



# CDR WEEKLY

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# News

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▣ Surveillance of Surgical Site Infection in England, October 1997 to September 2005

▣ National survey of needle exchange facilities in the United Kingdom

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## ▣ Surveillance of Surgical Site Infection in England, October 1997 to September 2005

The report Surveillance of Surgical Site Infection in England, October 1997 to September 2005 has recently been published [1]. It is a summary of the data collected and reported by the 247 hospitals that have participated in the Surgical Site Infection Surveillance Service (SSISS) between October 1997 and September 2005. It includes 240,000 records collected in 11 categories of surgical procedure and incorporates data collected as part of the mandatory surveillance of surgical site infections (SSI) in orthopaedic surgery which commenced in April 2004 [2]. The remaining categories of surgical procedures have continued to form part of the voluntary scheme. All hospitals participating in the scheme are expected to adhere to a standard method of collecting and reporting data described in the SSI surveillance protocol [3]. This ensures that, as far as possible, data collected in different hospitals are comparable. Hospitals must participate in the surveillance for a minimum three-month period although they can choose to collect data for more than one period. This facilitates flexible use of the surveillance to target different categories of surgical procedure according to local need.

Key points from this report are:

- There has been a steady increase in the number of hospitals participating in the scheme with a 34% increase since October 2004. The SSISS is now handling data on more than 60,000 operations annually.
- The risk of surgical site infection varied between categories depending on the likely microbial contamination at the operative site.
- The risk of SSI increased with the presence of key patient and operative risk factors.
- The risk of SSI increased with increasing age. In eight of the 11 surgical procedures this trend was statistically significant.
- Most of the SSI reported affected the superficial layer of the wound (skin or subcutaneous tissues). At least one fifth of infections in the major surgical categories affected the deeper tissues (fascial and muscle layers).
- Data on micro-organisms causing the SSI were available for 81% of infections. *Staphylococcus aureus* was the main organism reported in all 11 surgical categories, accounting for 53% of infections where a causative organism was reported.
- Sixty-four per cent of the *Staphylococcus aureus* reported were methicillin resistant.
- Variation in SSI rates between hospitals was observed for the major surgical categories. The rates for hospitals, however, with small numbers of procedures need to be treated with caution as the estimated rate will be imprecise.
- Twelve per cent of hospitals have achieved a statistically significant reduction in rate of SSI since joining the surveillance scheme. Most hospitals did not have a significant trend.

## References

1. Health Protection Agency. Surveillance of Surgical Site Infection in England, October 1997 to September 2005. London: Health Protection Agency, August 2006. Available at <[http://www.hpa.org.uk/infections/topics\\_az/surgical\\_site\\_infection/all\\_97\\_05\\_SSI.pdf](http://www.hpa.org.uk/infections/topics_az/surgical_site_infection/all_97_05_SSI.pdf)>.
  2. Health Protection Agency. Mandatory surveillance of surgical site infection in orthopaedic surgery: April 2004 to March 2005. London: Health Protection Agency, October 2005. Available at <[http://www.hpa.org.uk/infections/topics\\_az/hai/SSI\\_mandatory\\_0405report.pdf](http://www.hpa.org.uk/infections/topics_az/hai/SSI_mandatory_0405report.pdf)>.
  3. Health Protection Agency. Protocol for Surveillance of Surgical Site Infection. Surgical Site Infection Surveillance Service, England. Version 3.4. April 2004. Available at <[http://www.hpa.org.uk/infections/topics\\_az/hai/SSI\\_Protocol.pdf](http://www.hpa.org.uk/infections/topics_az/hai/SSI_Protocol.pdf)>.
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## National survey of needle exchange facilities in the United Kingdom

A national survey of needle exchange facilities in the United Kingdom (UK) was undertaken during 2005. The reports on the findings for England and Scotland have recently been released by the National Treatment Agency for Substance Misuse and the Scottish Executive [1,2]. Results for Wales and Northern Ireland are not yet available.

Initiated as part of the response to the Department of Health's Hepatitis C Action Plan for England (3) the survey examines the extent, nature, and commissioning of needle exchange provision throughout the UK. Data were collected from needle exchange planners, commissioners, and service providers using a series of questionnaires and focus groups. Although the overall response rate was good, the response rates for some questions were low such as those on the quantity of needles and syringes distributed.

The survey identified at least 1326 needle exchange sites in England and 188 in Scotland. It was not possible to give an exact number of sites in England due to the lack of response from some Drug Action Teams, and there will be additional sites that were not identified in the survey. The majority of exchange sites were in pharmacies, with less than a quarter being specialist services. There were only a few exchanges based in other settings including police custody suites and accident and emergency (A&E) departments.

There was variation in the types of injecting equipment provided besides needles and syringes, such as filters and spoons. There was also inconsistency in the provision of other on site services, for example, hepatitis B vaccination was offered by only half of English exchanges and less than one-third of those in Scotland. The English report concluded that 'what interventions injectors received was often not determined by their needs, but by where they lived' [1]. Both reports suggest that distribution of needles and syringes was insufficient even in the areas with the best provision.

## References

1. National Treatment Agency for Substance Misuse. Findings of a survey of needle exchanges in England. London: NTA, May 2006. Available at <<http://www.nta.nhs.uk>>.
2. Scottish Executive. Needle exchange provision in Scotland: A report of the National Needle Exchange Survey. Edinburgh: Scottish Executive, July 2006. Available at <<http://www.scotland.gov.uk/Publications/2006/06/16110001/0>>.
3. Department of Health. Hepatitis C action plan for England. London: Department of Health, July 2004. Available at <<http://www.dh.gov.uk/assetRoot/04/08/47/13/04084713.pdf>>.

# Respiratory

Last updated: 3 August 2006, Volume 16, No. 31 Next update: 1 September 2006

## Respiratory Routine Data Reports

📄 Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 27-30/06

📄 Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 27-30/06

**Table 1 Reports of influenza infection made to HPA Centre for Infections, by week of report: weeks 27-30/2006**

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	08/07/06	15/07/06	22/07/06	29/07/06	
<b>Influenza A</b>	4	1	–	3	<b>8</b>
Isolation	1	–	–	–	<b>1</b>
DIF*	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other†	3	1	–	3	<b>7</b>
<b>Influenza B</b>	–	–	–	–	–
Isolation	–	–	–	–	–
DIF*	–	–	–	–	–
Four-fold rise in paired sera	–	–	–	–	–
PCR	–	–	–	–	–
Other†	–	–	–	–	–
<b>Influenza (untyped)</b>	–	–	–	–	–
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 27-30/2006**

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	08/07/06	15/07/06	22/07/06	29/07/06	
Adenovirus*	19	17	15	20	71
Coronavirus	–	1	–	–	1
Parainfluenza†	17	9	1	7	34
Rhinovirus	2	1	4	0	7
Respiratory syncytial virus (RSV)‡	2	1	–	3	6

\*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 27-30/2006**

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	4	3	7	40	15	2	–	71
Coronavirus	1	–	–	–	–	–	–	1
Influenza A	–	–	–	2	1	5	–	8
Influenza B	–	–	–	–	–	–	–	–
Parainfluenza†	12	9	4	5	2	2	–	34
Rhinovirus	5	1	–	1	–	–	–	7
Respiratory syncytial virus (RSV)‡	2	–	–	1	1	2	–	6

\*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 27-30/2006**

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	08/07/06	15/07/06	22/07/06	29/07/06	
<i>Coxiella burnettii</i>	1	–	–	–	1
Respiratory <i>Chlamydia</i> sp*	3	1	–	–	6
<i>Mycoplasma pneumoniae</i>	6	3	2	–	16
<i>Legionella</i> sp	6	12	5	–	29

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

**Table 5a Reports of legionnaires' disease cases in England and Wales, by week of report: weeks 27-30/2006**

<b>Week</b>	<b>Week 27</b>	<b>Week 28</b>	<b>Week 29</b>	<b>Week 30</b>	<b>Total</b>
<b>Week ending</b>	<b>08/07/06</b>	<b>15/07/06</b>	<b>22/07/06</b>	<b>29/07/06</b>	
Nosocomial	–	–	–	–	–
Community	2	3	2	1	<b>8</b>
Travel abroad	4	9	2	3	<b>18</b>
Travel UK	–	–	1	2	<b>3</b>
<b>Total</b>	<b>6</b>	<b>12</b>	<b>5</b>	<b>6</b>	<b>29</b>
<b>Male</b>	<b>4</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>24</b>
<b>Female</b>	<b>2</b>	<b>2</b>	<b>–</b>	<b>1</b>	<b>5</b>

Twenty-nine cases were reported with pneumonia – 24 males aged between 21 and 76 years and five females aged between 48 and 74. No non-pneumonic cases were reported. Eight cases had community-acquired infection. Twenty one cases were travel associated: Italy (6), Spain (3), United Kingdom (3), France (2), and one each of the following: Belgium, Coach Tour – Belgium/ France/Italy, Canada and United States, Greece, Hong Kong, Thailand, and Zimbabwe.

**Table 5b Reports of legionnaires' disease (pneumonic and non-pneumonic\*) cases by region of report in England and Wales: weeks 27-30/2006**

<b>Region</b>	<b>Nosocomial</b>	<b>Community</b>	<b>Travel (Abroad)</b>	<b>Travel (UK)</b>	<b>Total</b>
North East	–	–	–	1	<b>1</b>
Yorkshire & the Humber	–	4	2	–	<b>6</b>
East Midlands	–	–	–	1	<b>1</b>
East of England	–	2	3	–	<b>5</b>
London	–	1	1	–	<b>2</b>
South East	–	–	7	–	<b>7</b>
South West	–	–	1	–	<b>1</b>
West Midlands	–	–	1	–	<b>1</b>
North West	–	1	2	–	<b>3</b>
Wales	–	–	1	1	<b>2</b>
<b>Total</b>	<b>–</b>	<b>8</b>	<b>18</b>	<b>3</b>	<b>29</b>

# National Standard Methods

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 Standard Method updates – Monthly content update: August 2006

## Monthly content update – August 2006

### National Standard Methods - Virology

- vSOP 24 Isolation of enteroviruses and parechoviruses (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop24.pdf>
- vSOP 36 Operation of the Roche MagNA Pure LC automated nucleic acid extraction robot (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop36.pdf>
- vSOP 39 Procedure for the care & propagation of cell cultures for virus isolation (issue)  
<http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop39.pdf>
- VSOP 12 Preparation of coated grids for electron microscopy (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop12.pdf>
- VSOP 18 Complement fixation tests (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/vsop/pdf/vsop18.pdf>

### National Standard Methods - Test Procedures

- BSOP 11 Investigation of Skin, Superficial, and Non-Surgical Wound Swabs (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsop/pdf/bsop11.pdf>
- BSOP 36 Investigation of Specimens for Ectoparasites (first-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsop/pdf/bsop36.pdf>
- BSOP 40 Investigation of Specimens for Mycobacterium Species (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsop/pdf/bsop40.pdf>
- BSOP 40 Investigation of Specimens for Mycobacterium Species (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsop/pdf/bsop40.pdf>
- BSOP ID 7 Identification of Staphylococcus species, Micrococcus species and Rothia species (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsopid/pdf/bsopid7.pdf>
- BSOP ID 8 Identification of Clostridium species (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/bsopid/pdf/bsopid8.pdf>

### National Standard Methods - Water

- W 7 Detection of Salmonella species (re-issue)  
<http://www.hpa-standardmethods.org.uk/documents/water/pdf/w7.pdf>

### 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](http://www.hpa-standardmethods.org.uk/pdf_sops.asp#Notes).

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