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Infectious disease notifications can be sent to:

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**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.



**protect now
for the future**

What is Human Papilloma Virus (HPV) infection?

HPV is caused by a group of viruses which affect men and women. It is spread by direct contact, mainly through sexual contact. Most infections are asymptomatic and resolve but they can cause cellular changes leading to warts and cancer. Different types of HPV are classed as either high or low risk, depending on the conditions they cause. Low risk includes warts. High risk includes cervical cancer.

Two types of HPV (16 and 18) cause 7 out of 10 cervical cancers.

Recent research has shown that the HPV virus is responsible for 4 other cancers that can affect women (and men) including, oropharyngeal (tonsil and base of tongue), vaginal and vulvar cancers, and anal cancers. These cancers are all increasing in incidence in high income countries like Ireland.

What vaccines are available to protect against HPV?

In Ireland there are two vaccines currently licensed and available for the prevention of HPV infection.

Cervarix[®], manufactured by GSK, protects against infection with two HPV types (16 and 18). Gardasil[®], manufactured by Sanofi Pasteur MSD, protects against infection with four HPV types (6, 11, 16 and 18). This vaccine is used in the HSE schools programme.



Why is it important that girls in Ireland get the vaccine?

Every year in Ireland,

- over 6,500 women need hospital treatment for pre cancer of the cervix,
- 300 women get cervical cancer,
- 90 women die from it. Cervical cancer is caused by HPV.
- HPV vaccine protects against 7 out of 10 cervical cancers.

What does the HPV vaccine do?

The HPV vaccine protects against HPV infection and HPV associated cancers including cervical cancer. The vaccine is offered to all girls in first year in second level schools and age equivalent in special schools / home schooled students. It is a safe and effective vaccine. It is recommended by many healthcare organisations including the World Health Organisation, Irish Cancer Society, International Federation of Obstetricians and Gynaecologists and National Immunisation Advisory Committee (Ireland).

Why do we give it to girls in first year?

HPV vaccination in this age group produces a two to three fold higher HPV antibody level when compared to older adolescents and young adults (aged 16 to 26 years). Giving HPV vaccine to girls in first year also protects them before they are likely exposed to the virus.

How many vaccines are needed?

Age	Dosage	Vaccination intervals
< 15 years	2 doses	0 and 6 months
≥ 15 years	3 doses	0 months and 6 months, and third dose 3-4 months after the second

Does the HPV vaccine work?

Yes. Gardasil[®], vaccine is more than 99% effective in preventing pre-cancerous lesions associated with HPV types 16 and 18 and over 99% effective in preventing HPV 6 or 11 related genital warts.

Since commencement of HPV vaccine programmes, pre-cancerous growths of the cervix have been reduced by more than 50% in countries such as Australia and Scotland. The number of new cases of cervical cancer has halved in Australia.

Is the vaccine safe?

Yes. HPV vaccines have been shown to be safe. The safety profile has been studied for more than 13 years in clinical trials. Since the vaccine was licensed in 2006, it is strictly monitored and frequently reviewed by many international bodies including:

- the Health Products Regulatory Authority (HPRA)
- the European Medicines Agency (EMA);
- the Global Advisory Committee on Vaccine Safety of the World Health Organization (GACVS);
- the Centers for Disease Control and Prevention in the US (CDC).

These international bodies have continually reported that the vaccine is safe with no known long-term side effects.

In November 2015 and January 2016, an EMA review of HPV vaccines confirmed that there is no evidence that the vaccine was linked to chronic fatigue-like conditions.

GACVS reviewed the evidence on the safety of

Gardasil[®] vaccine and concluded in December 2015 that Gardasil[®] continues to have an excellent safety profile.

What side effects might be expected after vaccination?

There are no known long-term side effects of Gardasil[®].

No increase in the rates of any serious long term condition including autoimmune diseases and chronic fatigue syndrome has been seen in vaccinated girls. About 1 girl in 10 will get pain, swelling and redness at injection site and/or headache.

About 1 girl in 100 will get pain in the vaccinated arm, nausea and mild fever.

About 1 girl in 1,000 to 1 girl in 10,000 will get an itchy rash or hives.

Severe allergic reactions with difficulty breathing are very rare (about 1 in 1 million patients).

Do other countries have a HPV vaccine programme for girls?

Yes. Gardasil[®] is currently used in over 25 European countries, the United States, Canada, Australia and New Zealand. More than 205 million doses of Gardasil[®] have been distributed worldwide.

Can girls be protected from all cervical cancer as adults?

The vaccine protects against 7 out of 10 cervical cancers, so it is still important for girls to have regular smear tests when they are adults.

Where can I get further information?

www.hpv.ie www.cdc.gov www.who.int

HPV Vaccine is Cancer Prevention

***Clostridium difficile* in long-term care facilities**

Frequently Asked Questions

In 2016, 205 cases of *Clostridium difficile* infection (CDI) were notified to the HSE SE Public Health Department. Of these, 32 were residents of long-term care facilities (LTCFs). Public Health followed up with these facilities. The most frequently asked questions from staff in LTCF include the following:

How to define diarrhoea?

- Diarrhoea is defined as the passage of watery or “loose” stools with an increase in stool frequency —at least three times in a 24-hr period.
- A diarrhoeal stool has a sufficiently liquid consistency to take up the shape of the container into which it is passed.

Do I need to take a clearance sample from a resident with CDI?

No.

There is no requirement for repeat stool samples for microbiological clearance in CDI.

If no clearance sample is required how do I know when to lift isolation precautions?

A resident with CDI may be allowed out of isolation once they have had normal bowel motion for a minimum of 2 days (i.e. what is considered to be a normal bowel motion for that resident).

Once isolation precautions have been lifted, standard precautions are the only precautions that are required for the management of their care.

Can I use alcohol hand gel in my hand hygiene routine when caring for a resident with CDI?

- Alcohol hand gel alone is not effective, against *C. difficile* spores
- Hands should be washed with soap (antimicrobial or non-antimicrobial) and water only. If a non-antimicrobial soap is used, after drying use an alcohol hand rub.
- Wash hands before and after each patient/resident contact and contact with the patient’s/ resident’s equipment or environment.
- Advise visitors to thoroughly wash their hands on entering and leaving the room.

Can I accept a patient who is CDI positive from another facility?

Yes.

- Check if patient is symptomatic with diarrhoea. If symptomatic, patient should be isolated in an en-suite room. If en-suite room is not available, a dedicated toilet or

commode is required for patient’s sole use.

- **Standard and Contact precautions** are required for the care of this patient. Place a notice on the room door advising staff of precautions required and for visitors to report to staff in-charge before entering.
- If patient is asymptomatic (≥ 2 days) they may be cared for using **standard precautions** and there is no need for isolation.

When should I take a stool sample for CDI?

CDI stool samples should only be taken from residents who have evidence of a diarrhoeal illness that is suspicious for CDI.

Risk factors for CDI include:

- Recent hospital admissions
- Recent antibiotic use (previous 12 weeks)
- Recently on ward/unit with other CDI cases
- Immunosuppression
- Other underlying disease
- NG feeding
- Recent GI surgery

Further information on the management of *Clostridium difficile* infection (CDI) in healthcare settings is available on the Health Protection Surveillance Centre website .

<http://www.hpsc.ie/a-z/gastroenteric/clostridiumdifficile/>

Below are useful links in relation to:

1. Sample Care Plans in relation to Patients or Residents with CDI and can be printed off and modified for use in your own facility

<http://www.hpsc.ie/a-z/gastroenteric/clostridiumdifficile/infectionpreventionandcontrol/samplecareplanforpatientsorresidentwithcdifficileinfection/>

2. Sample Sluice room & Equipment daily Check List. Audit Tool can be printed and used in your Facility

<http://www.hpsc.ie/a-z/gastroenteric/clostridiumdifficile/infectionpreventionandcontrol/dailychecklistforsluiceroomandequipment/>

Immunisation uptake for children at 12 and 24 months of age

Local Health Office	% vaccine uptake, Q4 2016					
	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	93	96	86	92	95
Tipperary South	0	94	96	89	96	97
Waterford	0	91	94	86	90	92
Wexford	0	91	94	88	93	93
Ireland	0	91	95	87	91	92

*BCG: At the time of writing, the HSE continues to experience ongoing 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 1–26 2017 (provisional data)

Disease	Cases ¹	Disease ¹	Cases ¹
Bacterial Meningitis (not otherwise specified)	4	Listeriosis	1
Campylobacter infection	211	Malaria	0
Carbapenem-resistant Enterobacteriaceae (invasive)	2	Measles	0
Chlamydia trachomatis	307	Meningococcal Disease	7
Clostridium difficile	110	Mumps	18
Cryptosporidiosis	42	Noroviral infection	22
Giardiasis	26	Pertussis	23
Gonorrhoea	62	Rotavirus	245
Haemophilis influenza (invasive)	2	Rubella	0
Hepatitis A (acute)	1	Salmonellosis	24
Hepatitis B acute and chronic	17	Shigellosis	2
Hepatitis C	25	Streptococcus group A (invasive)	5
Hepatitis E	2	Streptococcus pneumoniae (invasive)	24
Herpes Simplex (genital)	71	Syphilis	6
HIV	11	Tuberculosis	16
Influenza	523	Verotoxigenic Escherichia coli infection	51
Legionellosis	0	Viral encephalitis	0
Leptospirosis	1	Viral Meningitis	14