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Infectious disease notifications can be sent to:

**Public Health Department
HSE South (SE)
Lacken
Dublin Road
Kilkenny
Tel.: 056 7784142
Fax: 056 7784599
www.hse.ie/publichealth**

Data were provided by Waterford Regional Hospital Laboratory, Senior Medical Officers, Communicable Disease Control Nurses, General Practitioners, Hospital Clinicians, Environmental Health Officers, and the STI Clinic.

The Flu season is here, are you ready? Be Prepared and get Vaccinated

- Every year, influenza contributes to the death of 200- 500 people in Ireland.
- Influenza can cause serious complications such as pneumonia especially in pregnant women, the elderly, the very young and those with long term illness.
- Up to 4 out of every 10 individuals admitted to ICU in Ireland with Influenza since 2009 were previously healthy with no risk factor.
- 8 out of 10 people admitted to ICU since 2009 were aged less than 65 years of age.



Influenza activity in the South East and Nationally in the 2014/2015 influenza season

- Influenza activity peaked in late February and early March in Ireland during the 2014/2015 influenza season.
- In the SE, over 40% of individuals with laboratory confirmed influenza were hospitalised, and 2% died (Table 1).
- The AH3 strain predominated. The AH3 component of the 2014/15 vaccine did not provide optimal protection as a result of antigenic drift meaning that the AH3 component of the vaccine did not provide protection for the AH3 strain circulating.
- The 2015-16 vaccine is more closely matched to the circulating AH3 strain and is estimated to be up to 90% effective.
- Between early January and mid March, 2015, excess all-cause mortality was reported in Ireland in those aged 65 years and older. This excess mortality was also observed in other European countries. It has been suggested that the reduced effectiveness of the vaccine contributed to the excess mortality seen in the older age groups.

Table 1 Lab confirmed influenza cases notified during the 2014/2015 influenza season

Influenza Type	Cases		Hospitalised		Deaths	
	SE	National	SE	National	SE	National
B	87	650	34	228	-	5
A (not typed)	20	443	7	217	-	8
A H3	162	1190	75	455	5	34
A H1N1	40	200	20	87	2	10
Unknown	-	2	-	2	-	-
Total	309	2485	136	989	7	57

Healthcare Workers

Healthcare workers should get the influenza vaccine annually to protect themselves, their families and their patients.

Who should get vaccinated?

Influenza vaccine is recommended for all frontline healthcare workers including:

- Medical, nursing and paramedical staff,
- Medical and nursing students,
- Dental personnel,
- Hospital porters and cleaners,
- Ambulance personnel,
- Carers,
- All GP practice staff.

The vaccine is also recommended for other groups who are at an increased risk of developing complications from influenza.

Why is vaccination important for health care workers?

- Healthcare workers are at increased risk of influenza infection compared to the general adult population.
- It is estimated that at least 20% of healthcare workers are infected with influenza every year and many healthcare workers continue to work despite being ill, which increases the risk to their colleagues and patients.
- The immune systems of those aged 65 and older or those with long term medical conditions respond less well to the influenza vaccine. As they are more likely to be in hospitals and long term care facilities, they rely on the immunity of those who care for them.
- There are many reports of influenza outbreaks within hospitals and long term care facilities where unvaccinated healthcare workers are likely to have infected patients and facilitated the spread of the disease.
- Institutions with high levels of healthcare worker immunisation in the United Kingdom have shown reduced rates of influenza-like illness, hospitalisation and deaths in the elderly.



Why do healthcare workers need the vaccine?

- Influenza vaccine is recommended for healthcare workers to protect them from getting influenza and to reduce transmission of influenza from them to their family and patients.
- Healthcare workers care for elderly and at risk patients who may not get sufficient protection from the vaccine themselves.
- Influenza is spread by coughing and sneezing. Individuals can be infectious from one day before to five days after onset of symptoms. This means that you can pass on the influenza virus to some body you care for even before you know that you are infectious.

Influenza Outbreaks in the SE

During the 2014-15 influenza season, 10 outbreaks of influenza in Long-term Care Facilities (LTCF) were notified to the Department of Public Health. There were 126 individuals affected and four influenza related deaths.

Preparation in LTCF

In advance of the influenza season, LTCFs should ensure that they have an influenza prevention programme in place.

This should include

- Identification of a staff member to lead on the influenza prevention programme
- The development of local policies/guidelines for influenza prevention and management
- Development of staff and client influenza and pneumococcal vaccination policies
- Education of staff in relation to influenza policy and guidelines, the importance of vaccination, the symptoms and signs of influenza infection and the exclusion criteria for ill staff
- An accessible vaccination programme for both residents and staff.
- Regular staff training in infection prevention and control practices
- Routine audit of infection control practices
- An outbreak management plan
- Arrangements for prompt access to antiviral medication.

Get your flu vaccine now. It's a lifesaver.

Key messages

- Influenza is associated with significant morbidity and mortality in Ireland.
- Vaccination remains the cornerstone of influenza prevention strategies.
- Healthcare Workers should get the influenza vaccine to protect themselves, their families and their Patients.
- Residential Care Settings need to plan for the influenza season and ensure early recognition and control of potential outbreaks.

PREPARATION IS KEY

Further information is available at www.hse.ie/eng/health/immunisation/

By Bernadette O'Connor, Surveillance Scientist & Catherine Lynch, Consultant in Public Health Medicine

Mumps

There is an ongoing increase in cases of mumps in Ireland, in particular among those aged 15 – 25 years. To try to prevent further escalation of this situation:

- All cases with clinical features suggestive of mumps should be notified to the Public Health Department. Laboratory confirmation is **not** required.
- All cases of suspected mumps should be **excluded from childcare/school/college/work/ social contact for 5 days** from the onset of symptoms.
- Frequent hand washing, especially after contact with secretions from the nose or mouth is advisable.
- Eating and drinking utensils should not be shared with someone who is sick with mumps.

Summary of Infectious Diseases Notified Weeks 1– 39, 2015

Disease	Cases ¹	Disease	Cases ¹
Bacterial Meningitis (not otherwise specified)	2	Malaria	2
Campylobacter infection	290	Measles	1
Chickenpox – hospitalised cases	6	Meningococcal Disease	7
Chlamydia trachomatis	524	Mumps	204
Clostridium difficile	184	Noroviral infection	38
Cryptosporidiosis	73	Pertussis	11
Giardiasis	1	Rotavirus	544
Gonorrhoea	48	Rubella	1
Haemophilis influenza (invasive)	6	Salmonellosis	25
Hepatitis A (acute)	1	Shigellosis	2
Hepatitis B acute and chronic	17	Streptococcus group A (invasive)	7
Hepatitis C	19	Streptococcus pneumoniae (invasive)	86
Herpes Simplex (genital)	96	Syphilis	13
HIV	7	Tuberculosis	12
Influenza	313	Typhoid	1
Legionellosis	0	Verotoxigenic Escherichia coli infection	91
Leptospirosis	1	Viral encephalitis	7
Listeriosis	1	Viral Meningitis	14

¹ Provisional data

The table above shows cases of infectious diseases notified in the **HSE (SE) area only** under Infectious Disease (Amendment) Regulations 2011 (S.I. No. 452 of 2011). Medical practitioners and clinical directors of diagnostic laboratories are required to transmit a written or electronic notification of a notifiable infectious disease to a Medical Officer of Health. Case definitions for notifiable diseases are available at www.hpsc.ie and notification form booklets are available from regional public health department offices, to which notifications should be returned.

Infectious disease notifications can be phoned to 056 7784142, faxed to 056 7784599 or posted to Public Health Department, HSE South (SE), St. Canice's Hospital, Lacken, Dublin Road, Kilkenny.

Interpreting Laboratory Results for Hepatitis B virus (HBV)

The interpretation of hepatitis B virus (HBV) laboratory results can be difficult. Each individual's results should be carefully assessed. The information below is an average representation of the most likely interpretation, but unusual results do occur. For complex serology results, or if you are unsure, talk to a microbiologist.

HBV serological testing involves the measurement of several HBV-specific antigens and antibodies.

Antigen: A foreign substance in the body, such as HBV.

Antibody: A protein that your immune system makes in response to a foreign substance. Antibodies can be produced in response to a vaccine or to a natural infection. Antibodies usually protect you against future infections.

HBV serology tests can include the following:

HBsAg	Hepatitis B Surface Antigen	Presence indicates HBV is present and that the person is infectious. Any new case of HBV infection should be notified to your local Department of Public Health, if not previously notified.
Anti-HBc	Antibody to Hepatitis B Core Antigen	Positive test indicates an ongoing infection (HBsAg will also be positive) or resolved/past infection (see below).
Anti-HBs	Antibody to Hepatitis B Surface Antigen	Surface antibody is formed in response to HBV infection or vaccine. Presence indicates a response to vaccine or a resolved/past HBV infection (in which case, the anti-HBc is also usually positive). Cases of resolved infection do not need to be notified to your local Department of Public Health.
IgM Anti-HBc	IgM antibody to Hepatitis B Core Antigen	Presence generally indicates an acute or recent HBV infection

When requesting a HBV test, please ensure all clinical details and a complete vaccination history are on the laboratory request form to ensure laboratory will carry out appropriate test.

Further information on interpretation of hepatitis B results is available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter9.pdf>

Immunisation Uptake for Children at 12 and 24 Months of Age

Local Health Office	% vaccine uptake, Q1 2015					
	BCG ₁	D ₃ *		MenC ₃	PCV ₃	MMR ₁
	12 mths	12 mths	24 mths	24 mths	24 mths	24 mths
Carlow - Kilkenny	95	87	94	88	92	94
Tipperary South	96	93	96	88	94	95
Waterford	94	88	93	86	91	91
Wexford	94	92	97	91	94	95
Ireland	87	91	95	87	92	93

*D₃: Three doses of Diphtheria containing vaccine. In this table, uptake of D₃ is indicative of uptake of vaccines contained in the 5 in 1 or 6 in 1 combined vaccine.