

Meningococcal Disease, Cork & Kerry, 2017



Volume 15 Issue 1

March 2018

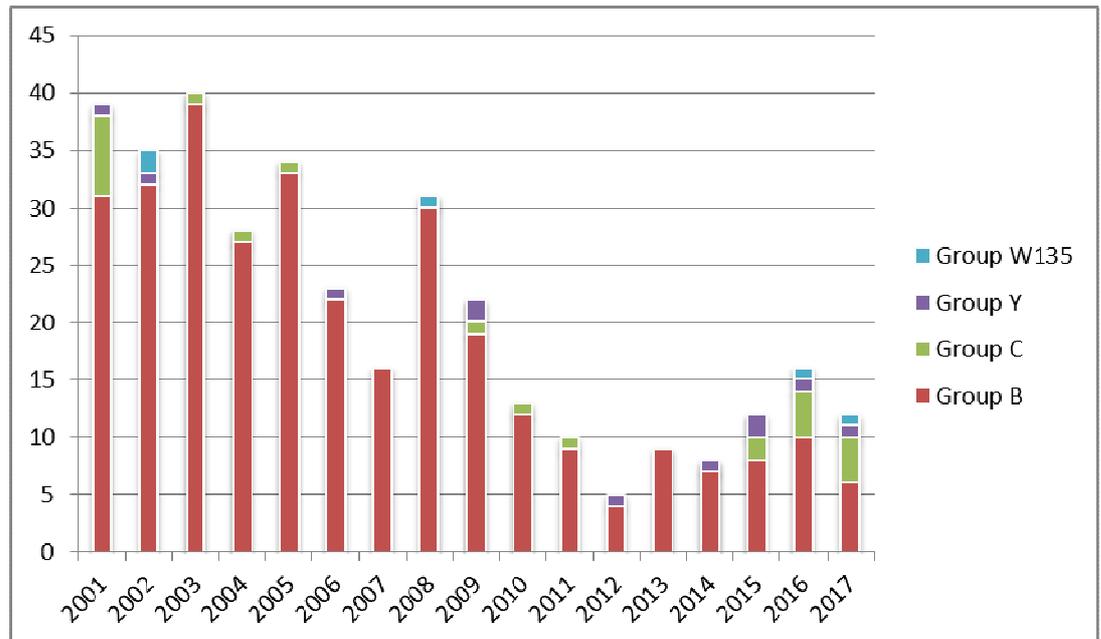
DEPARTMENT OF PUBLIC HEALTH, HSE SOUTH
(CORK & KERRY)

IMMUNISATION FOCUS

There was a decrease in notifications of meningococcal disease in Cork and Kerry in 2017. A total of 12 cases were identified, compared to 18 in 2016. Of the 12 cases, six were confirmed as Group B, four as Group C and two as Group W135. Tragically there were three deaths, two due to Group C and one due to Group W135.

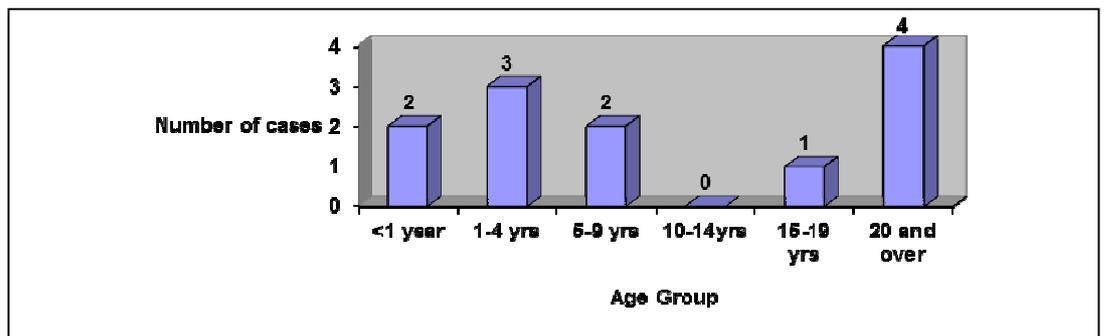
While the number of cases is significantly less than the 1990s and early 2000s (MenC vaccine introduced October 2000), the recent increase in Group C disease is a cause of concern. There have been four cases of Group C in each of the last two years, see Figure 1.

Figure 1. Number of cases by group, Cork & Kerry, 2001-2017



In recent years we have seen a greater proportion of cases in older adults and this continued in 2017, with four of the 12 cases aged over 20 years, see Figure 2.

Figure 2. Age distribution of cases, 2017



Vaccination

MenB vaccine was introduced in 2016 for all babies born after 01/10/2016. In 2017 there was only one case of Group B disease in a child in the cohort eligible for MenB vaccine. There were three cases in infants in 2016. This vaccine was introduced in the UK in September 2015 and they have reported that cases in vaccine-eligible infants halved in the first 10 months of the programme. The introduction of the MenB vaccine should lead to a decrease in the incidence of Group B in young children over the next few years.

It is vital that we achieve high uptakes of both MenC and MenB vaccine.

Immunisation Guideline for Ireland: Updated chapters

The Immunisation Guidelines for Ireland are regularly updated by The National Immunisation Advisory Committee. The most recent chapter versions can be found at this link <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

The chapters updated in the last 6 months include:

- Chapter 5, Immunisations and Health Information for Travel (December 2017)
- Chapter 4, Immunisation and Health Information for Health-Care workers and Others in At-Risk Occupations (November 2017)
- Chapter 12, Measles (November 2017)

Measles update

Measles outbreaks are occurring in a number of European countries including France, Romania, Italy, Germany and Greece. Over 14,000 cases and 34 deaths have been reported in Europe since December 2016. Measles cases continue to occur in Ireland. There is an ongoing outbreak of measles occurring in the Mid West (since January 2018). There have been 20 confirmed cases (19 in Limerick and 1 linked case in Dublin) up to the end of February. Most cases had not had MMR vaccine.

There have been no confirmed measles cases in Cork and Kerry in 2017 and to date in 2018. However, it is important to maintain high levels of vigilance for measles at this time. Measles transmission may occur following unrecognised exposure either in Ireland or overseas where measles outbreaks are occurring. The potential for importation of measles will increase as we approach the holiday season.

To prevent/minimise the risk of onward transmission in health care settings:

- Immediate isolation and triage of all suspect measles cases is needed
- All HCWs and staff in healthcare settings should have documentation of immunity to measles

Please remember to notify Public Health of any suspect measles case. We can arrange testing for measles RNA and IgM with oral swabs if indicated.

FAQs: Can MMR and Rotavirus Vaccines be given if a household member is immunosuppressed?

Rotavirus and MMR are both live vaccines.

Rotavirus: Yes it can be given. Theoretically the vaccine virus could be transmitted from the infant to severely immunocompromised contacts through faecal material for at least 14 days. However, vaccination of the infant will offer protection to household contacts from wild-type rotavirus disease and this benefit outweighs any risk from transmission of vaccine virus to immunocompromised close contacts. All members of the household should maintain careful hygiene when changing an infant's nappy.

MMR: Yes it can be given. Immunodeficiency in a family member or household contact is not a contraindication to giving MMR vaccine. Optimising vaccination of family members and household contacts of the immunosuppressed may provide indirect protection for those for whom vaccination either does not provide adequate protection or is contraindicated.

HPV Vaccine: School Programme Second Dose

The HSE schools immunisation teams will shortly be offering the second dose of HPV vaccine to girls in first year in second level schools.

Any healthcare professional may be asked for advice about this vaccine. The website www.hpv.ie has a wide range of information on HPV infection and HPV vaccine. Please continue to encourage friends, relatives and patients to get their daughters vaccinated.