

Protecting and improving the nation's health

Routine reports of gastrointestinal infections in humans (England and Wales): March and April 2020

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Common gastrointestinal infections in England and Wales

 Table 1. Laboratory reports of common gastrointestinal infections in England and Wales

 reported to Public Health England: weeks: 14-17 (30 March 2020 – 26 April 2020)

Laboratory reports*	14/20	15/20	16/20	17/20	Total reports 14-17/20	Cumulative total to 17/20	Cumulative total to 17/19
Campylobacter spp.	260	235	302	454	1251	12817	13772
Cryptosporidium spp.	26	14	23	21	84	786	786
Giardia spp.	41	46	36	38	161	1424	1550
Salmonella spp.	51	35	22	49	157	1486	1600
Shigella spp.	15	12	8	8	43	806	827
STEC O157	1	2	2	3	8	47	71
Rotavirus	7	6	2	5	20	370	1357
Norovirus	13	17	14	17	61	2488	2998

* 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

Table 2. Laboratory reports of less common gastrointestinal infections in England and Wales reported to Public Health England: quarter 1 (1 January – 31 March 2020)

Laboratory reports*	Total reports 1-13/20	Cumulative total to 13/20	Cumulative total to 13/19
Astrovirus	233	233	163
Blastocystisis hominis	28	28	30
Dientamoeba fragilis	8	8	13
Entamoeba histolytica	47	47	35
Plesiomonas	19	19	24
Sapovirus	93	93	113
Shigella boydii	15	15	21
Shigella dysenteriae	15	15	8
Vibrio spp.	11	11	9
Yersinia spp.	31	31	27

* 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.

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.

Salmonella infections in England and Wales

Details of 495 salmonella infections stratified by serotype reported in the previous period (weeks 9-13 2020) are given in the table below. In the current reporting period (weeks 14-17 2020), 157 salmonella infections were reported.

Table 3. Salmonella infections (faecal specimens) in England and Wales stratified by serotype: weeks 9-13 (24 February 2020 – 29 March 2020)[‡]

Serotype	Total
Salmonella Enteritidis	130
Salmonella Typhimurium	115
Salmonella Stanley	16
Salmonella Newport	14
Salmonella Newport	13
Other salmonella serovars	207
Total salmonella infections (provisional data)	495

‡ Subtyping results in Tables 2 and 3 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

Details of 246 shigella infections stratified by species reported in the previous period (weeks 9–13 2020) are given in the table below. In the current reporting period (weeks 14-17 2020), 43 shigella infections were reported.

Table 4. Shigella infections (faecal specimens) in England and Wales stratified by species: weeks 9-13 (24 February 2020 – 29 March 2020)[‡]

Species	Total
Shigella sonnei	52
Shigella flexneri	71
Shigella boydii	3
Shigella dysenteriae	6
Shigella not speciated	114
Total shigella infections (provisional data)	246

‡ Subtyping results in Tables 2 and 3 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

Table 5. Quarterly reports of outbreaks of foodborne illness in England and Wales reported to Public Health England: quarter 1 (1 January – 31 March 2020)

Region*	Organism	Number ill	Laboratory confirmed cases	Suspect vehicle	Evidence [§]
Yorkshire and Humber	STEC O157	2	Not known	Not known	Not known
North East	STEC O157	2	Not known	Not known	Not known
London	Norovirus Genotype II RNA	23	2	Not known	Not known
South West	Clostridium perfringens	13	Not known	Roast beef	Descriptive
North East	Norovirus	5	Not known	Not known	Not known
East Midlands North	<i>Salmonella</i> Agona	4	4	Not known	Not known

S 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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