



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Volume 10, Issue 2

June 2013

## Rubella Outbreak in Poland

From January to April 2013, Poland reported 21,283 rubella cases, the highest number since 2007. Some 81% of cases were among 15–29 year-old males. This outbreak reflects the history of immunisation policies in Poland – selective vaccination of adolescent girls since 1989, then universal two-dose measles-mumps-rubella vaccination, since 2004. The extent of virus circulation among adults increases the risk of congenital rubella infections (CRS); two cases have already been reported in Poland this year. Further cases of CRS are unfortunately expected and unavoidable, as observed during outbreaks in other European countries in recent years. The country most recently affected was Romania. In 2011–2012, Romania reported 20,772 rubella cases and 22 confirmed CRS cases.

In Ireland selective vaccination of girls was introduced in 1971, universal MMR1 in 1988 and MMR2 in 1992. However, the outbreak of measles in West Cork in 2012 highlighted the fact that there are pockets of the population with low uptake of MMR vaccine. Young pregnant women who have not received their MMR vaccine may be susceptible to rubella infection. Infection in early pregnancy has a high risk of congenital rubella syndrome. We have had no confirmed cases of rubella in Cork and Kerry in the last 5 years and there has been no cases of CRS in Ireland for that time period.

Due to the large number of Polish immigrants, particularly young men, it is possible that we may see cases of rubella in Ireland among this community (with risk of spread to others).

Rubella vaccine is highly effective and over 95% of recipients are likely to develop life-long immunity after a single dose of a rubella containing vaccine. All rubella seronegative women of child bearing age should be offered 1 dose of MMR vaccine. Satisfactory evidence of protection is documentation of having received at least one dose of rubella containing vaccine, or a positive rubella antibody test (IgG level >10IU/ mL). Two doses are recommended for protection against measles and mumps. If a woman has documented evidence of having received 2 doses of a rubella-containing vaccine, *irrespective of rubella serology*, no further MMR vaccine is necessary.

### Local Child Health Offices, Cork and Kerry

If GP practice staff are unsure of a child's immunisation status, (e.g. a child that has changed GP practices) the local immunisation offices can assist by checking the child's immunisation records. If the child was previously resident in Cork or Kerry, and immunisation returns were submitted, then the records will be on the child health immunisation system. A copy of the child's immunisation records can be printed and sent to the practice.

The local immunisation office numbers are as follows:

Cork City & County	Tel. No. 022 58780
Kerry	Tel. No. 066 7195682

The administrative staff in these offices will refer any specific immunisation queries (e.g. advice on catch-up schedule) to the medical or nursing staff.

### Hepatitis A in travellers returning from Egypt

A multistate outbreak of hepatitis A has been reported among people with a travel history to Egypt. Cases have been reported from several European countries, including Ireland. The outbreak again highlights the need for travellers to discuss vaccination recommendations with their GP before travelling abroad. Hepatitis A vaccination prior to travel is recommended for travellers to hepatitis A endemic areas, including Egypt.

## Measles Outbreak in Wales continues

There have now been over 1,300 cases of measles in Wales since November 2012. Cases are also occurring in other parts of the UK and Europe.

Vaccination with MMR vaccine is the only way to protect against measles.

- All children should be up to date with their recommended vaccinations – first dose at 12 months and second dose at 4-5 years of age. Parents should be advised to check their children's vaccination status prior to travel abroad.
- Young adults travelling to Wales or other parts of Europe where there are measles outbreaks need to be protected and should go to their GP for vaccination if they haven't had two doses of MMR vaccine. The vaccine is provided free via the HSE National Cold Chain Service but the GP may charge for the vaccine administration.
- Many parents and GPs have enquired about administering MMR vaccine to children less than 12 months of age who are travelling to areas where measles outbreaks are occurring. There is no change to the recommendations from the National Immunisation Advisory Committee (NIAC) - MMR vaccine is recommended at 12 months and 4-5 years of age.

However, MMR vaccine can be given to children as young as 6 months of age during outbreak situations (although vaccine effectiveness is usually less at this age than when given after 12 months of age). Parents who wish to lessen the risk of measles in their children **between 6-12 months of age** who may be exposed to measles may wish to avail of MMR vaccine. If they do so the vaccine is provided free via the HSE National Cold Chain Service but parents should pay for the vaccine administration.

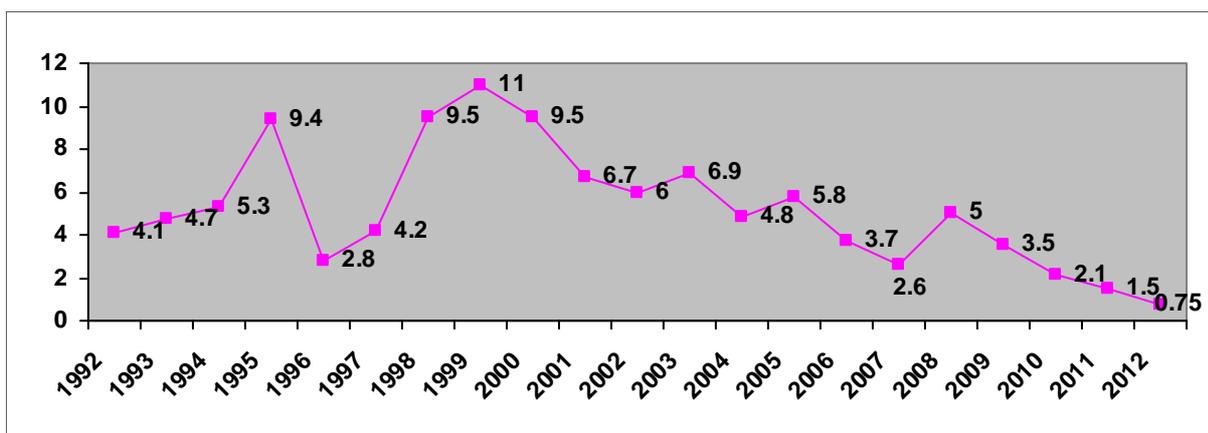
This dose would not be counted as a valid dose from the point of the vaccination programme and should be repeated at 12 months of age, at least one month after the first vaccine with a further dose at 4 - 5 years of age.

## Meningococcal Disease

2012 saw the lowest level of meningococcal disease cases in the last 20 years. A total of 6 cases were recorded (5 confirmed and 1 possible case). Of the 5 confirmed cases in 2012, 4 were Group B and 1 Group Y. Tragically there was one death.

Figure 1 shows the incidence of confirmed cases in Cork and Kerry since 1992. The peak incidence was in 1999.

**Figure 1. Incidence of confirmed cases per 100,000, Cork and Kerry, 1992-2012**



For the first 5 months of 2013 there have already been 6 notifications (5 confirmed and 1 possible case), compared to 2 notifications for the same period last year.

All health professionals need to maintain an awareness of the possibility of meningococcal disease as cases are still occurring, although at much lower numbers than in the recent past.