Public Health England

Health Protection Report
weekly report

Volume 8 Numbers 30 Published on: **1 August 2014**

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Hepatitis C in the UK 2014 report

Across the UK more than 214,000 individuals (160,000 in England) are thought to be chronically infected with hepatitis C, many of whom are unaware of their infection. Morbidity and mortality from HCV-related liver disease continue to rise: UK hospital admissions for hepatitis C-related end stage liver disease and liver cancer have increased year-on-year for the past 16 years: from 608 in 1998 to 2,390 in 2012, while deaths rose from 98 in 1996 to 428 in 2012. UK registrations for liver transplants where post-hepatitis C cirrhosis was an indication for transplant have quadrupled from 45 in 1996 to 188 in 2013.

These are among the conclusions of the annual hepatitis C report published by Public Health England on World Hepatitis Day on Monday 28 July [1,2].

The report is the ninth for England, and the sixth also to present consolidated data for the UK as a whole. The main chapters describe (with data broken down between England and the devolved administrations): the scale of the UK problem: prevention activity in relation to people who inject drugs; diagnosis, testing and awareness of infection; and treatment and care. UK data on testing and diagnosis are presented for particular groups such as people who inject drugs (PWID); people in prisons; black and ethnic minority ethnic populations; blood donors.

Monitoring, testing and diagnosis allows assessment of the impact of awareness-raising initiatives and prevention activity at a population level. Laboratory-confirmed new diagnoses of hepatitis C infection (HCV) reported in England rose to 11,051 cases in 2013, up by more than one third from the 7,892 cases reported in 2010 – when statutory notification by diagnostic laboratories was first introduced. London accounted for 28 per cent of all cases reported in England in 2013, more than treble – at 3,083 – the 967 reported in London in 2010.

Although antiviral therapies exist and are approved for use in the UK that will clear the virus in most cases, only 28,000 patients in England were treated between 2006 and 2011: equivalent to three per cent per year of those who could have benefited.

Despite new and improved treatments expected to become available, the report questions whether a continued rise in HCV-related disease in England can be averted. Various scenarios are presented, based on statistical modelling, to quantify the impact of different levels of intervention. If only the current low level of treatment is maintained, the report concludes that

the number of individuals living with HCV-related cirrhosis or liver cancer in England (currently almost 11,000) will continue to rise to over 13,000 in 2025. However, if rapid scale-up to complete coverage *and* more effective treatments were implemented, this number could be halved.

Minimising transmission of HCV among PWIDs (including those injecting new psychoactive substances or image and performance-enhancing drugs) is a key public health recommendation of the hepatitis C report. PWIDs are the main at-risk group for hepatitis C infection – associated with sharing equipment for injecting drugs. Levels of infection in this group remained high in 2013, with around half of those surveyed in England being infected [3].

A recent PHE initiative of significance for HCV control has been a National Partnership Agreement between PHE, NHS England and the National Offender Management Service that includes delivery of a universal offer of blood-borne virus testing, including hepatitis C, for prison inmates, among whom the burden of hepatitis C, and other BBVs, is high [4].

References

1. PHE, HP Scotland PH Wales, HSC (Northern Ireland), July 2014. *Hepatitis C in the UK: 2014 report*.

2. "Hepatitis C annual report: progress made, but much more to do", PHE press release, 28 July 2014.

3. Unlinked anonymous HIV and viral hepatitis monitoring among PWID: 2014 report, *HPR* **8**(29).

4. See: Priority 12 of the National Partnership Agreement between the National Offender Management Service, NHS England and Public Health England for the co-commissioning and delivery of healthcare services in prisons in England, 2013, http://www.justice.gov.uk/about/noms/working-with-partners/health-and-justice/partnership-agreement.

Travel health

Volume 8 Number 30 Published on: 1 **August 2014**

Updated guidelines on malaria prevention for travellers from the UK

Public Health England has published updated guidance from its Advisory Committee on Malaria Prevention (ACMP) for use by healthcare workers advising travellers from the UK [1,2].

Significant changes have been made to the general malaria prevention recommendations, to the antimalarial drug information section, and to country recommendations in respect of India, South Africa and Sri Lanka.

Detailed commentary on the changes is available in a NaTHNaC Clinical update [3].

References

1. PHE-ACMP, July 2014. Guidelines for Malaria Prevention in Travellers from the UK [2 MB PDF].

2. "Revised guidelines for malaria prevention in travellers from the UK", PHE news story, 29 July 2014.

3. National Travel Health Network and Centre Clinical Update (29 July 2014), https://www.nathnac.org/pro/clinical_updates/malaria_acmp_290714.htm.

UK Government response to EVD outbreak in West Africa

Public Health England and the Department of Health, together with the UK Foreign and Commonwealth Office and the Department for International Development, have published a news story on the GOV.UK website covering the Ebola virus disease outbreak in west Africa at: https://www.gov.uk/government/news/ebola-government-response.

This page will be continuously updated with latest links to reports on surveillance and support activities and risk assessments for, among others, the UK resident population, UK citizens in west Africa and humanitarian workers working in affected areas.

Respiratory

Laboratory reports of respiratory infections made to PHE from PHE and NHS laboratories in England and Wales: weeks 27-30/2014

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 PHE Colindale, by week of report

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	6/7/14	13/7/14	20/7/14	27/7/14	
Influenza A	**9**	**4**	**3**	**13**	**29**
Isolation	1	–	–	–	**1**
DIF *	1	–	–	2	**3**
PCR	4	–	3	3	**10**
Other †	3	4	–	8	**15**
Influenza B	**2**	**2**	**1**	**2**	**7**
Isolation	–	–	–	–	**–**
DIF *	1	1	–	–	**2**
PCR	–	–	1	2	**3**
Other †	1	1	–	–	**2**

* DIF = Direct Immunofluorescence. † Other = "Antibody detection - single high titre" or "Method not specified".

Table 2. Respiratory viral detections by any method, by week of report

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	6/7/14	13/7/14	20/7/14	27/7/14	
Adenovirus*	49	44	44	50	**187**
Coronavirus	7	–	1	–	**8**
Parainfluenza†	60	50	52	39	**201**
Rhinovirus	125	155	127	149	**556**
RSV	5	3	5	5	**18**

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

Table 3. Respiratory viral detections by age group: weeks 27-30/2014

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Un-known	Total
Adenovirus *	47	66	25	24	24	1	–	**187**
Coronavirus	2	1	–	3	1	1	–	**8**
Influenza A	–	2	–	14	9	3	–	**28**
Influenza B	–	1	–	2	3	1	–	**7**
Parainfluenza †	60	30	8	30	43	30	–	**201**
Rhinovirus	172	110	60	87	69	58	–	**556**
Respiratory syncytial virus	13	4	–	–	1	–	–	**18**

* 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

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	**6/7/14**	**13/7/14**	**20/7/14**	**27/7/14**	
Coxiella burnettii	1	2	1	2	**6**
Respiratory *Chlamydia* sp.*	1	–	1	1	**3**
Mycoplasma pneumoniae	7	13	5	13	**38**
Legionella sp.	6	5	13	11	**35**

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

Table 5 Reports of Legionnaires Disease cases in England and Wales, by week of report

Week	Week 27	Week 28	Week 29	Week 30	Total
Week ending	**6/7/14**	**13/7/14**	**20/7/14**	**27/7/14**	
Nosocomial	–	1	–	1	**2**
Community	3	2(1*)	8	6(1†)	**19**
Travel Abroad	3	1	4	4(1*)	**12**
Travel UK	–	1	1	–	**2**
Total	**6**	**5**	**13**	**11**	**35**
Male	4	4	9	8	**25**
Female	2	1	4	3	**10**

* Non-pneumonic case
† Onset in 2013

Thirty-three cases were reported with pneumonia and two cases had non-pneumonic infection. Twenty-five males aged 45 - 88 years and 10 females aged 53 - 89 years. Nineteen cases had community-acquired infection and two cases were reported to be associated with hospital infection. Two deaths were reported in a 68 year-old male and a 69 year-old female.

Fourteen cases were reported with travel association: Bulgaria (1), Canada (1), France/Switzerland (1), Greece (1), Italy (2), Jamaica (1), Spain (1), Thailand (1), Turkey (2), United Arab Emirates (1) and United Kingdom (2).

Table 6. Reports of Legionnaires Disease cases cases in England and Wales, by PHE Centre: weeks 27-30/2014

Region/Country	Noso-comial	Community	Travel Abroad	Travel UK	Total
North of England					
North East	–	–	–	–	**–**
Cheshire & Merseyside	–	1	–	–	**1**
Greater Manchester	–	2	1	–	**3**
Cumbria & Lancashire	–	–	–	–	**–**
Yorkshire & the Humber	–	2	–	–	**2**
South of England					
Devon, Cornwall & Somerset	–	–	–	–	**–**
Avon, Gloucestershire & Wiltshire	–	–	–	–	**–**
Wessex	–	1	–	–	**1**
Thames Valley	–	–	2	–	**2**
Sussex, Surrey & Kent	–	1	2	–	**3**
Midlands & East of England					
East Midlands	–	4	2	–	**6**
South Midlands & Hertfordshire	1	1	–	–	**2**
Anglia & Essex	–	1(1*)	1	1	**3**
West Midlands	–	1	1	1	**3**
London Integrated Region					
London	1	4(1†)	2	–	**7**
Public Health Wales					
Mid & West Wales	–	1	–	–	**1**
North Wales	–	–	–	–	**–**
South East Wales	–	–	–	–	**–**
Miscellaneous					
Other	–	–	–	–	**–**
Not known	–	–	1(1*)	–	**1**
Total	**2**	**19**	**12**	**2**	**35**

* Non-pneumonic case
† Onset in 2013