



# Health Protection Report

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## News

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- ▶ Survey of Salmonella contamination of raw shell eggs used in catering premises in the UK
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### Survey of salmonella contamination of raw shell eggs used in catering premises in the UK

The Food Standards Agency (FSA) has published its findings of a survey of salmonella contamination in raw shell eggs used in catering premises in the United Kingdom (UK) [1]. The survey was carried out over the 14 months between November 2005 and December 2006, and was one of two surveys launched following an unusual number of *Salmonella* Enteritidis outbreaks associated with the use of eggs in catering premises in England and Wales during 2002 to 2004 [2-5].

A total of 9,528 eggs (1,588 pooled samples of six eggs) were collected at random from 1,567 catering premises in England, Wales, Scotland, and Northern Ireland. *Salmonella* was isolated from six pooled samples (0.38%) of eggs. Of these, five were *Salmonella* Enteritidis (0.31%), which were further characterized to phage types (PTs) as follows: PT 4 (three samples), PT 8 (one sample), and PT 12 (one sample). *Salmonella* Mbandaka was also isolated (one sample). None of the *Salmonella* isolates exhibited antimicrobial resistance. The eggs sampled were produced in eight European countries (France, Germany, Poland, Portugal, Republic of Ireland, Spain, the Netherlands, and the UK), with most (89%) originating from the UK. *Salmonella* spp. was detected from five pooled eggs sampled that were produced in the UK and one from Germany. The *Salmonella* contaminated eggs from the UK and Germany were linked with six producers.

The study also involved an assessment of kitchen practices and the results showed evidence of poor egg storage and handling practices in catering premises. Over half (55%) did not store their eggs under refrigerated conditions, a fifth (20.7%) of egg samples had had passed their 'best-before' dates or were being used beyond three weeks after they were laid (indicating poor stock rotation), and 37.1% of kitchens used mixed pooled eggs for use during the day.

Eggs are a commonly consumed food that may occasionally be contaminated with *Salmonella* at different rates according to their place of origin. Caterers need to be aware of this continuing hazard, receive appropriate food safety and hygiene training on storage and usage of raw shell eggs, adopt appropriate control measures, and follow advice provided by the Food Standards Agency [6,7] in order to reduce the risk of cross contamination to ready to eat foods and infection. Salmonella contamination of eggs has been one of the main microbiological food safety issues in the last 20 years, with outbreaks of *Salmonella* Enteritidis infection associated with raw shell eggs continuing to be a common cause of food borne illness.

The FSA survey was carried out by the Health Protection Agency (HPA) Centre for Infections Department of Gastrointestinal Infections, HPA Regional Microbiology Network, NPHS Wales, Northern Ireland Public Health Laboratory, Public Analysts in Scotland, and Local Authorities.

The final report for catering egg survey can be found at  
<<http://www.food.gov.uk/news/newsarchive/2007/sep/eggssurvey>>.

## References

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## Improving the detection and diagnosis of HIV in non-HIV specialties including primary care

The Chief Medical Officer and Chief Nursing Officer for England have issued a joint letter [1] about improving the detection and diagnosis of HIV in non-HIV specialties including primary care. The letter highlights best practice about offering and recommending, where appropriate, HIV testing in all healthcare settings, not just those traditionally offering this service.

An audit by the British HIV Association (BHIVA) of deaths from HIV among adults reported that, in around a quarter of cases, diagnoses occurred too late for effective treatment and late diagnoses accounted for at least 35% of HIV-related deaths [2]. The letter also points to evidence that a significant proportion of people who are diagnosed late with HIV infection had been in contact with healthcare professionals in the preceding year with symptoms which, in retrospect, were likely to be related to HIV [3].

Clinicians are asked to be alert to circumstances in which it is appropriate to offer and recommend an HIV test. This is especially important when the patient may have an unacknowledged but identifiable risk, or have symptoms or signs of HIV infection. As well as non-specific symptoms such as malaise and weight loss, patients with HIV may present across a range of clinical areas, such as:

thoracic medicine (for example, tuberculosis, pneumonia)  
gastroenterology (for example, oral candidiasis, severe gastroenteritis)  
oncology (for example, lymphoma)  
dermatology (for example, shingles, severe fungal dermatoses)  
haematology (for example, Idiopathic Thrombocytopenic Purpura)  
emergency medicine (for example, coma, meningitis)

The introduction 10 years ago of highly active antiretroviral therapy has transformed HIV services and health outcomes and today most people are living with HIV as a chronic long-term condition instead of an acute fatal illness. However, HIV remains a serious and often stigmatised health condition which may deter individuals from actively seeking or being offered an HIV test. There are clear public health and individual benefits for people in knowing their HIV status, especially if they face an increased risk of HIV, or are a partner of a person at increased risk.

## References

1. Chief Medical Officer and Chief Nursing Officer for England. *Improving the detection and diagnosis of HIV in non-HIV specialties including primary care*. London: Department of Health, 2007. Available at <<http://www.info.doh.gov.uk/doh/embroadcast.nsf/vwDiscussionAll/EE0FA479BAA64A1B80257355003DFB47>>.
2. Submitted for publication, see: <http://www.bhiva.org/files/file1001379.ppt>
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# Enteric

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## Enteric Routine Data Reports

- ▶ General outbreaks of foodborne illness in humans, England and Wales: weeks 32-35/07
- ▶ Salmonella infections, (faecal specimens) England and Wales, reports to the HPA (Salmonella data set): July 2007
- ▶ Common gastrointestinal infections, England and Wales: laboratory reports: weeks 32-35/07
  
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## General outbreaks of foodborne illness in humans, England and Wales: weeks 32-35/07

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
East Midlands North	<i>Salmonella</i> Enteritidis PT14B	Restaurant	August	8	>1	–	–
West Midlands East	Scombrotocxin	Restaurant	July	4	–	Tuna	D

M (microbiological): identification of an organism of the same type from cases and in the suspect vehicle, or vehicle ingredient(s), or detection of toxin in faeces or food; D (descriptive): other evidence, usually descriptive, reported by local investigators as indicating the suspect vehicle or food; S (statistical): a significant statistical association between consumption of the suspect vehicle(s) and being a case.

### Salmonella infections (faecal specimens), England and Wales, (reports to the HPA salmonella data set): July 2007

Details of 1261 serotypes of Salmonella infections recorded in July are given in the table below. In August 2007, 1118 Salmonella infections were recorded and preliminary information was received about two outbreaks (see table above).

	July 2007
S. Enteritidis (PT4)	224
S. Enteritidis (other PTs)	571
S. Typhimurium	127
S. Virchow	35
Others (typed)	304
<b>Total Salmonella (provisional data)*</b>	<b>1261</b>

\*Figures quoted from the Health Protection Agency salmonella data set are for isolates confirmed and typed by Laboratory of Enteric Pathogens (LEP).

### Common gastrointestinal infections, England and Wales, laboratory reports: weeks 32-35/07

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	32/07	33/07	34/07	35/07	32-35/07	35/07	35/06
<i>Campylobacter</i>	1212	1244	1115	695	4266	32640	31704
<i>Escherichia coli</i> O157*	20	31	37	27	115	438	523
<i>Salmonella</i> †	332	227	242	152	953	7154	6808
<i>Shigella sonnei</i>	23	33	21	7	84	661	397
Rotavirus	33	17	24	22	96	12070	12752
Norovirus	45	32	18	12	107	3436	3569
<i>Cryptosporidium</i>	58	106	99	59	322	1588	1802
<i>Giardia</i>	51	56	67	48	222	1765	1824

\*Vero cytotoxin-producing isolates (data from Health Protection Agency's Laboratory of Enteric Pathogens (LEP).

† Data from Health Protection Agency's Laboratory of Enteric Pathogens

## General outbreaks of foodborne illness in humans, England and Wales: quarterly report

### Final information on general outbreaks of foodborne illness: January to March 2007

Health Protection Unit	Organism	Location of food prepared or served	Number ill	Cases positive	Suspect vehicle	Evidence
County Durham & Tees	Clostridium Perfringens	Restaurant	26	3	Beef	S
South West Peninsula - Cornwall & Isles of Scilly	Norovirus	Restaurant	5	2	Oysters	M
West Yorkshire	Unknown	Restaurant	18	0	Meat and potato pie	S

### Salmonella serotypes recorded in the Health Protection Agency salmonella data set: April to June 2007 (provisional)

All serotypes recorded in the HPA salmonella data set in the second quarter of 2007 are listed below. There were more than ten reports of 24 serotypes, two to ten reports of 61 serotypes, and one report of 68 serotypes

More than ten reports of the following serotypes were received: April to June 2007

S. Agona	22
S. Anatum	13
S. Arizonae	11
S. Braenderup	46
S. Enteritidis	1224
S. Hadar	21
S. Infantis	25
S. Java	31
S. Kedougou	12
S. Kentucky	19
S. Mbandaka	15
S. Montevideo	23
S. Muenchen	12
S. Newport	47
S. Oranienburg	12
S. Poona	18
S. Saint-Paul	13
S. Schwarzengrund	35
S. Senftenberg	42
S. Stanley	39

S. Thompson	13
S. Typhimurium	348
S. Unnamed	53
S. Virchow	76

Between two and ten reports of each of the following serotypes were received: April to June 2007

S. Abony	5	S. Haifa	5
S. Adelaide	3	S. Havana	10
S. Agama	10	S. Heidelberg	10
S. Alachua	2	S. Hull	2
S. Albany	3	S. Hvittingfoss	3
S. Arechavaleta	2	S. Indiana	2
S. Baildon	2	S. Kiambu	3
S. Bareilly	9	S. Kintambo	2
S. Blockley	3	S. Kisarawe	2
S. Bovis-Morbificans	4	S. Kottbus	2
S. Brandenburg	2	S. Larochelle	2
S. Bredeney	5	S. Livingstone	2
S. Brunei	2	S. London	3
S. Cerro	2	S. Marina	3
S. Chester	3	S. Minnesota	2
S. Coeln	3	S. Mississippi	4
S. Colindale	8	S. Muenster	5
S. Concord	2	S. Napoli	3
S. Corvallis	9	S. Nima	4
S. Derby	7	S. Oslo	3
S. Drypool	3	S. Panama	10
S. Dublin	2	S. Reading	6
S. Duisburg	2	S. Richmond	7
S. Durban	2	S. Rissen	4
S. Durham	6	S. San-Diego	2
S. Ealing	3	S. Stanleyville	5
S. Eastbourne	3	S. Tel-El-Kebir	2
S. Emek	5	S. Uganda	2
S. Essen	2	S. Weltevreden	9
S. Give	10	S. Wien	2
S. Gold-Coast	3		

One each of the following serotypes were received: April to June 2007

S. Abaetetuba	S. Florida	S. Neukoelln
S. Aberdeen	S. Fluntern	S. Newington
S. Agoueve	S. Fresno	S. Ohio
S. Altona	S. Galiema	S. Pomona
S. Amager	S. Hatfield	S. Putten
S. Amsterdam	S. Houten	S. Remo
S. Apapa	S. Ibadan	S. Rubislaw
S. Argentina	S. Istanbul	S. Ruiru
S. Arkansas	S. Javiana	S. Shubra
S. Augustenborg	S. Jukestown	S. Singapore
S. Banana	S. Kaapstad	S. Stourbridge
S. Berta	S. Kibusi	S. Takoradi
S. Bispebjerg	S. Kingston	S. Tennessee
S. Bochum	S. Landwasser	S. Trimdon
S. Bongor	S. Lanka	S. Umbilo
S. Bron	S. Limete	S. Vitkin
S. Butantan	S. Litchfield	S. Wangata
S. Canastel	S. Manhattan	S. Wassenaar
S. Dar-Es-Salaam	S. Menston	S. Waycross
S. Denver	S. Minneapolis	S. Wippra
S. Dessau	S. Mishmar-Haemek	S. Worthington
S. Farmsen	S. Morehead	S. Wynberg
S. Fischerstrasse	S. Nairobi	