In late May 2007, an H7N2 avian influenza infection was found in birds in a small farm in North Wales. H7N2 is a low pathogenic strain of avian flu. It is different to the highly pathogenic H5N1 strain currently circulating in South East Asia. The H7N2 virus does not transmit easily to humans, but cases do occur, almost all of which are associated with contact with infected poultry. It is not transmitted through cooked food. The illness in humans is usually mild, with flu like symptoms or conjunctivitis.

The UK Health Protection Agency tested samples from people associated with the incident who were displaying symptoms. Four of these were positive - two in Wales and two in the north west of England. The two English cases had purchased poultry from a source associated with the Welsh cases. Both English patients required treatment in hospital but have since recovered.

As part of the routine management of this incident, the Health Protection Agency North West identified and contacted 110 people who either had direct contact with the patients or with their suspect poultry. Of these, approximately 80 were given preventative treatment with the antiviral medication, oseltamivir (Tamilflu ®), as a precautionary measure.

No new cases have been identified up to June 7th and the seven-day incubation period (from last contact with an infected person or poultry) for avian flu has now passed, indicating that it is highly unlikely that further cases associated with this outbreak will be found.

It is important to remember that avian influenza remains largely a disease of birds and that the strain identified in Wales, H7N2, differs from the H5N1 strain, currently causing global concern.

With the explosion in types of travel to an increasing range of destinations the role of travel medicine is becoming more complex. Vaccination schedules, risk assessment and appropriate disease prevention strategies must be tailored to match individual itineraries. Those advising travellers need to have up-to-date information regarding emerging diseases, new vaccinations and current advice regarding preventative measures, e.g. malaria prophylaxis. Much of this information is readily available on the web.

The following websites are useful sources of information on travel medicine.

The Travel Medical Bureau: http://tmb.exodus.ie/
Fit for Travel, UK: http://www.fitfortravel.scot.nhs.uk/

These two sites provide destination listings, disease information and outbreak information. They give specific advice for each country being visited.

WHO: http://www.who.int/ith/en/
The WHO website allows you to download relevant chapters of their comprehensive manual, ‘International Health and Travel’. It also provides information on disease outbreaks around the world.

CDC: http://www.cdc.gov/travel/
The CDC (Centers for Disease Control and Prevention) in the US provides a very comprehensive website, covering all aspects of travel medicine.
Summary
The most significant TB outbreak reported in Ireland in recent years is currently being investigated in Cork. The outbreak centres on two crèches. To date, 18 children and two adults (excluding the index case) have been identified. The vast majority of child cases are toddlers (children aged 2-3 years).

Introduction
A symptomatic crèche worker (index case) was diagnosed with sputum positive pulmonary TB in March 2007. The newly notified case had worked in the two large crèches – in Crèche I for just over one month up until early March 2007, and in Crèche II for over two years up until December 2006. The index case had worked primarily with toddler children in both crèches.

Screening
All exposed children and adult workers in both crèches have undergone screening (Round 1). In view of the extent of early findings, chest x-rays were included as part of the screening criteria for Round 1 in both crèche populations, regardless of Mantoux test results. Mantoux negative, asymptomatic children have been offered isoniazid prophylaxis (‘window prophylaxis’) until the second round of screening has been completed and the overall results assessed.

Findings to date
TB case findings to date on the two crèche populations are summarised in Table 1. Eighteen children and two adults (excluding the index case) have been identified. Twenty-nine per cent of the child population in Crèche I and 19% in Crèche II had evidence of BCG vaccination. None of the 18 child cases had BCG vaccination. All children, other than cases, with Mantoux \( \geq 6 \) mm and regardless of BCG status, have been offered treatment for latent TB infection (LTBI) and are under the care of a consultant paediatrician. Similarly, adult workers with Mantoux \( \geq 6 \) mm (other than cases) have been offered treatment for LTBI.

Table 1. Crèche populations: TB cases

<table>
<thead>
<tr>
<th></th>
<th>Creche 1</th>
<th>Creche II</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>127/Staff</td>
<td>141/Staff</td>
<td></td>
</tr>
<tr>
<td>Child cases</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Staff cases*</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>14</td>
<td>20</td>
</tr>
</tbody>
</table>

*excluding index case

Extended Screening
In addition to the crèche populations above, other cohorts were identified for screening including visiting cohorts of parents/minders/other children who would have been regularly collecting and dropping off toddler children at the toddler room. These cohorts were included as they may have had a significant cumulative close contact with the index case. Screening was also extended back to January 2006 in Crèche II given the degree of obvious infectivity of the index case. No further cases have been detected to date in any of those cohorts.

Investigation Ongoing
The *Mycobacterium tuberculosis* strain isolated from the index case was reported to be pan-sensitive. The investigation of this unprecedented outbreak is being overseen by an outbreak control team and expert advisory group. The second round of screening is underway.

In April 2007 the Primary Community and Continuing Care Directorate HSE-South announced that all newborn babies in Cork will, from October 2007, be routinely offered BCG vaccination.

Margaret O’Sullivan and Elizabeth Keane
on behalf of the outbreak control team/expert advisory group and all staff involved at the Department of Public Health, Cork.