Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Infectious Disease News

HSE – South (Cork & Kerry)

Volume 6, Issue 1, March 2008

In this Issue:

If you would like any particular topics covered in this bulletin, please let us know at dph@hse.ie

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Avian Influenza Update

Highly pathogenic avian influenza (H5N1) in Birds

H5N1 was detected in wild birds in Dorset, England in recent months. To date (March 5th) 10 mute swans and 1 wild goose have been found to be positive for the virus. Evidence suggests that the level of infection in the mute swan population is low; there is no evidence of spread to domestic poultry. No human infection has been associated with this outbreak. The virus has not been detected in any birds, wild or domestic, in Ireland to date.

H5N1 Human Cases

Up to 28th February, 19 cases have been reported in 2008 (in China, Vietnam and Indonesia), of whom 17 died. To date there is no evidence that the highly pathogenic avian influenza virus has adapted to spread easily in humans.

Guidance of Healthcare Workers

Detailed information for healthcare workers is available on the Health Protection Surveillance Centre website (www.hpsc.ie). This includes an algorithm for the management of persons with acute febrile respiratory illness who may have avian influenza (http://www.ndsc.ie/hpsc/A-Z/Respiratory/AvianInfluenza/Guidance). The algorithm has recently been updated to reflect WHO advice on assessment or care of patients with suspected or definite avian influenza. In these situations it is advised that staff should wear gowns, gloves, eye protection and a surgical mask when assessing the patient, except for aerosolising procedures when a correctly fitted high filtration mask – minimum FFP2 is recommended.

If you are unable to access this algorithm from the HPSC website, please contact this department and we will send you on a copy.

Meningococcal Disease Update

In 2007, we recorded a further decrease in meningococcal disease in Cork and Kerry, with only 22 notifications (16 confirmed), compared to 32 (23 confirmed) in 2006. All 16 confirmed cases were Group B, see Figure 1. There have been no cases of Group C disease in Cork and Kerry since 2005, when 1 case occurred.

The under fives continue to be the age group most at risk, see Figure 2.

The figures for the first two months of 2008 are similar to last year, with 6 notifications compared to 5 for the same period in 2007. Tragically a death from meningococcal disease occurred in a child in February. This is the first death since 2004.

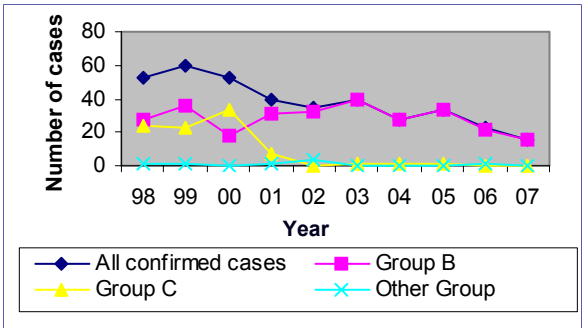


Figure 1. Confirmed meningococcal disease in Cork and Kerry 1998-2007

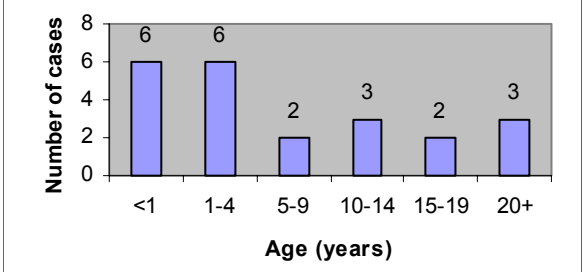


Figure 2. Age distribution of notifications, Cork & Kerry 2007

What happens when you notify a case of Gastroenteritis?

Gastroenteritis: What is notifiable?

Many of the pathogens known to cause gastroenteritis are notifiable. Acute infectious gastroenteritis (*i.e.* acute onset of diarrhoea and/or vomiting with no known non-infectious cause) is also notifiable along with outbreaks, clusters and changing patterns of illness that may be of public health concern.

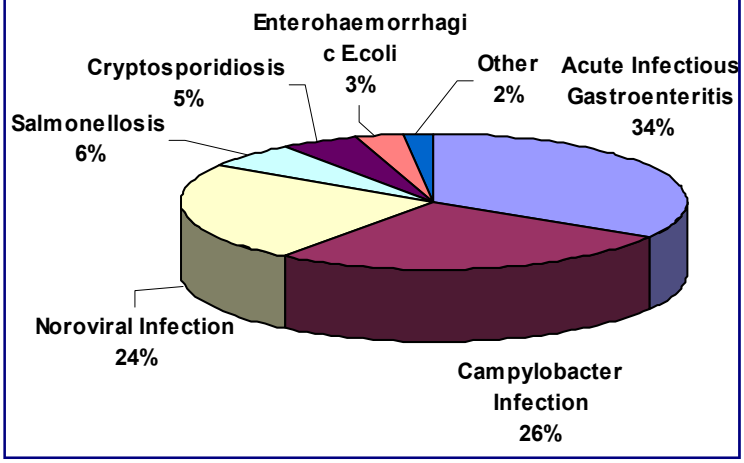
Who notifies?

Medical practitioners and, since Jan 1st 2004, clinical directors of diagnostic laboratories. Notifications are made to the local Department of Public Health.

Prevalence of gastroenteritis

Gastrointestinal infections account for the vast bulk of notifiable infectious diseases each year. In 2006 in Ireland, 6,861 cases of gastrointestinal infection were notified (see Fig 1).

Figure 1. Gastrointestinal Notifications Ireland 2006



Who is involved following notification?

Senior Medical Officers located in sub-offices at Unit 5, Kinsale Rd, Cork (covering Cork city and county) and at Denny St Tralee (covering Kerry) are involved daily in investigation and control.

They work closely with the Infectious Disease Nurse and Surveillance Scientists, and liaise with Consultant in Public Health Medicine colleagues as necessary. There is frequent need for close collaboration with Environmental Health Officers where food or water may be potential sources of infection.

What happens surveillance-wise?

Basic surveillance data is recorded for all notifications. For the more serious pathogens, detailed case histories are obtained. All relevant information is entered onto the computerised infectious disease register (CIDR) which is confidential and web-based.

CIDR particularly facilitates the production of relevant, timely surveillance reports regionally and nationally. Weekly teleconference are held between the regions, HPSC and HSE centrally to review trends, consider and advise on unusual notifications & outbreaks, and to flag potential problems.

What happens control-wise?

The degree of action is pathogen dependent.

(a) Sporadic cases

For notifications of acute infectious gastroenteritis and norovirus, no specific investigative or control measures are generally undertaken.

For notifications of pathogens such as campylobacter and cryptosporidium, pathogen-specific questionnaires are completed (either by post or by phone), including information on possible risk exposures. Preventive advice is given.

At the other end of the spectrum, notification of a pathogen such as VTEC O157 involves intensive investigative and control measures which will include some or all of the following:

- Liaison with GP, hospital clinician, microbiologist to verify and update
- Detailed case history
- Risk assessment (likely threat to others? possibility of outbreak?)
- Involvement of Principal Environmental Health Officer
- Active case finding (illness among attendees of crèche, care facility etc?)
- Hygiene advice (to household, school, pre-school, institution as appropriate)
- Microbiological stool screening (follow-up of case/contacts may be necessary)
- Work/school exclusion (may be necessary if case is in a risk group until microbiological clearance is obtained)

(b) Outbreaks

The possibility of an outbreak usually prompts the convening of an outbreak control team. Exceptions to this may include the smaller norovirus outbreaks which are often managed locally by the community infection control nurse / senior medical officer (depending on the site), in collaboration with environmental health as necessary.