



# Health Protection Report

weekly report

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## **Pandemic influenza: vaccination programme details**

The Chief Medical Officer for England's 15 October summary of pandemic influenza activity in the UK was:

- rates of influenza-like illness (ILI) have continued to increase, but steadily rather than explosively;
- there was a further rise in hospitalisations during the previous week;
- the proportion of hospitalised patients in critical care was at its highest level;
- there had been a substantial increase in deaths related to swine flu during the previous week.

The Health Protection Agency's Weekly National Influenza Report of 15 October (week 42) [1] further described the UK (and international) situation as follows:

- Pandemic influenza activity increased across the UK, the main burden of disease remaining in school-aged children and young adults;
- Weekly influenza/ILI consultation rates had increased across the UK and were above the winter baseline thresholds in Wales, Scotland and Northern Ireland in week 41 (week-ending 11 October);
- The National Pandemic Flu Service (NPFS) continued to issue antiviral drugs to people in England with an influenza-like illness who called or logged on to the internet site. The number of assessments and antiviral collections has continued to increase gradually over the past week;
- At least 70 schools throughout England have reported outbreaks of ILI, since the beginning of the autumn term, with virological confirmation of pandemic influenza in at least one case in 48 of the schools. School outbreaks have also been reported from Scotland, Wales and Northern Ireland;
- Interpretation of data to produce estimates on the number of new cases continued to be subject to a considerable amount of uncertainty with the move to NPFS. HPA modelling gave an estimate of 27,000 (range 13,000 – 58,000) new cases in England in week 40. The estimated number of new cases increased in all regions and age groups;
- The main influenza virus circulating in the UK continued to be the pandemic (H1N1) 2009 strain, with few influenza H1 (non-pandemic), H3 and B viruses detected. Two of 1562 pandemic viruses tested have been confirmed to carry a mutation which confers resistance to the antiviral drugs oseltamivir; both have been shown phenotypically to be resistant to the drug but retain sensitivity to zanamivir;
- The majority of pandemic influenza cases continued to be mild. The cumulative number of deaths reported due to pandemic (H1N1) 2009 in the UK was 105. A total of 667 new patients hospitalised with suspected pandemic influenza in week 8 to 14 October, an increase from 520 in the previous week. The highest hospitalisation rates have consistently been in the under-5-year age group and have increased in this group;
- According to the European Centre for Disease Prevention and Control (ECDC), by 7 October, 4703 deaths due to pandemic influenza had been reported globally;
- According to the World Health Organisation (9 October), influenza activity is low in temperate southern hemisphere regions, is increasing in the temperate northern hemisphere regions and remains variable in tropical areas.

## Vaccination programme details

A letter from the chief medical, nursing and pharmaceutical officers for England [2] was circulated to clinicians explaining arrangements for the forthcoming vaccination programme that will initially focus on clinical priority groups (children and young people and the elderly, the immunosuppressed, pregnant women, etc) and frontline health and social care workers.

The order of priority for vaccination of the clinical groups is as follows:

- individuals aged between six months and 65 years of age who are currently classified as being at-risk for seasonal flu vaccine purposes;
- pregnant women;
- household contacts of immuno-compromised individuals; and
- people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

The letter also provides details of:

- the schedule for delivery of the vaccine to NHS Acute Trusts, and procedures for ordering supplies;
- the Joint Committee on Vaccination and Immunisation (JCVI)'s recommendations on the appropriate vaccine, dosage and mode of administration, for the clinical groups;
- details of the NHS communications strategy intended to encourage frontline staff to take up the offer of vaccination;
- information about a new chapter on swine flu that will shortly be included in the DH's *Immunisation Against Infectious Diseases* (the "Green Book").

Distribution of the vaccine has commenced and the vaccination programme will begin from 21 October. First supplies will begin to be available to general practices from 26 October, taking around 3-4 weeks to reach all practices.

## References

1. HPA. [Weekly National Influenza Report: week 42](http://www.hpa.org.uk/swineflu/surveillance&epidemiology) (15 September 2009, PDF 143 KB), HPA website: [www.hpa.org.uk/swineflu/surveillance&epidemiology](http://www.hpa.org.uk/swineflu/surveillance&epidemiology).
2. DH. [The H1N1 swine flu vaccination programme 2009-2010](http://www.dh.gov.uk), 15 October 2009.

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## ECDC publishes annual epidemiological report on communicable disease in Europe

The European Centre for Disease Prevention and Control (ECDC) has published its third annual report on the epidemiology of 47 communicable diseases across the European Union and European Economic Area [1]. The result of a collective effort by 30 countries presents an overview of the data from 2007 in standard tables and graphs, together with an analysis of the health threats monitored by ECDC during 2008.

The special focus of this year's report is on vaccine-preventable diseases, acknowledging the positive impact that vaccination has had on European public health, while highlighting the importance of maintaining vaccination coverage. This is a particular challenge in the case of measles, given the WHO goal for eradication of measles in Europe by 2010.

1. Annual epidemiological report on communicable diseases in Europe 2009. Available at: [http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC\\_DispForm.aspx?ID=452](http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=452).

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## Infection reports

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### Enteric

#### ▶ Voluntary surveillance of *Clostridium difficile* in England, Wales and Northern Ireland, 2008

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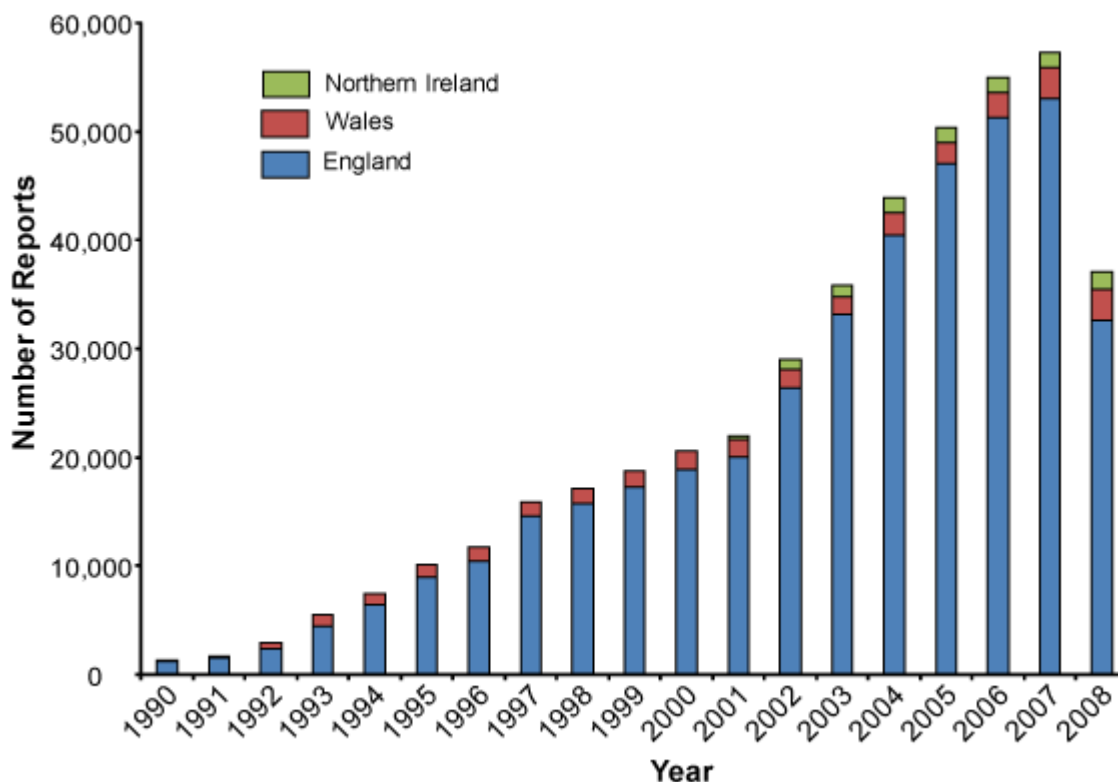
Surveillance of *Clostridium difficile* laboratory faecal samples in England and Wales was introduced in 1990 as part of the Public Health Laboratory Service's voluntary monitoring of infectious diseases. In 2001, this surveillance was extended to include Northern Ireland [1].

This update describes reports of *C. difficile* faecal samples made to the HPA in 2008 from laboratories in England, Wales and Northern Ireland.

#### Key points

- ▶ There were 37,134 laboratory reports in 2008, comprising 32,602 from England, 2,860 from Wales and 1,672 from Northern Ireland. This was a 35.1% decrease in the number of reports compared to 2007.
- ▶ The incidence rate of *C. difficile* per population has decreased in England and Wales from 104 to 63 and 97 to 96 samples per 100,000 population respectively, and increased in Northern Ireland from 79 to 94 samples per 100,000 population.
- ▶ Around 80% of all reported cases are in the 65 years and over age group.
- ▶ The number of labs across England, Wales and Northern Ireland reporting cases of *C. difficile* has decreased by 7% from 186 in 2007 to 173 in 2008.

Figure 1. Trends in total voluntary reports of *C. difficile* isolated from faecal specimens under the voluntary reporting scheme: England, Wales and Northern Ireland,\* 1990 - 2008†



\* Northern Ireland reports included from 2001

† Data from 2008 are provisional (data was extracted on 21 September 2009)

Compared to 2007, the rate of *C. difficile* laboratory reports per 100,000 population has remained largely static in Wales (from 97 per 100,000), decreased dramatically in England (from 104/100,000) and increased in Northern Ireland (from 79/100,000). Differences are likely due, in large part, to increased hospital testing (e.g. screening), and enhanced electronic laboratory reporting. In Northern Ireland the increase in the rate of laboratory reports reflects an outbreak of *C. difficile* ribotype 027 in late 2007/early 2008 [2]. In the second half of 2008 there were two periods of increased incidence of *C. difficile* cases, one in Belfast Health and Social Care Trust during July [3] and the second in Southern Health and Social Care Trust in one ward of a hospital during November and December 2008 [4].

There has been a decrease in the number of laboratory reports across England, Wales and Northern Ireland combined, but the public health impact of *C. difficile* infection remains important. The voluntary scheme confirms the downward trend observed in the mandatory reporting scheme for *C. difficile* and this suggests that progress is being made in reducing infection, however it is vital that there be ongoing surveillance of this disease.

Further information and analysis on *Clostridium difficile* infection voluntary reporting is available on the Agency's website at HPA > *Clostridium difficile*.

### Note

Most of the data collated here is received through electronic reporting to the HPA's database (LabBase) by NHS laboratories; the remainder are obtained from paper records. Additional information on reported cases may include patient details such as age and sex, details of detection methods used, and some antibiotic susceptibility results.

### Acknowledgements

We are grateful to microbiology colleagues in NHS acute trusts for their contributions to this reporting scheme, as well as efforts from colleagues in the regional offices of the Health Protection Agency.

### References

1. HPA. *Clostridium difficile*: England, Wales and Northern Ireland, 2000 to 2002. *Commun Dis Rep CDR Wkly* 2003; 13: bacteraemia.
2. The Regulation and Quality Improvement Authority. Review of the outbreak of *Clostridium difficile* in Northern Health and Social Care Trust. Belfast: RQIA, 2008. Available at: [http://www.rqia.org.uk/cms\\_resources/Clostridium%20Difficile%20RQIA%20Independent%20Review%20of%20the%20outbreak%20in%20the%20NHSCT%20August%202008.pdf](http://www.rqia.org.uk/cms_resources/Clostridium%20Difficile%20RQIA%20Independent%20Review%20of%20the%20outbreak%20in%20the%20NHSCT%20August%202008.pdf)
3. Belfast Health and Social Care Trust . 'Knock out' plan for *C Difficile*. (media release). 4 August 2008 [online] [accessed 15 October 2009]. Available at: <http://www.belfasttrust.hscni.net/news/Knock%20Out%20Blow%20to%20C%20Difficile%201.html>
4. Southern Health and Social Care Trust. *Clostridium difficile* outbreak confirmed on a ward at Craigavon Area Hospital (press release). 18 December 2008 [online] [accessed 15 October 2009]. Available at: <http://www.southerntrust.hscni.net/corporate/services/Press%20releases/News/News%202008/December%202008/430%2018.12.08%20Clostridium%20difficile%20outbreak%20confirmed%20on%20a%20ward%20at%20Craigavon%20Area%20Hospital.html>