Public Health England

Protecting and improving the nation's health

Routine reports of gastrointestinal infections in humans (England and Wales): June and July 2020

Health Protection Report
Volume 14 Number 15
25 August 2020

Contents

Common gastrointestinal infections in England and Wales (weeks 27 to 30 of 2020)

Table 1. Laboratory reports of common gastrointestinal infections in England and Wales reported to Public Health England: weeks: 27 to 30 (29 June 2020 to 26 July 2020)*

Laboratory reports*	27/20	28/20	29/20	30/20	Total reports 27-30/20	Cumulative total to 30/20	Cumulative total to 30/19
Campylobacter spp.	1227	1041	963	1038	4269	24463	31949
Cryptosporidium spp.	100	32	30	27	189	1177	1615
Giardia spp.	53	30	46	35	164	1901	2652
Salmonella spp.	90	92	60	110	352	2356	3668
Shigella spp.	18	11	18	6	53	988	1637
STEC O157	2	14	11	26	42	123	211
Rotavirus	11	6	12	10	39	492	2364
Norovirus	7	12	8	10	37	2591	4165

***** Since 1 December 2014, data for these reports have been derived from the Second Generation Surveillance System (SGSS). Data reported prior to 1 December 2014 were generated using legacy laboratory reporting systems and may not be directly comparable to SGSS generated data. This caveat does not apply to STEC O157 data which is extracted from the National Enhanced Surveillance System for STEC, in place since 1 January 2009.

Note: At present it is not possible to ascertain the impact of the current COVID-19 pandemic on testing of gastrointestinal pathogens and reporting of these results to PHE. Therefore, the decline in reported cases since week 12 inclusive should be interpreted with caution.

Less common gastrointestinal infections in England and Wales (quarter 2 of 2020)

Table 2. Quarterly reports of outbreaks of foodborne illness in England and Wales reported to Public Health England: quarter 2 (1 April 2020 to 30 June 2020)

Laboratory reports *	Total reports 40-52/19	Cumulative total to 52/19	Cumulative total to 52/18
Astrovirus	7	236	263
Blastocystisis hominis	5	32	53
Dientamoeba fragilis	1	9	14
Entamoeba histolytica	18	62	46
Plesiomonas	2	21	42
Sapovirus	31	124	256
Shigella boydii	2	15	50
Shigella dysenteriae	4	19	13
Vibrio spp.	2	13	19
Yersinia spp.	23	54	75

* Results areare derived from Public Health England's Second Generation Surveillance System (SGSS) and are a composite composite of initial results from primary diagnostic laboratories (not yet subtyped) and results that have been subtyped at the relevant national reference laboratories. All data are provisional.

Notes: Since 1 December 2014, data for these reports have been derived from the Second Generation Surveillance System (SGSS). Data reported prior to 1 December 2014 were generated using legacy laboratory reporting systems and may not be directly comparable to SGSS generated data. All data are provisional. Phage typing for Salmonella spp. ceased as of 1 November 2015.

Salmonella infections in England and Wales (weeks 22 to 26 of 2020, serotyped)

Details of 332 salmonella infections stratified by serotype reported in the previous period (weeks 22-26, 2020) are given in the table below. In the current reporting period (weeks 27-30, 2020), 352 salmonella infections were reported.

Table 3. Salmonella infections (faecal specimens) in England and Wales stratified by serotype: weeks 22 to 26 (25 May 2020 to 28 June 2020)‡

Serotype	Total
Salmonella Enteritidis	110
Salmonella Typhimurium	73
Salmonella Infantis	10
Salmonella Newport	10
Salmonella Indiana	5
Other salmonella serovars	124
Total salmonella infections (provisional data)	**332**

‡ Subtyping results in Tables 3 and 4 are derived from data generated by Public Health England's Gastrointestinal Bacteria Reference Unit (GBRU). They are presented a month in arrears to allow for the lag between initial diagnosis at primary diagnostic laboratories and confirmatory (sub) typing at the reference laboratory.

Notes: Since 1 December 2014, data for these reports have been derived from the Second Generation Surveillance System (SGSS). Data reported prior to 1 December 2014 were generated using legacy laboratory reporting systems and may not be directly comparable to SGSS generated data. All data are provisional. Phage typing for Salmonella spp. ceased as of 1 November 2015.

Shigella infections in England and Wales (weeks 22 to 26 of 2020, speciated)

Details of 89 shigella infections stratified by species reported in the previous period (weeks 22-26, 2020) are given in the table below. In the current reporting period (weeks 27-30, 2020), 53 shigella infections were reported.

Table 4. Shigella infections (faecal specimens) in England and Wales stratified by species: weeks 22 to 26 (25 May 2020 to 28 June 2020)‡

Species	Total
Shigella flexneri	48
Shigella sonnei	19
Shigella not speciated	22
Total shigella infections (provisional data)	**89**

‡ Subtyping results in Tables 3 and 4 are derived from data generated by Public Health England's Gastrointestinal Bacteria Reference Unit (GBRU). They are presented a month in arrears to allow for the lag between initial diagnosis at primary diagnostic laboratories and confirmatory (sub) typing at the reference laboratory.

Notes: Since 1 December 2014, data for these reports have been derived from the Second Generation Surveillance System (SGSS). Data reported prior to 1 December 2014 were generated using legacy laboratory reporting systems and may not be directly comparable to SGSS generated data. All data are provisional.

Outbreaks of foodborne illness in England and Wales (quarter 2 of 2020)

Table 5. Quarterly reports of outbreaks of foodborne illness in England and Wales reported to Public Health England: quarter 2 (1 April 2020 to 30 June 2020)‡

Region	Organism	Number ill	Laboratory confirmed cases	Suspect vehicle	Evidence§
Midlands and East of England	Campylobacter	2	1	Raw cow's milk, raw chicken, eggs	Descriptive
Yorkshire and Humber	STEC O157	7	2	Milk	Descriptive
Midlands and East of England	Clostridium perfringens	5	Not known	Sunday roast – four different meats	Descriptive

§ **Descriptive epidemiological evidence:** suspicion of a food vehicle in an outbreak based on the identification of common food exposures, from the systematic evaluation of cases and their characteristics and food histories over the likely incubation period by standardised means (such as standard questionnaires) from all, or an appropriate subset of, cases.
Microbiological evidence: detection of a causative agent in a food vehicle or its component or in the food chain or its environment combined with detection in human cases, or clinical symptoms and an onset of illness in outbreak cases compatible with / pathognomonic to the causative agent identified in the food vehicle or its component or in the food chain or its environment.
Analytical epidemiological evidence: a statistically significant association between consumption of a food vehicle and being a case in an outbreak demonstrated by studies such as a cohort study, a case-control study or similar studies

Notes: Data on outbreaks is derived from the electronic foodborne and non-foodborne outbreak surveillance system (eFOSS). Outbreaks are reported once complete / information has been received from teams therefore outbreak investigations may have occurred during this reporting period but have not yet been reported into the eFOSS database. Data are provisional.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

About Health Protection Report

Health Protection Report is a national public health bulletin for England and Wales, published by Public Health England. It is PHE's principal channel for the dissemination of laboratory data relating to pathogens and infections/ communicable diseases of public health significance and of reports on outbreaks, incidents and ongoing investigations.

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Published: August 2020
PHE publications
gateway number: GW-1535

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