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News

Last updated: 10 August 2006 **Volume 16, No.32** **Next update:** 17 August 2006

▣ Fatal human case of H5N1 infection in mainland China retrospectively confirmed from November 2003

▣ Report of the review of NHS pathology services in England

Fatal human case of H5N1 infection in mainland China retrospectively confirmed from November 2003

On 8 August 2006 the World Health Organization (WHO) announced that the Ministry of Health in China has retrospectively confirmed a fatal human case of H5N1 infection from November 2003. The case occurred in a member of the military service based in Beijing, aged 24 years. This case is the earliest known instance of human H5N1 infection in mainland China. It is now the first confirmed case in the present outbreak, occurring prior to the cases in Viet Nam in December 2003 which were previously thought to signal the start of this outbreak. Further details can be obtained from the WHO situation report: <http://www.who.int/csr/don/2006_08_08/en/index.html>.

Report of the review of NHS pathology services in England

The report of the independent review of NHS pathology services was published recently [1]. The Review, chaired by Lord Carter of Coles, was set up in September 2005. Its purpose was "To advise Ministers, in the context of current resource constraints, on the timeliness, reliability, capacity and efficiency of current pathology services in England, benchmarked against international standards and the feasibility of and benefits arising from wide-scale service reconfiguration, innovation and modernisation and involvement of the independent sector." In its report, the Review Panel sets out its findings and conclusions, and makes recommendations for the development and improvement of pathology services.

References

1. Report of the review of NHS pathology services in England. London: Department of Health, 2006. Available at <<http://www.dh.gov.uk/assetRoot/04/13/76/07/04137607.pdf>>.

Enteric

Last updated: 10 August 2006, Next update: 7 September 2006

Enteric Routine Data Reports

- ▣ General outbreaks of foodborne illness in humans, England and Wales: weeks 27-31/06
 - ▣ Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (salmonella data set): June 2006
 - ▣ Common gastrointestinal infections, England and Wales, laboratory reports: weeks 27-31/06
 - ▣ Typhoid and paratyphoid, England and Wales laboratory reports, April to June 2006
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▣ General outbreaks of foodborne illness in humans, England and Wales: weeks 27-31/06

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
Birmingham & Solihull	<i>Salmonella</i> Enteritidis PT6A	Restaurant	July	6	6	Kebabs	D
Greater Manchester	<i>S. Enteritidis</i> PT14B	Restaurant	June	12	12	Various foods	M
North East & North Central London	<i>S. Enteritidis</i> PT21	Restaurant	July	2	2	Raw chicken and egg mix	M
Hampshire and Isle of Wight	<i>S. Typhimurium</i> DT1	–	July	6	6	None	–
Northumberland, Tyne & Wear	<i>S. Typhimurium</i> U288	Retailer	July	2	2	None	–
Humber	<i>Staphylococcus aureus</i>	Café	July	5	1	Cooked chicken and salad	M

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): June 2006

Details of serotypes of 874 salmonella infections recorded in June 2006 are given in the table below. In July 2006, 985 salmonella infections were recorded and preliminary information was received about five outbreaks (see table above)

	June 2006
S. Enteritidis (PT4)	178
S. Enteritidis (other PTs)	306
S. Typhimurium	110
S. Virchow	22
Others (typed)	258
Total <i>Salmonella</i> (provisional data)*	874

*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 27-31/06

Laboratory reports	Number of reports received					Total reports 27-31/06	Cumulative total to	
	27/06	28/06	29/06	30/06	31/06		31/06	31/05
<i>Campylobacter</i>	1121	1095	681	539	91	3527	22,772	26,600
<i>Escherichia coli</i> O157*	80	29	76	41	33	259	554	409
<i>Salmonella</i> †	315	252	227	152	182	1128	4937	5153
<i>Shigella sonnei</i>	11	6	4	3	1	25	301	545
Rotavirus	46	38	21	27	1	133	12,266	12,688
Norovirus	18	15	4	4	–	41	3083	2255
Cryptosporidium	27	35	31	31	6	130	1152	1288
Giardia	51	41	31	24	8	155	1295	1536

*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.

▣ Typhoid and paratyphoid, England and Wales laboratory reports, April to June 2006

Organism and Phage type	Number of cases	Infection acquired abroad			Excretors and carriers
		Yes	No	Not reported	
<i>S. typhi</i>					
D1	3	–	–	3	–
E1	27	11	–	16	–
E9	6	3	–	3	–
J1	1	–	–	1	–
O	3	3	–	–	–
Untypable	6	4	–	2	–
Untypable Vi-1	2	1	–	1	–
Untypable Vi-2	5	3	–	2	–
Untypable Vi-7	1	1	–	–	–
Vi Negative	1	–	–	1	–
Degraded	2	1	–	1	–
27	2	–	–	2	–
46	1	1	–	–	–
51	1	1	–	–	–
Total	61	29	–	32	–
<i>S. paratyphi A</i>					
1	17	13	–	4	–
1A	10	7	–	3	–
2	7	6	–	1	–
3	4	3	–	1	–
4	11	3	–	8	–
13	20	14	–	6	–
Untypable	8	5	–	3	–
RDNC	4	4	–	–	–
Total	81	55	–	26	–
<i>S. paratyphi B</i>					
Taunton	1	1	–	–	–
Total	1	1	–	–	–

Sixty-one cases of *Salmonella typhi* infection were reported in the second quarter of 2006. Twenty-nine cases were infected abroad (all Indian subcontinent). In 32 cases the country of infection was not stated.

Eighty-one cases of *S. paratyphi A* infection were reported. Fifty-five cases were infected abroad (Indian subcontinent 49, abroad country unspecified 4, Africa 1, and Thailand 1). In 26 cases the country of infection was not stated.

One case of *S. paratyphi B* infection was reported, the country of infection was in South America.

Emerging infections/CJD

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Emerging Infections Update: January to June 2006

Monthly summaries of notable events and developments of potential public health importance are shown in the table below. Events are identified through horizon scanning activities and then logged and systematically followed up. Multiple sources are scanned including: ProMED online <<http://www.promedmail.org>>; World Health Organization sources (Disease Outbreak News <<http://www.who.int/csr/don/en/>>, *Weekly Epidemiological Record* <<http://www.who.int/wer/en/>>, Outbreak Verification List); *Eurosurveillance Weekly* (<http://www.eurosurveillance.org/index-02.asp>); the Global Public Health Intelligence Network (GPHIN) early warning system; CIDRAP online <<http://www.cidrap.umn.edu/index.html>>; CDC *Morbidity and Mortality Weekly Report* <<http://www.cdc.gov/mmwr/>>; *Emerging Infectious Diseases* journal <<http://www.cdc.gov/ncidod/EID/index.htm>> and the wider scientific literature.

Further details on a selection of the notifiable events/incidents are given below table 1, with relevant links and references where appropriate.

Table 1 Summary of notable events/incidents of potential public health significance

Month reported	Incident	Location
Jan-06	Anthrax	Italy (Bolzano)
	Avian influenza	China, Indonesia, Iraq, Turkey, Hong Kong.
	Bovine tuberculosis	UK
	Chikungunya virus	Réunion Island
	<i>Corynebacterium ulcerans</i>	UK (Cheshire)
	Poliomyelitis	Indonesia, Somalia, Yemen
	<i>Pseudamphistomum truncatum</i> update	UK (Somerset)
	Rabies in a dairy cow	United States (Oklahoma)
Feb-06	Tularemia in hare hunters	Germany (Hessen)
	Anthrax	United States
	Atypical scrapie	UK
	Avian influenza	China, Indonesia, Iraq
		Systemic infection in cats.
		Continuing spread in birds in Europe and Africa.
	Chikungunya virus	Indian Ocean
	Lagos bat virus	South Africa
	Poliomyelitis	Global situation. United States (Vaccine-associated)
	Emerging Rickettsiae	India
Mar-06	Undiagnosed deaths in marine life	Central America (Mexico, El Salvador, Panama)
	Variant CJD (transfusion-associated)	UK
	Atypical scrapie	UK advice
	Avian influenza	Azerbaijan, Egypt, China, Indonesia, Cambodia

	Botulism	Thailand
	Chikungunya virus	Indian Ocean, Malaysia, Europe (imported cases)
	Hand, foot and mouth disease	South-East Asia
	Monkeypox	Sudan
	Poliomyelitis	Bangladesh, Somalia
	Suspected viral haemorrhagic fever	Liberia
	TSE Update	New research findings
Apr-06	Anthrax	Wales
	Avian influenza	H5N1: Azerbaijan, Cambodia, China, Egypt, Indonesia, Scotland.
		H7N3:UK (Norfolk)
	Chikungunya virus, imported	Europe (UK, Germany, Switzerland, Italy, Norway, France)
	Duvenhage bat virus	South Africa
	Haemorrhagic fever syndrome	Sudan
	Hand, foot and mouth disease	South-East Asia
	Poliomyelitis	Global progress towards eradication
	Haemorrhagic fever with renal syndrome	Finland
	Human bocavirus	Canada
	<i>Streptococcus suis</i>	China
May-06	Avian influenza	Djibouti, Egypt, Indonesia (cluster)
	Chikungunya	UK, India
		EU Risk Assessment. Virus analysis
	Chytrid fungus	UK, global
	Plague	Democratic Republic of Congo
	Poliomyelitis	Democratic Republic of Congo, Myanmar, Nigeria, Nepal, Singapore
	TSE Update – Atypical BSE, vCJD susceptibility study	New research findings
	Vaccine update (Avian influenza H5N1, Marburg virus, West Nile Virus)	Vaccine trials – initial results
Verocytotoxin producing E. coli 0157, sorbitol fermenting	UK	
Jun-06	Avian influenza	China, Indonesia.
		WHO epidemiological data, ECDC Risk Assessment.
	Endemic bioterrorism agents (anthrax, plague, tularemia)	United States
	Fish infections (bacterial kidney disease, koi herpesvirus, viral haemorrhagic septicaemia)	UK
	Lymphogranuloma venereum	UK
	Poliomyelitis	Namibia
	<i>Salmonella Montevideo</i>	UK
	TSE Update	New research findings

Anthrax

Italy (Bolzano): An outbreak of anthrax in animals was reported in January 2006 in a non-endemic area of northern Italy. A total of seven animals died and a farmer developed cutaneous anthrax after a

pre-existing lesion came into contact with infected animals' blood. The source of infection was suspected to be contaminated hay, possibly imported from another region. Ten potentially exposed people were identified, including six family members who had direct contact with the animals and were exposed to dust from the hay, and four others who had contact with infected material from the dead animals, and all received prophylaxis. Anthrax is rare in Italy [1].

New York ex Côte d'Ivoire

A case of inhalational anthrax was confirmed in a man in New York in February, who had recently travelled to Côte d'Ivoire and imported unprocessed goat skins into the United States. He is believed to have inhaled anthrax spores while using the skins to make traditional drums. *Bacillus anthracis* was detected at the man's home, work premises and in a van used to transport the skins. Seven potentially exposed persons were identified, all received post-exposure prophylaxis, and none showed any symptoms of anthrax infection [2].

Endemic potential bioterrorism agents in the United States

Incidents involving endemic potential bioterrorism agents continue to be reported in the United States.

Tularemia: Two human cases of tularemia were detected within a two week period in January in Grand Island, Nebraska. This is unusual, as an average of three to four cases are reported annually in the area. Alerts were issued in Texas in February (Presidio County) and June (Amarillo) after die-offs of rabbits and rodents due to tularemia. The die-off in Amarillo occurred near a public airport and ticks from a coyote found in the area also tested positive. The airport and terminals in the area were of concern due to high rabbit populations close to busy public areas, however no human cases were reported in association with this outbreak.

Tularemia activity has again been reported in Martha's Vineyard, Massachusetts this summer, with six human cases of pneumonic tularemia detected between 13 May and 5 July 2006. Human cases are reported annually in Martha's Vineyard, generally in landscapers and others in occupational contact with rabbits or aerosolised bacteria.

Plague: The early occurrence of plague in several states this year is being attributed to mild winter weather. The first animal cases were noted in Colorado in February, when many rodents would usually be expected to be in hibernation, and cases have since been reported in animals in several states. A number of human cases have also occurred, including the first fatal case of bubonic plague in New Mexico in 12 years, reported in late May. The first human case of bubonic plague in LA County since 1984 was reported in April, and two cases were diagnosed in New Mexico in June, including the first plague fatality in the state since 1994.

Anthrax: Wet spring weather followed by hot, dry summers in parts of the US and Canada has contributed to significant anthrax activity this summer:

United States: Minnesota's most severe outbreak in 87 years is ongoing, with 68 livestock deaths so far on 23 farms. Anthrax has also been reported in herds in South Dakota and Texas.

Canada: Anthrax has been confirmed at 99 premises in Saskatchewan, and 481 animals have died so far, predominantly cattle but also horses, swine, sheep, bison, deer and goats. A human case of cutaneous anthrax was reported in association with an outbreak on a ranch in Melfort. A total of 16 herds in Manitoba have been confirmed positive and 106 animals have died. Anthrax has also been reported in a herd of free-ranging bison in the North-western Territories.

Fish infections

Fish infections tend to be very species specific and the organisms do not generally survive at mammalian body temperatures. Although not thought to be a risk to human health, they are monitored by the Emerging Infections Department, and when required, a risk assessment is carried out by the Human Animal Infections and Risks Surveillance Group, in conjunction with experts on specific agents. To date, no fish infections have been identified in the United Kingdom that are considered to pose a threat to human health. The following infections have been considered in recent months:

Bacterial kidney disease (BKD): The presence of BKD was reported in trout samples from farms in Devon [3] and Dorset [4] in June. BKD is caused by *Renibacterium salmoninarum* and can cause significant mortalities in both farmed and wild salmon and trout. Although BKD is considered serious and notifiable under European Union law, it is a well documented infection which is not widespread in Great Britain and occurs only sporadically.

Koi herpesvirus: Outbreaks of koi herpesvirus (KHV) disease were reported at three stillwater fisheries in South and South East England in June. These are the first fatal cases of KHV reported this year in fisheries, and are the most serious outbreaks in terms of fish losses since the disease was first recorded in the UK [5].

Viral haemorrhagic septicaemia (VHS): The first outbreak of freshwater VHS recorded from mainland Great Britain was confirmed at a trout farm in North Yorkshire in June. The virus was also detected in a sample of grayling taken from the River Nidd, below the outlet of the infected farm. VHS

can result in significant mortality in fish and is a major economic concern to the trout farming industry [6].

Lyssaviruses

Rabies, United States: At least 62 people received rabies vaccinations in late December 2005 after consuming unpasteurised milk from a rabies-infected cow in Oklahoma. Milk from the cow was combined with milk from up to 70 healthy cows and sold to the public prior to the rabies diagnosis. Human cases of rabies due to non-bite exposures are rare, and there has never been a documented human or animal case of rabies due to transmission from milk. This is, however, theoretically possible and anecdotal reports exist of rabies transmission by ingestion of milk from a rabid sheep to a nursing lamb. Bite or mucous membrane exposures could not be ruled out [7].

Lagos Bat Virus in South Africa: A paper in February described 3 cases of Lagos bat virus (LBV) infection in fruit bats in South Africa. This lyssavirus has not been reported in South Africa in 13 years, and this is likely due to lack of surveillance. These findings emphasise the lack of understanding of the true prevalence of lyssaviruses in Africa. Human infections have not been documented, however infection has been reported in terrestrial mammals and domestic animals. Tests in rodent models suggest that rabies pre- and post-exposure prophylaxis is unlikely to be effective against LBV [8].

Duvenhage bat virus: A fatal case of Duvenhage bat virus infection was confirmed in a man, aged 77 years, from North West Province, South Africa in April. The man is thought to have been scratched on his face by an insectivorous bat which flew into his room at night, but he was not bitten and did not seek medical treatment at the time. He became ill one month later and died 14 days afterwards. Duvenhage virus has not been reported outside South Africa, and this is only the fourth isolation of the virus, which was discovered in 1970 when a man died of a rabies-like illness after being bitten by a bat. The other two isolations were from bats.

Plague, Democratic Republic of Congo

An outbreak of plague was reported from Ituri in May 2006. Up to 194 cases of pneumonic plague were suspected, 25 cases were confirmed and there were 25 deaths (case fatality ratio [CFR] =13%). Cases of bubonic plague also occurred, but the numbers were not confirmed. Cases were reportedly decreasing in late June, however no further information has been reported since early July. The reported case-fatality rate is low compared to previous outbreaks of plague in the region, and further information may alter this. Plague is endemic in Ituri district, which is the most active site of human plague outbreaks in the world, and a large outbreak was reported at a mine near Zobia in February 2005.

Poliomyelitis – Namibia

The first outbreak of polio in Namibia since 1996 has been confirmed in Windhoek, resulting in 185 suspected cases, including 21 deaths as of 18 July 2006. A total of 17 cases have been confirmed as wild poliovirus type-1 (WPV-1). The index case is thought to be a 39-year old man with onset of paralysis on 8 May, later confirmed as infected with WPV-1. Genetic sequencing confirms that the virus is of Indian origin, consistent with an importation from Angola, which was re-infected last year by a virus from India after 4 polio-free years. Three-quarters of suspected cases are over 15 years old, and it is thought that these individuals were not immunised as children. Routine immunisation coverage within Namibia varies between regions, but is currently between 60% and 80%. The government plans three National Immunisation Days to immunise the entire Namibian population in response to this outbreak [9].

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Zoonoses

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▾ **Common animal associated infections, England and Wales: laboratory reports, weeks 14-26/06**

Organism	Total reports for weeks 14 – 26		Cumulative totals for weeks 01 – 26	
	2006*	2005	2006*	2005
<i>Borrelia burgdorferi</i> *,‡	80	90	126	142
<i>Leptospira hardjo</i> †, §	–	2	–	2
<i>Leptospira icterohaemorrhagiae</i> †, §	1	–	2	4
<i>Leptospira</i> other†, §	4	4	6	7
<i>Pasteurella haemolytica</i>	4	3	5	3
<i>Pasteurella multocida</i>	95	83	161	160
<i>Pasteurella pneumotropica</i>	4	3	4	8
<i>Pasteurella</i> other/spp	20	24	36	34
<i>Toxocara canis</i>	–	2	–	4
<i>Toxocara</i> other/spp	–	–	–	–
<i>Toxoplasma gondii</i>	6	1	13	8
<i>Toxoplasma</i> other/spp	15	13	32	27
<i>Coxiella burnetii</i>	3	5	5	8
<i>Chlamydia (Chlamydophila) psittaci</i>	3	9	16	21
<i>Capnocytophaga</i> spp	1	4	2	5
<i>Mycobacterium marinum</i>	9	7	14	15
Orf virus	–	1	1	1
<i>Echinococcus granulosus</i>	–	2	2	3

* provisional data, † by specimen date, ‡ Lyme Diagnostic Unit and the HPA's Centre for Infections, § *Leptospira* Reference Unit and the HPA's Centre for Infections.

Commentary

***Borrelia burgdorferi* (Lyme borreliosis): (80)**

Exposure histories include: M 39y, rash whilst on holiday in the United States, M 47y works on

Salisbury Plain; M 57y, Forestry worker; F 7y, tick bite when deer in garden; F 58y, bitten in Slovenia, F 73y, facial palsy after bite during holiday in Dordogne

Leptospirosis: (5)

L. icterohaemorrhagiae: M 42y

L. javanica: F 54y

Leptospira spp: M 35y who travelled to Borneo, M 40y, M 43 y

Pasteurella: (123)

Pasteurella haemolytica: (4)

Pasteurella multocida: (95)

Pasteurella pneumotropica : (4)

Pasteurella spp: (20)

Aged under 10 years: four males, two females, aged between 10 and 24 years: one male, three females, aged between 25 and 49 years: 18 males, 11 females, one sex not stated, aged between 50 and 64 years: 19 males, 25 females, aged 65 years and over: three males, 19 females, age and sex not stated: seven

Toxoplasmosis: (21)

Toxoplasma gondii: (6)

Toxoplasma spp: (15)

Aged between 15 and 24 years: two females, two males, aged between 25 and 49 years: four males, five females, aged between 50 and 64 years: five males, one female, aged 65 years and over: two males

Coxiella burnetii (3)

F 42y, Wales: M 36y, North West England, M 61y, East of England

Chlamydia (Chlamydophila) psittaci: (3)

F 22y, F 26y, South East England, F 23y, East of England

No bird or animal contact specified

Capnocytophaga spp: (1)

M 43y

Mycobacterium marinum: (9)

Three females aged between 50 and 87 years, F 50y, F 64y, F 87y, Six Males aged between 41 and 62 years M 41y, M 43y, M47y, M 47y, M 59y, M62y.

Orf: (nil report)

Echinococcus granulosus: (nil report)

Common animal associated infections, England and Wales: laboratory reports, weeks 01-13/06

Organism	Total reports for weeks 01 – 13		Cumulative totals for weeks 01 – 13	
	2006*	2005	2006*	2005
<i>Borrelia burgdorferi</i> *,‡	46	52	46	52
<i>Leptospira hardjo</i> †, §	–	–	–	–
<i>Leptospira icterohaemorrhagiae</i> †, §	1	4	1	4
<i>Leptospira</i> other†, §	1	3	1	3
<i>Pasteurella haemolytica</i>	1	–	1	–
<i>Pasteurella multocida</i>	66	77	66	77
<i>Pasteurella pneumotropica</i>	–	5	–	5
<i>Pasteurella</i> other/spp	16	10	16	10
<i>Toxocara canis</i>	–	2	–	2
<i>Toxocara</i> other/spp	–	–	–	–
<i>Toxoplasma gondii</i>	7	7	7	7
<i>Toxoplasma</i> other/spp	17	14	17	14
<i>Coxiella burnetii</i>	2	3	2	3
<i>Chlamydia (Chlamydophila) psittaci</i>	13	12	13	12
<i>Capnocytophaga</i> spp	1	1	1	1
<i>Mycobacterium marinum</i>	5	8	5	8
Orf virus	1	–	1	–
<i>Echinococcus granulosus</i>	2	1	2	1

* provisional data, † by specimen date, ‡ Lyme Diagnostic Unit and the HPA's Centre for Infections, § *Leptospira* Reference Unit and the HPA's Centre for Infections.

Commentary

***Borrelia burgdorferi* (Lyme borreliosis): (46)**

Exposure histories include: F 26y from Norway, M 23y travel to Germany, M 66y Forester, F 27y recent travel to endemic area of Hungary, M 65y tick exposure in the Russia, F 21y tick bite in Austria, F 24y camping in Scotland in August 2005

Leptospirosis: (2)

L. icterohaemorrhagiae: F 59y, resident East Midlands

Leptospira spp: M 53y, resident South West England who travelled to Tobago

Pasteurella: (83)

Pasteurella haemolytica: (1)

Pasteurella multocida: (66)

Pasteurella spp: (16)

Aged under 10 years: three males, three females, aged between 10 and 24 years: two males, one female, aged between 25 and 49 years: 14 males, 10 females, aged between 50 and 64 years: eight males, 11 females, aged 65 years and over: three males, nine females, age not stated: one female

Toxocara: (Nil report)

Toxoplasma: (24)

Toxoplasma gondii: (7)

Toxoplasma spp: (17)

Aged between 15 and 24 years: two males, three females, aged between 25 and 49 years: five males, eight females, one sex not stated, aged between 50 and 64 years: one female, two males, aged 65 years and over: one male, one female

***Coxiella burnetii*: (2)**

M 84 y, with 10 days LRTI and evidence of past infection, F 84y, no clinical or epidemiological details

***Chlamydia (Chlamydophila) psittaci*: (13)**

M 50y, F 35y, Wales, M 52y, F 25y, F 60y, North West England, M 24y, South East England, F 24y, North East England, F 58y, Eastern England, three males aged between 38 and 57 years, F 93y, F 48y, South West England. No bird species or animal contact recorded

***Capnocytophaga*: (1)**

Capnocytophaga spp: F 75y

***Mycobacterium marinum*: (5)**

M 60y, M 65y, three females aged between 37 and 70 years

Orf virthe United States: (1)

M 50y, abattoir worker with skin lesions

***Echinococcthe United States granulosthe United States*: (2)**

M 21y, M 26y

Diary of events

Last updated: 10 August 2006

 Hospital Acquired Infections Symposium – Glasgow 1-2 of September 2006

 Hospital Acquired Infections Symposium – Glasgow 1-2 of September 2006

On 1 and 2 September 2006, Glasgow Caledonian University, Glasgow, are hosting *Hospital Acquired Infections Symposium*. The programme will include sessions on:

- *Staphylococcal* Infections (including MRSA)
- Extended Spectrum β -lactamase producing bacteria
- *Clostridium difficile* infections
- fungal infections.

All of these topics are currently of the highest importance to control of infection in the hospital environment. Presentations are from a broad range of invited International speakers. Further information and the registration form are available at:

<http://www.scottish-microbiology.org.uk/>

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