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Communicable Disease Update

Public Health Department, Health Service Executive South (SE)

Volume 8 Issue 3, August 2009

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Influenza surveillance in the South East

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IN THE NEWS

A/H1N1 Pandemic Influenza

The Health Protection Surveillance Centre (HPSC) website www.hpsc.ie contains the most up to date information on A/H1N1 influenza in Ireland and contains links to their counterpart global sites.
However, as of going to press on 27 July there has been 250 number of confirmed cases of A/H1N1 in the Republic of Ireland with no reported deaths.
Worldwide there has been 134503 number of confirmed cases with 816 reported deaths.

PPE and swabs

For stocks of personal protective equipment (PPE) and swabs for flu testing GPs are asked to contact Cathal O' Reilly, Primary Care unit, HSE, Lacken, Dublin Road, Kilkenny. Phone 056-7784113 or email cathal.oreilly@hse.ie

Travel

As the holiday season continues, GPs are asked to advise their patients traveling to Europe, South America, Asia or more remote countries to protect themselves against mosquito bites. GPs are also asked to be aware that Chikungunya fever, Dengue fever and yellow fever continue to be reported from many countries worldwide.

Success of the new Primary Childhood Vaccination Programme.

A new primary childhood vaccination schedule was introduced in September 2008 for all babies born after July 1st of that year. The main changes were the addition of Pneumococcal (PCV) and Hepatitis B (in the form of 6in1) vaccines to the schedule. A review of babies aged 6 months to 1 year in July 2009 showed that

96% have had Dose 1: 6in1 + PCV
91% have had Dose 2: 6in1 + Men C
70% have had Dose 3: 6in1 + Men C + PCV.

The recommended timing for this 3rd dose of 6in1 is at least 2 months after the 2nd dose and at least 4 months after the 1st.
General practitioners and Practise Nurses are to be congratulated on this excellent start to the programme.

Outbreak of Measles in UK

As of 15 July 09, The North East of England has reported over 110 confirmed cases of measles since the beginning of 2009. Over 100 suspected cases are under investigation. As the number of cases continues to grow in what is the largest outbreak of measles seen in the region for almost 20 years, experts at the HPA have warned again that children who are not fully vaccinated against measles are at risk from this illness. Measles is potentially a very serious illness, which can on rare occasions be fatal. It is highly infectious and is spread through direct contact with an infected person or through the air when an infected person coughs or sneezes. From Jan-April (2009) England and Wales have reported a total of 602 confirmed cases of measles.
In Ireland from 1st Jan to 23rd July 2009 there have been 44 possible cases of measles notified. Only seven of them have been lab confirmed (three were in the South East). There is no treatment for measles but it can be prevented by the safe and highly effective MMR vaccine. Two doses of MMR are required to ensure children are fully immunised

Influenza surveillance in the South-East

Seasonal Influenza versus Pandemic Influenza

On Thursday 11 June the World Health Organisation declared a global influenza pandemic.

Influenza-like-illness (ILI) is defined as the sudden onset of symptoms with a temperature of 38° C or higher, with two or more of the following: headache, sore throat, dry cough and myalgia. Pneumonia can occur as a complication. Clinical symptoms in a flu pandemic may be similar or more severe than the seasonal flu depending on the pathogenicity of the pandemic strain and the population groups identified as at increased risk.

Seasonal influenza differs from pandemic influenza in a number of key ways. (1) the population has some immunity to seasonal influenza either from past infection or immunisation (2) seasonal influenza occurs every winter, and (3) the influenza vaccine available in any season is based on influenza strains known to be circulating. In a pandemic the population has little or no past exposure to the new strain of flu and either all or the majority are non-immune; in addition an effective vaccine is not available in the early stages.

Seasonal Influenza surveillance

Every year, a national seasonal influenza surveillance programme is run from the beginning of October (at week 40), until the end of May the following year (week 20), with some additional surveillance during the summer. This program monitors influenza activity throughout Ireland. The HPSC and Irish College of General practitioners (ICGP) recruit sentinel practices throughout Ireland to participate in the influenza surveillance programme. In the South East, on a weekly basis, GP sentinel practices report the number of patients who consulted with ILI and send a combined nasopharyngeal and throat swab on one patient with ILI per week to the National Virus Reference Laboratory (NVRL).

The Department of Public Health request schools that are located near sentinel GPs to report absenteeism data to Public Health on a weekly basis and this data along with data on hospital respiratory admissions from one sentinel hospital are recorded and analysed. Using ILI rates, school absenteeism and hospital respiratory admissions, influenza activity is calculated each week and reported to the HPSC. The activity index used to measure influenza activity (i.e. no report, no activity, sporadic, localised, regional or widespread activity) is analogous to that used by the WHO global influenza surveillance system and the European Surveillance Scheme (EISS) 1,2.

In the South East both influenza A and B have been circulating in the past two years (table 1), with type A(H3) being more prevalent. The circulating strains matched the available vaccine strains at that time. Half of confirmed cases were in the 25-44 age groups in both seasons (Table 2).

Table 1

Influenza Confirmed cases	2007-2008	2008-2009
Influenza A	13	30
Influenza B	8	3
Total	21	33

Table 2

Year	0-14	15-24	25-34	35-44	45-54	55-64	65+
2007-2008	2	1	4	7	4	2	1
2008-2009	4	5	10	6	7	1	0

Influenza activity in the South East and nationally has been low in recent years. Figure 1 illustrates the number of ILI cases per 100,000 population reported in the South East, and the average percent absenteeism rates for 18 schools in the South East for the influenza season 2008-2009. As illustrated in Figure 1 school absentee rates peaked in week 52 which was the week most schools were closing for the Christmas holidays and ILI rates peaked just after this in weak 3. The peaks in school absenteeism did not necessarily indicate that there was an increase in ILI in any of the schools.

Figure 1: ILI rates and school absenteeism in the South East 2008-2009

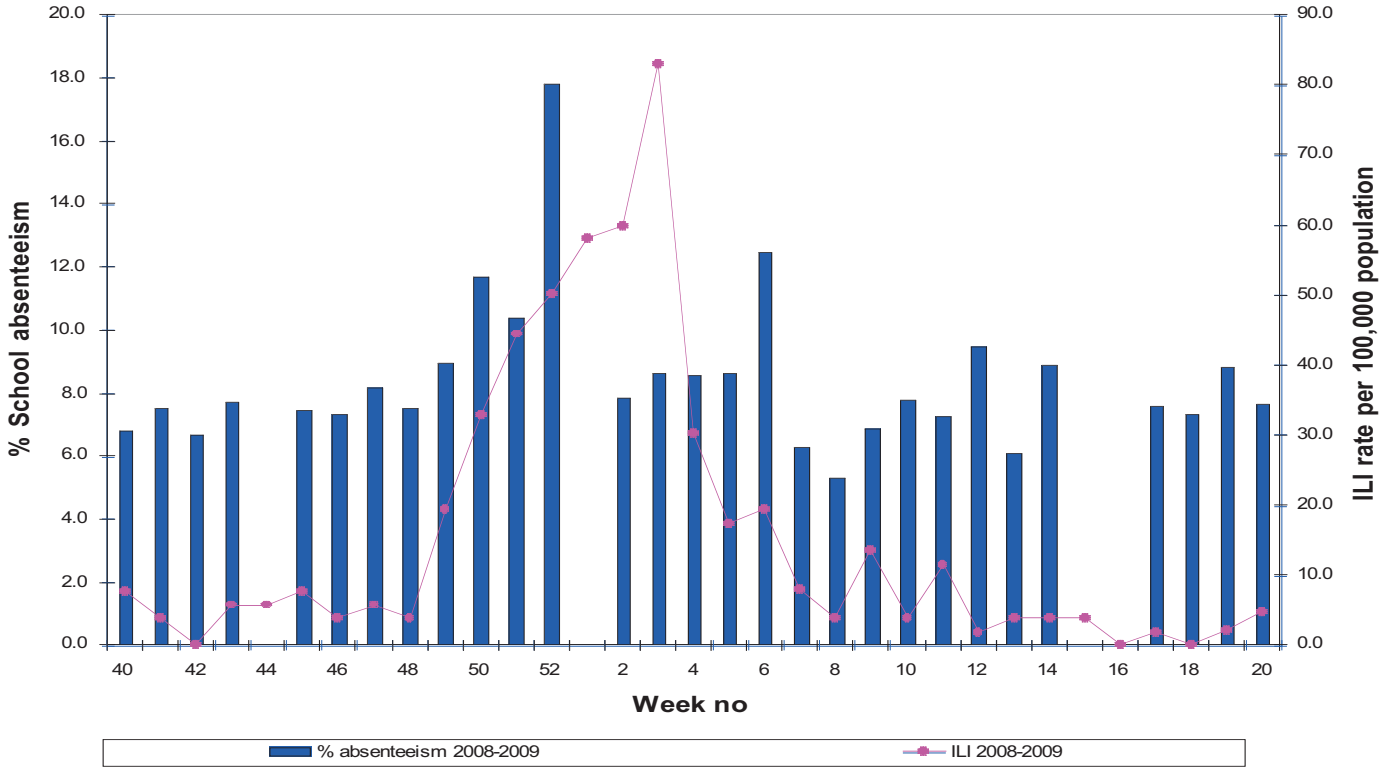
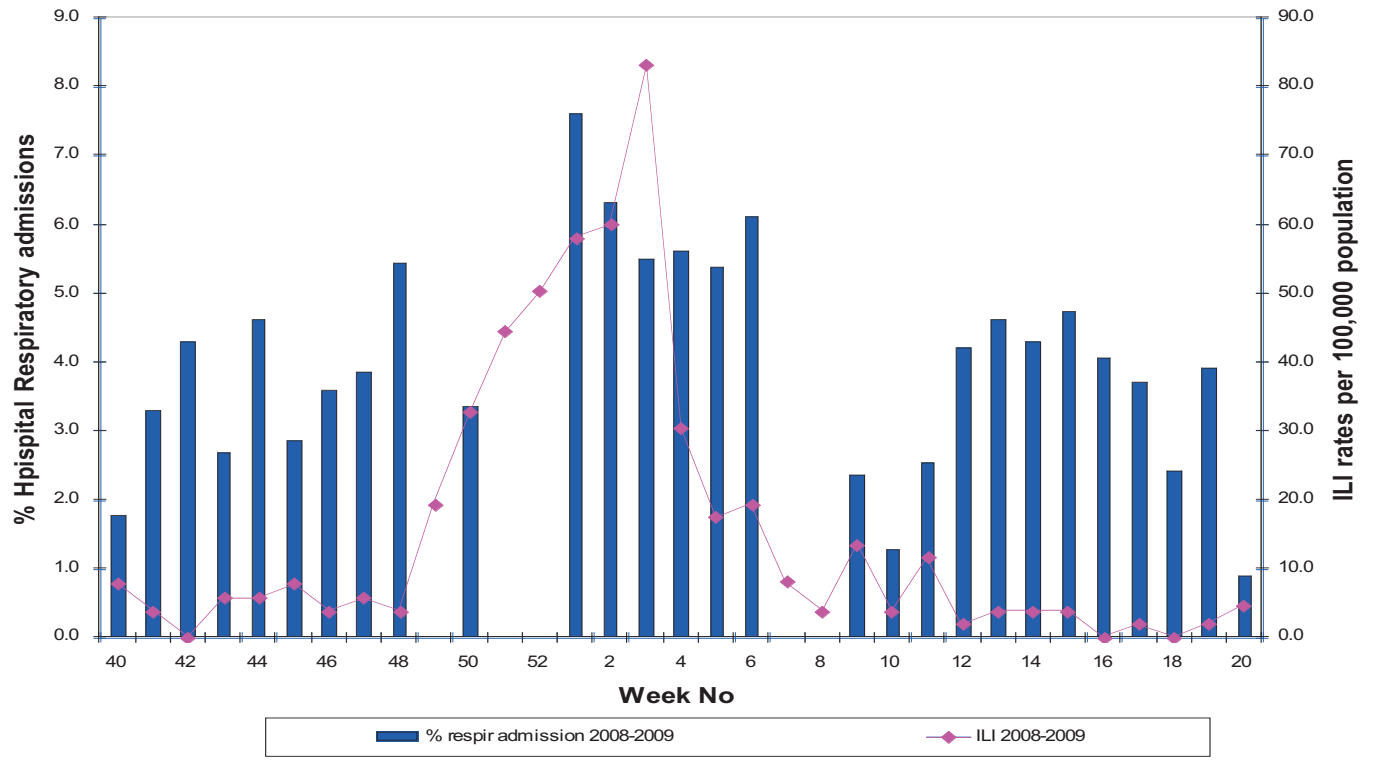


Figure 2 illustrates the ILI rate and the percentage of hospital admissions due to respiratory symptoms in a sentinel hospital in the South East. Increases in respiratory admissions were seen in weeks 1 to weeks 6 and this increase may reflect the increase in ILI rates which began increasing in week 49.

Figure 2: ILI rates and hospital respiratory admissions in the South East 2008-2009



Influenza Vaccination

Most cases of severe illness and deaths associated with seasonal influenza occur in certain groups at high risk for developing secondary complications, including pneumonia. Such groups include the elderly, the immunocompromised, and persons with underlying chronic cardiopulmonary, renal or metabolic disease. A safe and effective vaccine against seasonal influenza is available and is recommended annually for persons in these high-risk groups and in those ≥65 years of age. Annual administration of influenza vaccine is the most effective means for preventing influenza. In addition these risk groups should have been vaccinated against pneumococcal infection to prevent secondary complications.

The Health Protection Surveillance Centre (HPSC) system monitors the vaccine uptake in people over 65 with a medical card or GP visit card. In the 2007-2008 season, the national uptake rate was 61.7% and the uptake rate in the South East was 65.8%.[4] The WHO recommends an uptake rate of 75%. Provisional data (up to Feb 2009) for the 2008-2009 season shows a national uptake rate of 57.3%.

Influenza vaccination is recommended in healthcare workers both for their own protection and for the protection of their patients[5]. The uptake of influenza vaccine in healthcare workers in Ireland is low (approx 17.5%)[6] .

Discussion

The current seasonal influenza surveillance system is augmented beyond the normal week 20 during a pandemic situation to give real time information on local trends, identifying clusters, and impact of the virus on community and hospital systems and monitoring the effectiveness of the response measures implemented.

In a recent publication the HPSC[4] highlighted the need to increase awareness of the value of the influenza vaccination in the wider community for those at risk of influenza related complications. The development of a national immunisation register and the development of projects to promote influenza vaccination uptake among health care worker are recommended[4].

Vaccines for seasonal influenza will be available in September/October 2009. This vaccine will not contain the novel A/H1N1 strain. However the seasonal influenza vaccine is still required for high risk groups mentioned previously. A vaccine specific to novel A/H1N1 will be available at a later date.

Action Points

- **Patients in risk categories and health care workers should be encouraged to get the seasonal influenza vaccine this winter**
- **Patients in risk groups should be vaccinated with pneumococcal vaccine to prevent secondary complications**

Acknowledgments

The following groups are thanked for providing data for this report:
Sentinel GPs, ICGP, Sentinel Schools, Sentinel hospital, National Virus Reference Laboratory and Health Protection Surveillance Centre.

References

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2. European Influenza Surveillance Scheme (EISS) available at: http://www.eiss.org/
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4. HPSC see slight increase in over 65s getting influenza vaccine,EPI-Insight vol 10, 2009 available at: http://www.hpsc.ie/hpsc/EPI-Insight/Volume102009/File,3417,en.pdf
5. Immunisation Guidelines for Ireland (2008 edition), available at: www.immunisation.ie
6. Risk groups and uptake of influenza and pneumococcal vaccine in Ireland Eurosurveillance, Volume 12, Issue 12, 01 December 2007.

Statutory Notification of Infectious diseases

The table below shows cases of infectious diseases notified in the HSE/SE area only under Infectious Disease (Amendment No.3) Regulations 2003 (S.I. No. 707 of 2003).

With the exception of TB, data has been extracted from CIDR (Computerized Infectious Disease Reporting). Clinical notifications are notifications received directly from clinicians. Laboratory notifications are those received from the clinical director of a diagnostic laboratory.

Disease	2007 week 1-12 Cases	2008 week 1-12 Cases	2009[1] week 1-12 Cases	2009 Notification Source[2]	
				Lab	Clinical
Acute infectious gastroenteritis[3]	376	336	531	517	253
Bacterial meningitis *(not otherwise specified)*	5	1	4	0	8
Brucellosis	0	0	0	0	0
Campylobacter infection	99	69	96	96	54
Chlamydia trachomatis[4]	NA	172	348	348	0
Cryptosporidiosis	51	40	42	79	75
Enterohaemorrhagic E. coli	3	3	6	6	22
Giardiasis	4	3	1	1	4
Gonorrhoea[4]	NA	9	31	31	0
Haemophilus influenzae disease *(invasive)*	4	3	3	8	12
Hepatitis A Acute	3	3	2	2	3
Hepatitis B Acute	1	4	6	44	82
Hepatitis B Chronic	29	26	25		
Hepatitis C	15	23	18	22	37
Herpes Simplex *(gential)*[4]	0	3	19	19	0
Influenza *(non-A/H1N1)*	31	20	24	22	41
Legionellosis	0	0	0	0	0
Leptospirosis	1	1	1	1	1
Listeriosis	1	0	1	1	3
Malaria	2	3	1	1	1
Measles	5	2	15	4	54
Meningococcal disease	12	14	12	12	45
Mumps	7	37	279	86	615
Noroviral infection	53	54	53	53	17
Paratyphoid	0	0	2	4	7
Pertussis	4	1	0	0	0
Rubella	1	5	2	0	2
Salmonellosis	15	15	16	30	49
Shigellosis	0	1	0	0	0
Streptococcus group A *(invasive)*	5	5	5	5	12
Streptococcus pneumoniae *(invasive)*	65	49	58	62	78
Syphilis[4]	NA	3	18	31	34
Tetanus	0	0	0	0	0
Toxoplasmosis	7	2	0	0	0
Trichomoniasis[4]	NA	4	7	7	0
Tuberculosis	17	16	19	‡	19
Typhoid	0	0	1	1	4
Viral encephalitis	1	0	1	1	1
Viral Meningitis	3	4	6	4	8
Total	**820**	**931**	**1653**		

1 Provisional data

2 Cases may be notified from a clinical source or a lab source or from both sources (multiple notifications included). Therefore figures for clinical and lab notifications may not equal the total number of cases.

3 Since May 1st 2008 acute infectious gastroenteritis also now include Clostridium difficile cases

4 STI data shown is from laboratory only and does not contain data for ano-genital warts or non-specific urethritis. Na=not available for newsletter

‡ Although TB is also notified by the lab, this information is not quantified

cidr

Immunisation uptake in the HSE-SE and in Ireland

Immunisation uptake rates for children at 12 months and 24 months of age.

	% Uptake at 12 months of age						
	BCG	D_3	P_3	T_3	Hib_3	$Polio_3$	$MenC_3$
HSE SE Q4 2008	**94**	**90**	**89**	**90**	**89**	**89**	**89**
CW/KK	94	89	89	89	89	89	88
TS	94	89	89	89	89	89	88
WD	96	89	88	89	88	88	88
WX	93	91	91	91	91	91	90
National Q4 2008	**93**	**89**	**89**	**89**	**89**	**89**	**89**
HSE SE Q4 2007	91	86	86	86	86	86	85

	% Uptake at 24 months of age						
	D_3	P_3	T_3	Hib_3	Pol_3	$MenC_3$	MMR_1
HSE SE Q4 2008	**92**	**92**	**92**	**92**	**92**	**91**	**89**
CW/KK	92	92	92	91	92	90	89
TS	90	90	90	89	90	89	87
WD	91	91	91	91	91	89	87
WX	95	95	95	94	95	94	90
National Q4 2008	**93**	**93**	**93**	**93**	**93**	**93**	**90**
HSE SE Q4 2007	92	92	92	91	91	90	88

Uptake of all immunisations in the South East at 12 months of age increased by between 3-4% for Q4 2008 compared with the same period in 2007. For children aged 24 months of age in the South East in Q4 2008, immunisations uptake increased by 1% for Hib3, Pol3, MenC3 and MMR1 compared with Q3, 2007. The target uptake rate of ≥ 95% was achieved in Waterford for BCG and in Wexford for D3, P3 and T3 at 24 months.

Infectious Disease Notification: contact information

Medical practitioners and Clinical directors of diagnostic laboratories are required to transmit a written or electronic notification of a notifiable infectious disease to a Medical Officer of Health (the Infectious Diseases (Amendment) Regulations, 2000 (S.I. No 151 of 2000)). Printed copies of 'Case Definitions for Notifiable diseases' which include a booklet of standard notification forms are available from regional public health department offices, to which notifications should be returned.

Notifications can be phoned: 056 7784142, faxed: 056 7784599 or posted to:

Public Health Department, HSE South (SE), St Canice's Hospital, Lacken, Dublin Road, Kilkenny

This report is produced with the data provided by the Senior Medical Officers, Environmental Health Officers, Waterford Regional Hospital Laboratory, Hospital Clinicians, Regional STI Clinics and General Practitioners.

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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