

### High uptake rates for Childhood Immunisations

Congratulations yet again to the Practice Nurses and GPs of the Midlands on achieving the high target of 95% for almost every vaccine. Thanks are also due to Eileen Kinsella, Regional Immunisation Coordinator, and her team for maintaining the up-to-date data needed to support the high uptakes.

The third Men C, which is given at 13 months, hasn't yet reached the target at regional level. We know this is the hardest dose to give as it requires yet another visit by the parent and child. However, it is essential the child gets the third Men C in order to be protected from this very serious form of meningitis.

It might be best to give the 13 month appointment at the 12 month visit, and remind the parent of the importance of this vaccine. This will remain just as important as the schedule for Men C is changing – from doses at 4 months, 6 months and 13 months to doses at 4 months, 13 months and entry to post-primary school.



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### Still checking that book on the shelf?

Remember that the Immunisation Guidelines are no longer issued in formal print format!



If you are taking a book off the shelf to check the most up to date immunisation guidance then it is possible that what you are reading is out of date.

The *Immunisation Guidelines for Ireland* are now available online only, due to the fact that they are constantly evolving.

As there have been **20 changes since 2013**, we would advise checking the online publication at [www.hse.ie/immunisation/](http://www.hse.ie/immunisation/) or simply Google "Immunisation Guidelines Ireland".

### Invasive Pneumococcal Disease

In 2014, there were 26 cases of Invasive Pneumococcal Disease in the Midlands.

Most cases occurred in those over 65 years of age. There were three cases in children under 10 years of age, with a fatal outcome in one case with a known risk factor.

When a person is diagnosed with Invasive Pneumococcal Disease, the person is known to be definitely "at risk", so they should be vaccinated with PPV23 once recovered to reduce risk of re-infection.

As winter approaches it is important that all over-65 year olds and all those under-65 years in a risk group who are unvaccinated receive the PPV23 vaccine.

Keeping in mind that children in risk groups can die from this infection, and that the risk groups can overlap with the influenza risk groups, you might like to give both vaccines at the same time to those who are eligible.

For a list of all those at risk please see:

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter16.pdf>

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Please note some data are provisional and subject to amendment

## Influenza information



### Flu vaccine

Influenza season is coming soon and vaccination can protect those who are most vulnerable.

Vaccination of health care workers is a very important part of protecting those who are most at risk of complications. Please remind staff members who meet vulnerable patients to vaccinate themselves against influenza.

You might be aware that the new draft Medical Council ethical guidelines state that doctors should be vaccinated against common communicable diseases.

For more information on who should be vaccinated, please see:

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

Antigenic drifts in the A(H3N2) virus was observed during the 2014/2015 influenza season which reduced the vaccine's effectiveness. Even still significant protection was provided.

### Influenza Outbreaks in the 2014/2015 season

In 2014/2015 season we were notified of 137 cases, 5 outbreaks, and 4 deaths due to influenza. Unfortunately, but not unexpectedly, the outbreaks were in Nursing Homes or Long Stay Units.

Outbreaks cause temporary closure of the Nursing Home/Long Stay Unit and the resultant restrictions on visitors can be difficult for both residents and their families. In addition closures contribute to the challenge of delayed discharges from hospitals, with the resultant impacts on the hospital system.

There are a number of actions General Practitioners can take to reduce the impact of influenza in elderly/vulnerable patients:

- ◆ **Early detection and control of influenza cases** - if you have a patient in a nursing home/long stay unit with suspected influenza, please swab the patient and inform the Department of Public Health – we will investigate as required and advise the unit on control measures.
- ◆ **Early detection and control of influenza outbreaks** - if there are three influenza-like illness (ILI) cases in the unit, this is a suspected outbreak. Therefore, if you have a case, please check if there are other cases in the unit too – your one case may be part of an outbreak. If you suspect an outbreak, please let us know as soon as possible so we can implement the appropriate measures and keep the outbreak as small and as short-lived as possible.
- ◆ **Vaccination of healthcare workers** - GPs and other staff should vaccinate themselves against influenza.
- ◆ **Antiviral treatment** is recommended as early as possible for any patient with suspected or confirmed influenza who:
  1. Is hospitalised
  2. Has severe complications or progressive illness
  3. Is at higher risk of influenza complications



Further information on antiviral use in influenza is available at:

<https://www.hpsc.ie/A-Z/Respiratory/Influenza/SeasonalInfluenza/Guidance/AntiviralTreatmentandProphylaxisGuidance/File.13172.en.pdf>

*Image: Courtesy of The Pointe at Kilpatrick on flickr.com under Creative Commons Licence*

## Heightened awareness - Polio in Ukraine

Two cases of vaccine derived polio have occurred in Ukraine recently. This had been anticipated because vaccination coverage has been inadequate there. This situation reminds us all of the importance of vaccination and early detection.

Please note:

- ♦ WHO's International Travel and Health <http://www.who.int/ith/en/> recommends that all travellers to polio-affected areas be fully vaccinated against polio.
- ♦ All children and young adults should be fully vaccinated against polio according to the Irish schedule – inactivated polio virus is used
- ♦ Even fully vaccinated people over 10 years of age who are at increased risk, such as travel to an affected area, should have a booster dose of polio vaccine.



**Please immediately report any acute flaccid paralysis (AFP) case in a child from the Ukraine** (or neighbouring country) and obtain appropriate samples (stool/throat), which should be sent to NVRL. If Polio is suspected, please notify the Department of Public Health quickly.

## Update on the highly pathogenic infections: Ebola Virus and Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

### Ebola Virus

It is looking hopeful that the West African countries particularly badly affected by Ebola Virus Disease (EVD) are nearing the end of the catastrophic outbreak. The WHO situation report of 07/10/2015 gave the total number of reported cases of EVD at 28,457 and the number of deaths at 11,312, giving a case-fatality rate of 39.8%.

The WHO reports that case incidence has remained below 10 confirmed cases for the past 11 consecutive weeks with no confirmed cases reported in the week to 4<sup>th</sup> of October.

Since the first case was reported, ten countries reported cases including the UK, which had four cases and one death. In Ireland there were some incidents where infection was suspected, but EVD was ruled out.

Department of Public Health staff continue to carry out active surveillance of people travelling to Ireland from affected areas so that we can identify people at high risk, assist with early detection should a case arise, and implement immediate effective infection prevention and control.

### Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

In the last four months there have been hospital-related outbreaks in three countries – Saudi Arabia, South Korea and Jordan - highlighting the importance of good infection control in preventing nosocomial infections. The WHO has been notified of 1,589 and 567 deaths globally indicating a case-fatality rate of 35.7%.

Raising awareness about MERS-CoV, and its symptoms, among those travelling to and from affected areas is very important.

The WHO reminds us:

*"Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in healthcare facilities. It is not always possible to identify patients with MERS-CoV early because like other respiratory infections, the early symptoms of MERS-CoV are non-specific. Therefore:*

- ♦ *Healthcare workers should always apply standard precautions consistently with all patients, regardless of their diagnosis*
- ♦ *Droplet precautions should be added to the standard precautions when providing care to patients with symptoms of acute respiratory infection*
- ♦ *Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection*
- ♦ *Airborne precautions should be applied when performing aerosol generating procedures."*

It is possible that a patient with an emerging viral threat such as MERS CoV will be seen in General Practice so if you wish to remind yourself of the guidance it is available at the HPSC A-Z including: <http://www.hpsc.ie/A-Z/Respiratory/CoronavirusInfections/Guidance/File,14711,en.pdf>

## Trends in notifiable diseases in the Midlands

### Mumps

In Ireland, mumps notifications began increasing in 2014 and continue to escalate; from a crude incident rate (CIR) of 4.9/100,000 in 2013 to 16.2/100,000 in 2014 to 35.7/100,000 year-to-date. While mumps notifications have also increased in the Midlands in recent years the observed increase is less dramatic with the crude incident rate at less than half the national rate in 2014 (i.e. 7.4/100,000 vs 16.2/100,000). Thirteen cases of mumps were notified in the Midlands in 2013 (4.9/100,000), 21 in 2014 (CIR 7.4/100,000) and 46 (CIR 16.3/100,000 year to date). Perhaps the lower rates of infection observed in the Midlands can be explained, in part at least, by the continuously high rates of MMR vaccination in the region.

### Rotavirus

Rotavirus is the most common cause of acute gastroenteritis in children worldwide with children generally affected in the first 2-3 years of life. We were notified of 365 cases over the last year, many of these hospitalised. This probably represents the tip of the iceberg in terms of disease burden due to rotavirus. CIRs for rotavirus vary widely across the country with a consistently high rate reported in the Midlands. In 2014 the CIR in the Midlands was 73.7/100,000. This compares with a national CIR of 44.9/100,000 for the same year. Rotavirus infection has a well-documented seasonal pattern in Ireland with the number of cases typically peaking during March to May. Introduction of rotavirus vaccine in the future could solve this.

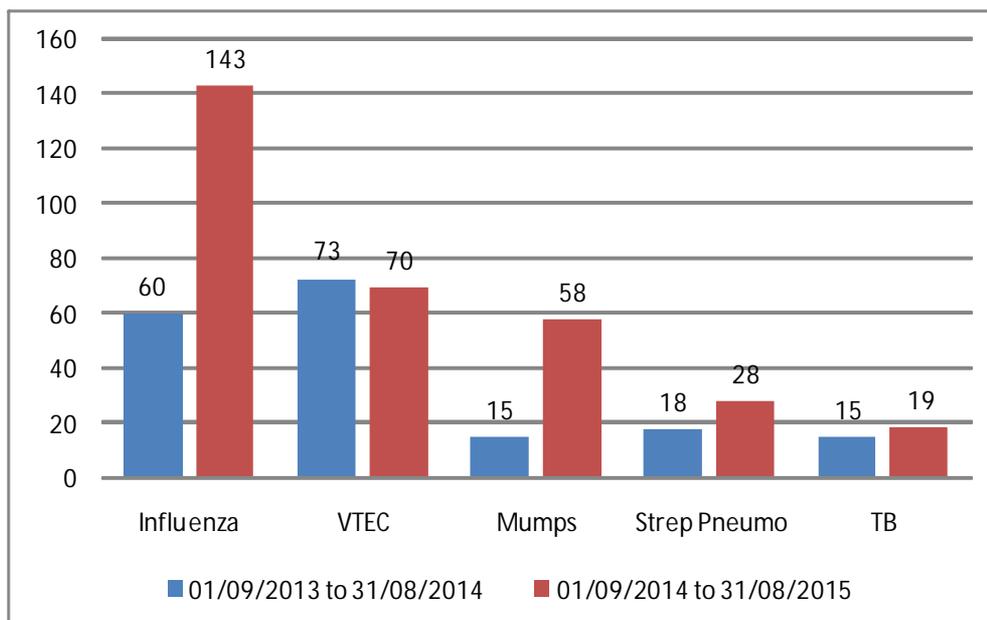
### VTEC

VTEC remains a significant health issue for Ireland in general and the Midlands in particular. Ireland has the highest confirmed rate of VTEC in Europe and the rate in the Midlands is consistently one of the highest. In 2013 there were 70 cases of VTEC notified in the Midlands giving a CIR of 24.8/100,000. The corresponding national rate was significantly lower at 15.3/100,000 (702 cases). Much of this is likely to be caused by drinking contaminated well water and/or poor hygiene after animal contact. Early detection of VTEC can reduce the severity of complications such as Haemolytic Uraemic Syndrome, so stool sampling for people with diarrhoea, particularly children with bloody diarrhoea, is helpful. Transmission can easily occur in childcare facilities, so please advise that children with diarrhoea do not attend such facilities until 48 hours after symptoms cease.

### TB

The numbers of TB cases remain fairly constant from year to year. While most GPs are unlikely to see a case in any particular year, please keep it in mind for any person presenting with a long-standing cough, or other TB symptoms. If you are interested, information leaflets in many different languages are available at: <http://hse.ie/eng/services/list/5/publichealth/publichealthdepts/id/tb/#leaflets>

### Infectious Diseases Notifications—HSE Midland Area



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Please contact us if you would like to see a specific topic covered in a future issue of MIDAS

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