

Gastroenteritis

Cryptosporidiosis: There were 25 cases of cryptosporidium reported in the HSE West* (Clare, Limerick, Tipperary North) from January to April 2007. Three family clusters, affecting two siblings in each event were identified. This is in keeping with levels we would expect, given the seasonality of the organism (in March/April there were 22 cases in 2007 – the same for that period in 2006). There were links in 3-4 cases to Galway where there is a large outbreak of waterborne cryptosporidiosis under investigation. Close attention to all cases of Cryptosporidium continues through ongoing surveillance. The incidence rate of Cryptosporidium in largely rural populations is similar to neighbouring areas. The reported epidemiology of Cryptosporidium may be governed by laboratory methodology (only children under 15 years and those with specific risk factors may be investigated) and careful consideration must be given to requests where links to outbreaks are present. Importantly children with Cryptosporidium should be excluded from activities such as using swimming pools as chlorine is not as effective against Cryptosporidium. Contact with pets and farm animals are potential risk factors. Maintenance of good hand hygiene is essential.

Campylobacter: This remains the most common bacterial cause of food-poisoning. The incidence of infection rose rapidly in recent months. People should take precautions when handling raw poultry meats and cook such products thoroughly. Avoid storage of raw poultry and red meat in such a way that would contaminate salads and uncooked food. Always wash hands after food handling and before eating!

Salmonella: There were only two reports of human salmonellosis in the HSE West*. One was reported from a resident in Limerick and the other in Tipperary North. One was a blood isolate *S. Bredeney* and the other was *S. Typhimurium* gastroenteritis. The incidence of salmonellosis in the region at this time of year is low due to seasonality. In 2006, the incidence in the Mid-West was comparable to the national incidence rate and this rate is lower than rates in England, Wales, Scotland and Northern Ireland.

EHEC/VTEC: There have been at least four cases of enterohaemorrhagic (verotoxigenic *E. coli*) O157 in the area since December 2006.

Shigellosis: There were no cases of shigella reported in 2007, up to April. This compares to 2006 when there were six cases.

Rotavirus and Norovirus: Rotavirus is a very common cause of viral gastroenteritis in children under 2 years and results in hospitalisation in some cases. Nearly 100 cases are confirmed each year (93 in 2006). There is a hope that a vaccine may become available in the coming years to prevent this common infection. Norovirus has again appeared in several healthcare facilities in the Mid-West. Two large outbreaks of Norovirus occurred in February & April in the Mid-Western Regional Hospital, Limerick, which resulted in restricted visiting to the hospital. In 2006, over 110 cases were confirmed affecting many hospitals and long-term care facilities.

Hepatitis A: There were two cases of hepatitis A in 2006 and none in the area in 2007 up to April.

The Report on the Epidemiology of Gastrointestinal Infections (salmonellosis, Campylobacter, Cryptosporidium, EHEC) and *Clostridium difficile*, in the HSE West*, 2001-6 will be uploaded to the Public Health section of the website shortly. DW

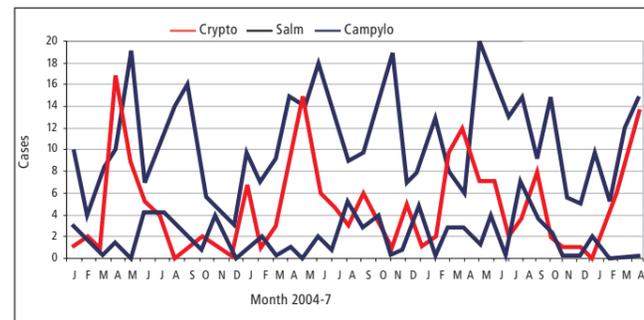


Figure 3: Laboratory confirmed cases of cryptosporidiosis, salmonellosis and campylobacteriosis by month 2004-2007 in the HSE West*



Diary Dates

Health Protection 2007

17-19 September 2007
University of Warwick
www.healthprotectionconference.org.uk

Inaugural All-Ireland Health Intelligence Conference

7-8 November 2007 Dublin
www.inispho.org
www.publichealth.ie

KEEP MEDICINES OUT OF REACH OF CHILDREN!!

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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Staphylococcal Scalded
Skin Syndrome
Tuberculosis (TB)
ID-Link Evaluation
Influenza Surveillance
Cryptosporidiosis in Galway
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Diary Dates



Staphylococcal Scalded Skin Syndrome

A cluster of five cases of Staphylococcal Scalded Skin Syndrome (SSSS) has occurred amongst babies born at the Mid-Western Regional Maternity Hospital, Limerick since February 2007. All neonates were well on discharge and presented a number of days later to the Mid-Western Regional Hospital, Dooradoyle.

SSSS is an illness characterised by red blistering skin that looks like a burn or a scald. It is caused by exfoliative toxin producing strains of *Staphylococcus aureus* and occurs mostly in children younger than 5 years, particularly the newly born. Treatment with flucloxacillin is usually effective.

All cases were caused by methicillin sensitive *S. aureus* (MSSA). Molecular typing found four isolates to be indistinguishable. An Outbreak Control Team has been convened to investigate the cluster and institute control measures. Control measures included heightening of infection control measures and use of chlorhexidine powder for umbilical care and also an anti-staphylococcal wash. Mothers are given an SSSS advice leaflet on discharge. All General Practitioners and Shannondoc out of

hours service were advised of the cluster, asked to be vigilant regarding soft tissue infections and to take swabs from any suspect cases along with prescription of oral flucloxacillin. Directors of Public Health Nursing were also advised.

Outbreaks of SSSS have been linked to *S. aureus* carriage by Health Care Workers. Nasal carriage of *S. aureus* occurs in 35% of the normal population. Medical, nursing and nursing attendant staff are being screened for *S. aureus* carriage. Health Care Workers found to have *S. aureus* (both MSSA and MRSA) nasal carriage are being treated with mupirocin and those with dermatological lesions with chlorhexidine scrub. To date 33% of those screened have *S. aureus* nasal carriage.

This is the first known recorded outbreak of SSSS in Ireland and only a small number of outbreaks are reported internationally in the medical journals. The Mid-Western Regional Maternity Hospital Limerick is the fifth largest in the country with over 4,000 babies born every year. OH & RF



Influenza Surveillance

Influenza activity continued at a moderate level from February into early March in the Mid-West. Serologically, 28 cases of Influenza A and three cases of Influenza B were confirmed. Also in this two month period 18 cases of Influenza A were confirmed from throat swabs. This is consistent with the peak displayed in the sentinel GP data of influenza like illness reported to the HPSC (figure1). Influenza activity returned to low levels in late March and continued that way in April. The 2006/2007 Influenza surveillance season ended on the 20th of May 2007 but the HPSC will continue to receive data from sentinel GP practices throughout the summer period and report same on a monthly basis. Please see www.ndsc.ie/hpsc for detailed weekly reports of the 2006/2007 Influenza season. OH

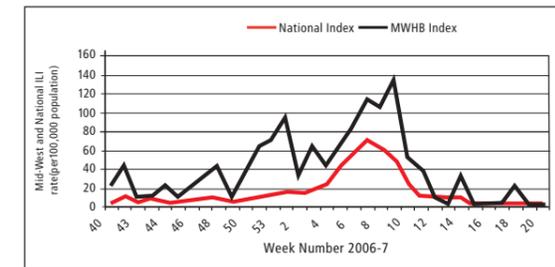


Figure 1: Weekly index of influenza like illness (MWA and national) based on sentinel GP practices September 2006-May 2007



Tuberculosis (TB)

Tuberculosis (TB) was once endemic in Ireland and the disease had very high rates of morbidity and mortality. Today it is not the killer infection that it used to be but remains a significant public health problem. Overall the incidence of TB is increasing around the world and resistant and multi-drug resistant strains are continuing to emerge. The incidence of TB has declined over the past few decades in Ireland but in recent years this decline has plateaued. The most recent figures for the HSE West (Clare, Limerick, Tipperary North) show a crude incidence of 15.6 per 100,000 which continues the upward trend seen over the past 5 years.

TB disease appears in different ways and can affect any age-group, but certain groups are more at risk especially the immunocompromised. Symptoms of TB include persistent productive cough, weight loss, anorexia, night sweats and fatigue. Treatment usually involves a combination of antibiotics taken for a period of 6 months (sometimes longer). Those being treated for TB are advised not to drink alcohol and female patients are advised not to become pregnant while on treatment. Usually the patient can return to work or school within 2 weeks of starting treatment. Not all

forms of TB are infectious, however, "sputum positive" or "open TB" (where acid fast bacilli are seen on microscopy) is infectious. Typically persons with more than 10 hours cumulative exposure, within conversational distance, of an open case of TB need to be screened for infection. Contacts requiring screening typically include household contacts. In cases of high infectivity (e.g. confined workplaces/social settings or vulnerable contacts) more extensive contact screening is carried out. Contacts are usually screened using a skin test in the forearm called a Mantoux test.

Further investigations may be necessary depending on the result of the skin test e.g. Chest X-Ray. It is hoped to introduce new diagnostic techniques for contact tracing in the future. Some contacts may be offered treatment for latent TB infection, with the antibiotic Isoniazid for a period of six months, (preventative treatment) to reduce the risk of developing disease in the future. TB contact tracing clinics are held in the Mid-Western Regional Hospital Limerick, Mid-Western Regional Hospital Nenagh and the County Clinic Ennis. Patients are seen by appointment only. FO'D



Cryptosporidiosis in Galway

Cryptosporidiosis has attracted public attention in Ireland in recent weeks with the confirmation of over 200 cases believed to be of waterborne origin across Galway City and County in the first five months of 2007.

Cryptosporidium is a parasite which can produce an unpleasant gastric illness known as cryptosporidiosis. Cryptosporidiosis can be a serious problem in people with weak immune systems such as young children, the elderly, people on cytotoxic drugs and those with AIDS. However, most affected individuals respond well to fluid rehydration. Since January 2004 it has been a notifiable disease which medical practitioners and laboratories are required to notify to the Medical Officer of Health (MoH) who is in turn required to notify the HPSC. Public information is available on the HPSC website at <http://www.ndsc.ie/hpsc>

Many of the cases notified in Ireland are linked to foreign travel, zoonosis (animal-person contact), contaminated food and contaminated swimming pools and other recreational waters (rivers and lakes) However the potential for large outbreaks of waterborne origin led to the publication by the Health Protection Surveillance Centre in 2004 of The Report of the Waterborne Cryptosporidiosis SubCommittee which summarized existing evidence and made recommendations for multi-agency policy and action "in ensuring the safety of drinking and recreational water". The full report can be accessed on <http://www.ndsc.ie/hpsc>.

The attention of individual clinicians dealing with patients who may be immunocompromised is drawn to Appendix 6 of the report which comprises a leaflet which doctors are advised to give to relevant patients so that they can make an individual assessment of patient risk. TG



Vaccination Uptake

Vaccination uptake of the '5-in-1' at 24 months remains at 92% for the first quarter of 2007 (children born January - March 2005). Uptake of MMR, a vaccine which protects children from Measles, Mumps and Rubella, is down one percent from 87% in Q4 2006 to 86% for this quarter in HSE West (Clare, Limerick, Tipperary North). Overall BCG uptake in the region is 97%. OH

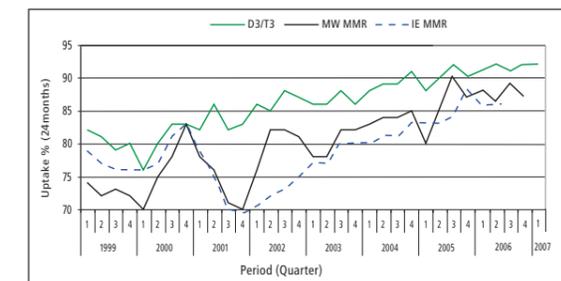


Figure 2: Quarterly vaccination uptake of diphtheria/tetanus (DT - 3 doses) in the Mid-West and MMR at 24 months in the Mid-West and Ireland, 1999-2007.

ID-Link Evaluation

The response rate to the recent ID Link evaluation survey was poor, just under 8%. Of the 700 copies of ID Link distributed, 53 questionnaires were returned. This is an increase on the response to the 2003 survey (n=47) and the 2005 survey (n=33). The work environment of those who responded to the survey was predominantly GP's, Public Health Professionals and Hospital Clinicians. 67% of those who responded found the publication relevant and 77% found it useful. 84% of readers are satisfied that the depth of information in the newsletter is about right. The presentation of the publication scored very well as 98% of respondents felt it was Good/Excellent. Almost all respondents found that it was a very timely publication. OH

