



Health Protection Report

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News

Last updated: **25 May 2007**, Volume 1, No 21 Next update: **1 June 2007**

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Measles outbreak in the traveller community

As of 18 May, the Health Protection Agency has confirmed 20 cases of measles in the traveller community with onset since the 25 March 2007. There have been 13 confirmed cases in London, six in the East of England, and a single case in the South East. The cases, are all in unvaccinated individuals and aged between 1 and 21 years, have been reported from many travellers' sites in these regions. The majority of cases occurred following a gathering in South East London over the Easter holidays. Cases of suspected measles in the traveller-community are also being investigated in several regions within England, including London, East of England, and the South East. Four cases in Norway associated with this outbreak have also been notified to the Health Protection Agency Centre for Infections [1]. So far, thirteen cases linked to this current outbreak in the travelling-community have been typed as D4 strains (MVs/Enfield.GBR/14.07/) and are identical to each other.

Fifty-three measles cases of been confirmed in England and Wales to date in 2007. Other strains identified include five cases with D8 strains, four with a distinct D4 strain associated with importation from India, and two cases of B3 linked to a small cluster in north east London. This compares a total of 636 confirmed cases in the first six months of 2006. Many of the 2006 cases were also associated with an outbreak in the travelling community [2,3]. The main strain circulating in 2006 was typed as a B3, suggesting that this latest outbreak occurred following re-introduction of measles to the travelling-community.

Local Health Protection Units have notified healthcare professionals in areas where cases have been confirmed. Vaccination with MMR has been offered to affected traveller communities. Traveller education liaison teams from local authorities have been contacted to notify schools with pupils from the travelling-community. Traveller organisations and societies have been contacted to help raise awareness of the importance of MMR vaccination.

Further cases of measles in the traveller-community and among individuals associated with this outbreak should be notified to their Local Health Protection Unit.

Guidelines for response to suspected cases of measles can be found on the Health Protection Agency website at http://www.hpa.org.uk/infections/topics_az/measles/menu.htm and all suspected cases of measles should be followed up and confirmed by laboratory investigation by the Centre for Infections (http://www.hpa.org.uk/infections/topics_az/measles/Follow_up_conf_measles_cases.pdf). Information about the MMR vaccine is available from <http://www.dh.gov.uk/assetRoot/04/12/44/88/04124488.pdf>.

References

1. Løvoll Ø, Vonen L, Vevatne T, Sagvik E, Vainio K, Sandbu S. Outbreak of measles among Travellers from England in Norway: preliminary report. *Eurosurveillance Weekly* [Out on 24/05/07] Add link when published
2. HPA. Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: January to March 2006. *Commun Dis Rep CDR Wkly* [serial online] 2006 [cited 23 May 2007]; **16**(25): Immunisation. <http://www.hpa.org.uk/cdr/archives/2006/cdr2506.pdf>

3. HPA. Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: April to June 2006. *Commun Dis Rep CDR Wkly* [serial online] 2006 [cited 23 May 2007]; **16**(39): Immunisation. <http://www.hpa.org.uk/cdr/archives/2006/cdr3906.pdf>

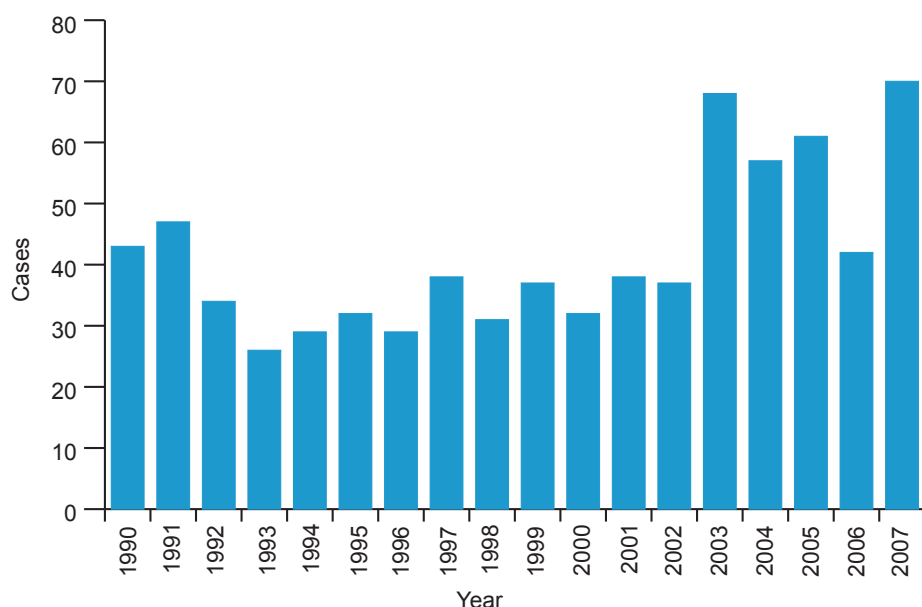
Increased incidence of listeriosis in England and Wales, 2007

Listeriosis is a rare but severe disease caused by the bacterium *Listeria monocytogenes* and primarily affects the unborn, the newly delivered, the immunocompromised, and the elderly. The disease usually presents as abortion, septicaemia or central nervous system (CNS) infection, with high mortality in all patient groups.

The changing pattern of human listeriosis in England and Wales has been reported previously [1,2]. This was characterised by increased incidence from 2001 (average 109 cases per year between 1990 and 2000 as compared with 185 per year between 2001 and 2006). The increase predominantly occurred in patients aged 60 years and over presenting with bacteraemia in the absence of CNS involvement.

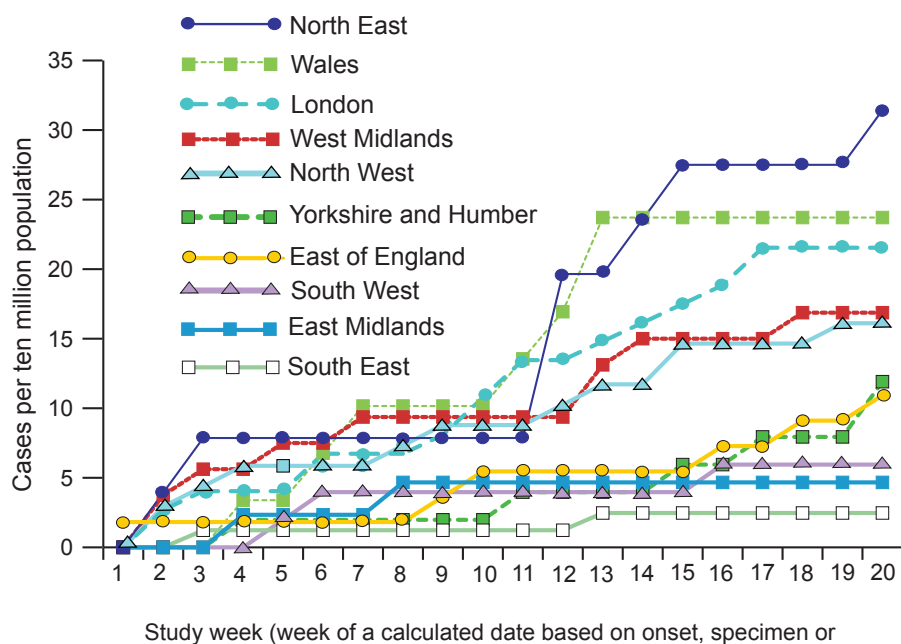
In the first 20 weeks of 2007, a provisional total of 70 cases of listeriosis from England and Wales has been reported to the Health Protection Agency Centre for Infections. This represents a 67% increase in incidence from the same period in 2006 and the highest reported incidence for this period since active surveillance of listeriosis began in 1990 (figure).

Figure 1 Reported *Listeria monocytogenes* infection in England and Wales: Weeks 1-20, 1990 to 2007



Forty-seven (66%) of the 70 cases were aged 60 years and over and 50 cases (70%) presented with bacteraemia in the absence of CNS involvement. Cases have been reported from all regions in England and in Wales, with the most from London, the North East and Wales (figure 2). Typing data do not indicate a single strain common-source outbreak or cluster.

Figure 2 Cumulative regional incidence of *Listeria monocytogenes* infection, England and Wales



Laboratories in England and Wales are asked to

- Refer *L. monocytogenes* isolates from clinical specimens and food samples to Kathie Grant, Centre for Infections, for confirmation and subtyping (tel: 020 8327 6505; email: kathie.grant@hpa.org.uk)
- Notify local Health Protection Units of cases in a timely manner to ensure effective routine public health follow-up
- Complete the standard HPA clinical questionnaire (available from http://www.hpa.org.uk/infections/topics_az/listeria/questionnaires.htm) and return to Iain Gillespie, Centre for Infections (tel: 020 8327 7486; email Iain.Gillespie@hpa.org.uk)

Health Protection Units are requested to complete the standard HPA food exposure questionnaire (available from http://www.hpa.org.uk/infections/topics_az/listeria/questionnaires.htm) for all cases and return to Iain Gillespie, Centre for Infections (telephone 020 8327 7486; email Iain.Gillespie@hpa.org.uk).

References

1. Løvoll Ø, Vonen L, Vevatne T, Sagvik E, Vainio K, Sandbu S. Outbreak of measles among Travellers from England in Norway: preliminary report. *Eurosurveillance Weekly* 24 May 2007; **12**(5). Available at: <http://www.eurosurveillance.org/ew/2007/070524.asp#1>
2. Gillespie I, McLauchlin J, Adak GK, Grant KA, Little CL, Mithani V, *et al.* Changing pattern of human listeriosis in England and Wales, 2001-2005. *Emerg Infect Dis* 2006;**12**:1361-6.

New action plan on reducing drug-related harm in England

A new Action Plan to reduce drug-related harm was published this week by the Department of Health, the NHS and the National Treatment Agency for Substance Misuse (NTA).

The Action Plan was produced in response to data published by the HPA indicating a recent rise in bloodborne virus infections among injecting drug users (IDUs) and estimating that almost half of current IDUs have contracted hepatitis C. Other data sources suggest that there has been an increase in the number of drug related overdose deaths in recent years.

Under the Action Plan, around £2 million will be spent to support activities in three areas; health promotion campaigns, improving harm reduction service delivery and improving surveillance. Specific activities will include; promoting hepatitis B vaccination among high-risk groups such as prisoners and homeless drug users and developing local action plans to improve harm reduction in the poorest performing 10% of areas. New training and guidance is to be developed on harm reduction for drug service providers, for those working in prisons, service users and carers. Guidance for those working with drug users related to hepatitis C is also to be updated. There are a number of action points related to improving surveillance data including; exploring mechanisms for routine collection of needle exchange data and implementation of a new Treatment Outcome Profile for performance monitoring of drug treatment services for drug users.

The Action Plan is available on the Department of Health website at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074850.

World health statistics 2007

The World Health Organization (WHO) has recently published World health statistics 2007, the most complete set of health statistics from its 193 Member States. This edition also highlights trends in ten of the most closely watched global health statistics. It is the authoritative annual reference for a set of 50 health indicators in countries around the world.

This volume, also available as an online database, shows:

- How much money is currently spent on health in comparison to regional burdens of disease
- Projected patterns of major causes of death for 2030
- Gaps in reliable information, and how estimates of maternal mortality are made
- The diseases that are killing people, and those that make them sick
- The extent to which people can access treatment, the major risk factors for ill-health, the human resources underpinning health systems; and
- Health outcomes in the context of demographic and socioeconomic status of individual countries

World health statistics 2007 can be ordered or downloaded at <http://www.who.int/whosis/en/index.html>.

Immunisation

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Invasive meningococcal infections, England and Wales: laboratory reports, weeks 16-20/2007

Invasive meningococcal infections, England and Wales: laboratory reports, weeks 16-20/2007

Please note that the data in this table contains errors. Please view the corrected data in HPR Vol 1, Issue No.25, 22 June 2007 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	16-20/2007	Total to week 20/2007
Group A	-	-	-	-	8
B	-	-	-	-	9
C	-	-	-	-	1
W135	-	-	-	-	-
X	-	-	-	-	-
Y	-	-	-	-	-
Z/29E	-	-	-	-	-
Ungroupable	-	-	-	-	-
Ungrouped	1	-	-	1	3
Total	1	-	-	1	21