

# HPSC - Weekly Infectious Disease Report



## Statutory Notifications of Infectious Diseases reported in Ireland via the Computerised Infectious Disease Reporting (CIDR) system for:

**Week 42, 2017**

(Notification Period: 15/10/2017 - 21/10/2017)

**Data are Provisional**

**Report produced by the Health Protection Surveillance Centre on 25/10/2017**

### Notes:

- a. This report is based on data reported by laboratories and Departments of Public Health via the Computerised Infectious Disease Reporting (CIDR) system.
- b. Currently, 77 of the 84 notifiable diseases as specified under the Infectious Diseases (Amendment) Regulations 2016 (S.I. No. 276 of 2016) are reported via CIDR. For further details see page 1 of this report.
- c. Additional guidance notes are available on page 7 of this report.

# Notifiable Diseases and their respective causative pathogens

specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2016 (S.I. No. 276 of 2016)

Disease	Causative Pathogen	Data available on CIDR since
Acute anterior poliomyelitis	Polio virus	Jan 1988
Ano-genital warts	Human papilloma virus	Not available***
Anthrax	Bacillus anthracis	Jan 1988
Bacillus cereus food-borne infection/intoxication	Bacillus cereus	Jan 2004
Bacterial meningitis (not otherwise specified)		Jan 1999
Botulism	Clostridium botulinum	Jan 2004
Brucellosis	Brucella spp.	Jan 1988
Campylobacter infection	Campylobacter spp.	Jan 2004
Carbapenem-resistant Enterobacteriaceae infection (invasive)	Carbapenem-resistant Enterobacteriaceae (blood, CSF or other normally sterile site)	Jan 2012
Chancroid	Haemophilus ducreyi	Jan 2013*
Chickenpox - hospitalised cases	Varicella-zoster virus	Jan 2012
Chikungunya disease	Chikungunya virus	Jan 2012
Chlamydia trachomatis infection (genital)	Chlamydia trachomatis	Jan 2013*
Cholera	Vibrio cholerae	Jan 1988
Clostridium difficile infection	Clostridium difficile	May 2008
Clostridium perfringens (type A) food-borne disease	Clostridium perfringens	Jan 2004
Creutzfeldt Jakob disease		Jan 1997
variant Creutzfeldt Jakob disease		Jan 1997
Cryptosporidiosis	Cryptosporidium parvum, hominis	Jan 2004
Cytomegalovirus infection (congenital)	Cytomegalovirus	Jan 2012
Dengue fever	Dengue virus	Jan 2012
Diphtheria	Corynebacterium diphtheriae or ulcerans (toxin producing)	Jan 1988
Echinococcosis	Echinococcus spp.	Jan 2004
Enterococcal bacteraemia	Enterococcus spp. (blood)	Not available**
Eschericia coli infection (invasive)	Eschericia coli (blood, CSF)	Not available**
Giardiasis	Giardia lamblia	Jan 2004
Gonorrhoea	Neisseria gonorrhoeae	Jan 2013*
Granuloma inguinale	Klebsiella granulomatis	Jan 2013*
Haemophilus influenzae disease (invasive)	Haemophilus influenzae (blood, CSF or other normally sterile site)	Jan 2004
Hepatitis A (acute) infection	Hepatitis A virus	Jan 1988
Hepatitis B (acute and chronic) infection	Hepatitis B virus	Jan 1988
Hepatitis C infection	Hepatitis C virus	Jan 2004
Hepatitis E infection	Hepatis E virus	Dec 2015
Herpes simplex (genital)	Herpes simplex virus	Jan 2013*
Human immunodeficiency virus infection	Human immunodeficiency virus	Jan 2012
Influenza	Influenza A and B virus	Jan 2004
Klebsiella pneumoniae infection (invasive)	Klebsiella pneumoniae (blood or CSF)	Not available**
Legionellosis	Legionella spp.	Jan 1988
Leprosy	Mycobacterium leprae	Jan 2012
Leptospirosis	Leptospira spp.	Jan 1988
Listeriosis	Listeria monocytogenes	Jan 2004
Lyme Disease	Borrelia burgdorferi	Jan 2012
Lymphogranuloma venereum	Chlamydia trachomatis	Jan 2013*
Malaria	Plasmodium falciparum, vivax, knowlesi, ovale, malariae	Jan 1988
Measles	Measles virus	Jan 1988
Meningococcal disease	Neisseria meningitidis	Jan 1999
Mumps	Mumps virus	Jan 1988
Non-specific urethritis		Not available***
Noroviral infection^	Norovirus	Jan 2004
Paratyphoid	Salmonella Paratyphi	Jan 1988
Pertussis	Bordetella pertussis	Jan 1988
Plague	Yersinia pestis	Jan 1988
Pseudomonas aeruginosa infection (invasive)	Pseudomonas aeruginosa (blood or CSF)	Not available**
Q fever	Coxiella burnetti	Jan 2004
Rabies	Rabies virus	Jan 1988
Respiratory syncytial virus infection^	Respiratory syncytial virus	Jan 2012
Rotavirus infection^	Rotavirus	Jan 2004
Rubella	Rubella virus	Jan 1988
Salmonellosis	Salmonella spp. other than S. Typhi and S. Paratyphi	Jan 1988
Severe Acute Respiratory Syndrome (SARS)	SARS-associated coronavirus	Mar 2003
Shigellosis	Shigella spp.	Jan 1988
Smallpox	Variola virus	Jan 1988
Staphylococcal food poisoning	Enterotoxigenic Staphylococcus aureus	Jan 2004
Staphylococcus aureus bacteraemia	Staphylococcus aureus (blood)	Not available**
Streptococcus group A infection (invasive)	Streptococcus pyogenes (blood, CSF or other normally sterile site)	Jan 2004
Streptococcus group B infection (invasive)	Streptococcus agalactiae (blood, CSF or other normally sterile site)	Jan 2012
Streptococcus pneumoniae infection (invasive)#	Streptococcus pneumoniae (blood, CSF or other normally sterile site)	Jan 2004
Syphilis	Treponema pallidum	May 2011
Tetanus	Clostridium tetani	Jan 1988
Toxoplasmosis	Toxoplasma gondii	Jan 2004
Trichinosis	Trichinella spp.	Jan 2004
Trichomoniasis	Trichomonas vaginalis	Jan 2013*
Tuberculosis	Mycobacterium tuberculosis complex	Jan 2011
Tularaemia	Francisella tularensis	Jan 2004
Typhoid	Salmonella Typhi	Jan 1988
Typhus	Rickettsia prowazekii	Jan 1988
Verotoxigenic Escherichia coli infection	Verotoxin producing Escherichia coli	Jan 2004
Viral encephalitis		Jan 1988
Viral haemorrhagic fevers		Jan 1988
Viral meningitis		Jan 1988
West Nile fever	West Nile virus	Jan 2012
Yellow fever	Yellow fever virus	Jan 1988
Yersiniosis	Yersinia enterocolitica, Yersinia pseudotuberculosis	Jan 2004
Zika virus infection	Zika virus	May 2016

\* National data for these STI diseases are not available on CIDR pre 2013. Weekly HIV&STI reports and six monthly slide sets are available at <http://www.hpsc.ie>

\*\* These EARS-Net pathogens are not notified via CIDR at present. Instead they are reported quarterly by laboratories via the European Antimicrobial Resistance Surveillance Network system to HPSC and quarterly reports produced by HPSC are available at <http://www.hpsc.ie>

\*\*\* These STI diseases are not notified via CIDR at present but are instead reported quarterly by Depts. of Public Health to HPSC through the STI surveillance system. Reports produced by HPSC are available at <http://www.hpsc.ie>

# Details of Streptococcus pneumoniae infection (invasive) are notified via CIDR. In addition the antimicrobial resistance profiles of relevant invasive S. pneumoniae isolates are also notified via the EARS-Net system.

^ Since 17/03/2013 events of Noroviral infection, Respiratory syncytial virus infection & Rotavirus infection created by ERHA are 'fast-tracked' & refer to notifications rather than patients  
For more information on notifiable infectious diseases please see HPSC's Case Definitions document available at <http://www.hpsc.ie>



**Table 1: Summary of Infectious Diseases Reported for Week 42, 2017**

Infectious Disease	Week Ending	2017	2016	Increase/ Decrease
	21/10/2017	Week 1 - 42	Week 1 - 42	+/-
Acute anterior poliomyelitis	0	0	0	0
Anthrax	0	0	0	0
Bacillus cereus food-borne infection or intoxication	1	1	0	1
Bacterial meningitis (not otherwise specified)	0	22	11	11
Botulism	0	0	0	0
Brucellosis	0	1	0	1
Campylobacter infection	33	2,308	2,171	137
Carbapenem-resistant Enterobacteriaceae infection (invasive)	0	12	11	1
Chickenpox - hospitalised cases	0	95	95	0
Chikungunya disease	0	0	1	-1
Cholera	0	0	0	0
Clostridium difficile infection	33	1,467	1,532	-65
Clostridium perfringens (type A) food-borne disease	0	1	0	1
Creutzfeldt Jakob disease	0	5	5	0
Creutzfeldt Jakob disease (variant)	0	0	0	0
Cryptosporidiosis	7	526	521	5
Cytomegalovirus infection (congenital)	0	7	20	-13
Denque fever	1	8	14	-6
Diphtheria	0	0	1	-1
Echinococcosis	0	0	1	-1
Giardiasis	2	205	179	26
Haemophilus influenzae disease (invasive)	0	39	44	-5
Hepatitis A (acute)	3	58	36	22
Hepatitis B (acute and chronic)	10	429	408	21
Hepatitis C	5	496	543	-47
Hepatitis E	2	43	79	-36
Human immunodeficiency virus infection	0	393	416	-23
Influenza	8	2,893	4,197	-1,304
Legionellosis	0	18	7	11
Leprosy	0	0	1	-1
Leptospirosis	1	15	12	3
Listeriosis	0	11	12	-1
Lyme disease	0	10	16	-6
Malaria	1	63	76	-13
Measles	4	9	43	-34
Meningococcal disease	1	63	69	-6
Mumps	7	258	424	-166
Noroviral infection	20	1,090	1,375	-285
Paratyphoid	0	6	7	-1
Pertussis	8	223	183	40
Plague	0	0	0	0
Q fever	0	2	6	-4
Rabies	0	0	0	0
Respiratory syncytial virus infection	23	888	978	-90
Rotavirus infection	8	2,249	2,155	94
Rubella	0	1	1	0
Salmonellosis	7	362	259	103
Severe Acute Respiratory Syndrome (SARS)	0	0	0	0
Shigellosis	3	87	62	25
Smallpox	0	0	0	0
Staphylococcal food poisoning	0	3	0	3
Streptococcus group A infection (invasive)	2	116	129	-13
Streptococcus group B infection (invasive)	0	65	52	13
Streptococcus pneumoniae infection (invasive)	8	330	302	28
Syphilis*	7	344	357	NA
Tetanus	0	1	0	1
Toxoplasmosis	0	19	21	-2
Trichinosis	0	0	0	0
Tuberculosis	4	262	266	-4
Tularemia	0	0	0	0
Typhoid	0	13	10	3
Typhus	0	0	0	0
Verotoxigenic Escherichia coli infection	19	799	741	58
Viral encephalitis	0	58	48	10
Viral haemorrhagic fevers	0	0	0	0
Viral meningitis	1	227	274	-47
West Nile fever	0	0	0	0
Yellow fever	0	0	0	0
Yersiniosis	0	6	3	3
Zika virus infection**	0	2	12	NA
<b>Total</b>	<b>229</b>	<b>16609</b>		

\* From 1st July, 2016, laboratory criteria for the notification of syphilis cases have been updated further to reduce the volume of latent or treated cases being notified. This will result in a decrease in syphilis cases notified. Cases which are determined clinically to be early infectious cases are still notifiable.

\*\* Zika virus infection is notifiable since 23/05/2016.

A total of 5 late cases of Cytomegalovirus infection (congenital) from 2015 were notified during week 1, 2016

A batch of 6 late notifications of Malaria infections were notified during week 14, 2016; five had specimen dates in 2015 and one had a January 2016 specimen date



**Table 2: Infectious Diseases Notified (excluding instances of less than 5 events of: Botulism, Cholera, Creutzfeldt Jakob disease, Creutzfeldt Jakob disease (variant), Paratyphoid, Typhoid, Leprosy, Rabies or Zika virus infection) by HSE Area for Week 42, 2017**

	ERHA	MHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB	Total
Bacillus cereus food-borne infection or intoxication	0	0	0	1	0	0	0	0	1
Campylobacter infection	14	2	2	3	1	1	7	3	33
Clostridium difficile infection	7	1	3	3	2	11	2	4	33
Cryptosporidiosis	1	1	1	0	0	4	0	0	7
Dengue fever	1	0	0	0	0	0	0	0	1
Giardiasis	1	0	0	0	0	1	0	0	2
Hepatitis A (acute)	3	0	0	0	0	0	0	0	3
Hepatitis B (acute and chronic)	6	1	0	3	0	0	0	0	10
Hepatitis C	3	0	1	0	0	1	0	0	5
Hepatitis E	2	0	0	0	0	0	0	0	2
Influenza	3	0	1	1	2	0	1	0	8
Leptospirosis	0	1	0	0	0	0	0	0	1
Malaria	0	0	0	1	0	0	0	0	1
Measles	4	0	0	0	0	0	0	0	4
Meningococcal disease	0	0	1	0	0	0	0	0	1
Mumps	2	0	0	1	0	2	1	1	7
Noroviral infection	17	0	1	0	0	0	2	0	20
Pertussis	5	0	0	1	0	2	0	0	8
Respiratory syncytial virus infection	11	0	0	0	5	3	2	2	23
Rotavirus infection	4	0	0	0	0	2	1	1	8
Salmonellosis	2	0	3	0	0	1	1	0	7
Shigellosis	2	0	0	0	0	0	1	0	3
Streptococcus group A infection (invasive)	1	1	0	0	0	0	0	0	2
Streptococcus pneumoniae infection (invasive)	2	0	1	1	2	1	1	0	8
Syphilis	7	0	0	0	0	0	0	0	7
Tuberculosis	2	0	0	0	0	2	0	0	4
Verotoxigenic Escherichia coli infection	2	8	2	3	0	0	3	1	19
Viral meningitis	0	0	0	1	0	0	0	0	1
<b>Total</b>	<b>102</b>	<b>15</b>	<b>16</b>	<b>19</b>	<b>12</b>	<b>31</b>	<b>22</b>	<b>12</b>	<b>229</b>



Table 3: Infectious Diseases Notified by Age Group for Week 42, 2017

	0-4 yrs	5-9 yrs	10-14 yrs	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs	Unknown	Total
Bacillus cereus food-borne infection or intoxication	0	0	0	0	0	0	0	1	0	0	0	1
Campylobacter infection	3	4	0	3	1	9	4	4	1	3	1	33
Clostridium difficile infection	0	0	1	0	2	2	2	0	5	21	0	33
Cryptosporidiosis	2	2	2	0	0	0	1	0	0	0	0	7
Dengue fever	0	0	0	0	1	0	0	0	0	0	0	1
Giardiasis	0	1	0	0	0	0	1	0	0	0	0	2
Hepatitis A (acute)	0	0	0	0	1	1	1	0	0	0	0	3
Hepatitis B (acute and chronic)	0	0	0	0	1	2	6	1	0	0	0	10
Hepatitis C	0	0	0	0	0	0	3	2	0	0	0	5
Hepatitis E	0	0	0	0	0	0	0	0	0	2	0	2
Influenza	0	0	0	0	0	1	4	2	0	1	0	8
Leptospirosis	0	0	0	1	0	0	0	0	0	0	0	1
Malaria	0	0	1	0	0	0	0	0	0	0	0	1
Measles	3	0	0	1	0	0	0	0	0	0	0	4
Meningococcal disease	0	0	0	0	0	0	0	0	1	0	0	1
Mumps	2	1	0	2	1	0	0	1	0	0	0	7
Noroviral infection	14	1	0	0	0	1	0	1	1	2	0	20
Pertussis	3	2	1	0	0	0	0	1	0	1	0	8
Respiratory syncytial virus infection	21	0	1	0	0	0	0	0	0	1	0	23
Rotavirus infection	8	0	0	0	0	0	0	0	0	0	0	8
Salmonellosis	2	1	0	0	1	1	1	1	0	0	0	7
Shigellosis	0	0	0	0	0	0	1	1	0	1	0	3
Streptococcus group A infection (invasive)	0	0	0	0	0	1	0	0	1	0	0	2
Streptococcus pneumoniae infection (invasive)	1	0	0	0	0	0	0	0	0	7	0	8
Syphilis	0	0	0	0	2	3	1	0	1	0	0	7
Tuberculosis	0	0	0	0	0	1	1	1	0	1	0	4
Verotoxigenic Escherichia coli infection	9	2	0	1	0	2	3	0	1	1	0	19
Viral meningitis	1	0	0	0	0	0	0	0	0	0	0	1
<b>Total</b>	<b>69</b>	<b>14</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>24</b>	<b>29</b>	<b>16</b>	<b>11</b>	<b>41</b>	<b>1</b>	<b>229</b>



Table 4: Infectious Diseases Notified by Sex for Week 42, 2017

	Male	Female	Unknown	Not Specified	Total
Bacillus cereus food-borne infection or intoxication	0	1	0	0	1
Campylobacter infection	13	20	0	0	33
Clostridium difficile infection	10	23	0	0	33
Cryptosporidiosis	5	2	0	0	7
Dengue fever	0	1	0	0	1
Giardiasis	2	0	0	0	2
Hepatitis A (acute)	1	2	0	0	3
Hepatitis B (acute and chronic)	5	5	0	0	10
Hepatitis C	4	1	0	0	5
Hepatitis E	0	2	0	0	2
Influenza	3	5	0	0	8
Leptospirosis	1	0	0	0	1
Malaria	0	1	0	0	1
Measles	2	2	0	0	4
Meningococcal disease	1	0	0	0	1
Mumps	3	4	0	0	7
Noroviral infection	13	7	0	0	20
Pertussis	5	3	0	0	8
Respiratory syncytial virus infection	9	14	0	0	23
Rotavirus infection	4	4	0	0	8
Salmonellosis	4	3	0	0	7
Shigellosis	2	1	0	0	3
Streptococcus group A infection (invasive)	1	1	0	0	2
Streptococcus pneumoniae infection (invasive)	5	3	0	0	8
Syphilis	7	0	0	0	7
Tuberculosis	2	2	0	0	4
Verotoxigenic Escherichia coli infection	6	13	0	0	19
Viral meningitis	0	1	0	0	1
<b>Total</b>	<b>108</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>229</b>



Table 5: Infectious Diseases Notified by Case Classification for Week 42, 2017

	Confirmed	Probable	Possible	Not Specified	Total
Bacillus cereus food-borne infection or intoxication	1	0	0	0	1
Campylobacter infection	33	0	0	0	33
Clostridium difficile infection	33	0	0	0	33
Cryptosporidiosis	7	0	0	0	7
Dengue fever	1	0	0	0	1
Giardiasis	2	0	0	0	2
Hepatitis A (acute)	3	0	0	0	3
Hepatitis B (acute and chronic)	10	0	0	0	10
Hepatitis C	5	0	0	0	5
Hepatitis E	2	0	0	0	2
Influenza	8	0	0	0	8
Leptospirosis	1	0	0	0	1
Malaria	1	0	0	0	1
Measles	3	0	1	0	4
Meningococcal disease	1	0	0	0	1
Mumps	2	0	4	1	7
Noroviral infection	19	1	0	0	20
Pertussis	8	0	0	0	8
Respiratory syncytial virus infection	23	0	0	0	23
Rotavirus infection	8	0	0	0	8
Salmonellosis	5	2	0	0	7
Shigellosis	3	0	0	0	3
Streptococcus group A infection (invasive)	2	0	0	0	2
Streptococcus pneumoniae infection (invasive)	8	0	0	0	8
Syphilis	6	0	1	0	7
Tuberculosis	4	0	0	0	4
Verotoxigenic Escherichia coli infection	13	6	0	0	19
Viral meningitis	1	0	0	0	1
Total	213	9	6	1	229

## Guidance Notes

### 1. Case Definitions for Notifiable Diseases

The latest version of case definitions is available on the HPSC website at <http://www.hpsc.ie/NotifiableDiseases/CaseDefinitions/>

### 2. Clostridium difficile infection

Both new and recurrent cases of C. difficile infection are now notifiable. Only positive C. difficile test results meeting the case definition should be notified in CIDR.

### 3. Hepatitis B (acute and chronic) infection

When notifying cases of Hepatitis B in CIDR, please specify whether the case is acute or chronic.

### 4. Streptococcus group B infection (invasive)

All cases of invasive Streptococcus group B infection are notifiable in infants <90 days of age under the disease Streptococcus group B infection (invasive), as per the case definition.

If cases occur in persons 90 days of age or older AND have a clinical diagnosis of meningitis, then these cases should be notified under the disease bacterial meningitis (not otherwise specified).

Cases of invasive Streptococcus group B infection in persons 90 days or older without meningitis are not notifiable.

### 5. Syphilis

From 1st July, 2016, laboratory criteria for the notification of syphilis cases have been updated further to reduce the volume of latent or treated cases being notified. This will result in a decrease in syphilis cases notified. Cases which are determined clinically to be early infectious cases are still notifiable.

### 6. Verotoxigenic Escherichia coli infection

All verotoxin positive Escherichia coli cases should be notified. In situations where the verotoxin results are pending, it is recommended that at a minimum cases due to the five most common serogroups (O26, O103, O111, O145 and O157) are reported in CIDR.

Any cases later confirmed to be verotoxin negative are then denotified.

Therefore, figures presented in this weekly report for Verotoxigenic E. coli infection may change.