



Health Protection Report

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News

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Surveillance of newly-acquired hepatitis C in men who have sex with men

The HPA is piloting the enhanced surveillance of newly-acquired hepatitis C infections (SNAHC) among men who have sex with men attending HIV and GUM clinics in London, Brighton, Hastings, Eastbourne, Oxford, and Southampton.

The SNAHC pilot, endorsed by British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA), follows on from a collaborative survey which identified 389 cases of newly acquired hepatitis C among HIV positive among MSM attending genitourinary medicine (GUM) and HIV clinics in these regions between 2002 to spring 2006, and an annual average 20% increase in incidence. The key objectives of the SNAHC pilot are to:

- ▶ Assess the burden of newly acquired HCV in MSM attending GUM/HIV clinics in London and the South East
- ▶ Monitor trends in newly acquired HCV in MSM over time and geographical areas
- ▶ Monitor behavioural risk factors for acquisition of HCV
- ▶ Inform public health interventions and prevention initiatives

More information about the pilot is available at:

http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/Stats/STIs/snahc/default.htm

Updated guidance on the management of outbreaks of foodborne illness

Updated guidance on the management of outbreaks of foodborne illness in England and Wales has been published by the Food Safety Agency [1] to take account of changes in roles and responsibilities of public bodies that have taken place over the past decade.

The document provides a framework for health professionals to assist them in the management of outbreaks of infectious intestinal disease caused by ingestion of microbiologically contaminated food. It provides an aide-memoir for medical and nursing staff, environmental health professionals, scientists and others involved in investigations.

It updates Management of Outbreaks of Foodborne Disease, published by the Department of Health in 1994, since when the Food Standards Agency (FSA), the Health Protection Agency, and Defra have been created.

The summary guidance is for everyday use by investigators and is not designed to be an in depth resource, for which standard texts on microbiology, epidemiology and public health should be consulted. For example, it covers current legislation for health protection against foodborne hazards and statutory Codes of Practice but is not a statement of the law.

Food poisoning is defined under the Food Safety Act as “any disease of an infectious or toxic nature caused by or thought to be caused by the consumption of food or water”. In practice, outbreaks associated with the consumption of water from public and private drinking water supplies are considered under separate guidance and are not covered in this document, nor does it cover outbreaks due to direct contact with animals or environments contaminated by animal faeces, nor contamination by ingested chemical or radioactive poisons other than toxins produced by micro-organisms.

References

1. *Management of outbreaks of foodborne illness in England and Wales*. London: Food Standards Agency, 2008. Available at <http://www.food.gov.uk/multimedia/pdfs/outbreakmanagement.pdf>.
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HPA report on climate change and health

The possible health effects of climate change in the UK have been set out in a report published by the Health Protection Agency and the Department of Health.

The report, written by an expert panel, takes into account the latest information and current predictions about climate change in the UK. It will form the basis of the Agency's response to a recent request for information from the Royal Commission on Environmental Pollution, to help scope their new study on Adapting the UK to climate change.

There is now a scientific consensus that human activity is contributing to global warming, and there are questions about how to reduce possible health risks.

The findings show the UK is adapting well to rising temperatures experienced since the 1970s, but heatwaves pose an increasing risk to health and there is an increased risk of flooding. There is even a very slight chance that malaria could return to the South of England during the next 50-100 years, although outbreaks of this disease are likely to be rare and involve a small number of people.

In order to aid decision making on priorities by the UK Government, the report has looked at the health consequences if no action is taken to avoid significant climate change this century. If that were to be the case, the following consequences are possible:

- ▶ By 2012 there will be a one in 40 chance that the South East of England will experience a serious heatwave causing 3,000 immediate heat-related deaths.
- ▶ While malaria outbreaks in Britain are likely to remain rare and easily controlled, health authorities need to remain alert to the possibility of larger outbreaks in continental Europe and the emergence of more deadly European strains of mosquitoes in wetland areas of Britain .
- ▶ Tick-borne diseases such as Lyme disease are likely to become more common due to changes in land management and an increase in outside leisure time.
- ▶ Increased exposure to sunlight will lead to a rise in skin cancers.
- ▶ The number of people at a high risk from flooding is set to rise from 1.5 million to 3.5 million by 2100.
- ▶ There will be up to 14,000 (14.5 per cent) more cases of food poisoning, including Salmonella, per year.
- ▶ Winter deaths will continue to decline as the climate warms.

References

1. *Health effects of climate change in the UK*. London: Department of Health and the Health Protection Agency. February 2008. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080702
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Yellow fever in Brazil and Paraguay: changes to vaccine recommendations

Recent yellow fever activity reported in Brazil and Paraguay has resulted in a change to vaccine recommendations for travellers to these countries.

Brazil

Between 17 December 2007 and 8 February 2008, 26 confirmed human cases of yellow fever, including 13 deaths, were reported by the Brazilian Ministry of Health [1]. The cases occurred in the states of Goiás, Mato Grosso do Sul, and Distrito Federal (includes the capital Brasilia) and followed reports of an epizootic outbreak in monkeys that has since spread to 80 municipalities (including 23 where yellow fever has previously not been reported). A further seven cases including five deaths are under investigation (including two in Mato Grosso state). Twenty-one of the confirmed cases had never been vaccinated against yellow fever and two cases had been vaccinated over 20 years ago. An emergency vaccination campaign is underway in affected states targeting seven million people [2].

The National Travel Health Network and Centre (NaTHNaC) has revised the vaccine recommendations for UK travellers to Brazil [3]. In addition to the current recommendations and requirements, which can be found on the NaTHNaC country information page for Brazil (http://www.nathnac.org/ds/c_pages/country_page_BR.htm#vpr_yf), yellow fever vaccine should now be given to those nine months of age and older travelling to the states of Espírito Santo, the western part of Santa Catarina state and the Distrito Federal (Brasilia).

Paraguay

Between 15 January and 5 February 2008, five human cases of yellow fever including two deaths have been reported by the World Health Organization (WHO) [4]. All five of the cases originated from San Estanislao in the Department of San Pedro, a rural area of east central Paraguay, and had been participating in hunting activities. None of the cases had been vaccinated against yellow fever. One of the cases has been laboratory confirmed and the other four are being treated as confirmed cases due to their epidemiological link with the laboratory confirmed case. A further eight suspected cases have been reported from the same area. These are the first human cases of yellow fever to be reported in Paraguay since 1974 [5]. The Ministry of Health of Paraguay, in cooperation with the Pan American Health Organization, has initiated enhanced surveillance of cases of fever and jaundice, and a vaccination campaign is underway in the affected area.

NaTHNaC has revised the vaccine recommendations for UK travellers to Paraguay [4]. In addition to the current requirements and recommendations, which can be found on the NaTHNaC country information page for Paraguay (http://www.nathnac.org/ds/c_pages/country_page_PY.htm#vpr_yf), yellow fever vaccine should now be given to those over nine months of age travelling to the Department of San Pedro. WHO has also updated its publication *International Travel and Health* to reflect the revised yellow fever vaccine recommendations for Paraguay [6].

The situation in both countries will continue to be monitored and any further revisions of the recommendations will be updated in the country information sheets and communicated via the NaTHNaC clinical updates [7].

There are specific contraindications and adverse events associated with yellow fever vaccine. A careful risk assessment should be made before administration and specialist advice sought as appropriate. For further information about yellow fever, see the NaTHNaC health information sheet on yellow fever <http://www.nathnac.org/pro/factsheets/yellow.htm>.

References

1. Ministry of Health, Brazil. *Situação da Febre Amarela Silvestre no Brasil, 2007 e 2008* [online] 8 February 2008 [accessed 13 February 2008]. Available at: http://portal.saude.gov.br/portal/arquivos/pdf/boletim_febre_amarela_%2008_02_2008.pdf [in Portuguese].
 2. World Health Organization. Yellow fever in Brazil. *Disease Outbreak News* [online] 5 February 2008 [accessed 12 February 2008]. Available at http://www.who.int/csr/don/2008_02_07/en/index.html.
 3. The National Travel Health Network and Centre. Yellow fever in Brazil . Clinical update [online] 17 January 2008 [accessed 12 February 2008]. Available at http://www.nathnac.org/pro/clinical_updates/yf_170108.htm .
 4. The National Travel Health Network and Centre. Yellow fever in Paraguay. Clinical update [online] 8 February 2008 [accessed 12 February 2008]. Available at http://www.nathnac.org/pro/clinical_updates/yf_080208.htm.
 5. World Health Organization (WHO). *WHO report on Global Surveillance of Epidemic-prone infectious diseases, 2000* [accessed 13 February 2008]. Geneva: WHO; 2000. Available at http://whqlibdoc.who.int/hq/2000/WHO_CDS_CSR_ISR_2000.1.pdf.
 6. World Health Organization (WHO). *International Travel and Health* (2007 edition). Geneva: WHO; 2007. Available at <http://www.who.int/ith/en/index.html>.
 7. The National Travel Health Network and Centre. Clinical updates [online]. Available at http://www.nathnac.org/pro/clinical_updates/index.htm.
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Infection reports

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Bacteraemia

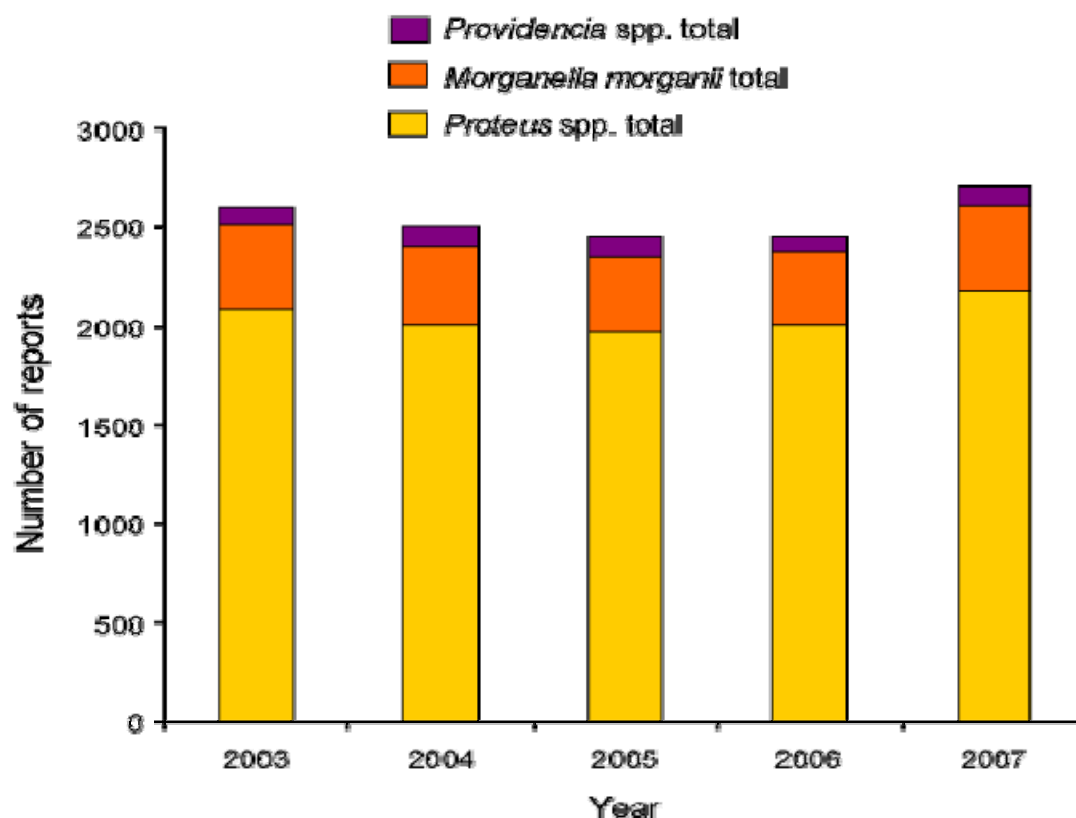
▮ *Proteus* spp., *Morganella morganii*, and *Providencia* spp. bacteraemia reports for England, Wales and Northern Ireland: 2003 to 2007

There was a 4.1% increase (Figure 1) in the total reports of *Proteus* spp., *Morganella morganii*, and *Providencia* spp. bacteraemia reported via the voluntary surveillance scheme in 2007 (2709 reports), compared to 2003 (2602 reports). This increase was far lower than the 24% increase in reports for all bacteraemia (85,354 to 105,928) via the voluntary surveillance scheme during the same time period (provisional as at 8 January 2008).

In comparison with data reported in 2006, there was a moderate increase of 11% (2449 to 2709 reports) in the number of *Proteus* spp., *M. morganii*, and *Providencia* spp. bacteraemia reports in 2007 and again it should be noted that this increase was far lower than the overall increase seen in all bacteraemia pathogens over the same period.

The increase in reports of *Proteus* spp., *M. morganii*, and *Providencia* spp. bacteraemia may be due to either increased incidence and/or increased ascertainment. (Reports for 2007 are provisional as of 6 February, 2008 and the number of reported cases of bacteraemia may increase slightly due to late reporting.)

Figure 1. *Proteus* spp., *Morganella morganii*, and *Providencia* spp. bacteraemia reports (England, Wales and Northern Ireland): 2003 to 2007*



*Data extracted 6 February, 2008

Table 1 gives a breakdown of reported *Proteus* spp., *M. morganii*, and *Providencia* spp. bacteraemias by species from 2003 to 2007:

- ▶ In 2007, the majority of *Proteus* isolates identified to species level were attributed to *Proteus mirabilis* (84%) and *Proteus vulgaris* (4%) (compared to 80% and 5%, respectively, reported in 2003).
- ▶ The majority of *Providencia* isolates determined to species level in 2007 were identified as *Providencia stuartii*, which accounted for 60% of these reports.

Table 1: Reports of *Proteus* spp., *Morganella morganii*, and *Providencia* spp. bacteraemia, by species: 2003 to 2007*

Organism	2003	2004	2005	2006	2007
<i>Proteus mirabilis</i>	1670	1614	1604	1671	1808
<i>Proteus vulgaris</i>	95	90	96	100	83
<i>Proteus</i> spp, other named species	10	18	8	10	11
<i>Proteus</i> spp, species not recorded	309	281	259	226	260
<i>Proteus</i> spp. total	2084	2003	1967	2007	2162
<i>Morganella morganii</i>					
	426	401	388	368	429
<i>Providencia</i> spp					
<i>Providencia stuartii</i>	57	64	61	51	58
<i>Providencia rettgeri</i>	17	17	19	18	28
<i>Providencia</i> spp, other named species	4	5	1	2	3
<i>Providencia</i> spp, species not recorded	14	10	11	3	9
<i>Providencia</i> spp total	92	96	92	74	98

*Data extracted 6 February, 2008

Antibiotic susceptibility

More detailed updated data related to trends in antibiotic susceptibility for these bacteria are available on the HPA website at http://www.hpa.org.uk/infections/topics_az/bacteraemia/pmp07/antibio.htm.

In summary:

- ▶ There were no statistically significant resistance trends for *Proteus mirabilis*, *Proteus vulgaris* or *Providencia stuartii*;
- ▶ For *M. morganii*, there has been a statistically significant increase (22%, $p < 0.005$) in resistance to ceftazidime between 2003 and 2007. A decreased resistance rate was seen for imipenem;
- ▶ The reported number of bacteraemias was highest in all age groups for *Proteus* spp. in comparison to *M. morganii* or *Providencia* spp. bacteraemia reports.

The analyses presented are based on data extracted from the Health Protection Agency's voluntary surveillance database on 6 February 2008 for the period from 2003 to 2007. The data presented here differ in some instances from data in earlier publications due to the addition of late reports to the database. We would like to thank our colleagues in microbiology laboratories across England, Wales, and Northern Ireland for their ongoing contributions.

Further information and data is available on the HPA website at http://www.hpa.org.uk/infections/topics_az/bacteraemia/pmp07/default.htm.