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## CURRENT NOTES

### *E. coli* O157 – Godstone Farm outbreak report published

**44/2401** The Health Protection Agency (HPA) has welcomed the report of the independent investigation into the outbreak of *Escherichia coli* O157 at Godstone Farm in Surrey, which was published on 15 June (see the HPA press release at <http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2010PressReleases/100615Griffinreport/>). The Review of the major outbreak of *E. coli* O157 in Surrey, 2009 (the 'Griffin Report') can be accessed in full at <http://www.griffininvestigation.org.uk/>.

In summary, the key recommendations of the report are:

- Farm operators should ensure that the layout and design of public areas on the farm are such that visitor contact with animal faecal matter (particularly ruminant) is minimised or eliminated;
- There is a need to raise public awareness of the potential infection risks when arriving at a farm attraction, emphasising the parents'/carers' decision to allow children to have animal contact;
- There should be reassessment of the risk of *E. coli* O157 infection as 'low'. Its probability may be low but the impact is high and the consequences very severe;
- An Approved Code of Practice should be developed for the open farm industry, involving relevant authorities and in close consultation with leading representatives of the industry to underpin the industry's initiative in establishing an accreditation scheme;
- The regulatory agencies and others involved should explore ways of working together in regulating open farms, clarifying roles, responsibilities and relationships;
- Research should be done on the following topics: development of rapid diagnostic tests for *E. coli* O157; the identification and treatment of children who develop severe complications of the infection; the use of vaccines against the organism in animals.

While the report covers an outbreak in England, it addresses many issues that are relevant to Scotland. HPS welcomes the detailed consideration given to this matter by the independent investigation.

HPS produced revised national guidance for the public health and early clinical management of *E. coli* O157 in October 2008 (<http://www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=39336>). HPS has also collaborated with other agencies to produce a range of advice and guidance for farm owners, members of the public, and those undertaking activities in countryside and farming environments. All of these documents can be accessed at <http://www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=38604>.

### FSA Foodborne Disease Strategy 2010-15 – consultation

**44/2402** Working with the UK food industry to tackle *Campylobacter* has been identified by the Food Standards Agency (FSA) as its key food safety priority for the next five years in proposals published on 9 June.

The draft Foodborne Disease Strategy, a roadmap for reducing all levels of specific foodborne pathogens in the UK by 2015, declares that the increased prevalence of the bacterium *Campylobacter* - found on raw chicken - is the biggest challenge for food safety in the UK.

The Agency argues that a strong partnership with UK food businesses and agreements on new intervention measures across the food chain will be the key to success.

The key features of the Foodborne Disease Strategy 2010-15 are:

- To develop and implement a Risk Management Programme to reduce *Campylobacter* in chicken. This will include working in partnership with industry, retailers and other stakeholders to review existing evidence and effective interventions available to reduce *Campylobacter* in chicken, and developing a target for the reduction in levels of *Campylobacter* in raw chicken at retail by December 2010, to be achieved by April 2015.

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- To develop a Risk Management Programme for listeria, that will undertake risk assessment and, where necessary, new research to increase understanding of the risks and drivers of listeriosis in the UK by March 2013, then draw up and implement an action plan based on the findings by 2015.
- To develop programmes for control of other significant foodborne pathogens by March 2011.
- To refresh food hygiene campaign activities to support Strategy objectives by the end of 2010, to improve domestic food safety culture (awareness and behaviour) and achieve long-term behaviour change by consumers.
- To map and analyse Strategy stakeholders and pro-actively engage with key stakeholders to assist achievement of the Strategy vision and objectives.
- To carry out research to provide a sound evidence base upon which risks and actions can be assessed and Strategy activity can be planned and implemented, as required.

The Agency is consulting on the details of the strategy with a view to publishing the final version later this year and welcomes comments and views on these questions from all stakeholders with an interest in the safety of food produced and consumed in the UK. These will include, in particular, food producers, food processors, retailers, consumers, those in the enforcement /public health community and others who would be able to contribute to the strategy's work.

Full details on the consultation within Scotland can be accessed at <http://www.food.gov.uk/consultations/consultscot/2010/foodbornediseasestrategyscot>. Responses are required by close 2 September 2010. [Source: FSA Press Release, 9 June 2010. <http://www.food.gov.uk/news/newsarchive/2010/jun/campylobacter>]

### Syndromic surveillance of the volcanic ash plume's public health impact

**44/2403** After the Eyjafjallajökull volcano in Iceland began erupting on 14 April 2010 the resulting plume of volcanic ash spread towards the United Kingdom (UK) and mainland Europe. On 16 April the ash cloud was located over the UK and, due to the threat the ash posed to aircraft safety, air travel restrictions were introduced - initially across Scotland and then the rest of the UK, ultimately being extended on a wide-ranging basis across the continent.

As part of a public health risk assessment, the Health Protection Agency (HPA) in England and Health Protection Scotland (HPS) both used existing syndromic surveillance systems to establish whether there was any evidence of a population-based impact on public health.

In Scotland, NHS 24 call data were examined on a daily basis for the absolute number of calls and call proportion (percentage of total calls) allocated into specific syndrome categories (e.g. difficulty breathing, eye problems, cough and rash). Call patterns (e.g. a peak in total number of calls over the weekend and during public holidays) were considered when assessing whether call volumes were at normal levels or in excess of that normally observed. The observed daily exceedances in calls reporting difficulty breathing and eye problems were examined in respect of the nature of the call, including age, sex and location of the patient, temporal distribution and call disposition (whether the patient was just reassured, referred for further routine medical attention or sent to hospital urgently by ambulance). It was concluded that these calls were not indicative of an unusual pattern and were in keeping with the expected pattern from previous seasons.

Increasing pollen levels commonly experienced at that time of year presented a potential confounder in this incident, as the generic indicators selected for their association with exposure to ash are equally sensitive for monitoring hay fever, e.g. wheeze, allergic rhinitis, eye problems and difficulty breathing. However, only a rise in these indicators significantly above the expected level would have been attributable to the ash and a lack of such a detectable health effect was also supported by environmental monitoring data, which demonstrated that exposure to volcanic ash would have been very low and not likely to have had a significant effect on health.

Syndromic surveillance systems have previously been used to track events of major public health impact including influenza pandemics, heat waves and flooding. This incident has further demonstrated the benefit of using national syndromic surveillance systems for monitoring community health in real-time to assess the impact of unforeseen circumstances and help develop clear evidence-based health protection messages. While a potential limitation of these syndromic systems is a lack of specificity, it has previously been shown that there is a good association between syndromic surveillance data and laboratory data.

A detailed account of the surveillance undertaken by HPS and the HPA has been published in the current issue of *Eurosurveillance* and can be accessed at <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19583>.

### HPS immunisation update day

**44/2404** HPS will be holding its Annual Immunisation Update Day on Wednesday 22 September 2010 in the Beardmore Conference Centre, Clydebank.

This year our update day features topics that have been chosen and requested by immunisers working at the frontline of service delivery in Scotland. Speakers and topics include:

- Eleanor Bradford - Perspective from the media

- Andrew Radley - Alternative models of delivering vaccines to adolescents and adults
- Colonel Beverly Bergman - Immunisation and the military

For more information please contact the HPS Courses and Conference Team (tel: 0141 300; 1102, fax: 0141 300 1170, email: nss.hpscoursescandconfs@nhs.net or by mail at Health Protection Scotland, Clifton House, Clifton Place, Glasgow G3 7LN).

Details will also be available on the HPS website at <http://www.hps.scot.nhs.uk/training/index.aspx>. The registration fee will be £60 (+VAT) and the closing date for applications is Friday 10 September 2010.

### Legionnaires' disease – HPA screenwash study

**44/2405** A preliminary HPA study, published in the *European Journal of Epidemiology*, has found an association between not using screenwash in wiper fluid and the risk of contracting Legionnaires' disease.

Legionnaires' disease, caused by the *Legionella* bacterium, is commonly linked to water systems such as air conditioning units, showers and fountains, where water is given off in a fine spray.

The case control study looked into the potential risk factors for drivers and passengers, given that most cases of sporadic, or isolated, Legionnaires' disease are rarely traced to a source, and that drivers figure disproportionately among cases of sporadic *Legionella* infection.

Researchers for the study interviewed 75 patients in England and Wales who had recovered from community-acquired Legionnaires' disease between July 2008 and March 2009, comparing them to a group of matched people who had not experienced any similar infection.

The study found two exposures associated with vehicle use where there was an increased risk of Legionnaires' disease: driving through industrial areas and driving or being a passenger in a vehicle without screenwash in its wiper fluid. These associations had not been previously identified.

Further studies are now required to further explore this finding, and to determine whether the use of screenwash in wiper fluid could play a role in preventing this disease. The HPA is exploring ways of taking this forward with partner organisations. [Source: HPA Press Release, 14 June 2010. <http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2010PressReleases/100614legionellascreeenwash/>]

### EFSA scientific advice on the spread of common ragweed

**44/2406** The European Food Safety Authority (EFSA) has published a scientific opinion on the possible effects on public health, animal health and the environment of the further spread of weeds from the *Ambrosia* species (including *Ambrosia artemisiifolia*, or common ragweed) in the European Union. (Though far from widespread in Scotland, the species is increasing in all European countries.) The opinion pays particular attention to the role of animal feed, especially birdseed, in helping to spread the weeds.

The main conclusions of the opinion are as follows:

- In humans, the major adverse health effects caused by *Ambrosia* plants are allergic symptoms – such as a runny nose, conjunctivitis and asthma – brought about by inhaling their pollen. Skin allergies and food allergies are of relatively minor concern. *Ambrosia* plants may also make people sensitive to other allergens.
- There is some evidence that animals, particularly horses, can be allergic to *Ambrosia* pollen.
- There is no direct evidence that *Ambrosia* can lead to the extinction of other plant species. However, there are some indications that *Ambrosia artemisiifolia* could become highly invasive in certain habitats, therefore further ecological studies are needed in this area.
- Seeds for wild and ornamental birds often contain significant quantities of *Ambrosia* seeds and could play an important role in introducing *Ambrosia* plants to previously uninfested areas. In contrast, the contribution of commercial feed for livestock to the spread of *Ambrosia* is negligible as the seeds are destroyed during processing.

*Ambrosia artemisiifolia* is mainly found on waste ground and agricultural land. It can be spread naturally or transported by animals (for example, through bird droppings) or by human activity (e.g. on transport or through the movement of contaminated soil).

Cleaning procedures can reduce the extent to which birdseed is contaminated with *Ambrosia* seeds. To help limit the spread of *Ambrosia* plants, the opinion recommends that such techniques should be developed for all seeds used in bird feed. However, the opinion notes that the relative importance of bird feed compared with other routes of dissemination cannot be determined from the available information. [EFSA News story, 10 June 2010. <http://www.efsa.europa.eu/en/press/news/contam100610.htm>]

## Notifiable diseases

Part 2 (Notifiable Diseases, Organisms and Health Risk States) of the Public Health etc.(Scotland) Act came into effect on 1 January 2010 and sets out new duties for registered medical practitioners, NHS boards and directors of diagnostic laboratories. GP practices should familiarise themselves with the Scottish Government guidance on the new notification requirements at: <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/publicact/Implementation/Timetable3333>.

Registered medical practitioners report notifiable diseases based on 'clinical suspicion'. As such, notifications may not be subject to laboratory report confirmation. The published figures will record therefore how many diseases have been clinically suspected.

Patient notifications can, however, be reclassified. When, for example, a suspected (and notified) tuberculosis case is subsequently reported as negative by a laboratory (and found not to be a health protection risk) it would subsequently be removed from the disease totals.

Diseases to be notified by registered medical practitioners with effect from 1 January 2010:

### Notifiable Diseases which come into effect on 1 January 2010

*Anthrax	*Meningococcal disease	*Severe Acute Respiratory Syndrome (SARS)
*Botulism	Mumps	*Smallpox
Brucellosis	*Necrotising fasciitis	Tetanus
*Cholera	*Paratyphoid	Tuberculosis (respiratory or non-respiratory) (see Note 2)
*Clinical syndrome due to <i>E. coli</i> O157 infection (see note 1)	*Pertussis (Whooping Cough)	*Tularemia
*Diphtheria	*Plague	*Typhoid
*Haemolytic Uraemic Syndrome (HUS)	*Poliomyelitis	*Viral haemorrhagic fevers
*Haemophilus influenzae Type b (Hib)	*Rabies	*West Nile fever
*Measles	Rubella	Yellow Fever

It is recommended that those diseases above marked with an \* require urgent notification, i.e. within the same working day.

#### Note 1: *Escherichia coli* O157

Clinical suspicion should be aroused by (i) likely infectious bloody diarrhoea or (ii) acute onset non-bloody diarrhoea with a biologically plausible exposure and no alternative explanation. Examples of biologically plausible exposures include:

- contact with farm animals, their faeces or environment;
- drinking privately supplied or raw water;
- eating foods such as undercooked burgers or unpasteurised dairy products;
- contact with a confirmed or suspected case of VTEC infection.

Further guidance is available at: <http://www.hps.scot.nhs.uk/giz/e.coli0157.aspx?subjectid=18>.

Where a case is notified as HUS (Haemolytic Uraemic Syndrome) it should NOT also be notified as 'Clinical syndrome due to *E. coli* O157 infection'.

#### Note 2: Tuberculosis

For the purposes of notification, respiratory TB or non-respiratory TB should be taken to have the same meanings as the World Health Organisation definitions of **pulmonary TB** and **non-pulmonary TB** respectively:

**Pulmonary TB** is tuberculosis of the lung parenchyma and/or the tracheobronchial tree.

**Non-pulmonary TB** is tuberculosis of any other site.

Where tuberculosis is clinically diagnosed in both pulmonary and non-pulmonary sites, this should be treated as pulmonary TB.

Registered medical practitioners have been advised to contact their local NHS Board Health Protection Team for advice should they have any doubts about the diagnosis of suspected cases.

#### Non-notifiable diseases

Registered medical practitioners are no longer required to notify the diseases listed below.

- Bacillary dysentery
- Chickenpox
- Food poisoning
- Scarlet fever
- Viral hepatitis

These diseases are now covered by a list of notifiable organisms details of which will be reported by laboratories to health protection teams.

Statutory Notification of Infectious Diseases (by age)  
Week ended 4 June 2010

A National Statistics release

Infectious Disease	Age Group																				
	All ages		Under 1		1 - 4		5 - 14		15 - 24		25 - 34		35 - 44		45 - 64		65 & over		Not known		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Clinical Syndrome <i>E.coli</i> O157	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Haemolytic Uraemic Syndrome (HUS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Haemophilus Influenzae Type B (Hib)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
Mumps	4	4	-	-	-	1	3	-	1	2	-	-	-	1	-	-	-	-	-	-	
Necrotizing Fasciitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pertussis	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rubella	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Severe Acute Respiratory Syndrome (SARS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis: respiratory	4	3	-	-	-	-	-	-	-	-	1	-	-	-	1	1	2	2	-	-	
Tuberculosis: non-respiratory	4	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	-	-	-	
Tularemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
West Nile Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>TOTAL</b>	<b>12</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>

Statutory Notification of Infectious Diseases (by NHS board)  
Week ended 4 June 2010

Infectious Disease	NHS BOARD AREA														Current week	Previous week	Current week last year	Total from 1st week of year	
	AA	BR	DG	FF	FV	GR	GG	HG	LN	LO	OR	SH	TY	WI				2009	2010
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	30
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Clinical Syndrome <i>E.coli</i> O157	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	7
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haemolytic Uraemic Syndrome (HUS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Haemophilus Influenzae Type B (Hib)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	87	35
Meningococcal infection	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	1	80	35
Mumps	-	-	-	1	-	-	4	-	3	-	-	-	-	-	8	19	53	468	421
Necrotizing Fasciitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pertussis	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	3	26	18
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rubella	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	40	22
Severe Acute Respiratory Syndrome (SARS)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis: respiratory	-	1	-	-	-	-	3	1	2	-	-	-	-	-	7	4	6	98	139
Tuberculosis: non-respiratory	-	-	-	-	-	1	2	-	1	-	-	-	-	-	4	4	8	77	79
Tularemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Viral haemorrhagic fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Nile Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>33</b>	<b>76</b>	<b>879</b>	<b>795</b>

Amendments: Add 1 Anthrax (1 x TY wk 21); 8 Mumps (6 x FV wk 20, 2 x LO wk 21)

Source: Health Protection Scotland, NHS National Services Scotland

NHS BOARD ABBREVIATIONS

AA Ayrshire & Arran  
BR Borders  
DG Dumfries & Galloway

GG Greater Glasgow & Clyde  
FF Fife  
FV Forth Valley

LN Lanarkshire  
GR Grampian  
HG Highland

SH Shetland  
LO Lothian  
OR Orkney

TY Tayside  
WI Western Isles