



# Health Protection Report

weekly report

**Current Issue:** Volume 1 Number 2 **Published on:** 12 January 2007

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## News

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### Cluster of malaria cases from northern Goa

On 29 December 2006, a case of malaria caused by *Plasmodium falciparum* was diagnosed in a traveller from the United Kingdom (UK) who had visited northern Goa. The patient had travelled with four others between 10 and 25 December 2006, and all stayed at Baga beach resort north of the capital, Panaji.

In accordance with UK malaria prevention guidelines at that time, the patient had not been advised to take malaria chemoprophylaxis. There was air conditioning in the hotel room where the patient was staying but no mosquito net and no insect repellent was used. On advice from a fellow traveller, the patient had purchased chloroquine in India and took three tablets over three weeks, finishing on return to the UK. The patient remembers being bitten extensively during the second week of the trip. The patient has subsequently recovered and other members of the travelling party are currently well.

Over late December 2006 and early January 2007, eight cases of *P. falciparum* malaria in travellers who also visited northern Goa, have been reported from other European countries [1]. Four cases were diagnosed in Denmark, and two each in Germany and Sweden. With the exception of two of the Danish cases, all cases travelled independently of each other. The two German patients, one of the Swedish patients, and one of the Danish patients stayed in beach resorts in northern Goa for two to three weeks and did not visit other parts of India. All patients have subsequently recovered.

In recent years, the number of malaria cases reported in travellers returning from India has been low and decreasing, so that most advisors, including the Advisory Committee for Malaria Prevention in UK Travellers (ACMP), stopped recommending chemoprophylaxis for visitors to low-risk regions such as southern states of Kerala, Tamil Nadu, Karnataka, Goa, and southern Andhra Pradesh (including Hyderabad and the city of Mumbai [Bombay]). Low to no risk regions are Rajasthan, Uttar Pradesh, Haryana, Punjab, Delhi, Uttaranchal, Himachal Pradesh, Jammu, and Kashmir. For full chemoprophylaxis recommendations for India and the rest of the Indian sub-continent, please see table 9 on page 44 of the [malaria prevention guidelines](#) [2]. This recent cluster of cases, which has coincided with increased rainfall in the affected region, has led to the ACMP issuing the following temporary change to the recommendations.

**The ACMP advises that travel advisors should highlight the risk of malaria, instruct on the use of mosquito bite avoidance measures [3], and recommend malaria chemoprophylaxis to those travellers who will be visiting Goa, particularly areas north of Panaji, who will be remote from medical care. This advice remains in effect until further notice as the situation is clarified.**

The recommended chemoprophylaxis is chloroquine plus proguanil. Alternatives are mefloquine, atovaquone plus proguanil (Malarone®), or doxycycline.

All travellers to Goa should also use mosquito bite avoidance measures and be aware of the risk of malaria. This also applies to the other low-risk regions of India as listed above.

An early review of this advice will be made, based on surveillance of malaria cases.

All travellers should seek medical attention promptly if they become unwell and inform their doctor that they have been in a malarious area. The healthcare worker should consider malaria in every ill patient who has recently returned from the tropics and for those with a fever on return from the tropics, the illness should be considered to be malaria until proven otherwise.

## References

1. Jelinek T, Behrens R, Bisoffi Z, Bjorkmann A, Andersen P, Blaxhult A, *et al.* Recent cases of falciparum malaria imported to Europe from Goa, India, December 2006-January 2007. *Eurosurveill* [serial online] 2007 [accessed 12 January 2007];**12**(1):E070111.1. Available from <<http://www.eurosurveillance.org/ew/2007/070111.asp#1>>.
2. Chiodini P, Hill D, Laloo D, Lea G, Walker E, Whitty C, Bannister B on behalf of the Advisory Committee for Malaria Prevention in UK Travellers (ACMP). *Guidelines for malaria prevention in travellers from the United Kingdom*. Health Protection Agency: London; 2007. Available at <[http://www.hpa.org.uk/infections/topics\\_az/malaria/guidelines.htm](http://www.hpa.org.uk/infections/topics_az/malaria/guidelines.htm)>.
3. The National Travel Health Network and Centre (NaTHNaC). *Insect bite avoidance* [online] [accessed 9 January 2007]. London : NaTHNaC, 2006. Available at <<http://www.nathnac.org/pro/factsheets/iba.htm>>.

## Seasonal flu vaccination offered to poultry workers

The Department of Health has announced that free seasonal flu vaccinations will be offered to those who work in close contact with poultry as a precautionary public health measure. It is estimated that more than 60,000 poultry workers may be eligible for the flu vaccine.

A poultry worker is defined by the Health Protection Agency as:

1. Workers employed at or regularly visiting registered poultry units who fall into one, or more, of the following categories:

- routinely access enclosed poultry rearing or egg production areas
- perform initial sorting of poultry eggs if the sorting area is an integral part of the production unit
- catch or cull poultry within enclosed poultry rearing or egg production areas
- perform final clean down of poultry sheds following depopulation of a poultry house.

2. Workers who collect and remove poultry manure or litter from within enclosed poultry rearing or egg production areas of registered poultry units.

3. Workers in poultry processing units that:

- catch and handle live birds
- kill and eviscerate birds
- cleanse and disinfect areas and equipment contaminated by poultry faeces

It is possible that arrangements to immunise poultry workers will continue in future years. More information is available on the Department of Health influenza web page at <<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Flu/fs/en>>.

## The NBS/HPA Infection Surveillance Annual Report, 2005

The second annual report from the National Blood Service (NBS)/Health Protection Agency (HPA) Centre for Infection Surveillance Programme has been published [1]. The Programme comprises of a series of national schemes, which provide epidemiological information about blood borne infections in blood, tissue and cell donors in the UK and the associated risk of transmission via transfusion or transplantation, in order to inform donor practices and public health. This report includes national data from all the schemes within the NBS/HPA programme, and aims further to describe the methods used and the information collected; describing any trends observed and detailing some of the applications of the data. In addition to this annual report, data from the blood donation surveillance scheme are routinely published every six months

<[http://www.hpa.org.uk/infections/topics\\_az/BIBD/publications.htm](http://www.hpa.org.uk/infections/topics_az/BIBD/publications.htm)>, and data from the transfusion transmitted infection surveillance form a major part of SHOT (Serious Hazards of Transfusion) [2] .

### References

1. NBS/HPA. *NBS/HPA Infection Surveillance Annual Report, 2005*. London: BBS/HPA, 2006. Available at <[http://www.hpa.org.uk/infections/topics\\_az/BIBD/nbs\\_hpa\\_annualr2005.pdf](http://www.hpa.org.uk/infections/topics_az/BIBD/nbs_hpa_annualr2005.pdf)>.
2. <http://www.shotuk.org/home.htm>

## Enteric Routine Data Reports

- **General outbreaks of foodborne illness in humans, England and Wales: weeks 49-52/06**
- **Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (Salmonella data set): November 2006**
- **Common gastrointestinal infections, England and Wales: laboratory reports: weeks 49-52/06**
- **Less common gastrointestinal infections, England and Wales: laboratory reports: weeks 40-52/06**

### General outbreaks of foodborne illness in humans, England and Wales: weeks 49-52/06

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
Cheshire and Merseyside	S. Enteritidis PT21C	Restaurant	December	9	5	–	–
East Midlands	S. Enteritidis PT8	Restaurant	December	7	7	–	–
North Yorkshire	S. Enteritidis	Restaurant	December	6	6	–	–
Bristol	Norovirus	Restaurant	December	7	2	Oysters	D
Manchester	UK	shop/retailer	November	3	–	Tuna	D

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): December 2006

Details of serotypes of 1241 salmonella infections recorded in November are given in the table below. In December 2006, 766 salmonella infections were recorded and preliminary information was received about three outbreaks (see table above).

	November 2006
S. Enteritidis (PT4)	202
S. Enteritidis (other PTs)	549
S. Typhimurium	131
S. Virchow	31
Others (typed)	328
<b>Total Salmonella (provisional data)*</b>	<b>1241</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 49-52/06**

Laboratory reports	Number of reports received				Total reports 49-52/06	Cumulative total to	
	49/06	50/06	51/06	52/06		52/06	52/05
<i>Campylobacter</i>	579	459	327	157	1522	44,437	46,571
<i>Escherichia coli</i> O157*	9	5	6	3	23	1030	968
<i>Salmonella</i> †	224	202	207	90	723	12,185	11,438
<i>Shigella sonnei</i>	11	6	–	–	17	602	889
Rotavirus	35	32	43	15	125	13,235	13,536
Norovirus	49	44	43	31	167	4304	2900
<i>Cryptosporidium</i>	65	44	38	14	161	3527	4527
<i>Giardia</i>	54	29	27	8	118	2822	2925

\*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.

**Less common gastrointestinal infections, England and Wales: laboratory reports: weeks 40-52/06**

Laboratory reports	Total reports 40-52/06	Cumulative total to 52/2006	Cumulative total to 52/2005
Adenovirus*	22	70	21
Astrovirus	11	65	157
Saporovirus	7	11	21
<i>Shigella flexneri</i>	54	299	333
<i>Plesiomonas</i> spp.	7	41	41
<i>Vibrio</i> spp.	12	30	30
<i>Yersinia</i> spp.	2	12	26
<i>Entamoeba histolytica</i>	17	87	86
<i>Blastocystis hominis</i>	46	342	443
<i>Dientamoeba fragilis</i>	17	114	180

\* Includes adenovirus EM faeces and adenovirus group F