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## News

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### WHO update on international MERS-CoV situation

Middle East respiratory syndrome (MERS) poses an emerging infectious disease hazard for humans, with transmission of the MERS coronavirus (MERS-CoV) continuing both from camels to humans in the Arabian peninsula, and more widely, between humans, particularly in healthcare settings which have provided the conduit for propagation of infection in a number of recent outbreaks.

Following its tenth Emergency Committee meeting on the subject, on 2 September, the World Health Organization issued a statement stressing the continuing need for awareness in healthcare settings of the potential for human-to-human transmission from patients with unrecognised MERS infection [1]. WHO stated there was still insufficient awareness among the global public health community of the potential for further outbreaks; nor had its earlier advice on the sharing of information of public health importance – including from research studies in affected countries and from virological surveillance – been completely followed.

As a result, significant outbreaks had recently been associated with nosocomial transmission – in the Kingdom of Saudi Arabia (KSA), in Jordan and in Korea. The WHO statement notes that the Korean outbreak illustrated how, “when the MERS virus appears in a new setting, there is a great potential for widespread transmission and severe disruption to the health system and to society”.

The WHO meeting had considered evidence from the countries most affected in the Middle East – KSA, Jordan, and UAE – and also from the Philippines, Thailand and Korea, which have experienced outbreaks triggered by imported cases.

The overall risk to the UK of MERS-CoV remains low, according to PHE’s latest risk assessment [2], but the possibility of imported cases remains and testing is recommended for persons with a history of travel to, or residence in an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset.

These criteria currently cover: Bahrain, Jordan, Iraq, Iran, KSA, Kuwait, Oman, Qatar, United Arab Emirates, Yemen and South Korea. Algorithms for the identification of cases, and related guidance, are available on the PHE MERS-CoV webpages [3].

## References

1. WHO (3 September 2015). WHO statement on the tenth meeting of the IHR Emergency Committee regarding MERS.
  2. PHE (updated August 2015). Risk assessment of Middle East respiratory syndrome coronavirus (MERS-CoV).
  3. PHE Middle East respiratory syndrome coronavirus (MERS-CoV): clinical management and guidance webpages.
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## Updated WHO WPV recommendations and vaccine-derived poliovirus in Ukraine

Precautionary advice for travellers from England, Wales and Northern Ireland visiting countries variously affected by wild poliovirus (WPV) has been revised following a sixth meeting, on 17 August, of the WHO's International Health Regulations emergency committee concerned with WPV [1].

In particular, following the confirmation of a vaccine-derived polio outbreak in the south west of Ukraine, PHE has issued recommendations specifically relating to individuals and families travelling to, or from, that country which, for travel purposes, has been added to the list of countries classified as being infected with polio but not actively exporting the virus [2,3].

## References

1. WHO (17 August 2015). Statement on the sixth IHR Emergency Committee meeting regarding the international spread of wild poliovirus.
  2. NaTHNaC (7 September 2015). Circulating vaccine derived polio virus (cVDPV): Ukraine.
  3. WHO (1 September 2015). Circulating vaccine-derived poliovirus – Ukraine.
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## EVD: international epidemiological summary (at 5/6 September 2015)

This week marks the one year anniversary of the publication of the first PHE weekly epidemiology update on the EVD outbreak in West Africa. In the week to 5 September 2014 (the period covered by the first report), over 600 confirmed cases (and many more probable and suspected cases) were reported in Guinea, Liberia and Sierra Leone, and the Nigerian outbreak which began in Lagos had spread to Port Harcourt (see October 2014 situation map at figure 1).

The reduction in case incidence to consistently low levels (see latest situation map at figure 2, and current rate of new confirmed cases at figure 3) signifies the tremendous achievement made by EVD response teams in affected countries to not only stem transmission but also engage communities with control measures. While such progress needs to be recognised and applauded, significant and continued effort is required to finally halt the outbreak.

As of 6 September 2015, a total of 28,183 clinically compatible cases of Ebola virus disease (15,228 confirmed) have been reported associated with the West African outbreak, 11,306 of which have died (see table). There were two confirmed cases reported this week: one in Guinea and one in Sierra Leone, both in registered contacts. Case incidence has remained between two and three confirmed cases for six consecutive weeks.

The Guinean case, a 13 year old girl, was a registered contact and relative of two previous cases recently reported in the capital Conakry. Further cases are anticipated associated with this transmission chain.

The case reported in Sierra Leone was the daughter of last week's case in Kambia and had been caring for her mother during the course of her illness. Over 900 contacts have been identified associated with this cluster of which ~40 are considered high risk.

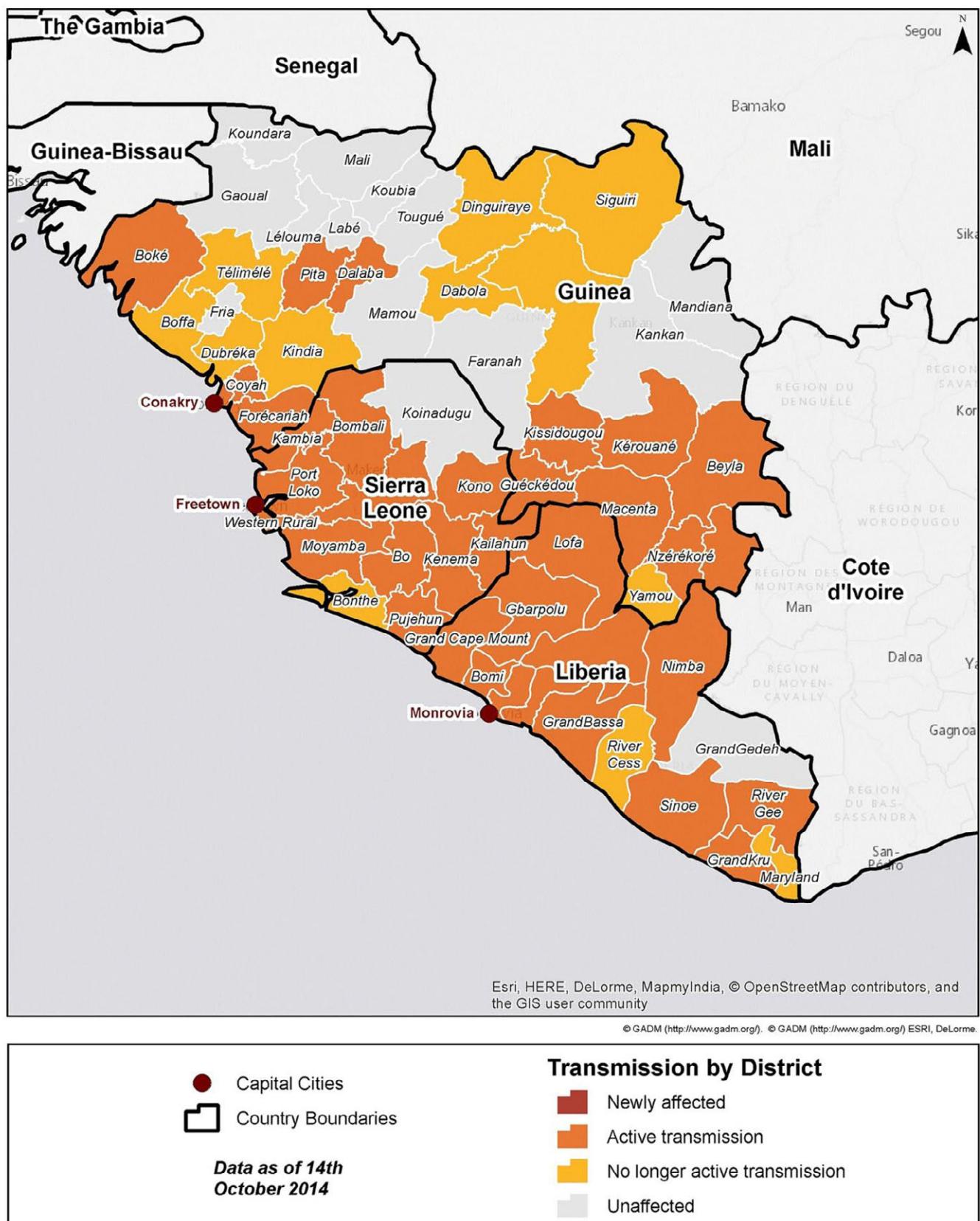
A total of 1,281 contacts remain under follow up (292 in Guinea and 989 in Sierra Leone), rising from 458 in the previous week.

Liberia remains within a 90 day period of heightened vigilance following being declared EVD transmission free on 3 September 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](#).

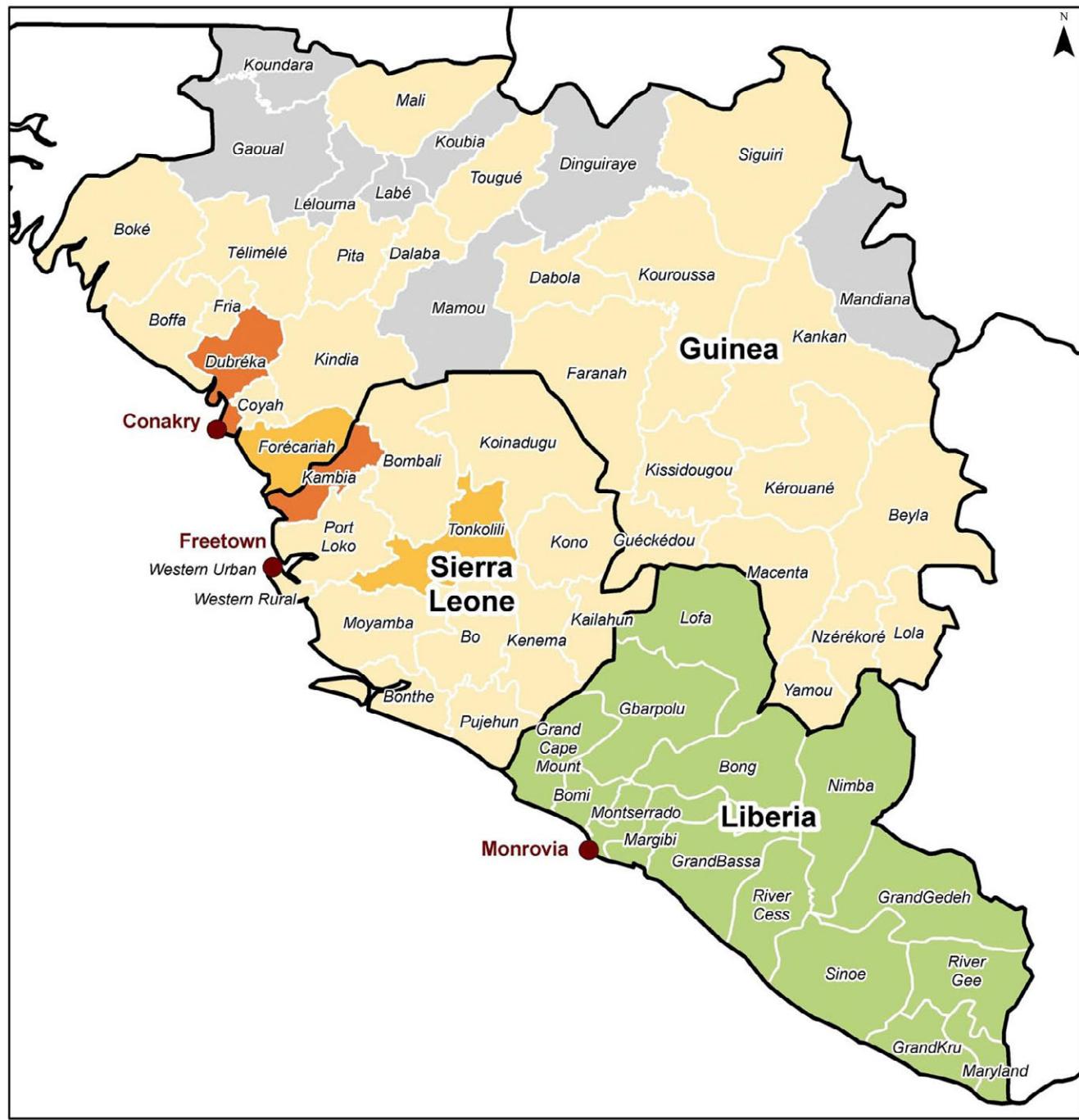
Figure 1. Situation in affected countries in West Africa in October 2014

## Ebola Outbreak Distribution Map



**Figure 2. Situation in affected countries in West Africa at 6 September 2015**

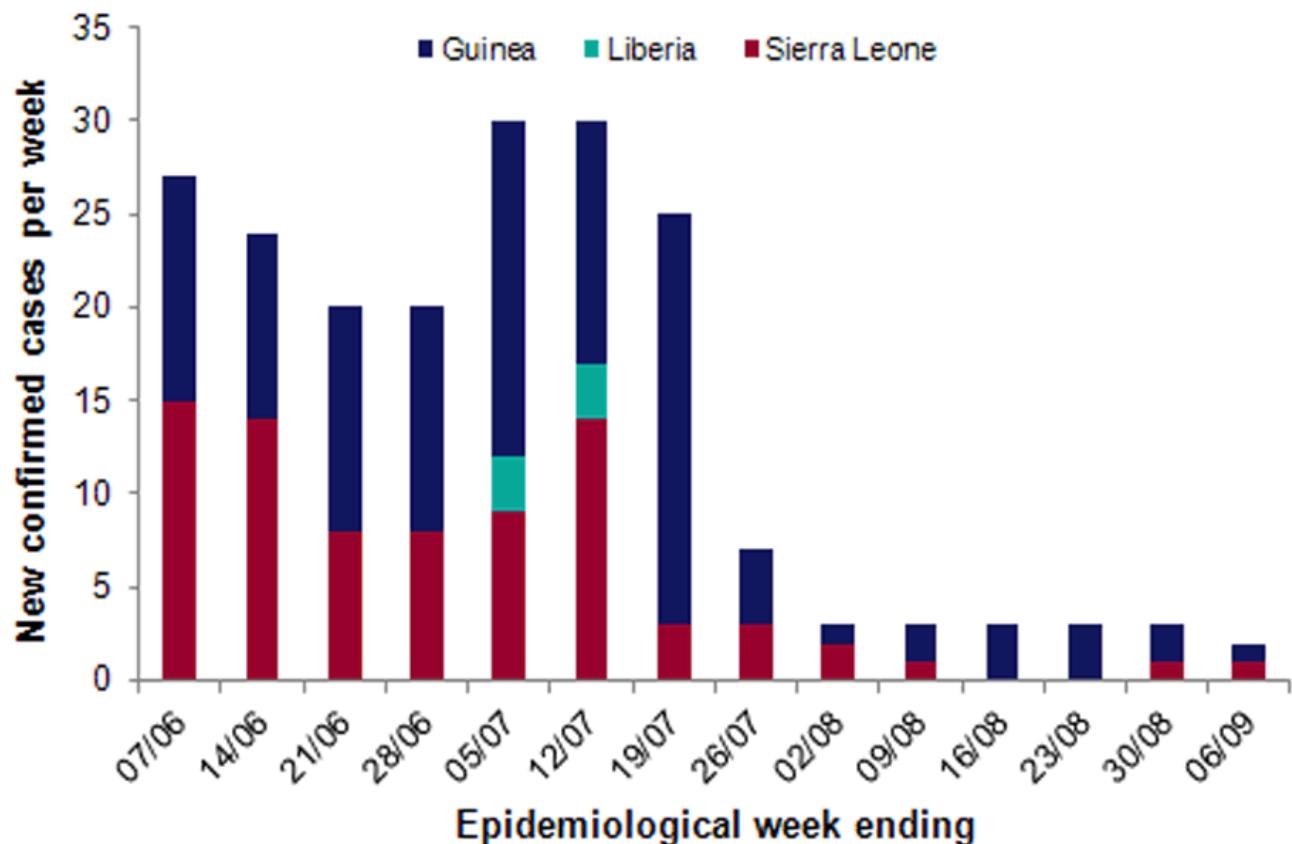
## Ebola Outbreak Distribution Map



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**Figure 3. Number of new confirmed cases reported per week (7 June to 6 September 2015) in affected countries in West Africa**



Data source: WHO Ebola Situation Report 9 September 2015.

## Countries currently or previously affected by EVD as at 6 September 2015

Country		Total CCCs*	Total CCs	Total deaths	New CCCs* reported in preceding week*	New confirmed cases in preceding week*	Current status (Date declared EVD free)
Guinea		3,792	3,338	2,530	0	1	Active transmission
Liberia	Outbreak 1	10,666	3,151	4,806	—	—	Declared over 9 May 2015
	Outbreak 2	6	6	2	—	—	Declared over 3 September 2015§
Sierra Leone		13,683	8,699	3,953	74	1	Active transmission
Italy		1	1	0	—	—	EVD free (20 July 2015)
UK		1	1	0	—	—	EVD free (7 March 2015)
Nigeria		20	19	8	—	—	EVD free (19 Oct 2014)
Senegal		1	1	0	—	—	EVD free (17 Oct 2014)
Spain		1	1	0	—	—	EVD free (2 Dec 2014)
Mali		8	7	6	—	—	EVD free (18 Jan 2015)
USA		4	4	1	—	—	Considered EVD free^ (23 Oct 2014^)
<b>TOTAL</b>		<b>28,183</b>	<b>15,228</b>	<b>11,306</b>	<b>74</b>	<b>2</b>	<b>—</b>

**Data sources:** WHO Ebola Situation Report 9 September 2015 (data to 6 September).

\* 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: 31 August to 6 September (WHO Ebola situation report 9 September 2015).

§ Outbreak 2 declared over on 3 September 2015.

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

## Infection reports / Enteric

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### General outbreaks of foodborne illness in humans, England and Wales: weeks 32-35/2015

Preliminary information has been received about the following outbreaks.

PHE Centre/ Health Protect'n Team	Organism	Location of food prepared or served	Month of outbreak	Number ill	Cases positive	Suspect vehicle	Evidence
South Midlands and Herts	Not known	South Midlands and Herts	August	5	Not known	Chicken	D
North East and Central London	<i>Salmonella paratyphi</i>	North East and Central London	August	3	Not known	Not known	Not known
National	<i>Salmonella Bovis-morbificans</i>	National	August	17	10	Not known	Not known
National	<i>E. coli</i> O157 PT8, VT2a	National	August	44	40	Pre-packed salads	D
National	<i>E. coli</i> O157 PT21/28, VT 2	National	August	22	Not known	Not known	Not known
South Midlands and Herts	<i>Shigella flexneri</i>	South Midlands and Herts	August	8	3	Not known	Not known

D = 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.

### Common gastrointestinal infections, England and Wales, laboratory reports: weeks 32-35/2015

Laboratory reports	Number of reports received				Cumulative totals		
	32/15	33/15	34/15	35/15	32-35/15	1-35/15	1-35/14
Campylobacter	1664	1655	1322	1028	5669	42147	41083
<i>Escherichia coli</i> O157 *	33	64	50	36	183	663	584
Salmonella †	178	104	71	5	358	4096	4183
<i>Shigella sonnei</i>	35	49	15	7	106	820	674
Rotavirus	73	47	27	28	175	4791	3791
Norovirus	50	63	43	28	184	5890	3712
Cryptosporidium	140	130	132	133	535	2520	2087
Giardia	111	106	92	82	391	2826	2357

\*Vero cytotoxin-producing isolates: data from PHE's Gastrointestinal Bacteria Reference Unit (GBRU).

† Data from GBRU.

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## **Salmonella infections (faecal specimens) England and Wales, reports to Public Health England (salmonella data set): July 2015**

Details of 906 serotypes of salmonella infections recorded in June are given in the table below.

In August 2015, 373 salmonella infections were recorded.

<b>Organism</b>	<b>July 2015</b>
S. Enteritidis PT4	15
S. Enteritidis (other PTs)	333
S. Typhimurium	202
S. Virchow	26
Others (typed)	330
<b>Total salmonella (provisional data)</b>	<b>906</b>

Note: Following the introduction of a new laboratory reporting system (SGSS) in December 2014, direct comparisons with data generated by the previous system (LabBase2) may not be valid.

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## **Suspected and laboratory-confirmed reported norovirus outbreaks in hospitals, with regional breakdown: outbreaks occurring in weeks 32-35/15**

The hospital norovirus outbreak reporting scheme (HNORS) recorded five outbreaks occurring between weeks 32 and 35, 2015, four of which led to ward/bay closures or restriction to admissions. One outbreak was recorded as laboratory confirmed due to norovirus (see table).

For the calendar year 2015 – between week 1 (January) and week 35 (week beginning 24 August) – 539 outbreaks were reported. Ninety-four per cent (509) of reported outbreaks resulted in ward/bay closures or restrictions to admissions and 67% (360) were laboratory confirmed as due to norovirus (see table).

### **Seasonal comparison of laboratory reports of norovirus (England and Wales)**

In the current season to date† (from week 27, 2014, to week 37, 2015), there were 490 laboratory reports of norovirus. This is 34% lower than the average number of laboratory reports for the same period in the seasons between 2009/10 and 2013/2014 (237). The number of laboratory reports in the most recent weeks will increase as further reports are received.

† The norovirus season runs from July to June (week 27 in year one to week 26 in year two) in order to capture the winter peak in one season.

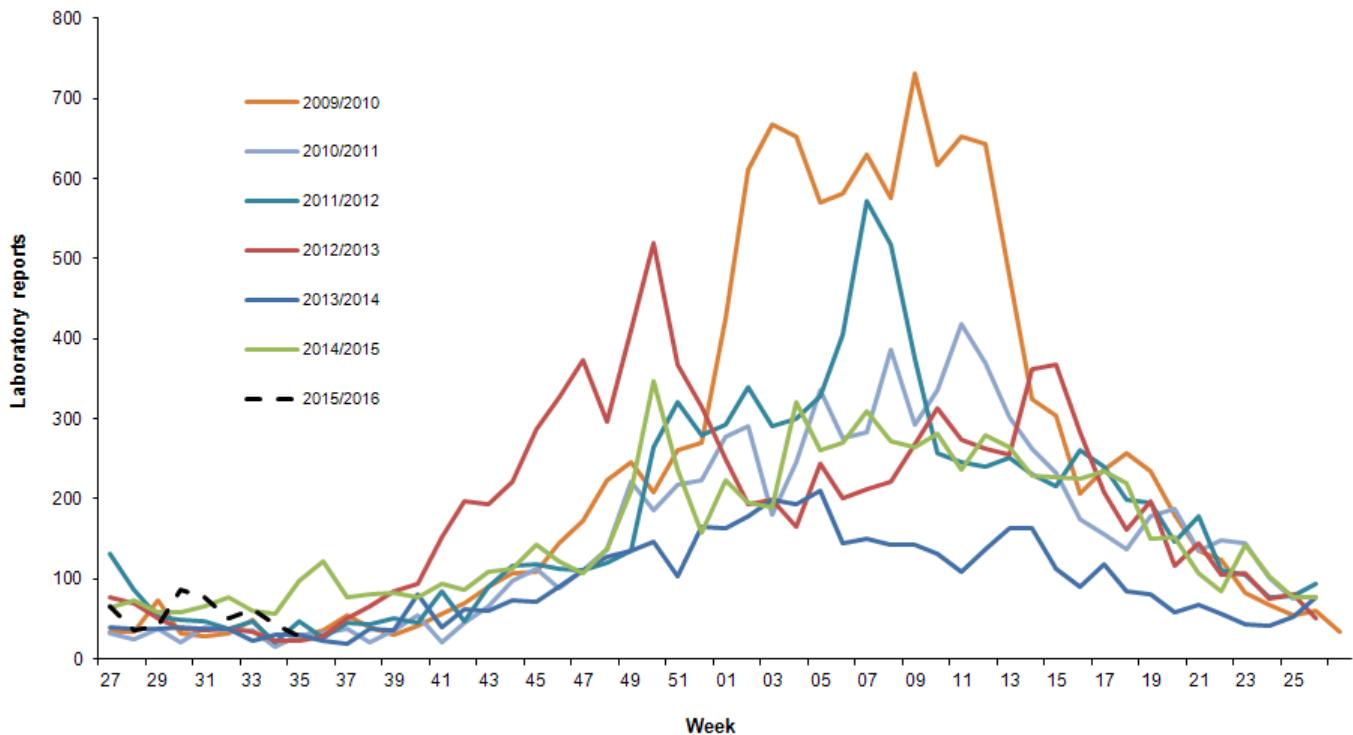
Note: A new laboratory reporting system was commissioned on 1 December 2014; as a result, direct comparisons between the earlier report (based on LabBase2) and the new system (SGSS) may not be valid.

**Suspected and laboratory-confirmed reported norovirus outbreaks in hospitals, with regional breakdown: outbreaks occurring in weeks 32-35/2015**

Region/ PHE Centre	Outbreaks between weeks 32-35/2015			Total outbreaks 1-35/2015		
	Outbreaks	Ward/bay closure*	Lab- confirmed	Outbreaks	Ward/bay closure*	Lab- confirmed
Avon, Gloucestershire and Wiltshire	–	–	–	61	60	68
Bedfordshire, Hertfordshire and Northamptonshire	–	–	–	7	7	6
Cheshire and Merseyside	–	–	–	8	6	8
Cumbria and Lancashire	–	–	–	38	37	20
Devon, Cornwall and Somerset	–	–	–	111	111	77
Greater Manchester	–	–	–	17	14	8
Hampshire, Isle of Wight and Dorset	1	1	1	25	24	20
Lincolnshire, Leicestershire, Nottinghamshire and Derbyshire	–	–	–	18	17	14
London	–	–	–	4	4	1
Norfolk, Suffolk, Cambridgeshire and Essex	–	–	–	–	–	–
North East	1	1	–	49	46	30
Sussex, Surrey and Kent	1	1	1	17	17	13
Thames Valley	2	1	–	6	4	1
West Midlands	1	1	–	110	107	56
Yorkshire and the Humber	–	–	–	68	55	58
<b>Total</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>539</b>	<b>509</b>	<b>360</b>

\* Note: not all outbreaks result in whole wards closures, some closures are restricted to bays only.

**Current season's laboratory reports (to week 35, 2015) compared to previous seasons' weekly average (England and Wales)**



**Calendar year 2015 (to week 35) norovirus laboratory reports compared to previous years' weekly mean (2010-2014)**

