



Health Protection Report

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Norovirus update February 2008

The Health Protection Agency Centre for Infections has received 3534 laboratory reports for norovirus since the start of the current season in July 2007 (Table 1). This is the highest July to January figure on record (Table 1). The elevated figures for the 2007/2008 season to date are due in part to an earlier-than-usual rise in the number of confirmed cases [2] (in October 2007) and higher levels of reporting in recent weeks. In week 2 of 2008 the number of reports peaked at 334, the highest recorded number of norovirus laboratory reports received in a single week. These data need to be interpreted with caution for a number of reasons [1] [2], in particular:

1. New molecular diagnostic tests (RT-PCR) have been introduced by certain regional laboratories. These are more sensitive than the routine tests that were previously used. This is likely to have increased detection rates in specimens tested.
2. Heightened media interest in norovirus may have made the public and physicians more aware of the infection this season. However as news reports advised people with typical norovirus symptoms not to consult their GP, it is difficult to know if clinicians have taken more specimens for testing than would be usual.

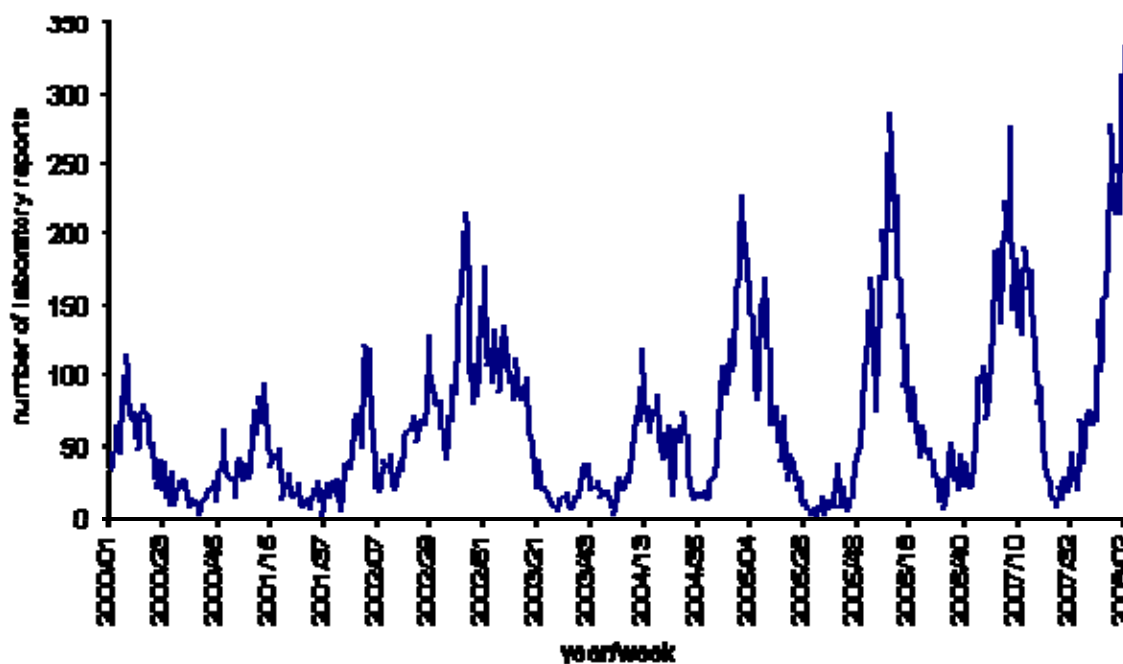
Nevertheless, it is likely that the recent rises in norovirus reporting are not solely attributable to the improved availability of molecular testing methods in regional diagnostic laboratories in England. There is evidence that these trends reflect an elevated incidence of disease in the population. Molecular diagnostic tests for norovirus were introduced in both Scotland and the South West of England some years ago. Health Protection Scotland (HPS) have recorded higher norovirus activity this winter compared to recent years [3] with a similar pattern emerging from the HPA data for the South West of England. Other countries in Europe have also experienced higher norovirus activity early in this season [4].

It is still too early to know if the laboratory reporting of norovirus has started its seasonal decline. However, data from the latest HPU/Nottingham University QResearch bulletin indicates that the rates of consultation in GP surgeries for vomiting and gastroenteritis have declined in the last week of January although diarrhoea consultations are similar to previous weeks [5].

Table 1. Norovirus laboratory reports from England and Wales for seasons 1998-2008

Season	Number of laboratory reports	
	July to June (Weeks 27 to Week 26)	July to January (Week 27 to Week 5)
1998/1999	2180	1320
1999/2000	2064	930
2000/2001	1607	707
2001/2002	2032	1123
2002/2003	4833	3415
2003/2004	1800	537
2004/2005	4026	2632
2005/2006	4013	1335
2006/2007	4584	2176
2007/2008	3534	3534

Figure 1 Laboratory reports of norovirus England and Wales : 2000-2008 (week 3)



References

1. Health Protection Report 21 December 2007 , Volume 1 No. 51. <http://www.hpa.org.uk/hpr/archives/2007/news2007/news5107.htm#noro>
- 2 Health Protection Report 11 January 2008, Volume 2 No. 2. <http://www.hpa.org.uk/hpr/archives/2008/news0208.htm#noro>
- 3 Health Protection Scotland eWeekly report 6 February 2008. <http://www.hps.scot.nhs.uk/ewr/article.aspx>
- 4 Siebenga J, Kroneman A, Vennema H, Duizer E, Koopmans M on behalf of the Food-borne Viruses in Europe network (www.Eufoodborneviruses.co.uk). *Euro Surveill* 2008;13(2) http://www.eurosurveillance.org/edition/v13n02/080110_03.asp
- 5 Health Protection Agency and Nottingham University, Bulletin 168, week commencing 28 th January 2008.

Infection reports

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General outbreaks of foodborne illness in humans, England and Wales: weeks 01-04/08

Health Protection Unit	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
NW London HPU	<i>Salmonella</i> Typhimurium U313	Restaurant	December	5	5		
SW Peninsula	<i>Salmonella</i> Typhimurium DT104	Public House	December	4	4	Christmas meal	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):
December 2007**

Details of 618 serotypes of salmonella infections recorded in December are given in the table below. In January 2008, 465 salmonella infections were recorded and preliminary information was received about two outbreak (see table above).

	December 2007
S. Enteritidis (PT4)	69
S. Enteritidis (other PTs)	158
S. Typhimurium	139
S. Virchow	27
Others (typed)	225
Total Salmonella (provisional data)*	618

*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 01-04/08**

Laboratory reports	Number of reports received				Total reports	Cumulative total to	
	01/08	02/08	03/08	04/08	01-04/08	04/08	04/07
<i>Campylobacter</i>	414	402	365	365	1546	1546	2556
<i>Escherichia coli</i> O157*	5	11	9	6	31	31	23
<i>Salmonella</i>†	88	158	158	62	425	425	888
<i>Shigella sonnei</i>	6	8	5	5	24	24	53
Rotavirus	88	98	139	136	461	461	502
Norovirus	312	334	210	69	925	925	668
<i>Cryptosporidium</i>	26	19	28	12	85	85	173
<i>Giardia</i>	45	33	25	38	141	141	169

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

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

Typhoid and paratyphoid , England and Wales: laboratory reports weeks: October to December 2007

Organism and phage type	Infection acquired abroad				Excreters and carriers
	Number of cases	Yes	No	Not reported	
S. Typhi					
Phagetype					
C1	1	1	0	0	0
D1	3	1	0	2	0
E1	20	9	0	11	0
E9 variant	11	7	0	4	0
E13	1	0	0	1	0
40	1	1	0	0	0
53	1	1	0	0	0
Degraded	1	0	0	1	0
Untypable Vi-1	6	3	0	3	0
Untypable Vi-2	4	2	0	2	0
Untypable VI-7	4	1	0	3	0
Vi-Negative	1	0	0	1	0
Total	54	26	0	28	0
S. Paratyphi A					
1	4	3	0	1	0
1A	5	3	0	2	0
2	7	2	0	5	0
3	3	1	0	2	0
4	11	6	0	5	0
6A	2	1	0	1	0
13	10	5	0	5	0
Total	42	21	0	21	0
S. Paratyphi B					
Taunton	2	1	0	1	0
3A var 1	1	0	0	1	0
3B var 9	1	0	0	1	0
Total	4	1	0	3	0

Fifty-four cases of *Salmonella typhi* infection were reported in the fourth quarter of 2007. Twenty-six cases were infected abroad (Indian subcontinent 20, Afghanistan 1, Ghana 1, Turkey 1, Abroad country unspecified 3). In 28 cases the country of infection was not stated.

Forty-two cases of *S. paratyphi A* infection were reported. Twenty-one cases were infected abroad (Indian subcontinent 17, Australia 1, China, 1, Gambia 1, Abroad country unspecified 1). In 21 cases the country of infection was not stated.

Four cases of *S. paratyphi B* infection was reported. One case was infected abroad (South America). In three cases the country of infection was not stated.

Zoonoses

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Common animal associated infections, England and Wales: laboratory reports, weeks 40 to 52/07

Organism	Total reports for week 40 - 52		Cumulative totals for weeks 01 - 52	
	2007*	2006	2007*	2006
<i>Borrelia burgdorferi</i> *,‡	270	252	655	768
<i>Leptospira hardjo</i> †,§	-	2	-	3
<i>Leptospira icterohaemorrhagiae</i> †,§	5	12	14	20
<i>Leptospira</i> other †,§	32	12	64	21
<i>Pasteurella haemolytica</i>	-	-	1	5
<i>Pasteurella multocida</i>	68	78	299	331
<i>Pasteurella pneumotropica</i>	3	7	12	17
<i>Pasteurella</i> other/ spp	3	15	64	72
<i>Toxocara canis</i>	-	-	-	-
<i>Toxocara</i> other/ spp	-	1	1	1
<i>Toxoplasma gondii</i>	13	7	43	26
<i>Toxoplasma</i> other spp	12	7	52	67
<i>Coxiella burnetii</i>	7	5	51	21
<i>Chlamydia (Chlamydophila) psittaci</i>	2	6	34	30
<i>Capnocytophaga</i> spp	2	3	14	10
<i>Mycobacterium marinum</i>	1	6	14	27
Orf virus	-	1	-	2
<i>Echinococcus granulosus</i>	1	3	8	13

* provisional data; † by specimen date;
‡ Lyme Diagnostic Unit and CDSC;
§Leptospira Reference Unit and CDSC

Commentary

Borrelia burgdorferi (Lyme borreliosis): (270)

Reports were received from all English regions (259), Wales (4) and Northern Ireland (1); for 6 patients the source laboratory was unknown. Sixty percent of reports were from the South East and South West health regions of England. All age groups were represented and the near equal male:female ratio observed in previous reports was maintained.

Seventeen patients reported overseas travel. One patient reported deer stalking.

Country visited	Number of cases
Hungary	1
Poland	1
France	1
Norway	1
Lithuania	1
Finland	1
Germany	3
Sweden	1
Slovenia	1
USA (Eastern seaboard)	5
Northern Europe (unspecified)	1

Leptospirosis: (37)

Indigenous cases (31):

Age group	Females	Males	Total
<10yr	0	0	0
10-14yr	1	1	2
15-24yr	2	1	3
25-44yr	0	11	11
45-64yr	1	12	13
>65yr	0	2	2
Not stated	0	0	0
Total	4	27	31

Infections were reported from all regions of England and Wales; reported sources of infection were identified in seven patients as: watersports, lake or river contact, immersion in inland waters, farming and fishing (2).

Reported serovars were: Icterohaemorrhagiae (4), Saxkoebing (1), not determined (26).

Infections acquired overseas (6):

Age group	Females	Males	Total
<10yr	0	0	0
10-14yr	0	0	0
15-24yr	0	0	0
25-44yr	0	3	3
45-64yr	0	2	2
>65yr	0	1	1
Not stated	0	0	0
Total	0	6	6

Countries visited were recorded for five patients : Indonesia/Sumatra, France , Jamaica , St Kits and Colombia .

Reported serovars were: Icterohaemorrhagiae (1), not determined (5).

Pasteurella : (74)

Pasteurella haemolytica : (0)

Pasteurella multocida : (68)

Pasteurella pneumotropica : (3)

Pasteurella spp : (3)

Age group	Females	Males	Total
<10yr	2	0	2
10-14yr	1	0	1
15-24yr	2	0	3
25-44yr	6	6	12
45-64yr	16	9	25
>65yr	16	15	31
Not stated	0	0	0
Total	43	31	74

Three patients reported dog bites and four patients reported cat bites and/or scratches ; a further two patients reported unspecified animal contact, two patients had cellulitis and one patient had a leg wound.

Nine patients reported dog bites and three patients reported cat bites and/or scratches ; a further five patients reported unspecified animal contact, and one patient was a diabetic with septic arthritis.

Toxocara: (nil report)

Toxoplasmosis: (15)

Toxoplasma gondii: (3)

Toxoplasma spp: (12)

Age group	Females	Males	Unknown	Total
<1yr	0	2	0	2
15-24yr	3	1	1	5
25-44yr	5	4	0	9
45-64yr	2	2	0	4
65-79yr	1	2	0	3
Unknown	0	0	1	0
Total	11	12	2	25

Coxiella burnetii: (7)

Age group	Females	Males	Total
15-24yr	0	0	0
25-44yr	3	0	3
45-64yr	1	3	4
65-79yr	0	0	0
Not stated	0	0	0
Total	4	3	7

Seven patients were reported with Q fever by the following laboratories:

Cheltenham (2), Frimley Park (1), Blackpool (1), Shrewsbury (1), Barnstaple (1) and Exeter (1). No clinical or epidemiological details were available for these patients.

Chlamydia (Chlamydophila) psittaci: (2)

Age group	Females	Males	Total
15-24yr	1	0	1
25-44yr	0	0	0
45-64yr	0	1	1
65-79yr	0	0	0
>80yr	0	0	0
Total	1	0	2

No clinical or epidemiological details were available for either patient.

Capnocytophaga spp: (2)

Age group	Females	Males	Total
15-24yr	0	0	0
25-44yr	0	0	0
45-64yr	1	0	1
65-79yr	0	1	1
Total	1	1	2

No clinical or epidemiological details were available for these patients.

Mycobacterium marinum: (1)

Age group	Females	Males	Total
45-64y	0	0	0
65-79y	0	1	1
Total	0	1	1

Orf: (nil report)

Echinococcus granulosus : (1)

Age group	Females	Males	Total
15-24yr	0	1	1
Total	0	1	1

Emerging Infections/CJD

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Topic Archives: 2007 | 2006 | 2005 |

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Emerging Infections Update: July - December 2007

Monthly summaries of notable events and developments of potential public health importance are produced by the Emerging Infections and Zoonoses Department, for circulation to recipients including the Chair and members of the National Expert Panel on New and Emerging Infections (<http://www.advisorybodies.doh.gov.uk/nationalexpertpanel/index.htm>). Incidents reported over recent months are shown in the table below. Events are identified through horizon scanning activities and then logged and systematically followed up. Multiple sources are scanned including: ProMED online (<http://www.promedmail.org>); World Health Organization sources (Disease Outbreak News, <http://www.who.int/csr/don/en/>; Weekly Epidemiological Record (Outbreak Verification List), <http://www.who.int/wer/en/>); *Eurosurveillance* (<http://www.eurosurveillance.org/index-02.asp>); the Global Public Health Intelligence Network (GPHIN) early warning system; CIDRAP online (<http://www.cidrap.umn.edu/index.html>); CDC *Morbidity and Mortality Weekly Report* (<http://www.cdc.gov/ncidod/EID/index.htm>) and the wider scientific literature.

Table 1 notable events/incidents of potential public health significance: July to December 2007

Month reported	Incident	Location / Description
July	Avian influenza H5N1	Egypt , Indonesia (human)
	<i>Bordetella holmesii</i> pertussis like illness	Canada
	Influenza virus equine-canine cross species transmission	UK
	Marburg haemorrhagic fever, suspected	Uganda
	Poliomyelitis	Angola, Australia, Chad, Congo DR
	Q fever	Australia , Slovenia , UK
	Trichinellosis	Poland
	Tularemia	USA
	<i>Waddlia chondrophila</i>	Paper reporting possible association between <i>W. chondrophila</i> and early foetal loss in humans [1].
	West Nile Virus	USA , Canada
	Zika virus	Micronesia
August	Avian influenza	Indonesia , Vietnam (human) Supplement on Avian influenza and wildlife in Journal of Wildlife Disease.
	Chikungunya fever	Italy
	Chagas' disease, foodborne	Brazil
	Foot and mouth disease	England
	Marburg haemorrhagic fever	Uganda Marburg virus detection in bats [2].
	Q fever	Netherlands first documented outbreak
	Rabies and European bat lyssavirus	World Rabies Day England
	Simian foamy virus (SFV) transmission, apes to humans	Cameroon
	Tick-borne encephalitis	Russia

	Unknown illness	Democratic Republic of Congo
September	Avian influenza	Indonesia (human)
	Bluetongue	First detection in the UK
	Brucellosis	Bulgaria
	Chikungunya	Italy
	Ebola Haemorrhagic Fever	Democratic Republic of Congo
	Equine influenza	Australia
	Foot and mouth disease	England (Bovine)
	Monkeypox	Republic of Congo
	Q fever	England
	Rabies	USA , Canada , Vietnam
	West Nile virus	World update
October	Adenovirus 14-associated pneumonia	USA
	Avian influenza	Indonesia (human)
		UK , Vietnam , Myanmar (avian)
		H5N1 mutation
	Bluetongue	Europe, UK , USA
	Chikungunya	Italy , Joint ECDC/WHO report
	Drug resistant Tuberculosis	South Africa , development of resistance in XDR-TB 3 , modelling effect of control strategies on XDR-TB cases [4].
	Eastern equine encephalitis	UK (ex. USA) , first European case
	Foot and Mouth Disease	UK
	<i>Haemophilus ducreyi</i>	New presentation
	Poliomyelitis	New cases, Sudan , Poliomyelitis vaccine-derived
		World Polio Day
	Marburg haemorrhagic fever	Uganda
		Reservoir host study [5].
Ebola haemorrhagic fever	Democratic Republic of Congo	
	Lineage variation in Zaire Ebola virus [6].	
November	Avian influenza	UK (poultry)
	Bluetongue	Czech Republic , Spain , UK
	Chikungunya	Italy , India and Indonesia
	Ebola Haemorrhagic Fever	Uganda , DR Congo
	European bat lyssavirus 1a	France
	Leptospirosis	Dominican Republic
	Nipah virus, Bangladesh	Confirmation
	Poliomyelitis	India
		Switzerland (wild poliovirus isolated in sewer)
		Funding
	Rift Valley Fever	Sudan , Comoros
	Tularemia	Spain
	XDR-TB	Genome sequencing
December	Anthrax	Scotland , Italy
	Avian Influenza	China , Egypt , Indonesia , Myanmar , Pakistan , Vietnam (human H5N1)
UK epidemiological report of H5N1 outbreak in poultry in 2006		

		H2N3 avian swine reassortment [7].
	Bluetongue	Epidemiology in Western Europe Scotland
	Brucellosis	China
	Chikungunya	Indonesia
	Coccidioidomycosis	USA
	Atypical sporadic CJD	UK
	Ebola haemorrhagic fever	Uganda
	Plague	Ugand
	Psittacosis	Netherlands , Brazil , USA
	Rift Valley Fever	Sudan
	Trypanosomiasis, foodborne	Venezuela
	Undiagnosed neurological illness, porcine plant workers	USA

European Bat Lyssavirus (EBLV)

England: EBLV type 2 was confirmed in August 2007 in an injured Daubenton's bat which was picked up by a member of the public at a manor house in Shropshire. The animal bit a member of RSPCA staff, who had been previously immunised with rabies vaccine and was given a further two doses. The member of the public also received immunoglobulin and rabies vaccine. <http://www.eurosurveillance.org/ew/2007/070906.asp#5>

A three year Defra-funded survey was completed in July 2007 and found a consistently low seroprevalence (approximately 2%) of EBLV-2 in Daubenton's bats in England and in 2004 a single serotine bat tested positive for antibodies against EBLV-1 [8].

Scotland: On 18th December, Scottish National Heritage announced the results of their annual programme testing bats for EBLV. A total of 400 Daubenton's bats were tested, and approximately 5.5% were positive for EBLV-2, in line with previous surveys. An additional 100 bats of other species were tested, and one Natterer's bat tested positive for EBLV-1 antibodies. This is the first detection of EBLV-1 antibodies in a bat in Scotland. No live EBLV virus has been detected in any bats as part of this sampling programme [9].

France: On 10th November, a domestic cat died from rabies due to EBLV-1a in Western France. This was the first documented case of EBLV-1a in a domestic animal. The cat was believed to have been exposed to bats in the owner's house. This was an isolated case and not indicative of a wider outbreak.

Poliomyelitis

Worldwide update: A total of 1,261 cases of wild poliovirus were reported globally during 2007 (data as at 29 th January 2008) compared to 1,997 during 2006. The majority of this decline is due to the large reduction of cases in Nigeria with 279 cases recorded in 2007, compared to 1122 during 2006. For the first time in four years, India has recorded the highest number of annual cases (831) (66% of the global burden). However, in 2007, India successfully focused on reducing the prevalence of the more virulent wild poliovirus type 1 (down 88%), by switching to the more effective monovalent oral polio vaccine against type 1. No new WPV1 cases have been reported since October 2006 in western Uttar Pradesh, the epicentre of the outbreak in 2006. Wild poliovirus type 1 is in steep decline worldwide, with 312 cases recorded during 2007 (data as at 29 th January 2008), compared to 1,666 for the same period in 2006 [10]. The increasing use of mOPV1 has led to the expected increase in WPV3 cases and the Advisory Committee on Polio Eradication are examining strategies to achieve the correct vaccine balance. <http://www.polioeradication.org/content/polionews/PN30.asp#WildPoliovirus>

Sudan: In September, the country's first case of poliomyelitis since June 2005 was recorded in a 30 month old child in the Darfur region, in an area close to a known transmission zone in Chad. The detection of this case in a nomadic travelling group underlines the ongoing threat of re-infection from endemic areas.

Ebola haemorrhagic fever

Uganda: A new strain of the Ebola virus has been identified as the cause of an outbreak of haemorrhagic fever in Bundibugyo, Uganda. As of 4th January 2008 there had been 149 cases and 37 deaths. It appears as if the outbreak is now contained, with the last death reported on the 27 th December but officials must wait for a case-

free period of 42 days (two 21 day incubation periods) before they can declare the outbreak over. The first case was traced back to the 20th August 2007 but the diagnosis of Ebola was not made until November. The delay was in part due to the atypical symptoms presented, which closely resembled malaria.

Democratic Republic of Congo: An outbreak of Ebola Haemorrhagic Fever was confirmed in the Province of Kasai Occidental in September 2007. There were 26 confirmed cases and 21 deaths, however the total number of cases (264 suspected cases) remained unclear as there was a simultaneous outbreak of typhoid and Shigella in the region. The outbreak was officially declared over in November 2007.

Marburg haemorrhagic fever

Uganda: A small confined outbreak of Ebola haemorrhagic fever was reported in a mining community in western Uganda in June 2007. Both the putative index case and a close contact tested positive for the disease. The 21 year old man developed symptoms on 27th June but later made a full recovery. A 29 year old co-worker later became symptomatic on 4th July 2007 and died seven days later. In October a further case was identified in a man who had slept overnight in the mine.

Marburg virus detected in bats: Marburg virus RNA has been detected for the first time in a naturally infected non primate species, in a common species of fruit bat (*Rousettus aegyptiacus*) in Gabon. Marburg virus specific RNA was detected in four bats, collected near caves in 2005 and early 2006. Sequence analysis identified unique sequences from each bat, which together form a single lineage separate from currently known Marburg lineages [2]. Separate research in the Democratic Republic of Congo has also identified 12 bats (two species of insectivorous and one species of fruit bat) out of 524 sampled with viral nucleic acid in their tissue in DRC. Viable virus could not be isolated in culture [5] .

Rift Valley Fever, Sudan

In November, WHO confirmed an outbreak of Rift Valley Fever in Sudan. As of 15th January a total of 698 cases, including 222 deaths (CFR = 31.8%) had been reported from six states (Gazeera, Kassala, Khartoum , River Nile, Sinnar and White Nile). The outbreak appears to be declining with no new cases since 5th Jan 2008. Only Gazeera state has reported any cases in 2008. http://www.who.int/csr/don/2008_01_22/en/index.html

Undiagnosed neurological illness, porcine plant workers, USA

A cluster of 12 cases of an undiagnosed neurological illness has been reported amongst employees of a porcine processing plant in Minnesota, USA. The affected individuals all worked in an area where swine heads or organs are processed using compressed air. The cases presented between November 2006 and November 2007, with symptoms including muscle weakness and abnormal sensation progressing over several weeks to months. While the illness shares many similarities with chronic inflammatory demyelinating polyneuropathy, this diagnosis has now been ruled out. Two Indiana plant workers (which also use compressed air) have also complained of similar symptoms and active case finding is on-going to find any other possible cases.

<http://www.aan.com/globals/axon/assets/3462.pdf>

West Nile virus: US and Canadian cases in 2007 and an update on UK surveillance

US: Since the peak in 2003, the average number of reported human WNV cases per year has been just over 3300 (see Table). The majority of WNV cases occur during the summer months, usually between August and September.

In 2007, 3510 human cases were reported in the US. Of these 33% (1167) were West Nile neuroinvasive disease, 65% (2282) were West Nile fever, and 2% (61) were unspecified. There were 109 deaths reported. The majority of cases were in California, Colorado, Montana, North and South Dakota and Texas.

Since 2002 the annual totals of infected non-human species have changed as shown below. Between 2002 and 2007 the bird and horse infections appear to have declined steadily. The number of positive mosquito pools has shown a decrease this year but still remains high.

	2002	2003	2004	2005	2006	2007*
Avians	~14,000	11,350	7074	5266	4106	2169
Equines	>15,000	5181	1341	1143	1121	488
Mosquito pools	4943	7725	8263	11386	11898	7882
Human cases	4156	9862	2539	3000	4269	3510
Fatal human cases	284	264	100	119	177	109

* Reported as of 08/01/2008

Data sources:

CDC West Nile virus website (<http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm>) and USGS WNV surveillance maps (http://diseasemaps.usgs.gov/wnv_us_human.html).

Canada: As of 24 November 2007 a total of 2353 cases of WNV have been confirmed in Canada, the majority in Manitoba (576), Saskatchewan (1422) and Alberta (320). Of these 138 (6%) were cases of WNV neuroinvasive disease. This is a huge increase in the number of cases compared to previous years; in 2006 a total of 151 cases were confirmed of which 38 (25%) were neuroinvasive disease (http://www.phac-aspc.gc.ca/wnv-vwn/mon-hmnsurv_e.html).

UK: The UK surveillance is specifically for UK-acquired cases of human WNV infection (http://www.hpa.org.uk/infections/topics_az/west_nile/surveillance.htm). Although no UK-acquired cases were identified in 2007, an imported case of WNV infection was confirmed. The case was a 66 year old male resident of Canada who became ill while visiting the UK. He had a history of mosquito bites and had begun to feel unwell prior to travelling. Since 2002 when the surveillance first started no UK-acquired human cases have been identified.

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