

Vaccination Uptake

In the Mid-Western Area there was a drop in 5-in-1 and especially MMR vaccination uptake at 24 months in Quarter 1, 2005. Nationally, the recovery in MMR uptake continues. In the first half of 2005 there were 68 measles cases notified to the Health Protection Surveillance Centre (HPSC) compared to 207 for the same period in 2004. Most of the cases occurred in the Eastern and Midlands areas. Two cases of measles were reported in the HSE MWA. No cases of tetanus or invasive *Haemophilus influenzae* b disease were reported. Cases of pertussis continue to be sporadically reported in the Mid-Western Area.

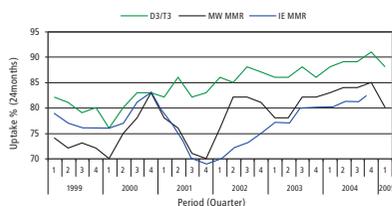
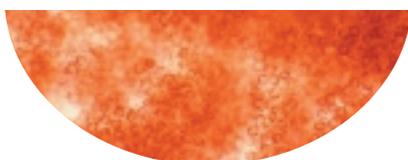


Figure 1: Quarterly vaccination uptake of diphtheria/tetanus (DT – 3 doses) in the Mid-West and MMR at 24 months in the Mid-West and Ireland, 1999-2005.

Mumps

There was a drop off in the notification of mumps cases in June 2005. Few cases have been reported in recent months. Data from the HPSC indicates a similar fall nationally.

Doctors and student health services in third level colleges should remain vigilant as the new terms begin. All cases (suspected or confirmed) should be reported to the Department of Public Health.



Bacterial Meningitis

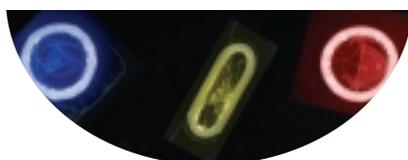
Twenty-nine cases of Invasive Meningococcal Disease (IMD) were reported in the Mid-Western Area from January 2004 to July 2005. Of the 27 cases, who were Mid-Western Area residents, 15 were reported in 2004 and 12 in the first seven months of 2005.

Of the 12 cases in 2005 one was group Y and all others were group B. Meningitis was the clinical diagnosis in six cases and septicaemia in five cases. One case was reported as both meningitis and septicaemia. The median age of cases with IMD was 3 years (range: 5 months – 60 years). The median time from onset to notification to Public Health was 2 days. Up to July 2005, in Clare and North Tipperary, there have been as many reported IMD cases as reported in all of 2004. No deaths due to IMD were reported in 2005. Two cases of meningitis due to *S. pneumoniae* were reported in the first seven months of 2005. Both were males, one from Limerick and one from Tipperary, aged 4 and 55 years. One case of tuberculous meningitis was reported in a resident of the Mid-Western Area to date this year.

In 2004 there were four cases of suspected bacterial meningitis where no pathogen was detected. Up to July 2005, one such case was reported. All of these cases were adults. EDTA samples can be taken for PCR testing at the National Meningococcal Reference Laboratory in the investigation of suspected invasive meningococcal disease. Specimens can be taken following commencement of antibiotic treatment and can provide confirmation of IMD when no organism is isolated from blood or CSF.

No case of group C IMD was reported since October 2002, highlighting the benefit of the MenC conjugate vaccine campaign. The Department of Public Health strongly recommends that everyone up to the age of 23 get the MenC conjugate vaccine, which is available free from general practitioners.

All suspected and confirmed cases of bacterial meningitis and meningococcal disease should be notified to the Department of Public Health. Cases should continue to be reported through the weekly notification system as well as through enhanced surveillance.



Sexually Transmitted Infection (STI)

Statistical returns from the STI Clinic Services in the HSE Mid-Western Area for 2003 were recently completed. The figures suggest a fall in STIs compared to 2002 and 2001 but Clinics did not operate fully during an 11-week official IMO dispute. Diagnoses of STIs can be made in general practice and not be notified, so STI Clinic data underestimates the burden of infection. From laboratory reports it is estimated that almost half of all chlamydia cases are diagnosed in general practice and these are not included in STI Clinic data.

The emergence of lymphogranuloma venereum (LGV), a rare type of chlamydia infection, continues around Europe with several countries reporting cases in men who have sex with men (MSMs). Unprotected anal sex and HIV infection are common risk factors associated with many of the cases. No cases have been reported in Ireland as yet. Proper condom use and safer sex can reduce the risk of acquiring several STIs. LGV is treatable with antibiotics.



SWIM HEALTHY, SWIM SAFELY

Supervise children at all times! Life jackets save lives!

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.

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All rates calculated using 2002 Census data.

ID link

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Gastroenteritis
Computerised Infectious Disease
Reporting (CIDR)
Clostridium difficile associated
diarrhoea (CDAD)
Listeriosis
Preventing food-borne
gastroenteritis
Bacterial Meningitis
Sexually Transmitted Infection (STI)
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Gastroenteritis

One case of enterohaemorrhagic *E. coli* (or VTEC) was reported in the Mid-Western Area between January and July 2005. This was confirmed as verotoxin positive type O157. There were 232 laboratory notifications of norovirus in 2004. Up to June 2005, there were 89 notifications.

Salmonella: The number of reported laboratory confirmed cases of salmonellosis, up to June 2005 (n=6), is similar to the number reported over the same period in 2004. Three cases were confirmed as *S. Enteritidis*, all were non-phage-type 4 and all reported recent travel to Spain. However, in Ireland, the usual peak for salmonellosis is from July to October.

Campylobacter: In the first six months of 2005 there appears to have been an increase in campylobacter infections (n=67) compared to 56 in the same period of 2004. This increase was seen mainly in Limerick and males were predominantly affected. Meat, milk and water are the main sources of sporadic cases of infection, but contact with household pets and foreign travel have also been implicated. Consumption and handling of poultry meat are major risk factors.

Cryptosporidium: Cases of cryptosporidium peaked in May this year. The number of cases seen in the first six months was similar to the number recorded last year. In 2005, more cases were seen in Clare and the Department of Public Health wrote to general practitioners in Clare to inform them of the recent increase in cases. Clare County Council issued a "boil water" notice with respect to the Ennis Public Water supply on 25th May. The notice was lifted on June 16th with the proviso that visitors and vulnerable sectors of the community should continue to maintain precautions regarding the consumption of tap water until a filtered public drinking water supply is in place. Local Authorities have undertaken risk assessments of public water supplies for cryptosporidium on the advice of the Department of the Environment. The Ennis public water supply has been assessed as high risk. Persons with an impaired immune system are particularly susceptible to infection with cryptosporidium. Babies should always have formula feeds made up with cooled boiled water.

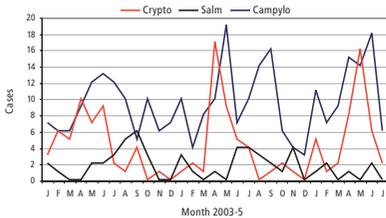


Figure 2: Laboratory confirmed cases of cryptosporidiosis, salmonellosis and campylobacteriosis by month 2003-2005 in the Mid-West.

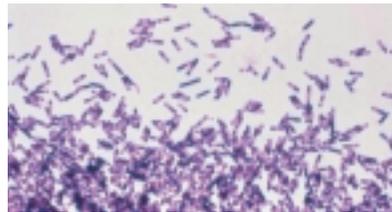


Computerised Infectious Disease Reporting (CIDR)

The national project for Computerised Infectious Disease Reporting (CIDR) has been introduced in the HSE Southern and HSE Midland Areas. This brings to three the number of Areas "live" with CIDR. Public Health is "live" in all three areas and the laboratories of the North Eastern and Midlands are also "live". There are plans to have the Eastern region and South Eastern and Western Areas live very shortly. The North Western and Mid-Western Areas should follow afterwards. CIDR is also live in HPSC and in three Reference Laboratories.

Clostridium difficile associated diarrhoea (CDAD)

Clostridium difficile is a spore forming bacterium that is sometimes present in the human gut. It can cause illness when the "normal" balance of bacteria alters. Mild or severe diarrhoea can be associated with toxins produced by the organism. It can be spread from person-to-person. Because of spores it can survive in the environment for a long time and these are resistant to some disinfectants and alcohol hand rubs. It is more often associated with antibiotic treatment and advanced age. Risk of disease increases with prolonged stay in health care facilities, immunocompromising conditions and serious underlying disease. Diarrhoea usually resolves once antibiotic treatment stops. Relapses can occur. CDAD is mainly a healthcare associated infection. Washing hands with soap and water along with proper glove use can minimise outbreaks of CDAD in hospitals. Since 2003 there have been reports of increased morbidity and mortality associated with CDAD in US and Canadian hospitals. Early this year the first reports of a hypotoxin producing *C. difficile* causing death were reported in hospitals in the UK and the Netherlands. *C. difficile* is not a notifiable disease in Ireland, but maybe captured under acute infectious gastroenteritis notification. In Northern Ireland, surveillance of CDAD was introduced in 2005. The Department of Public Health has produced an information leaflet available on the website giving more detail about the condition.



Clostridium difficile bacteria. Image courtesy of Public Health Image Library, CDC, US.



Listeriosis

Listeria monocytogenes is a bacterium that is found commonly in the environment and can be carried in the intestines of people and animals. Occasionally it may cause infection (listeriosis) and previously has caused large outbreaks of foodborne disease. Ready-to-eat, chilled, convenience food poses particular risk because the bacteria can reproduce at low temperatures. Listeria poses little serious risk to healthy adults and children but can cause severe illness in those immunocompromised due to illness or medication, in pregnant women, the elderly and the very young. Infection may vary from "flu-like illness to invasive blood stream infection or meningitis. The bacterium is acquired by consumption of contaminated food mainly or by direct contact with an infected person. Mother-to-fetus transmission can occur in pregnancy, with a high risk of infant mortality. Pregnant women and the immunocompromised are advised to avoid consumption of unpasteurised products (mainly soft cheeses and pâtes).

Good food hygiene and adequate refrigeration are very important. About seven cases of listeriosis are reported annually in Ireland. In 2004, two cases of bacteraemia (blood stream infection), caused by *Listeria monocytogenes*, were reported in the HSE Mid-Western Area. Up to June 2005, in the HSE MWA, there was one case of listeriosis, a wound infection. The Department of Public Health has produced an information leaflet on human listeriosis available on the website (www.mwhb.ie). The Food Safety Authority of Ireland recently published a report "The Control and Management of *Listeria monocytogenes*. Contamination of Food" (ISBN 1-904465-29-3) available on the FSAI website (www.fsai.ie). This is a source document for food businesses and raises awareness of the issue.



Preventing food-borne gastroenteritis

The germs which can cause gastroenteritis are found everywhere; in soil and water as well as on people, animals and food. Raw products, especially raw meats, poultry, fish and raw (unpasteurised) milk and raw milk products (cheese and yoghurt) may contain harmful bacteria. People carry germs on their hands, face, nose and in their stomachs as do animals such as insects, pets, birds and rodents. Infection may be contracted by consuming contaminated water or food or coming into contact with the faeces of an infected person or animal. Those most susceptible to infection are infants and children under five, frail elderly people and people suffering from chronic diseases or with depressed immune systems.

Food handling:

- Store raw meats separately on the bottom shelf of the fridge at -4°C or else frozen. Store cooked and ready-to-eat food on the top shelves
- Never let raw meat, or its juices, come into contact with cooked meat or any other food that will be eaten without further cooking
- Use separate chopping boards and utensils for raw meat and cooked meat, vegetables, fruit and other ready-to-eat foods or else clean and disinfect in-between tasks
- Ensure dish-cloths are kept clean and changed regularly
- Check and use food by "Use By" dates
- Take chilled and frozen food home quickly and put in the fridge or freezer at once
- Keep food covered or store it in sealed food containers.
- Defrost food properly - overnight in the fridge
- If you defrost food in the microwave, cook it immediately
- Keep eggs in the fridge. Do not eat raw or undercooked eggs
- Avoid serving unpasteurised milk, cream or milk products such as cheese and yoghurt and rare or undercooked meat to vulnerable persons
- Wash vegetables and fruit in drinking (chlorinated) water
- If not on a chlorinated mains water supply, get water quality checked.

Cook food adequately:

- Cooking food at 70°C for two minutes kills most bacteria. Use a temperature probe where possible
- Cook beef burgers, minced, diced or rolled meat and poultry until juices run clear, especially when barbecuing
- Follow microwave manufacturers' cooking instructions
- Follow manufacturers' cooking instructions on convenience food
- Ensure reheated food is piping hot.



Always wash your hands in warm soapy water:

- before and after preparing food
- after handling raw meat
- after using the toilet or changing nappies
- after any direct contact with animals (especially at pet/open farms)
- after handling rubbish
- after smoking, sneezing, coughing and using a handkerchief.

If you care for small children or those with poor personal hygiene, make sure their hands are washed in warm soapy water after they use the toilet or have direct contact with animals.

Persons suffering from gastroenteritis should:

- Take plenty of fluids to avoid dehydration
- Pay particular attention to personal hygiene, especially hand washing, to avoid person to person spread
- Should not prepare food for consumption by other people
- Seek further advice from a general practitioner or local HSE office.

Most cases of gastroenteritis are self-limiting and resolve without specific treatment. Anyone who has vomiting or diarrhoea should not attend work or school until symptoms cease. People in high-risk groups (including food handlers, certain staff in health care facilities, children under five years, and people who have difficulty maintaining personal hygiene) should not return until free of symptoms for 48 hours.

