

Standard Operating Procedure

Referring Imported Cases/Clusters of Infectious Intestinal Disease to HPSC/NFP

Description	Standard Operating Procedure for Referring Imported Cases/Clusters of Infectious Intestinal Disease to HPSC
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Definitions for the Purposes of this SOP

Imported: a case or cluster/outbreak of infectious intestinal disease (IID), confirmed in Ireland, that has been established, with a high degree of certainty, as having been acquired in a country outside Ireland.

Sporadic case: a single, imported, microbiologically confirmed case of an IID.

Cluster/Outbreak: two or more imported cases of the same IID (one of which must be microbiologically confirmed), and which have been epidemiologically linked with a high degree of certainty. If a cluster consists of more than one microbiologically confirmed case, the cases must be microbiologically identified as belonging to the same strain/clade. Clusters/outbreaks may involve cases from a single household (family outbreak) or from more than one household (general outbreak).

Summary of Referral Criteria

- General clusters/outbreaks of imported IID should be referred to HPSC, which will assess the necessity for referral of these to authorities in the country that is determined to be the source of the infection.
- In general, sporadic confirmed cases or family clusters of imported, less serious IID do not need to be referred to HPSC. Sporadic cases/family clusters of more serious diseases should be referred to HPSC (see definitions of less and more serious IID below).

Outbreaks of imported IID

1. General clusters/outbreaks of any imported IID should be referred to HPSC. An assessment can then be made as to whether referral to the source country is necessary.
2. Referral by HPSC to the source country can only be practically undertaken if the source country has an established infectious disease public health agency (this generally means EU/EEA countries and the UK, as well as the US, Canada, Australia, NZ). Referral to the Ministries of Health of other developed countries can be undertaken if, following assessment, the outbreak is considered significant.
3. In the case of clusters of any IID acquired in less developed countries, such diseases are very likely to be endemic and present at high levels, and referral of such cases or clusters/outbreaks of disease will not, in general, be helpful to authorities in the source country.

Single cases/family clusters of imported IID

4. In general, sporadic confirmed cases, or family clusters of imported, less serious¹ IID pathogens/diseases do not need to be referred to HPSC. Such cases are not routinely referred on unless there are more concerning aspects² to the incident. Referral of such cases and incidents does not tend to result in the identification of outbreaks, nor does it assist in identifying hygiene or contamination issues in other countries.
5. Exceptions to incidents in No. 4 above, would be sporadic cases/family clusters of certain, more serious³ IID pathogens/diseases. Such serious IIDs should be referred to

¹ Less serious IIDs refers to those caused by *Salmonella*, VTEC, shigellae other than *dysenteriae*, *Cryptosporidium*, *Campylobacter*, *Listeria*, *Giardia*, hepatitis A, hepatitis E, norovirus infection and foodborne intoxications.

² Examples of concerning aspects of sporadic case/family cluster incidents involving less serious IIDs would include; reports of extensive illness in the wider travel group/community, local anecdotal or other reports of a water or food related contamination incident, or previous recent reports of GI illness at the same location.

³ More serious diseases IIDs refers to those caused by cholera [any case of cholera must be notified and reported to HPSC to enable a risk assessment under IHR reporting criteria], typhoid/paratyphoid, *Shigella dysenteriae*, foodborne botulism, and potentially other severe infections caused by pathogens such as *Salmonella* Dublin etc

HPSC. HPSC can refer these on to the source country, but this will depend on the caveat above about the capacity of certain countries to respond to such information.

Other Considerations

6. If a significant, general outbreak is determined to have been acquired at a congregate holiday/leisure location in a developed country, and the trip has involved a travel company, the outbreak can be referred to the travel company, which may have mechanisms/assets in place to investigate and control such outbreaks.
7. If sporadic cases of disease are identified as being likely to have been acquired in Northern Ireland or the rest of the UK, there may, following individual risk assessment, be benefit in alerting these countries of such cases. This can take place directly between the relevant Public Health Area or in conjunction with HPSC. HPSC is always available to facilitate such bilateral exchanges.
8. If an outbreak occurs on board a cruise ship, the incident can be referred to the vessel's parent operating company. This referral can be undertaken by the relevant Public Health Area, but HPSC is available to assist.
9. If an outbreak is linked to a flight into Ireland, and contaminated food/other items on board the flight are implicated, this should be referred to HPSC, the management of the carrier company, the authorities in the country where the flight originated, and authorities in the country where the food/items were produced. HPSC can assist with this process.
10. At any point, if there is uncertainty as to whether or not to refer to HPSC, please contact a member of the Gastrozoonoses team to discuss.