Health Protection Agency

Health Protection Report

weekly report

Current Issue: Volume 1 Number 20 **Published on:** 18 May 2007

Current News

- A poultry outbreak of avian influenza H5N1 in Ghana
- *International travel and health 2007*
- Food incidents report published

Infection reports

Bacteraemia

- *Escherichia coli* bacteraemia in England, Wales, and Northern Ireland, 2002 to 2006

HPR subscription

To subscribe to the Health Protection Report, please email hpr@hpa.org.uk

News

Last updated: **18 May 2007**, Volume 1, No 20 Next update: **25 May 2007**

A poultry outbreak of avian influenza H5N1 in Ghana

On 3 May 2007, the World Organisation for Animal Health (OIE) reported a poultry outbreak of highly pathogenic avian influenza (HPAI) A/H5N1 infection in Ghana [1]. This was the first report of H5N1 in Ghana, which is the ninth country in Africa to report H5N1 poultry outbreaks. The other eight African countries are (in chronological order of outbreak report) Nigeria, Egypt, Niger, Cameroon, Burkina Faso, Sudan, Cote d'Ivoire, and Djibouti. By 12 May 2007, 41 countries worldwide had reported HPAI A/H5N1 poultry outbreaks to OIE since late 2003 [2].

This outbreak in Ghana started on 14 April 2007 and was confirmed due to influenza A/H5N1 on 28 April 2007. The virus was found on a small scale poultry farm near the port city of Tema. Among the 23,441 susceptible birds on the farm, 11,743 were infected and died and the remainder destroyed. Control measures included movement controls, disinfection of infected premises, and quarantine. Poultry vaccination against H5N1 is not permitted in Ghana. The Ghanaian Ministry of Food and Agriculture has declared the Tema Municipality an avian influenza infected area and banned the movement of live birds in this area, and between this area and the rest of the country, until further notice, as well as closing all live bird markets in the area. No human cases of H5N1 infection have been reported.

The HPA has updated its algorithm (A3) for the management of returning travellers and visitors from countries affected by avian influenza (H5N1) presenting with febrile respiratory illness [3] to reflect these developments.

References

1. World Organisation for Animal. *Health notification report*. World Organisation for Animal Health website [online]. Paris:OIE, [accessed 17 May 2007]. Available at <http://www.oie.int/wahid-prod/reports/en_imm_0000005325_20070503_153643.pdf>.

2. World Organisation for Animal Health. *Outbreaks of avian influenza (subtype H5N1 inpoultry. From end of 2003 to 12 May 2007*. World Organisation for Animal Health website [online]. Paris:OIE, 12 May 2007. [accessed 17 May 2007]. Available at <http://www.oie.int/downld/AVIAN%20INFLUENZA/Graph%20HPAI/graphs%20HPAI%2012_05_2007.pdf >.

3. *WHO Pandemic Alert Phase 3: Algorithm for the management of returning travellers and visitors from countries affected by avian influenza (H5N1) presenting with febrile respiratory illness.* HPA Website [online] [accessed 17 May 2007]. London, 16 May 2007. Available at <http://www.hpa.org.uk/infections/topics_az/influenza/avian/algorithm.htm>.

International travel and health 2007

The World Health Organization (WHO) has recently published the 2007 edition of International travel and health [1]. This new edition provides information on all the main health risks to which travellers can be exposed during their journeys and at destinations. The relevant infectious diseases are described, including their causative agents, modes of transmission, clinical features, geographical distribution, risks for travellers, and prophylactic and preventive measures.
New and revised contents in this edition include:

- travel by sea
- high altitude disease
- deep venous thrombosis related to air travel
- new vaccines and vaccine schedules
- rabies
- avian influenza
- Chikungunya
- special groups of travellers, including Hajj pilgrims, and immigrants visiting friends and relatives
- malaria treatment in returning travellers and travellers abroad
- implications of the revised *International Health Regulations (2005)*, and its updated vaccination certificate.

Although the book is designed for medical and public health professionals who advise travellers, it is also a standard reference for travel agents, airlines, shipping companies, and travellers themselves. The full content is available online http://www.who.int/ith/en/.

References
1. *International Travel and Health.* Geneva: WHO, 2007. Available at <http://www.who.int/ith/en/>.

Food incidents report published

The Food Standards Agency (FSA) has published its first *Annual Report of Incidents*, highlighting the need for all food business operators and enforcement authorities to make reporting these incidents a top priority.

In 2006, the FSA investigated 1342 incidents in the United Kingdom (UK) and, where appropriate, took action to ensure that consumers' interests in relation to food safety were protected and standards maintained. Although the FSA has dealt with food and environmental contamination incidents since its formation in 2000, it is only since the introduction of a new agency-wide incidents database in summer 2005, that it has been able to carry out a detailed analysis of the incidents data.

Notifications were received from a wide range of businesses, Government departments and organisations. One of the main purposes of the Report of is to encourage reporting, in order to construct a more accurate picture of food and environmental contamination in the UK.

The FSA also took action to protect consumers' interests in relation to food safety by issuing 81 food alerts to local authorities (also published on the FSA website). The FSA also made 478 notifications to the European Commission, through the Rapid Alert System for Food and Feed (RASFF). This system gives EU member states two-way intelligence on measures taken to ensure food safety.

The report can be downloaded from the FSA website at:
<http://www.food.gov.uk/multimedia/pdfs/incidentsar.pdf>.

Bacteraemia

Last updated: **18 May,** *CDR Weekly*, Volume 1, No 20 Next update: **15 June 2007**

Bacteraemia Routine Data Reports

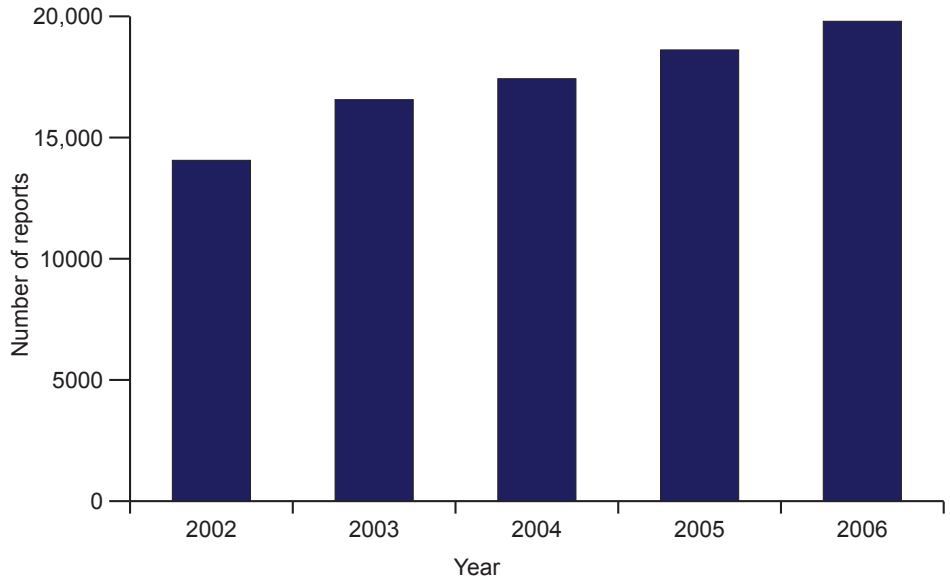
Escherichia coli bacteraemia in England, Wales, and Northern Ireland, 2002 to 2006

Introduction

This report covers voluntary reports of bacteraemia due to *Escherichia coli* made to the Health Protection Agency between 2002 and 2006 from participating laboratories in England, Wales, and Northern Ireland. Data were extracted on 1 of May 2007 and are provisional.

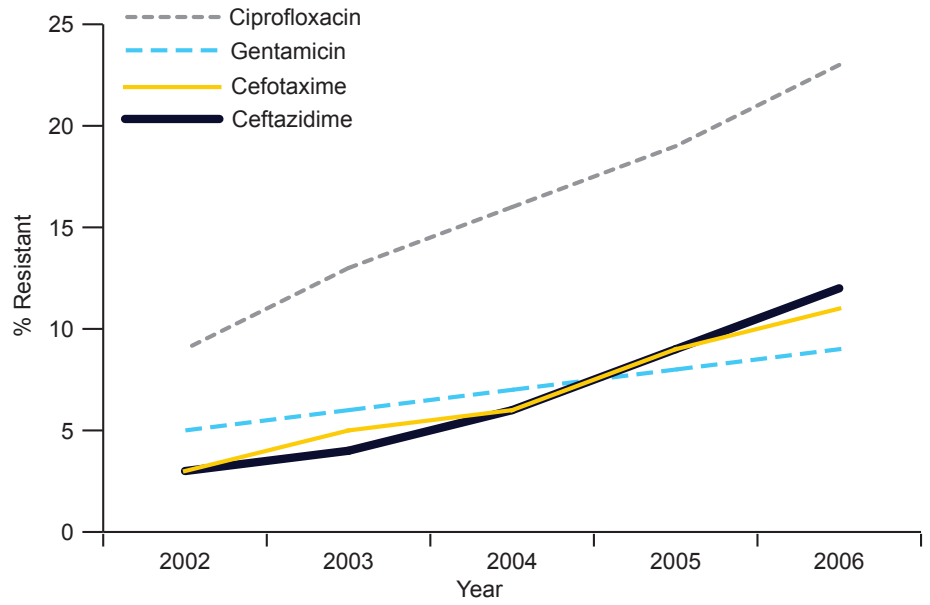
- There was a 6% increase in the total number of reports for *E. coli* bacteraemia via the voluntary surveillance scheme in 2006 (19,796 reports) compared to 2005 (18,615 reports) (figure 1).
- Since 2002, there has been a 41% increase in *E. coli* bacteraemia reports, an increase which is higher than the 34% increase in reports for all bacteraemia (71,053 to 95,300) via the voluntary surveillance scheme during the same time period. The increase may be due to increased incidence and/or increased ascertainment. Reports for 2006 are provisional as of 1 May 2007, and are expected to increase due to late reporting.
- *E. coli* continues to be one of the two most common causes of bacteraemia (*Staphylococcus aureus* being the other) in England, Wales, and Northern Ireland.
- Most cases (69%) of *E. coli* bacteraemia occurred in people aged 65 years and over, predominantly in females.
- The percentage of reports including susceptibility tests for at least one antimicrobial agent has increased from 78% in 2002 to 90% in 2006.
- Resistance to ciprofloxacin, extended-spectrum cephalosporins or gentamicin has increased between 2002 and 2006 (figure 2).
- For ciprofloxacin, resistance has increased from 9% in 2002 to 23% in 2006.
- For the extended-spectrum cephalosporins, cefotaxime and ceftazidime, resistance has increased from 3% in 2002 to 11% and 12% respectively in 2006. The increase in resistance to cephalosporins since 2003 largely reflects the emergence and spread of strains of *E. coli* producing extended-spectrum β-lactamases (ESBLs) [1,2].
- Resistance to gentamicin has increased from 5% in 2002 to 9% in 2006.

Figure 1 *E. coli* bacteraemia reports: 2002 to 2006*



* Data extracted 1 May, 2007

Figure 2 Antibiotic susceptibility for *E. coli* bacteraemia reports, England, Wales, and Northern Ireland: 2002 to 2006*



* Data extracted 1 May, 2007

Further information and data on *Escherichia coli* bacteraemia in England, Wales, and Northern Ireland, 2002 to 2006 can be found at:
<http://www.hpa.org.uk/infections/topics_az/ecoli/ecoli07/default.htm>.

References

1. HPA. *Investigations into multi-drug resistant ESBL-producing Escherichia coli strains causing Infections in England*. September 2005. London: Health Protection Agency, 2006.

2. Potz N, Hope R, Warner M, Johnson A, Livermore D. CTX-M-producing *Escherichia coli* now the dominant cephalosporin-resistant Enterobacteriaceae. *Clin Microbiol Infect* 2005; **11**(Suppl 2):48.