	1551 0915-5815							
Vol. 35 No. 7 Jul Infectious Agents Survei http://www.nih.go.jp/niid/en	y 2014 National Institute of Infectious Diseases and Tuberculosis and Infectious Diseases Control Division, Ministry of Health, Labour and Welfare							
Norovirus food poisoning outbreak in Hamamatsu City, January 2014	Detection of genotype H1 measles virus isolated from a traveler returning from Viet Nam, May 2014–Aichi Prefecture							
Molecular epidemiology of norovirus in Hokkaido Prefecture, 2010/11-2013/14 seasons	Measles genotype B3 outbreak in a residential community following an imported case returning from the Philippines,							
Molecular epidemiology of norovirus in Miyagi Prefecture during the past 4 seasons	March 2014–Nagoya City							
Molecular epidemiology of norovirus detected in the Kanto area, 2010-2013	–serotype distribution and replacement among adult patients in Japan							
Molecular epidemiology of norovirus in western Japan, 2010/11- 2013/14 seasons	Transmission of <i>Brucella melitensis</i> infection in a laboratory setting following an imported case diagnosed with discitis.							
Molecular evolution of norovirus antigen gene VP1	January 2014							
Computational analysis of the evolution of norovirus	Detection of the second case of a dog infected with <i>Echinococcus</i>							
Genotypes of Norwalk virus (norovirus) as of 2014 173	multilocularis in Honshu, March 2014–Aichi Prefecture							
First isolation of neuraminidase inhibitor-resistant influenza virus								
A(H1N1)pdm09 with H275Y and I223R double mutations in								

<THE TOPIC OF THIS MONTH> Epidemiology of Norovirus in Japan, 2010/11-2013/14 seasons

Figure 1. Weekly number of reported cases of infectious gastroenteritis per sentinel clinic and detection of norovirus, rotavirus and sapovirus, 2010/11-2013/14 seasons, Japan



Norovirus (NoV) is an RNA virus with 5 genogroups GI-GV, among which GI and GII cause human infection. GI genogroup contains at least 9 genotypes and GII genogroup is composed of 22 genotypes (see p. 173 of this issue). Persons infected with norovirus shed large quantities of virus in stool and vomit; virus is present in patients' stool for 10-21 days (occasionally for >1 month) after disappearance of clinical signs and symptoms (IASR 31: 319-320, 2010). NoV causes food poisonings. Person-to-person transmission occurs through contact (often via contaminated fingers) or inhalation of droplets of fresh vomit or dried-up vomitus (IASR 28: 84, 2007 & 29:196, 2008).

1. Notification of infectious gastroenteritis reported under the National Epidemiological Surveillance of Infectious Diseases (NESID) and detection/isolation of NoV: Infectious gastroenteritis that includes NoV infection is reported from approximately 3,000 pediatric sentinels in Japan (http://www.nih.go.jp/niid/images/iasr/35/409/de4091.pdf). Each year, the number of infectious gastroenteritis cases increase towards the end of the calendar year forming a sharp peak at week 49 to 51, with approximately 18 cases reported per sentinel per week; after a temporary decline, NoV activity increases again, forming a broad arch shaped curve, from week 5 to 25 of the next year (Fig. 1; http://www.nih.go.jp/niid/en/10/2096-weeklygraph/1647-04gastro. html).

Prefectural and municipal public health institutes (PHIs) report isolation/detection of causative agents of infectious gastroenteritis, including NoV, to NESID using a case-based reporting form (IASR 31: 75-76, 2010). Among the reported pathogens, NoV is the most commonly reported, followed by rotavirus and sapovirus. NoV is dominant from November/December and continues to be reported through May, although rotavirus becomes more common from February (Fig. 1) (IASR 35: 63-64, 2014).

Among pathogens reported to NESID as causative agents of sporadic cases of infectious gastroenteritis, NoV occupies about one third of the pathogens detected from children 3 years old or younger (Fig. 2). With increase in age, the proportion of NoV increases.

NoV detected during the 2010/11-2013/14 seasons was mostly of GII type (Fig. 1 & https://nesid3g.mhlw.go.jp/Byogentai/Pdf/ data11e.pdf). Among NoVs detected from infectious gastroenteritis patients 0-15 years of age, GII/4 was dominant in the 2006/07-2009/10 seasons but GII/3 became the most frequent (50%) in the 2010/11 season (Table 1 in p. 163 of this issue & IASR 31: 312-314, 2010). Since the 2011/12 season, GII/4 once again became more dominant, and made up nearly 80% of the NoV detected during the 2012/13 season; many of the outbreaks during this season were due to the GII/4 variant (Sydney 2012) (see p. 165, 167, 168 & 169 of this issue and IASR 33: 333-334 & 334-335, 2012), which was epidemic abroad (IASR 34: 45-49, 2013).

2. NoV detected from outbreak cases: Information of pathogen detection in food poisonings, complaints attributed to foods, as well as outbreaks of gastroenteritis due to person-to-person transmission are reported from PHIs as outbreak events.

(Continued on page 162')

(THE TOPIC OF THIS MONTH-Continued)

Figure 2. Distribution of viruses and bacteria detected from sporadic

Figure 3. Number of reported norovirus outbreaks by suspected route of infection, September 2010- June 2014, Japan



During the 2010/11-2013/14 seasons, 517-815 outbreaks were reported annually (Table 2 in p.163 of this issue). November and December were high seasons (Fig. 3). Among outbreaks with known genotype information, GII/3 was the most common during the 2010/11 season, while GII/4 became dominant since the 2011/12 season.

For the 2010/11-2013/14 seasons, foods were responsible for 700 outbreaks, person-to-person for 1,256 and 593 outbreaks were of unknown cause. The place most frequently suspected as the source of infection was nursery schools, followed by restaurants, nursing homes for the elderly, and primary schools. Person-to-person transmission was frequent in nursery and primary schools and nursing homes for the elderly. Foodborne infection was most frequently attributed to restaurants (Table 2 in p. 163 of this issue).

During the 2010/11 season, foods were suspected in 141 of the 648 outbreaks. Person-to-person transmission was most common and suspected for 355 outbreaks, accounting for more than half of the outbreaks; frequently suspected locations were nursery schools, restaurants and primary schools. GII/3 was frequently found in nursery and primary schools while nursing homes for the elderly was more associated with GII/4.

For the 2011/12-2013/14 seasons, person-to-person transmission was suspected for 212, 394, and 295 outbreaks in each respective season. During the 2012/13 season, nursing homes for the elderly were suspected for 141 outbreaks. GII/4 was dominant and responsible for 500 outbreaks; among them, 176 and 86 outbreaks occurred in nursing homes for the elderly and nursery schools, respectively, where person-to-person transmission is suspected as the main route of infection. There were 59 outbreaks associated with restaurants.

3. Statistics of Food Poisoning: Statistics for food poisoning managed by the Ministry of Health, Labour and Welfare (MHLW) contains data on NoV-related events (IASR 32: 352-353, 2011, http://idsc.nih.go.jp/iasr/32/382/tpc382.html). The number of NoV-related events was 293 (8,086 patients) in 2010/11, 317 (10,969 patients) in 2011/12, 437 (19,709 patients) in 2012/13, and 228 (8,903 patients) in 2013/14 (as of June 2, 2014). In the 2012/13 season, the number of patients per outbreak exceeded 500 in three events (2,035, 1,442 and 526, respectively). In the 2013/14 season, there was a large-scale outbreak involving 8,027 persons, causing food poisoning in 1,271 persons (see p. 164 of this issue).

During the 2010/11-2013/14 seasons, the most frequent number of patients per event was 17-32 (327 events) followed by 9-16 (310 events) and 33-64 (226 events). The place most frequently suspected as the source infection was restaurants (906 events), followed by hotels (111 events) and caterers (85 events).

4. Preventive measures and challenges: In order to improve and promote prevention of norovirus infection, MHLW issues a public notice every season (in November 20, 2013 for the 2013/14 season) (http://www.mhlw.go.jp/topics/syokuchu/ dl/131120_1.pdf). For NoV prevention, attention should be paid to trends in infectious gastroenteritis and NoV detection information.

Infection control including hand washing, proper clothing and use of gloves in food handling areas and other standard hygienic measures should be implemented (IASR 33: 137-138 & 334-335, 2012). Health condition of food handlers should be monitored and maintained through implementation of regular health checks (IASR 34: 265-266, 2013). These measures should be maintained throughout the year as NoV activity is continuous. For rapidly identifying the cause of food poisoning and for preventing further spread, standardized methods for detecting virus from foods need to be established.

Development of NoV vaccine is identified as a high priority for the MHLW's master plan for immunization (MHLW, notification number 121, 2014; see http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/kihonteki_keikaku/index.html). Effective vaccine development requires comprehensive information, such as pathogen information obtained through NESID, knowledge on antigen variability and mutation/evolution of the major antigen determinant gene(s) (see p. 170 of this issue), and computational prediction of virus evolution (see p. 171 of this issue).

Infectious Disease Surveillance Center, National Institute of Infectious Diseases Toyama 1-23-1, Shinjuku-ku, Tokyo 162-8640, JAPAN Tel (+81-3)5285-1111

The statistics in this report are based on 1) the data concerning patients and laboratory findings obtained by the National Epidemiological Surveillance of Infectious Diseases undertaken in compliance with the Law Concerning the Prevention of Infectious Diseases and Medical Care for Patients of Infections, and 2) other data covering various aspects of infectious diseases. The prefectural and municipal health centers and public health institutes (PHIs), the Department of Food Safety, the Ministry of Health, Labour and Welfare, and quarantine stations, have provided the above data.

(特集つづき)

表1. 小児の感染性胃腸炎患者(0~15歳)からのノロウイルス検出状況, 2010/11~2013/14シーズン

Table 1. Norovirus detection from children 0-15 years of age with infectious gastroenteritis in Japan, 2010/11-2013/14 seasons

検出病原体	検体採取シーズン* Season*												
Virus	2010/11	2011/12	2012/13	2013/14	ЦИ								
Norovirus genogroup unknown	164	83	16	17	280								
Norovirus genogroup I	33	122	161	64	380								
Norovirus genogroup II	2,118	1,481	1,756	1,491	6,846								
Sapovirus genogroup unknown	159	161	245	174	739								
Sapovirus genogroup I	65	104	106	67	342								
Sapovirus genogroup II	36	50	28	27	141								
Sapovirus genogroup III	-	2	1	-	3								
Sapovirus genogroup IV	1	2	10	2	15								
Sapovirus genogroup V	6	1	-	1	8								
Norovirusの遺伝子型(再掲) Genotype of Norovirus													
Norovirus GI not typed	23	54	96	49	222								
Norovirus GI/1	-	4	-	-	4								
Norovirus GI/2	-	1	1	6	8								
Norovirus GI/3	2	1	-	-	3								
Norovirus GI/4	-	32	16	3	51								
Norovirus GI/6	1	12	38	3	54								
Norovirus GI/7	4	2	2	-	8								
Norovirus GI/8	1	3	2	-	6								
Norovirus GI/9	1	-	-	-	1								
Norovirus GI/11	-	-	2	1	3								
Norovirus GI/12	-	2	3	1	6								
Norovirus GI/13	1	-	1	-	2								
Norovirus GI/14	-	11	-	1	12								
Norovirus GII not typed	1,281	968	1,043	1,027	4,319								
Norovirus GII/1	-	1	-	-	1								
Norovirus GII/2	110	57	53	20	240								
Norovirus GII/3	453	25	18	56	552								
Norovirus GII/4	187	305	558	217	1,267								
Norovirus GII/6	4	21	19	116	160								
Norovirus GII/7	5	4	8	4	21								
Norovirus GII/11	-	-	1	-	1								
Norovirus GII/12	20	21	1	-	42								
Norovirus GII/13	58	77	50	38	223								
Norovirus GII/14	-	2	3	11	16								
Norovirus GII/17	-	-	-	2	2								
Norovirus GII/others	-	-	2	-	2								

図4. 患者数規模別ノロウイルス食中毒事件数, 2010/11~2013/14シーズン

Figure 4. Outbreak scale of norovirus food poisoning, 2010/11-2013/14 seasons, Japan



(Statistics of Food Poisoning in Japan, Ministry of Health, Labour and Welfare: Data for 2014 is based on the provisional reports received before June 2, 2014)

*9月〜翌年8月 *Detection from specimens collected during September through August in the following year 病原体個票での報告(病原微生物検出情報:2014年6月11日現在報告数)

病原体個票での報告(病原做生物検出情報:2014年6月11日現在報告数) (Infectious Agents Surveillance Report: Data based on the reports of individual case of pathogen detection, as of June 11, 2014)

表2. ノロウイルス感染集団発生事例の推定感染場所と推定感染経路,	2010/11~2013/14シーズン
Table 2. Norovirus outbreak settings, 2010/11-2013/14 seasons, Jap	an

Suspect	Suspected place of	シーズン Season***			合計	感染経路 Boute of infection			GIIの主な遺伝子型 Major genotype of GII												
推定感染場所	infection	2010	2011	2011 2012 2013		Total	食品	$\lambda \rightarrow \lambda$	不明	2010/11シーズン 2011/12-2013/							3/14シ	/14シーズン			
	milocolom	/11	/12	/13	/14		Food	P-to-P	ND	II/2	II/3	II/4	II/6 I	I/12I	I/13	II/2	II/3	II/4	II/6 1	I/121	I/13
家庭	Home	13	17	5	1	36	16	13	7	1	-	4	-	-	1	-	-	4	-	-	-
飲食店	Restaurant	102	125	130	48	405	326	12	67	5	5	14	-	3	2	5	1	59	3	6	6
宴会場	Banquet	11	16	10	18	55	- 38	8	9	-	-	2	-	-	-	1	-	9	1	1	-
ホテル・旅館*	Hotel	28	22	25	8	83	55	7	21	3	2	3	1	-	2	-	-	18	1	1	1
福祉·養護施設	Welfare facility	25	17	37	19	98	2	82	14	1	2	5	-	2	1	2	-	34	2	1	1
老人ホーム**	Nursing home for the elderly	63	94	141	61	359	7	308	44	2	1	41	-	-	-	2	-	176	-	-	-
病院	Hospital	9	10	14	8	41	4	29	8	-	-	7	-	-	-	1	-	16	-	-	-
小学校	Primary school	88	40	66	45	239	2	189	48	17	21	1	-	2	7	16	1	21	20	9	8
中学校	Junior high school	-	3	6	3	12	4	5	3	-	-	-	-	-	-	-	-	7	-	-	-
高校	High school	3	3	1	3	10	1	7	2	-	1	1	-	-	-	1	-	3	-	-	-
大学	University/college	3	-	1	-	4	1	2	1	-	1	1	-	-	-	-	-	1	-	-	-
保育所	Nursery school	171	80	89	112	452	6	399	47	12	57	31	-	1	13	13	8	86	24	13	14
幼稚園	Kindergarten	21	15	25	17	78	5	59	14	2	10	-	-	-	2	5	-	20	2	4	7
事業所	Workplace	4	5	13	3	25	24	-	1	-	-	1	-	-	-	-	-	5	-	-	-
宿舎·寮	Dormitory	5	4	5	2	16	7	5	4	-	-	1	-	-	-	1	-	1	-	-	-
国内ツアー	Domestic tour	1	1	4	-	6	5	1	-	-	-	-	-	-	-	-	-	2	-	-	-
その他	Others	12	20	20	14	66	26	21	19	1	-	4	-	2	1	4	-	20	2	2	3
不明・記載無し	Unknown	89	97	223	155	564	171	109	284	-	1	-	-	1	1	3	-	18	6	1	1
合計	Total	648	569	815	517	2,549	700	1,256	593	44	101	116	1	11	30	54	10	500	61	38	41
食品媒介の疑い	Foodborne	141	194	256	109	700															
人→人伝播の疑レ	Person-to-person	355	212	394	295	1,256															
不明	Not determined	152	163	165	113	593															

*宴会場を除く、**介護施設を含む。***各シーズンは当年9月~翌年8月 Norovirus outbreaks during September through August in the following year 地方衛生研究所からの「集団発生病原体票」による事例報告数(病原微生物検出情報:2014年6月9日現在報告数)

(Infectious Agents Surveillance Report: Data based on the reports of outbreak summary as of June 9, 2014 from PHIs)