteritidis (PT4)	129
S. Enteritidis (other PTs)	366
S. Typhimurium	101
S. Virchow	23
Others (typed)	190

\* Data provisional.

**Common gastrointestinal infections, England and Wales, laboratory reports: weeks 49-52/04**

Laboratory reports	Number of reports received				Total reports 49-52/04	Cumulative total to	
	49/04	50/04	51/04	52/04		49/04	52/03
<b><i>Campylobacter</i> spp.</b>	552	459	306	186	<b>1503</b>	<b>39,746</b>	<b>44,797</b>
<b><i>Escherichia coli</i> O157*</b>	1	3	6	8	<b>18</b>	<b>624</b>	<b>422</b>
<b><i>Salmonella</i> spp.†</b>	155	123	92	64	<b>434</b>	<b>12,423</b>	<b>14,901</b>
<b><i>Shigella sonnei</i></b>	2	11	4	2	<b>19</b>	<b>689</b>	<b>579</b>
<b>Rotavirus</b>	74	76	82	43	<b>275</b>	<b>13,452</b>	<b>14,694</b>
<b>Norovirus</b>	88	70	68	44	<b>279</b>	<b>2517</b>	<b>2078</b>
<b><i>Cryptosporidium</i> spp.</b>	46	31	22	16	<b>115</b>	<b>3300</b>	<b>5792</b>
<b><i>Giardia</i> spp.</b>	40	32	26	19	<b>117</b>	<b>2823</b>	<b>3306</b>

\* 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.

**Less common gastrointestinal infections, England and Wales : laboratory reports, weeks 40-52/04**

Laboratory reports	Total reports	Cumulative total to	Cumulative total to
	40-52/04	52/2004	52/2003
Astrovirus	39	174	143
Calicivirus	16	48	33
<i>Shigella boydii</i>	–	–	94
<i>Shigella dysenteriae</i>	–	–	50
<i>Shigella flexneri</i>	64	229	261
<i>Aeromonas</i> spp.	37	164	159
<i>Plesiomonas</i> spp.	4	32	26
<i>Vibrio</i> spp.	5	28	19
<i>Yersinia</i> spp.	3	14	32
<i>Entamoeba histolytica</i>	19	101	130
<i>Blastocystis hominis</i>	46	308	331
<i>Dientamoeba fragilis</i>	20	178	267