



CDR WEEKLY

the Communicable Disease Report Weekly

Current Issue: Volume 15 Number 23 **Published on:** 9 June 2005

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Changes to the mandatory surveillance system for MRSA: new CMO/CNO letter

The Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) for England published a new letter about changes to mandatory surveillance of methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemias (1). The letter, aimed at a wide range of healthcare professionals, is based on a previous communication from June 2003 (2) and the changes are intended to provide a better evidence base for national policy.

Mandatory surveillance of MRSA bacteraemias by acute NHS hospital Trusts began in April 2001 and the Department of Health has now published over three years' data. The Secretary of State for Health announced in March 2005 that these data will now be published six-monthly rather than annually. The first six-monthly dataset was published on 7 March 2005, together with the previous three years' data arranged in a six-monthly format. These tables can be consulted on the DH website (3).

There are two main changes to the mandatory surveillance of MRSA bacteraemia being announced:

(i) Monthly reporting of MRSA bacteraemias from 1 April 2005 to monitor Trusts' trajectory towards meeting their target (4). The reports for MRSA data covering April and May must be submitted by 15 June and for all months onwards by the 15th of the following month. The existing quarterly reports should continue.

(ii) Enhancements to the MRSA dataset. The Department of Health has asked the Health Protection Agency (HPA) to develop a new enhanced reporting system for MRSA bacteraemia surveillance, which will allow the capture of more comprehensive data on MRSA, including information on where the infection was acquired. It is expected that this enhanced system will be helpful in giving Trusts a more accurate picture of their performance and in developing a better evidence base for prevention of infections. Twenty-one Trusts are already using this system on a trial basis in preparation for extending the scheme to all acute Trusts by October 2005. The enhancements to the mandatory dataset result from the findings of the MRSA Bacteraemia Surveillance User Survey, which all Trusts participated in recently. This indicated that many Trusts were already collecting additional information on MRSA bacteraemias, such as where the infection was acquired. The final report of the User Survey is expected shortly.

The letter also details that this data must be reported under the mandatory surveillance system so that there are no variations in reporting between Trusts. It is clear that Chief Executives are expected to ensure that reporting from their Trusts meet the criteria.

The enhancements that are being introduced over the next few months will generate a more detailed and informative evidence base on the incidence of *Staphylococcus aureus* bacteramias.

References

1. Department of Health (Chief Medical Officer/Chief Nursing Officer). CMO/CNO Letter PL/CMO/2005/4, PL/CNO/2005/4. Mandatory surveillance of methicillin resistant *Staphylococcus Aureus* (MRSA) bacteraemias. London: Department of Health, 9 June 2005. Available at: <<http://www.dh.gov.uk/assetRoot/04/11/25/90/04112590.pdf>>.
2. Department of Health (Chief Medical Officer). CMO Letter PL/CMO/2003/4, PL/CNO/2003/4, Surveillance of Healthcare Associated Infections. London: Department of Health, 9 June 2003. Available at: <<http://www.dh.gov.uk/assetRoot/04/01/34/10/04013410.pdf>>.
3. Department of Health [online]. MRSA surveillance system – results. London: Department of Health, 7 March 2005. Available at: <http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_D=4085951&chk=HBt2QD>.
4. Letter from John Bacon, DH Director for Health and Social Care Delivery, and Christine Beasley, Chief Nursing Officer, Gateway ref. 4104, Healthcare Associated Infection and Hospital Cleanliness, 5 November 2004.

Outbreak of meningococcal disease in India – an update

An outbreak of meningococcal disease in Delhi, India, which began in March 2005 is continuing. As of 26 May 2005, 368 cases, including 37 deaths, have been reported. Forty-four per cent of cases are aged between 15 and 29 years, and this age group also accounts for 62% of deaths. Three times as many males are affected than females (1,2,3).

Contacts of the patients are being traced to provide them with chemoprophylaxis. Delhi hospitals are vaccinating people identified to be at risk with quadrivalent meningococcal vaccine. Cerebrospinal fluid samples from patients are being tested, and 35 have so far been identified as *Neisseria meningitidis* serogroup A. The geographic distribution of cases reported in Delhi shows the highest numbers of cases in the zones of City, Shahdara North, Sadar Paharganj, Shahdara South, Civil Lines, and Central.

Meningococcal disease is endemic in India and sporadic cases have been known to occur in the Delhi area in previous years, but this is the first outbreak to be recorded in the area since 1985, when 6133 cases, including 799 deaths, were reported. Isolates from this outbreak were also confirmed as *N. meningitidis* serogroup A. Transmission of meningococcal disease is often associated with overcrowded conditions.

The World Health Organization (WHO) is providing technical support to the Delhi health authorities by assisting with epidemiological investigations, producing guidelines and tools and continuously monitoring the situation.

It is recommended that travellers to Delhi who will be visiting friends and family, or will be working or living in close contact with the local population, should consider vaccination with the quadrivalent meningococcal meningitis ACW135Y vaccine (4).

This news item has been adapted from Eurosurveillance Weekly (5).

References

1. World Health Organization Communicable Disease Surveillance and Response. Meningococcal disease in India – update 3. [online] [cited 8 June 2005]. Geneva: WHO, 30 May 2005. Available at <http://www.who.int/csr/don/2005_05_30a/en/index.html>.
2. World Health Organization Communicable Disease Surveillance and Response. Meningococcal disease in India. [online] [cited 8 June 2005]. Geneva: WHO, 9 May 2005 Available at <http://www.who.int/csr/don/2005_05_09/en/index.html>.
3. Health Protection Agency. Meningococcal Disease in India. *Commun Dis Rep Wkly* [serial online] 12 May 2005 [cited 8 June 2005]; 15(19): News. Available at <<http://www.hpa.org.uk/cdr/archives/archive05/News/news1905.htm#meningo>>.
4. United Kingdom National Travel Health Network and Centre. Clinical update [online]. Meningococcal disease in India. London: NaTHNaC, 10 May 2005. Available at <http://www.nathnac.org/pro/clinical_updates/MeningococcalDiseaseIndiaMay2005.htm>.
5. Eurosurveillance Weekly. Ongoing outbreak of meningococcal disease in India. Eurosurveillance Weekly [serial online] 2 June 2005 [cited 8 June 2005]; 10(22): Available at: <<http://www.eurosurveillance.org/ew/2005/050602.asp#2>>.

- ▾ General outbreaks of foodborne illness in humans, England and Wales: weeks 18-22/05
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General outbreaks of foodborne illness in humans, England and Wales: weeks 18-22/05

Preliminary information has been received about the following outbreaks.

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
Thames Valley	<i>S. Virchow</i> PT21	Restaurant	May	4	4	None	–
County Durham	<i>Clostridium perfringens</i>	Reception	May	4	4	Chicken curry	M, S

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): April 2005

Details of serotypes of the 576 salmonella infections recorded in April 2005 are given in the table below. In May 2005, 352 salmonella infections were recorded and preliminary information was received about one outbreak (see table above).

Total <i>Salmonella</i> (provisional data)*	April 2005
	576
<i>S. Enteritidis</i> (PT4)	64
<i>S. Enteritidis</i> (other PTs)	210
<i>S. Typhimurium</i>	88
<i>S. Virchow</i>	24

Others (typed)	190
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*Figures quoted from the Health Protection Agency salmonella data set are for isolates confirmed and typed by Laboratory of Enteric Pathogens (LEP).

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 18-22/05

Laboratory reports	Number of reports received					Total reports 18-22/05	Cumulative total to	
	18/05	19/05	20/05	21/05	22/05		22/05	22/04
<i>Campylobacter</i>	654	786	579	381	13	2413	11,802	16,466
<i>Salmonella</i> †	92	106	81	31	29	339	2537	3020
<i>Shigella sonnei</i>	17	18	11	7	–	53	276	295
Rotavirus	215	182	161	102	9	669	11,000	12,376
Norovirus	36	19	12	11	–	78	1981	1199
<i>Cryptosporidium</i>	55	49	42	16	–	162	676	1202
<i>Giardia</i>	36	51	30	20	–	137	904	1296

*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.

NA= Not available.

General outbreaks of foodborne illness in humans, England and Wales: October to December 2004

Health Protection Unit	Organism	Location of food prepared or served	Number ill	Cases positive	Suspect vehicle	Evidence
North east London	<i>Bacillus cereus</i> & <i>Staphylococcus aureus</i>	Hall	18	2	Rice, chicken, ox tongue	D
Leeds	<i>Campylobacter</i>	Restaurant	4	3	None	–
Bradford	<i>Clostridium perfringens</i>	Restaurant	4	4	Chicken and mince	M
Cumbria & Lancashire	<i>Clostridium perfringens</i>	Hotel	47	8	Beef casserole	D
Surrey & Sussex	<i>Clostridium perfringens</i>	Reception	400	3	Chicken and lamb dishes	M
North Staffordshire	<i>Clostridium perfringens</i>	Restaurant	11	5	Gravy	D
South west London	<i>S. Enteritidis</i> PT1	Restaurant	5	4	None	–
South west London	<i>S. Enteritidis</i> PT1	Restaurant	4	3	Pork and rice	D
Buckinghamshire	<i>S. Enteritidis</i> PT1	Restaurant	3	3	None	–

Cornwall	S. Enteritidis PT4	Residential Institution	7	3	None	–
County Durham & Tees Valley	S. Enteritidis PT14B	Hotel	26	7	Prawn toasties	S
West Yorkshire	S. Thompson PT1a	Residential Institution	11	9	Chicken	D
Salford	S. Virchow PT8	Hospital	8	7	Chicken	D

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 serotypes recorded in the HPA salmonella data set: January to March 2005 (povisional)

All serotypes recorded in the Health Protection Agency salmonella data set in the first quarter of 2005 are listed below. There were more than ten reports of 14 serotypes, two to ten reports of 51 serotypes, and one report of 51 serotypes.

More than ten reports of 14 of the following serotypes were received:

S. Agona	14	S. Bareilly	13
S. Braenderup	15	S. Enteritidis	719
S. Java	28	S. Hadar	23
S. Infantis	21	S. Montevideo	11
S. Newport	26	S. Saint-paul	27
S. Stanley	23	S. Typhimurium	334
S. Virchow	61	S. Unnamed	37

Between two and ten reports of each of the following serotypes were received:

S. Adelaide	2	S. Agama	3
S. Albany	2	S. Amager	2
S. Anatum	4	S. Arizonae	9
S. Blockley	4	S. Bovis-morbificans	5
S. Brandenburg	5	S. Cerro	2
S. Colindale	3	S. Corvallis	8
S. Chester	6	S. Derby	4
S. Dublin	4	S. Durban	2
S. Durham	10	S. Eastbourne	2
S. Fluntern	2	S. Galiema	3
S. Haifa	2	S. Halle	2
S. Havana	5	S. Heidelberg	3
S. Hull	2	S. Hvitvingfoss	3

S. Indiana	2	S. Ituri	2
S. Javiana	3	S. Kedougou	6
S. Kentucky	5	S. Kottbus	3
S. Livingstone	2	S. Louga	2
S. Manhattan	7	S. Mbandaka	9
S. Mississippi	5	S. Muenchen	5
S. Muenster	2	S. Nima	4
S. Oranienburg	8	S. Oslo	8
S. Panama	6	S. Poona	3
S. Rubislaw	3	S. Rissen	2
S. Schwarzengrund	8	S. Senftenberg	10
S. Stanleyville	5	S. Thompson	2
S. Weltevreden	7		

One report of each of the following serotypes were received:

S. Abaetetuba	1	S. Agoueve	1
S. Ajiobo	1	S. Alachua	1
S. Amersfoort	1	S. Anecho	1
S. Arechavaleta	1	S. Argentina	1
S. Bochum	1	S. Bredeney	1
S. Canada	1	S. Cotham	1
S. Dar-es-salaam	1	S. Drypool	1
S. Duesseldorf	1	S. Emek	1
S. Garoli	1	S. Give	1
S. Goelzau	1	S. Gold-coast	1
S. Herston	1	S. Johannesburg	1
S. Kiambu	1	S. Kingabwa	1
S. Kingston	1	S. Kirkee	1
S. Kisangani	1	S. Kua	1
S. Lagos	1	S. Lexington	1
S. Limete	1	S. Litchfield	1
S. Midway	1	S. Mikawasima	1
S. Millesi	1	S. Minneapolis	1
S. Minnesota	1	S. Mkamba	1
S. Monschau	1	S. Okatie	1
S. Pomona	1	S. Richmond	1
S. Sofia	1	S. Tennessee	1
S. Tyresoe	1	S. Uganda	1
S. Utah	1	S. Wandsworth	1

S. Wassenaar	1	S. Waycross	1
S. Welikade	1		