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Infectious disease notifications can be sent to:

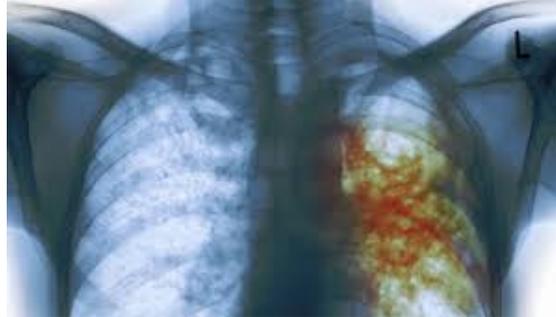
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Data were provided by University Hospital Waterford Laboratory, Senior Medical Officers, Communicable Disease Control Nurses, General Practitioners, Hospital Clinicians, Environmental Health Officers, and the STI Clinic.



Tuberculosis Through a century

Tuberculosis is a disease which still strikes fear in many older people in Ireland. Thankfully, it is much less common today than it was 100 years ago. In the early 1900s, TB was known as “consumption” as it was said to “consume” the body through weight loss experienced as the disease progressed. Back then, approximately 10,000 deaths per year were attributable to TB. Fortunately from the 1950s onwards, TB declined in Ireland through the combination of:

- ◆ Effective antibiotic treatment
- ◆ Pasteurisation of milk
- ◆ Improved socio-economic conditions
- ◆ Improved public health structures

In 2016, there were fewer than 10 deaths a year due to TB. The major public health concern in this century is preventing the emergence and spread of multi-drug resistant TB (MDR TB).

Symptoms of TB include

- ◆ Cough (sometimes with blood) for 3 or more weeks
- ◆ Tiredness
- ◆ Weight loss
- ◆ Fever or chills
- ◆ Loss of appetite
- ◆ Sweating a lot at night

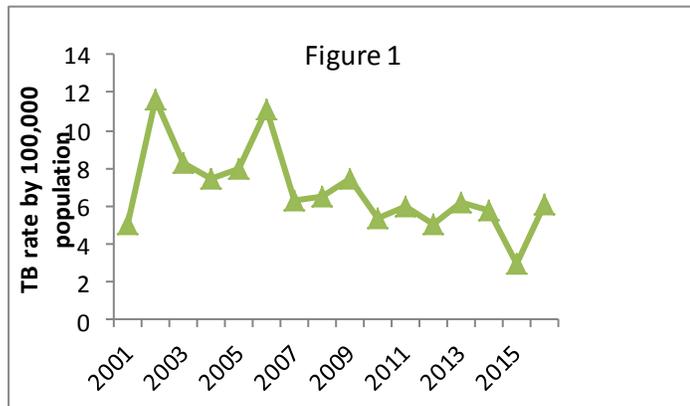
TB treatment

TB treatment usually involves daily intake of three to four antibiotics for at least six months. Directly Observed Therapy (DOT) is implemented where patients cannot or will not follow treatment regimes. The premise for DOT is to prevent the emergence of MDR TB.

TB in South East Ireland: Current situation

While the incidence rate of TB is now much lower than a century ago, it is still around.

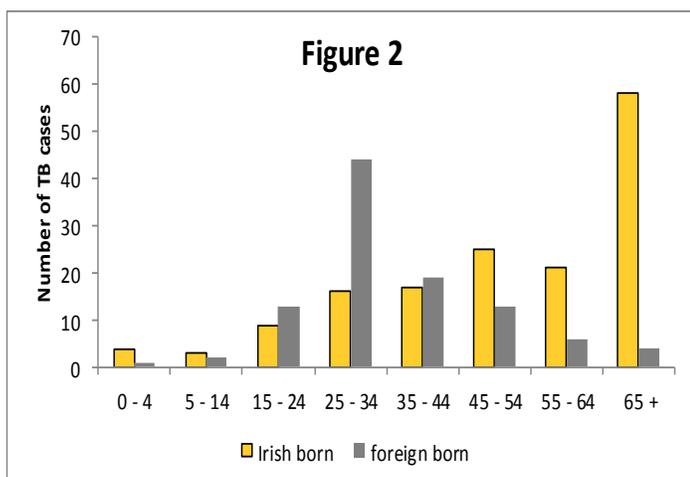
Figure 1 illustrates the incidence of TB per 100,000 population in the South East since 2001.



Since 2008, the incidence rates in the South East translate to about 25-30 cases of TB in each year.

So who is contracting TB ?

Between 2008 and 2016 there were 255 cases of TB in the South East. Figure 2 shows that TB is present in both the Irish born and foreign born populations, but with differing age profiles.



The majority (68%) of TB cases in the Irish population are over 45 years of age, whereas the majority (77%) of foreign born TB cases are under 45. (Figure 2).

It is likely that the TB we are seeing in our older Irish population is from reactivation of TB infection acquired in the past.

For the foreign born population, most are from countries where TB is endemic (i.e. >40 cases per 100,000 population). Reactivation of TB infection after arrival in a new foreign country is most likely to occur within five years of arrival in that country.

Between 2000 and 2016 there have been three cases of multidrug resistant TB in the South East. All of them were Irish born.

Even after extensive contact tracing by public health doctors, the primary source of a TB case can be difficult to discern. In addition to epidemiological knowledge, the introduction of genotyping in the past seven years in Ireland has proved valuable in establishing clear transmission links between cases, particularly in clusters of TB.



By Dr Colette O' Hare, Surveillance Scientist & Dr Sarah Doyle, Consultant in Public Health Medicine.

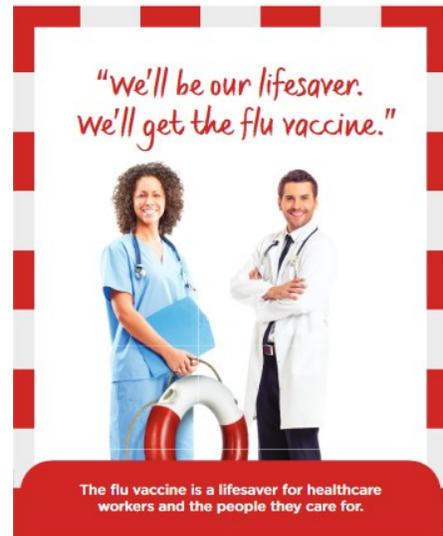
Flu vaccine for healthcare workers

Flu is a highly infectious viral illness that can be life-threatening. Healthcare workers are up to 10 times more likely to get the flu. The flu vaccine is the best way to prevent flu.

Who should get vaccinated?

The HSE recommends **everyone working in a healthcare setting** to get the flu vaccine including:

- medical, nursing and allied health professionals,
- medical, nursing and allied health students,
- dental personnel,
- hospital porters and cleaners,
- ambulance personnel,
- carers and home helps,
- all GP practice staff,
- agency staff who fall into the above categories.



Why?

Healthcare workers prevent the spread of flu and save lives by getting the flu vaccine. The best way to protect yourself, your family, your colleagues and your patients is to get this year's vaccine. You can be infectious and pass the flu virus to somebody you care for even in the day or two before you develop symptoms. Healthcare workers are at an increased risk of exposure and infection. At least 20% of healthcare workers are infected with flu every year and many continue to work while being ill. This increases the risk to colleagues and patients.

People who are 65 and over, and people with long-term medical conditions, often have weaker immune systems. As these groups are more likely to be in hospitals and long-term care facilities, they rely on the immunity of those who care for them to keep them safe. Vaccination of healthcare workers has been shown to reduce patient flu-related deaths by 40%.

Should pregnant healthcare workers be vaccinated?

Yes, the HSE recommends the seasonal flu vaccine for all pregnant women. Pregnant women are more likely to get complications from flu. The flu vaccine is very safe and can be given at any stage of pregnancy. The vaccine also protects the baby.

How do I get vaccinated?

Contact your line manager, occupational health department, GP or pharmacist. Further information is available at <http://www.hse.ie/flu>

Immunisation uptake for children at 12 and 24 months of age

Local Health Office	% vaccine uptake, Q1 2017					
	BCG ₁ *	D ₃ [†]		MenC ₃	PCV ₃	MMR ₁
	12 mths	12 mths	24 mths	24 mths	24 mths	24 mths
Carlow-Kilkenny	0	89	95	86	92	95
Tipperary South	0	93	97	87	94	94
Waterford	0	92	92	83	89	90
Wexford	0	88	95	85	92	93
Ireland	0	91	95	86	90	92

*BCG: At the time of writing, the HSE continues to experience delays with the supply of BCG vaccine.

[†]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.

Summary of infectious diseases notified Weeks 1–39 2017 (provisional data)

Disease	Cases ¹	Disease ¹	Cases ¹
Bacterial Meningitis (not otherwise specified)	5	Listeriosis	2
Campylobacter infection	310	Malaria	1
Carbapenem-resistant Enterobacteriaceae (invasive)	2	Measles	1
Chlamydia trachomatis	461	Meningococcal Disease	7
Clostridium difficile	169	Mumps	24
Cryptosporidiosis	57	Noroviral infection	25
Giardiasis	43	Pertussis	55
Gonorrhoea	83	Rotavirus	256
Haemophilis influenza (invasive)	2	Rubella	0
Hepatitis A (acute)	3	Salmonellosis	37
Hepatitis B acute and chronic	25	Shigellosis	7
Hepatitis C	30	Streptococcus group A (invasive)	7
Hepatitis E	3	Streptococcus pneumoniae (invasive)	30
Herpes Simplex (genital)	101	Syphilis	9
HIV	15	Tuberculosis	22
Influenza	535	Verotoxigenic Escherichia coli infection	88
Legionellosis	0	Viral encephalitis	0
Leptospirosis	2	Viral Meningitis	21