Health Protection Agency

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DIARY

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News

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Composition of the 2006/07 Influenza Vaccine

WHO has recommended that the 2006/07 trivalent influenza vaccine for the northern hemisphere winter contains:

• an A/New Caledonia/20/99(H1N1)-like virus;
• an A/Wisconsin/67/2005 (H3N2)-like virus*;
• a B/Malaysia/2506/2004-like virus†

Candidate vaccine viruses include:

* A/Wisconsin/67/2005 (H3N2) and A/Hiroshima/52/2005
† B/Malaysia/2506/2004 virus and B/Ohio/1/2005

This annual review of vaccine composition is necessary to match the vaccine with the changing viruses that are predicted to circulate during the 2006/07 season, if the normal pattern of seasonal influenza continues. WHO bases its annual vaccine composition recommendation on those influenza viruses isolated and characterised by WHO/National Influenza Centres, which are located in more than 80 countries. Along with this recommendation, WHO also provides the vaccine manufacturing industry with prototype strains for the seasonal vaccine and materials to ensure that global vaccine standards are met.

Chikungunya virus in the Indian Ocean – update

Outbreaks of chikungunya virus that have been occurring on some islands of the Indian Ocean since March 2005 are ongoing (1). The majority of cases have occurred since the beginning 2006, the largest outbreak of which has occurred in La Réunion; outbreaks have also been occurring in Mauritius, The Seychelles, Mayotte, and more recently, Madagascar.

La Réunion
Between 28 March 2005 and 26 February 2006, 2,849 cases of chikungunya virus have been reported by 31 physicians from a general practitioner (GP) sentinel network in La Réunion, which includes 288 cases reported between 20 and 26 February 2006 (2). A mathematical model has estimated that 186,000 people (20% of the population) may have been infected in total between March 2005 and 26 February 2006, including 19,000 between 20 and 26 February. More than 140,000 of these cases are estimated to have occurred since 1 January 2006. Virtually the whole island has now been affected.

The estimated attack rate by age group based on the GP notifications indicates the rate of infection has been greater in older people compared to younger (3.8% in those aged 65 years and over compared with 1% in those aged under 30 years) (3).There have been 77 deaths recorded with chikungunya as a diagnosis; the mean age of these deceased patients was 78 years, and most had underlying medical conditions. The possible relation between chikungunya and death is still under investigation by a scientific committee with clinicians, epidemiologists and virologists (3).

Other islands
Table 1 shows the number of cases reported from the other islands affected between 1 January and 1 March 2006 (4). There have also been reports in the media of cases occurring in Madagascar, although no case numbers have been released (5, 6).

Table 1 Cases reported from other islands in the Indian Ocean: 1 January to 1 March 2006

Country	No of cases
Seychelles	4650
Mauritius	2553
Mayotte	924

The World Health Organization has a team working in the region to assist with vector control and surveillance (4).

Imported cases
Between 9 April 05 and 31 Jan 2006, 160 cases of imported chikungunya virus were imported into metropolitan France (7). Imported cases have also been reported in Germany and Switzerland (8). The responsible vector, *Aedes albopictus*, has previously been identified in some limited places in southern France, but is extremely uncommon in Germany and Switzerland, so the risk of onward transmission in these countries is low. The risk of autochthonous transmission from imported cases in France is to be evaluated before the summer of 2006 (3).

It is possible that a few cases may be imported into the United Kingdom (UK) as the UK holiday season approaches and the Seychelles and Mauritius are popular tourist destinations with UK travellers (1). The mosquito vector has not, however, been found in the UK (9) and so the risk for ongoing transmission from imported cases is extremely low.

There are currently no restrictions on travel to islands in the Indian Ocean. Travellers to affected areas are advised to take insect bite precautions (fact sheet available from the National Travel Health Network and Centre, www.nathnac.org/pro/factsheets/iba.htm), particularly during daylight hours when the vector mosquitoes are active.

References

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Enteric

Last updated: **9 March 2006**, Volume 16, No. 10
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Enteric Routine Data Reports

General outbreaks of foodborne illness in humans, England and Wales: weeks 06-09/06s

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
West Yorkshire	*Clostridium perfringens*	School	Feb	4	4	Home made curry	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 specimens), England and Wales, reports to the HPA (salmonella data set): January 2006

Details of serotypes of 499 Salmonella infections recorded in January 2006 are given in the table below. In February 2006, 442 Salmonella infections were recorded.

	January 2006
S. Enteritidis (PT4)	54
S. Enteritidis (other PTs)	178
S. Typhimurium	79
S. Virchow	20
Others (typed)	168
Total *Salmonella* (provisional data)*	**499**

*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 06-09/06

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	06/06	07/06	08/06	09/06	06-09/06	09/06	09/05
Campylobacter	502	407	304	45	**1258**	**4061**	**4929**
Escherichia coli* O157	3	8	11	8	**30**	**50**	**38**
***Salmonella*†**	103	94	90	137	**424**	**999**	**1251**
Shigella sonnei	3	6	4	1	**14**	**64**	**142**
Rotavirus	466	434	315	97	**1312**	**2494**	**4871**
Norovirus	182	115	61	5	**363**	**973**	**1275**
Cryptosporidium	31	30	16	7	**84**	**274**	**256**
Giardia	46	28	18	2	**94**	**312**	**426**

*Vero cytotoxin-producing isolates (data from Health Protection Agency's Laboratory of Enteric Pathogens (LEP).
† Data from Health Protection Agency's Laboratory of Enteric Pathogen*S.*
NA= Not available at time of publication.

General outbreaks of foodborne illness in humans, England and Wales quarterly report: July to end of September 2005

Health Protection Unit	Organism	Location of food prepared or served	Number ill	Cases positive	Suspect vehicle	Evidence
Yorkshire & Humberside	Campylobacter	Restaurant	5	4	None	–
Avon	Campylobacter	Caterer	40	13	Chicken liver parfait, Cumberland sausage	D
West Yorkshire - Leeds	Campylobacter	Café	3	2	None	–
Surrey & Sussex	*Clostridium perfringens*	Hall	70	1	Lamb biryani	M
West Yorkshire - Bradford	*Clostridium perfringens*	Restaurant	9	3	None	–
Nottingham	*Clostridium perfringens*	Residential Institution	35	6	Roast beef	D
West Yorkshire - Leeds	*Clostridium perfringens*	Residential Institution	24	4	None	–
County Durham & Tees	*Clostridium perfringens*	Residential Institution	17	2	Beef	D
Cumbria	*Escherichia coli* O157	School	4	3	None	–
Cambridge	*Salmonella* Enteritidis PT1	Restaurant	24	17	Tiramisu made with raw shell egg	S
South West London	*S.* Enteritidis PT1	Restaurant	5	3	Chicken	D
County Durham & Tees	*S.* Enteritidis PT4	Restaurant	20	19	Egg fried rice	D
Northumberland	*S.* Enteritidis PT4	Hotel	2	2	None	–

North West London	*S* Enteritidis PT4	Office	11	3	Cake filling	D
Bedfordshire & Hertfordshire	*S*. Enteritidis PT4	Restaurant	9	9	Chinese meal	D
Northumberland	*S*. Enteritidis PT4	Restaurant	5	5	None	–
Essex	*S*. Enteritidis PT4	Restaurant	4	3	None	–
Suffolk	*S* Enteritidis PT4	Café	4	2	None	–
Northumberland	*S*. Enteritidis PT6	Restaurant	15	11	None	–
Northumberland	*S*. Enteritidis PT6	Caterer	5	5	None	–
Northumberland	*S*. Enteritidis PT6	Restaurant	3	3	None	–
County Durham & Tees	*S*. Enteritidis PT6	Restaurant	5	3	Salad	M
Thames Valley	*S*. Enteritidis PT8	Restaurant	4	4	Chicken	D
North Central London	*S*. Enteritidis PT21	Community	8	8	None	–
North Central London	*S*. Enteritidis PT21	Shop	6	6	Egg mayonnaise bagels	D
Essex	*S*. Enteritidis PT25	Restaurant	2	2	None	–
Suffolk	*S*.Enteritidis PT25	Restaurant	8	8	None	–
Wiltshire	*S*. Typhimurium DT104	Restaurant	2	2	None	–
Thames Valley	*S*. Typhimurium DT135	Restaurant	3	3	None	–
Northumberland	Norovirus	Private House	43	1	Home-made three bean salad	D
West Yorkshire - Leeds	Norovirus	Caterer	13	2	None	–
Essex	Scombrotoxin	Hotel	2	2	Tuna	D
Northumberland	Unknown	Restaurant	5	–	None	–
West Midlands	Unknown	Caterer	20	–	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 serotypes recorded in the HPA salmonella data set: October to end of December 2005

More than ten reports of the following salmonella serotypes were received: October to end of December 2005:

S. Agona	20	*S*. Bareilly	14
S. Braenderup	11	*S*. Corvallis	14
S. Enteritidis	1905	*S*. Gold-Coast	104
S. Hadar	36	*S*. Infantis	36
S. Java	13	*S*. Kentucky	34
S. Mbandaka	12	*S*. Montevideo	14
S. Newport	60	*S*. Paratyphi A	22
S. Saint-Paul	13	*S*. Schwarzengrund	16
S. Stanley	34	*S*. Typhi	34
S. Typhimurium	366	*S*.Unamed	58
S. Virchow	93		

Between two and ten reports of each of the following serotypes were received: October to end of December 2005:

S. Abony	5	*S.* Adelaide	5
S. Agama	5	*S.* Agbeni	9
S. Ajiobo	2	*S.* Alachua	2
S. Albany	5	*S.* Anatum	8
S. Arechavaleta	2	*S.* Arizonae	8
S. Blockley	8	*S.* Bovis-Morbificans	6
S. Brandenburg	5	*S.* Brazil	2
S. Bredeney	5	*S.* Carno	2
S. Cerro	2	*S.* Coeln	4
S. Colindale	3	*S.* Derby	8
S. Durham	3	*S.* Eimsbuettel	2
S. Emek	3	*S.* Galiema	2
S. Gatuni	2	*S.* Give	6
S. Haifa	6	*S.* Havana	5
S. Heidelberg	8	*S.* Hull	3
S. Hvittingfoss	2	*S.* Jangwani	3
S. Javiana	3	*S.* Kedougou	5
S. Kottbus	7	*S.* Larochelle	2
S. London	6	*S.* Mgulani	2
S. Mikawasima	5	*S.* Mississippi	9
S. Muenchen	3	*S.* Muenster	5
S. Napoli	2	*S.* Nima	2
S. Ohio	4	*S.* Okatie	2
S. Oranienburg	10	*S.* Oslo	2
S. Panama	5	*S.* Paratyphi B	4
S. Poona	4	*S.* Potsdam	2
S. Reading	4	*S.* Richmond	2
S. Rissen	9	*S.* Rubislaw	2
S. Senftenberg	10	*S.* Stourbridge	3
S. Thompson	9	*S.* Uganda	2
S. Weltevreden	4	*S.* Zanzibar	3

One report of each of the following serotypes were received: October to end of December 2005:

S. Aarhus	1	*S.* Abaetetuba	1
S. Agoueve	1	*S.* Ahuza	1
S. Altona	1	*S.* Amager	1
S. Apapa	1	*S.* Argentina	1
S. Augustenborg	1	*S.* Bonariensis	1
S. Bonn	1	*S.* Brunei	1
S. Canoga	1	*S.* Chester	1
S. Concord	1	*S.* Drypool	1
S. Dublin	1	*S.* Durban	1
S. Ealing	1	*S.* Eastbourne	1
S. Edinburg	1	*S.* Fortune	1

S. Friedenau	1	*S.* Gaminara	1
S. Goelzau	1	*S.* Halle	1
S. Herston	1	*S.* Hofit	1
S. Ibadan	1	*S.* Indiana	1
S. Isangi	1	*S.* Kaapstad	1
S. Kaneshie	1	*S.* Kenya	1
S. Kibi	1	*S.* Kisarawe	1
S. Kokomlemle	1	*S.* Krefeld	1
S. Lanka	1	*S.* Leeuwarden	1
S. Lindenburg	1	*S.* Lisboa	1
S. Livingstone	1	*S.* Meleagridis	1
S. Menston	1	*S.* Minneapolis	1
S. Minnesota	1	*S.* Monschaui	1
S. Ness-Ziona	1	*S.* Newington	1
S. Oakland	1	*S.* Obogu	1
S. Palime	1	*S.* Paratyphi C	1
S. Praha	1	*S.* Redba	1
S. Romanby	1	*S.* Saarbruecken	1
S. Saphra	1	*S.* Stanleyville	1
S. Stockholm	1	*S.* Tennessee	1
S. Thomasville	1	*S.* Umbilo	1

The British Society for Microbial Technology 21st Annual Scientific Meeting – *TB or not TB?*

The British Society for Microbial Technology 21st Annual Scientific Meeting is being held at Health Protection Agency, Colindale, London Friday 12 May 2006: *TB or not TB?*.

Scientific Programme:

- History of Tuberculosis & its World Perspective - Prof Steve Green
- Clinical Aspects of Tuberculosis - Dr Mike McKendrick
- Paediatric Aspects of Tuberculosis - Dr Patricia Fenton
- TB Outbreak Management - Dr Debbie Modha
- Standards for Laboratory Diagnosis of Tuberculosis - Prof Brian Duerden
- Strategy and Policy - Dr Grace Smith
- Current Technology – Molecular fingerprinting of Mycobacterium tuberculosis - Dr Andy Sails

Registration from 9.30 Meeting: 10.30 to 16.00; Trade Show: 9.30 to10.30 and 13.00 to 13.30.

For further details of the programme and an application form please contact: Janet Norcup Evaluations and Standards Laboratory, Centre for Infections Health Protection Agency, 61 Colindale Avenue, London NW9 5DF (tel: 020 83277920, email: Janet.Norcup@HPA.org.uk).

Fungal infections in animals and man

The Royal Society of Medicine are hosting the Meeting of the Comparative Medicine Section titled *Fungal infections in animals and man,* Wednesday 17 May 2006. The venue is: Lower Atrium Theatre, The Royal Society of Medicine, 1 Wimpole Street , London , W1G 0AE.

Meeting programme:

12.30 pm **Registration, tea and coffee**

1.00 pm **Introduction**

Brigadier Andrew Warde

1.15 pm **Killer fungi in animals and man**

Dr Elizabeth Johnson, Director, Health Protection Agency, Mycology Reference Laboratory, Bristol

1.45 pm **Recent developments in antifungal therapy in man and animals**

Dudley Gradwell Technical Director Janssen Animal Health

2.15 pm **Clinical case 1: Aspergillus in penguins**

Ghislaine Sayers, Paignton Zoo

Clinical case 2: Neurotropic human pathogenic *Cladophialophora bantiana* isolated from a cat continuously resident in the UK

Oliver Coldrick, TDDS Diagnostics Exeter

3.00 pm **Tea and coffee**

3.15 pm **Candidiasis in dolphins**

Mr David Taylor FRCVS Founder member International Zoo Veterinary Group

3.45 pm **Comparative aspects of cutaneous mycoses in animals and man**

Dr Ross Bond Senior Lecturer in Veterinary Dermatology, Royal Veterinary College , University of London

4.15 pm **Clinical aspects of human cutaneous mycoses and associations with infection in animals**

Dr Neil H Cox Consultant Dermatologist, Cumberland Royal Infirmary, Carlisle

4.45 pm **Completion of evaluation forms**

4.50 pm **Discussion**

5.00 pm **Annual general meeting**

5.30 pm **Close of meeting**

6.30 pm **Drinks reception**

7.00 pm **Annual dinner (for those who have pre-booked) Business Attire**

Registration details:

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