Health Protection Agency

CDR WEEKLY

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News

Marburg haemorrhagic fever in Angola – update

Marburg haemorrhagic fever in Angola – update

As of 23 August 2005, the Ministry of Health in Angola reported a total of 374 cases of Marburg virus, including 329 deaths (case fatality ratio [CFR] of 88%) countrywide (1). Of these, 368 cases, including 323 deaths, were reported in Uige Province, Northern Angola. One hundred and fifty-eight cases have been laboratory confirmed. The last confirmed case died on 21 July 2005 in Songo municipality, Uige Province. There have been no laboratory confirmed cases since then. Fifty-two contacts are being monitored in Uige Province and clinical specimens from alerts continue to be shipped to the Special Pathogens Program, National Microbiology Laboratory, Public Health Agency of Canada, for diagnostic testing <http://www.nml.ca/english/programs-HGPD.htm>. The *CDR Weekly* first published details of this outbreak on 24 March 2005 (2).

Marburg virus disease is an acute febrile illness caused by a virus from the same family as the one that causes Ebola haemorrhagic fever. It has an incubation period of three to nine days. Illness caused by Marburg virus may begin abruptly with severe headache and severe malaise, or may have a more insidious non-specific presentation that may be confused with more common diseases, including malaria, yellow fever, and typhoid fever. Diarrhoea occurs and a measles-like rash is common. Many patients develop severe haemorrhagic manifestations between days 5 and 7, and fatal cases usually have some form of bleeding, often from multiple sites. Case fatality rates have varied greatly, but the fatality rate associated with the current outbreak in Angola is higher than that recorded in previous outbreaks. The largest previous Marburg outbreak occurred in the Democratic Republic of the Congo from 1998 to 2000 and involved 149 cases and 123 deaths (3). The disease has no vaccine and no specific treatment.

Though the affected area receives very few visitors from the United Kingdom (UK) there is a small chance that someone who has been there and has been exposed through body fluids could come to the UK in the incubation period. The affected province also shares a border with the southern region of the Democratic Republic of the Congo This indicates the importance of taking a travel history for anyone with a severe infection. Official guidance on the management of viral harmorrhagic fevers is available on the Health Protection Agency website at <http://www.hpa.org.uk/infections/topics_az/VHF/ACDP_VHF_guidance.pdf>, and on the World Health Organization website a Marburg factsheet is available at: <http://www.who.int/csr/disease/marburg/factsheet/en/index.html>.

References

1. Angola: Marburg hemorrhagic fever – Angola (53) acute haemorraghic fever. Archive Number: 20050824.2502. In Promed Mail [online]. Boston US: International Society for Infectious Diseases, 24 August 2005 [cited 31 August 2005]. Available from Promed online archives at: <http://www.promedmail.org/pls/promed/f?p=2400:1200:9581889133831088043>.
2. HPA. Marburg virus disease in Angola. Commun Dis CDR Wkly [serial online] 2005 [cited 31 August 2005]; 15(12): News. Available at:<http://www.hpa.org.uk/cdr/archives/2005/cdr1205.pdf>.
3. World Health Organization [online] Communicable Disease Surveillance & Response (CSR). Viral haemorrhagic fever/Marburg in Democratic Republic of Congo - update 12. Geneva, WHO, 31 March 2000 [accessed 1 September 2005]. Available at: <http://www.who.int/csr/don/2000_03_31/en/index.html>.

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Respiratory

Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 31-34/05
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Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 31-34/05

Data are recorded by week of report, but only include specimens taken in the last eight weeks (*ie*, recent specimens).

Table 1 Reports of influenza infection made to HPA Centre for Infections, by week of report: weeks 31-34/2005

Week	**31/05**	**28/05**	**29/05**	**34/05**	
Week ending	**07/08/05**	**14/08/06**	**21/08/05**	**28/08/05**	**Total**
Influenza A	3	2	1	2	**8**
Isolation	–	1	–	–	**1**
DIF*	–	–	–	–	**–**
Four-fold rise in paired sera	–	–	–	–	**–**
PCR	–	–	–	–	**–**
Other†	3	1	1	2	**7**
Influenza B	1	–	1	2	**4**
Isolation	–	–	1	–	**1**
DIF*	–	–	–	–	**–**
Four-fold rise in paired sera	–	–	–	–	**–**
PCR	–	–	–	–	**–**
Other†	1	–	–	2	**3**
Influenza (untyped)	–	–	–	–	**–**
Isolation	–	–	–	–	**–**
DIF*	–	–	–	–	**–**

	Four-fold rise in paired sera	–	–	–	–	**–**
	PCR	–	–	–	–	**–**
	Other†	–	–	–	–	**–**

*DIF = Direct Immunofluorescence.
†Other' = 'Antibody detection - single high titre' or 'method not specified'.

Table 2 Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in paired sera, single high serology titre, genomic, electron microscopy, other method, other method unknown), by week of report: weeks 31-34/2005

Week	**31/05**	**28/05**	**29/05**	**34/05**	**Total**
Week ending	**07/08/05**	**14/08/06**	**21/08/05**	**28/08/05**	
Adenovirus*	32	19	38	14	**103**
Coronavirus	–	–	–	–	**–**
Parainfluenza†	13	18	8	2	**41**
Rhinovirus	6	12	3	3	**24**
Respiratory syncytial virus (RSV)‡	8	5	9	2	**24**

*Respiratory samples only. Excludes diagnoses made by electron microscopy (EM).
†Includes parainfluenza types 1, 2, 3, 4, and untyped.
‡ Excludes diagnosis made by electron microscopy (EM).

Table 3 Respiratory viral detections by age group: weeks 31-34/2005

Age group (years)	**<1 year**	**1-4 years**	**5-14 years**	**15-44 years**	**45-64 years**	**≥65 years**	**Unknown**	**Total**
Adenovirus*	10	9	5	60	16	3	–	**103**
Coronavirus	–	–	–	–	–	–	–	**–**
Influenza A	–	–	1	2	2	3	–	**8**
Influenza B	–	–	2	1	1	-	–	**4**
Parainfluenza†	14	4	2	7	8	6	–	**41**
Rhinovirus	5	8	3	3	4	1	–	**24**
Respiratory syncytial virus (RSV)‡	16	4	–	1	3	–	–	**24**

*Respiratory samples only.
†includes parainfluenza types 1, 2, 3, 4, and untyped.
‡ Excludes diagnoses made by electron microscopy (EM).

Table 4 Laboratory reports of infections associated with atypical pneumonia, by week of report: weeks 31-34/2005

Week	31/05	28/05	29/05	34/05	Total
Week ending	**07/08/05**	**14/08/06**	**21/08/05**	**28/08/05**	
Coxiella burnettii	1	–	1	–	**2**
Respiratory *Chlamydia* sp*	1	1	–	1	**3**
Mycoplasma pneumoniae	21	4	12	12	**49**
Legionella sp	10	8	20	6	**44**

*Includes *Chlamydia psittaci*, *Chlamydia pneumoniae*, and *Chlamydia* sp detected from blood, serum, and respiratory specimens.

Table 5a Reports of legionnaires' disease (pneumonic and non-pneumonic*) cases in England and Wales, by week of report: weeks 31-34/2005

Week	31/05	28/05	29/05	34/05	Total
Week ending	**07/08/05**	**14/08/06**	**21/08/05**	**28/08/05**	
Nosocomial	–	–	–	–	**–**
Community	7	5	9	4	**25**
Travel abroad	3	2	8	2	**15**
Travel UK	–	1	3	–	**4**
Total	**10**	**8**	**20**	**6**	**44**
Male	9	7	19	5	**40**
Female	1	1	1	1	**4**

*Represents non-pneumonic cases where present.

Forty-four cases were reported with pneumonia – 40 males aged between 38 and 83 years and four females aged between 44 and 54 years. Twenty-five cases had community-acquired infection. There were two deaths in males aged 53 and 76 respectively. Five cases were associated with outbreaks.

Nineteen cases were travel associated: Spain (6), Greece (5), United Kingdom (4), and one in each of Bulgaria, Gibraltar/Italy/Spain, Italy, and Turkey.

Table 5b Reports of Legionnaires' disease (pneumonic and non-pneumonic*) cases by region of report in England and Wales: weeks 31-34/2005

Region	Nosocomial	Community	Travel (Abroad)	Travel	Total
North East	–	1	1	–	**2**
Yorkshire & the Humber	–	2	2	–	**4**
East Midlands	–	2	–	–	**2**

East of England	–	2	–	–	**2**
London	–	7	2	–	**9**
South East	–	1	2 (1†)	3	**7**
South West	–	6	1	–	**7**
West Midlands	–	1	–	1	**2**
North West	–	1	3	–	**4**
Wales	–	2	3	–	**5**
Total	**–**	**25**	**15**	**4**	**44**

*Represents non-pneumonic cases where present.
†Case with date of onset of symptoms in 2004.

National Standard Methods

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National Standard Methods updates – August 2005

The development of National Standard Methods and Algorithms is undertaken under the auspices of the Health Protection Agency (HPA) in conjunction with the NHS and the National Public Health Service for Wales (NPHSW), and with professional societies including the Association of Medical Microbiologists, Association of Clinical Microbiologists, Institute of Biomedical Science, Clinical Virology Network, and the Scottish Microbiology Association. Over 200 methods are available from the HPA Standards Unit website which covers bacteriology, virology/serology, food, water, and environmental microbiology.

National standard methods are educational and encourage participating laboratories to retain an enquiring attitude. In addition, they are designed to help ensure that laboratories provide a good clinical and public health microbiology service. Evidence of using standard operating procedures is an essential requirement of accreditation schemes. For more information, please contact the HPA Standards unit, email: <standards@hpa.org.uk>.

Access to the National Standard Methods website

The National Standard Methods are available in both PDF and Microsoft Word format, available at <http://www.hpa-standardmethods.org.uk>. Only the direct PDF file links are available below, and to access a complete list of all available standards including access to to the MS Word versions, visit: <http://www.hpa-standardmethods.org.uk/pdf_sops.asp#Notes>.

Standard Method updates – August 2005

Bacteriology

- **BSOP 9** Investigation of throat swabs (re-issue, 25 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/bsop/pdf/bsop9.pdf> (204 Kb)

Guidance notes

- **QSOP 4** Uncertainty of Measurement in testing (re-issue, 30 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/qsop/pdf/qsop4.pdf> (131 Kb)
- **QSOP 53** Recommendations for the screening of specimens for *Corynebacterium* species (first issue, 25 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/qsop/pdf/qsop53.pdf> (125 Kb)

Virology

- **VSOP 30** Investigation of erythrovirus (parvovirus) B19 in pregnant women exposed to rash illness
  (re-issue, 23 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop30.pdf> (113 KB)
- **VSOP 31** Management of confirmed erythrovirus (parvovirus) B19 infection in pregnancy (re-issue, 23 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop31.pdf> (114 KB)
- **VSOP 32** Investigation of rubella in pregnant women of unknown rubella immunity status exposed to rash illness (re-issue, 23 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop32.pdf> (118 KB)
- **VSOP 43** Investigation of viral encephalitis (first issue, 23 August 2005)
  <http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop43.pdf> (124 KB)

On behalf of the Evaluations and Standards Laboratory and the National Working Groupsdeveloping SOPs, algorithms, and guidance note.