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Canine rabies in France

Following the diagnosis of rabies in a dog on the outskirts of Paris last month, the HPA is advising that any person who had significant exposure to dogs in three regions of France (see below) in recent weeks should seek prompt medical assessment to determine whether post-exposure prophylaxis (PEP) is required. There is a low, but ongoing, risk of rabies in people who have been bitten or scratched, or had mucous membranes or broken skin licked by any dog in the risk areas during the relevant periods (see below).

Health professionals are also being advised to review records of those who have previously presented with dog bites suffered in the relevant regions, and may have been reassured, to reassess whether post-exposure prophylaxis might now be required.

The geographical areas and corresponding periods of risk are now considered to be:
- Gers (Auch city and surroundings), from 1 November 2007
- Grandpuits, Seine-et-Marne (approx 30 miles SE of Paris) from the 15 December 2007
- Calvados (Lisieux city and Thury Harcourt village and their surroundings), from the 15 December.

The dog (dog 3 below) was diagnosed with rabies on 26 February 2008 by the national reference laboratory, the Pasteur Institute. The viral strain identified belonged to genotype 1, African 1 lineage, originating from Morocco. Local investigation revealed the following likely chain of infection, involving two further dogs, from 25 October:

- Dog 1: [mixed bree collie] Imported from Morocco in late October to Gers, near to Toulouse and Aquitaine (in south west France) and died there 12 November [estimated period of viral excretion end October to 12 November]. Dog incinerated, no samples available;
- Dog 2: [black cross Labrador] Contact with dog 1 in Gers, then travelled with family back to Grandpuits on 29 November. Died 5 January [estimated period of viral shedding 15 December to 5 January]. Dog incinerated, no samples available. It stayed in the Seine-et-Marne area until it was euthanized on the 5 January 2008, **except** for 3 days (15-17 December) when it was in Calvados district (Normandy). Dogs 1 and 2 both died with symptoms that retrospectively are compatible with rabies;
- Dog 3: [young mixed-breed female] in same family as dog 2, lived in Grandpuits, Seine-et-Marne district. First symptoms appeared on 15 February and died 19 February [estimated period of viral shedding 1-19 February]. Confirmed diagnosis, reported 26 February 2008.

To date France is considered to be free of terrestrial rabies. French authorities are yet to confirm whether this status will change. However until further information is available travellers to the affected areas of France are advised to avoid contact with animals where possible and to seek early medical assessment in the case of bites, scratches or licks from dogs.

Further information:

About the incident (including maps): French Ministry for Health, Youth and Sports. *Health alert - Case of animal rabies* [online], 6 March 2008 [Cited 6 March 2008]. Available at http://www.sante-jeunesse-sports.gouv.fr/alertes-sanitaires/[in French]

The National Travel Health Network and Centre (NaTHNaC): *News - Canine rabies in France*. 4 March 2008 [Cited 6 March 2008].Available at http://www.nathnac.org/travel/news/rabies_040308.htm

Rabies incidents – update. HPA website [online] 5 March 2008 [Cited 6 March 2008]. Available at http://www.hpa.org.uk/infections/topics_az/rabies/menu.htm

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Yellow fever in south America – travel advice update

In February 2008, increased yellow fever activity reported in Brazil and Paraguay resulted in changes to vaccine recommendations for travellers [1]. Further activity in Paraguay and now Argentina has resulted in additional recommendations:

Paraguay
The number of confirmed cases reported in Paraguay has increased to 16 including three deaths [2]. Cases have been reported from the rural areas of San Pedro Department and San Lorenzo municipality, outside of Asunción. On 22 February 2008, the National Travel Health Network and Centre (NaTHNaC) changed its yellow fever vaccine recommendations in line with changes to advice made by the United States, Centers for Disease Control and Prevention [3] and the World Health Organization [4]. It is now recommended that **all travellers over nine months of age visiting Paraguay should be given yellow fever vaccine.** This advice will remain current until further notice [5].

Argentina
In January 2008, 17 dead monkeys were discovered in Piñalito Park in Misiones province in Argentina of which one was confirmed as having yellow fever [6]. On 3 March 2008, the Ministry of Health reported the first human case confirmed in San Vicente, Misiones province [7]. On 29 February, NaTHNaC changed its yellow fever vaccine recommendations in line with changes to advice made by Argentinean Ministry of Health. It is now recommended that yellow fever vaccination should be given to those nine months of age and older travelling to the regions of Argentina bordering Paraguay and Brazil in the provinces of Chaco, Corrientes, Formosa, Salta provinces, and to all areas of Misiones province, including Iguaçu Falls. This advice will remain current until further notice [8].

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 and its prevention, see the NaTHNaC health information sheet on yellow fever at http://www.nathnac.org/pro/factsheets/yellow.htm.

Full details of the travel health recommendations for all countries are available on the country information pages of the NaTHNaC website at https://www.nathnac.org/ds/map_world.aspx.

References

1. HPA. Yellow fever in Brazil and Paraguay: changes to vaccine recommendations. *Health Protection Report* [serial online] 2008 [accessed 4 March 2008]; **2** (7): news. Available at http://www.hpa.org.uk/hpr/archives/2008/news0708.htm.

2. World Health Organization. Yellow fever in Paraguay - update. Disease Outbreak News [online] 28 February 2008 [accessed 4 March 2008]. Available at http://www.who.int/csr/don/2008_02_28a/en/index.html.

3. Centers for Disease Control and Prevention, United States. *Outbreak Notice: Yellow fever in Paraguay* [online] 21 February 2008 [accessed 26 February 2008]. Available at http://wwwn.cdc.gov/travel/contentYellowFeverParaguay.aspx.

4. World Health Organization. *International Travel and Health* [online] 2007 [accessed 26 February 2008]. Available at http://www.who.int/ith/en/.

5. The National Travel Health Network and Centre. Yellow fever in Argentina, Brazil, and Paraguay: Changes to yellow fever vaccination recommendations for Paraguay. *Clinical updates* [online] 22 February 2008 [accessed 26 February 2008]. Available at http://www.nathnac.org/pro/clinical_updates/yf_220207.htm.

6. Pan American Health Organization (PAHO). Jungle Yellow Fever (JYF) in Brazil , Paraguay, Argentina. *Emerging and Reemerging Infectious Diseases, Region of the Americas* 11 February 2008; **5** (4) [accessed 4 March 2008]. Available at http://www.paho.org/English/AD/DPC/CD/eid-eer-2008-02-11.htm.

7. Ministry of Health, Argentina. *El Ministerio de Salud reitera recomendaciones contra la fiebre amarilla* 3 March 2008 [accessed 4 March 2008]. Available at http://www.msal.gov.ar/htm/Site/noticias_plantilla.asp?Id=1201 [in Spanish].

8. The National Travel Health Network and Centre. Yellow fever in South America: Changes to vaccination recommendations for Argentina. *Clinical updates* [online] 29 February 2008 [accessed 4 March 2008]. Available at http://www.nathnac.org/pro/clinical_updates/yf_290208.htm.

Seasonal influenza and resistance to oseltamivir in Influenza A(H1N1) viruses – an update

Levels of influenza activity in the UK, which had risen during late December 2007 and early January 2008, have returned to low (baseline) levels in England, Scotland and Wales; influenza activity in Northern Ireland has not yet declined. More information on seasonal influenza activity in the UK is available at:
http://www.hpa.org.uk/infections/topics_az/influenza/seasonal/default.htm

Data to 6 March 2008 indicate that approximately 20% of the A(H1N1) viruses tested across Europe this season have been resistant to the antiviral drug, oseltamivir. The level of resistance has varied markedly from country to country. Of the 316 isolates of A(H1N1) from the UK that have been tested, 29 (9.2%) have been reported to be resistant. All the isolates tested across Europe, to date, have been fully susceptible to the other neuraminidase inhibitor, zanamivir. The HPA is continuing enhanced surveillance for drug resistance in influenza virus isolates and coordinating follow up of clinical cases.

In light of the low level of influenza activity in the UK at present, and the low proportion of all influenza isolates that are resistant, no change to current guidance on the management of influenza is currently recommended by the HPA.

More information on oseltamivir resistance in Europe is available at:
http://ecdc.europa.eu/Health_topics/influenza/antivirals.html and on the WHO web site for global data: http://www.who.int/csr/disease/influenza/h1n1_table/en/index.html.

HPA consultation on its advice on solid radioactive waste disposal

The Health Protection Agency has published, for public consultation, draft revised Advice on Radiological Protection Objectives for the Land-Based Disposal of Solid Radioactive Waste [1]. This proposed advice applies to both disposal in near surface facilities, eg landfill sites, and disposal deep underground, eg 'geological disposal'.

The updated advice takes account of revised recommendations from the International Commission on Radiological Protection (ICRP) in 2007 [2] and recent UK government policy decisions on radioactive waste disposal.

The current guidelines [3], intended for use by planners in the detailed risk assessment of solid radioactive waste disposal facilities, have been in place since 1992.

In the meantime, the UK Government was advised in 2006 by the Committee on Radioactive Waste Management (CoRWM) that “a programme of robust interim storage followed by geological disposal would be the best approach for the long-term management of high and intermediate-level solid radioactive waste” [4] and the UK Government and devolved administrations issued a new policy for the management of low level radioactive waste in 2007 [5]. Plans for the implementation of geological disposal are currently being developed by the UK Government, the Welsh Assembly Government and the Northern Ireland Assembly Government. The Scottish Government decided against geological disposal in 2007 [6].

The key proposals for consultation concern criteria and methods used to assess the radiation risks that would result if the integrity of disposal sites were compromised in the future as a result of either (a) natural processes and events (such as groundwater movement, earthquakes or landslides), or (b) “intrusions” both deliberate (eg terrorist action) or inadvertant (by those unaware of the nature of the facility).

Various measures are used to assess the impact of such events, combining the likelihood of their occurrence with assessment of the radiation dose and risk that would result from their occurrence. Eleven questions are posed in the consultation document with responses requested before 3 June 2008.

References

1. HPA. *Advice on radiological protection objectives for the land-based disposal of solid radioactive waste*. The Consultation Document is available at: http://www.hpa.org.uk/radiation/publications/consultation_documents/index.htm [accessed 6 March 2008].

2. ICRP. Recommendations of the ICRP. ICRP Publication 103. *Ann ICRP* 2008 ; **37;** (2-3). Abstract available at http://www.elsevier.com/wps/find/bookdescription.cws_home/713998/description#description

3. National Radiological Protection Board. *Radiological protection objectives for the land-based disposal of solid radioactive wastes, 1992*. Doc NRPB, 3(3), 5-23. Available at: http://www.hpa.org.uk/radiation/publications/documents_of_nrpb/abstracts/absd3-3.htm [accessed 5 March 2006]. (This NRPB advice was adopted by HPA when NRPB became part of the HPA in 2005.)

4. *Managing our radioactive waste safely: CoRWM's recommendations to Government*. CoRWM Document 799. London: Committee on Radioactive Waste Management, 2006.(Available at http://www.corwm.org.uk/PDF/FullReport.pdf).

5. Defra, DOENI, Welsh Assembly et al. *Policy for the long term management of solid low level waste in the United Kingdom.* London: Defra, 2007. Available at http://www.defra.gov.uk/environment/radioactivity/waste/pdf/llw-policystatement070326.pdf

6. *Ministers decline to endorse deep storage*. News, 25 June 2007 [Cited 6 March 2008][online] Edinburgh:The Scottish Government. Available at http://www.scotland.gov.uk/News/Releases/2007/06/25101822.

Infection reports

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Respiratory

Laboratory reports of respiratory infections made to CfI from HPA and NHS laboratories in England and Wales: weeks 05-09/2008

Data are recorded by week of report, but include only specimens taken in the last eight weeks (i.e. recent specimens)

Table 1 Reports of influenza infection made to CfI, by week of report: weeks 05-09/2008

Week	Week 05	Week 06	Week 07	Week 08	Week 09	Total
Week ending	03/02/08	10/02/08	17/02/08	24/02/08	02/03/08	
Influenza A	**39**	**32**	**17**	**14**	**16**	**118**
Isolation	7	6	7	4	2	**26**
DIF	6	7	3	2	3	**21**
Four–fold rise in paired sera	–	–	–		–	**–**
PCR	13	9	2	5	2	**31**
Other	13	10	5	3	9	**40**
Influenza B	**8**	**22**	**24**	**16**	**16**	**86**
Isolation	1	–	2	3	3	**9**
DIF	–	2	5	5	3	**15**
Four–fold rise in paired sera	–	–	–		–	**–**
PCR	6	16	12	5	4	**43**
Other	1	4	5	3	6	**19**
Influenza (untyped)	**–**	**–**	**–**		**–**	**–**
Isolation	–	–	–		–	**–**
DIF	–	–	–		–	**–**
Four–fold rise in paired sera	–	–	–		–	**–**
PCR	–	–	–		–	**–**
Other	–	–	–		–	**–**

DIF = Direct immunofluorescence.
''Other' = 'Antibody detection - Single high titre' or 'method not specified'.

Table 2 Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in paired sera, single high serology titre) by week of report: weeks 05-09/2008.

Week	05	Week 06	Week 07	Week 08	Week 09	Total
Week ending	03/02/08	10/02/08	17/02/08	24/02/08	02/03/08	
Adenovirus*	24	19	35	18	14	**110**
Coronavirus	2	6	1	3	2	**14**
Parainfluenza **	7	11	4	1	9	**32**
Rhinovirus	8	22	34	15	31	**110**
Respiratory syncytial virus (RSV)	191	149	75	61	66	**542**

* Respiratory samples only. Excludes diagnoses made by electron microscopy (EM)
** Includes parainfluenza types 1, 2, 3, 4 and untyped.

Table 3 Respiratory viral detections by age group: weeks 05-09/2008

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Unknown	Total
Adenovirus*	30	18	2	38	18	4	–	**110**
Coronavirus	5	–	–	7	1	1	–	**14**
Influenza A	11	14	10	48	28	7	–	**118**
Influenza B	5	8	12	30	22	9	1	**86**
Parainfluenza†	12	8	5	1	5	1	–	**32**
Rhinovirus	64	19	3	11	7	6	–	**110**
Respiratory syncytial virus (RSV)	433	57	4	14	20	11	3	**542**

* Respiratory samples only.
† Includes parainfluenza types 1, 2, 3, 4, and untyped.

Table 4 Laboratory reports of infections associated with atypical pneumonia, by week of report: weeks 05-09/2008

Week	Week 05	Week 06	Week 07	Week 08	Week 09	Total
Week ending	03/02/08	10/02/08	17/02/08	24/02/08	02/03/08	
Coxiella burnettii	–	1	–	–	1	**2**
Respiratory *Chlamydia* sp.*	5	–	–	2	3	**10**
Mycoplasma pneumoniae	20	22	35	4	19	**100**
Legionella sp.	8	4	2	7	3	**24**

* Includes *Chlamydia psittaci*, *Chlamydia pneumoniae*, and *Chlamydia* sp detected from blood, serum, and respiratory specimens.

Table 5a Reports of legionnaires' disease cases in England and Wales, by week of report: weeks 05-09/2008

Week	Week 05	Week 06	Week 07	Week 80	Week 09	Total
Week ending	03/02/08	10/02/08	17/02/08	24/02/08	02/03/08	
Nosocomial	1	–	–	–	–	**1**
Community	6(2*)	3(1*)	1	4	3	**17**
Travel Abroad	1	1	1	2	–	**5**
Travel UK	–	–	–	1	–	**1**
Total	**8**	**4**	**2**	**7**	**3**	**24**
Male	7	3	2	7	3	**22**
Female	1	1	–	–	–	**4**

* 2007 case(s)

Twenty-four cases with pneumonia were reported: 22 males aged from 37 to 89 years and two females aged from 20 to 51 years. Seventeen cases had community-acquired infection and one case had possible nosocmial association. Two deaths were reported in males aged 42 and 57 years.

Six cases were travel associated: Australia (1), cruise (1), Egypt (1), Germany (1) India (1) and the United Kingdom (1).

Table 5b Reports of legionnaires' disease cases by region of report in England and Wales: weeks 05-09/2008

Region	Nosocomial	Community	Travel Abroad	Travel UK	Total
North East	–	1	–	1	**2**
Yorkshire & Humber	–	1	–	–	**1**
East Midlands	–	–	–	–	**0**
East of England	–	–	–	–	**0**
London	–	2	2	–	**4**
South East	–	5	–	–	**5**
South West	–	1	1	–	**2**
West Midlands	1	5(1*)	1	–	**7**
North West	–	1(1*)	1	–	**2**
Wales	–	–	–	–	**0**
Other	–	1(1*)	–	–	**1**
Total	**1**	**17**	**5**	1	**24**

* 2007 case(s)

Erratum: Legionnaires' disease in residents of England and Wales: 2006

The lowest number of legionnaires' disease cases reported in the UK in the period 2002 to 2005 was in 2003, not in 2002 as stated in the introduction to the article in *Health Protection Report* Volume 2, No 04 (25 January 2008). The second sentence of the article should have read: “From 1980 to 2001, between 111 and 280 cases were reported in each year; this increased to between 314 and 389 over the period 2002 to 2005”.