actions of national and international actors. In the years ahead, the international community will almost certainly be expected to bring its formidable technical knowledge, skills, and analytic capabilities to confront this expanded global health threat environment (*9*).

It would be wrong, however, to forget the many insights that current advances in epidemiology and surveillance have delivered. In fact, should the impetus to finance a global health agenda encounter opposition or obstacles, it would seem easier and logical to strengthen already functional activities.

Lastly, the realities and the prevalent policymaking environment have created a trap between a desire to prioritize global health by portraying aspects of it as an existential security issue and the fact that security ultimately might not be the most useful language for describing and institutionalizing the health threats and hazards confronted by societies around the world (*10*). Regardless of whether a trap has been created, action is urgently needed.

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Letters

Letters commenting on recent articles as well as letters reporting cases, outbreaks, or original research are welcome. Letters commenting on articles should contain no more than 300 words and 5 references; they are more likely to be published if submitted within 4 weeks of the original article's publication. Letters reporting cases, outbreaks, or original research should contain no more than 800 words and 10 references. They may have 1 Figure or Table and should not be divided into sections. All letters should contain material not previously published and include a word count.

Use of Workplace Absenteeism Surveillance Data for Outbreak Detection

To the Editor: We applaud Mann et al. on their use of a school-based absenteeism surveillance system to compare daily all-causes absenteeism data against a historic baseline to detect outbreaks of influenza-like illness (ILI) as an adjunct to traditional disease reporting (*1*). The growing availability of electronic human resources systems has increased the potential to harness near real-time workplace absenteeism data to complement school absenteeism surveillance and other sources of traditional outbreak surveillance.

In London, United Kingdom, during the first wave of pandemic influenza A (H1N1) 2009, workplace absenteeism data from the Transport for London attendance/absence reporting system were compared with the historical baseline 3-year mean for comparative weeks of the year. The proportion of Transport for London employees absent because of self-reported or medically certified ILI, during June 28–October 17, 2010, generated surveillance alerts when compared with historical baseline data above the 95th and 99th percentile thresholds (SDs 1.96 and 2.58). For the same period, cause-specific workplace influenza absenteeism data were highly correlated with routinely published ILI surveillance, including the National Pandemic Flu Surveillance and sentinel General Practitioner systems (Figure) (*2*).

In Australia, workplace all-causes absenteeism for a major Australia-wide employer has been included as a nonspecific indicator of influenza surveillance by the Australian government for >15 years. A recent study during a severe influenza season in Australia confirmed that employee

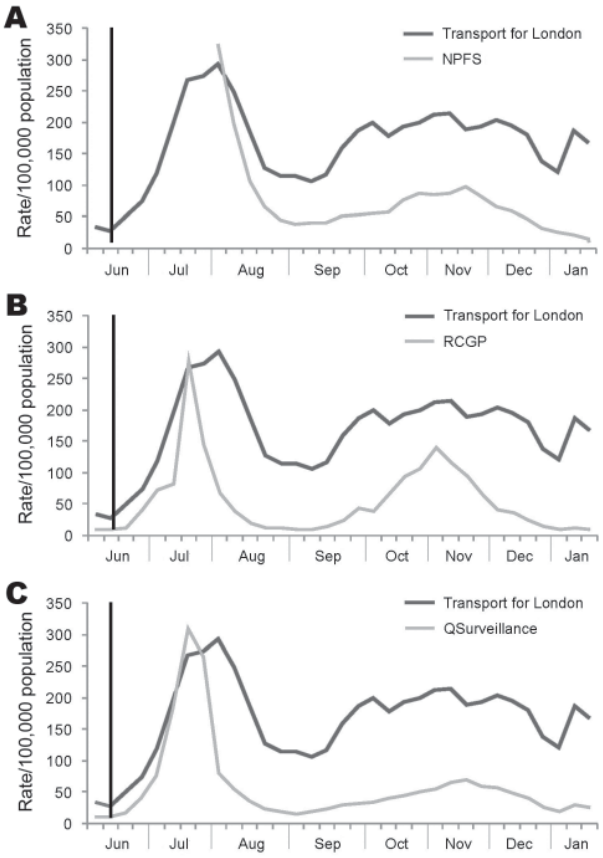

Figure. Comparison of transport for London absenteeism rates from influenza data to syndromic surveillance indicators of influenza-like illness rates, London, United Kingdom, 2009. A) National Pandemic Flu Service (NPFS); B) Royal College of General Practitioners (RCGP); and C) QSurveillance. Vertical black line indicates when the World Health Organization declared a pandemic on June 11, 2009. Source: Health Protection Agency, London, and Transport for London.

absenteeism was highly correlated with laboratory-confirmed influenza, and such information could be used to provide surveillance alerts up to 2 weeks before other traditional influenza surveillance data sources (*3*).

The use of workplace absenteeism data, particularly from large employers, has the potential for overcoming the major limitation of school-based absenteeism data in detecting outbreaks of ILI: the effects of school holidays and local planned school closures. Near real-time workplace absenteeism is an effective surveillance tool and should be more widely incorporated in influenza surveillance systems.

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Zoonotic Ascariasis, United Kingdom

To the Editor: *Ascaris lumbricoides/suum* is a complex of closely related enteric roundworms that mainly infect humans and pigs (*1*). Transmission occurs through ingestion of fecally excreted ova. *A. lumbricoides* worms usually infect humans, mainly in regions with poor sanitation, where the environment is contaminated with human feces. In industrialized countries, human ascariasis is uncommon and cases are generally believed to have been imported (*2*). By contrast, *A. suum* infection of pigs occurs worldwide; in the United Kingdom, 3.4%–6.5% of pigs at slaughter have evidence of infection (*3*). Sporadic zoonotic infection with *A. suum* in the industrialized world is described (*4*–*6*) but poorly quantified. We describe probable zoonotic transmission of *Ascaris* spp. roundworms in Cornwall, a rural county in southwestern England.

Incidence rates for ascariasis in Cornwall and the rest of England were calculated from local and national laboratory data. From 2004 through 2008, a total of 18 cases were