

SURVEILLANCE of INFECTIOUS INTESTINAL (IID), ZOO NOTIC AND VECTORBORNE DISEASE, and OUTBREAKS of INFECTIOUS DISEASE



A quarterly report by the Health Protection Surveillance Centre in collaboration with the Departments of Public Health

Quarter 1–2007

July 2007

This is the first quarterly report for 2007 produced by the Gastroenteric Unit of the Health Protection Surveillance Centre.

The production of this quarterly report would not be possible without the valuable input and commitment from the Directors of Public Health, Specialists in Public Health Medicine, Surveillance Scientists, Clinical Microbiologists, General Practitioners, Hospital Clinicians, Infection Control, Environmental Health and laboratory personnel, and other professionals who provide the data for the HPSC's surveillance systems.

Note: Data are collected and analysed using the Computerised Infectious Disease Reporting (CIDR) system. The data in this report are provisional and will not be regarded as final until all returns are received and data have been validated.

OUTBREAK SURVEILLANCE

Table 1. General Outbreaks of Infectious Intestinal Disease (IID) in Quarter 1, 2007

Month	HSE region	Type of outbreak	Location	No. ill *	No. Hosp.	Date Onset	Suspect mode of transmission	Disease
Jan	E	General	Residential institution	27	-		Not Specified	Norovirus
Jan	S	General	Other	6	0	11-Nov-06	P-P & AB	Norovirus
Jan	SE	General	Hotel	21	1	27-Dec-06	P-P & AB	AIG
Jan	S	General	Comm. Hosp/Long-stay unit	18	0	04-Jan-07	Airborne	Norovirus
Jan	E	General	Residential institution	6	-	08-Jan-07	Not Specified	AIG
Jan	S	General	Hotel	16	0	26-Dec-06	Unknown	AIG
Jan	SE	General	Hospital	101	-	03-Jan-07	P-P	Norovirus
Jan	E	General	Hospital	36	-	-	P-P	Norovirus
Jan	E	General	Comm. Hosp/Long-stay unit	7	-	-	P-P	Norovirus
Jan	E	General	Comm. Hosp/Long-stay unit	6	-	-	Not Specified	Norovirus
Jan	E	General	Residential institution	16		25-Dec-07	Not Specified	AIG
Jan	SE	General	Residential institution	14	0	29-Dec-06	P-P	AIG
Jan	S	General	Crèche	23	0	05-Jan-07	Airborne	AIG
Jan	SE	General	Community outbreak	7	1	11-Dec-06	WB	Cryptosporidiosis
Jan	SE	General	Comm. Hosp/Long-stay unit	3	-	07-Jan-07	P-P	AIG
Jan	E	General	Crèche	11		11-Jan-07	Unknown	AIG
Jan	SE	General	Hospital	10	0	12-Jan-07	P-P	AIG
Jan	M	General	Residential institution	14	0	20-Jan-07	Unknown	AIG
Jan	W	General	Hospital	-	-	18-Jan-07	P-P	AIG
Jan	W	General	Hospital	9	9	06-Jan-07	P-P	Norovirus
Jan	E	General	Hospital	9	-	30-Jan-07	Unknown	AIG
Feb	E	General	Other	8	-	21-Jan-07	Unknown	Norovirus
Feb	S	General	Residential institution	13	0	29-Jan-06	P-P & AB	AIG
Feb	S	General	School	50	0	29-Jan-07	P-P	AIG
Feb	S	General	Hospital	3	-	-	P-P & AB	Norovirus
Feb	M	General	Comm. Hosp/Long-stay unit	23	0	31-Jan-07	Unknown	Norovirus
Feb	W	General	Hospital	4	-	25-Jan-07	P-P	Norovirus
Feb	W	General	Residential institution	7	-	24-Jan-07	P-P	AIG
Feb	W	General	Hospital	35	-	22-Jan-06	P-P	Norovirus
Feb	S	General	Residential institution	9	0	29-Jan-07	P-P	Norovirus
Feb	MW	General	Residential institution	8	-	-	P-P	AIG
Feb	MW	General	Hospital	7	7	23-Jan-07	P-P	Norovirus
Feb	E	General	Hospital	115	61	05-Feb-07	P-P	Norovirus
Feb	E	General	Not Specified	13	13	04-Feb-07	P-P	AIG
Feb	SE	General	Residential institution	30	0	30-Jan-07	P-P	Norovirus
Feb	SE	General	School	47	-	26-Jan-07	P-P	AIG
Feb	E	General	Comm. Hosp/Long-stay unit	3	-	13-Feb-07	P-P	AIG

Feb	SE	General	Residential institution	3	0	26-Jan-07	P-P	AIG
Feb	SE	General	Residential institution	33	-	13-Feb-07	P-P	AIG
Feb	MW	General	Hospital	10	-	02-Feb-07	P-P	Norovirus
Feb	E	General	Hospital	24	17	-	Not Specified	Norovirus
Feb	E	General	Hospital	18	12	-	P-P	Norovirus
Feb	M	General	Hospital	9	9	10-Feb-07	Unknown	Norovirus
Feb	E	General	Comm. Hosp/Long-stay unit	28	0	-	Not Specified	Norovirus
Feb	SE	General	Hospital	74	0	19-Feb-07	Not Specified	Norovirus
Feb	MW	General	Residential institution	27	14	12-Feb-07	P-P	Norovirus
Feb	E	General	Crèche	7	-	-	Not Specified	AIG
Feb	E	General	Other	20		29-Jan-07	P-P	Unknown
Feb	E	General	Comm. Hosp/Long-stay unit	5	5	-	P-P	Norovirus
Feb	M	General	Hotel	8	0	22-Feb-07	Unknown	AIG
Mar	S	General	Residential institution	29	0	22-Feb-07	P-P & AB	Norovirus
Mar	SE	General	Not Specified	14	-	19-Feb-07	P-P	Norovirus
Mar	S	General	Residential institution	6	0	24-Feb-07	Unknown	AIG
Mar	SE	General	Hospital	2	-	02-Mar-07	P-P	Norovirus
Mar	E	General	Comm. Hosp/Long-stay unit	22	0	09-Mar-07	Not Specified	AIG
Mar	E	General	Comm. Hosp/Long-stay unit	5	-	-	P-P	Norovirus
Mar	S	General	Residential institution	13	1	08-Mar-07	Unknown	Unknown
Mar	NE	General	Hospital	10	10	-	P-P	Norovirus
Mar	SE	General	School	3	-	-	P-P	Unknown
Mar	E	General	Comm. Hosp/Long-stay unit	8	-	15-Mar-07	Unknown	Norovirus
Mar	E	General	Comm. Hosp/Long-stay unit	4	-	23-Mar-07	P-P	AIG
Mar	W	General	Community outbreak	186	-	17-Mar-07	WB	Cryptosporidiosis

P-P denotes Person-to-Person transmission, FB denotes foodborne, WB denotes waterborne; AIG denotes Acute Infectious Gastroenteritis

* Total numbers ill does not include asymptomatic cases

Table 2. Family Outbreaks of Infectious Intestinal Disease (IID) in Quarter 1, 2007

Month	HSE region	Type of outbreak	Location	No. ill *	No. Hosp.	Date Onset	Suspect mode of transmission	Disease
Jan	NW	Family	Private house	-	1	19-Dec-06	Unknown	EHEC
Feb	NE	Family	Private house	1	1	12-Jan-07	Unknown	EHEC
Feb	S	Family	Private house	10	0	01-Jan-07	P-P	AIG
Feb	NE	Family	Private house	3	0	18-Jan-07	Other	Campylobacter
Feb	E	Family	Private house	2	1	-	Unknown	Campylobacter
Mar	S	Family	Private house	13	0	26-Feb-07	FB	AIG
Mar	SE	Family	Private house	2	1	19-Feb-07	Animal contact	Salmonellosis
Mar	NW	Family	Private house	2	0	24-Feb-07	P-P	EHEC
Mar	SE	Family	Private house	1	1	10-Feb-07	P-P	Giardiasis

P-P denotes Person-to-Person transmission, FB denotes foodborne; AIG denotes Acute Infectious Gastroenteritis

* Total numbers ill does not include asymptomatic cases

Table 3. Non-IID Outbreaks in Quarter 1, 2007

Month	HSE region	Type of outbreak	Location	No. ill *	No. Hosp.	Date Onset	Suspect mode of transmission	Organism
Jan	SE	General	Community outbreak	8	1	22-Dec-06	P-P	Chickenpox

P-P denotes Person-to-Person transmission, FB denotes foodborne

* Total numbers ill does not include asymptomatic cases

Since July 2001, outbreaks have been reported to HPSC. Initial information is provided by a public health professional using a preliminary notification form (by fax or email). A full report is then forwarded by the lead investigator once more complete data are available. The data requested includes information on the source of reporting of the outbreak, the extent of the outbreak, mode of transmission, location, pathogen involved, laboratory investigation, morbidity and mortality data, suspect vehicle and factors contributing to the outbreak. The data provided on final reports is crucial in providing information on the reasons why the outbreak occurred, the factors that lead to the spread of disease and the lessons that can be learnt to prevent further such outbreaks.

Since the 1st January 2004, with the amendment to the Infectious Diseases Regulations (2003), there is a statutory requirement for medical practitioners and clinical directors of a diagnostic laboratory to notify to the medical officer of health 'any unusual clusters or changing patterns of any illness, and individual cases thereof, that may be of public health concern'.

Tables 1 and 2 present a line listing of all general and family outbreaks of IID reported to HPSC in the first quarter of 2007. There were 62 general and 9 family IID outbreaks reported during this period, resulting in at least 1,337 people being ill.

Norovirus (either confirmed or suspected) was responsible for the majority of general outbreaks of IID with 31 outbreaks alone confirmed to be caused by this organism (44% of all general outbreaks)

The most common cause of family outbreaks of IID was EHEC, with 3 outbreaks (33% of all family outbreaks) caused by this pathogen. The other pathogens responsible for family outbreaks were campylobacter, salmonella, and giardia. (Table 2).

Most general outbreaks were transmitted person-to-person (62%). Two (both community outbreaks) were reported as waterborne. 46 general outbreaks (74%) were reported to have occurred in healthcare settings, i.e. hospitals or residential institutions, during this period.

There was 1 non-IID outbreak, a community outbreak of chickenpox affecting eight people, reported during Quarter 1 - see Table 3.

Table 4 outlines the outbreak rate per HSE-area for outbreaks notified during Q1 2007.

Table 4. No. of infectious disease outbreaks per HSE region

HSE Area	No. of outbreaks	Rate per 100,000 population
E	23	1.6
M	4	1.7
MW	4	1.2
NE	3	0.9
NW	2	0.9
SE	17	4.0
S	13	2.2
W	6	1.6
Total	72	-

NOTIFICATIONS OF INFECTIOUS INTESTINAL, ZOOBOTIC AND VECTORBORNE DISEASE

The number of notifications of infectious intestinal, zoonotic and vectorborne disease by HSE-Area for the first quarter of 2007 is shown in Table 5.

Table 5. Intestinal Infectious, Zoonotic and Vectorborne Disease Notifications Quarter 1, 2007 by HSE-Area

Infectious Intestinal Disease	E	M	MW	NE	NW	SE	S	W	Total
Acute infectious gastroenteritis (incl. rotavirus)	208	74	10	17	29	105	56	52	551
<i>Bacillus cereus</i> foodborne infection/intoxication	0	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0	0
Campylobacter infection	132	30	27	29	13	44	42	47	364
Cholera	0	0	0	0	0	0	0	0	0
<i>Clostridium perfringens</i> (type A) food-borne disease	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	5	8	11	7	5	12	8	148	204
Enterohaemorrhagic <i>Escherichia coli</i>	4	1	0	3	9	0	0	2	19
Giardiasis	13	0	0	1	0	3	2	3	22
Listeriosis	0	1	0	0	0	1	0	0	2
Noroviral infection	171	29	58	4	8	38	94	33	435
Paratyphoid	~	~	~	~	~	~	~	~	1
Salmonellosis	28	4	3	5	2	3	10	3	58
Shigellosis	5	1	0	0	0	0	1	1	8
Staphylococcal food poisoning	0	0	0	0	0	0	0	0	0
Typhoid	~	~	~	~	~	~	~	~	0
Yersiniosis	2	0	0	0	0	0	0	1	3
Zoonotic Disease	E	M	MW	NE	NW	SE	S	W	Total
Anthrax	0	0	0	0	0	0	0	0	0
Brucellosis	0	1	2	1	0	0	0	0	4
Echinococcosis	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	1	0	0	1	2	0	4
Plague	0	0	0	0	0	0	0	0	0
Q Fever	0	1	2	0	1	0	0	0	4
Rabies	0	0	0	0	0	0	0	0	0
Toxoplasmosis	1	0	0	0	1	4	1	1	8
Trichinosis	0	0	0	0	0	0	0	0	0
Typhus	0	0	0	0	0	0	0	0	0
Vectorborne Disease	E	M	MW	NE	NW	SE	S	W	Total
Malaria	4	0	0	1	0	1	0	2	8

SALMONELLA ENTERICA

Human salmonellosis (*S. enterica*) is a notifiable disease. The National Reference Laboratory for Salmonella (NSRL) in Ireland was established in 2000 in the Dept. of Medical Microbiology, University College Hospital, Galway. This laboratory accepts *S. enterica* isolates from all clinical and food laboratories in Ireland for serotyping, phage typing and antimicrobial sensitivity testing. Table 6 shows the number of salmonellosis notifications by HSE-Area and month for the first quarter of 2007. Comparison of trends with previous years is shown in Figure 1 below.

Table 6. Salmonellosis Notifications by HSE-Area and Month, Q1 2007

Salmonellosis	E	M	MW	NE	NW	SE	S	W	Total
Jan	8	2	2	3	0	0	1	2	18
Feb	13	2	1	0	1	1	1	1	20
Mar	7	0	0	2	1	2	8	0	20
Total	28	4	3	5	2	3	10	3	58

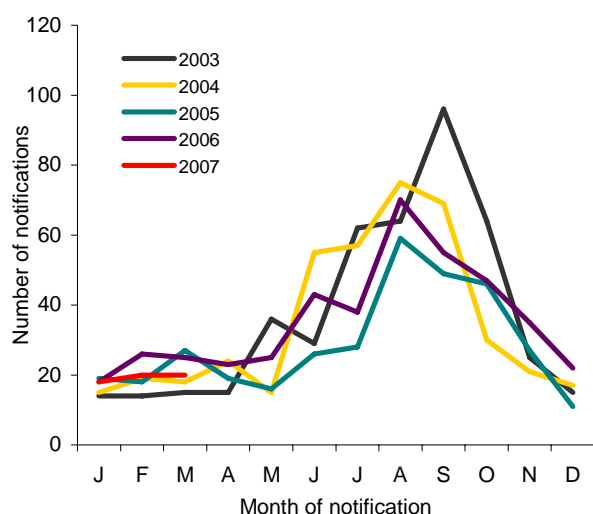


Figure 1. Seasonal Distribution of Human Salmonellosis Notifications, 2003-2006 and to end Q1 2007

Table 7 shows the *S. enterica* isolates typed by the NSRL in the first quarter of 2007 (n=102). The commonest human serotypes isolated were *S.*

Enteritidis (n=17 [30 %]) and *S. Typhimurium* (n=14 [25 %]).

Ten (17 %) *S. enterica* isolates were reported to be associated with travel outside of Ireland during this quarter.

S. Typhi and S. Paratyphi

There were two cases of typhoid (one associated with travel to Pakistan) and one case of paratyphoid (associated with travel to India) reported during Quarter 1, 2007.

Outbreaks of salmonellosis

There was one family outbreak of salmonellosis reported in Q1, 2007 (see Table 2).

Table 7. Serotypes of *S. enterica* referred to NSRL in Quarter 1, 2007 (Data are provided courtesy of Prof. Martin Cormican and Dr Geraldine Corbett-Feeney, NSRL).

Serotype	E	M	MW	NE	NW	SE	S	W	Total
Blockley	1	0	0	0	0	0	0	0	1
Bredeney	1	0	0	0	0	0	0	0	1
Dublin	0	0	0	0	0	0	1	0	1
Ebrie	0	1	0	0	0	0	0	0	1
Enteritidis	11	1	0	1	0	0	3	1	17
Fareham	1	0	0	0	0	0	0	0	1
Heidelberg	1	0	0	0	0	0	0	0	1
Infantis	0	0	0	0	0	0	0	1	1
Java	0	1	0	0	0	0	0	0	1
Kentucky	1	0	0	0	0	0	0	0	1
Mikawasima	1	0	0	0	0	0	0	0	1
Newport	1	1	0	0	0	0	1	1	4
Oranienburg	0	0	0	0	1	0	0	0	1
Paratyphi A	~	~	~	~	~	~	~	~	1
Pomona	0	0	0	0	0	1	0	0	1
Sanger	1	0	0	0	0	0	0	0	1
Stanley	1	0	0	0	0	0	0	0	1
Teitelkebir	1	0	0	0	0	0	0	0	1
Typhi	~	~	~	~	~	~	~	~	2
Typhimurium	7	2	0	1	1	1	1	1	14
Unnamed	0	0	1	0	0	1	0	0	2
Wandsworth	1	0	0	0	0	0	0	0	1
Worthington	0	0	0	0	0	0	1	0	1
Total	30	6	1	4	2	3	7	4	57

VEROTOXIGENIC *E. COLI* (VTEC)

Illness caused by enterohaemorrhagic *E. coli* (EHEC) became a notifiable disease on January 1st 2004. Under EHEC, all verotoxin positive *E. coli*, and *E. coli* of serogroups O157, O26, O111, O103, O145 regardless of whether verotoxin producers, are reported. Previously, VTEC were notified under the category of 'Food Poisoning (bacterial other than Salmonella)'.

The number of EHEC notified in Q1 2007 is shown in Table 5. Under the legislation, it is required that information on EHEC be gathered and reported. However, because of their clinical and public health significance, it is important to distinguish between those isolates that are verotoxin-producers and those that are not.

Nineteen EHEC were notified in this quarter, 10 of which are VTEC (all confirmed -Table 8). This compares with 6 VTEC cases notified in Q1 2006 and 6 in Q1 2005 (Figure 2). Table 8 shows the number of VTEC cases reported by serogroup and month, Q1 2007.

Table 8. Confirmed and Probable VTEC Notified by Serogroup and Month, Q1 2007

Month	O157	O26	O Ungroupable	Total
Jan	1	0	2	3
Feb	1	0	0	1
Mar	4	2	0	6
Total	6	2	2	10

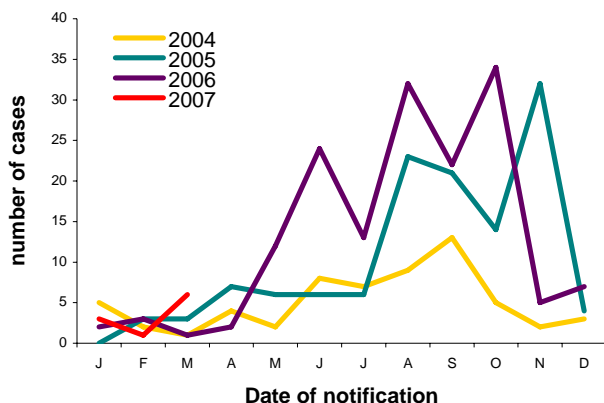


Figure 2. Seasonal distribution of confirmed and probable VTEC cases notified 2004-2006, and to Q1 2007

Enhanced information is provided by HSE-Area personnel on all VTEC cases. No cases of HUS due to VTEC were notified in this quarter.

The HSE SWA Public Health Laboratory at Cherry Orchard Hospital, Dublin provides a national *E. coli* O157 and non-O157 diagnostic service for clinical samples, including *E. coli* serotyping, verotoxin detection and VTEC molecular typing. Tables 9 and 10 show the phage types and VT types of VTEC isolates referred to this laboratory in Q1 2007.

Table 9. Phage Types of VTEC O157 isolates referred to the HSE SWA Public Health Laboratory, Cherry Orchard Hospital in Q1 2007. (Data are provided courtesy of Dr. Eleanor McNamara and Dr. Anne Carroll).

Phage type	Number of isolates
32	4
21/28	1
8	1
Total	6

Table 10. Verotoxin typing results of VTEC isolates referred to the HSE SWA Public Health Laboratory, Cherry Orchard Hospital in Q1 2007. (Data are provided courtesy of Dr. Eleanor McNamara and Dr. Anne Carroll).

Serogroup	vt1	vt2	vt1+vt2	Total
<i>E. coli</i> O157	0	5	1	6
<i>E. coli</i> O26	2	0	0	2
<i>E. coli</i> O Ungroupable	0	2	0	2
Total	2	7	1	10

^aNote: no isolates available for probable cases

Outbreaks of VTEC infection

During this quarter, 3 family outbreaks of VTEC infection were reported, 1 each due to *E. coli* O157, *E. coli* O26 and an Ungroupable strain (see Table 2).

CAMPYLOBACTER

Human campylobacteriosis became a notifiable disease on January 1st 2004. Prior to this, human campylobacter infection was notified under the category of 'Food Poisoning (bacterial other than Salmonella)'. The notifications for the first quarter of 2007 are shown in Table 11. The seasonal trend is broadly similar to the same period for the last year as depicted in Figure 3.

Table 11. Campylobacter Notifications by HSE-Area and Month, Q1 2007

Campylobacter Infection	E	M	MW	NE	NW	SE	S	W	Total
Jan	51	9	11	11	5	21	13	16	137
Feb	45	11	4	8	4	6	13	16	107
Mar	36	10	12	10	4	17	16	15	120
Total	132	30	27	29	13	44	42	47	364

Outbreaks of Campylobacter infection

Two family outbreaks of campylobacteriosis were reported in Q1 2007 (Table 2).

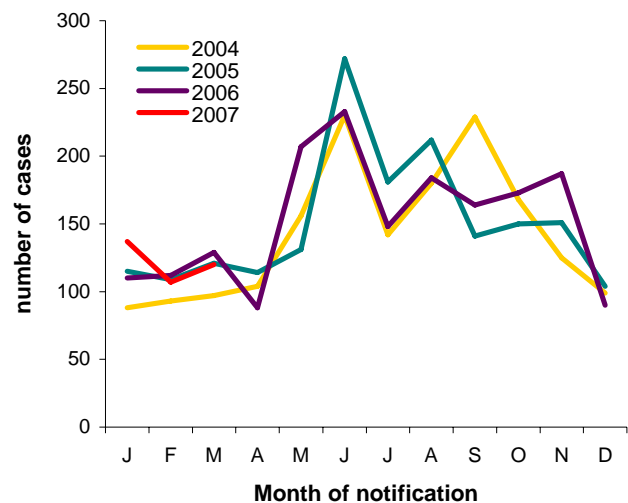


Figure 3. Seasonal distribution of Campylobacter notifications 2004-2006, and to end Q1 2007

CRYPTOSPORIDIUM

Human cryptosporidiosis became a notifiable disease on January 1st 2004. Prior to this, cryptosporidiosis was notifiable in Ireland only in young children under the category 'Gastroenteritis in Children Under 2'. In Q1 2007, 203 cases of cryptosporidiosis were notified (Table 12), compared to 71 in the same period last year and 85 in Q1 2005 (Figure 4).

Table 12. Cryptosporidiosis Notifications by HSE-Area and Month, Q1 2007

Cryptosporidiosis	E	M	MW	NE	NW	SE	S	W	Total
Jan	1	0	0	1	1	4	4	8	19
Feb	0	4	3	0	2	2	2	15	28
Mar	4	4	8	6	2	6	2	125	157
Total	5	8	11	7	5	12	8	148	204

Outbreaks of cryptosporidiosis

In quarter 1, there were two general outbreaks of cryptosporidiosis reported (Table 1), one in the HSE-SE and one in the HSE-W^a.

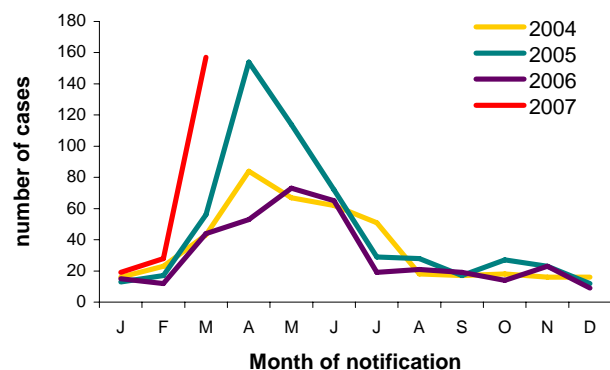


Figure 4. Seasonal distribution of cryptosporidiosis notifications 2004-2006, and to end Q1 2007

^aPelly et al. 2007. A large outbreak of cryptosporidiosis in western Ireland linked to public water supply: a preliminary report. Eurosurv. Wkly. 12(5)

NOROVIRUS

Human noroviral infection became a notifiable disease on January 1st 2004. There were 435 cases reported in the first quarter of 2007, as shown in Table 13. These data are certainly an under-ascertainment of the true burden of disease due to this pathogen.

Table 13. Norovirus Notifications by HSE-Area and Month, Q1 2007

Noroviral Infection	E	M	MW	NE	NW	SE	S	W	Total
Jan	93	1	17	2	1	8	13	19	154
Feb	41	28	27	1	5	17	40	9	168
Mar	37	0	14	1	2	13	41	5	113
Total	171	29	58	4	8	38	94	33	435

Norovirus outbreaks

Norovirus or suspect viral aetiology is the commonest cause of outbreaks of acute gastroenteritis in Ireland. In the first quarter of 2007 there were 59 outbreaks (95% of all general outbreaks) confirmed *or suspected* as being caused by this virus, involving at least 1,097

people becoming ill, as outlined in Table 1. The seasonal trend is outlined in Figure 5.

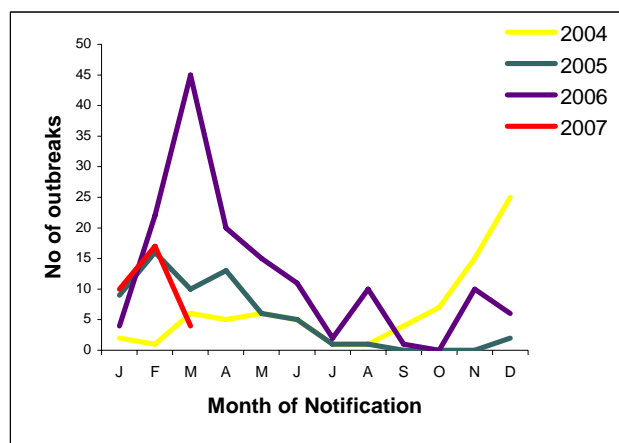


Figure 5. Seasonal distribution of Confirmed Norovirus Outbreaks, 2004-2006 and to end Q1 2007.

LISTERIA

Human listeriosis became a notifiable disease on January 1st 2004. Prior to this, listeriosis was notified under the category of 'Food Poisoning (bacterial other than Salmonella)' or 'Bacterial Meningitis' as appropriate.

There were two cases of listeriosis notified in Q1 2007, one adult and one neonate. This compared to 5 cases in the same period 2006 and 2 in Q1 2005.

SHIGELLA

On January 1st 2004, infection with *Shigella* spp. became notifiable as 'Shigellosis'. Prior to this, it was notifiable as 'Bacillary Dysentery'.

During Q1 2007, eight cases of shigellosis were notified (Table 5). This compares with fifteen cases notified as shigellosis in Q1 in 2006 and four in Q1 2005.

Three cases were reported as *S. sonnei*, three as *S. flexneri*, and two as *S. boydii*.

GIARDIA

Human giardiasis became a notifiable disease on January 1st 2004. Prior to this, giardiasis was notifiable in Ireland only in young children under the category 'Gastroenteritis in Children Under 2'.

During Quarter 1 2007, 22 cases of giardiasis were notified (Table 5); this compares with 18 cases notified in Q1 2006 and six in Q1 2005.

FOODBORNE INTOXICATIONS

Bacillus cereus foodborne infection/intoxication, botulism, *Clostridium perfringens* (type A) foodborne disease and staphylococcal food poisoning became notifiable diseases on January 1st 2004. Prior

to this, these diseases were notified under the category of 'Food Poisoning (bacterial other than Salmonella)'.

There were no cases of foodborne intoxications notified in Q1 2007 (Table 5).

ACUTE INFECTIOUS GASTROENTERITIS incl. ROTAVIRUS

Since 1st January 2004, there is a notifiable disease category termed 'Acute Infectious Gastroenteritis'. This includes all unspecified causes of gastroenteritis and also specifically, gastroenteritis due to rotavirus. It should be noted that acute infectious gastroenteritis is now notifiable in all age groups, unlike the former notifiable disease category of 'Gastroenteritis in children under 2 years'.

During Quarter 1 2007, there were 551 notifications of acute infectious gastroenteritis. 440 were reported as rotavirus (Table 14) and 78% of these were in children under 2 years of age.

Table 14. Rotaviral Infections Notified under the Category of 'Acute Infectious Gastroenteritis' by HSE-Area and Month, Q1 2007

Rotaviral Infection	E	M	MW	NE	NW	SE	S	W	Total
Jan	24	7	1	3	5	20	17	2	79
Feb	45	10	3	5	4	15	17	5	104
Mar	109	31	6	9	20	36	20	26	257
Total	178	48	10	17	29	71	54	33	440

NON-IID ZOO NOTIC DISEASES

Non-IID zoonoses now notifiable include: anthrax, brucellosis, echinococcosis, leptospirosis, plague, Q Fever, toxoplasmosis, trichinosis, typhus and rabies. The Q1 2007 notifications of these zoonotic diseases are reported by HSE-Area in Table 5.

Eight cases of toxoplasmosis were notified in this quarter. This compares with eleven cases notified in the same period in 2006 and fourteen cases in Q1 2005.

There were four cases of brucellosis reported during this quarter compared with nine in Q1 2006 and fifteen in Q1 2005.

Four cases of leptospirosis was notified in Q1 2007; this compares with four in Q1 2006 and two in Q1 2005.

There were also four cases of Q fever notified this quarter, compared to two in Q1 in 2006 and five in Q1 2005.

MALARIA

Malaria is a notifiable disease for many years. The Q1 2007 notifications are reported in Table 5 by HSE-Area.

Eight cases of malaria were notified in Q1 2007. This compares with 25 cases reported in Q1 2006 and 9 in Q1 2005.

Five cases were reported as *P. falciparum* and for three notifications, the species was not specified.

Five cases were exposed in Sub-Saharan Africa, while no data were provided on country of infection for the remaining three cases.

The reason for travel for four cases was reported as visiting family in country of origin; reason for travel was not specified for four cases.

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