



Public Health
England

Protecting and improving the nation's health

***Campylobacter* data 2006 to 2015** November 2016

National laboratory data for residents of England and Wales

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-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Key points for 2015

- the region that reported the highest number of *Campylobacter* cases was the South East with 9,489
- 54% of *Campylobacter* cases were male
- the 50-59 year age group had the highest number of cases
- the peak month for *Campylobacter* reporting in 2015 was June
- in the Second Study of Infectious Intestinal Disease in the Community (IID2 Study), it was estimated that for every one case of *Campylobacter* identified in national surveillance, there were 9.3 cases in the community (95% confidence interval of 6.0-14.4 cases)^{1,2}

Campylobacter data, 2006 to 2015

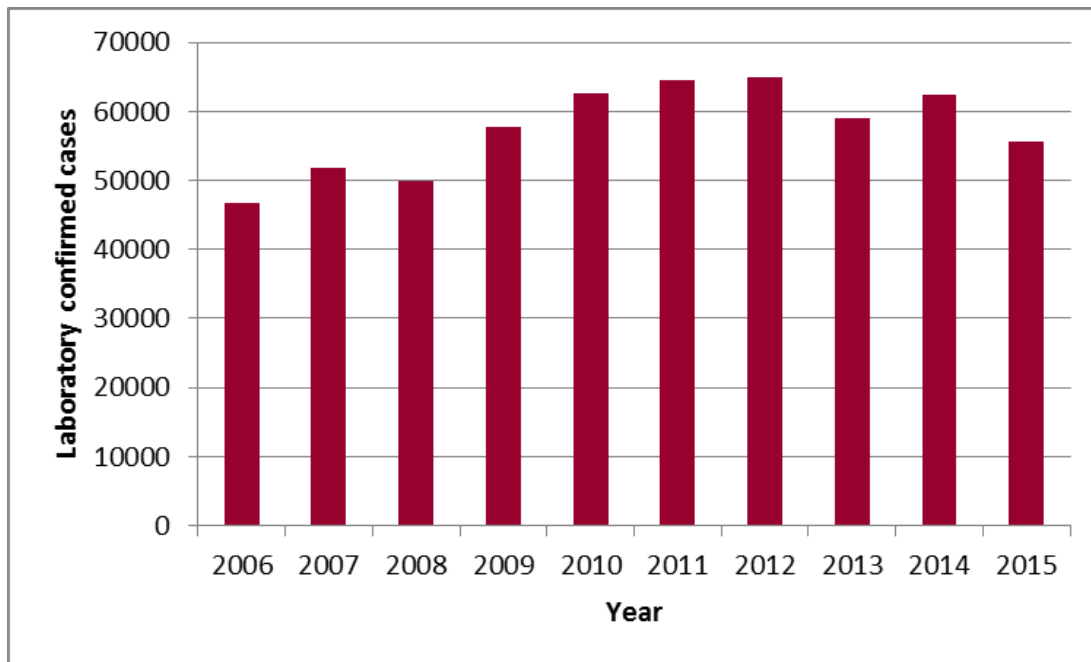
All data presented in this report is correct as at 03 November 2016.

1. Annual data

Table 1: Annual cases of *Campylobacter* in England and Wales

Year	Number of cases	Cases per 100,000 population
2006	46748	86.65
2007	51831	95.30
2008	49891	90.97
2009	57685	104.44
2010	62588	112.38
2011	64527	114.88
2012	65044	114.98
2013	59040	103.67
2014	62494	108.86
2015	55697	96.22

Figure 1: Annual cases of *Campylobacter* in England and Wales



2. Regional Data (2015)*

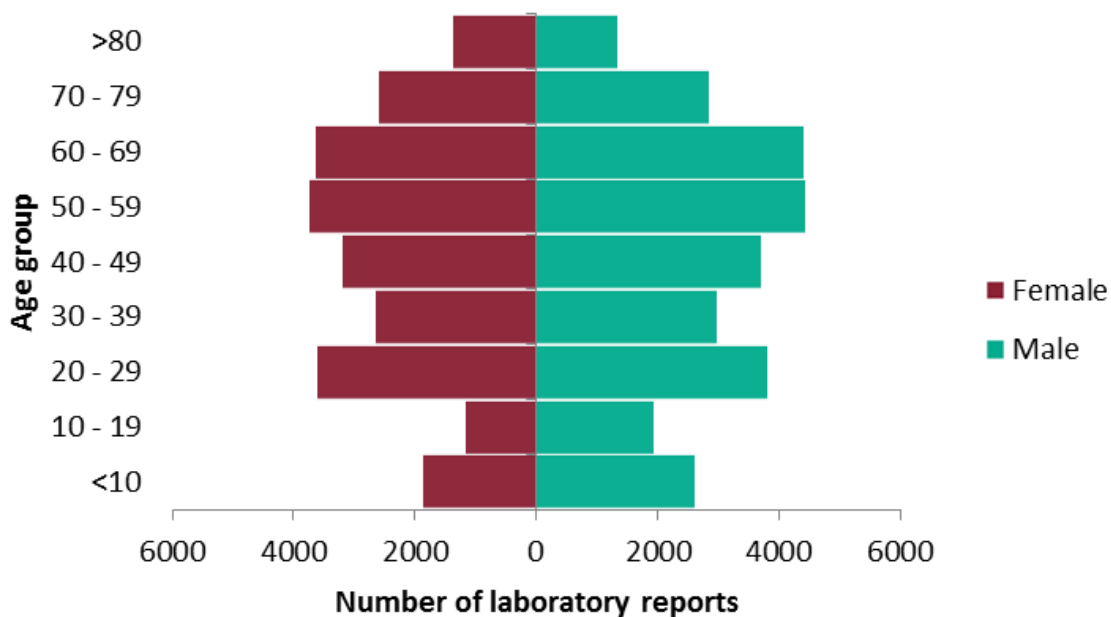
Table 2: Regional distribution of cases of *Campylobacter* in England and Wales

Country	Region	Cases
England	East Midlands	4251
	East of England	5504
	London	5468
	North East	3204
	North West	5763
	South East	9489
	South West	7033
	Yorkshire and The Humber	5466
	West Midlands	5698
Wales	Wales	3795

*Regional classification based on place of residence of reported cases and classified using NUTS1 codes. 26 cases with unknown residence.

3. Age/sex distribution (2015)*

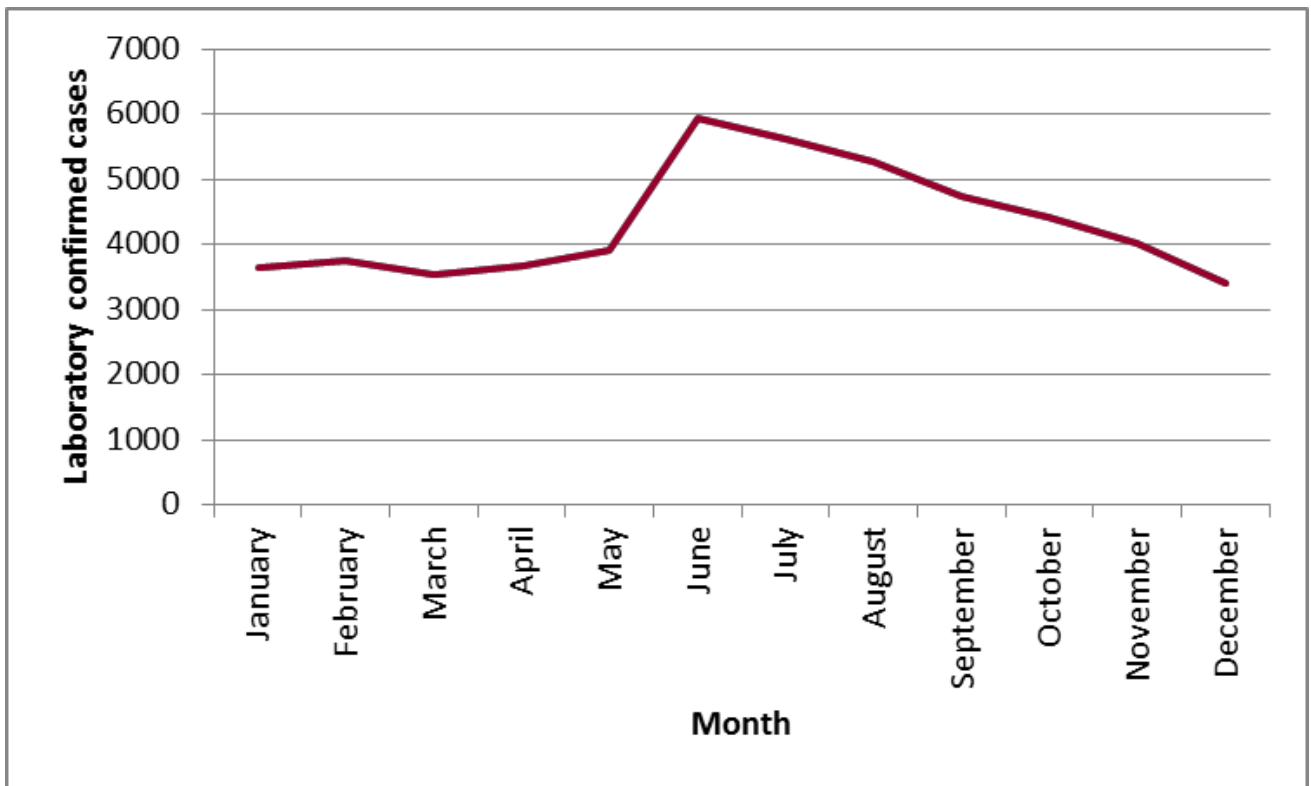
Figure 2: Age/sex breakdown of *Campylobacter* laboratory reports



*Age/sex data not available for all Welsh cases so not included. 94 cases with unknown data recorded.

4. Seasonal variation (2015)

Figure 3: Seasonal trend of laboratory reports of *Campylobacter* in England



*Excludes Welsh data

5. Foodborne Outbreak Data (2015)

Table 3: Foodborne outbreaks of cases of *Campylobacter* in England and Wales

Agent	Total Affected	Laboratory confirmed	Hospitalised	Deaths	Setting	Food Description
<i>Campylobacter Jejuni</i>	4	2	1	1	Restaurant	Calves liver and vegetables
<i>Campylobacter spp.</i>	44	6	0	0	Club	Chicken liver parfait
<i>Campylobacter spp.</i>	33	11	0	0	Restaurant	Mixed foods - pasta salad and noodles
<i>Campylobacter spp.</i>	17	5	1	0	Club	Chicken liver pate
<i>Campylobacter spp.</i>	21	7	0	0	Pub	Chicken liver pate
<i>Campylobacter spp.</i>	27	3	0	0	Community centre	Chicken liver parfait and Eton mess desert
<i>Campylobacter spp.</i>	7	6	0	0	Other	Chicken stew and beef mince
<i>Campylobacter spp.</i>	8	3	0	0	Hotel	Chicken liver pate
<i>Campylobacter spp.</i>	12	4	0	0	School	No food identified
<i>Campylobacter spp.</i>	12	2	2	0	Pub	Chicken drumsticks, chicken goujons
<i>Campylobacter spp.</i>	5	2	0	0	Restaurant	Chicken dish

Data Sources

- Second Generation Surveillance System (SGSS)
- Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS)

References

1. Tam CC, Rodrigues LC, Viviani L, Dodds JP, Evans MR, Hunter PR, et al. Longitudinal study of infectious intestinal disease in the UK (IID2 study): incidence in the community and presenting to general practice. *Gut*. 2011;61(1):69-77.
2. Food Standards Agency. The second study of infectious intestinal disease in the community (IID2 Study). <https://www.food.gov.uk/science/research/foodborneillness/b14programme/b14projlist/b18021>. Accessed 15 Dec 2015.

Acknowledgements

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- Gastrointestinal Bacterial Reference Unit (GBRU) for providing the Reference Laboratory Services and laboratory surveillance functions and expertise
- information management and informatics team for maintenance and quality assurance of PHE national surveillance databases used by the GI team for GI pathogen surveillance at the national level standardised of data extraction
- PHE Lead Public Health Laboratories and FWE laboratories for providing a surveillance function for GI pathogens and testing of food and environmental samples routinely and during outbreak investigation

Public Health England (PHE) has a statutory obligation to collect and report outbreaks of foodborne disease. This is aligned to the requirements of the Zoonoses Directive 2003/99/EC. This directive requires that EU member states investigate and report all foodborne outbreaks to the European Food Safety Authority (EFSA). Additionally, information on other zoonoses outbreaks is included in eFOSS, ie non-foodborne outbreaks (mode of transmission covering animal contact, person to person contact (VTEC only), recreational water and such).

We are grateful to all colleagues who have investigated and reported outbreaks to the Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS).

eFOSS-data extracted from PHE, Electronic Foodborne and Non-Foodborne Gastrointestinal Outbreak Surveillance System (eFOSS)

SGSS-data extracted from PHE, Second Generation Surveillance System (SGSS) which manages the flow of reports of infectious diseases from laboratories to PHE.