

weekly report

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# Hepatitis C in the UK annual report

Morbidity and mortality attributable to HCV-related liver disease continue to rise across the UK, according to the latest annual hepatitis C report published by Public Health England on World Hepatitis Day on 28 July [1].

In the UK, hospital admissions for hepatitis C-related end-stage liver disease and liver cancer have nearly tripled over the last decade, rising from 950 in 2004 to 2,658 in 2013, while deaths have more than doubled from 190 in 2004 to 424 in 2013. UK registrations for liver transplants where post-hepatitis C cirrhosis was an indication for transplant rose from 45 in 1996 to 175 in 2014. More than 160,000 individuals in England (214,000 across the UK) are thought to be chronically infected with hepatitis C, many unaware of their infection.

Laboratory-confirmed new diagnosis rates have risen steadily since 2010, when statutory notification by diagnostic laboratories was first introduced: 11,539 new cases were notified in England in 2014, up by more than one third from the 7,892 cases reported in 2010. Over the past year, a major increase of 24% was observed in London, which accounted for nearly a third of all cases reported in England in 2014 [2].

The new report is the tenth for England, and the seventh also to present consolidated data on hepatitis C virus (HCV) infection rates for the UK as a whole. Besides mortality and morbidity data, the report includes chapters dedicated to: prevention activity relating to the highest risk group, people who inject drugs (PWID); diagnosis, testing and awareness of infection; and treatment and care.

UK data on testing and diagnosis are presented for the population at large and for a spectrum of 'risk' groups under surveillance: PWID in particular (more than 50% of whom test positive for HCV infection in England and Wales); people in prisons; black and minority ethnic populations; and blood donors (among whom HCV infection rates have fallen, across the UK, to 19.3 and 0.3 infections per 100,000 donations in new and repeat donors, respectively).

On treatment, and the monitoring of treatment uptake, the report notes that antivirals are available in the UK that will successfully clear HCV in the majority of patients and new drugs are becoming available that are easier to administer, offer improved rates of viral clearance and cause fewer side effects. However, it is also noted that the cost of new treatments, when coupled with the numbers potentially requiring them, raises issues of affordability for UK health services – which underlines the importance of monitoring treatment uptake, assessment of treatment impact and the identification of geographical and other variations in service delivery.

#### References

- PHE, HP Scotland, PH Wales, HSC Northern Ireland, (July 2015). Hepatitis C in the UK:
  2015 report. Related materials and earlier annual reports available from PHE webpage Hepatitis C in the UK.
- 2. PHE (January 2015). Hepatitis C in London (annual review, 2013 data).

# Operational guidance for HPTs on responding to the detection of legionella in healthcare premises

Public Health England has issued new operational guidance for use by Health Protection Teams (HPTs) who are called on to give advice to infection control staff within acute trusts (or who participate in incident control teams or trust water safety groups) following the detection of legionella in water systems on healthcare premises.

The guidance, *Responding to the detection of legionella in healthcare premises* [1], describes situations where acute trusts may contact HPTs following the detection of elevated legionella counts in water systems and the extent of HPT involvement that can be expected in such circumstances. It includes an accompanying risk assessment algorithm for use by HPTs responding to such situations.

Responsibility for monitoring legionella counts and other aspects of compliance with the HSE Approved Code of Practice (L8), and other related technical requirements, rests with trusts themselves. Nevertheless, the guidance has been issued because PHE HPTs are frequently called on to advise on the appropriate level of response to elevated legionella counts, irrespective of whether cases of legionellosis have been reported or not.

PHE has also advised its HPTs that an updated Legionnaires Disease surveillance form (for England and Wales) has been published and should be used by HPTs for all newly reported cases, with immediate effect [2].

#### References

- PHE (August 2015). Responding to the detection of legionella in healthcare premises: guidance for PHE heath protection teams. Part of the PHE health protection collection Legionnaires' disease: guidance, data and analysis.
- PHE (August 2015). National surveillance scheme report form (PDF version). Available, with other related documentation, from the Legionnaires' disease: national surveillance scheme webpage.

# EVD: international epidemiological summary (at 5 August 2015)

The Ebola Virus Disease (EVD) outbreak in West Africa continued with cases reported in two countries in the week-ending 2 August 2015. At that time a total of 27,898 clinically compatible cases of EVD had been reported associated with this outbreak, 11,296 of which had died.

There were two confirmed cases of EVD reported in the in the week-ending 2 August: one in Guinea and one in Sierra Leone, compared to four in Guinea, three in Sierra Leone in the previous week (see chart and table below). It was the third consecutive week for which a decline in weekly incidence was reported, and the lowest weekly number of confirmed cases since March 2014.

The new case in Guinea was a registered contact who was previously lost to follow-up. The patient travelled extensively in both Guinea and Sierra Leone prior to diagnosis and is likely to have generated a number of high-risk contacts. The new case in Sierra Leone is one of 600 registered contacts of the previous week's case from Tonkolili. Further cases are anticipated in this area. No new cases were reported in Liberia where six cases have been confirmed since 29 June 2015. Investigations are ongoing into the source of this outbreak





Data source: WHO Ebola Situation Report 5 August 2015.

More detailed information is available in PHE's full weekly Ebola Epidemiological Update. A graphical indication of currently affected areas (in Guinea, Liberia and Sierra Leone) is presented in the Ebola Outbreak Distribution Map below.

Country		Total CCCs <sup>¥</sup>	Total CCs	Total deaths	New CCCs <sup>¥</sup> reported in preceding week*	New confirmed cases in preceding week*	Current status (Date declared EVD free)
Gu	Guinea		3,327	2,522	- 2	1	Active transmission
Liboria	Outbreak 1	10,666	3,151	4,806	-	-	Declared over 9 May 2015**
LIDENA	Outbreak 2	6	6	2	0	0	Localised transmission**
Sierra Leone		13,406	8,695	3,951	116	1	Active transmission
Italy		1	1	0	0	0	EVD free (20 July 2015)
UK		1	1	0	0	_	EVD free (7 March 2015)
Nigeria		20	19	8	0	-	EVD free (19 Oct 2014)
Senegal		1	1	0	0	-	EVD free (17 Oct 2014)
Spain		1	1	0	0	-	EVD free (2 Dec 2014)
Mali		8	7	6	0	-	EVD free (18 Jan 2015)
USA		4	4	1	0	-	Considered EVD free^ (23 Oct 2014^)
TOTAL		27,898	15,213	11,296	114	2	-

Countries currently or previously affected by EVD as at 5 August 2015

**Data sources**: WHO Ebola Situation Report 5 August 2015 and statement from Ministry of Health Italy on imported Italian case, 10 June 2015.

<sup>\*</sup> Clinically compatible cases (CCC) represents a combination of suspected, probable and confirmed cases. CCC totals are under constant revision and reclassification as suspect cases are confirmed or discounted.

\* The reporting period is one week: 27 July to 2 August (WHO latest Ebola situation report 5 August 2015).

\*\* Liberia was declared EVD free on 9 May, 2015, following 42 days without a case with the country entering a three-month period of enhanced surveillance. On 29 June, routine surveillance confirmed a new case in Margibi County, with five further cases reported in registered contacts since that date. The origin of infection is currently under investigation.

^ More than 42 days have passed since last case tested negative.

#### **Ebola Outbreak Distribution Map**



# Infection reports / Respiratory

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# Laboratory reports of respiratory infections made to the PHE from PHE and NHS laboratories in England and Wales: weeks 27-31/2015

Data are recorded by week of report, but include only specimens taken in the last eight weeks (i.e. recent specimens)

Week	Week 27	Week 28	Week 29	Week 30	Week 31	Total	
Week ending	5/7/15	12/7/15	19/7/15	26/7/15	2/8/15		
Influenza A	15	8	4	4	6	37	
Isolation		2	2	-	_	0	
DIF *	_	-	-	-	-	0	
PCR	10	4	_	1	4	19	
Other <sup>†</sup>	3	2	4	3	2	14	
Influenza B	10	16	1	8	7	42	
Isolation	_	1	1	2	1	5	
DIF *	_	-	-	-	-	0	
PCR	10	15	_	4	6	35	
Other <sup>†</sup>	-	-	-	2	_	2	

Table 1. Reports of influenza infection made to CIDSC, by week of report

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

Table 2. Respiratory viral detections by any method (culture, direct immunofluorescence, PCR, four-fold rise in paired sera, single high serology titre, genomic, electron microscopy, other method, other method unknown), by week of report

Week	Week 27	Week 28	Week 29	Week 30	Week 31	Total
Week ending	5/7/15	12/7/15	19/7/15	26/7/15	2/8/15	
Adenovirus <sup>*</sup>	88	95	69	71	64	387
Coronavirus	1	5	-	2	2	10
Parainfluenza <sup>†</sup>	70	64	49	44	65	292
Rhinovirus	169	148	143	109	149	718
RSV	36	37	26	28	25	152

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

Age group (years)	<1 year	1-4 years	5-14 years	15-44 years	45-64 years	≥65 years	Un- known	Total
Adenovirus	51	79	26	137	72	22	-	387
Coronavirus	1	3	-	1	2	3	-	10
Influenza A	1	-	-	16	5	20	-	42
Influenza B	3	5	3	15	7	2	-	35
Parainfluenza <sup>†</sup>	65	44	17	43	59	64	-	292
Respiratory syncytial virus	53	31	18	25	13	12	-	152
Rhinovirus	224	141	72	120	94	67	_	718

Table 3. Respiratory viral detections by age group: weeks 27-31/2015

\* 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	Week 31	Total	
Week ending	5/7/15	12/7/15	19/7/15	26/7/15	2/8/15		
Coxiella burnettii	-	1	-	-	-	1	
Respiratory <i>Chlamydia</i> sp. <sup>*</sup>	2	1	-	1	1	5	
Mycoplasma pneumoniae	6	13	6	-	2	27	
<i>Legionella</i> sp.	15	7	5	8	10	45	

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

Week	Week 27	Veek 27 Week 28 Week 29		Week 30	Week 31	Total
Week ending	5/7/15	12/7/15	19/7/15	26/7/15	2/8/15	
Nosocomial	-	-	-	1	1	2
Community	3	4	-	2	3	12
Travel Abroad	9	1	4	2	5	21
Travel UK	3	2	1	3	1	10
Total	15	7	5	8	10	45
Male	14	4	5	7	6	36
Female		1	3	-	1	4

\* Cases with onset of symptoms in 2015.

Forty-five cases were reported with pneumonia. Thirty-six males aged 35 - 86 years and nine females aged 46 - 83 years. Twelve cases had community-acquired infection and two cases were reported to be associated with hospital/healthcare facilities. Four deaths were reported in males aged 50 - 71 years.

Thirty-one cases were reported with travel association: Belgium (1), Belgium/France (1), Belgium/United Kingdom (1), Canada/United States of America (1), Cruise/United Kingdom (1), France (1), Germany/United Kingdom (1), Greece (2), Greece/United Kingdom (1), Italy (2), Spain (2), Spain/United Kingdom (2), United Arab Emirates (2), United Arab Emirates/United Kingdom (1), United Kingdom (10) and United States of America (2).

# Table 6. Reports of Legionnaires Disease cases in England and Wales, by PHE Centre: weeks 27-31/2015

Region/Country	Nosocomial	Community	Travel Abroad	Travel UK	Total				
North of England									
North East	-	-	2	-	2				
Cheshire & Merseyside	_	_	1	_	1				
Greater Manchester	-	1	2	_	3				
Cumbria & Lancashire	_	3	_	2	5				
Yorkshire & the Humber	_	2	2	1	5				
South of England				•					
Devon, Cornwall & Somerset	-	1	1	_	2				
Avon, Gloucestershire & Wiltshire	2	2	1	1	6				
Wessex	-	-	_	-	0				
Thames Valley	-	-	_	_	0				
Sussex, Surrey & Kent	-	-	4	1	5				
Midlands & East of England	•								
East Midlands	-	1	2	2	5				
South Midlands & Hertfordshire	_	—	-	-	0				
Anglia & Essex	_	—	2	-	2				
West Midlands	_	—	-	-	0				
London Integrated Region									
London	-	2	2	1	5				
Public Health Wales									
Mid & West Wales	-	—	-	1	1				
North Wales	-	-	-	-	0				
South East Wales	-	-	-	-	0				
Miscellaneous									
Other	-	_	2	1	3				
Not known	-	_	-	-	0				
Total	2	12	21	10	45				