



Public Health
England

Protecting and improving the nation's health

Travel-associated *Campylobacter* infections in England, Wales and Northern Ireland: 2014

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Contents

General trend	4
Travel-associated cases	5
Age and sex	5
Geographical distribution	5
Travel history	6
Data sources	8
References	9

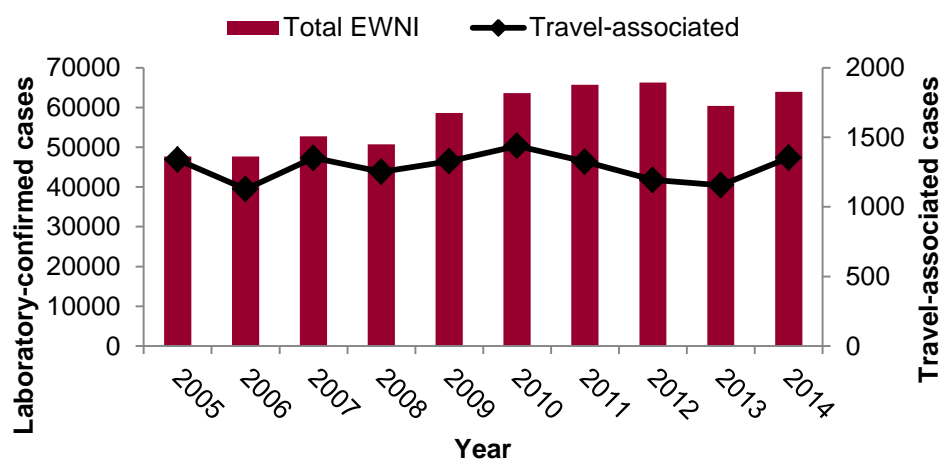
General trend

In 2014, there were 63,908 *Campylobacter* infections reported in England, Wales and Northern Ireland (EWNI), a 5.8% increase compared to 2013, of which 1,354 (2.1%) were associated with foreign travel (17% increase compared to 2013) [Table 1]. It is the most common gastrointestinal infection reported in EWNI. No travel-associated cases were reported in Northern Ireland in 2013 or 2014. Cases of *Campylobacter* infection have increased on average by 4% each year between 2005 and 2014 with a corresponding average increase of 1% each year for travel-associated infections [Figure 1]. Travel history reporting for *Campylobacter* spp is poor through routine laboratory reports. So this trend should be interpreted with caution. See *note in the [data sources section](#) regarding data quality.

Table 1. Laboratory confirmed cases of *Campylobacter* spp, England, Wales and Northern Ireland: 2005 to 2014.

Year	England and Wales	Northern Ireland	Total for EWNI	Of which travel-associated (%)
2005	46,763	891	47,654	1,340 (2.8%)
2006	46,748	937	47,685	1,126 (2.4%)
2007	51,831	885	52,716	1,354 (2.6%)
2008	49,891	848	50,739	1,251 (2.5%)
2009	57,685	977	58,662	1,327 (2.3%)
2010	62,588	1040	63,628	1,440 (2.3%)
2011	64,527	1175	65,702	1,325 (2.0%)
2012	65,044	1211	66,255	1,194 (1.8%)
2013	59,040	1355	60,395	1,155 (1.9%)
2014	62,494	1414	63,908	1,354 (2.1%)

Figure 1. Laboratory-confirmed cases of *Campylobacter* spp, England, Wales and Northern Ireland: 2005 to 2014.

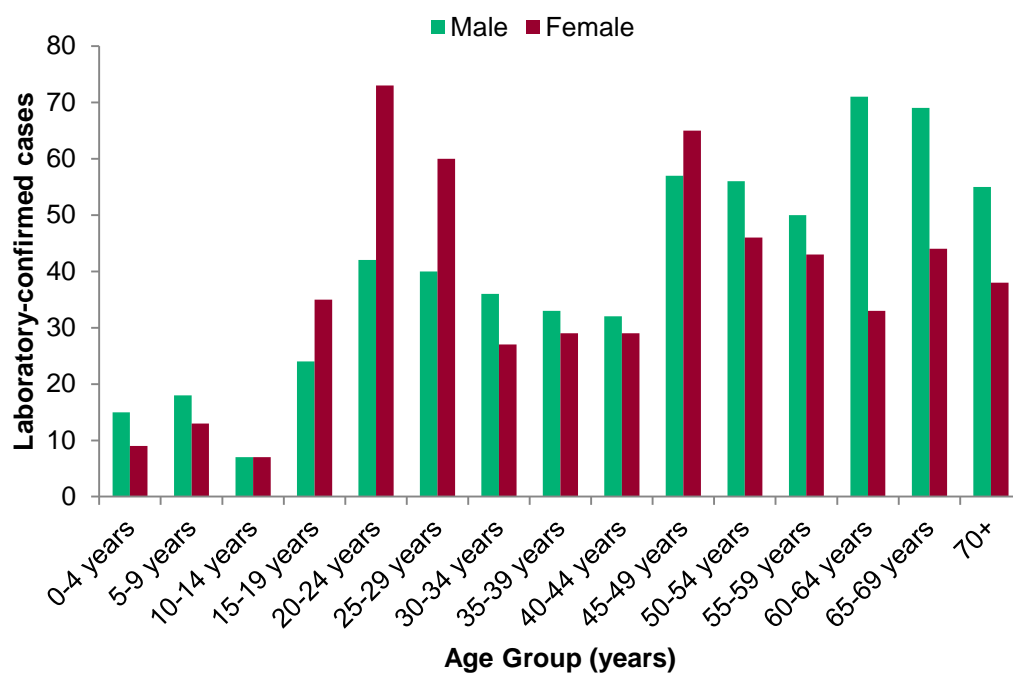


Travel-associated cases

Age and sex

In 2014, 99.7% (1,350/1,354) of travel-associated cases of *Campylobacter* infection in EWNI had known information about age and sex [Figure 2]. Males represented 52% of travel-associated cases and the median age for all cases was 48 years (range 0 to 88 years); 97 cases (7%) were in those aged 16 years and under.

Figure 2. Travel-associated laboratory-confirmed cases of *Campylobacter* spp. by age and sex, England and Wales: 2014 (N=1,350).



Geographical distribution

Geographical areas were assigned based on patient postcode. Where patient postcode was missing the sending laboratory postcode was used. The South West PHE centre reported the highest proportion (18%) of travel-associated cases of *Campylobacter* infection in 2014, followed by the South East (16%) and Yorkshire and Humber (16%) [Table 2]. East Midlands, West Midlands and London recorded the largest % changes compared to 2013. *For Wales the 2013 data were incomplete. So % change cannot be accurately determined.

Table 2. Travel-associated laboratory-confirmed cases of *Campylobacter* spp. by geographical distribution, England and Wales: 2013 and 2014.

Geographical area	2014	2013	% change between 2013 and 2014
South West	249	214	16%
South East	221	238	-7%
Yorkshire and Humber	210	214	-2%
Wales	198	14*	-
North West	132	132	0%
North East	120	104	15%
East of England	116	118	-2%
East Midlands	63	32	97%
London	25	15	67%
West Midlands	20	74	-73%
Grand total	1354	1155	17%

Travel history

Campylobacter infections are common worldwide. Countries of travel for travel-associated infections, to some extent, therefore reflect travel patterns of UK residents [1]. Table 3 lists the top 20 most reported countries of travel for cases of *Campylobacter* infection reported in 2014 compared to 2013. The highest number of cases were associated with travel to Spain (187), followed by Turkey (120), consistent with the previous year.

Cases associated with travel to Spain and India have been decreasing by an average of 5% and 6% respectively since 2005 while cases associated with travel to Turkey have been increasing by an average of 11% since 2005. Although there has been a very small decrease in travel to Spain by UK residents in the same period [1], travel patterns cannot really explain these trends. Travel history reporting for *Campylobacter* spp is incomplete (see *note in [data sources section](#) below) and the case numbers too small to draw definitive conclusions from these trends.

Table 3. Laboratory-confirmed travel-associated *Campylobacter* spp. by country of travel, England and Wales: 2013 and 2014.

Country/region of travel†	2014	2013	% change between 2013 and 2014
Spain	225	190	18%
Turkey	157	130	21%
India	79	61	30%
Portugal	72	63	14%
Morocco	62	51	22%
France	53	45	18%
Greece	52	32	63%
Thailand	45	43	5%
Tunisia	27	34	-21%
Egypt	15	15	0%
Indonesia	15	10	50%
Malta	15	10	50%
Bulgaria	13	7	86%
Cambodia	13	5	160%
Cyprus	13	13	0%
Italy	13	16	-19%
USA	12	5	140%
Nepal	11	5	120%
Other countries	240 (N=76)	236 (N=78)	2%
Country not stated	256	240	7%

N= number of countries.

†Totals may not match those stated in Table 1, where two or more countries of travel were stated for a case, each listed country was counted individually.

Data sources

- data for the total reports of *Campylobacter* in England and Wales 2006 to 2014 were provided by the PHE Gastrointestinal Infections Department
- data for the total reports of *Campylobacter* in Northern Ireland are from the [Health and Social Care Public Health Agency \(HSC PHA\) website](#)
- travel-associated infections for England (2005 to 2014) and Wales (2005 to 2012) comprise laboratory reports sent to the PHE Centre for Infectious Disease Surveillance and Control, Colindale, through the Co-Surv system and were extracted from the Second Generation Surveillance System (SGSS) using sample specimen date
- travel-associated infections for Wales 2013 and 2014 were supplied by Public Health Wales extracted from the information bureau for infectious disease (IBID). There was a change in electronic reporting in Wales between 2013 and 2014
- travel-associated infections data for Northern Ireland were provided by HSC PHA and comprise laboratory reports extracted from Co-Surv using sample specimen date

***Note**

Enhanced surveillance is not conducted for *Campylobacter* infections. Travel history information is collected from laboratory reports where it is available. Dates of travel and onset are not usually given and therefore incubation period is not considered when assigning travel history. Travel history on laboratory request forms is underreported for *Campylobacter* infections (around 5% have information). Furthermore, recent changes in the data reporting systems have resulted in some travel information being lost from the reports. So the trends presented in this report should be interpreted with caution. In particular, Wales and Northern Ireland may be underrepresented in this report.

References

1. Office for National Statistics. Travel trends: 2005 to 2014. ONS: 2015. Available online:
www.ons.gov.uk/peoplepopulationandcommunity/leisureandtourism/articles/travel-trends/previous-releases