CDR WEEKLY

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News

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Further cases of falciparum malaria in travellers returning from The Gambia – update

Update on human cases of avian influenza A (H5N1) in Turkey

Further cases of falciparum malaria in travellers returning from The Gambia – update

On 15 December 2005 six cases of falciparum malaria were reported in holidaymakers returning from the Gambia who became ill in the second half of November 2005 (1). Two of these cases had died.

The main holiday season in the Gambia is during the United Kingdom winter period between November and April, and further cases have subsequently been reported. Twenty-seven cases have been reported to the Health Protection Agency Malaria Reference Laboratory with dates of diagnosis between 10 October 2005 and 12 January 2006, compared to eight cases and one death reported prior to the holiday season (January to August 2005).

Seven of eleven cases for whom information is available have required treatment in intensive care units, and there have been three deaths among the 27 cases. In the last few years, the annual number of cases in people returning from the Gambia has been between 31 and 48 with two or three deaths per year (1).

Of the 27 cases over this winter season to date, twenty were holiday makers, three were visiting friends and relatives, and two were travelling on business. For two cases the reason for travel is not known. The median age of the cases was 44 years. Twenty of the cases were male and seven female. Of the 25 cases for whom information is available, 13 took no prophylaxis, six are known to have taken inadequate prophylaxis and for six, although prophylaxis was taken, it is not known whether this was adequate or not.

The Federation of Tour Operators and Association of British Travel Agents alerted their members to this issue in December and there has also been media coverage (2). These continuing reports of serious malaria show that appropriate preventive measures for malaria, including anti-malarial medication, are not being observed by all travellers to The Gambia. The winter sun holiday season continues until April, so it remains important to reinforce travel health advice.

Travellers to The Gambia and other countries where malaria is endemic need to plan ahead, seek medical advice, and act on it. This may be more difficult where holidays are booked close to the time of departure. Mosquito avoidance measures such as suitable clothing, insect repellent, and bed nets, in addition to malaria chemoprophylaxis (which for The Gambia requires a prescription), are effective in reducing the risk of malaria (3).

Travellers who fall ill after a visit to a malarious area should seek prompt medical attention and be aware that malaria can present up to a year or more after return (4). Healthcare professionals should always take a travel history from anyone with a fever or flu-like illness, and be aware that absence of fever in an ill patient does not exclude the diagnosis of malaria. If the travel history includes travel to a malarious area in the past year, blood film examination should be performed without delay.

Malaria is a notifiable disease. All malaria cases should also be reported to the Health Protection Agency Malaria Reference Laboratory < http://www.malaria-reference.co.uk >.

References

1.Health Protection Agency. Malaria deaths in travellers returning from The Gambia. *Commun Dis Rep CDR Wkly* [serial online] 2005 [cited 12 Jan 2006]; **15**(49): News. Available at <http://www.hpa.org.uk/cdr/archives/2005/cdr4905.pdf>.

2.Renewed warning of malaria risks. BBC news website [online] [cited 12 January 2005]. Available at <http://news.bbc.co.uk/1/hi/health/4552920.stm>.

3.National Travel Health Network and Centre. Travel Health information sheets: Insect bite avoidance. London: NaTHNaC, April 2005. Available at <http://www.nathnac.org/pro/factsheets/iba.htm >.

4.Health Protection Agency. *Foreign travel-associated illness. England , Wales , and Northern Ireland – Annual Report 2005.* London : Health Protection Agency Centre for Infections; 2005. Available at <http://www.hpa.org.uk/hpa/publications/travel_2005/default.htm>.

Update on human cases of avian influenza A (H5N1) in Turkey

On 10 January 2006 the World Health Organization (WHO) reported that Turkish laboratories had confirmed the country's fifteenth case of influenza A (H5N1). These infections have been reported from seven Turkish provinces (Ankara, Agri, Kastamonu, Corum, Samsun, Sivas, and Van) and have caused two deaths.The majority of these cases have been children and all have been hospitalised for treatment and evaluation. WHO has announced that all samples from these cases will be subject to further verification and confirmation by an external WHO reference laboratory.

The WHO has stated that, to date, all evidence indicates that those infected with the virus in Turkey acquired their infections after close contact with diseased birds. Initial investigation has found no evidence that the virus has increased its transmissibility or is spreading from person-to-person. In response to these events, the Turkish government has launched a public awareness campaign and 100,000 treatment courses of the antiviral, oseltamivir, arrived in the country on 6 January 2006 for treatment and prophylaxis of people at risk of infection.

A team of international experts dispatched to Turkey by the WHO, and in conjunction with the Turkish Ministry of Health, is currently investigating the epidemiological situation, assessing risk factors and control measures, and discussing with local authorities the possible need for additional equipment and supplies.

International and national pandemic alert levels have not changed. The HPA has stated that the risk to people traveling to Turkey remains low (1). As with all areas that have reported poultry influenza A (H5N1) outbreaks, travelers to Turkey are advised to avoid close contact with poultry (2).

Further advice on travel issues, is available from the National Travel Health Network Centre: <http://www.nathnac.org/pro/clinical_updates/avianinfluenza_advice_041105.htm>.

1. HPA. Suspected human cases of avian flu in Turkey [*Press Release.*]. London; Health Protection Agency, 5 January 2006. Available at <http://www.hpa.org.uk/hpa/news/articles/press_releases/2006/060105_avianflu_turkey.htm>.
2. National Travel Health Network and Centre (NaTHNaC). Avian influenza - advice for travellers to affected areas. NaTHNaC website [online] 04 November 2005 [cited 5 Janaury 2006]. Available online at <http://www.nathnac.org/travel/news/avianinfluenza_advice.htm>.

Enteric

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Enteric Routine Data Reports

General outbreaks of foodborne illness in humans, England and Wales: weeks 49-52/05

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

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 49-52/05

Less common gastrointestinal infections, England and Wales : laboratory reports, weeks 40-52/05

General outbreaks of foodborne illness in humans, England and Wales: weeks 49-52/05

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
Kent	*S.* Enteritidis PT4	Restaurant	Nov	6	6	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 2005

Details of serotypes of 1417 Salmonella infections recorded in October are given in the table below. In November 2005, 1025 salmonella infections were recorded and preliminary information was received about one outbreak (see table above).

	November 2005
S. Enteritidis (PT4)	190
S. Enteritidis (other PTs)	433
S. Typhimurium	103
S. Virchow	22
Others (typed)	354
Total *Salmonella* (provisional data)*	**1102**

*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 49-52/05

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	49/05	50/05	51/05	52/05	49-52/05	52/05	52/04
Campylobacter	653	504	358	131	**1646**	**42,679**	**44,697**
Escherichia coli* O157	7	15	2	–	**24**	**979**	**685**
***Salmonella*†**	202	132	85	66	**485**	**11,191**	**13,131**
Shigella sonnei	8	4	3	–	**15**	**841**	**816**
Rotavirus	35	54	58	43	**190**	**13,306**	**14,635**
Norovirus	40	36	45	12	**133**	**2607**	**3163**
Cryptosporidium	122	76	42	9	**249**	**4209**	**3625**
Giardia	38	40	27	8	**113**	**2686**	**3217**

*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.

Less common gastrointestinal infections, England and Wales : laboratory reports, weeks 40-52/05

Laboratory reports	Total reports	Cumulative total to	Cumulative total to
	40-52/05	52/2005	52/2004
Adenovirus	2	**18**	**23**
Astrovirus	12	**132**	**201**
Sapovirus	2	**21**	**53**
Shigella boydii	25	**111**	**113**
Shigella dysenteriae	14	**60**	**53**
Shigella flexneri	65	**298**	**272**
Plesiomonas	5	**37**	**35**
Vibrio	4	**27**	**32**
Yersinia	3	**23**	**19**
Entamoeba histolytica	11	**77**	**136**
Blastocystis hominis	50	**304**	**452**
Dientamoeba fragilis	17	**119**	**252**

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Diary

For information about other conferences, courses, and events visit http://www.hpa.org.uk/hpa/events

BPSU 20th Anniversary Conference

Symposium on travel associated disease

BPSU 20th Anniversary Conference

In June 2006 the British Paediatric Surveillance Unit (BPSU) will be 20 years old. Various activities will take place in 2006 to celebrate this momentous occasion, including a celebratory conference on Tuesday 30 May 2006 at the Institute of Child Health, London.

The conference will provide an opportunity for college members, the BPSU Executive Committee, INoPSU (International Network of Paediatric Surveillance Units) members, representatives from other national surveillance units, and patient support groups to come together and reflect upon 20 years of surveillance undertaken by the BPSU. The conference will consider the role of paediatric surveillance to date as well as possibilities for the future.

Guest speakers have been selected to represent the successful surveillance activities of the unit over the past 20 years. For a full programme and registration form please go to the BPSU website at: <http://www.rcpch.ac.uk/research/bpsu.html#bpsu_20th_anniversary>.

If you would like to be placed on the mailing list for details of the BPSU 20th Anniversary Conference please contact Jennifer Ellinghaus, tel: 020 7323 7912; email: <Jennifer.Ellinghaus@rcpch.ac.uk>.

Symposium on travel associated disease

On 13 February 2006, the Royal Society of Tropical Medicine and Hygiene are hosting a meeting entitled *Symposium on Travel Associated Disease.* This symposium is CPD approved.

Venue: Goldsmiths' Lecture Theatre, London School of Hygiene and Tropical Medicine, Keppel St, London, WC1.

Registration: Including lunch: £70 (students and nurses £25.00). Application form and programme from RSTMH, 50 Bedford Square, London, WC1 3DP. Contact directly at: tel: 020 7580 2127; email: <mail@rstmh.org>.