



# CDR WEEKLY

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## NEWS STORIES:

- ↙ National increase in cases of legionnaires' disease – update
- ↙ New frontiers – annual report of the National Chlamydia Screening Programme in England 2005/6

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## INFECTION REPORTS

### Enteric:

- ↙ General outbreaks of foodborne illness in humans, England and Wales: weeks 40-44/06
- ↙ Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (salmonella data set): September 2006
- ↙ Common gastrointestinal infections, England and Wales, laboratory reports: weeks 40-44/06
- ↙ Typhoid and paratyphoid, England and Wales, laboratory reports, July to September 2006 Infection acquired abroad

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## DIARY

- ↙ Principles of Health Protection (Part One and two)

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# News

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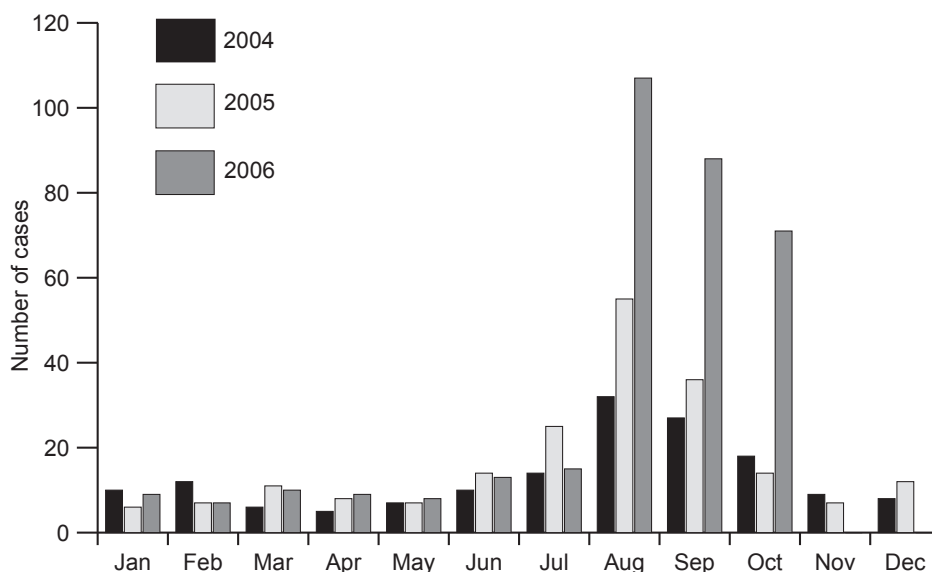
National increase in cases of legionnaires' disease – update

*New frontiers* – annual report of the National Chlamydia Screening Programme in England 2005/6

## National increase in cases of legionnaires' disease – update

The rise in the number of recent cases of legionnaires' disease reported to the Health Protection Agency [1,2] is continuing. By 6 November, 319 cases had been reported to the National Surveillance Scheme for Legionnaires' Disease in residents of England and Wales with onset of illness since 1 August. One hundred and twenty-nine of these cases are known or assumed (on the basis of microbiological specimens) to have become ill in August and one hundred and eleven in September. Seventy-nine cases have become ill in October (so far). Between August and October 2005, one hundred and seventy-four cases were reported. The number of cases reported this year is nearly double that for the same period in 2005 (figure 1).

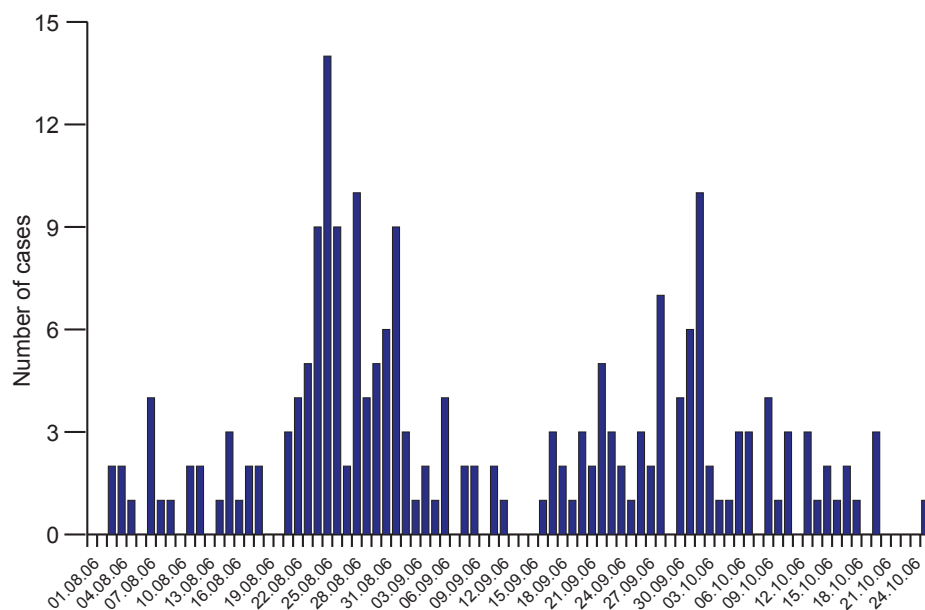
**Figure 1 All legionnaires' disease cases with known dates of onset, reported since 1 August (with travel abroad removed)**



Two hundred and fifty-five of the 319 cases are male (80%), and the peak age group is between 50 and 59 years. Cases have been reported from all regions but there is no suggestion of a national outbreak occurring. Local clusters continue to be investigated for common sources of infection. Of the 319 cases with known onset between August and October, 53 (20%) are associated with travel abroad and 31 (12%) with travel in the UK. The remaining cases are assumed to be community acquired.

Overall, the peak dates for onset of illness, excluding cases linked to travel abroad and those with unknown day of onset, centre around the 25 August and around the 3 October (figure 2).

**Figure 2 All legionnaires' disease cases with known dates of onset, reported since 1 August (with travel abroad removed)**



**Table 1 All cases of legionnaires' disease by region of report and underlying population, in comparison with the rate for 2005**

Region	Aug	Sept	Oct	Total cases (Aug-Oct)	Regional population*	2006 cases (Aug-Oct) per 100,000	2005 cases (Aug-Oct) per 100,000
North East	4	5	2	11	2,558,308	0.43	0.391
Yorkshire & Humber	10	7	9	26	5,063,944	0.513	0.237
East Midlands	28	13	11	52	4,306,335	1.208	0.395
East of England	12	7	4	23	5,541,636	0.415	0.217
London	12	15	13	40	7,517,726	0.532	0.559
South East	14	17	14	45	8,164,224	0.551	0.171
South West	7	11	5	23	5,067,794	0.454	0.316
West Midlands	19	19	12	50	5,365,438	0.932	0.41
North West	9	13	4	26	6,846,249	0.38	0.248
Wales	13	4	5	22	2,958,590	0.744	0.406
Not known	1	—	—	1	—	—	—
<b>Total</b>	<b>129</b>	<b>111</b>	<b>79</b>	<b>319</b>	<b>53,390,244</b>	<b>0.598</b>	<b>0.326</b>

\*Based on ONS 2005 population estimates.

Although the absolute number of cases in each region shows considerable variation (from 11 to 52 cases between August and October), the rates are relatively constant when the underlying populations are taken into account (from 0.38 to 1.21 cases per 100,000). The rate in the East Midlands is notably higher than their comparable rate in 2005, while London's rate has decreased despite the nationwide increase in cases this year.

The HPA Centre for Infections (Cfi), through its Respiratory Diseases Department, Respiratory and Systemic Infection Laboratory (RSIL) and Water and Environmental Microbiology Reference Unit (WEMRU) in collaboration with Local and Regional Services, is continuing to monitor the situation. Further cases, updated information on previously reported cases, and reports of cluster

investigations should be sent to the Respiratory Diseases Department at Cfl. RSIL is undertaking confirmatory testing on all positive urine antigen samples submitted and requests clinical material (for example sputum or other respiratory tract samples) for culture, PCR and epidemiological typing. In addition, WEMRU is available to provide advice and assistance on environmental investigations and control of legionella.

#### References

1. HPA. National increase in cases of legionnaires' disease. *Commun Dis Rep CDR Wkly* [serial online] 2006 [accessed 8 November 2006]; **16**(37): news. Available at <<http://www.hpa.org.uk/cdr/archives/2006/cdr3706.pdf>>.
  2. HPA. National increase in cases of legionnaires' disease - update. *Commun Dis Rep CDR Wkly* [serial online] 2006 [accessed 8 November 2006]; **16**(38): news. Available at <<http://www.hpa.org.uk/cdr/archives/2006/cdr3806.pdf>>.
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### New frontiers – annual report of the National Chlamydia Screening Programme in England 2005/6

The National Chlamydia Screening Programme (NCSP) has recently published its annual report for 2005/6. The findings for the year include that:

- The screening volumes have greatly increased, with nearly 100,000 screens in the third year 2005/6
- 1 in 10 of young men and women tested were positive for chlamydia
- Management and treatment of positive cases, including partner treatment, is undertaken primarily within community settings
- Screening within general practice has potential to be developed
- There is a need to provide equitable services for special and vulnerable groups.

The title, *New Frontiers*, reflects the changing NHS environment in which the NCSP is developing. Progress has been made during the first two phases of implementation involving 25% of all primary care trusts in England. Screening continues to develop in an increasingly broad range of settings: medical, non-healthcare, NHS, private, and voluntary bodies. The third final phase will oversee the roll out throughout England by April 2007 and marks a new scale of operation for the programme. Supporting this is the introduction of the NCSP regional facilitator team who will act to fast track issues from the front line of services to the policy makers.

The National Chlamydia Screening Programme (NCSP) in England began in April 2003 in ten programme areas with a further 16 joining in April 2004. The rest of England was included from April 2006 to give an estimated 85 programme areas in total. The aims of the programme are to offer opportunistic screening to sexually active men and women under 25 years of age attending healthcare and non-healthcare settings; to improve general sexual health awareness; and to reduce the prevalence and costly sequelae of chlamydial infection in England. The programme is managed nationally through the HPA, having moved from the Department of Health in 2005.

#### References

1. NCSSG. *New frontiers – annual report of the National Chlamydia Screening Programme in England 2005/06*. London: HPA, 2006. Available at <<http://www.hpa.org.uk/publications/2006/NCSP/default.htm>>.

# Enteric

Last updated: 9 November 2006, Volume 16, No. 45 Next update: 14 December 2006

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## Enteric Routine Data Reports

General outbreaks of foodborne illness in humans, England and Wales: weeks 40-44/06

Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (salmonella data set): September 2006

Common gastrointestinal infections, England and Wales, laboratory reports: weeks 40-44/06

Typhoid and paratyphoid, England and Wales, laboratory reports, July to September 2006 Infection acquired abroad

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## General outbreaks of foodborne illness in humans, England and Wales: weeks 40-44/06

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
Greater Manchester	S. Enteritidis PT1	Retailer	Oct	7	7	None	–
Hampshire & Isle of Wight	S. Entertidis PT4	School	Oct	3	3	None	–
Northumberland, Tyne & Wear	S. Enteritidis PT21	Restaurant	Sept	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): September 2006**

Details of serotypes of 1807 Salmonella infections recorded in September are given in the table below. In October 2006, 1472 Salmonella infections were recorded and preliminary information was received about three outbreaks (see table above).

	September 2006
S. Enteritidis (PT4)	328
S. Enteritidis (other PTs)	929
S. Typhimurium	149
S. Virchow	58
Others (typed)	343
<b>Total <i>Salmonella</i> (provisional data)*</b>	<b>1807</b>

\*Figures quoted from the Health Protection Agency S. data set are for isolates confirmed and typed by Laboratory of Enteric Pathogens (LEP).

**Common gastrointestinal infections, England and Wales, laboratory reports: weeks 40-44/06**

Laboratory reports	Number of reports received					Total reports	Cumulative total to	
	40/06	41/06	42/06	43/06	44/06	40-44/06	44/06	44/05
<i>Campylobacter</i>	829	758	698	538	73	<b>2896</b>	<b>37,233</b>	<b>40,386</b>
<i>Escherichia coli</i> O157*	61	26	26	14	21	<b>148</b>	<b>959</b>	<b>814</b>
<i>Salmonella</i> †	439	279	411	244	220	<b>1593</b>	<b>9804</b>	<b>9911</b>
<i>Shigella sonnei</i>	17	10	11	6	–	<b>44</b>	<b>496</b>	<b>805</b>
Rotavirus	28	24	25	19	3	<b>99</b>	<b>12,808</b>	<b>13,092</b>
Norovirus	36	25	11	10	–	<b>82</b>	<b>3735</b>	<b>2419</b>
Cryptosporidium	112	87	56	55	12	<b>322</b>	<b>2700</b>	<b>3504</b>
Giardia	65	57	58	32	6	<b>218</b>	<b>2269</b>	<b>2453</b>

\*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, July to September 2006 Infection acquired abroad

Organism and phage type	Number of cases	Infection acquired abroad			Excretors and carriers
		Yes	No	Not reported	
<b>S. Typhi</b>					
A	2	–	–	2	–
D1	3	1	–	2	–
D2	1	–	–	1	–
E1	34	23	–	11	–
E9	6	5	–	1	–
J1	1	1	–	–	–
M1	2	–	–	2	–
51	2	1	–	1	–
Degraded	4	1	–	3	–
Untypable Vi	2	1	–	1	–
Untypable Vi-2	2	–	–	2	–
Untypable Vi-3	2	2	–	–	–
Untypable Vi-7	9	5	–	4	–
<b>Total</b>	<b>70</b>	<b>40</b>	<b>–</b>	<b>30</b>	<b>–</b>
<b>S. Paratyphi A</b>					
1	10	5	–	5	–
1A	13	7	–	6	–
2	12	8	–	4	–
3	6	3	–	3	–
4	9	6	–	3	–
6A	1	–	–	1	–
13	15	6	–	9	–
Untypable	7	4	–	3	–
<b>Total</b>	<b>73</b>	<b>39</b>	<b>–</b>	<b>34</b>	<b>–</b>
<b>S. Paratyphi B</b>					
Dundee	2	–	–	2	–
1 Var 14	1	–	–	1	–
Untypable	1	1	–	–	–
<b>RDNC</b>	<b>1</b>	<b>–</b>	<b>–</b>	<b>1</b>	<b>–</b>
<b>Total</b>	<b>5</b>	<b>1</b>	<b>–</b>	<b>4</b>	<b>–</b>

Seventy cases of *Salmonella typhi* infection were reported in the third quarter of 2006. Forty cases were infected abroad (Indian subcontinent 32, abroad country unspecified 4, and one each of Egypt, Iraq, Nigeria, and Sierra Leone). In 30 cases the country of infection was not stated.

Seventy-three cases of *S. paratyphi A* infection were reported. Thirty-nine cases were infected abroad (Indian subcontinent 37, Abroad country unspecified 2). In 34 cases the country of infection was not stated.

Five cases of *S. paratyphi B* infection was reported; one cases was infected abroad (Zimbabwe). In four cases their country of infection was not stated.

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# Diary of events

Last updated: 9 November 2006

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▾ Principles of Health Protection (Part One and two)

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## Principles of Health Protection (Part one and two)

### Principles of Health Protection (Part one) – 14-16 February 2007

HPA South West, in conjunction with University of Bristol, offers this multi-disciplinary course to update your knowledge and skills of the surveillance, epidemiology and management of infectious, environmental and radiological incidents. The course will be held at the Department of Social Medicine, Canynge Hall, Whiteladies Road, Bristol.

Contact the short course administrator on tel: 0117 928 7221

Email: [short-course@bristol.ac.uk](mailto:short-course@bristol.ac.uk)

Download a flyer at: <http://www.epi.bris.ac.uk/shortc/hpp.htm>

### Practice of Health Protection (Part Two) – 26-27 April 2007

This two-day intensive course offers experienced specialists in health protection, public health and environmental health an opportunity for CPD to discuss emerging health protection threats, analyse case studies, reflect on current issues, hot topics and debates through a series of lectures, scenarios and workshops. The course will be held at the Department of Social Medicine, Canynge Hall, Whiteladies Road, Bristol.

Contact the short course administrator on tel: 0117 928 7221

Email: [short-course@bristol.ac.uk](mailto:short-course@bristol.ac.uk)

Download a flyer at: <http://www.epi.bris.ac.uk/shortc/hpp.htm>