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News

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New International Health Regulations come into force

New International Health Regulations come into force

The new International Health Regulations (IHR) come into force on Friday 15 June [1]. The IHR are a legally binding international instrument to “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international trade and traffic”.

Under the new IHR, member states have much broader obligations to build national capacity for surveillance and response to Public Health Emergencies of International Concern (PHEIC) and share information about them, with a code of conduct for notification and response. The regulations include a list of diseases whose occurrence must always be notified to the World Health Organization (WHO) (smallpox, wild-type polio, new subtypes of human influenza and SARS), but also include an algorithm for countries to decide whether other incidents (which may be biological, radiological or chemical in nature) might constitute a PHEIC. Consideration is made of whether an incident is serious, unusual or unexpected, whether there is a significant risk of international spread, and whether there is a significant risk of international travel or trade restrictions. Routine preventive measures (such as public health actions at ports and for means of transport) are also emphasised, and member states have to provide to WHO a list of designated points of entry and ports authorised to issue ship sanitation certificates.

The new IHR require member states to designate a National IHR Focal Point (NFP) to be accessible at all times for communications with the WHO IHR Contact Point. The NFP has a duty to both assess events that may be PHEICs and to notify them to WHO. The UK Government has designated the Health Protection Agency as the UK’s NFP and a joint protocol has been developed between the Department of Health and the HPA for the assessment and reporting of PHEICs by the NFP. The duty doctor system at CfI is generally the initial point of contact for public health professionals in the United Kingdom wishing to report or discuss a potential PHEIC (tel 020 8200 4400).

The regulations, which are an update of the 1969 regulations, were adopted on 23 May 2005 at the 58th World Health Assembly [2]. The 1969 regulations addressed only four diseases: cholera, plague, yellow fever and smallpox, and were focused on the control at borders and relatively passive notification and control measures.

References

1. International Health Regulations (2005) [online] [accessed 14 June 2007]. WHO: Geneva, 2007. Available at <http://www.who.int/csr/ihr/en/index.html>.

2. HPA. World Health Assembly approves new International Health Regulations. Commun Dis Rep CDR Wkly [serial online] 2005 [accessed 14 June 2007]; 15 (21): news. Available at <http://www.hpa.org.uk/cdr/archives/archive05/News/news2105.htm#ihr>.

National Strategy for Young People addressing Sex, Drugs and Alcohol

A newly published report by the Independent Advisory Group (IAG) on Sexual Health and HIV says that a cross governmental national strategy to tackle drugs, alcohol misuse and risky sexual behaviour by young people is needed. In order to ensure that the strategy understands and meets young people's needs, young people should have a central role in the strategy's development. The link between risky sexual behaviour and drugs and alcohol misuse is well established. Investment now to tackle these issues will be beneficial in terms of preventing long term problems, including social and medical care, as well as helping the next generation.

The report recommends the following areas for intervention:

- Develop a national scheme incorporating all relevant agencies to provide holistic assessment, prevention and intervention services to address drugs and alcohol misuse and risky sexual behaviour.
- Reduce drug taking and alcohol consumption among young people.
- Statutory personal, social, and health eduction (PSHE) to ensure young people receive clear and factual information on the effects of drugs, alcohol and sex.
- Recognise the environment in which today's young people are growing and determine what young people should be exposed to.
- Recognise the social, economic and emotional factors relevant to ensuring children and young people can be agents of their own health improvement.

References

1. Independent Advisory Group on Sexual Health and HIV. *Sex, drugs, alcohol and young people: a review of the impact drugs and alcohol have on young people's sexual behaviour.* London:Department of Health, 2007. Available at <http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/Sexualhealthgeneralinformation/DH_4079794>.

Bacteraemia

Last updated: **15 June** 2007 Next update: **20 July 2007**

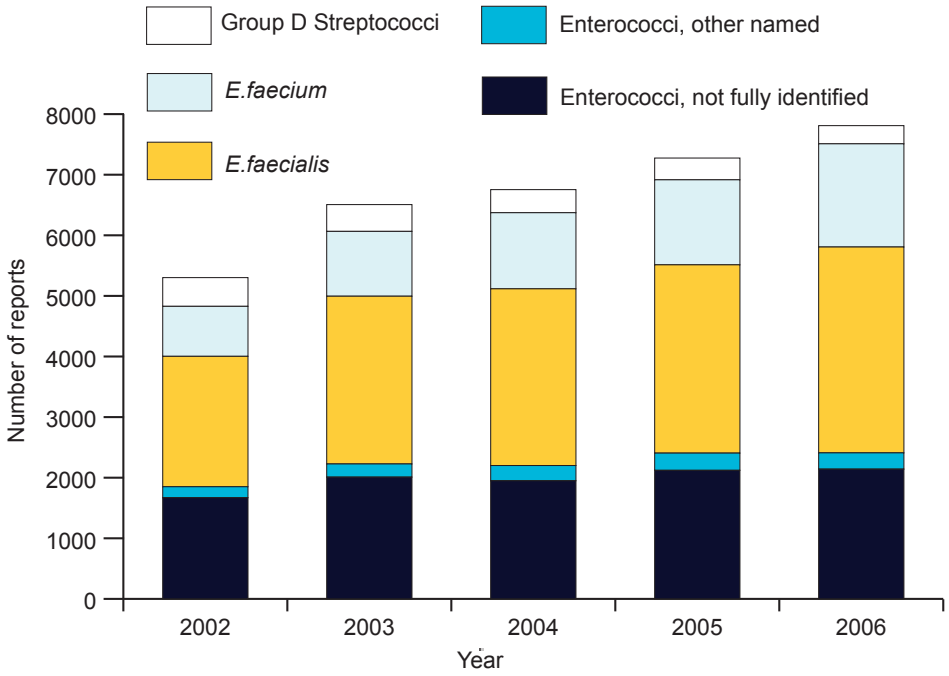
Enterococcus spp and group D *Streptococcus* spp bacteraemia in England, Wales, and Northern Ireland: 2006

Introduction

This report covers voluntary reports of bacteraemia due to enterococci and non-enterococcal group D streptococci made to the Health Protection Agency between 2002 and 2006 from participating laboratories in England, Wales, and Northern Ireland. Data were extracted on 8 of June 2007, and are provisional.

- Enterococcal bacteraemia remains one of the ten most commonly reported bacteraemia in England, Wales, and Northern Ireland.
- Most cases of enterococcal bacteraemia occurred in people aged 65 years, predominantly in females.
- There was a 7% increase in the total number of reports for enterococcal and non-enterococcal group D streptococcal bacteraemia via the voluntary surveillance scheme in 2006 (7810 reports) compared to 2005 (7275 reports) (figure 1).
- Since 2002 there has been a 47% increase in enterococcal and non-enterococcal group D streptococcal bacteraemia reports, 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 either increased incidence and/or increased ascertainment.
- There has been a noticeable improvement in the number of enterococcal bacteraemia reports identified to species level, increasing from 41% in 2002 to 71% in 2006.
- The two most frequently reported species of enterococci are *E. faecalis* and *E. faecium*, which, in 2006, accounted for 63% and 31%, respectively, of all enterococcal bacteraemia identified to species level.
- Reports for 2006 are provisional as of 8 June 2007 and are expected to increase due to late reporting.
- In addition to voluntary surveillance of enterococcal bacteraemia, mandatory surveillance of bacteraemia specifically due to glycopeptide-resistant enterococci (GRE) commenced in October 2003. Results from this scheme between October 2005 and September 2006 will be published in July 2007.

Figure 1 Enterococcal and non-enterococcal group D streptococcal bacteraemia reports: 2002 to 2006*



* Data extracted 8 June 2007.

Susceptibility analyses

The percentage of reports for either *E. faecalis* or *E. faecium* bacteraemia containing susceptibility tests for at least one antimicrobial agent has increased from 79% in 2002 to 89% in 2006.

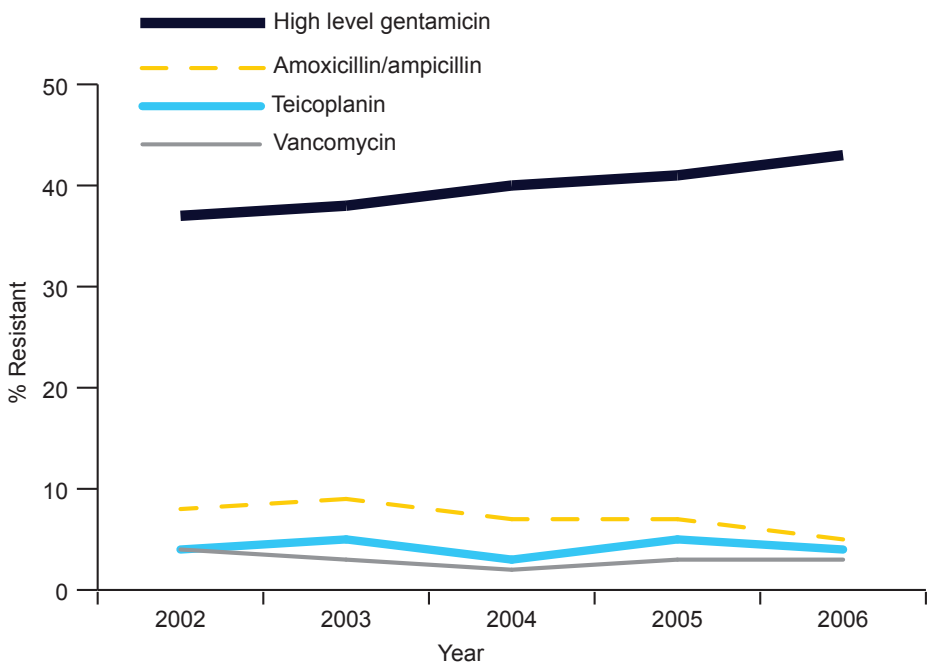
For reported cases of *E. faecalis* bacteraemia, resistance to high-level gentamicin has increased from 37% in 2002 to 43% in 2006 (figure 2). Resistance to ampicillin has decreased from 8% in 2002 to 5% in 2006; resistance to the glycopeptide vancomycin has not changed during the five years covered in this report, remaining at about 4%.

For reported cases of *E. faecium* bacteraemia, resistance to vancomycin has increased from 19% in 2002 to 26% in 2006 (figure 3). Resistance to high-level gentamicin has fluctuated from a high of 41% in 2002, to a low of 21% in 2004. In 2006, 31% of tested isolates were resistant to high level gentamicin. It is difficult to verify reasons for these fluctuations, which may be real or due in part to changes on the part of participating laboratories in voluntary reporting of these specimens.

Resistance to linezolid in reported cases of either *E. faecalis* or *E. faecium* bacteraemia remained under two per cent during the five years covered in this report. It is important to confirm resistance to this antibiotic – any isolates testing non-susceptible to linezolid should be referred to the HPA's Antibiotic Resistance Monitoring and Reference Laboratory (ARMRL). Investigation of unusual resistance reports is a function of this reference service.

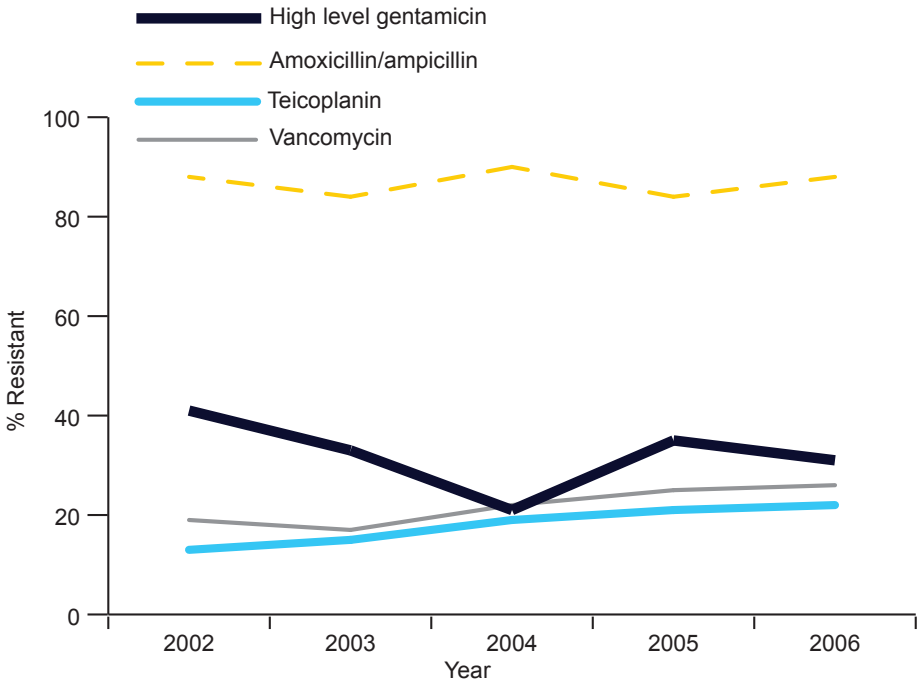
†Note: Any conclusions regarding resistance trends should be drawn with caution as these analyses are derived from a small number of reports, for which the 95% confidence intervals of yearly resistance rates are quite large.

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



* Data extracted 8 June 2007.

Figure 3 Antibiotic susceptibility for *E. faecium* bacteraemia reports, England, Wales, and Northern Ireland: 2002-2006*



* Data extracted 8 June 2007.

Further information and data on *Enterococcus* spp and group D *Streptococcus* spp bacteraemia in England, Wales, and Northern Ireland, 2002 to 2006 can be found at: <http://www.hpa.org.uk/infections/topics_az/enterococci/voluntary_surveillance_results.htm>.