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- ▾ National increase in *Salmonella* Montevideo infections, England and Wales: March to July 2006
- ▾ Crimean Congo haemorrhagic fever in Turkey

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- ▾ Healthcare workers and infectious diseases update on screening and immunisation – A one day conference for Occupational Health & Infection Control professionals

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News

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▣ National increase in *Salmonella* Montevideo infections, England and Wales: March to July 2006

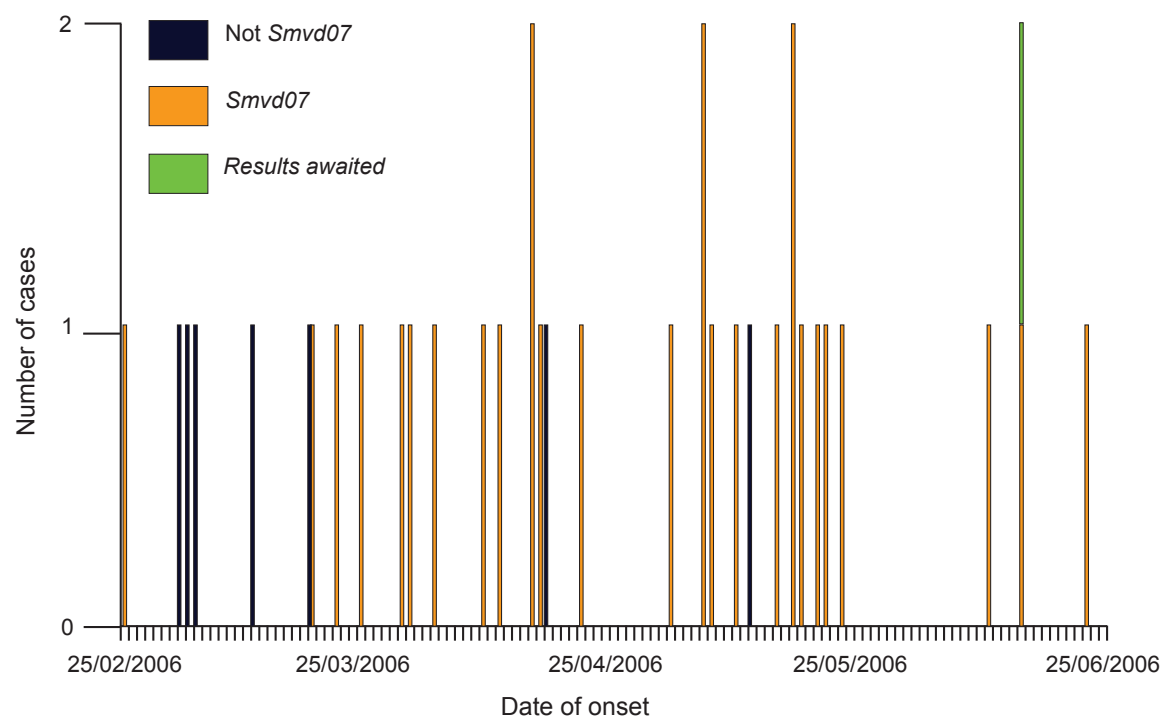
▣ Crimean Congo haemorrhagic fever in Turkey

▣ National increase in *Salmonella* Montevideo infections, England and Wales: March to July 2006

Since 1 March 2006, the Health Protection Agency (HPA) Centre for Infections (CfI) has received 56 *Salmonella* Montevideo isolates, which are fully sensitive to antibiotics, from cases of infection in England and Wales. Of these, 49 are primary cases, of which 37 share the pulsed field gel electrophoresis (PFGE) profile *S*mvdX07 and fit the case definition previously reported in *CDR Weekly* [1,2]. Eleven isolates differ from this profile. Molecular work is continuing on the remaining isolate. The last isolate showing this profile was received by the CfI on 29 June 2006.

Onset dates are available for 36 and the epidemic curve by PFGE type and onset of symptoms is provided at figure 1.

Figure 1. Epidemic Curve by date of onset (n=36)



The HPA CfI has attempted to contact all cases and detailed food histories have been obtained from 15 cases, all of which were confirmed to have the *S*mvdX07 profile. This analysis allows the exclusion of a particular retailer, eating out or eating take-away food. Exposures reported by 60% or more of cases (poultry, fish and seafood, eggs, milk, cheese, other dairy products, cakes and biscuits, sauces, fruit, confectionery and drinks) were examined in greater detail. No food products or brands were identified as being common among cases with the exception of confectionery products which were reported by 14 cases.

Thirteen (87%) of the cases interviewed reported eating products from Cadbury Schweppes plc. One of the two remaining cases reported consumption of confectionery products. This interviewee,

however, was not able to report information on product brands. The Cfl were informed by the National Public Health Service, Wales, that one additional case from Wales that the Cfl was unable to contact, also reported consumption of products from Cadbury.

The Cfl will contact any new cases of fully sensitive *S. Monteideo* to obtain a detailed food history and all new fully sensitive isolates will be subject to PFGE work as they are confirmed by the Cfl.

The data collected during these investigations were presented to the *S. Monteideo* National Outbreak Control Team (OCT). The team included representatives from the HPA, the Food Standards Agency (FSA), the Department for Food, Agriculture and Rural Affairs (DEFRA) and selected local authorities. The role of the OCT was to bring together and present information to assist the risk management responsibilities of the FSA and local authorities. The OCT considered the following lines of evidence:

- clinical isolates of *S. Monteideo* confirmed by Cfl in the period preceding the start of the outbreak were distributed across a range of PFGE profiles;
- the excess in cases generated by the outbreak were attributable to a single PFGE profile designated as *SmvdX07*;
- the *S. Monteideo* strains isolated from samples taken from the factories of Cadbury were also confirmed as PFGE profile *SmvdX07*;
- the dates of positive tests for products made by Cadbury, (January and February 2006);
- the dates of onset of illness for the cases (February to June);
- the geographical distribution of cases suggests that the outbreak was caused by a nationally distributed food;
- the food histories taken from cases:
 - 87% (13 of 15) of cases definitely reported consumption of products made by Cadbury in the days preceding the onset of symptoms;
 - no other common brands, retail outlets, catering chains or single food types were identified as common factors.
- the decrease in the frequency of cases of *S. Monteideo* PFGE *SmvdX07* following the voluntary recall of a number of chocolate products, produced by Cadbury. These were considered as potentially contaminated with *S. Monteideo* PFGE *SmvdX07* after a risk assessment of the results of microbiological sampling and environmental investigations at a number of factory premises).

After carefully considering all the available evidence the OCT concluded that consumption of products made by Cadbury Schweppes was the most credible explanation for the outbreak of *S. Monteideo*.

References

1. HPA. National increase in human *Salmonella* Monteideo infections in England and Wales: March to June 2006 – update. *Commun Dis Rep CDR Wkly* [serial online] 29 June 2006 [cited 20 July 2006]; **16**(26): News. Available at <<http://www.hpa.org.uk/cdr/archives/2006/cdr2606.pdf>>.
2. HPA. National increase in human *Salmonella* Monteideo infections in England and Wales: March to June 2006. *Commun Dis Rep CDR Wkly* [serial online] 22 June 2006 [cited 20 July 2006]; **16**(25): News. Available at <<http://www.hpa.org.uk/cdr/archives/2006/cdr2506.pdf>>.

Crimean Congo haemorrhagic fever in Turkey

Between 1 January and 17 July 2006, there have been 150 laboratory-confirmed cases (including 15 deaths) of Crimean Congo haemorrhagic fever (CCHF) reported in 21 out of 81 provinces in Turkey (1). The provinces most affected are Tokat, Gümüşhane, Amasya, Çorum, Yozgat, and Sivas in the central Anatolia and Black Sea regions (north east Turkey). No cases have yet been reported in the popular tourist regions on the Mediterranean coast. Compared with previous years, this number may suggest increased activity of the virus in the area, although detection, diagnosis, and notification have improved. In Turkey, CCHF in humans was first documented in 2002.

CCHF is caused by a virus of the *Bunyaviridae* family, which is transmitted by ticks or by direct contact with blood or tissues from infected animals. The virus was first identified in 1944 in the Crimea, and later recognized to be the same virus causing high mortality in the Congo in 1969.

The European Centre for Disease Prevention and Control has issued some information about CCHF with advice for travellers who may be visiting affected areas; this is available on their website at <http://www.ecdc.eu.int/>.

References

1. European Centre for Disease Prevention and Control. *Crimean-Congo hemorrhagic fever – information for travellers to north-eastern Turkey* (fact sheet) [online] [cited 20 July 2006]. Available at <http://www.ecdc.eu.int/>.

Diary

Last updated: 21 July 2006

📅 Healthcare workers and infectious diseases update on screening and immunisation – A one day conference for Occupational Health & Infection Control professionals

📅 **Healthcare workers and infectious diseases update on screening and immunisation – A one day conference for Occupational Health & Infection Control professionals**

To be held at Royal Free Hospital, London, Friday 22nd September 2006

This conference is aimed at occupational health, infection control, virology and microbiology specialists who are involved in writing and implementing policies on health care worker protection from infectious diseases. It also addresses contact tracing.

Cost for the day is £185, which includes refreshments and lunch.

To book or for more information please contact:

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