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News

Report published on illness associated with foreign travel

Hepatitis E acquired in England and Wales

Health Protection Agency to take over the national chlamydia screening programme

Update: outbreak of Salmonella Goldcoast infection in tourists returning from Malibica - United Kingdom

Report published on illness associated with foreign travel

The Health Protection Agency has published its first annual report on foreign travel-associated illness in England, Wales, and Northern Ireland in partnership with the National Travel Health Network and Centre (NaTHNaC). The report describes trends of infectious illness associated with foreign travel and follows on from the baseline report produced in 2004 (1).

The report shows that foreign travel by UK residents continued to increase in 2003 and further highlights the increasing importance for health professionals to consider whether any case of infection may be associated with foreign travel, and to record a travel history when requesting laboratory investigations or notifying a case of disease.

Gastrointestinal illness remained the most commonly imported infection in 2003, with the majority of cases having travelled to Europe, reflecting travel patterns of UK residents. Infections of Salmonella Typhimurium and Paratyphi associated with foreign travel, showed slight increases compared to 2002, and the majority of these cases were associated with travel to the Indian sub-continent. Only around two-thirds of cases of typhoid and paratyphoid however have information about travel history. Enhanced surveillance of enteric fevers would be beneficial to investigate risk factors within differing population groups and the effectiveness of preventative measures taken.

Reported cases of malarial fell by 11% compared to 2002 but there were still 1722 cases, the majority of which were the potentially fatal falciparum malaria, mainly acquired in sub-Saharan Africa. A large proportion of cases continued to be seen in those visiting friends and relations and in those who took inappropriate or no chemoprophylaxis. More needs to be done to target at-risk groups for the prevention of unnecessary illness.

Travel history information for a large proportion of routinely reported infections still needs to be improved to allow interpretation of trends and a better understanding of travel-associated infections. The threat of international spread of diseases such as pandemic influenza emphasises the importance of good surveillance of travel-associated illness, to detect those that may have public health implications for the UK. Improved information is also required to contribute to the evidence base from which NaTHNaC (<http://www.nathnac.org>) develops its expert travel health advice, thereby protecting the health of British travellers'.

The report Foreign travel-associated illness, England, Wales, and Northern Ireland - annual report 2005 is available on the HPA website at <http://www.hpa.org.uk/hpa/publications/travel_2005/default.htm>.

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1. Health Protection Agency. Illness in England, Wales, and Northern Ireland associated with foreign travel - a baseline report to 2002. London: HPA; 2004. Available at <http://www.hpa.org.uk/infections/topics_az/travel/baseline.htm>.

Hepatitis E acquired in England and Wales

The Health Protection Agency, in collaboration with the Welsh National Public Health Service, the Veterinary Laboratory Agency and various NHS Hospital trusts has completed a study of the demographic, clinical, and molecular epidemiological characteristics of patients infected by hepatitis E virus (HEV) not associated with travel to HEV-hyperendemic regions (1). Between 1996 and 2003, 186 cases of hepatitis E were serologically diagnosed in the Virus Reference Department of the HPA's Centre for Infections. Seventeen of these (9%) were not associated with recent travel abroad. Patients were all aged over 55 years (range: 56 to 82 years), Caucasian and predominantly males (76%). Two patients presented with fulminant hepatitis, one of whom died. Sub-genomic nucleotide sequencing studies showed that all were infected by unique HEV strains closely related to HEV infecting British pigs, all of which belong to genotype 3. The findings suggest that hepatitis E is indigenous to England and Wales, patients from this case series tend to belong to a distinct demographic group, the sources of infection are probably multiple, and pigs may be a reservoir.

Following these findings, the Centre for Infections began enhanced surveillance to identify indigenous cases of hepatitis E and investigate possible risk factors for infection. During the first six months of 2005, 181 cases of infection were diagnosed by the Centre for Infections and the West Midlands Public Health Laboratory. Twenty-four of these had not travelled outside the UK prior to their illness, and another 24 were likely to have acquired their infection indigenously. For further information please contact Delys Morgan in the Centre for Infections (email delys.morgan@hpa.org.uk).

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1. Ijaz S, Arnold E, Banks M, Bendall RP, Cramp ME, Cunningham R, et al. Non travel associated hepatitis E: demographic, clinical and molecular epidemiological characteristics. *J Infect Dis* 2005; 192 (7):1166-72.

Health Protection Agency to take over the national chlamydia screening programme

The Department of Health has announced that the Health Protection Agency (HPA) is to take over the management of the National Chlamydia Screening Programme (NCSP). The aim of the programme is to control chlamydia through early detection and treatment of asymptomatic infection, to reduce onward transmission and to prevent the consequences of untreated infection. Since the programme started in April 2003, over 78,000 screens have been performed with over 8,000 testing positive. The proportion of men screened has increased from 7% in year one to 12.5% in year two. Screening volumes increased from 18,000 in year one of the National Chlamydia Screening Programme to 60,698 in year two - a threefold increase.

There are 26 regional programmes currently in place covering over 25% of Primary Care Trusts, each of which is locally managed by the Chlamydia Screening Office. Further information on the National Chlamydia Screening Programme can be found at

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Chlamydia>.

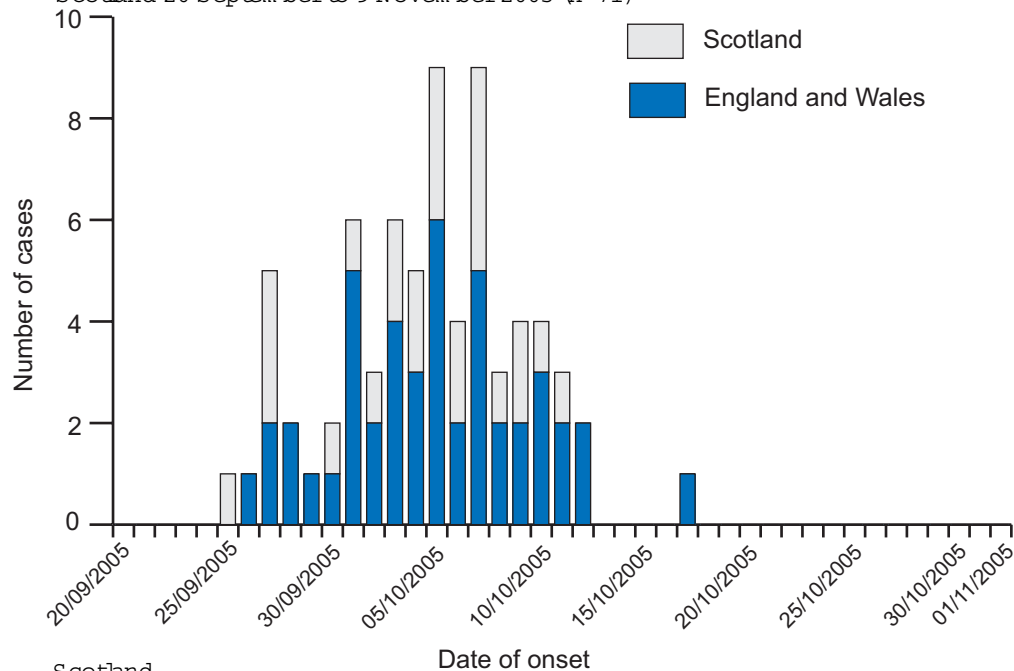
Update: outbreak of Salmonella Goldcoast infection in tourists returning from Mallorca - United Kingdom update.

England and Wales

The Health Protection Agency Centre for Infections has reported 98 confirmed cases of Salmonella Goldcoast in England and Wales since the beginning of October 2005. The cumulative total of cases reported to LabBase 2 in 2005 now stands at 101 compared to 18 in the same time period in 2004. At least ten cases have been admitted to hospital (7 in England and 3 in Scotland).

Follow up information is available for 87 cases (89%). Sixty-three cases (72%) reported recent foreign travel and of these, 52 (83%) reported Mallorca as their destination. One case reported visiting Mallorca as part of a cruise. Over half (56%) of these cases are below 4 years of age (range 0 to 76 years). Onset dates ranging between the 26 September and the 17 October 2005 are available for 46 cases reporting travel to Mallorca (figure).

Figure 1 Cases of S. Goldcoast with history of travel to Mallorca. Cases from England, Wales, and Scotland 20 September to 9 November 2005 (n=71)



Scotland

The Scottish Salmonella Reference Laboratory (SSRL) has reported 39 isolates of S. Goldcoast since 12 October 2005. Prior to this date, one isolate was reported from Scotland in 2005. The cases range in age from 0 to 82 years. Twenty of the cases are aged 5 years or younger.

Twenty-eight of cases report recent travel to Mallorca. One other case visited Mallorca as part of a cruise (unrelated to the English case), one case had returned from Italy, two report no recent overseas travel and travel information is not yet available for the remaining cases. Onset dates ranging between 25 September and 11 October 2005 are available for 25 cases reporting travel to Mallorca (figure).

All UK isolates tested are fully sensitive to antibiotics, all have the same pulsed field gel electrophoresis (PFGE) profile G IX2 (SSRL designation) and were to be plasmid free, with the exception of one isolate which contained two plasmids (6.0; 5.4kD). This is the first time this PFGE profile has been seen in the UK.

Seventeen UK cases reporting recent travel to Mallorca were interviewed in depth as part of a hypothesis generating exercise. The majority had stayed in private self-catering accommodation. There is no indication of a link between cases and airports or airlines operating from the UK.

Related stories

HPA. Outbreak of Salmonella Goldcoast infections in tourists returning from Mallorca. Commun Dis Rep CDR Wkly [serial online] 2005 [cited 10 November 2005]; 15 (44):news. Available at <<http://www.hpa.org.uk/cdr/archives/2005/cdr4405.pdf>>

[Infection Reports](#) | Enteric

Last updated: 10 November 2005
 Next update due: 1 December 2005

Enteric

General outbreaks of foodborne illness in humans, England and Wales: weeks 41-44/05

Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (salmonella data set): September 2005

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 41-44/05

Typhoid and paratyphoid, England and Wales laboratory reports, Infection acquired abroad: July to September 2005

General outbreaks of foodborne illness in humans, England and Wales: weeks 41-44/05

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
County Durham & Tees	Salmonella Enteritidis PT4	Restaurant	October	3	3	None	-
Thames Valley - Berkshire	S. Enteritidis PT4	School	October	11	11	Chocolate swiss roll	M
Kent	S. Typhimurium DT 104	Restaurant	October	8	8	None	-
County Durham & Tees	Clostridium Perfringens	Residential Institution	September	17	2	Beef joint	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 infections (faecal specimen), England and Wales, reports to the HPA (salmonella data set): September 2005**

Details of serotypes of 1693 Salmonella infections recorded in September are given in the table below. In October 2005, 1338 Salmonella infections were recorded and preliminary information was received about three outbreaks (see table above).

	September 2005
S. Enteritidis (PT4)	338
S. Enteritidis (other PTs)	839
S. Typhimurium	180
S. Virchow	35
Others (typed)	301
Total Salmonella (provisional data)*	1693

*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 41-44/05**

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	41/05	42/05	43/05	44/05		44/05	44/04
Campylobacter	724	664	480	117	1985	36,671	38,826
Escherichia coli O157*	29	33	21	11	94	825	663
Salmonella†	338	293	279	261	1171	9594	11459
Shigella sonnei	15	9	5	2	31	732	681
Rotavirus	33	31	17	2	83	12,980	13,818
Norovirus	4	13	4	-	21	2358	1987
Cryptosporidium	165	121	80	38	404	2952	3057
Giardia	73	49	31	10	163	2195	2701

*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 at time of publication.

▣ Typhoid and paratyphoid, England and Wales laboratory reports, Infection acquired abroad: July to September 2005

Organism and phage type	Infection acquired abroad				Excretors and carriers
	Number of cases	Yes	No	Not reported	
S. Typhi					
B2	4	3	-	1	-
D1	5	1	-	4	-
E1	24	7	-	17	-
E9	2	2	-	-	-
M1	1	1	-	-	-
N	2	2	-	-	-
O	2	-	-	2	-
Degraded	3	2	-	1	-
Untypable Vi-1	4	3	-	1	-
Vinegative	1	-	-	1	-
Total	48	20	-	27	-
S. ParatyphiA					
1	17	10	-	7	-
1A	10	4	-	6	-
2	7	6	-	1	-
3	6	5	-	1	-
4	10	5	-	5	-
6A	2	1	-	1	-
13	6	4	-	2	-
Untypable	2	2	-	-	-
Total	60	37	-	23	-
S. ParatyphiB					
Taunton	6	5	-	1	-
RDNC	1	1	-	-	-
Untypable	1	1	-	-	-
Total	8	7	-	1	-

Forty-eight cases of *S.almone* typhi infection were reported in the third quarter of 2005. Twenty-one cases were infected abroad (Indian subcontinent 19, Ghana 1, Abroad country unspecified 1). In 27 cases, the country of infection was not stated.

Sixty cases of *S. paratyphiA* infection were reported. Thirty-seven cases were infected abroad (Indian subcontinent 34, South America 3). In 23 cases the country of infection was not stated.

Eight cases of *S. paratyphiB* infection were reported. Seven cases were infected abroad (South America 3, India subcontinent 2, Finland 1, Malaysia 1). In one case their country of infection was not stated.

Last update: 10 November 2005

Next Update: February 2006

Emerging Infections/CJD

Creutzfeldt-Jakob disease (CJD) update report

Creutzfeldt-Jakob disease (CJD) update report

This six-monthly report provides an update on reports of incidents of potential iatrogenic (healthcare-acquired) exposure to CJD, and on the National Anonymous Tonsil Archive.

For numbers of CJD case reports, readers should consult data provided by the national CJD Surveillance Unit (NCJDSU), Edinburgh (1). The latest quarterly analysis of vCJD reports (onsets and deaths) is also available from the NCJDSU website (2).

Reports of incidents of potential iatrogenic exposure to CJD (September 2004 to February 2005)

During the half-year September 2004 to February 2005, 38 incidents of potential exposure to CJD via surgical instruments were reported to the CJD Incidents Panel (3). Surgical incidents occur when instruments that are considered potentially contaminated with the CJD agent during use on an index patient have been subsequently re-used on other patients. Table 1 shows the number of CJD surgical incidents reported to the CJD Incidents Panel during the four years to August 2004 (4) and between September 2004 and February 2005 by the diagnosis of the index patient (ie, the patient whose healthcare resulted in potential contamination of instruments with the CJD agent).

Table 1 CJD Surgical Incidents reported to the CJD Incidents Panel, between August 2000 and August 2005 and 1 September 2004 and 28 February 2005 by diagnosis of index patient

Final diagnosis of index patient	Year 1 to 4	First half year 5	Total
	28/08/00-01/09/04 (4)	01/09/04-28/02/05	Aug 00-Feb 05
Sporadic CJD (possible, probable or definite)	86	7	93
Variant CJD (possible, probable or definite)	51	2	53
Other types of CJD, or at risk of CJD, or CJD type unclear	34	28	62
Not CJD	12	1	13
Total	183	38	221

Investigation of past surgical incidents occasionally resulted in advice to remove from use for other patients (to quarantine or destroy, or donate for research) surgical instruments considered to be potentially contaminated with the CJD agent. For reports received between September 2004 and February 2005, the Panel has (to date) advised that instruments should be permanently removed from use on other patients following use in other patients in four incidents. Hospitals are asked to consider sending any instruments to be destroyed to the Surgical Instrument Store (held by the Health Protection Agency, Porton Down) to be used for research purposes. None of the reported incidents during this half-year, have yet resulted in advice to contact and inform patients of their potential exposure to CJD via surgical instruments.

The National Anonymous Tonsil Archive

The National Anonymous Tonsil Archive (NATA) is a national unlinked anonymous survey of tonsil tissue that will be used to undertake studies on the prevalence of abnormal prion protein, the agent believed to be responsible for infection with variant Creutzfeldt-Jakob Disease (vCJD) (5). NATA began at the end of 2003 and aims to collect 100,000 pairs of tonsils. Tonsils are being collected from people of all ages during routine

tonsillectomies. Only tissue not required for patient care, that normally would be discarded, is included and patients are given an opportunity to object to their tissues being used in the archive.

Figure 1 and figure 2 show the number of tonsil pairs received per month between January 2004 and October 2005. The accumulating total number of tonsil pairs in the archive by the end of October 2005 was 17,840. The number of collection forms that have been completed but no tonsil tissue collected is 889 (610 due to patient objection and 279 due to clinical pathology being requested on the specimen as part of the patient's care).

Figure 1 Number of tonsil pairs collected for NATA monthly: January 2004 to October 2005

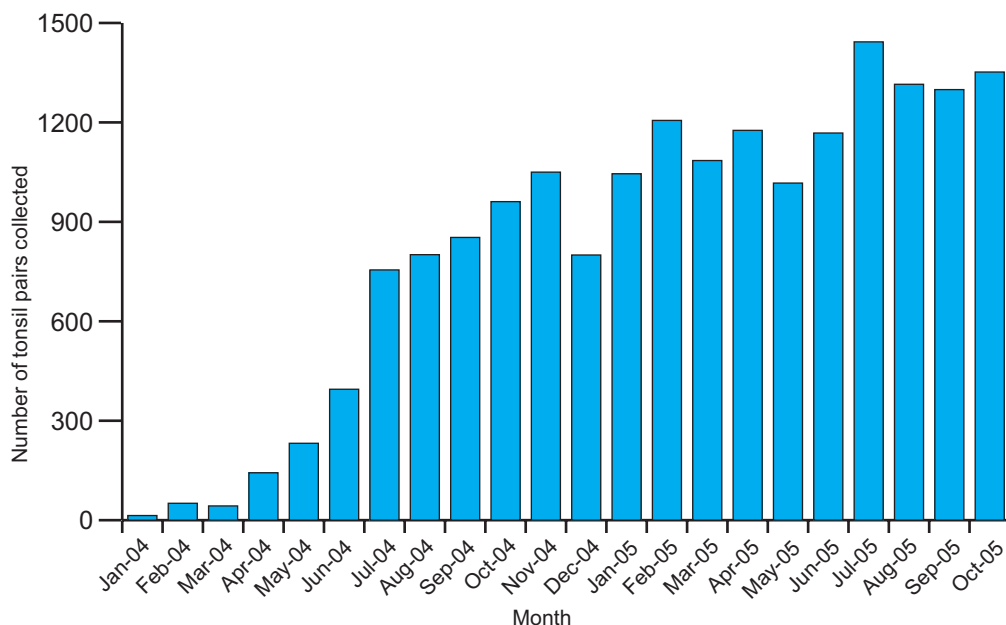
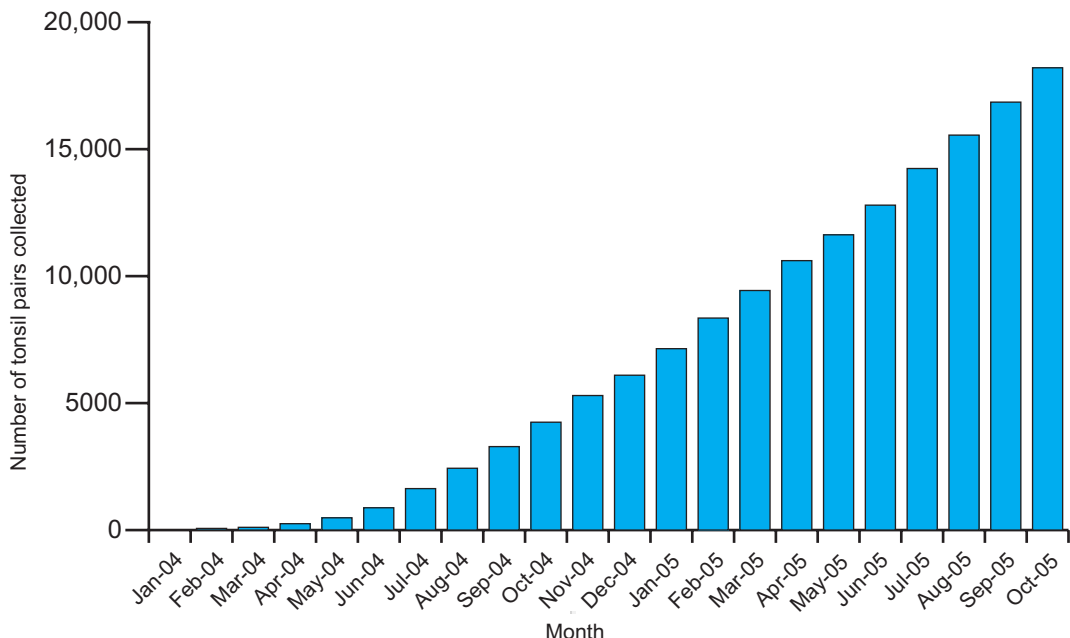


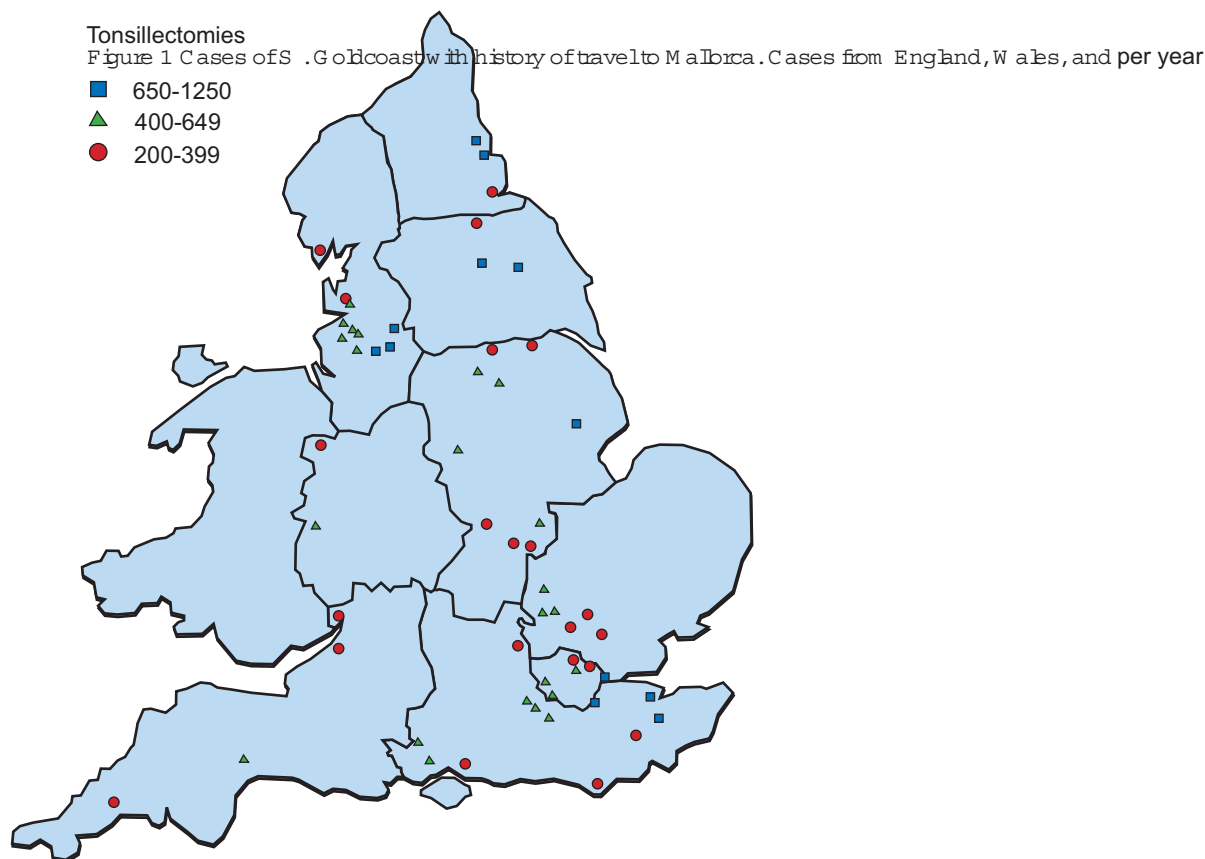
Figure 2 Cumulative number of tonsil pairs collected monthly: January 2004 to October 2005



By October 2005, 70 of the 100 NHS hospital trusts that perform over 200 tonsillectomies per year in England were regularly sending tonsil pairs to NATA. A further 30 hospital trusts had had a recruitment visit and were expected to begin collecting tonsils shortly. Recruitment of hospitals continues, with the expectation that the target recruitment rate of 500 tonsil pairs per week will be met. Currently approximately 50,000 tonsillectomies are performed annually in England.

The project has recently started in Scotland where just over 5000 tonsillectomies are performed each year. There are 14 hospitals in Scotland which carry out more than 200 tonsillectomies per year and these hospitals are being visited by a team of liaison officers so that procedures for the collection of tonsil tissue after tonsillectomies are successfully adopted. Tonsil tissue collected in Scotland will be transported to Colindale for inclusion in the archive.

Figure 3 NHS hospital trusts currently sending tonsils to the HPA Centre for Infections



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2. The National Creutzfeldt-Jakob Disease Surveillance Unit, The University of Edinburgh. Incidence of variant Creutzfeldt-Jakob Disease Onsets and Deaths in the UK January 1994 - September 2005 Edinburgh: NCJDSU, 14 April 2005. Available at <<http://www.cjl.ed.ac.uk/vcjlqmar05.htm>>.
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