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Quarterly *Clostridium difficile* and MRSA data published

Quarterly (October to December 2006) and annual (January to December 2006) data collected from the mandatory surveillance of *Clostridium difficile* in patients aged 65 year and over in England have been released [1]. Data for October to December 2006 show there were 12,814 cases of *C. difficile*, which is a 0.2% decrease on the 12,838 cases recorded for July to September 2006. During the year January to December 2006 there were 55,681 cases of *C. difficile*. This is an increase of 8% over the same period in 2005, when there were 51,767 cases reported. This contrasts favourably with the 17% increase in reported cases between 2004 and 2005. The rate of reported cases of *Clostridium difficile* per 1000 bed-days for patients aged 65 and over in 2006 was 2.39. Rates of infection remain high across England, particularly in small acute trusts, and the results show clearly the scope for improvement.

The latest quarterly (October to December 2006) mandatory MRSA bacteraemia data show that there were 1542 MRSA bloodstream bacteraemias reported, down 7% from the previous quarter (July to September 2006), when 1652 cases were reported. Yearly (April 2006 to March 2007) and six-monthly (October 2006 to March 2007) data for MRSA will be published in July 2007.

Figures for *Clostridium difficile* and MRSA will continue to be published on a quarterly basis as part of the commitment to open reporting. Different starting dates for the mandatory surveillance systems means that the data for the two organisms will continue to cover different periods.

The HPA's MRSA bacteraemia enhanced surveillance web-enabled system has recently been redesigned to allow the inclusion of *C. difficile* in addition to MRSA bacteraemia data [2]. This system has been available since 2 April and enables Trusts and PCTs to monitor progress towards meeting local targets. Starting from April, data for *C. difficile* will now include patients aged 2 years and older and will be collected monthly instead of quarterly, to support monitoring of the infection. The HPA will, however, continue to publish these figures quarterly as it has since January.

References

1. Quarterly reporting results for *Clostridium difficile* infections and MRSA Bacteraemia. April 2007. Health Protection Agency website [online]. London: Health Protection Agency, 26 April 2007 [accessed 26 April 2007]. Available at <http://www.hpa.org.uk/infections/topics_az/hai/Mandatory_Results.htm>.
2. Chief Medical Officer for England. Changes to the mandatory healthcare associated infection surveillance system for *Clostridium difficile* associated diarrhoea from April 2007. PLCMO (2007)4. London: Department of Health, 2007. Available at <http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_073767>.

Wound Botulism among injecting drug users in the UK: an update

Cases of wound botulism continue to occur among injecting drug users (IDUs) in the United Kingdom (UK). Twenty-two suspected cases were reported to the Centre for Infections in 2006, fewer than in each of the previous two years, with 28 cases reported in 2005 and 40 in 2004 [1]. A total of 134 suspected cases have now been reported since the first cases were reported in 2000 [2].

Of the 22 cases in 2006, 18 were in England, three in Scotland, and one in Wales. Cases in England were distributed throughout the country with four in London, three in the North West, two in Yorkshire and the Humber, three in the East Midlands, two in the West Midlands, one in the East, and three in the South East. As with previous years, the majority of individuals were male (73%). The average age was 40 years, which is older than in previous years (demographic information has been systematically collected for cases since 2002).

Nine of the cases in 2006 were laboratory confirmed either by detection of botulinum toxin in serum or wound tissue or by isolation of *Clostridium botulinum* from wound tissue. Of these, six cases were identified as type-A toxin, one as type-B and in two cases both type-A and type-B toxins were detected. Laboratory procedures are insensitive and an unconfirmed laboratory result does not exclude a diagnosis of botulism. Botulinum antitoxin is effective at reducing symptoms if given early in the course of the infection. If clinical symptoms indicate botulism, the clinician should not wait for the results of microbiological testing before administering the antitoxin. *C. botulinum* is sensitive to benzylpenicillin and metronidazole. Surgical debridement is important to reduce the organism load and avoid relapse after antitoxin treatment.

All of the cases in 2006, where detailed patient information was provided, were admitted to hospital, the majority to intensive care. Only one individual reported that they did not have either a wound, boil or abscess present. Two individuals died, one of whom did not receive botulinum antitoxin. All of the other cases received antitoxin.

All thirteen cases for whom information about drug use was available reported injecting heroin. Wound botulism among injecting drug users has been associated with 'skin popping' (subcutaneous injection) and 'muscle popping' (intramuscular injection). Of the 12 cases who provided information about their injecting practices, only seven reported skin or muscle popping as their primary or secondary method of drug use. It is possible that the individuals who did not report skin or muscle popping injected into their muscle or skin unintentionally whilst intending to inject intravenously.

Even though wound botulism remains rare, it is now the most common clinical presentation of botulism in the UK. Further information and advice for health professionals and those working with injecting drug users is available on the HPA website [3].

References

1. Wound botulism in injecting drug users in the United Kingdom. Commun Dis Rep CDR Wkly [serial online] 2006 [accessed 25 April 2007]; 16(13): news. Available at <<http://www.hpa.org.uk/cdr/archives/2006/cdr1306.pdf>>
2. PHLS. Wound botulism in an injecting drug user in London. Commun Dis Rep CDR Wkly 2000; 10(20): 177,180. Available at <<http://www.hpa.org.uk/cdr/archives/CDR00/cdr2000.pdf>>
3. Botulism. Pages on Health Protection Agency website [online]. London: HPA, undated. Available at <http://www.hpa.org.uk/infections/topics_az/botulism/menu.htm>

HIV/Sexually Transmitted Infections (STIs)

Last updated: 27 April 2007, Volume 1, No. 17 (PDF file, KB)

Next update: 29 June 2007

HIV and AIDS in the United Kingdom update: data to the end of March 2007

HIV and AIDS in the United Kingdom quarterly update: data to the end of March 2007, United Kingdom (UK) data from the Health Protection Agency Centre for Infections, Health Protection Scotland, and the Institute of Child Health (London).

In the first three months of 2007, 654 new diagnoses of HIV infection were reported bringing the cumulative total of HIV diagnoses in the United Kingdom (UK) since 1982 (when surveillance began) to 86,738. The number of diagnoses for 2006 currently stands at 6642, although this is expected to increase due to reporting delay (see below). Table 1 presents new diagnoses of HIV over time by probable route of infection. Of the 6642 new HIV diagnoses reported for 2006 to end of March 2007 with probable route of infection reported, 48% (3194) were acquired through heterosexual contact, 30% (1997) through sex between men, and 2% (131) through injecting drug use.

Table 1 New diagnoses of HIV in the UK by infection route, sex and year of diagnosis: data to end of March 2007

[click icon to view full table](#)



Table 2 provides more detailed information about how and where the HIV infection was likely to have been acquired. Of individuals infected through heterosexual sex in 2006, 73% (2332) were probably infected abroad and of these the majority were probably infected in Africa (86%; 2016). Men who have sex with men (MSM) are most at risk of acquiring HIV infection in the UK. Where reported, 82% (1080/1314) of MSM diagnosed in 2006 probably acquired their infection in the UK, while the figure for heterosexual men and women was 18% (502/2834).

Since screening was introduced, infections transmitted through blood transfusion or from mother-to-infant are, for the most part, acquired outside the UK. For example, routine antenatal screening for HIV was introduced across the UK in 2000. From 2001 to the end of 2006, 270 diagnoses were made among individuals infected vertically in the UK, representing 3% (270/9212) of diagnoses of infections probably acquired in the UK (data not shown). Prior to 2000, 456 diagnoses were made among individuals infected vertically in the UK, representing 5% (456/9298) of diagnoses of infections probably acquired in the UK (data not shown). Although the proportional and numerical change has been slight, this is in the context of HIV prevalence increasing in pregnant women (*ie*, the number of HIV positive women giving birth has been increasing).

Table 2 New diagnoses of HIV in the UK by infection route and probable place of infection, sex and year of diagnosis: data to end of March 2007

[click icon to view full table](#)



The HIV epidemic in the UK continues to be focused in London, which accounts for 41% (2753) of new diagnoses in 2006 (table 3). Increases in new diagnoses, however, have been seen in most countries and regions, with the largest proportional increases between 2002 and 2006 seen in Northern Ireland (104%; 27 to 55), Wales (96%; 76 to 149) and East Midlands (43% 252 to 360).

Table 3 Individuals diagnosed with HIV in the United Kingdom by year of diagnosis, country and Strategic Health Authority (SHA): cumulative data to the end of March 2007

click icon to view full table



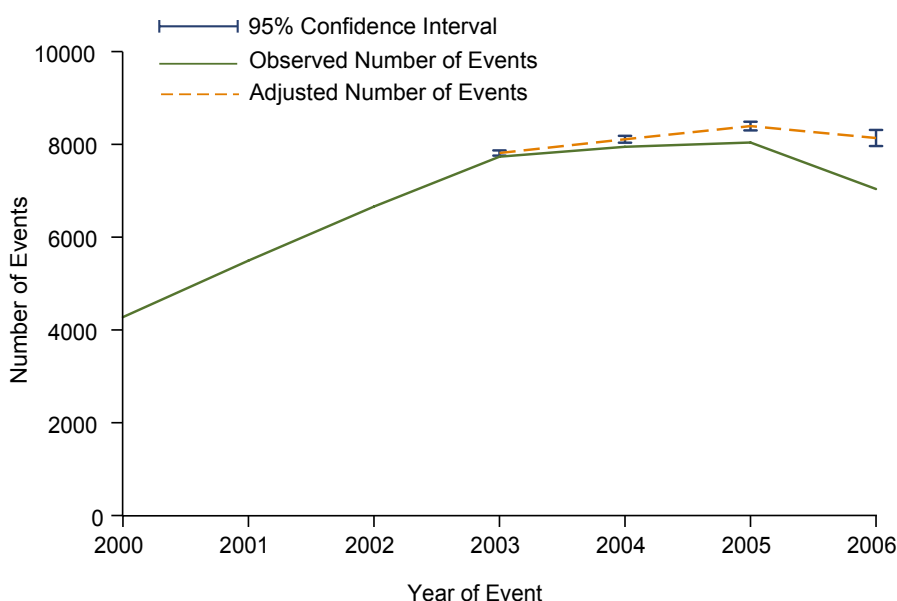
To date, 22,951 individuals have progressed to AIDS on at least one occasion, of whom 13,668 (60%) have subsequently died, a further 3185 individuals having died without being reported with an AIDS diagnosis. With the reporting of AIDS diagnoses having greatly reduced since the advent of highly active antiretroviral therapy (HAART), AIDS defining illnesses are now most likely to be reported at the same time as HIV diagnosis. In 2006, of the 613 individuals reported with an AIDS diagnosis, 83% (508) were diagnosed within three months of their first HIV diagnosis in the UK. HIV related deaths have also declined since the introduction of HAART, with the number of deaths remaining relatively constant at around 500 deaths per year since 1997.

Reporting delays

Reporting delays of HIV and AIDS diagnoses and deaths means that the majority of reports for the previous year are not received* until at least six to nine months after the end of a calendar year. The figures for recent years, but particularly for 2006, are therefore likely to be underestimates. Applying statistical models to the pattern of reporting delay observed (for data received between 2003 and March 2007) provides estimates of the total number of HIV, and deaths reports expected to finally be received for recent years.

Figures 1 and 2 present the adjusted counts for HIV diagnoses and deaths respectively for 2003 to 2006. The solid lines show the actual number of reports received (back to 2000) and the dashed lines represent the adjusted number of reports we would expect to have received if data for recent years (2003 to 2006) was complete at the time of writing. For each estimate, the 95% confidence intervals (CI) are given. As anticipated, the number of new HIV diagnosis reports, particularly for 2006, is expected to be higher than the number of reports received, to date, and approach 8000 (95% CI: 7568; 7915) (figure 1). Although the point estimate for 2006 could be interpreted as showing a decline in the number of new diagnoses, the upper confidence interval shows that it may be stabilising rather than declining. By risk group (table 4), HIV diagnoses among heterosexuals and MSM are expected to level-off in 2006 (95% CI for heterosexuals: 4703; 4951 and for MSM: 2501 to 2641), although diagnoses among IDUs may increase slightly (95% CI for 2006: 168; 201).

Figure 1 Actual and adjusted figures for new HIV diagnoses: 2003 to 2006



Adjusted figures accounting for reporting delays indicate that reports of both AIDS diagnoses and deaths among HIV infected individuals (figure 2 and table 4) have remained relatively stable in recent years with approximately 860 (95% CI: 791; 936) AIDS diagnoses and 600 (95% CI: 530; 679) deaths among HIV infected individuals expected in 2006 .

Figure 2 Actual and adjusted figures for deaths among HIV related individuals: 2003 to 2006

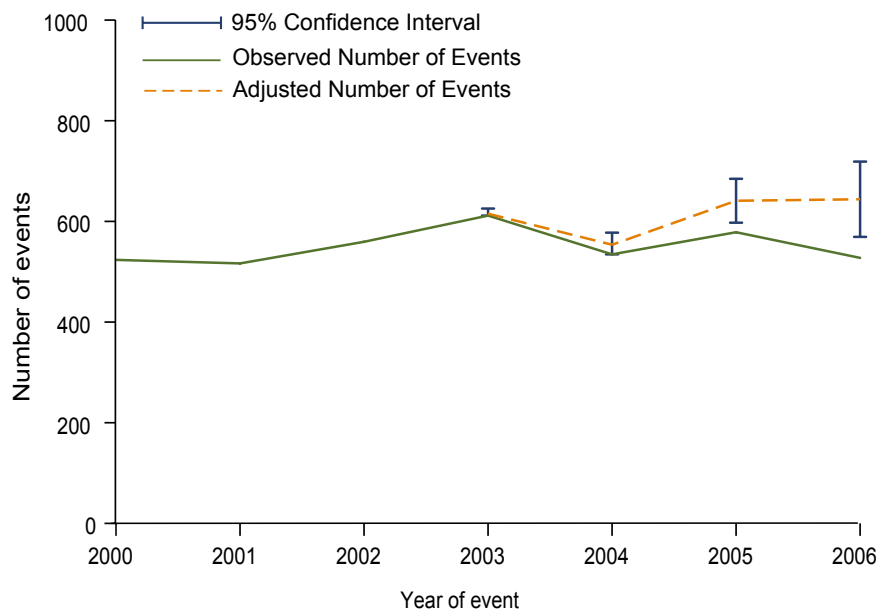


Table 4 Adjusted Counts (and 95% Confidence Intervals) for HIV and AIDS Diagnoses and Deaths in HIV infected Individuals in the UK: 2003-2006

click icon to view full table

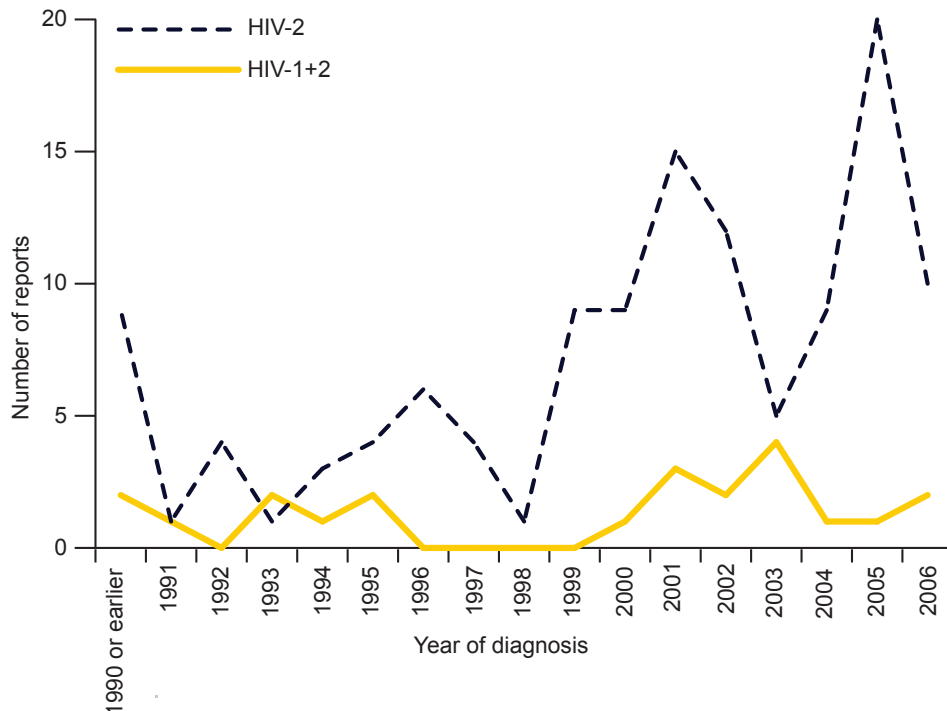


The full results of these models, including further breakdowns, can be found at the HPA website: in the HIV new diagnoses quarterly surveillance tables for March 2007 (http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/hiv/epidemiology/hars_tables.htm).

HIV and AIDS in the United Kingdom: HIV-2 and HIV-1/HIV-2 co-infections

By the end of March 2007, a cumulative total of 144 adults had been reported with HIV-2 in the United Kingdom (UK), 22 of whom were co-infected with HIV-1 (figure 3). Trends are difficult to assess because of small numbers, but overall there have been more diagnoses of HIV-2 and HIV-1/2 co-infection in more recent years

Figure 3 HIV-2 and HIV-1/2 diagnoses by year of diagnosis



Of the 22 adults co-infected with HIV-1 and HIV-2 (14 men and six women), four were reported to have AIDS, of whom two have died. Eleven were probably exposed through heterosexual contact, six through sex between men, and three through injecting drug use; the route of infection of the remaining two adults is not known. Of the 17 adults for whom probable country of infection was reported, ten were infected in Africa, four in the UK, two in Asia, and one in Spain.

Eighty-three out of 103 (81%) adults with reported probable country of infection, acquired their infection in Africa with 68 (82%) of these infected in West Africa. Eight individuals were probably infected in the UK, six in Portugal, four in Asia (three in India), and one each in Italy and France.

Three of the five surveys in the Unlinked Anonymous Serosurveillance Programme identify HIV-2 positivity. Of 2,700,000 specimens tested from 1990 to 2005, 76 were identified as HIV-2 positive, and a further 28 positive for both HIV-1 and HIV-2. HIV-2 is making only a very small contribution to the numbers of HIV-infected individuals in the UK: the ratio of HIV-1 infections to HIV-2 is 231:1 in the unlinked anonymous surveys.

ACHieV2E: The European Initiative

There are two major viral types of HIV: HIV-1 and HIV-2. The majority of HIV infections worldwide are viral type HIV-1, which means that information stored on patients is plentiful, allowing a specified level of understanding into testing and treatments. Information on HIV-2 patients is less plentiful resulting in a limited understanding on a wide range of areas, such as therapy and virological monitoring.

To produce a dataset as coherent as that stored for HIV-1, Europe has initiated a cohort of individuals diagnosed with HIV-2 entitled 'ACHIEV2E' (a collaboration on HIV-2 infection in Europe). ACHIEV2E will enable stand-alone HIV-2 datasets throughout Europe to be merged to produce a Europe standard dataset on HIV-2. With larger numbers of diagnostic and clinical data stored together, there will be an opportunity to develop HIV expertise, establishing specified monitoring and appropriate treatments.

As part of ACHIEV2E, the UK will be producing a completed dataset, which will include a large number of collaborations across the UK to ensure that the information submitted holds complete virological and clinical data, including all HIV-2 patients diagnosed and accessing treatment across the UK. The UK cohort study of HIV-2 is entitled 'ACHIEV2E UK'.

Footnotes

*Reports also continue to be received for other years.

HIV/STIs, HIV and AIDS in the United Kingdom quarterly update: data to the end of March 2007

Table 1 New diagnoses of HIV in the UK by infection route, sex and year of diagnosis: data to end of March 2007

Probable exposure category		1991 or earlier	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
Sex between men*		12,814	1639	1519	1490	1481	1560	1407	1375	1388	1530	1775	1910	2082	2326	2477	1997	169	38,939
Heterosexual contact	Men	1086	343	360	354	389	361	450	524	609	770	1081	1418	1618	1686	1568	1194	92	13,903
	Women	1179	439	416	444	468	485	567	648	854	1265	1846	2448	2982	2894	2756	2000	108	21,799
Sub total †		2269	783	776	798	857	846	1017	1173	1464	2035	2927	3866	4600	4580	4324	3194	200	35,709
Injecting drug use	Men	1567	127	152	121	124	122	122	98	78	73	98	92	113	106	121	97	8	3219
	Women	741	62	52	46	61	55	48	36	38	41	37	30	52	30	41	34	1	1405
Sub total †		2308	189	204	167	185	177	170	134	116	114	135	122	165	136	162	131	9	4624
Mother to infant‡	Boys/ Men	60	29	26	35	32	29	50	48	34	56	55	56	80	65	56	38	4	753
	Girls/ Women	59	27	40	31	28	32	33	51	42	46	48	65	67	78	61	67	5	780
Sub total †		119	56	66	67	60	61	84	99	76	102	104	121	147	144	117	106	9	1538
Recipient of blood/ tissue products§	Men	1393	15	9	9	13	10	16	4	11	10	14	15	17	11	10	15	2	1574
	Women	100	9	8	9	8	11	14	7	11	15	10	21	19	16	10	16	0	284
Sub total †		1494	24	17	18	21	21	30	11	22	25	24	36	36	27	20	31	2	1859
Other/ undetermined	Men	441	46	44	40	50	46	39	50	57	49	94	122	183	185	286	615	164	2511
	Women	60	8	15	10	10	11	15	17	22	26	40	87	126	154	259	568	101	1529
Sub total †		528	54	60	50	60	57	54	67	80	75	134	209	309	339	545	1183	265	4069
Total		19,532	2745	2642	2590	2664	2722	2762	2859	3146	3881	5099	6264	7339	7552	7645	6642	654	86,738

Table will include some records of the same individuals which are unmatchable because of differences in the information supplied. Numbers will rise as further reports are received, particularly recent years.

* Includes 789 men who also reported injecting drug use.

† Includes individuals with sex not stated.

‡ Includes individuals born outside but diagnosed in the United Kingdom.

§All infections diagnosed since 2002 were acquired outside of the UK.

HIV and AIDS in the United Kingdom quarterly update: data to the end of March 2007

Table 2 New diagnoses of HIV in the UK by infection route and probable place of infection, sex and year of diagnosis: data to end of March 2007

How and where HIV infection was probably acquired		1991 or earlier	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total		
Sex between men																					
Probably infected in:	UK	2656	384	304	289	244	351	363	339	346	627	745	814	971	949	1209	1080	97	11,768		
	Abroad	2220	223	179	128	158	117	116	96	84	142	141	173	195	193	247	234	14	4660		
	Unspecified	7938	1032	1036	1073	1079	1092	928	940	958	761	889	923	916	1184	1021	683	58	22511		
	Sub total	12,814	1639	1519	1490	1481	1560	1407	1375	1388	1530	1775	1910	2082	2326	2477	1997	169	38,939		
Heterosexual contact		Partner exposure:																			
Probably infected in:	UK	Sex between men	31	7	11	15	9	6	9	9	9	11	17	24	14	18	13	11	0	214	
		Heterosexual contact * †	198	61	65	90	102	82	128	136	156	196	262	324	408	477	534	480	32	3731	
		Injecting drug use	98	28	38	30	22	28	30	26	18	13	26	20	25	26	20	8	1	457	
		Other ‡	25	4	9	8	8	15	11	11	8	11	7	9	17	9	16	3	0	171	
	Africa	Sex between men	2	0	0	3	0	2	0	1	0	0	4	5	2	1	1	2	1	24	
		Heterosexual contact	1423	525	511	534	565	558	650	754	1022	1519	2276	3032	3581	3437	2997	2014	99	25,497	
		Injecting drug use	0	1	0	0	1	2	1	1	1	0	2	0	2	1	0	0	0	12	
			Other ‡	2	1	0	0	0	1	1	1	1	0	2	2	0	0	2	0	13	
			Other abroad	299	111	115	104	122	132	154	204	215	250	274	358	431	433	398	316	21	3937
			Unspecified §	191	45	27	14	28	20	33	30	34	35	57	92	120	178	343	360	46	1653
		Sub total	2269	783	776	798	857	846	1017	1173	1464	2035	2927	3866	4600	4580	4324	3194	200	35,709	
Injecting drug use																					
Probably infected in:	UK	1084	42	65	47	31	51	45	33	31	33	41	34	60	42	60	46	1	1746		
	Abroad	296	45	42	46	46	38	45	29	26	34	48	42	44	46	51	44	4	926		
	Unspecified	928	102	97	74	108	88	80	72	59	47	46	46	61	48	51	41	4	1952		
	Sub total	2308	189	204	167	185	177	170	134	116	114	135	122	165	136	162	131	9	4624		
Other		1626	85	87	87	85	85	115	114	106	132	137	163	192	178	144	145	13	3494		
Undetermined §		515	49	56	48	56	54	53	63	72	70	125	203	300	332	538	1175	263	3972		
Total		19,532	2745	2642	2590	2664	2722	2762	2859	3146	3881	5099	6264	7339	7552	7645	6642	654	86,738		

Table will include some records of the same individuals which are unmatchable because of differences in the information supplied. Numbers will rise as further reports are received, particularly for recent years.

* Of the 3731 heterosexuals infected in the UK with heterosexually infected partners, 1860 of these partners were probably infected in Africa and 921 within Europe (including the UK).

†No evidence of partner(s) with risks other than heterosexual exposure found.

‡Includes individuals infected with HIV through other risk exposures such as blood/ tissue recipient, mother-to-infant and nosocomial routes.

§Includes cases where investigation is closed and others continuing.

HIV and AIDS in the United Kingdom quarterly update: data to the end of March 2007

Table 3 Individuals diagnosed with HIV in the United Kingdom by year of diagnosis, country and Strategic Health Authority (SHA): cumulative data to the end of March 2007

Country and SHA of diagnosis	1991 or earlier	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
England	p																	
North East	327	37	21	32	23	25	36	22	30	38	55	98	148	140	153	118	14	1317
North West	1104	173	148	145	183	192	148	188	208	238	423	432	541	614	635	488	13	5873
Yorkshire and the Humber	638	87	79	71	85	88	88	86	94	102	193	318	445	462	498	401	38	3773
East Midlands	356	69	69	56	52	50	47	63	89	100	193	252	337	358	404	360	36	2891
West Midlands	620	83	82	75	101	63	102	119	110	184	218	423	503	498	447	499	38	4165
East of England	456	90	83	62	77	58	73	89	101	181	319	497	545	595	529	500	31	4286
London	11728	1692	1637	1586	1681	1709	1740	1767	1971	2329	2780	2990	3281	3210	3179	2753	274	46,307
South East Coast	869	143	132	153	117	140	140	133	131	219	238	338	418	473	487	392	45	4568
South Central	709	87	89	79	49	84	73	74	94	147	266	372	454	406	443	361	46	3833
South West	653	86	69	115	91	93	95	117	114	121	153	215	248	282	331	277	26	3086
England (Total)	17,460	2547	2409	2374	2459	2502	2542	2658	2942	3659	4838	5935	6920	7038	7106	6149	561	80,099
Wales	276	50	40	45	45	35	46	29	35	44	63	76	108	105	119	149	21	1286
Northern Ireland	96	12	12	15	12	17	9	9	15	19	19	27	32	62	63	55	0	474
Scotland	1700	136	181	156	148	168	165	163	154	159	179	226	279	347	357	289	72	4879
UK Total	19,532	2745	2642	2590	2664	2722	2762	2859	3146	3881	5099	6264	7339	7552	7645	6642	654	86,738
Channel Islands/ Isle of Man	28	1	2	8	1	6	8	6	0	1	5	7	4	4	4	1	0	86

Table will include some records of the same individuals which are unmatchable because of differences in information supplied. Numbers will rise as further reports are received, particularly for recent years.

HIV and AIDS in the United Kingdom quarterly update: data to the end of March 2007

Table 4 Adjusted Counts (and 95% Confidence Intervals) for HIV and AIDS Diagnoses and Deaths in HIV infected Individuals in the UK: 2003-2006

Type of report	Probable route of infection*	Sex/probable region of infection	Count	Year of diagnosis or death			
				2003	2004	2005	2006
HIV Diagnosis	All infection routes	N/A	Observed	7339	7552	7645	6642
			Adjusted (95% CI)	7418 (7362-7474)	7714 (7640-7789)	7999 (7905-8093)	7742 (7568-7915)
	Sex between men	N/A	Observed	2082	2326	2477	1997
			Adjusted (95% CI)	2154 (2139-2169)	2431 (2407-2454)	2690 (2634-2726)	2571 (2501-2641)
	Heterosexual contact	Men and women	Observed	4600	4580	4324	3194
			Adjusted (95% CI)	4878 (4835-4921)	4934 (4881-4988)	4957 (4893-5021)	4827 (4703-4951)
		Men	Observed	1618	1686	1568	1194
			Adjusted (95% CI)	1784 (1758-1809)	1878 (1848-1909)	1900 (1864-1936)	2003 (1937-2070)
		Women	Observed	2982	2894	2756	2000
			Adjusted (95% CI)	3093 (3074-3112)	3055 (3028-3083)	3057 (3020-3094)	2828 (2753-2902)
	Heterosexual contact	Probably infected in Africa	Observed	3585	3439	3000	2016
			Adjusted (95% CI)	3878 (3844-3912)	3844 (3803-3885)	3753 (3702-3805)	3541 (3442-3640)
		Probably infected in UK	Observed	464	530	583	502
			Adjusted (95% CI)	516	592	700	768
				(510-522)	(580-603)	(683-718)	(731-804)
		Probably infected abroad (excluding Africa)	Observed	431	433	398	316
Adjusted (95% CI)	471 (464-479)		487 (476-498)	493 (478-507)	517 (488-545)		
Injecting drug use	N/A	Observed	165	136	162	131	
		Adjusted (95% CI)	172 (168-176)	146 (140-151)	184 (175-193)	185 (168-201)	
AIDS Diagnosis	All infection routes	N/A	Observed	933	870	785	613
			Adjusted (95% CI)	956 (933-980)	910 (881-938)	862 (826-897)	864 (791-936)
Death in HIV Infected Individual	All infection routes	N/A	Observed	572	495	539	488
			Adjusted (95% CI)	576 (572-586)	514 (495-538)	602 (558-645)	605 (530-679)

Adjusted counts and confidence intervals for diagnoses and deaths were estimated using statistical models applied to data received to end March 2007.

*Adjusted counts have been presented for HIV diagnoses where the probable route of infection is sex between men, heterosexual contact and injecting drug use only.

Immunisation

Last updated: 27 April 2007, Volume 1, No 17

Next update: 25 May 2007

Topic Archives: 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001

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 - ▶ [Laboratory reports of hepatitis C infection in England and Wales: October to December 2006](#)
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Invasive meningococcal infections, England and Wales: laboratory reports, weeks 11-15/2007

Please note that the data in this table contains errors. Please view the corrected data in [HPR Vol 1, Issue No.25, 22 June 20007](#) available at:

<<http://www.hpa.org.uk/hpr/archives/2007/hpr2407.pdf>>.

	Method of diagnosis			Total reports	Cumulative*
	CSF and blood Culture	Non-culture	Other sites	11-15/06	Total to week 15/2007
Group A	1	–	–	1	8
B	2	–	–	2	9
C	–	–	–	–	1
W135	–	–	–	–	–
X	–	–	–	–	–
Y	–	–	–	–	–
Z/29E	–	–	–	–	–
Ungroupable	–	–	–	–	–
Ungrouped	–	–	–	–	2
Total	3	–	–	3	20

Laboratory reports of hepatitis A infection in England and Wales: October to December 2006

During the fourth quarter of 2006 (October to December 2006), 46 laboratory reports of hepatitis A were made to the Health Protection Agency Centre for Infections. The overall downward trend in the number of cases of hepatitis A reported in each quarter since the third quarter of 2002 (figure) continues. In this quarter, 30% of the cases were men aged between 15 and 44 years (table 1); females accounted for 13% of the cases in this age group. Of those aged 45 years and over, 11% of cases were males and 9% were females. In those aged under fifteen years, males and females accounted for 17% and 19% of cases respectively.

Figure Number of laboratory reports of hepatitis A by age group and sex: 2002 to 2006

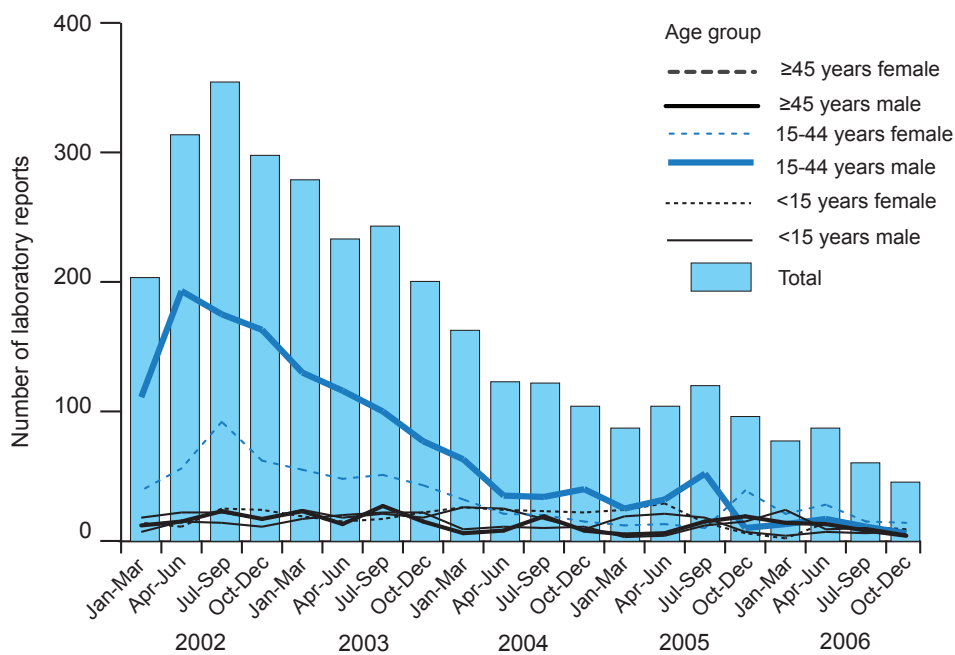


Table Laboratory reports of hepatitis A infection in England and Wales: October to December 2006 *(Note: this table was revised at 16:30 on 27/04/2007! First version published at 10 am)

Age Group (years)	Female	Male	Unknown	Total
<1	–	–	–	–
1-4	4	1	–	5
5-9	3	6	–	9
10-14	1	2	–	3
15-24 y	3	2	–	5
25-34	3	1	–	4
35-44	8	3	–	11
45-54	3	v	–	3
55-64	1	–	–	1
≥65	1	4	–	5
Unknown	–	–	–	–
Total	27	19	–	46

Laboratory reports of hepatitis C infection in England and Wales: October to December 2006

A total of 933 reports of hepatitis C infection were reported in the third quarter of 2006 (table) compared to 2005 and 1128 in the second and third quarter of 2006 respectively. In the fourth quarter of 2006, sixty per cent (564/933) of the cases occurred in those aged 25 to 44 years.

Table Laboratory reports of hepatitis C infection in England and Wales: October to December 2006 **(Note: this table was revised at 16:30 on 27/04/2007! First version published at 10 am)*

Age Group (years)	Male	Female	unknown	Total
1-4	3	1	–	4
5-9	–	–	–	–
10-14	–	–	–	–
15-24	48	29	4	81
25-34	179	86	6	271
35-44	223	64	6	293
45-54	123	57	3	183
55-64	41	17	–	58
≥65	11	26	–	37
Unknown	5	1	–	6
Total	633	281	19	933