



weekly report

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#### Enteric

# Enteric fever surveillance quarterly report (England, Wales and Northern Ireland): third quarter 2015

This quarterly report summarises the epidemiology of laboratory confirmed cases of typhoid and paratyphoid reported in England, Wales and Northern Ireland (EWNI) between July and September 2015. It includes both reference laboratory and enhanced enteric fever surveillance data. All data for 2015 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 PHE website [1].

#### **National summary**

In the third quarter (Q3) of 2015, 76 laboratory confirmed cases of enteric fever were reported in England and Wales (table 1), 31% lower than the third quarter of 2014 (110) and 32% below the rolling mean (111) for Q3 2008 to 2015 (figure 1). No provisional cases were reported in Northern Ireland for Q3.



### Figure 1. Laboratory confirmed cases of enteric fever by organism, England, Wales and Northern Ireland: Q3 2008 – 2015

## Table 1. Laboratory confirmed cases of enteric fever, England, Wales and NorthernIreland: Q3 2008 – 2015

	Laboratory confirmed cases							
Organism	Q3 2015	Q3 2014	Q3 2013	Q3 2012	Q3 2011	Q3 2010	Q3 2009	Q3 2008
Salmonella Typhi	48	70	57	45	58	78	57	67
Salmonella Paratyphi A	17	32	31	35	64	72	35	56
Salmonella Paratyphi B	11	8	2	5	3	6	20	9
Salmonella Paratyphi C	-	-	-	2	-	-	-	-
<i>Salmonella</i> Typhi and Paratyphi A	-	-	-	-	1	-	-	-
Enteric fever total	76	110	90	87	126	156	112	132

#### Age/sex distribution

In Q3 2015, the median age of all cases was 22 years and 32% (24% for males and 37% for females) were aged 16 years and under (figure 2). Females accounted for 57% of all cases in Q3 2015.





#### **Geographical distribution**

Table 3 shows the cases reported by the PHE Centres (PHECs) in Q3 2015 compared to Q3 2014. For all reported cases, the geographical regions have been assigned using the residential postcode where this was available, otherwise referring diagnostic laboratory locations were used. London usually reports the highest proportion of cases in England (36% in 2015 and 38% in 2014). All regions except the South East and East Midlands regions reported a decrease in cases in Q3 2015 compared to 2014 in line with the national trend.

Geographical area	Q3 2015	Q3 2014	% change between 2014 and 2015
London, PHEC	27	41	-34.1%
South East, PHEC	16	12	33.3%
Yorkshire and Humber, PHEC	8	15	-46.7%
East Midlands, PHEC	7	4	75.0%
East of England, PHEC	5	5	0.0%
South West, PHEC	4	9	-55.6%
West Midlands, PHEC	4	9	-55.6%
North West, PHEC	3	11	-72.7%
North East, PHEC	1	2	-50.0%
England subtotal	75	108	-30.56%
Wales	1	1	0.0%
Northern Ireland	-	1	-100.0%
Total EWNI	76	110	-30.9%

Table 3.	Cases	of enteric	fever by	geographical	distribution,	England,	Wales and
Norther	n Irelan	d: Q3 2015	5 and 20	14.			

#### **Travel history**

In Q3 2015, travel history was available for all 76 cases; of which 67 cases (88%) were presumed to be acquired abroad (61 who had travelled abroad from the UK, five foreign visitors to the UK, and one new entrant to the UK). The remaining nine cases had not travelled outside the UK in the 28 days prior to symptoms.

#### **Travel-associated cases**

Country of travel was known for all 67 travel-associated cases; 72 countries of travel were reported in total.

Travel-associated cases were likely to have acquired their infection in: India (19); Pakistan (17); Bangladesh (seven); Bolivia (four); Peru (four); Turkey (four); Iraq (three), Tanzania, Nigeria (two each); Sri Lanka, Philippines, Ghana, Sierra Leone, China, Indonesia, Chile, Zimbabwe, Myanmar, Nepal (one each).

Some cases travelled to more than one country so totals will not equal the number of total cases that travelled. Where multiple countries of travel have been stated by the case, only risk countries, as identified by the National Travel Health Network and Centre [3], were included for analysis. If a case travelled to multiple risk countries each country was counted individually. India and Pakistan continue to be the most frequently reported countries of travel for the third quarter of 2015.

#### **Reason for travel**

Of the 61 cases who had travelled abroad from the UK, reason for travel was known for 55. Among those, 82% of cases travelled to visit friends and relatives (figure 4).

### Figure 4. Laboratory-confirmed cases of enteric fever that have travelled abroad (N=61) by reason for travel: Q3 2015



#### Non-travel-associated cases

Two of the non-travel-associated cases were secondary cases who had been in close contact with other travel-associated confirmed cases (family members).

The remaining seven cases stated that they had not been in recent contact with a probable or confirmed case prior to the onset of illness, although three reported links with asymptomatic travellers from endemic countries. No other possible sources have been identified for the remaining non travel cases.

#### Data sources and acknowledgements

Data were collated and analysed by the Travel and Migrant Health Section, National Infections Service, Colindale. Laboratory data were provided by Gastrointestinal Bacterial Reference Unit, National Infections Service, Colindale. Other surveillance data were provided by Environmental Health Officers and local health protection colleagues in PHE through enteric fever enhanced surveillance.

#### References

- 1. GOV.UK website. Enhanced surveillance of enteric fever. Available at: <u>https://www.gov.uk/government/collections/typhoid-and-paratyphoid-guidance-data-and-analysis</u>
- 2. GOV.UK website. Typhoid and paratyphoid: laboratory confirmed cases in England, Wales and Northern Ireland. Available at: <u>https://www.gov.uk/government/publications/typhoid-and-paratyphoid-laboratory-confirmed-cases-in-england-wales-and-northern-ireland</u>
- 3. National Travel Health Network and Centre (NaTHNaC) website. Available at: <u>http://travelhealthpro.org.uk/</u>