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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.

## Preventing travel-related infections



### KEY POINTS

- Every traveller should be age-appropriately vaccinated according to the Primary Vaccination Schedule, including MMR and vaccinations for those in risk-groups.
- Travellers should be advised on the importance of careful hand-washing and care in food and drink choices to prevent travellers' diarrhoea
- Travellers who stay with friends and relatives abroad are less likely to seek medical advice before travel, but more likely to be exposed to infectious diseases. Such patients should be opportunistically questioned about travel plans when attending primary care for other reasons.

### Risk assessment

Summer remains the peak season for international travel, but our travel patterns have changed with a current trend of visiting remote destinations and longer stays. In general, the risk of becoming ill while travelling depends on the region of the world visited, types of destinations within the country, season of travel and the individual's diligence in the use of protective measures. Consequently, risk assessment and appropriate disease prevention strategies, including vaccination, should be adapted to suit the individual traveller. Young children, pregnant women and older people are particularly vulnerable to many infectious diseases and warrant special consideration.

Ideally short-term travellers should present for advice and/or immunisation at least six weeks before travel. Those travelling for long periods or going to remote regions may require 6-12 weeks for a full series of immunisations.

## Vaccinations

Every traveller (domestic and international) should be up-to-date with the routine vaccination schedule and vaccines indicated for those in risk groups, including vaccinations against influenza and pneumococcal disease. It is particularly worthwhile checking that individuals have received appropriate vaccination with MMR before any trip as there are several outbreaks of measles in various parts of Europe at present.

Chapter 5 of the Immunisation Guidelines for Ireland describes the vaccines for global travel; TRAVAX and NaTHNaC give vaccination recommendations by country. Other vaccines may be advised depending on the countries being visited, the type of travel, special identified risks, and the age, health and vaccination history of the traveller.

## Travellers' diarrhoea

Travellers' diarrhoea is the most common illness associated with travel. Advice on reducing the risk of travellers' diarrhoea should include guidance on careful hand-washing, consuming food that is cooked and served hot, and beverages from sealed containers. Food served at room temperature, raw fruits or vegetables (unless they can be peeled), tap water, and ice made from tap water should be avoided.

## Malaria

TRAVAX and NaTHNaC give recommendations for drugs to prevent malaria by country. Four Plasmodium species are recognised, of which *P. falciparum* causes the most serious illness. No one agent can guarantee safe and effective protection against malaria, but drugs are important in Prophylaxis. Cases result from failure to protect against mosquito bites, from failure to take appropriate chemoprophylaxis or from poor compliance.

**Pregnant women and young children** are at particular risk of malaria and are advised not to travel to areas where falciparum malaria occurs

unless travel is essential.

**People originally from malaria endemic areas** who have been resident in Ireland for more than six months will have lost any natural immunity to malaria and require chemoprophylaxis if returning to or visiting endemic areas.

## Visiting friends and relatives

People who travel to visit friends and relatives in their country of origin (VFR travellers) tend to travel for longer and live as part of the local community while abroad. This increases their likelihood of exposure to infectious diseases. There is evidence that this group is much less likely to seek advice before travel and therefore should be opportunistically questioned about travel plans when attending primary care for other reasons. There is evidence that VFR travellers may be resistant to accepting malaria prophylaxis for visits to endemic areas. However, they are many times more likely to present with malaria post-travel and are more likely to suffer from preventable diseases such as typhoid.

## Vector-borne infections

Many vector-borne infections are not vaccine preventable, so advice on mosquito and tick avoidance is pertinent to reducing the risk of these infections. Patients should be advised to use DEET containing insect repellent on exposed skin and clothing, to cover arms and legs, especially at sunrise and sunset and to sleep under insecticide-treated mosquito netting.

In conclusion, forward planning, appropriate preventive measures and careful precautions can substantially reduce the risks of adverse health consequences from international travel. While the medical professional can provide a great deal of help and advice, it is the travellers' responsibility to ask for the information, to acquaint themselves with the risks and to take the necessary precautions for their travel itinerary.

## Important resources

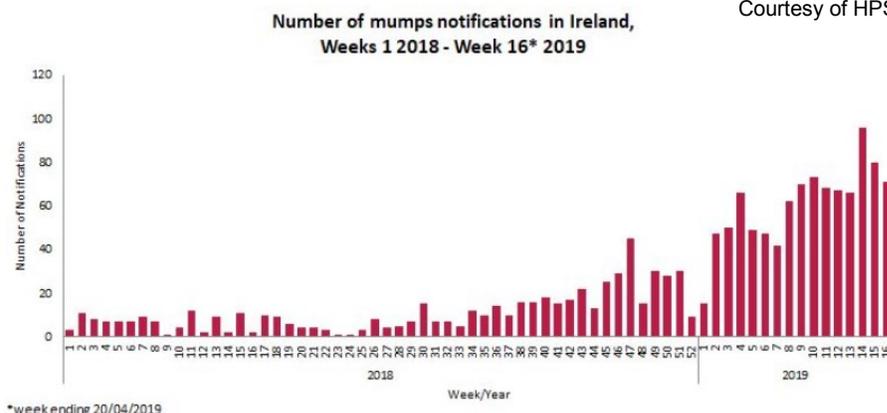
- *Immunisation Guidelines of Ireland*. Ireland's reference text on vaccines from the National Immunisation Advisory Committee. Chapter 5 describes the vaccines for global travellers and gives general information on travel health. <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>.
- TRAVAX is an interactive NHS website that provides up-to-date health information for UK and Irish health care professionals who advise the public about avoiding illness and staying healthy when travelling abroad. Registration is required. <https://www.travax.nhs.uk/>.
- *Travel Medicine Society of Ireland* offers up-to-date information on travel medicine for members, runs seminars and courses, produces regular newsletters, and provides members with subsidised access to the TRAVAX website <http://www.tmsi.ie/>
- *The National Travel Health Network and Centre (NaTHNaC)* is commissioned by Public Health England and promotes standards in travel medicine, providing travel health information for health professionals and the public <https://travelhealthpro.org.uk/>
- *The CDC Health Information for International Travel* (commonly called The Yellow Book) is published every two years by CDC as a reference for those who advise international travellers about health risks <https://wwwnc.cdc.gov/travel/page/yellowbook-home>

## Mumps increase in Ireland

Courtesy of HPSC

There has been a large rise in the number of mumps cases reported since the beginning of 2019. Most cases are in teenagers and young adults. The highest number of notifications are from the HSE East, North East and West. However there have been over 50 cases notified in the South East, mainly in secondary school and third level students.

MMR vaccination is the best way to prevent mumps. The vaccine is safe and effective. A person with two doses of MMR vaccine has about an 88% reduction in risk for mumps; a person with one dose has a 78% reduction in risk for mumps.



### Recommendations

- All children should get the MMR vaccine when they are aged 12 months. If any child aged over 12 months has missed this vaccine they should get it now from their GP.
- All children should get a second dose of MMR vaccine when they are 4-5 years old in Junior Infants at school. If any child in Senior Infants or older has missed this vaccine they should get it now from their GP.
- Teenagers and adults aged under 40 years of age who have not received 2 doses of MMR vaccine should contact their GP to get the MMR vaccine.

## Immunisation uptake for children at 12 and 24 months of age

Local Health Office	% vaccine uptake, Q3 2018					
	BCG <sub>1</sub>	D <sub>3</sub> *		MenC <sub>2</sub>	PCV <sub>3</sub>	MMR <sub>1</sub>
	12 mths	12 mths	24 mths	24 mths	24 mths	24 mths
Carlow - Kilkenny	0.0	84	95	88	91	92
Tipperary South	0.6	92	97	88	92	93
Waterford	0.0	88	91	87	90	93
Wexford	0.0	93	93	87	91	92
Ireland	0.01	89	94	85	93	92

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

†D<sub>3</sub>: Three doses of Diphtheria containing vaccine. In this table, uptake of D<sub>3</sub> is indicative of uptake of vaccines contained in the 5 in 1 or 6 in 1 combined vaccine.

## Summary of infectious diseases notified in HSE South East, Q1 2019

Disease	Cases <sup>1</sup>	Disease <sup>1</sup>	Cases <sup>1</sup>
Bacterial Meningitis (not otherwise specified)	0	Listeriosis	1
Campylobacter infection	69	Lyme Disease	0
Carbapenem-resistant Enterobacteriaceae	1	Measles	0
Chlamydia trachomatis	175	Meningococcal Disease	3
Clostridium difficile	47	Mumps	35
Cryptosporidiosis	27	Noroviral infection	5
Giardiasis	5	Pertussis	0
Gonorrhoea	22	Rotavirus	45
Haemophilis influenza (invasive)	3	Respiratory syncytial virus	113
Hepatitis A (acute)	1	Salmonellosis	6
Hepatitis B acute and chronic	9	Shigellosis	0
Hepatitis C	6	Streptococcus group A (invasive)	4
Hepatitis E	0	Streptococcus pneumoniae (invasive)	19
Herpes Simplex (genital)	27	Syphilis	2
HIV	3	Tuberculosis	4
Influenza	1149	Verotoxigenic Escherichia coli infection	25
Legionellosis	0	Viral encephalitis	0
Leptospirosis	1	Viral Meningitis	7

<sup>1</sup>Provisional data