



S. aureus and MRSA bacteraemia

Two important national guideline documents have been made available on the MWA website (www.mwhb.ie) covering hand hygiene guidelines and control of MRSA in hospitals and the community. Posters will be delivered to all hospital managers and administrators who should liaise with infection control personnel to arrange their placement in appropriate positions. These are available to all acute hospitals, psychiatric hospitals, elderly care units, day hospitals and nursing homes. Preliminary data from surveillance of MRSA bacteraemia in the acute hospitals of the Mid-Western Area suggests there will be a further reduction in MRSA in 2005. MRSA bacteraemia represent a minority of MRSA infection but the rate can indicate the trend in MRSA in hospitals from year to year. For the first nine months of 2005, 25 cases of MRSA bacteraemia were reported, compared to 38 in 2004. The team welcomes Dr Nuala O'Connell recently appointed as consultant microbiologist in the Mid-Western Area.



Human Influenza

The Department of Public Health in the Mid-Western Area participates in surveillance of influenza-like illness (ILI). This surveillance involves collaboration between the Health Protection Surveillance Centre, the National Virus Reference Laboratory and the Irish College of General Practitioners in Ireland. A report is issued on a weekly basis and the data is used in the European Influenza Surveillance Scheme (EISS). The Department of Public Health advises all "at risk" groups and health care workers to seek vaccination against influenza. The annual influenza vaccination campaign is now under way. Poultry workers will also be offered influenza vaccination this year.

The Department is monitoring closely the developments internationally regarding avian influenza. The work of the HSE Emergency Planning and Population Health Directorate as well as the national Influenza Pandemic Expert Group is on-going and several subcommittees are looking at specific areas of implementation. A Mid-Western Regional Communicable Disease Control Group is involved in pandemic preparedness in this Area. The regional microbiology department plans to introduce a PCR-based test for the diagnosis of influenza and other respiratory viral infections this winter. Further details of this test will be circulated by the department to all medical practitioners in the coming weeks.



Avian Influenza

Results indicate that birds in Turkey, Croatia and Romania were infected with highly pathogenic Influenza type A (H5N1). This type has infected flocks and caused 69 deaths in southeast Asia since December 2003 (51% mortality rate). Currently this is an animal health issue and the absolute individual risk to humans from avian influenza remains low.

The European Centre for Disease Prevention and Control (ECDC) currently advises no special travel restrictions to countries affected by avian influenza, nor immunisations because of the presence of that virus.

Large amounts of the virus are excreted in the droppings of infected birds.

Travellers to affected countries are reminded of the following standard precautions:

- To avoid contact with live poultry and wild birds
- To avoid visiting live animal markets and poultry farms
- To avoid contact with surfaces contaminated with animal faeces
- To avoid handling birds found dead
- Not to eat or handle undercooked or raw poultry, egg or duck dishes
- To exercise good personal hygiene with frequent hand-washing
- Not to attempt to bring any live poultry products back to Europe.

Anti-viral drugs are not recommended as preventives and it is not recommended that travellers take anti-virals with them.

**Over 65? chronic illness? immunocompromised? health care worker? poultry worker?
Influenza Vaccination 2005/6- Be protected**

Notice: We would encourage general practitioners to make a copy of ID-Link available in the surgery waiting area.

If your contact details have changed, please let the Department of Public Health know (061-483337) and this will ensure timely delivery of your copy.

This report is produced with the assistance of the Area Medical Officers, Senior Area Medical Officers and the Mid-Western Regional Hospital Laboratory.

Some data are provisional and are subject to amendment.

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Feidhmeannacht na Seirbhíse Sláinte
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**Hib - booster catch-up
Vaccine Preventable Diseases
Vaccination Uptake
Gastroenteritis
Travel-related illness
S. aureus and MRSA bacteraemia
Human Influenza
Avian Influenza**



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Hib - booster catch-up

In Ireland, before 1992 *Haemophilus influenzae* b (Hib) was a germ that caused serious infections, especially in young children. Prior to childhood Hib vaccination, it was a common cause of respiratory disease, epiglottitis, meningitis and septicaemia. The germ can be carried in the nose and throat of people without causing harm. Hib vaccine is given as part of the "5-in-1" and almost 500,000 children have been vaccinated since 1996. The vaccine is safe and effective. However, because a small number of children developed Hib disease, although fully vaccinated, a catch-up Hib booster dose will be offered to children currently aged 6 months to 4 years (i.e. children born between 2nd November 2001 and 20th May 2005). Hib vaccine is not normally required over 4 years of age. In Ireland it is planned to offer 200,000 children this Hib booster. This campaign is expected to last six months. In the Mid-Western Area the HSE will advise GPs of children registered with them and parents of children in the target age group will be contacted.

Vaccine Preventable Diseases

In the first nine months of 2005 there were five cases of measles notified in the HSE Mid-Western Area. Three females and two males aged between seven months and twelve months were affected. The children were residents of Clare (1), Limerick (1) and Tipperary (3).

From January to October there were 93 cases of mumps notified in residents of the Area. Sixty males and thirty-three females were affected and were residents of Clare (21), Limerick (64) and Tipperary (6), county unknown (2). Seventy cases were seen in persons aged 15-24 years, eleven were aged 25-34 and five were children under 15 years. Most of the cases in Spring were part of a mumps outbreak in the University of Limerick. Cases attending secondary schools in the Mid-Western Area have also been detected recently.

Vaccination Uptake

Uptake rates in the HSE MWA continue to improve towards 95%, the level required to give the best protection to the population, Figure 2. In October 2005 the international Cochrane Review Group examined an extensive body of evidence from all over the world. Following this most thorough review of MMR data ever undertaken the experts concluded there was no credible link between MMR and any long term disability, including autism or Crohn's disease. They also asserted that the lack of confidence in MMR vaccine had caused great damage to public health. October 17th to 23rd 2005 was WHO European Immunisation Week. All health care workers play a vital role in promoting vaccinations at every available opportunity (www.immunisation.ie). General practitioners can help by prompt submission of vaccination returns, thus ensuring accurate uptake rates.

Gastroenteritis

The number of cases of campylobacter continues to be high compared to the same period in 2004. Of 115 cases reported, 106 were in Mid-Western Area residents. Rates of campylobacter in all three counties in 2005 appear higher than in recent years.

From January to October 2005, seventeen reports of salmonellosis were received and the distribution does display the seasonal peak in August/September. One unusual serovar, *Salm. Goldcoast* was isolated in a Mid-Western Area resident. This appears to be travel-related and may have originated in Majorca. Scottish health authorities have reported cases of this serovar in holiday makers who stayed in Majorca. Most salmonella cases were detected in residents of Limerick (12). *Salm. Enteritidis* was the most common serovar (6). Two cases involved a family outbreak. Another serotype *Salm. Hadar* was implicated in a family outbreak (two people) as well.

The seasonal fall in cryptosporidium during summer/autumn is evident but some sporadic cases have been reported in recent weeks. The rate of cryptosporidium in Clare in 2005 is almost twice that rate in 2004.

Because water testing and analysis on samples from the Ennis Water supply showed some bacterial contamination there were "boil water" notices in place over extensive periods from May to October 2005. Even with a lifting of the notice (October 28th), visitors and vulnerable sectors of the community (i.e. patients who are immunocompromised, infants and preschool children) should continue to maintain precautions regarding the consumption of tap water until a fully treated water supply is in place.

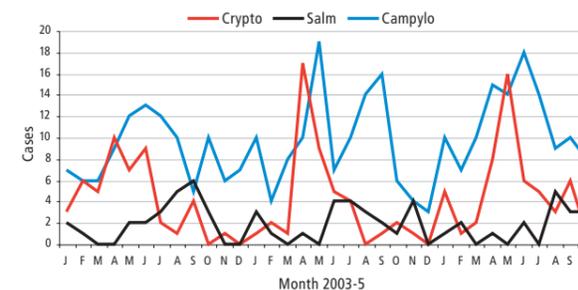


Figure 3: Laboratory confirmed cases of cryptosporidiosis, salmonellosis and campylobacteriosis by month 2003-2005 in the Mid-West.

Five cases of Shigellosis were identified in the Area in the first nine months of 2005, all in Clare residents. One *S. flexneri* was isolated in a male with history of travel in Africa. One case of *S. sonnei* was reported in a female returning from Peru. Three cases of Shigellosis (only one confirmed *S. sonnei*) appear to be a cluster associated with travel to the US.

There were two clusters of enterohaemorrhagic *E. coli* (VTEC O157) detected in the Area in September/October. This bacterium causes gastroenteritis but can, in some cases, cause a more serious illness called Haemolytic Uraemic Syndrome (HUS). Bloody diarrhoea is one common sign but it is not present in all cases.

About 60-80 cases are seen each year in Ireland. Some cases are travel-associated or imported. In the Mid-Western Area about 6-10 cases would be seen annually. August/September is the peak time for VTEC infection in Ireland. There has been an increase in the number of VTEC cases seen throughout the Mid-Western Area with twenty seven cases reported up to December 2005. In the first incident, three cases were in Co. Clare and two were in East Limerick. The three cases in Clare appeared to be sporadic (two were phage type 32 and one was 8). The Limerick cases had a link in that both were young males attending UL but who normally resided in Clare and Tipperary. Medical officers and scientists from public health and microbiology with environmental health officers reviewed all cases but no definitive source in any case was identified. Three of these cases were hospitalised but all recovered well.

In a second cluster a multi-disciplinary outbreak control team was convened to investigate verotoxigenic *E. coli* O157 cases (VTEC, also known as EHEC) in the Croom/Ballingarry/Kilfinny/Adare area of West Limerick. The first VTEC infection in this cluster was identified in a toddler at Temple St. Children's Hospital in late October. Follow-up contact tracing identified more positive samples among relatives and children in the area. As of 7th December 2005 there have been eighteen cases identified in this cluster. Two children were hospitalised but are now discharged. Many positive cases did not have symptoms.

The Outbreak Control Team are attempting to trace a source for the infection. Hand-washing and general hygiene are emphasised for parents and children, as person-to-person spread is suspected. So far, no water samples tested for VTEC at various locations were positive.

The organism can be associated with raw meats. Avoid all possibility of cross-contamination of raw and cooked meats in the kitchen. Cook all meats thoroughly. An information leaflet on VTEC is also available on the HSE Mid-Western Area website. A full report on the epidemiology of VTEC in the Area is also available from the website. Parents and general practitioners should be alert for signs of gastroenteritis.

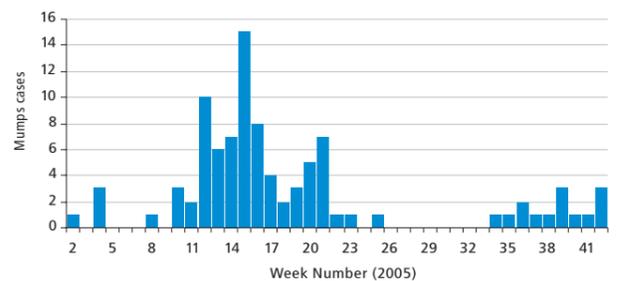


Figure 1: Cases of mumps notified by week in the Mid-Western Area in 2005.

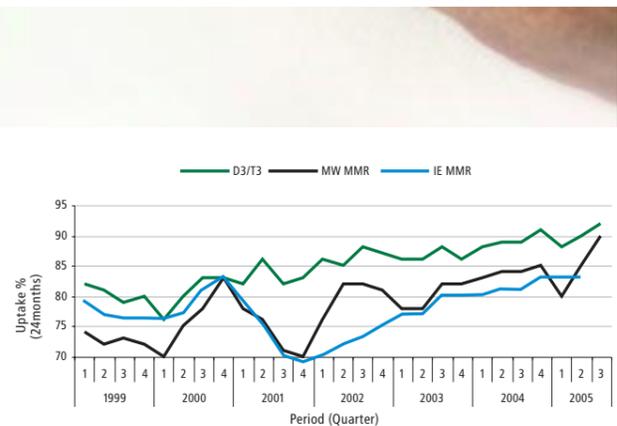


Figure 2: Quarterly vaccination uptake of diphtheria/tetanus (DT - 3 doses) in the Mid-West and MMR at 24 months in the Mid-West and Ireland, 1999-2005.

Travel-related illness

There was one report of legionellosis (Legionnaires Disease) in a male from Limerick who returned from Turkey. There were three reports of hepatitis A in 2005 to date. Two cases reported prior travel to India. Persons travelling outside Europe should seek medical advice about recommended vaccinations well in advance of travelling.

