

IN THE NEWS

Human Avian influenza

The cumulative number of lab confirmed human cases of avian influenza A/(H5N1) reported to WHO as of 11 January 2008 is as follows: Since 2003 there have been 349 reported cases from 14 countries. 216 of these cases have been fatal.

Avian Influenza H5N1 confirmed in Dorset; Swans

As of 16 Jan 2008 the department of the Environment, Food and Rural Affairs, UK (DEFRA) has confirmed Avian Influenza in four dead wild mute swans in the Chesil Beach area in Dorset, following positive test results from the Veterinary Laboratories Agency for the highly pathogenic strain of H5N1. These birds were found and tested following a routine surveillance programme. The Department reminded poultry flockowners of the need for continued vigilance and of the need to exercise the highest standards of biosecurity.

Further details can be found on the Defra website at www.defra.gov.uk/avianflu

Norovirus Alert

On 8 January the Health Protection Surveillance Centre issued advice for employers on how to deal with norovirus following an increase in the incidence of the illness in the late months of 2007. Employers can prepare for the possibility of sickness in the workplace by having simple cleaning equipment available and staff assigned to clean and decontaminate soiled areas. Anyone who has norovirus should stay off work until their vomiting and diarrhoea has stopped and for 48 hours afterwards so that they do not infect others on their return. For guidance see 'National guidelines on the management of outbreaks in Healthcare settings / or Tourist and Leisure Industry settings (www.HPSC.ie)

Documents published since last Newsletter

- Report on the Epidemiology of TB in Ireland 2005 (HPSC, 2007)
- Provisional TB data for 2006 (HPSC, 2007)
- The First European communicable disease epidemiological report, July 2007 (www.edcdp.europa.eu)
- National hepatitis C database for infection acquired through blood and blood products (HPSC, 2007)

Weekly, quarterly and annual reports on Communicable Diseases are available on the HPSC website: www.hpsc.ie

Immunisation and schedules

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The new edition of "Immunisation Guidelines for Ireland" which is due to be published in early 2008 is not available at the time of going to the printers. Copies will be distributed to GP surgeries, hospitals and clinics as soon as they become available. Planning has begun for the implementation of the new childhood immunisation schedule which will be introduced later this year, possibly september. We do not have a definite date yet.

The proposed changes to the schedule are as follows:

- Addition of Pneumococcal conjugate vaccine (PCV 7) at 2, 6 and 12 months.
- Addition of Hepatitis B vaccine at 2, 4 and 6 months as part of a new 6 in 1 vaccine.
- Changes in the timing of Meningococcal C vaccine (MenC) from 2, 4 and 6 months to 4, 6 and 13 months.
- Changes in timing of Haemophilus influenzae vaccine (Hib) from 2, 4, 6 and 12 months to 2, 4, 6 and 13 months.
- Addition of low dose acellular Pertussis booster at 11 – 14 years.

In addition to the changes to the schedule it is expected that there will be

- A GP based catch up pneumococcal vaccination programme for children up to the age of 2 years.
- A school based MMR catch up programme for all children aged 4 to 18 years who have not had two doses of MMR.

Timing and spacing of vaccines

We receive many enquiries from GP surgeries relating to vaccine schedules and the timing and spacing of different vaccines. It is best to adhere as closely as possible to the recommended schedule. There is no maximum interval between doses. If any course of immunisation is interrupted, it should be resumed and completed as soon as possible. There is no need to start the course again. All primary immunisations, MenC and MMR vaccines can be given at the same visit if necessary. In some instances it may be necessary to vaccinate earlier than the **recommended** interval but two doses of the same vaccine should not be given at less than the **minimum** interval. Vaccine doses given too close together can lead to a suboptimal immune response. The following tables are designed as a quick reference for the practitioner.

Table 1: The childhood Immunisation schedule and spacing of multiple doses of the same vaccine.

AGE	Current Schedule	New Schedule	Intervals
Birth	BCG	BCG	Not Applicable
2 months	5 in 1 + MenC	6 in 1 + PCV 7	The recommended interval between any two doses of 6 in 1, 5 in 1, Hib, MenC and PCV 7 is 2 months. The minimum is 1 month**
4 months	5 in 1 + MenC	6 in 1 + MenC	
6 months	5 in 1 + MenC	6 in 1 + MenC + PCV 7	
12 months	MMR Hib	MMR PCV 7	Minimum of one month between MMR dose 1 and 2
13 months	-	MenC Hib	Dose 3 of MenC and PCV 7 and dose 4 of Hib after the first birthday (new schedule)
4 – 5 years	4 in 1 (DTP) MMR	4 in 1 (DTP) MMR	3 years from dose 3 (3rd 5 in 1 or 6 in 1) to dose 4 (4 in 1 DTP)
11 – 14 years			5 years from dose 4 to dose 5 (Td or Tdap)

5 in 1 contains Diphtheria, Tetanus, acellular Pertussis, inactivated Polio and Hib vaccines

6 in 1 contains Diphtheria, Tetanus, acellular Pertussis, inactivated Polio, Hib and Hepatitis B vaccines

** Await new guidelines for 6in1.

Table 2: Which vaccines are live and which are not ?

TYPE	Contents	Childhood Schedule	Others
Live Vaccines	Live attenuated organism	BCG Measles Mumps Rubella	Oral Rotavirus, Varicella, Oral Polio OPV, Yellow Fever, Rabies, Oral Typhoid and Live Attenuated Flu vaccines.
Inactivated Vaccines	<p>Killed organism</p> <p>Secreted products - Toxin / Toxoid</p> <p>Recombinant components</p> <p>Cell wall components -Protein</p> <p>-Polysaccharide</p> <p>-Polysaccharide conjugated to a carrier protein</p>	<p>IPV – Inactivated Polio as in 4 in 1, 5 in 1, 6 in 1, Revaxis and Poliomyelitis IPV</p> <p>Diphtheria Tetanus Acellular Pertussis – aP as in 4 in 1 (DTP), 5 in 1, 6 in 1</p> <p>Hepatitis B</p> <p>Acellular Pertussis - aP</p> <p>Hib, MenC Pneumococcal - PCV 7 (Prevenar)</p>	<p>Whole Cell Pertussis - wP Hepatitis A</p> <p>Low dose diphtheria as in diTe booster or Revaxis</p> <p>HPV in Gardasil and Cervarix</p> <p>Influenza,</p> <p>Pneumococcal - PPV 23 (Pneumovax 11)</p>

D/P/T/P: All of the fifty or so countries in the WHO “European Region “ include Diphtheria, Tetanus, Pertussis and Polio in their childhood vaccination programmes. They are often given at different ages, time intervals or combinations to the Irish schedule. The next dose due under the Irish schedule should be given provided the minimum interval of time has passed. Polio immunisation commenced as OPV can be completed with IPV. Pertussis immunisation commenced as wP (whole cell pertussis vaccine) can be completed with aP (acellular pertussis vaccine)

MMR: Most European Region countries now have a two dose MMR schedule although this is a recent development in some countries. Kazakhstan, Kyrgistan and the Russian Federation still use Measles only (M) or Measles / Rubella (MR) vaccine in some states.

Hib: Fourteen countries do not give Hib as part of their Primary Childhood Immunisations. A further six countries, including Poland, introduced Hib since 2004 so many children under the age of four may not be covered.

MenC: Only eight European countries offer a two or three dose schedule of Meningococcal C conjugate vaccine in the first year of life. A further seven countries offer one or two doses after the first birthday. Please see Table 3.

Table 3: Vaccine schedules in European Region Countries.

Country	Hib Schedule	Date Hib introduced	MMR Schedule	Date MMR 1 + 11 introduced	Men C	PCV7
Albania	-	Jan 2008	12 m, 5 y	n/a		
Andorra	2, 4, 6, 15 m	Before 2004	15 m, 5 y	n/a	2, 4, 6 m	
Armenia	-	-	12 m, 6 y	n/a		
Austria	2, 4, 6, 12 m	Before 2004	12 m, 24 m	n/a		
Azərbayjan	-	-	12 m, 6 y	n/a		
Belarus	-	-	12 m, 6 y	n/a		
Belgium	2, 3, 4, 13 m	Before 2004	12m, 10-13 y	1985, 1994	13 -18 m	2, 4, 12 m
Bosnia	2, 4, 18 m		12 m, 6 y	n/a		
Bulgaria	-	-	13 m, 12 y	1993, 2001		
Croatia	2, 4 1/2, 6, 12 m	Before 2004	12 m, 6 y	1992		
Cyprus	2, 4, 6, 12 m	Before 2004	12 m, 4 y	1989,	12 13 m	Selective
Czech Republic	3, 4, 5, 11 1/2 m	Before 2004	15 m, 21 m	n/a		
Denmark	3, 5, 12 m	Before 2004	15 m, 12 y	1987, 1989		
Estonia	3, 4, 6, 24 m	2004	12 m, 13 y	n/a		
Finland	3, 5, 12 m	Before 2004	14 m, 6 y	1980's		
France	2, 3, 4, 16 m	Before 2004	12m, 3 y	1986, 1996		2, 3, 4, 12 m
Georgia	-	-	12 m, 5 y	n/a		
Germany	2, 4, 11 m	Before 2004	11-14 m, 15-23 m	1980's	11 - 23 m	2, 3, 4, 11 m
Greece	2, 4, 6, 12 m	Before 2004	12 m, 4 y	n/a	2, 4, 15 m	2, 4, 6, 12 m
Hungary	2, 3, 4, 18, 72 m	Before 2004	15 m, 11 y	n/a		
Iceland	2, 4, 6, 12 m	Before 2004	18 m, 12 y	n/a	6, 8 m	
Ireland	2, 4, 6, 12/13 m	Before 2004	12 m, 4-5 y	1988, 1995	2, 4, 6 m	2008
Italy	3, 5, 11 - 12 m	Before 2004	12 m, 5-12 y	1990, 1999	3, 5, 11-12m	Selective
Kazakstan	-	-	12 m , 6 y	MMR/MR/ M		
Kyrgistan	-	-	12 m , 6 y	MMR/MR/ M		
Latvia	3, 4, 6 m	Before 2004	15 m, 7 y	n/a		
Lithuania	2, 4, 6, 18	Before 2004	15 m, 6 y	1996, 1998		
Luxembourg	2, 3, 4, 12 m	Before 2004	15 m, 5 y	1994,	13 m	2, 3, 4, 12 m
Macedonia	-	-	13 m, 7 y	n/a		
Malta	1 1/2, 3, 4, 12 m	Before 2004	15 m, 8 y	1990, 1991		
Monaco	2, 4, 6 m	Before 2004	12 m, 3 y	n/a	24 m	
Montenegro	3, 4, 6, 18 m	2006	12 m, 6 y	n/a		
Moldova	-	-	12 m, 6 y	n/a		
Netherlands	2, 3, 4, 11 m	Before 2004	14 m, 9 y	1980's	11 m	2, 3, 4, 11m
Norway	3, 5, 12	Before 2004	15 m, 12 y	1980's		3, 5, 12 m
Poland	2, 3-4, 5-6, 16 m	April 2007	13 m, 10 y	2003, 2005		
Portugal	2, 4, 6, 18 m	Before 2004	15 m, 5 y	n/a	3, 5, 15 m	
Romania	-	-	12 m, 6 y	2004, 2005		
Russia	-	-	12 m, 6 y	MMR/MR/ M		
San Marino	2-3, 5-6, 11-12 m	Before 2004	15m, 5 y	n/a		
Serbia	2, 3, 5 m	2006	12 m, 7 y	n/a		
Slovak Republic	2, 4, 10 m	Before 2004	14 m, 10 y	1987, 1992		
Slovenia	3, 4, 6, 12 m	Before 2004	12 m, 5 y	1990, 1990		
Spain	2, 4, 6, 15 m	Before 2004	12 m, 3 y	n/a	2, 4, 6 m	
Sweden	3, 5, 12 m	Before 2004	18 m, 6-12 y	1982,		
Switzerland	2, 4, 6, 15 m	Before 2004	12 m, 15 m	1985, 1996	12 m, 11 y	2, 4, 6 m
Tajikistan	-	-	9m, 6 y	n/a		
Turkey	2, 3, 4, 16	2006	12 m, 6 y	2006		
Turkmenistan	-	-	12 m, 6 y	2007		
UK	2, 3, 4, 12 m	Before 2004	13 m, 5 yr	1980's	3, 4, 12 m	2, 4, 13 m
Ukraine	3, 4, 5, 18 m	2006	12 m, 6 y	n/a		
Uzbekistan	-	-	12 m, 6 y	n/a		

Statutory Notification of Infectious diseases

The table below shows cases of infectious diseases notified in the HSE/SE area only under Infectious Disease (Amendment No.3) Regulations 2003 (S.I. No. 707 of 2003).

With the exception of STI, TB, Staphylococcus aureus bacteraemia, E. coli infection (invasive) and Enterococcal bacteraemia, data has been extracted from CIDR (computerized infectious disease reporting).

Clinical notifications are notifications received directly from clinicians. Laboratory notifications are those received from the clinical director of a diagnostic laboratory. STI figures are shown for clinical notifications only.

Disease	2005	2006	2007	2007	
	Weeks	Weeks	Weeks	Weeks	
	1-52	1-52	1-52 ¹	1-52	
	Cases	Cases	Cases	Notification Source ²	
				Lab	Clinical
Acute infectious gastroenteritis	295	254	418	357	182
Ano-genital warts	3	8	6	0	6
Bacterial meningitis (not otherwise specified)	6	9	9	0	37
Brucellosis	1	2	0	0	0
Campylobacter infection	228	197	175	172	96
<i>Chlamydia trachomatis</i> infection (genital)	22	49	65	0	65
Clostridium Perfringes	0	0	0	0	0
Cryptosporidiosis	98	61	79	134	166
<i>E. coli</i> infection (invasive)	121	122	125	125	0
Enterococcal bacteraemia	32	38	30	30	0
Enterohaemorrhagic <i>E. coli</i>	17	9	9	13	50
Giardiasis	6	6	9	5	14
Gonorrhoea	1	3	3	0	3
Haemophilus influenzae disease (invasive)	2	4	5	6	18
Hepatitis A Acute	8	2	4	3	11
Hepatitis B Acute	9	10	2	72	167
Hepatitis B Chronic	53	42	55		
Hepatitis C	61	42	47	47	40
Herpes simplex (genital)	4	0	6	0	6
Influenza	15	26	32	28	53
Legionellosis	1	0	0	0	0
Leptospirosis	2	5	4	3	9
Listeriosis	0	0	1	1	4
Malaria	2	4	9	7	22
Measles	7	5	8	0	34
Meningococcal disease	19	24	19	18	83
Mumps	29	22	12	7	40
Non-specific urethritis	0	0	0	0	0
Noroviral infection	52	65	127	116	29
Paratyphoid	0	0	1	1	1
Pertussis	2	6	9	4	19
Rubella	1	1	2	0	2
Salmonellosis	50	33	37	71	103
Shigellosis	4	0	2	2	3
Staphylococcus aureus bacteraemia	69	93	81	81	0
<i>Streptococcus</i> group A infection (invasive)	1	4	10	10	5
<i>Streptococcus pneumoniae</i> infection (invasive)	32	70	84	91	62
Syphilis	7	8	7	0	7
Toxoplasmosis	9	1	8	8	2
Tuberculosis	37	51	34	†	†
Typhoid	0	1	0	0	0
Viral Encephalitis	1	1	1	1	1
Viral Meningitis	6	15	6	5	13
Total	1313	1293	1541	1418	1353

¹ Provisional data

² Cases may be notified from a clinical source or a lab source or from both sources (multiple notifications included). Therefore figures for clinical and lab notifications may not equal the total number of cases.

† Although TB is also notified by the lab, this information is not quantified



There were no notified cases of tetanus, diphtheria, acute anterior poliomyelitis, anthrax, cholera, ornithosis, plague, rabies, smallpox, typhus, viral haemorrhagic disease, or yellow fever.

Immunisation uptake in the HSE-South (SE) and in Ireland

Immunisation uptake rates for children at 12 months and 24 months of age.

	% Uptake at 12 months of age						
	BCG	D3	P3	T3	Hib3	Polio3	MenC3
HSE SE Q2 2007	92	85	85	85	85	85	85
CW/KK	92	85	85	85	85	85	84
TS	92	88	88	88	88	88	87
WD	90	81	81	81	81	81	81
WX	94	87	87	87	90	87	87
National Q2 2007	94	87	87	87	87	87	87
HSE SE Q2 2006	93	86	85	85	85	85	85

	% Uptake at 24 months of age						
	D3	P3	T3	Hib3	Pol3	MenC3	MMR1
HSE SE Q2 2007	89	89	89	89	89	88	85
CW/KK	90	90	90	90	90	90	85
TS	91	91	91	91	91	91	91
WD	85	85	85	85	85	84	81
WX	92	92	92	92	92	90	87
National Q2 2007	91	91	91	91	91	91	86
HSE SE Q2 2006	90	89	90	90	90	89	88

Overall, uptake of primary vaccinations decreased marginally in the South East for Q2 2007 compared with the same period in 2006. In particular, the uptake of MMR1 decreased by 3% over the same time period. The target uptake rate of $\geq 95\%$ has not been achieved in the South East.

This report is produced with the data provided by the Senior Medical Officers, Environmental Health Officers, Waterford Regional Hospital Laboratory, Hospital Clinicians, Regional STI Clinics and General Practitioners.

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