



CDR WEEKLY

the Communicable Disease Report Weekly

Current Issue: Volume 16 Number 49 **Published on:** 7 December 2006

NEWS STORIES:

▾ Cases of hepatitis B associated with lancing devices

▾ *Plasmodium falciparum* malaria in Jamaica

INFECTION REPORTS:

Respiratory:

▾ Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 44-48/06

CDR S UBSCRIPTION:

To subscribe to CDR Weekly, email us at: cdr@hpa.org.uk

News

Last updated: 7 December Volume 16, No.49 Next update: 14 December 2006

▾ Cases of hepatitis B associated with lancing devices

▾ Plasmodium falciparum malaria in Jamaica

Cases of hepatitis B associated with lancing devices

Since 2004, seven cases of hepatitis B have been reported to the Health Protection Agency from care and residential homes following the incorrect use of lancing devices. On further investigation by local Health Protections Units eleven more cases have been identified in diabetics who have probably been infected by these means. In four patients, hepatitis B infection had contributed to their death. A further single case in a diabetic in another home is still under investigation. There have been reports that some care and residential homes have used the single patient device on more than one patient. As a small amount of blood can remain on the cap of the device, this can lead to infection being passed between patients.

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a renewed safety warning to healthcare workers over the use of these devices in nursing and care homes after the Agency received continued reports of infection being passed via these devices [1].

The MHRA has advised that care workers or healthcare professionals taking blood glucose samples in any multi-patient environment, including nursing homes and care homes must only use:

- disposable single-use lancing devices for each resident or patient (these are used once and then the entire lancing device is discarded), or;
- a non-disposable lancing device, but this must be one which is intended to be used to take blood samples from multiple patients, used with disposable single-use lancets.

References

1. Lancing devices used in nursing homes and care homes. MDA/2006/066. London: Medicines and Healthcare Products Regulations Agency, 6 December 2006. Available at

<http://www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&ssDocName=CON2025400&ssSourceNodeId=389&ssTargetNodeId=365>

***Plasmodium falciparum* malaria in Jamaica**

As of 7 December 2006, a cluster of 21 malaria cases, caused by *Plasmodium falciparum*, has been reported from the city of Kingston in Jamaica [1]. The outbreak is believed to have started in late October 2006. Of the 21 reported infections, 16 cases are females and five are males, ranging from five to 72 years. Four children are among the confirmed cases. For those with known date of onset, the range is from 27 September to 30 November. One case is in a United States resident who travelled to the island from 29 October to 6 November 2006.

Like most Caribbean countries (except for the Dominican Republic and Haiti), Jamaica is not considered endemic for malaria. The mosquitoes capable of transmitting malaria are, however, present on the island, and small localised clusters may occur from time to time as a result of the tropical climate, and its proximity to countries where malaria does occur [2].

Around 160,000 United Kingdom (UK) residents travel to Jamaica every year [3], and malaria has not been documented in any UK travellers to date. The HPA Advisory Committee for Malaria Prevention in UK Travellers (ACMP) does not recommend preventive malaria medication for UK travellers to Jamaica. Travellers to Jamaica, in particular to the Kingston area, should be aware of the risk and protect themselves against evening and night-time biting mosquitoes (see NaTHNaC insect bite avoidance information sheet [4]). Any traveller who develops a febrile illness during travel, or for up to a year following their return to the UK, should be promptly evaluated and have a blood test for malaria without delay [5]. In the unlikely event that any travellers do contract malaria after visiting Jamaica, the appropriate treatment is chloroquine.

For further information about the prevention of malaria in UK travellers, go to the malaria page <http://www.hpa.org.uk/infections/topics_az/malaria/default.htm> on the HPA website or see the information sheet on malaria <<http://www.nathnac.org/pro/factsheets/malaria.htm>> on the NaTHNaC website.

References

1. Centers for Disease Control and Prevention. Malaria in Kingston, Jamaica: recommendations for travelers. Outbreak Notice 4 December 2006 [online] [cited 6 December 2006]. Available at <http://www.cdc.gov/travel/other/2006/malaria_jamaica.htm>.
2. Public Health Agency of Canada. Malaria in Kingston, Jamaica. Travel Health Notices and International Reports 4 December 2006 [online] [cited 6 December 2006]. Available at <http://www.phac-aspc.gc.ca/tmp-pmv/2006/mal_jam061204_e.html>.
3. World Tourism Organization (WTO). Yearbook of tourism statistics, 2005 [CD ROM]. Madrid: WTO, 2006.
4. Insect bite avoidance. [online] [accessed 6 December 2006]. London: NaTHNaC, 2006. Available at <<http://www.nathnac.org/pro/factsheets/iba.htm>>.
5. The National Travel Health Network and Centre. Clinical update: *Plasmodium falciparum* malaria in Jamaica, 6 December 2006 [online] [cited 6 December 2006]. London: NaTHNaC, 2006. Available at <http://www.nathnac.org/pro/clinical_updates/malaria_061206.htm>.

Respiratory

ast updated: 7 December 2006, Volume 16, No. 49 Next update: 5 January 2007

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 44-48/06

📄 Laboratory reports of respiratory infections made to the Health Protection Agency Centre for Infections from HPA and NHS laboratories in England and Wales: weeks 44-48/06

Table 1 Reports of influenza infection made to HPA Centre for Infections, by week of report: weeks 44-48/2006

Week	Week 44	Week 45	Week 46	Week 47	Week 48	Total
Week ending	05/11/06	12/11/06	19/11/06	26/11/06	03/12/06	
Influenza A	5	1	1	2	2	11
Isolation	–	–	–	1	–	1
DIF*	1	–	–	–	–	1
Four-fold rise in paired sera	–	–	–	–	–	–
PCR	–	–	1	–	2	3
Other†	4	1	–	1	–	6
Influenza B	3	–	–	1	2	6
Isolation	1	–	–	–	–	1
DIF*	–	–	–	–	1	1
Four-fold rise in paired sera	–	–	–	–	–	–
PCR	–	–	–	–	–	–
Other†	2	–	–	1	1	4
Influenza (untyped)	–	–	–	–	–	–
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 44-48/2006

Week	Week 44	Week 45	Week 46	Week 47	Week 48	Total
Week ending	05/11/06	12/11/06	19/11/06	26/11/06	03/12/06	
Adenovirus*	4	16	7	8	19	54
Coronavirus	–	–	–	–	–	–
Parainfluenza†	5	15	5	14	12	51
Rhinovirus	4	9	–	4	2	19
Respiratory syncytial virus (RSV)‡	43	53	77	150	215	538

*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 44-48/2006

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	9	8	4	25	13	2	–	54
Coronavirus	–	–	–	–	–	–	–	–
Influenza A	1	–	1	5	4	–	–	11
Influenza B	–	1	–	1	3	1	–	6
Parainfluenza†	25	8	3	4	9	2	–	51
Rhinovirus	9	7	–	1	1	1	–	19
Respiratory syncytial virus (RSV)‡	444	73	3	6	6	3	3	538

*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 44-48/2006

Week	Week 44	Week 45	Week 46	Week 47	Week 48	Total
Week ending	05/11/06	12/11/06	19/11/06	26/11/06	03/12/06	
<i>Coxiella burnettii</i>	1	–	–	–	1	2
Respiratory <i>Chlamydia</i> sp*	1	1	–	3	1	6
<i>Mycoplasma pneumoniae</i>	7	16	4	9	6	42
<i>Legionella</i> sp	9	15	14	7	16	61

*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 44-48/2006

Week	Week 44	Week 45	Week 46	Week 47	Week 48	Total
Week ending	05/11/06	12/11/06	19/11/06	26/11/06	03/12/06	
Nosocomial	–	–	–	–	–	–
Community	6	9 (1*)	6	5	12	38
Travel abroad	1	4	5	2	2	14
Travel UK	2	2	3	–	2	9
Total	9	15	14	7	16	61
Male	5	11	12	5	12	45
Female	4	4	2	2	4	20

*Cases of Pontiac fever (included in totals)

Sixty cases were reported with pneumonia and one additional non-pneumonic case; 45 males between 36 and 75 years and 16 females aged between 48 and 82 years. Thirty-eight cases had community acquired infection. Two deaths were reported: M 61y, F 75y.

Twenty-three cases were travel associated: United Kingdom (9), Spain (3), Italy (2), and one from each of Caribbean cruise, Egypt, France, India, Latvia, Malaysia/Singapore, Norway, Spain (ferry), and United States.

Table 5b Reports of legionnaires' disease cases by region of report in England and Wales: weeks 44-48/2006

Region	Nosocomial	Community	Travel (Abroad)	Travel (UK)	Total
North East	–	1	2	–	3
Yorkshire & the Humber	–	1	2	–	3
East Midlands	–	4	2	1	7
East of England	–	2	–	1	3
London	–	6 (1*)	2	2	10
South East	–	5	1	1	7
South West	–	3	–	–	3
West Midlands	–	10	1	1	12
North West	–	4	2	2	8
Wales	–	2	2	1	5
Total	–	38	14	9	61

*Cases of Pontiac fever (included in totals). † Non-pneumonic case (included in totals).