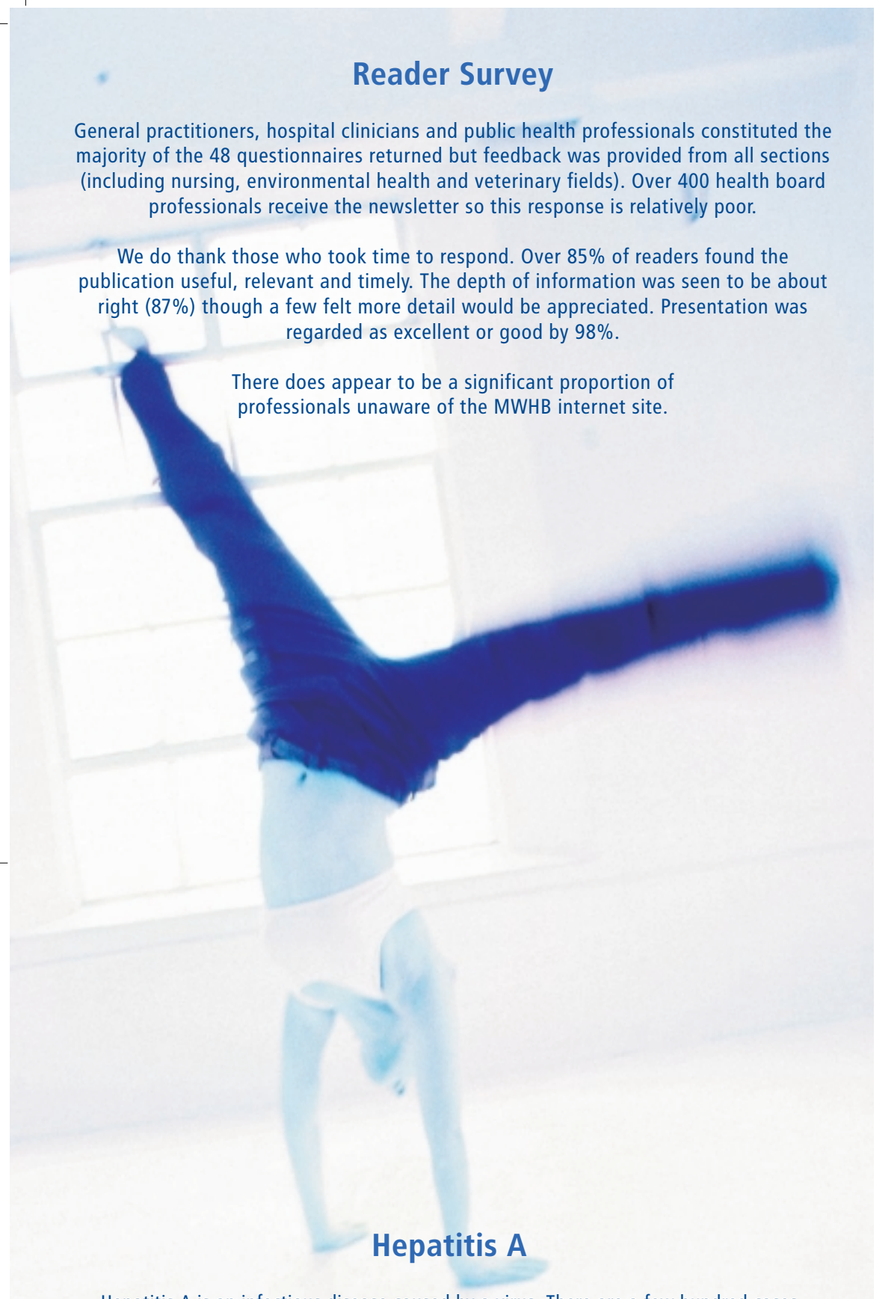
Reader Survey

General practitioners, hospital clinicians and public health professionals constituted the majority of the 48 questionnaires returned but feedback was provided from all sections (including nursing, environmental health and veterinary fields). Over 400 health board professionals receive the newsletter so this response is relatively poor.

We do thank those who took time to respond. Over 85% of readers found the publication useful, relevant and timely. The depth of information was seen to be about right (87%) though a few felt more detail would be appreciated. Presentation was regarded as excellent or good by 98%.

There does appear to be a significant proportion of professionals unaware of the MWHB internet site.



Hepatitis A

Hepatitis A is an infectious disease caused by a virus. There are a few hundred cases confirmed each year in Ireland. Some years there are more cases than others because of outbreaks and due to the level of immunity in the population. The virus is present in the faeces of someone who is infected. Failure to wash hands after going to the toilet may allow the virus to spread by hand-to-hand contact. Occasionally eating contaminated food might be the cause. With infection there may be no symptoms at all. Others may only experience a mild tummy upset. Many cases develop jaundice (yellow colouration in skin and eyes) and have sickness and diarrhoea. Often the urine becomes dark as well. It is vitally important to notify public health about suspect and confirmed cases of hepatitis A. As the number of cases in a population declines, more individuals become susceptible and just one case can cause a large outbreak of disease. Outbreaks should be investigated thoroughly and further cases can be prevented with a range of measures. Vaccination may be recommended for those in recent contact with a case. Hepatitis A remains endemic in Eastern Europe, Africa, Middle East, Asia and South America. Persons visiting these areas are advised to be vaccinated against hepatitis A at least two weeks prior to departure.

Gastroenteritis

In May 2003 a case of infection with verocytotoxigenic *E. coli* (VTEC) was reported from Clare CCA. This involved a male toddler, who made a full recovery without complications. In July 2003, two further cases of VTEC in young children in Limerick were detected. Evidence of bloody diarrhoea should raise suspicions about the possibility of VTEC and the appropriate investigation should be requested from the Microbiology Laboratory - and providing the relevant information about symptoms.

The anticipated peak in cryptosporidium reports manifested over the March - May period. Up to June 2003 there were 39 reports in the MWHB (thirteen more than in the same period of 2002). Cases are sporadic but the 2003 rate (per 100,000 population) is similar in each county - Clare, 11.7; Limerick, 11.5 and Tipperary North, 10.3. Males are more likely to be affected than females, 1:0.8 ratio. The median age is 2.8 years (Range: 6 months to 74 years). Salmonella and campylobacter reports increased during the summer as expected, see Figure 1. Sixty-four isolates of campylobacter were reported up to July 2003 (33 more than in the same period in 2002). The 2003 rate is similar between the counties: Clare - 14.9; Limerick - 20.6; Tipperary North - 20.7. Eleven isolates of Saminella have been reported to date, only 2 isolates of *S.* Enteritidis. One S. Dublin septicaemia was reported. One case of typhoid was reported in a visitor from South East Asia.

Figure 1: Cases of campylobacter, salmonella and cryptosporidium 2002-3 in MWHB.

Bacterial Meningitis

Several different types of bacteria cause bacterial meningitis. Up to July 2003 there were nineteen notifications of bacterial meningitis. Two notifications of *S. pneumoniae* meningitis from a male and female were reported and one notification of a Group B Streptococcus in a male was reported. One notification did not specify a cause. Perhaps the best-known cause of meningitis is *Neisseria meningitidis*. Invasive meningococcal disease is notifiable (whether suspected or confirmed) and may be detected in CSF or blood. Up to July 2003 there were fifteen reports of invasive meningococcal disease in the region (Clare - 7; Limerick - 7; Tipperary North - 1). All were group B and in two cases infection resulted in fatality. This emphasises again the success of the meningococcal C vaccination campaign. Typically, based on previous seasonality data, there is a decline in the incidence of meningococcal disease after June until October when rate may rise again. Figure 2 shows the trend in reports of bacterial meningitis.

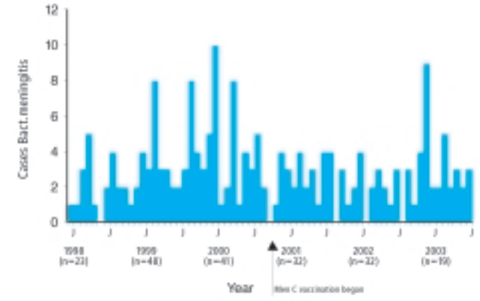


Figure 2: Cases of bacterial meningitis reported in MWHB, 1998-3 (July)

Measles

As reported in the May ID-Link there was a rise nationally in the number of measles cases reported, over 500 cases reported up to July 2003. This trend was also noted in the MWHB. The trend in the number of measles cases reported in the MWHB from 1995 to June 2003 is shown in Figure 3. Of the 20 cases reported in 2003 to date, eleven were female and eight were male (one unknown). The age range was five months to twenty three years. Only two cases were reported from the Clare Community Care Area and three from Tipperary North/East Limerick. Fifteen cases were reported from the Limerick CCA of which ten were seen in the Kilmallock area.

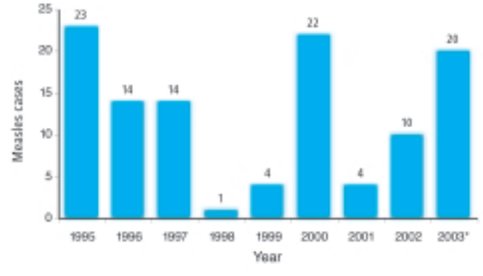


Figure 3: Number of measles cases reported in MWHB 1995-2003 (July).

Syphilis

Enhanced surveillance of syphilis continues to operate in Ireland in respect of all individuals diagnosed with syphilis. The Department of Public Health is grateful to those staff in the STI/GUM Clinic and hospital and general practice clinicians who complete the enhanced surveillance forms for these cases.

Tuberculosis

Preliminary notification data on tuberculosis in the MWHB region suggests there may be an increase in the incidence of disease. Several reports of laboratory confirmed smear positive pulmonary TB have been received. All areas appear to be affected but many cases are younger than expected and within or close to Limerick city. A report on tuberculosis will be issued in the forthcoming weeks.

SARS (Severe Acute Respiratory Syndrome)

As of July 11th 2003, there were 8437 cases of SARS reported to the WHO. Eight hundred and thirteen deaths occurred and 7452 people recovered (to date). Estimates of case fatality rate vary. All WHO travel advisories have now been lifted. Despite this, surveillance is expected to continue for at least another year. Case definitions were changed on May 1st to reflect new data and new serological evidence. Experts believe the cause of the illness to be a coronavirus. Speculation and research as to the origin of the virus continues, as well as efforts to develop a safe effective and affordable vaccine. It is too early to say whether this illness can be eradicated from the human hosts in the long term. In Ireland there was one case of "probable" SARS reported during the outbreak. A range of precautionary measures was implemented in the MWHB to respond to any cases of SARS that might have come to medical attention here. The designated hospital for the region remains the Mid-Western Regional Hospital. No cases of pneumonia-like illness assessed in the region met the criteria to be "suspected" or "probable" SARS.

ID link

ISSUE 7
AUGUST 2003

www.mwhb.ie

Vaccination Uptake

In Ireland, infants are vaccinated with BCG shortly after birth. Uptake in the MWHB is approx 90%. Over a billion doses of BCG have been administered worldwide since its introduction making it the most often used vaccine. The nature of infection, disease and follow-up make BCG and tuberculosis difficult to study but a substantial body of research has been completed on the efficacy of BCG. Effectiveness does vary from region to region. There appears to be little in the way of protection for adults against pulmonary TB, however the data suggest a significant protective effect for children against miliary TB and TB meningitis. Irish studies have shown a protective effect against childhood tuberculosis.

Very rare cases of diphtheria or childhood tetanus have been reported in Ireland in recent years but these diseases remain common causes of childhood mortality in countries without vaccination programmes (or poorly functioning programmes). WHO estimate that 250,000 children die from neonatal tetanus each year globally.

Sporadic reports of pertussis (whooping cough) are received in the MWHB and elsewhere in Ireland. The protective effect of the vaccine is estimated to last between 8 and 15 years. Pertussis is easily transmitted by airborne routes to susceptible children. Keeping immunisation uptake above 95% is the most effective method to reduce the incidence of disease and protect these susceptible children.
Figure 4 shows the uptake of Primary Childhood Immunisation Programme (PCIP) in the region - vaccination against diphtheria, tetanus, pertussis, *Haemophilus influenzae* b, polio (the 5-in-1) and measles, mumps and rubella (MMR).

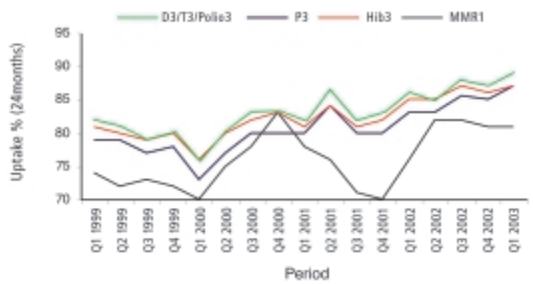


Figure 4: Percentage vaccination uptake of PCIP in the MWHB 1999 - 2003, by quarter.
Improvement in uptake continues to be made with 5-in-1 vaccination uptake but uptake of MMR has stabilised at inadequate levels. Over 95% of children need to be vaccinated to give good protection in the population.

Influenza Surveillance 2002/3

The Department of Public Health participates in an influenza surveillance system operated by NDSC, Irish College of General Practitioners and Virus Reference Laboratory (VRL). Influenza activity in 2002/3 has been broadly similar to the 2001/2002 season (Figure 5). Peaks in the consultation rate this season have not exceeded 60/100,000 nationally. As of the end of March 2003, 56 cases of Influenza B were confirmed. Eighteen from 215 swabs submitted by sentinel general practitioners have been confirmed influenza A positive by the Virus Reference Laboratory.

In the MWHB, nine cases of influenza A were confirmed, up to end of March 2003. There is a great deal of fluctuation in MWHB rates due to the smaller number of sentinel GP sites. It was estimated that 80% of people over the age of 65 were vaccinated against 'flu last winter. The work of health professionals, especially general practitioners, in the promotion and administration of the annual influenza vaccination programme is acknowledged.

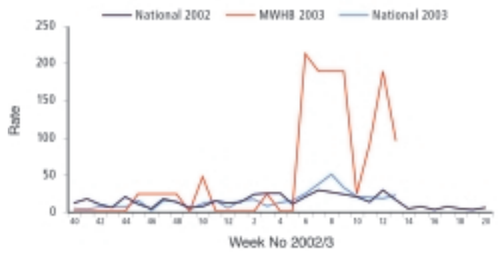


Figure 5: General Practitioner Consultation rates for ILI, 2002/3 national and MWHB. (Source: NDSC)

EAT FIVE PIECES OF FRUIT AND VEGETABLES A DAY!!!!!!!!

This report is produced with the assistance of the Area Medical Officers, Senior Area Medical Officers and the Mid-Western Regional Hospital Laboratory.

ISSN No. 1649-1912

All rates calculated using 1996 Census data.

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BORD SLÁINTE
AN MHEÁN-IARTHAIR

For a full list of the statutorily notifiable diseases and more public health information - visit http://www.mwhb.ie and click on **"Health Services"**.