### OUTBREAK DISPATCHES

## CRYPTOSPORIDIUM OUTBREAK AFTER A VISIT TO A WILDLIFE CENTRE IN NORTHEAST SCOTLAND: 62 CONFIRMED CASES

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By 25 April, 62 confirmed cases of *Cryptosporidium parvum* infection were reported from an outbreak linked to visits to a wildlife centre in Perthshire, Scotland since 25 March [1,2]. None of the patients are seriously ill, although six children were admitted to hospital and are now recovering.

Lambs, poultry, chicks, rabbits, cattle, ducks and other species were at the wildlife centre. A temporary 'petting area' had been set up, where adults and children could touch young animals. There were no handwashing facilities next to the petting area, although disinfectant hand cream dispensers were available. Animal petting has now ceased at the centre.

About 4000 people may have visited the centre between 25 March and 18 April when the outbreak was detected. At least one case was in a visitor from the south of England. It is possible that other non-Scottish residents have been affected.

An outbreak control team is continuing detailed epidemiological, environmental, veterinary and microbiological investigations in an effort to identify the source of the infection. General practitioners and hospitals in the region have been alerted and encouraged to submit stool samples from possible cases and to report cases to the local public health authorities. In addition there has been widespread coverage in Scottish media (newspapers, radio and television). Members of the public have been encouraged to visit their general practitioner if affected, or to contact the NHS Scotland telephone helpline for more information.

The outbreak control team met for the fourth time on 25 April and reinforced its advice to the public, issued after their first meeting on 19 April, to observe strict hygiene and to use thorough handwashing with soap and water to protect against infection after contact with animals, animal faeces or people with the infection.

Further cases of cryptosporidium infection that may be related to this outbreak should be reported to Christopher McGuigan at NHS Tayside (telephone +44 (0)1382 596987). A detailed questionnaire is available to capture the wildlife centre related exposure history in potential cases.

#### References

- NHS Tayside. Update on cryptosporidium outbreak in Tayside. Press release, 25 April 2005.
- Cryptosporidium outbreak in Tayside. HPS Weekly Report 2005; 39(16): 93. (http://www.show.scot.nhs.uk/scieh/PDF/pdf2005/0516.pdf).

# OUTBREAK OF TUBERCULOSIS IN A CATALONIAN NURSERY SCHOOL AFFECTS 27 CHILDREN

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On 15 April 2005, a female assistant at a private school in a wealthy area of Barcelona province was diagnosed with pulmonary tuberculosis at the emergency department of a hospital. She had had a cough for one month before. A chest x-ray revealed cavitary lesions and the sputum smear was positive for *Mycobacterium tuberculosis*.

Tuberculosis contact investigation was initiated 24 hours after diagnosis of the index case. Of the 150 exposed people, 122 were asymptomatic children under 5 years of age (62% were under 2 yrs old and 90% under 3 yrs), 19 were assistants from the nursery school and 9 were close relatives of the index case.

Five days after the index case was diagnosed, an assessment of previous history of tuberculosis and immune suppression was done, as well as a tuberculin skin test (TST) and chest x-ray of all exposed people. The vast majority of children were not vaccinated with the Bacille Calmette Guerin (BCG) vaccine.

Among the 122 children, 36 (30%) had a positive TST (in 92% it was = than 10 mm). Of these 36 children, 12 (10%) had an abnormal chest x ray and were diagnosed as having primary tuberculosis disease. Many children who had a positive TST and an unclear or normal chest x-ray underwent a computerised tomography (CT) scan due to described difficulties associated in diagnosing tuberculosis among young children. The CT scan yielded abnormal findings suggestive of primary tuberculosis disease among 15 more children. Blood samples and an early morning gastric washing were collected from all children with tuberculosis. Testing for acid-fast bacilli in gastric aspirates has yielded negative results in all collected samples.

None of the 19 nursery assistants investigated had abnormal chest x-rays, but the 12 who were TST positive were considered infected and prescribed chemoprophylactic therapy, determined on individual basis. Of the nine close relatives investigated, five had a positive TST, but all had normal chest x-rays.

So far, 27 cases of pulmonary disease among children under 5 years old have been notified to the Public Health Unit of the Health Department of Catalonia. All children with a negative TST are receiving prophylactic therapy and a TST will be repeated in 8 to 10 weeks. Children with TB infection but not disease are also receiving prophylactic therapy for nine months, and those with pulmonary tuberculosis are receiving a standard treatment regimen, according to published guidelines [1].

*M. tuberculosis* has been cultured in sputum from the index case and drug susceptibility testing has shown the strain to be sensitive to the four first-line antituberculosis drugs.

#### References

 American Thoracic Society/Centers for Disease Control and Prevention/ Infectious Diseases Society of America. Treatment of Tuberculosis October 2002. Am J Respir Crit Care Med 2003; 167: 603-22 (http://www.doh.wa.gov/cfh/ TB/tb\_publications/ATS\_CDC\_TB\_GUIDELINES.pdf).

### RUBELLA OUTBREAK IN AN UNVACCINATED RELIGIOUS COMMUNITY IN THE NETHERLANDS SPREADS TO CANADA

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There are indications that the rubella outbreak that started in September 2004 among members of a religious community in the Netherlands, first reported in *Eurosurveillance* on 3 March 2005 [1], has spread to Canada. This outbreak is specifically affecting some unvaccinated groups within the Gereformeerde Gemeente in Nederland (Netherlands Reformed Community in the Netherlands, a Christian community).

Up to 17 May, 214 laboratory confirmed cases of rubella have