



Infection reports

Volume 8 Number 31 Published on: 8 August 2014

Enteric

Enteric fever surveillance quarterly report (England, Wales and Northern Ireland): second quarter 2014

This quarterly report summarises the epidemiology of laboratory confirmed cases of typhoid and paratyphoid reported in England, Wales and Northern Ireland between April and June 2014. It includes both reference laboratory and some enhanced enteric fever surveillance data; although not all enhanced surveillance data was available for the second quarter of 2014 at the time of publishing. All data for 2014 presented below are provisional; more detailed reports will be produced on an annual basis. More information about enteric fever surveillance, including previous reports, is available on the enhanced enteric fever surveillance page of the HPA legacy website [1].

National summary

In the second quarter (Q2) of 2014, 83 laboratory confirmed cases of enteric fever were reported in England, Wales and Northern Ireland (table 1), 12% lower than the first quarter of 2014 and 30% below the rolling mean (119) for Q2 2007 to 2014 (figure 1). Of note is the decrease in cases of *S. Paratyphi A* since 2012 but in the same period *S. Typhi* has remained at the same level (table 1).

Figure 1. Laboratory confirmed cases of enteric fever by organism, England, Wales and Northern Ireland: second quarter 2007-2014

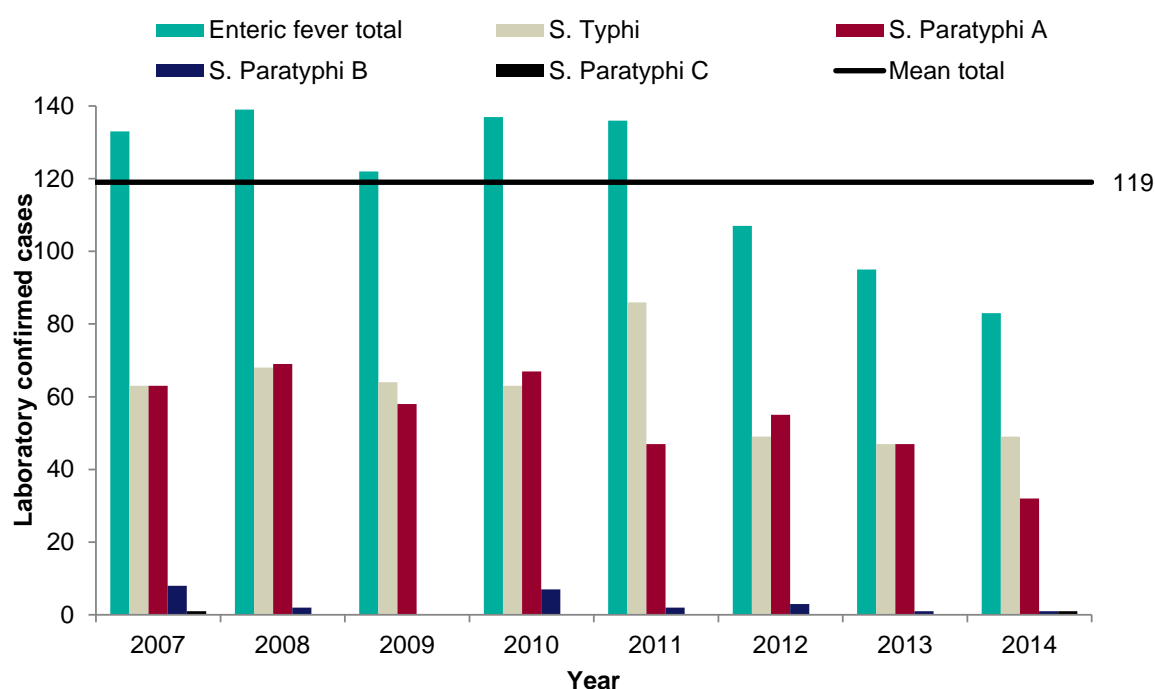


Table 1. Laboratory confirmed cases of enteric fever, England, Wales and Northern Ireland: second quarter 2007-2014

Organism	Laboratory confirmed cases							
	2014	2013	2012	2011	2010	2009	2008	2007
<i>Salmonella</i> Typhi	49	46	48	86	63	64	68	62
<i>Salmonella</i> Paratyphi A	32	47	55	48	67	58	69	61
<i>Salmonella</i> Paratyphi B	1	1	3	2	7	-	2	8
<i>Salmonella</i> Paratyphi C	1	-	-	-	-	-	-	1
Enteric fever total	83	94	107[§]	136	137	122	139	133[§]

[§] includes one case with dual infection of *S. Typhi* and *S. Paratyphi A*

Table 2. Laboratory confirmed cases of enteric fever by organism and phage type, England, Wales and Northern Ireland: second quarter 2014

Phage type	S. Typhi	Phage type	S. Paratyphi A
PT E1	16	PT 13	8
PT E9 Var.	12	PT 1	7
Untyp.VI	4	PT 1a	6
Degr.VI	4	PT 4	5
Untyp.VI 2	3	RDNC	3
PT D1	2	PT 2	2
PT A	2	PT 6a	1
PT 28	1	Total	32
Untypable	1		
Untyp.VI 5	1		
PT D2	1		
Untyp.VI 1	1		
PT B1	1		
Total	49		

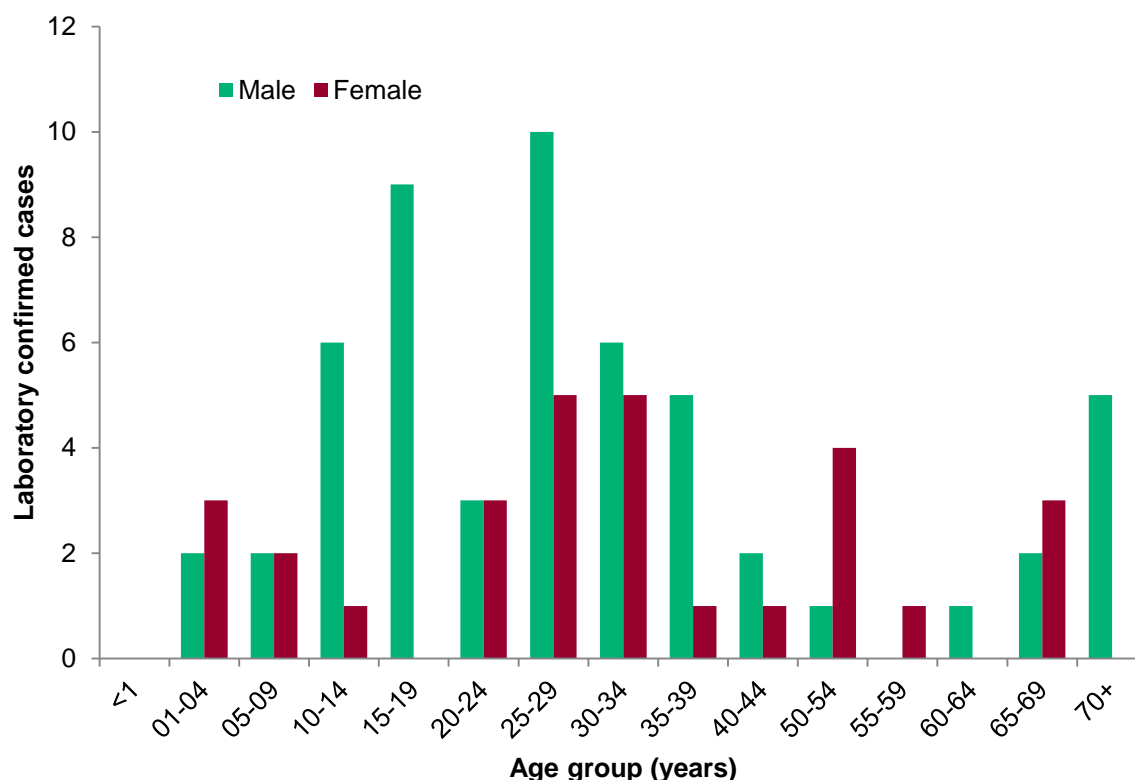
Phage type	S. Paratyphi B
Taunton	1
Total	1

In general, *S. Typhi* phage types E9 var. and E1 and *S. Paratyphi A* phage types 13 and 1 occur most frequently (table 2) [2].

Age/sex distribution

In the second quarter of 2014, the median age of cases was 28 years [range 2-75 years] and 19% were aged 16 years and under; 65% of cases were male, which is higher than the average for Q2 2007-2013 (54% male) (figure 2).

Figure 2. Laboratory confirmed cases of enteric fever by age and sex (N=83): second quarter 2014



Geographical distribution

London PHE Region reported 30% of the total cases during the second quarter of 2014; Yorkshire and the Humber reported 15 (65%) of the total cases for the North of England (table 3). Only regions are shown in this report as the numbers are too small to break the data down into PHE Centres; between one and nine cases were reported by each of the remaining 11 PHE Centres during the second quarter in 2014. PHE Centre data is available for local PHE teams on request.

Table 3. Laboratory confirmed cases of enteric fever by geographical distribution: second quarter 2014 and 2013

Region	Q2 2014	Q2 2013	% change between 2013 and 2014
London	25	27	-7%
North of England	23	17	35%
Midlands and East of England	20	25	-20%
South of England	15	19	-21%
Wales	-	6	-
Total	83	94	-12%

Travel history

Full travel history for enteric fever reported during the second quarter of 2014 was not available at the time of publishing. Country of travel was, however, available for 46/83 cases and, as in previous quarters, India and Pakistan were the most frequently reported countries of travel.

Data sources and acknowledgements

Data were collated and analysed by the Travel and Migrant Health Section, Centre for Infectious Disease Surveillance and Control, Colindale. Laboratory data were provided by Gastrointestinal Bacterial Reference Unit, Microbiology Services, Colindale. Other surveillance data were provided by Environmental Health Officers and local health protection colleagues in PHE through enteric fever enhanced surveillance.

References

1. HPA legacy website. Enhanced surveillance of enteric fever, <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/TravelHealth/GeneralInformation/trav30Enhancedsurveillanceofentericfever/>
 2. Health Protection Report. Archived enteric routine data reports, <http://www.hpa.org.uk/hpr/archives/Infections/2012/enteric12.htm>
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