



Weekly Notification

In 2003 there were 225 clinical notifications of infectious disease to the Department of Public Health. From January 1st 2004 Irish legislation was amended to make notifications from laboratories mandatory and to introduce a new schedule of infectious diseases (S.I. 707 of 2003) with an expanded core dataset based on published case definitions. These have been circulated to all medical doctors in the region and to the clinical directors of laboratories in the Mid-Western Area.

All the cases of brucellosis notified appear to be chronic cases. Very few of the syphilis cases notified are "infectious syphilis". As can be seen the new legislation represents a massive increase in notifications. Additional to the laboratory notifications are 210 clinical notifications. Substantial duplication exists between both datasets. It is hoped that the national Computerised Infectious Disease Reporting (CIDR) system will be introduced in the Mid-Western Area before the end of 2005. At present the system is undergoing roll-out in the Midland, South Eastern and Southern Areas after pilot testing finished in 2004 in the North Eastern Area.

Table 2: Laboratory notifications of infectious diseases according to SI 707 (2003) for 2004.

Disease	Total
Acute infectious gastroenteritis	109
Bacterial meningitis	1
Brucellosis	59
Campylobacter	106
Chlamydia trachomatis (Gen)	386
Cryptosporidiosis	43
Enterococcal bacteraemia	32
Enterohaemorrhagic Escherichia coli	7
Escherichia coli bacteraemia	94
Giardiasis	4
Gonorrhoea	13
Haemophilus influenzae	2
Hepatitis A	2
Hepatitis B	54
Hepatitis C	39
Influenza	48
Leptospirosis	1
Listeriosis	2
Measles	5
Meningococcal disease	10
Mumps	5
Norovirus	232
Pertussis	6
Q Fever	4
Rubella	1
Salmonellosis	19
Shigellosis	2
Staphylococcus aureus bacteraemia	81
Streptococcus group A	2
Streptococcus pneumoniae bacteraemia	23
Syphilis	42
Toxoplasmosis	2
Trichomoniasis	4
Tuberculosis	16
Viral meningitis	1
Grand Total	1457



ISSUE 14
May 2005

www.mwhb.ie



Safety in the sun

protect yourself from sunburn and skin cancer www.cancer.ie/sunsmart

Readership Survey: We would like to thank the healthcare workers who responded to the ID-link Readership Survey last edition. Overall the respondents were satisfied (<90%) with key aspects of ID-Link (depth of information, presentation and timeliness), similar to results in 2003. There was a fall in satisfaction with respect to relevance and usefulness from 85% to 65%. We have compiled a list of suggestions and recommendations for consideration in future editions.

We note the concerns about information "overload" and there are no plans to change the quarterly format. However, we will remain committed to presenting detailed individual reports on gastroenteritis, tuberculosis, weekly notifications and bacterial meningitis via e-mail and the website.

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 Public Health Doctors of the Mid-Western Area and the Mid-Western Regional Hospital Laboratory.

Some data are provisional and are subject to amendment.

ISSN No. 1649-1912

All rates calculated using 2002 Census data.

Bacterial Meningitis
Vaccination Uptake
Mumps in the Mid-West
Influenza
Tuberculosis
Gastroenteritis
Weekly Notification



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Mid-Western Area

Compiled by
Dr Kevin Kelleher
Dr Rose Fitzgerald and
Mr Dominic Whyte
Department of Public Health,
HSE Mid-Western Area
31-33 Catherine St.,
Limerick



Bacterial Meningitis

From January to April 30th 2005 there were ten cases of bacterial meningitis notified. Four were in Clare, five in Limerick and one in North Tipperary. One case involved a 55 year old male with *S. pneumoniae* isolated from blood culture. Nine cases were invasive meningococcal disease (IMD), eight were group B and one case was group Y. Four cases were in children less than five years old, two were in children 5-9 years old and four cases were in adults. Many cases were detected by PCR testing of blood or CSF, adult or children.

One case of group B in IMD 2005 was apparently linked epidemiologically to a case in the last day of 2004, both cases involved children from the Traveller community. No cases of group C meningococcal disease were detected.

Vaccination Uptake

Uptake of 5-in-1 (DTP/Hib/polio) at 24 months shows continuing improvement both in the HSE Mid-Western Area and nationally (Figure 1 only DT shown). The percentage uptake is above 90% for the first time. This trend is also seen in other regions and in some the percentage uptake is approaching 95% - the threshold needed for population protection. With measles, mumps, rubella (MMR) there was a small rise in uptake. In the Mid-Western Area percentage uptake is now 85%, the best MMR uptake level reached to date. The recovery in uptake of MMR is consistent and sustained both regionally and nationally.

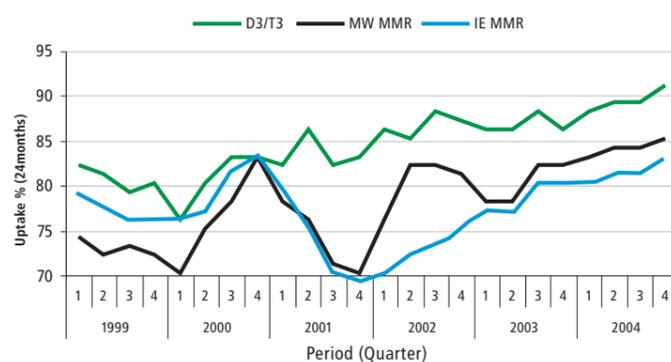


Figure 1: Quarterly vaccination uptake of diphtheria/tetanus (DT – 3 doses) in the Mid-West and MMR at 24 months in the Mid-West and Ireland, 1999-2004.



Mumps in the Mid-West

There have been 53 cases of mumps reported in the Mid-Western area since January 2005. Those affected were mostly between 15 and 24 years and attended University of Limerick (UL). All except one case (an Asian student) were Irish. In UL most students live and socialise on campus facilitating spread of infectious diseases.

Parotitis was reported in over 90% of cases and fever in 55%. In two cases orchitis was reported and one had pancreatitis. Only one person is known to have been hospitalised. Most diagnoses were made on clinical grounds - of the twenty-four who had specimens taken positive serology was reported in 14. Testing serum within 5 days of initial symptoms may be too early to detect a rise in IgM. Twenty four cases reported having had one MMR vaccine (of which four had positive serum IgM). Ten reported having had two MMR vaccines (none had positive serum IgM.)

Two doses of MMR are recommended for protection. The MMR was introduced in 1988 and has been offered in school since 1992. Most people born prior to 1978 will have been exposed to mumps and acquired a natural immunity. Those born between 1978 and 1980 have probably never been offered MMR. Those born between 1981 and 1987 are likely to have been offered only one dose of MMR. Most of those born since 1988 will have had two doses of MMR.

Physicians are asked vaccinate contacts where requested and to continue to notify suspected cases to the Department of Public Health. The epidemic curve shows the surge in cases in the UL associated outbreak from week 9 onwards.

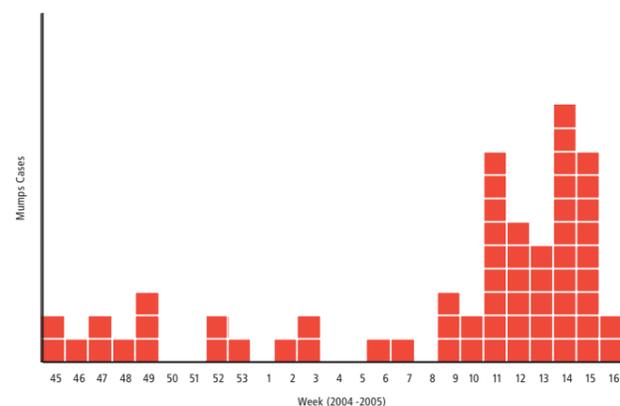


Figure 2: Epidemic curve of mumps in HSE Mid-Western Area August 2004 - April 2005.



Influenza

During the influenza season 2004-5 several peaks in influenza activity were evident in the Mid-West. Based on sentinel GP data, school reports and laboratory data there was evidence of an increase in influenza activity in this area, while nationally there was a peak in influenza over December 2004/January 2005. Activity has levelled off in recent weeks both nationally and regionally. The influenza surveillance season ends in May. The Department of Public Health is grateful to the hospital A/E staff, laboratories, schools and sentinel practices that provided data over the period.

Tuberculosis

In 2003 there was an increase in TB cases from 32 to 42. The rate of TB disease in Limerick males is high. Most cases in the area were male (28 cases). Foreign-born nationals made up for only four cases in 2003. The age groups affected were similar to those affected in 2002, there continues to be a peak in males 25-64 years old. Over 70% of cases had a pulmonary component to the disease (10% higher than in 2002). The rate of cases that were direct smear positive was high also.

Table 1: Distribution of TB cases by sex in HSE Mid-Western Area, 2003 (n=42)

County	Cases			
	CE	LK	TN	MW
All	7 (6)	33 (30)	2 (2)	42 (38)
Males	7 (6)	20 (17)	1 (1)	28 (24)
Female	0 (0)	13 (13)	1 (1)	14 (14)

County	CAIR			
	CE	LK	TN	MW
All	6.8 (6.6)	18.8 (18.5)	3.3 (n/a)	12.4 (n/a)
Males	13.4 (13.0)	22.8 (21.1)	3.2 (n/a)	16.4 (n/a)
Female	0 (0.0)	14.8 (16)	3.3 (n/a)	8.3 (n/a)

() = Indigenous population. CAIR - crude annual incidence rate (per 100,000 population)

Although the rate of TB in Clare is low, several cases have been reported in the Shannon area in recent times, general practitioners should be aware that specimens sent to the laboratory for testing must state investigations specifically for TB."



Gastroenteritis

In the last three months there was an increase in the number of laboratory confirmed cases of campylobacter in the area. Reports of salmonellosis remain rare but cases are not normally common over the winter/spring period. The seasonal increase in cryptosporidiosis is evident. In the neighbouring South Eastern Area there is currently an outbreak of cryptosporidiosis, probably associated with a water supply, under investigation in the Carlow town area. Doctors are asked to be vigilant in assessing any cases in this area for any possible epidemiological link with this outbreak.

A report on the epidemiology of campylobacter, cryptosporidiosis, salmonellosis, shigellosis and verotoxigenic *E. coli* (including O157) is available to download from the public health section of the website (www.mwhb.ie).

One case of verotoxigenic *E. coli* O157 was reported in April 2005. In the recent winter period there were outbreaks of norovirus infection in the Mid-Western Regional Hospitals in Limerick, Ennis and Nenagh. Effective infection control measures applied prevented further spread of the illness. The co-operation of the public is sought in all such outbreaks – with restricted access to certain wards and visiting times limited.

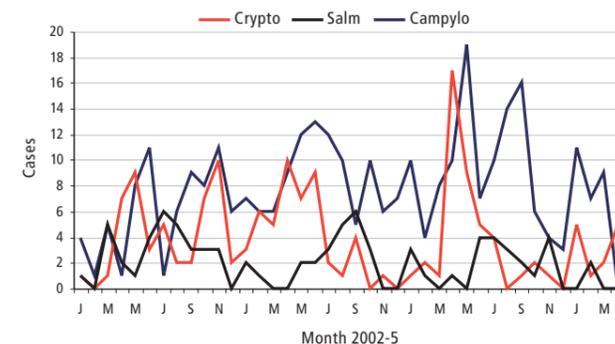


Figure 3: Laboratory confirmed cases of cryptosporidiosis, salmonellosis and campylobacteriosis by month 2002-2005 in the Mid-West.

