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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 University Hospital Waterford Laboratory, Senior Medical Officers, Communicable Disease Control Nurses, General Practitioners, Hospital Clinicians, Environmental Health Officers, and the STI Clinic.

Zika virus infection

Zika virus is an emerging viral threat that is currently circulating most prominently in the Americas and the Caribbean.

How is Zika spread?

Zika virus is transmitted to humans by *Aedes* mosquitoes. The incubation period is usually between 3 and 12 days. In general, direct human to human transmission does not occur however, it has been shown that sexual transmission of virus can occur due to persistence of the virus in semen for extended periods of time. Other less common possible forms of transmission include from mother to baby during pregnancy or childbirth or from a blood transfusion.

Symptoms

Up to 80% of people who are infected have no symptoms. Symptomatic infections are characterised by a mild self-limiting illness that usually lasts about 2 to 7 days. The most common symptoms include:

- Mild fever (in only a minority of cases)
- itchy maculopapular rash (very common)
- non-purulent conjunctivitis
- headache (in about half of cases)
- myalgia/arthritis (quite common)

Serious complications from Zika virus infection are uncommon. Increases in cases of microcephaly and Guillian Barré Disease have been reported in areas where Zika virus is widely circulating. Although the association between Zika virus infection and both of these neurological conditions has yet to be shown to be indisputably causal, there is growing evidence to support the association.

Treatment

There is currently no vaccine or specific treatment for Zika virus infection. Treatment for everyone, including pregnant women, consists of relieving pain, fever and any other symptoms.

Diagnosis

Zika virus infection should be considered in all symptomatic individuals:

- returning from an area with active transmission of virus and who develop symptoms consistent with a Zika like illness within two weeks of return.
- who have had unprotected sex with a recently returned traveller from an affected area.

Serum, plasma and urine samples on symptomatic individuals meeting the above criteria may be sent to the University Hospital Waterford serology laboratory, following discussion with the clinical microbiology team. Asymptomatic individuals will not be tested.

Prevention

- Avoid exposure to mosquitoes for the duration of stay in Zika affected area. For further advice see <http://www.hpsc.ie/A-Z/Vectorborne/Zika/Factsheet/FactsheetfortheGeneralPublic/>
- **Pregnant women** who travel to areas where Zika virus is circulating should inform their obstetrician, midwife or GP during their prenatal check-ups as they may have been exposed to Zika virus. For clinical assessment algorithm see <http://www.hpsc.ie/A-Z/Vectorborne/Zika/Guidanceforhealthcareprofessionals/File,15687,en.pdf>
- Use condoms for the duration of stay in Zika affected area. Advice for prevention of sexual transmission of Zika virus infection is available in Fig 1.

What is the current travel advice?

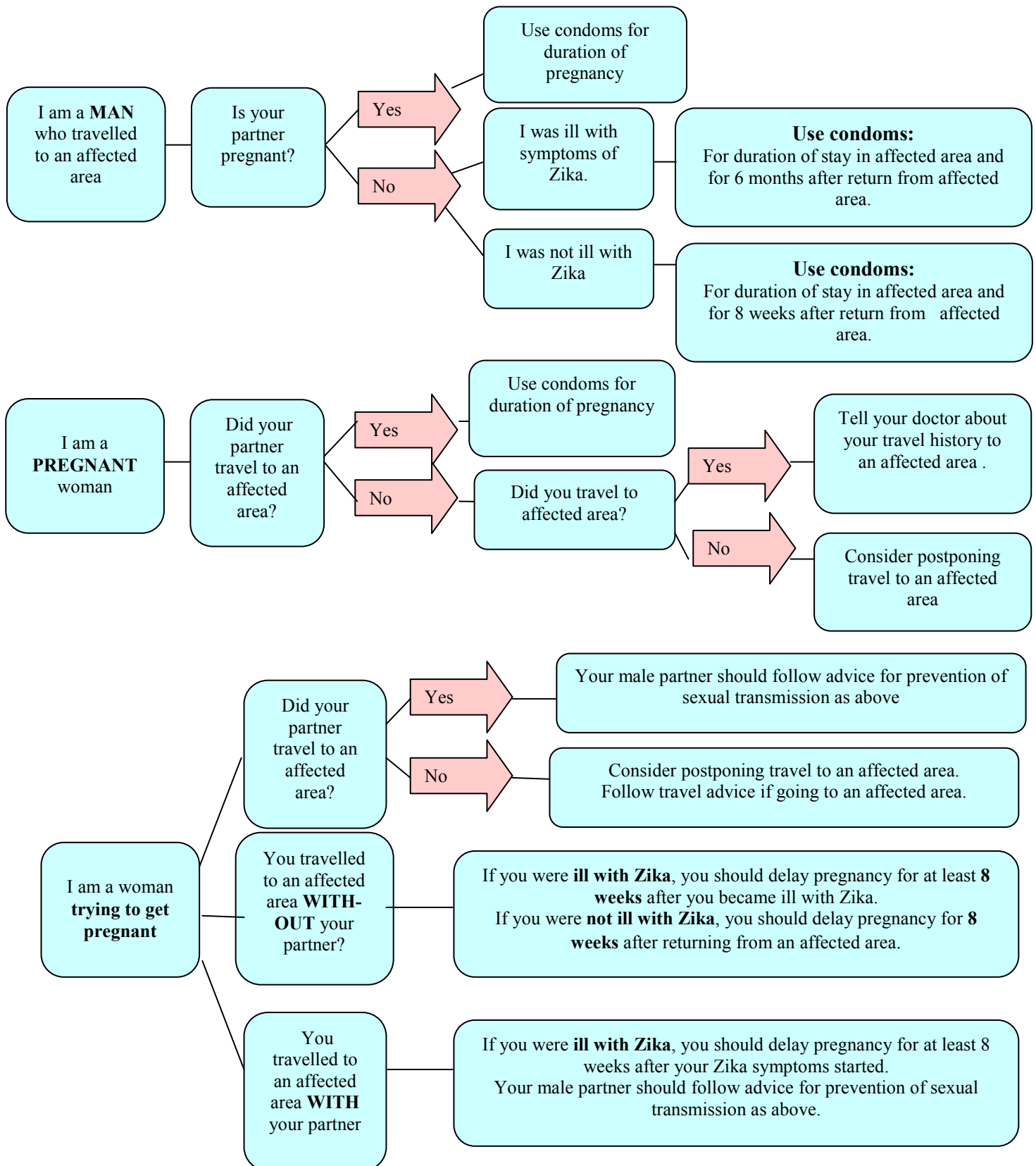
The Department of Foreign Affairs and Trade website provides guidance to travellers which is updated regularly. For an up to date list of countries affected by Zika virus please refer to <http://www.hpsc.ie/A-Z/Vectorborne/Zika/Factsheet/Listofaffectedcountries/>

Resources

<http://www.hpsc.ie/A-Z/Vectorborne/Zika/>
<https://www.gov.uk/guidance/zika-virus>

By Dr Catherine Lynch, CPHM & Ms Bernadette O'Connor, Surveillance Scientist

Figure 1 Advice for prevention of sexual transmission of Zika virus infection



Pertussis Vaccine for Pregnant Women



In the first 24 weeks of 2016, there has been a nearly three-fold increase nationally in laboratory confirmed pertussis infant cases compared to the same period in 2015. The majority of these infants were hospitalised and there was one infant death. Pregnant women should be given pertussis (Tdap/Boostrix) vaccine between 27-36 weeks gestation to protect themselves and their baby. Pertussis infection in the first three months of life is frequently severe and often fatal. The vaccine is safe for pregnant women. The vaccine is free and is available to order from the HSE National Cold Chain Service. **All** patients attending GPs will be liable for an administration fee (including those with a medical card or doctor only card). For more information see <http://www.immunisation.ie/en/HealthcareProfessionals/Pertussis/>.

Summary of infectious diseases notified Weeks 1– 26, 2016

Disease	Cases ¹	Disease	Cases ¹
Bacterial Meningitis (not otherwise specified)	1	Malaria	2
Campylobacter infection	177	Measles	4
Chickenpox – hospitalised cases	8	Meningococcal Disease	3
Chlamydia trachomatis	333	Mumps	52
Clostridium difficile	106	Noroviral infection	29
Cryptosporidiosis	94	Pertussis	10
Giardiasis	31	Rotavirus	200
Gonorrhoea	45	Rubella	3
Haemophilis influenza (invasive)	2	Salmonellosis	13
Hepatitis A (acute)	1	Shigellosis	2
Hepatitis B acute and chronic	15	Streptococcus group A (invasive)	10
Hepatitis C	14	Streptococcus pneumoniae (invasive)	33
Herpes Simplex (genital)	61	Syphilis	6
HIV	5	Tuberculosis	19
Influenza	846	Typhoid	0
Legionellosis	0	Verotoxigenic Escherichia coli infection	71
Leptospirosis	1	Viral encephalitis	1
Listeriosis	0	Viral Meningitis	8

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.

Measles

Information for Healthcare Professionals

There is currently a National outbreak of Measles in Ireland, with 34 confirmed cases as of 22nd July. In the South-East, there have been three confirmed case of Measles in the Tipperary area.

How to recognise Measles:



Clinical Criteria:

Any person with fever AND maculo-papular rash AND at least one of the following three:

- Cough
- Coryza
- Conjunctivitis

What to do if you have a suspected case:

Isolate any person who presents to your surgery/hospital with suspected measles. Measles is highly contagious and can remain active and contagious in the air or on infected surfaces for up to 2 hours after a child leaves your surgery.

An "**oracol**" **oral fluid swab** should be sent to the Microbiology Laboratory in University hospital Waterford (UHW) as soon as possible after the rash onset. Swabs are available from either the Laboratory UHW or the Department of Public Health.

Alternative specimens: 1) urine, 2) serum, 3) viral throat swab.

Record the date of rash onset and the vaccination history on the form when sending a swab.

Contact Public Health if you suspect that a person has measles on 056-7784142. **Do not wait** for lab test results.

Advise the person to remain at home for 5 days after rash onset.

Immunisation uptake for children at 12 and 24 months of age

Local Health Office	% vaccine uptake, Q4 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	88	96	89	93	94
Tipperary South	96	94	96	90	94	95
Waterford	94	91	94	87	92	91
Wexford	93	93	97	89	93	95
Ireland	84	91	96	89	93	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.