



## HIV and Older People

Ireland has an ageing general population and life expectancy is gradually rising. In HIV-infected people, effective management of disease is prolonging survival. However, preventive messages about the transmission of HIV (unsafe sex, injecting drug use, etc.) are not generally aimed at the older population.

Social changes in marital status, changing sexual mores, treatments for sexual dysfunction, etc. mean older people are experiencing changes in the opportunities for sexual activity. Family doctors may be reluctant to discuss safer sex practices and HIV testing with people in this age group. Consequently HIV infection in older people may present late. Co-morbidities such as diabetes mellitus, cardiovascular disease and cancer can be complications that give rise to polypharmacy (multiple drug therapies), increasing the risks of adverse drug interactions. Medical practitioners are encouraged to consider sexual health promotion in older people who are sexually active and refer HIV-infected people to specialist services for follow-up.

Dr. Busi Mooka, who has recently been appointed as a temporary Consultant in Infectious Diseases, will now be managing the care of HIV-infected patients in the Region. **BM/DW**

### New Consultant in Infectious Diseases for the region

The Department of Public Health would like to welcome Dr. Busi Mooka, who has recently taken up a temporary post as Consultant in Infectious Diseases and Acting Director of the Sexually Transmitted Diseases (STD) service, at the Mid West Regional Hospital in Limerick. We wish her well in her new post. Dr. Mooka will also be providing advice on clinical aspects of all infections.

### Infectious Diseases Service

This service is available for treatment and prevention of Infectious Diseases in adult patients. Patients may be referred by their GP or hospital doctor, both as in patients and as out patients. Patients requiring a sexual health review or a genitourinary medicine review may self refer.

The best way for doctors in the region to refer patients is to:  
Tel (061) 482382 Fax (061) 482958  
Email [b.mooka@hse.ie](mailto:b.mooka@hse.ie)  
or call Dr. Busi Mooka on her mobile through the hospital switchboard on (061) 301111.

In order to facilitate timely review of patients, a date of birth, address and daytime phone number is helpful.

## Meningitis

Nine cases of invasive meningococcal disease (IMD) due to *Neisseria meningitidis* group B were confirmed in children in the Mid-Western Area during the first six months of 2008.

All except one of these cases were under three years old. Five were male and four were female. The cases were distributed throughout Clare, Limerick and Tipperary North. No cases of IMD due to serogroup C were confirmed, indicating the continuing success of the preventive vaccine in protecting those vaccinated since 2000. The crude incidence of IMD over this period is consistent with the incidence over the same period in previous years.

Five cases of bacterial meningitis were reported. The three adult cases involved *S. pneumoniae*, *Haemophilus influenzae* f (not a vaccine preventable type) and an unusual case due to an organism rarely associated with meningitis, *Fusobacterium necrophorum*. **DW**

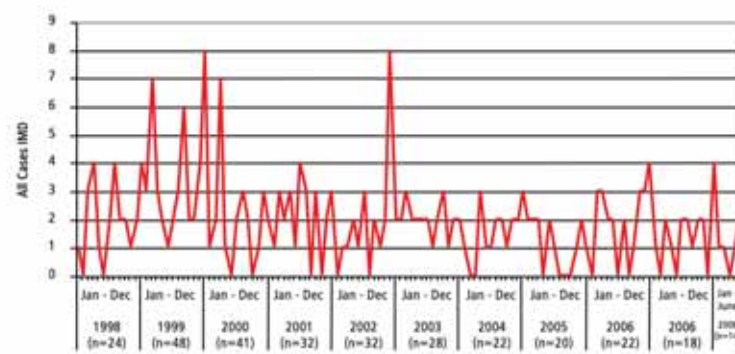


Figure 1: Monthly cases of invasive meningococcal disease notified in the Mid-West, January 1998 – June 2008.

## Haemorrhagic Fever

The Health Protection and Surveillance Centre (HPSC) in Dublin has been notified of a number of cases of the viral Crimean-Congo Haemorrhagic Fever (CCHF) that have occurred among people resident in certain European countries, particularly the Balkan States, and including Bulgaria and Turkey. Recently, the first clinical case occurred in a Greek resident.

There has been a marked increase in the incidence of various tick-borne diseases including CCHF in many parts of Europe over the last two decades. Crimean-Congo Haemorrhagic Fever is tick-borne and can also be transmitted by contact with blood, other body fluids or tissue from infected humans or livestock.

As a precautionary measure, people travelling to rural areas where tick-borne diseases are known to be a problem are advised to take measures to avoid tick bites by minimising exposure, using an insect repellent and inspecting their body after exposure to remove any ticks that have attached themselves. Further information is available from the HPSC website ([www.hpsc.ie](http://www.hpsc.ie)) or from the European Centre for Disease Prevention at ([http://ecdc.europa.eu/Health\\_topics/CCHF/Disease\\_facts.html](http://ecdc.europa.eu/Health_topics/CCHF/Disease_facts.html)). **POS**



## Protect children - by fully immunising

*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 Senior Medical Officers and the Mid-Western Regional Hospital Laboratory.

*Some data are provisional and are subject to amendment.*

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## Vaccination Costs in Limerick, Clare & North Tipperary set to rise

The cost of vaccinating children with the routinely recommended childhood vaccinations is set to escalate with the addition of the Hepatitis B vaccine and the Pneumococcal Conjugate Vaccine to the Primary Childhood Immunisation Programme (PCIP) in September 2008.

The current cost of the vaccines in the PCIP schedule is €103.56 per child and the General Practitioner's fee for their administration is €153.10 (Table 1), giving a total cost to the HSE of €256.66 per child.

Children born from July 1st will be due to start their vaccinations on September 1st and under the new schedule

will be given the 6-in-1 vaccine containing vaccines against Diphtheria, Tetanus, acellular Pertussis (whooping cough), inactivated Polio, *Haemophilus Influenzae b* (Hib) and Hepatitis B, the Pneumococcal Conjugate Vaccine (PCV) and the Meningitis C Vaccine (MenC).

The cost of the vaccines for the revised programme is €391.83 which, with a GP fee of €213.10\*, will give a total cost to the HSE of €604.93\* per child, an increase of €348.27\* or 136%. In addition, where a GP vaccinates 95% of the children registered with him/her for the PCIP, a bonus (currently €63.95) is paid in respect of each child.

Age	Old Schedule		New Schedule	
	Vaccine	Cost (€)	Vaccine	Cost (€)
Birth	BCG	1.26	BCG	1.37
2 months	5-in-1	15.73	6-in-1	38.67
	Men C	10.65	PCV	72.60
4 months	5-in-1	15.73	6-in-1	38.67
	Men C	10.65	MenC	10.81
6 months	5-in-1	15.73	6-in-1	38.67
	Men C	10.65	PCV	72.60
			MenC	10.81
12 months	MMR	9.83	MMR	9.89
	Hib	13.33	PCV	72.60
13 months			Hib	14.33
			MenC	10.81
<b>PCIP Vaccine costs</b>		<b>103.56</b>		<b>391.83</b>
<b>PCIP GP fees</b>		153.10		213.10*
<b>Total</b>		<b>256.66</b>		<b>604.93*</b>

Table 1: Cost of Primary Childhood Immunisation Programme under the old and new schedules

\* Approximate cost

Most of the increased cost is due to the PCV vaccine at €72.60 per dose (€217.80 for 3 doses). The increased cost of the 6-in-1 over the 5-in-1 (which does not contain Hepatitis B) is €22.94 per dose (€68.82 for 3 doses). The increase in GP fees will be approximately €60 for the three extra injections and one extra visit.

The costs of the other vaccines in frequent use are:

<b>4-in-1 vaccine</b>	€15.64
<b>Tetanus/low dose Diphtheria</b>	€5.15
<b>Influenza vaccine</b>	€4.95
<b>Pneumococcal Polysaccharide vaccine</b>	€17.59
<b>Hepatitis B</b>	€ 11.90 for paediatric and €15.64 for adult vaccine
<b>Hepatitis A</b>	€19.42 for paediatric and €23.64 for adult vaccine
and combined <b>Hepatitis A/Hepatitis B</b>	€19.05 for paediatric and €34.28 for adult vaccine.

In 2007, vaccines for Limerick, Clare and North Tipperary cost a total of €1,077,000. Paediatric vaccines cost €643,500, of which the 5-in-1 cost €185,600, MMR cost €153,800, MenC cost €119,260, 4-in-1 cost €88,750 and Hib vaccines cost €76,560. Adult vaccines cost a total of €433,500 in 2007, the main ones being Influenza (€264,500), Pneumococcal polysaccharide vaccine (€86,200), Tetanus/low dose Diphtheria (€40,000) and Hepatitis B (€31,900).

Fees paid to GPs in 2007 in respect of the administration of vaccines in Limerick, Clare and North Tipperary include PCIP vaccination fees of €1,123,885, PCIP Bonus payments of €217,450, Pneumococcal and Influenza vaccination fees of €1,424,574 and fees of €17,892 in relation to administration of vaccines to contacts of cases of infectious diseases (mostly Hepatitis B and mumps), a total of €2,784,000.

HSE staff involved fulltime in immunisation include the Regional Immunisation Co-ordinator (Grade VII) with Grade IV support. There is a Local Immunisation Team in each LHO area comprising of one Grade IV staff with Grade III support staff. This team deal with the sending out of immunisation invitation letters to parents and immunisation claim forms to GPs and input all vaccination details on the Immunisation IT system which in turn provides details of vaccination uptake and instigates payments to GPs. A Senior Public Health Nurse in each LHO area is dedicated to immunisation work two days per week. In addition promoting and administering vaccinations forms an integral part of the everyday roles of some staff groups (Public Health Nurses, Area/Senior Medical Officers). The HSE's Occupational Health Department provides recommended occupational vaccinations for staff, e.g. influenza, Hepatitis A/B, MMR. There is also input into vaccination services from Public Health, Paediatric and Management Services Departments. **RF**



## Revised Primary Childhood Immunisation Programme from September 1st, 2008

The revised Primary Childhood Immunisation Programme (PCIP) to be implemented in September 2008 for children born from July 1st 2008 is as follows:

Age	Vaccine(s)
Birth	BCG
2 months	DTaP/Hib/IPV/HepB (6 in 1) + PCV
4 months	DTaP/Hib/IPV/HepB (6 in 1) + MenC
6 months	DTaP/Hib/IPV/HepB (6 in 1) + PCV + MenC
12 months	MMR + PCV
13 months	MenC + Hib

The changes from the current programme from September 1st are:

- The addition of Hepatitis B (HepB) as part of a 6 in 1 vaccine (along with Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio and Haemophilus Influenzae B) to be given at 2, 4 and 6 months.
- The addition of Pneumococcal Conjugate vaccine (PCV) to be given at 2, 6 and 12 months
- Changes in the timing of 4th dose of Haemophilus Influenza type B (Hib) vaccine from 12 to 13 months
- Changes in the schedule for Meningococcal C (MenC) vaccine from 2, 4 and 6 months to 4, 6 and 13 months. **RF**

## Pneumococcal Catch-Up

In addition there will be a Pneumococcal Catch-Up vaccination campaign for children aged from 2 months to 24 months. Children aged 2 to 6 months are to get 2 doses of Pneumococcal Conjugate vaccine at 6 and 13 months, while those over 6 months are to get 1 dose at 13 months. **RF**

## Mumps outbreak ongoing – students encouraged to ensure they are fully protected for coming academic year

Since the beginning of the year, the Department of Public Health in Limerick has been notified of 41 cases of mumps in the MW region. Of these, 30 were confirmed cases, 10 were possible cases and 1 was a probable case.

As per the HPSC Case Definitions:

**Possible cases** meet the clinical definition, that is present with an acute onset of unilateral or bilateral tender self-limiting swelling of the parotid or other salivary glands lasting more than 2 days and with no other apparent cause.

**Probable cases** meet the clinical definition above and are epidemiologically linked to a confirmed case.

**Confirmed cases** are laboratory confirmed cases, that is they meet one of the following criteria:

- Mumps IgM antibody is detected;
- A specific mumps antibody response is demonstrated in the absence of recent vaccination;
- Mumps virus (not the vaccine strain) is isolated from clinical specimens;
- Mumps nucleic acid is detected.

The gender breakdown of the cases in the region was 17 female (41.5%) and 24 male (58.5%). 15 of these cases were less than 21 years of age, 11 cases were between 21 and 30 years of age, 8 cases were between 31 and 40 year of age, 1 case was between 51 and 60 years of age and 4 were 61 years or older. 5 were from Tipperary North, 6 were from Clare and 27 were from Limerick City or County. 3 were from other counties outside the MW region. 11 (26.8%) were students in third level institutions.

While this was clearly a more generalised outbreak of mumps in the region, it is apparent that students in third level institutions are particularly vulnerable and it is important that students starting a third level education are encouraged to ensure that they have had two doses of the measles, mumps and rubella (MMR) vaccine to ensure that they are fully protected against this disease which may have serious sequelae in young adults. **POS**

## Gastroenteritis

**Salmonella:** In 2008, from January to July there were thirteen laboratory confirmed reports of salmonellosis, which were distributed throughout the Mid-West. Two of the reports were of *Salmonella Virchow* in cases without a history of foreign travel and with no apparent links.

In early July 2008, two adults aged in their twenties (one male and one female) from the Mid-Western Area were confirmed with *salmonellosis* caused by *Salmonella Agona*. These cases may be linked to an outbreak of *S. Agona* infections which has been seen in the UK and Ireland recently. The UK has reported 97 cases to date (08/08/2008). The 10 cases identified so far in the Republic are being investigated by the Health Protection Surveillance Centre and the Irish National Salmonella Reference Laboratory to see if there is a common food source. In May, the Centers for Disease Prevention and Control in the US investigated an outbreak of infections due to *S. Agona* in 15 states over the first five months of 2008.

**Campylobacter:** The incidence of campylobacter in the first seven months of 2008 was lower than the rate in 2007 over the same period.

**Enterohaemorrhagic E. coli:** Two more laboratory confirmed cases of EHEC (or VTEC) were confirmed in residents in the Mid-West. One serotype was O157 and the other O26. One case was diagnosed with the Haemolytic Uraemic Syndrome, a potentially serious complication. Both people recovered.

**Cryptosporidium:** Only sporadic cases of cryptosporidiosis have been reported since the usual spring peak. So far this year, twenty-nine males were affected and nineteen females. More cases were confirmed in the first six months of 2008 in Clare than in any other year over the same period.

**Hepatitis A:** There were no further cases of hepatitis A following confirmation of one case in early 2008.

**Shigella:** One case of *Shigella boydii* (type 19) was confirmed and was most likely associated with travel to India. **DW**

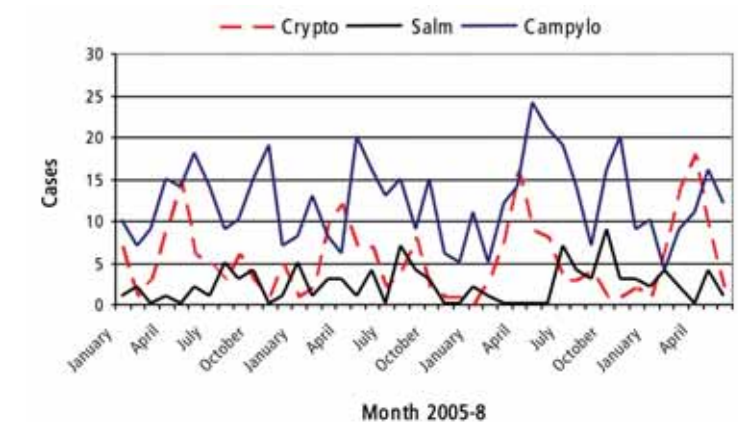


Figure 2: Monthly cases of laboratory confirmed campylobacter, cryptosporidium and salmonella notified in the Mid-West, January 2005 – July\* 2008. (\* to be updated)