



Tuberculosis

The report on the epidemiology of tuberculosis (TB) in the Mid-West in 2003 will be available shortly. In summary, there were 42 confirmed cases of TB disease in 2003 giving a crude annual incidence rate of 12.4 (per 100,000 population). This is higher than the rates in the two previous years - 9.4 in 2002 and 7.7 in 2001. Mostly males were affected (67%).

The rate in the Limerick region was significantly higher (18.8) compared to Clare (6.8) and Tipperary North (3.3). The rate of disease in males aged 25-55 years appears to be higher than similar rates nationally. Cases in foreign-born nationals accounted for only 9.5% of cases in 2003 compared to 31% in 2002. Thirty cases of disease had a pulmonary component and 60% of these were positive on direct smear stain. It is very important to bear in mind TB as a potential agent in certain respiratory infections. Samples sent to the laboratory for analysis should specifically request investigations for TB.

World TB Day March 24th 2005

An estimated two billion people, one third of the world's population, are infected with the bacteria that cause TB. Two million die from TB every year. The number of cases in Ireland has fallen dramatically over the last 50 years but there are still about 400 notifications per year.

BCG Reactions

BCG vaccine efficacy ranges from 44-80%. It is most consistently effective against TB meningitis and miliary TB. In Ireland BCG is currently recommended in the first month of life or between 10 and 14 years for those who have not previously had BCG and are tuberculin negative.

In 2002 Evans BCG was withdrawn as it was found to be subpotent. There have been reports of increased local reactions since the SSI BCG vaccine came into use - 152 reports have been sent to the Irish Medicines Board since July 2002. These include lymphadenopathy, purulent discharge and abscess formation. G.P's should consider BCG as a possible cause of lymphadenopathy in the left axillary or supraclavicular area. Any such reactions should be advised to the vaccinating doctor for follow-up.

Influenza Peak

Data from the Irish Influenza Surveillance System indicates that there was increased influenza activity in the December/January period. This is corroborated by reports from the Serology Laboratory of the MWRH that confirm both Influenza A and Influenza B throughout the Mid-West region.

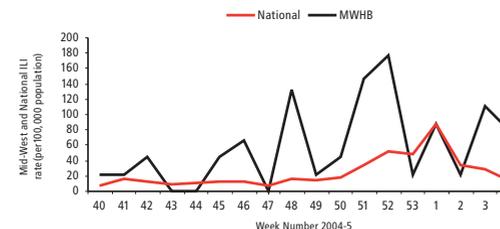


Figure 3: GP consultation rate (per 100,000 population) for influenza-like illness in the Mid-West and Ireland September 2004 - January 2005.

A school outbreak of influenza-like illness occurred in this region in December. A total of 32 pupils were reported ill. There were no hospitalisations. Influenza A was isolated from two cases.

The laboratory has also reported several cases of respiratory syncytial virus (RSV), *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* as causes of respiratory infection in the community.



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SMOKE ALARMS SAVE LIVES

Buy them, upstairs/downstairs, check sirens monthly

Notice: We would encourage general practitioners to make a copy of ID-Link available in the surgery waiting area.

If your contact details have changed, please let the Department of Public Health know (061-483337) and this will ensure timely delivery of your copy.

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

Some data are provisional and are subject to amendment.

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All rates calculated using 2002 Census data.



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Bacterial Meningitis

In the last week of 2004 there were two cases of invasive meningococcal disease in children in the mid-west. Both were group B disease. In 2004 there were 21 cases of bacterial meningitis. Sixteen cases were invasive meningococcal disease, one was an imported group Y and 14 were confirmed group B disease (one case ungrouped). Of the group B cases, five were detected in residents of Clare, seven in Limerick and two in Tipperary. Following the extremely successful implementation of the Meningitis C vaccine programme in Ireland (group C disease is reduced by over 90%), there has been a marked fall in incidence, morbidity and mortality from group C meningococcal disease. However, group B disease remains a threat to young children and young adults especially. Meningitis and septicaemia (blood poisoning) may show signs such as the non-blanching rash and neck-stiffness or "classic" signs of



Antibiotic Resistance

Methicillin resistant *S. aureus* (MRSA) bacteraemia is the best indicator of the problem of MRSA in hospitals that we have at present. The indicator expresses the "rate" as the number of *S. aureus* (including MRSA) bacteraemias per 1000 bed days used. This indicator is used in England, Wales, Scotland and N. Ireland. These regions publish their rates regularly unlike most regions in Ireland.

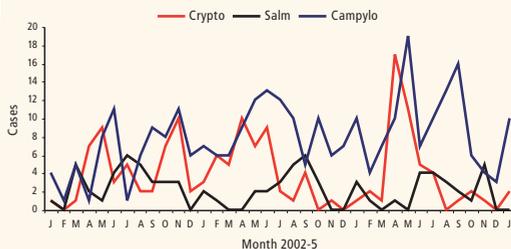
The "percentage" of *S. aureus* bacteraemias that were MRSA is high in the Mid-West (55% vs 43% nationally), but this is not a reliable indicator of the problem in hospitals. No data for other regions was available but some national estimates are possible. The rate of MRSA bacteraemia in the Mid-West is the same as the national average, approximately 0.15/1000 bed days used. Efforts to reduce MRSA bacteraemia resulted in a reduction from 39 cases in 2002, to 35 in 2003. These efforts were even more successful in reducing the number of sensitive *S. aureus* bacteraemia – thus, the percentage MRSA reported for the region is high.

Rates in hospitals are not directly comparable for a number of reasons. These reasons should not preclude the publication of the data. High quality data can provide evidence of trends and should be available at least by region. Analysis and interpretation of this



Gastroenteritis

Gastroenteric illness arising from salmonella and cryptosporidium has been rare in the winter months. It is expected that cryptosporidium will show its seasonal increase in the coming four months. Relatively few cases of campylobacter were reported in the last three months.



disease but they can be late indicators. Signs in babies can be non-specific - irritability, floppiness and off feeding. It should be borne in mind that bacterial meningitis may be caused by several other types of bacteria, *Streptococcus pneumoniae* especially, and rash is not a symptom in all cases.

Based on the rapid clinical deterioration that can occur in meningococcal disease, it is recommended that General Practitioners carry benzylpenicillin for injection and give it whilst arranging the transfer of a suspected case to hospital, unless there is a history of immediate allergic reaction after previous penicillin administration.

data can generate public debate on the management of this problem. As always it is important not to over-interpret the statistical significance of findings from small numbers.

In September 2004, a report on the occurrence of *S. aureus* bacteraemia in the hospitals of the Mid-West (2002-2003) was published on the MWHB website. This was the first time a report on *S. aureus* (and MRSA) bacteraemia was published in Ireland giving the MRSA bacteraemia rates for each hospital and the region. The report can be downloaded from the website under the public health communicable disease section.

The Health Protection Surveillance Centre (HPSC), formerly NDSC, published draft guidelines for the control and prevention of MRSA in hospitals and the community, [prepared by the Infection Control Subcommittee of the Strategy for Antimicrobial Resistance in Ireland (SARI)].

The control and prevention of MRSA, both in health care facilities and the community, is central to the strategy to control the development and spread of antimicrobial resistance. Guidelines will be revised and disseminated for implementation by mid 2005.

Figure 1: Laboratory confirmed cases of cryptosporidiosis, salmonellosis and campylobacteriosis by month 2002-2004 in the Mid-West.

Hospital staff in the region battled a large outbreak of norovirus (winter vomiting bug) in the Mid-Western Regional Hospital (MWRH) and in Nenagh General Hospital. The outbreak commenced in late October 2004 and both patients and staff have been affected with over 100 confirmed cases reported up to January 2005. Restrictions were placed on visiting some wards of the MWRH.

Interestingly, there were relatively few reports of rotavirus infection in recent months compared to previous years.

The HPSC has released a report from a Subcommittee of its Scientific Advisory Committee on Waterborne Cryptosporidiosis. The report is available electronically from www.ndsc.ie



Be Wise - Immunise

The video/DVD Be Wise - Immunise, was launched in December 2004. This video was produced by the Mid-Western Area, on behalf of the Health Boards' Executive, for use nationally in promoting childhood vaccines. The ultimate aim is improving the uptake of childhood immunisation, thereby preventing certain diseases and their complications. This video outlines the current Primary Childhood Immunisation Programme and explains how important vaccination against certain diseases is. It features contributions from a broad range of healthcare professionals as well as a parent and a survivor of Meningitis C. This video is one method of providing information to parents about immunisation. Copies have been distributed to General Practitioners in the region, and will also be available from Public Health Nurses and Area Medical Officers who will loan it to parents on request.

Vaccination Uptake

Uptake of the five-in-one vaccine (diphtheria, tetanus, pertussis, polio and Hib) has continued to improve. Uptake of measles, mumps and rubella (MMR) vaccine in the Mid-West is almost 85% for the first time.

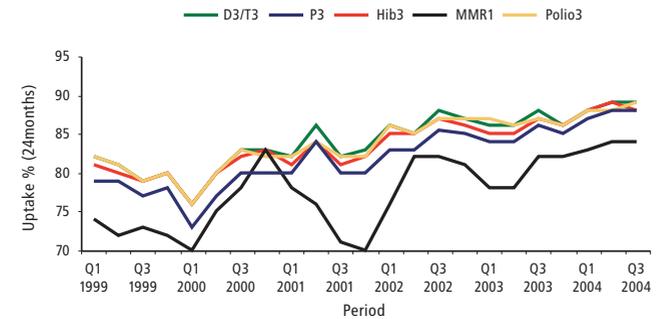


Figure2: Quarterly vaccination uptake of diphtheria/tetanus (DT), pertussis (P), H. influenzae b (Hib), polio, measles, mumps and rubella at 24 months in the mid-west, 1999-2004.

Mumps

Nationally, data from the HPSC shows there have been 389 cases of mumps reported in 2004 (the majority in the past three months) compared to 39 in 2003. Males accounted for 53% of cases and the median age was 20 years (range 0-70 years). There were a number of outbreaks in third level institutions in Ireland in 2004. In the Mid-West there were twelve cases reported in 2004 compared to one case in 2003. Investigation of cases led to interventions in two third level facilities in Tipperary where MMR vaccination was offered. In 1996 there was a large number of cases reported in Ireland (422). The last large outbreak of mumps in the Mid-West region occurred in 1989 with over 315 cases reported and over 700 nationally.

National Vaccine Delivery Service (NVDS)

Last year Cahill May Roberts was awarded a contract to distribute vaccines nationwide. The NVDS commenced in the Mid-Western Area on September 22nd. Each general practice and HSE site receives a monthly delivery according to predetermined schedules. Community services now hold only vaccines for use by community care staff and no longer supply vaccines to general practitioners or other HSE services.