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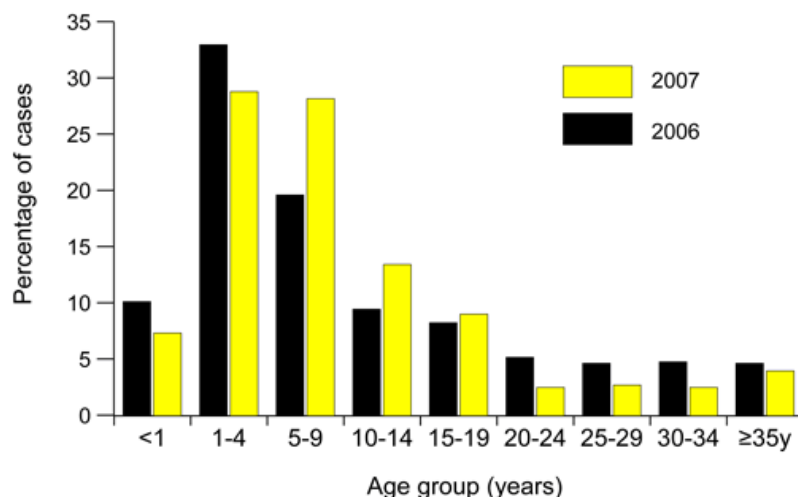
Confirmed measles cases in England and Wales – an update

The number of confirmed measles cases in 2007 is continuing to rise. Up to 24 August, there have been 475 cases confirmed in England and Wales. The number of cases so far is still lower than the provisional total number (736) reported during the whole of 2006, which had the highest number of cases since enhanced MMR surveillance was introduced in 1995. As in 2006, the majority of cases (77%) are in the south east of England : London region (155), South East (69) and East of England (134), although 49 and 30 cases have been reported from Yorkshire and Humberside and the East Midlands respectively. To date, the remaining regions have had small numbers of confirmed cases (North West 14, North East one, West Midlands ten, South West three, Wales ten).

Most of the cases in the second quarter of 2007 were associated with an outbreak within the travelling community with over 120 cases to date. The measles strain linked to this outbreak is D4 (MCs/Enfield.GBR/14.07/[D4]-EF600554). This strain is also the predominant one seen in cases without links to the travelling community. Other strains identified in the UK have been linked to foreign travel. There have been several importations of D8 (from the Indian sub-continent, Poland and Netherlands), two D5s (from Thailand and Switzerland), two B3s (from Qatar and Tanzania), and one D4 (from Denmark). Cases have been exported to Israel, Norway, and the Netherlands.

Unlike 2006, numbers have remained high over the summer period with 116 cases confirmed on samples taken in June, 156 in July and 95 so far in August. The age distribution has also shifted, with a higher proportion of confirmed measles cases in the 5 to 9 and 10 to 14 year old age groups (figure 1). Two hundred and fifty-nine out of 475 cases (55%) were in children of school age (4 to 16 years). This means that there is a high risk of measles being introduced into the school environment when children go back to school. The HPA is recommending that parents ensure that children attending school are fully immunised with MMR. Local HPUs are working with PCTs and GPs to support this recommendation.

Figure 1 Age distribution of confirmed measles cases: 2006 and 2007



Exercise Winter Willow – lessons learned

A report outlining the lessons learned from *Exercise Winter Willow* has been published on the UK Resilience website [1]. Over 5,000 people from a large number of UK organisations representing government, industry and the voluntary sector participated in *Exercise Winter Willow*, with the aim of checking the preparation for the major disruptive challenges that an influenza pandemic might bring.

The report outlines the results of the evaluation of the exercise, a structured process that sought to involve all the organisations and participants. The aim was to capture learning at all levels and to ensure that there is a clear link between lessons emerging and changes to our plans and procedures. Work is already underway nationally, regionally and locally to take forward the issues identified and to improve planning and preparedness.

1. *Exercise Winter Willow. Lessons identified.* London Department of Health, 2007. Available at http://www.ukresilience.info/news/winter_willow_lessons.aspx.

HIV/Sexually Transmitted Infections (STIs)

▮ Trends in genital warts and genital herpes diagnoses in the United Kingdom

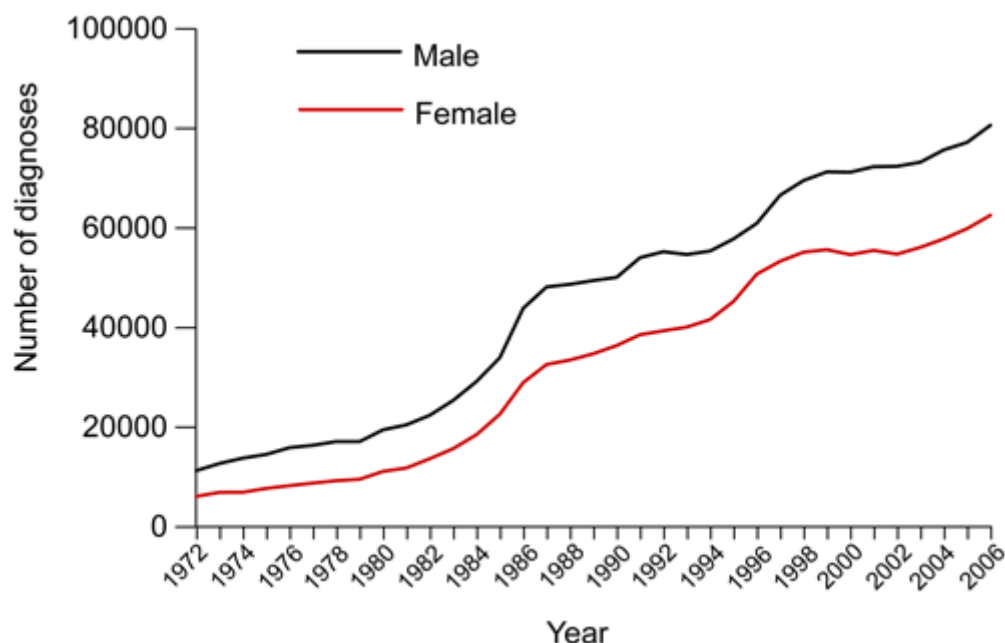
Trends in genital warts and genital herpes diagnoses in the United Kingdom

Genital warts are caused by the human papillomavirus (HPV) and are the most frequently diagnosed viral STI in the United Kingdom (UK). Most genital warts are caused by HPV subtypes 6 and 11 and usually resolve in healthy individuals. The high-risk types of HPV (eg subtypes 16 and 18) may, however, lead to cervical cancer in women. Genital herpes is caused by the herpes simplex virus (HSV) and is the second most common viral sexually transmitted infection (STI) in the UK. Once acquired, the condition is life long, and may lead to frequent recurrences and therefore spreading of the virus. In 2006, a 3% increase in the diagnoses of genital warts (1st attack) and a 9% rise in genital herpes (1st attack) from 2005 were seen at genitourinary medicine clinics in the UK.

Genital warts

There has been a gradual increase in diagnoses of genital warts (first, recurrent, and re-registered cases) in England, Wales, and Scotland since recording began in the early 1970s. The increase became more pronounced in the 1980s. The condition has been diagnosed more frequently in men than in women (figure 1).

Figure 1 Diagnoses of genital warts (first, recurrent and re-registered) seen in GUM clinics in England, Wales and Scotland: 1971 to 2006

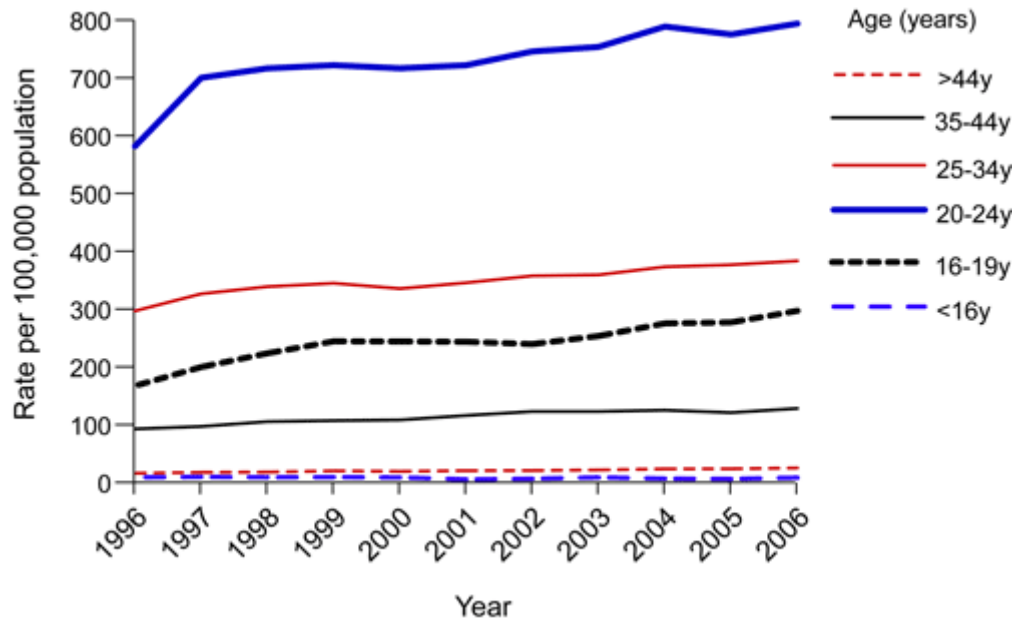


In 2006, there were 83,745 new diagnoses of genital warts (1st attack), a 3% increase from 2005 (81,201). Over the same period, there was a 6% increase in recurrent episodes (from 42,064 to 44,655) and a 5% increase in re-registered cases (from 16,973 to 17,821). Although the overall rate of diagnosis was highest among men (151 per 100,000 population), rates and

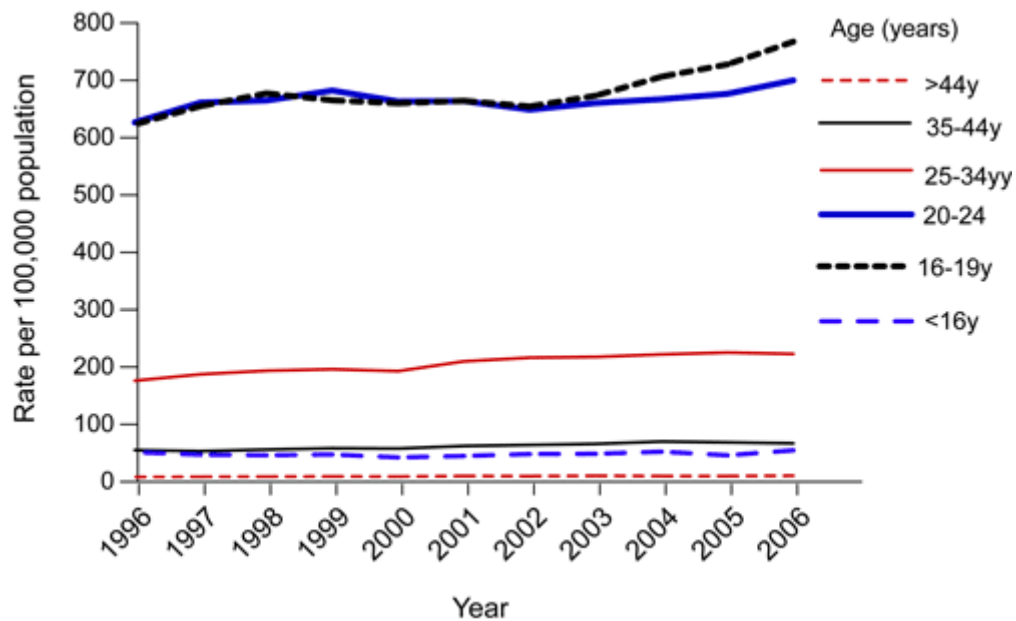
numbers of diagnosis were particularly high in young women under 20 years old (<16 years: 55/100,000 and 16 to 19 years: 767/100,000) (figure 2).

Figure 2 Rates of diagnoses of genital warts (1st attack) by gender and age group, UK: 1996 to 2006

Males

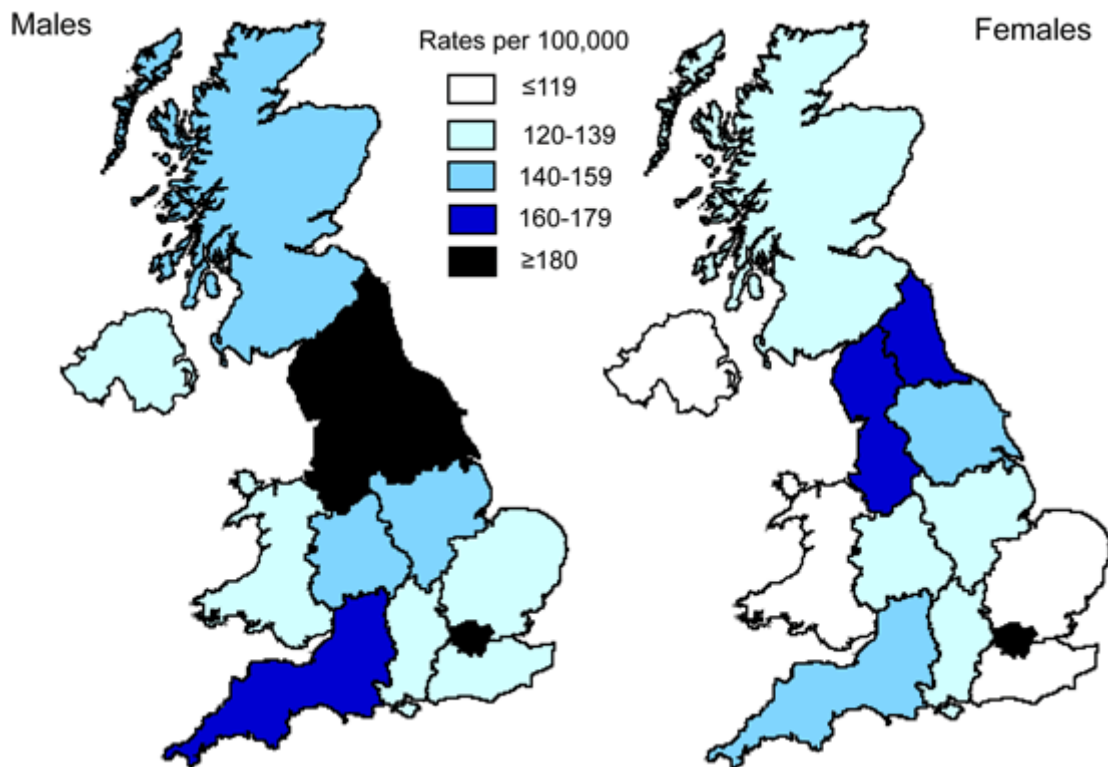


Females



Numbers of diagnoses rose in all ten English Strategic Health Authorities (SHAs), and in all countries of the UK except Northern Ireland. In England the rates of genital warts ranged from 124/100,000 for males and 108/100,000 for females in the East of England to 232 and 181/100,000 respectively in London. High rates of genital warts were also seen in the North East (219 and 178/100,000) and the North West SHAs (214 and 176/100,000) (figure 3).

Figure 3. Rates of diagnoses of genital warts (first attack) seen in GUM clinics in the UK, by gender and SHA: 2006

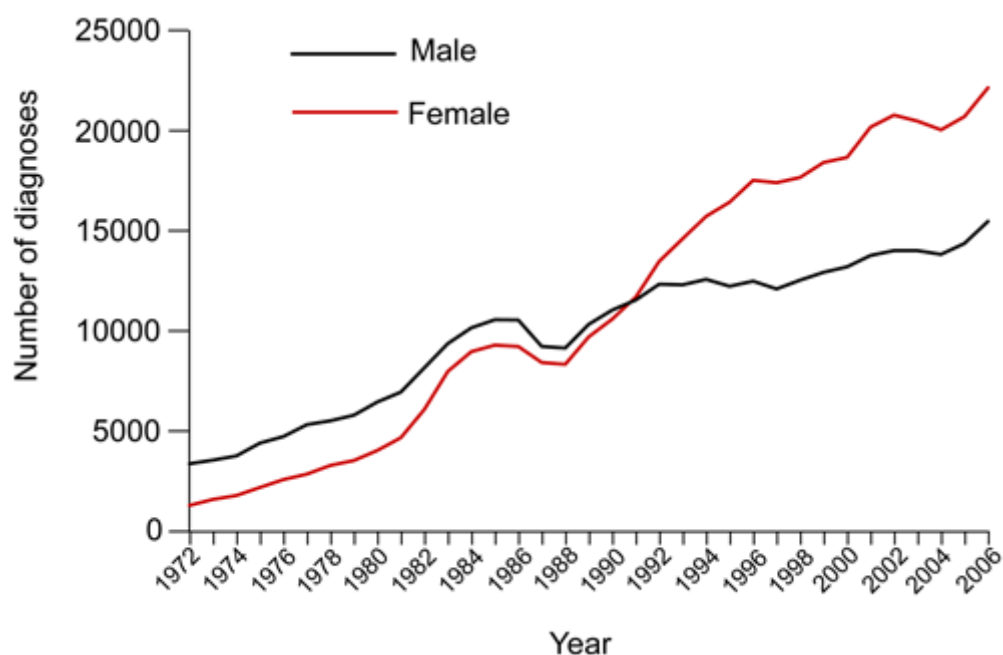


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Genital herpes

Since recording began in the early 1970s, numbers of diagnoses of genital herpes simplex virus (HSV) in England, Wales and, Scotland have risen overall, with a slight dip during the mid-1980s possibly associated with behavioural modifications at the height of the HIV and AIDS awareness campaigns [1]. Prior to the early 1990s, diagnoses were more common in men. However, since then, the number of herpes diagnoses in women has been higher and has risen more rapidly (figure 4).

Figure 4 Diagnoses of genital herpes (first, recurrent and re-registered) seen in GUM clinics in England, Wales and Scotland: 1971 to 2006

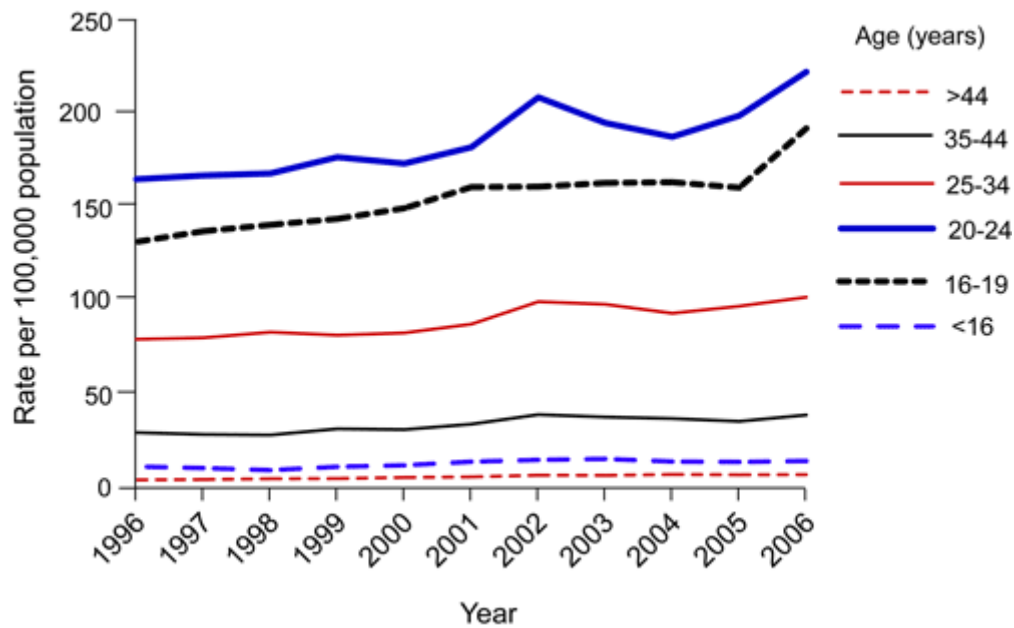


In the UK in 2006, there were 21 698 new diagnoses of genital herpes (1st attack), a 9% increase from 2005 (19,830). Over the same period, there was a 5% rise in diagnoses of recurrent genital herpes to 16,354 diagnoses. Almost half of genital herpes diagnoses seen at GUM clinics have been recurrent episodes. The rate of diagnosis was higher among women than in men for both the 1st attack (43 and 29/100, 000 in women and men) and recurrent episodes (30 and 25/100,000 in women and men). Rates of first attack genital herpes have been higher among women in all age-groups under 45 years old since the 1990s (figure 5). Between 2005 and 2006, the largest increases in numbers of diagnoses were among 35 to 44 (15%) and 45 to 64 (18%) year old men and 16 to 19 (16%) and 20 to 24 (11%) year old women.

Figure 5 Rates of diagnoses of genital herpes (1st attack) by gender and age group, UK: 1996 to 2006

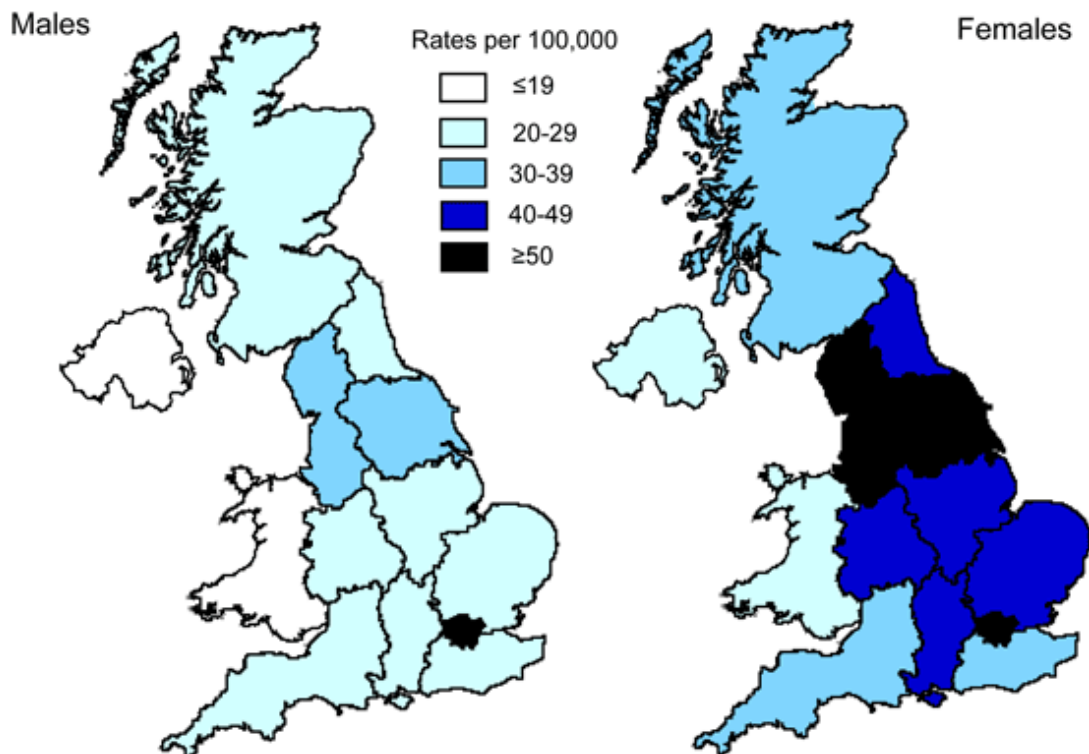
Males

Females (note difference in scale)



Rates of diagnosis for first attack genital herpes were higher among women in all English regions and countries of the UK (figure 6). The highest rates were in London (67 and 97/100,000 in males and females) followed by the North West (39 and 56/100,000 respectively) and Yorkshire and the Humber (36 and 52/100,000 respectively). Between 2005 and 2006, the greatest percentage increase in diagnoses among men was in the Yorkshire and the Humber SHA (34%) and in Northern Ireland (38%). Among women over the same period, the greatest increase was in North East SHA (26%) followed by Yorkshire and the Humber SHA (19%).

Figure 6. Rates of diagnoses of genital herpes (first attack) seen in GUM clinics in the UK, by gender and SHA: 2006



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Conclusion

These data show an upward trend in diagnoses of genital warts and genital herpes in the UK . Increasing numbers of first attack diagnoses have resulted in rising numbers of recurrent episodes requiring care. High rates of new diagnoses in young men and women are of particular concern. These data emphasise the importance of public health interventions to reduce the spread of viral STIs. The Department of Health's plans to introduce routine HPV vaccination for girls aged from 12 to 13 years from Autumn 2008 (subject to review of a cost/benefit analysis) [2] should help address this need.

References

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