



Gastroenteric and Zoonotic Diseases in Ireland: Quarterly report



Includes trends to the end of Q2 2025

August 2025

Sincere thanks are extended to all those who participated in the collection of the data used in this report. This includes the notifying physicians, staff in public health departments, epidemiologists, surveillance staff, microbiologists, nurses, laboratory staff and administrative staff.

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Preventing Gastroenteritis and other Zoonotic diseases

See HPSC website for information on prevention of gastroenteritis: [Gastroenteritis Fact Sheet](#)

- Ensure that you regularly wash your hands with soap under warm running water and especially:
 - After using or cleaning the toilet
 - After attending to anyone with diarrhoea or vomiting or touching anything contaminated by diarrhoea or vomiting
 - After handling household and garden waste or rubbish (including nappies)
 - After touching or handling pets or other animals
 - On returning to the house having been working in the garden or on the farm
 - Before handling, preparing, serving, or consuming food or drink
- Cook meats and eggs thoroughly before consumption.
- Clean kitchen work surfaces and utensils with soap and water immediately after they have been in contact with raw meat.
- Wash fruit and vegetables thoroughly in clean water, especially those that will not be cooked further.
- Because of the risk of avian influenza, the public are [warned of the dangers of sick or dead wild birds](#). DAFM requests that all sick/dead wild birds are reported via the [Avian Check app](#).

See HPSC website for travel advice for international travellers: [Travel Health Fact Sheet](#)

- When on holiday, you should take extra travel precautions with your and your family's health and ensure your travel vaccinations are up to date.

If anyone in your home is suffering from vomiting or diarrhoea, the toilet and other areas should be cleaned and disinfected after use. Anyone who is ill with diarrhoea or vomiting should stay off work/school until they have been symptom free for 48 hours.

Additional Resources

Additional information on minimising the risk of foodborne illness:

- www.safefood.net/food-safety
- www.fsai.ie/consumer-advice/food-safety-and-hygiene

Additional information on minimising the risk of zoonotic infection:

- www.hpsc.ie/a-z/zoonotic/petsandotheranimals/

Additional information on minimising the risk of travel-associated infection:

- www.ireland.ie/en/dfa/overseas-travel/advice/
- www.who.int/travel-advice
- www.hse.ie/eng/health/immunisation/pubinfo/travelvacc/

Additional information on minimising the risk associated with sexual transmission of shigellosis:

- www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/types-of-stis/shigella-in-gbmsm.html
- man2man.ie/shigella/

Gastroenteric and Zoonotic Diseases: Key Points, Q2 2025

- Compared to Q2 2024, there were **higher notification rates** in Q2 2025 for [campylobacteriosis](#), [hepatitis A](#), [hepatitis E](#), [paratyphoid](#) and [VTEC](#)
 - Campylobacteriosis notification rates have increased year on year since 2020 and the notification rate in Q2 2025 was the highest in the five year period. The notification process for campylobacteriosis changed in Q1 2025, which may have resulted in some duplicate notifications however overall, the notification rate has increased in recent years and there is a need for further research to understand transmission routes in Ireland
 - Hepatitis A notifications were high in Q2 2025 when compared to the same time period in recent years. The number of outbreaks reported (n=5) was higher than the same time period in 2024 (n=0). Four of these outbreaks were in private households and there was also a small number of cases notified in Q2 2025 that were linked to a national outbreak in Ireland, which has 18 confirmed cases. A foodborne source was suspected.
 - There was an increase in Hepatitis E notifications in Q2 2025 when compared to Q2 2024, however this increase is largely due to a number of late notifications dating from 2024 and Q1 2025 that were notified in Q2 2025.
- There were **lower notification rates** for [cryptosporidiosis](#), [rotavirus](#), [shigellosis](#) and [typhoid](#) in Q2 2025 compared to Q2 2024
 - The number of shigellosis notifications decreased in Q2, compared to Q1 2025, but continued the trend of increased shigellosis notifications in 2025, compared to previous years. The proportion of cases reported among children and adult females returned to expected levels and the proportion of adult male cases increased in Q2 2025, compared to Q1 2025. [Shigellosis among gay, bisexual and other men who have sex with men \(gbMSM\) remains a key feature of the disease in Ireland and elsewhere.](#)
 - Although notifications of Rotavirus decreased in Q2 2025 when compared to Q2 2024, notifications remain high when compared to the same time period 2021-2023. Vaccine uptake for Rotavirus remains below the target of ≥95%
 - There was 1 notification of typhoid in Q2 2025, compared to 4 in Q2 2024 and 6 in Q1 2025. Renewed public messaging around the importance of typhoid vaccination and travel precautions were issued in Spring 2025 and may have contributed to the decrease in notifications reported during Q2 2025.
- Notifications of [giardiasis](#), [listeriosis](#), [noroviral infection](#) [salmonellosis](#), and [leptospirosis](#) remained **largely unchanged** in Q2 2025, compared to Q2 2024
 - Despite notification numbers being within the expected range for this time period, the burden on health of these diseases remains high in Ireland due to the high volume of cases and/or disease severity for these illnesses
 - Although unchanged from Q2 2024, there was an increase in listeriosis notifications in Q2 2025 compared to Q1 2025. This increase was largely due to an ongoing [national outbreak](#)
 - Norovirus notifications in Q2 2025 were comparable to Q2 2024 but there was a shift in the predominant genotype in Q2 2025 to GII.4 from GII.17 for the period Q2 2024 – Q1 2025.
- We report trends in **antimicrobial resistance** for non-typhoidal *Salmonella*, typhoidal *Salmonella* and *Shigella* in line with their status as [WHO Bacterial Priority Pathogens of public health importance to guide research, development and strategies to prevent and control AMR](#) and we report **genomic data** on campylobacteriosis, Hepatitis A, listeriosis, norovirus, salmonellosis, shigellosis and VTEC from our Reference Laboratory partners



Gastroenteric and Zoonotic diseases in Ireland summary, Q2 2025



Disease category	Disease	Q2 2024	Q2 2025	Increase/Decrease	% Change	Year to date 2025
Bacterial IID infections	Campylobacter infection	1320	1449	129	9%	2,296
	Cholera	0	0	0	0%	1
	Listeriosis	7	7	0	0%	9
	Paratyphoid	1	3	2	200%	5
	Salmonellosis	94	94	0	0%	157
	Shigellosis	40	72	32	80%	161
	Typhoid	4	1	-3	-75%	7
	Verotoxigenic Escherichia coli infection	254	282	28	10%	390
	Yersiniosis	15	16	1	7%	24
Viral IID infections	Noroviral infection	559	585	26	5%	1,552
	Rotavirus infection	335	308	-27	-8%	410
Foodborne Hepatitis	Hepatitis A	16	21	5	31%	50
	Hepatitis E	6	28	22	366%	38
Parasitic IID infections	Cryptosporidiosis	349	264	-85	-25%	396
	Giardiasis	93	78	15	-16%	173
IID toxins	Clostridium perfringens (type A) food-borne disease	0	0	0	0%	0
	Bacillus cereus food-borne infection/intoxication	0	0	0	0%	0
	Botulism	0	0	0	0%	0
	Staphylococcal food poisoning	0	0	0	0%	0



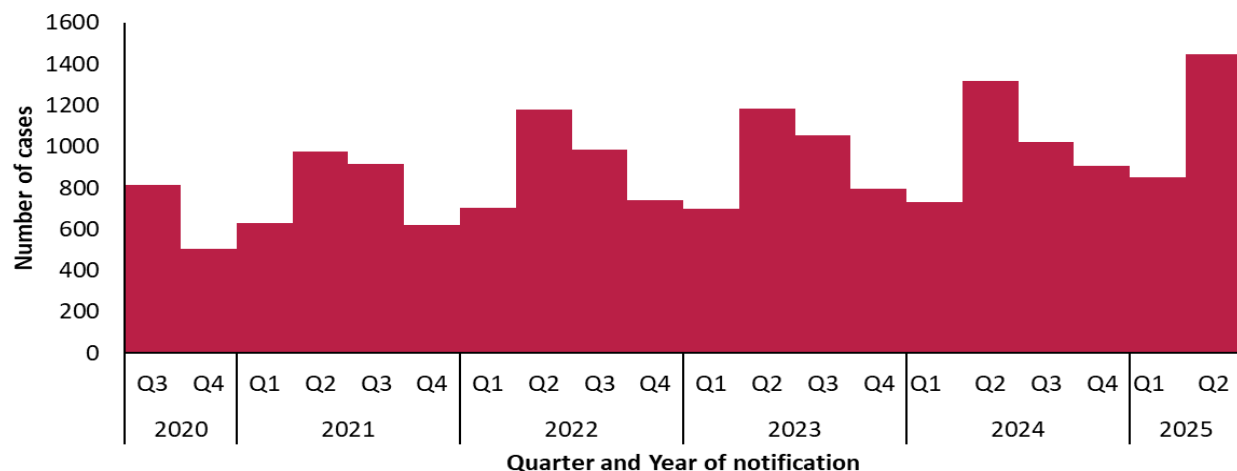
Gastroenteric and Zoonotic diseases in Ireland summary, Q2 2025 continued



Disease category	Disease	Q2 2024	Q2 2025	Increase/ Decrease	% Change	Year to date 2025
Non-IID Zoonotic infections	Anthrax	0	0	0	0%	0
	Brucellosis	1	2	1	100%	2
	Echinococcosis	1	1	0	0%	1
	Leptospirosis	4	4	0	0%	5
	Plague	0	0	0	0%	0
	Q fever	0	1	1	N/A	2
	Rabies	0	0	0	0%	0
	Toxoplasmosis	4	3	-1	-25%	10
	Trichinosis	0	0	0	0%	0



Campylobacter in Ireland, Q2 2025



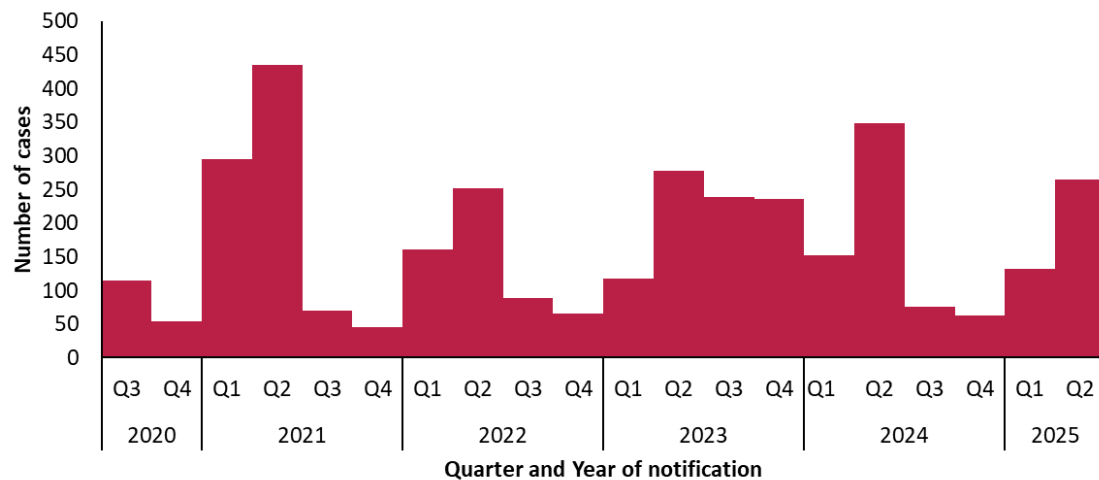
Type	Outbreaks (N)	Number ill	Range ill
Family outbreak	2	4	N/a

Species	Number of isolates	Proportion of sequenced isolates
<i>Campylobacter jejuni</i>	88	92%
<i>Campylobacter coli</i>	6	6%
<i>Campylobacter fetus</i>	2	2%
Total	96	100%

- 1,449 cases of Campylobacteriosis notified in Q2 2025, 9% higher than the number notified in Q2 2024 (n=1320) and the highest number of quarterly notifications for the period Q3 2020-Q2 2025
- In Q2 2025, 15% of cases were aged less than 5 years.
- Two Campylobacter outbreaks were notified in Q2 2025. Both were family outbreaks and transmission route was reported as person to person
- 96 Campylobacter isolates were sequenced in the sentinel Campylobacter Reference Laboratory, representing approximately 7% of campylobacteriosis cases notified
- *C. jejuni* was most common at 92% followed by *C. coli* (6%) and *C. fetus* (2%)
- **Note:** The notification procedure for Campylobacteriosis changed at the beginning of 2025 which may have contributed to the increase in notifications and lower proportion of sequenced isolates, due to the possibility of duplicate notifications



Cryptosporidiosis in Ireland, Q2 2025



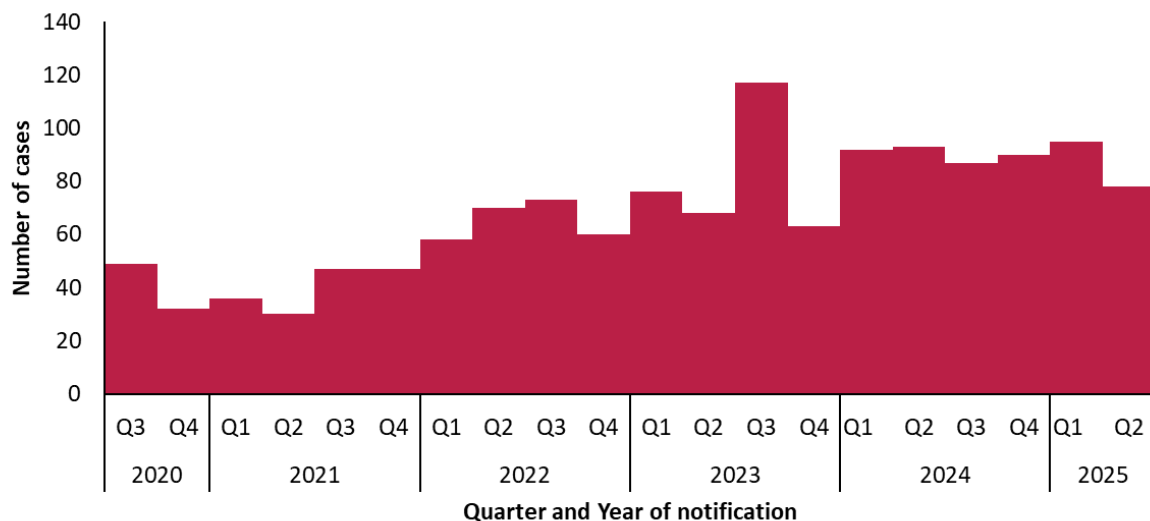
	N	% where known
Domestic	234	95%
Travel-related	13	5%
Travel status not known	17	n/a
Total	264	100%

Type	Outbreaks (N)	Number ill	Median ill	Range ill
Family	12	26	2	2-4
General	2	7	4	3-4
Total	14	33	2	2-4

- 264 cases of cryptosporidiosis notified in Q2 2025, 32% lower than in Q2 2024 (n=349)
- 14 Cryptosporidiosis outbreaks (including two general outbreaks), notified in Q2 2025 -lower than the number of outbreaks reported for the same time period in 2024 (n=24)
- One general outbreak occurred in a petting farm/zoo location with 4 people ill. Transmission route was reported as animal contact. The second general outbreak was in a hotel location with 3 people ill and transmission route was person to person.
- 95% of cases in Q2 2025 were domestically-acquired (where travel status was known).



Giardiasis in Ireland, Q2 2025



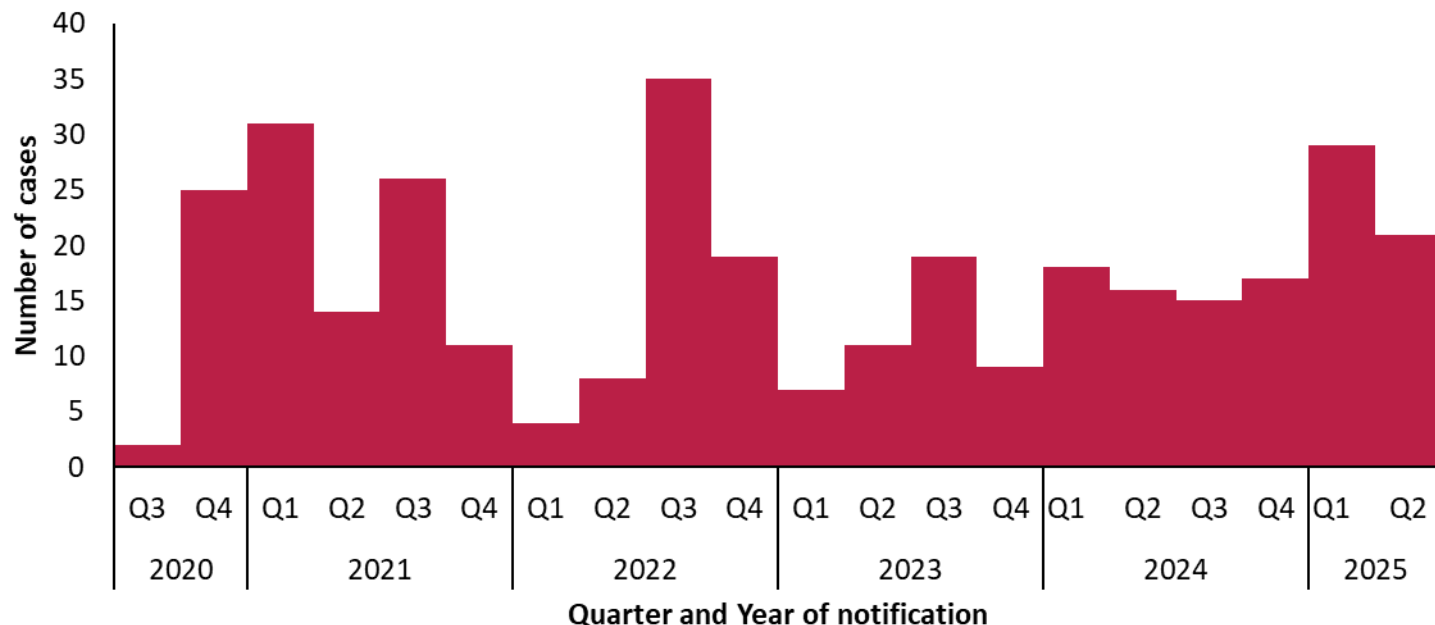
Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	2	4	2-2
General	0	N/A	N/A
Total	2	4	2-2

Travel status	Number of cases	% where known
Domestic	42	69%
Travel-related	19	31%
Travel status not known	17	N/A
Total	78	100%

- 78 cases of giardiasis notified in Q2 2025, decreased from 93 notified in Q2 2024
- The male to female ratio of cases reported in Q2 2025 was 3.1, slightly higher than previous years
- Where travel status was known, 69% were domestically-acquired and 31% were associated with international travel; travel status was not available for 22% of cases so caution is advised when interpreting these data
- Two outbreaks of giardiasis were notified in Q2 2025; both were small family outbreaks and the transmission route was reported as person-to-person for both. This was a decrease from seven giardiasis outbreaks reported in Q1 2025.



Hepatitis A in Ireland, Q2 2025

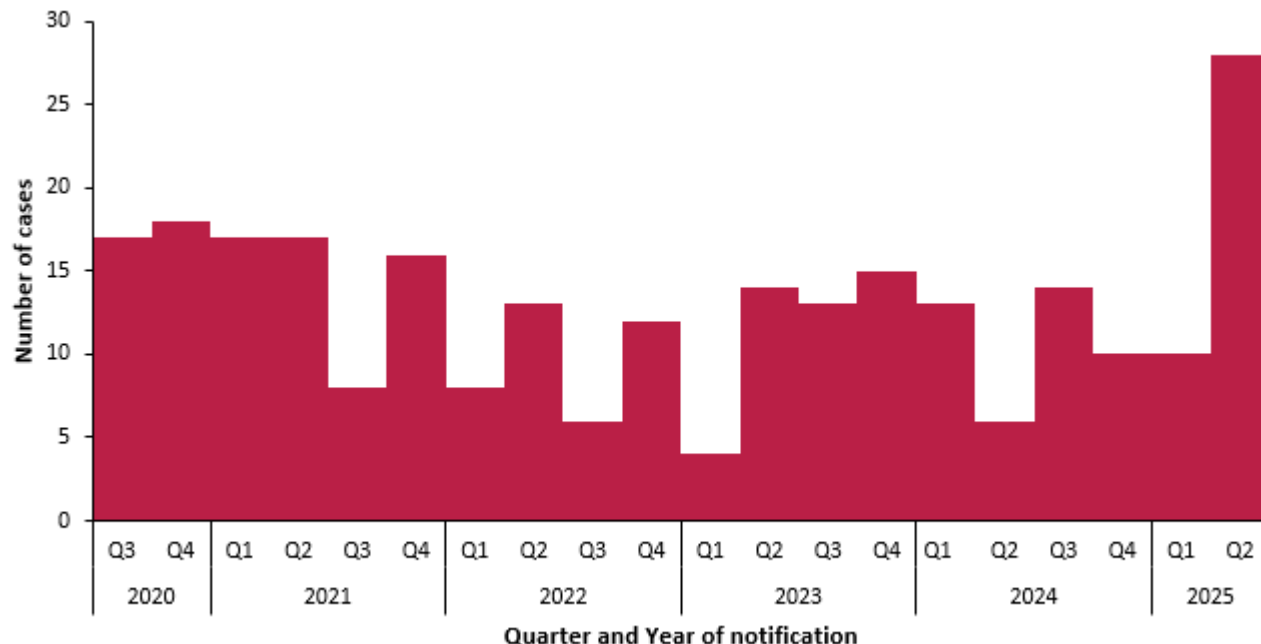


	N	% where known
Domestic	14	70%
Travel-related	6	30%
Travel status not known	1	n/a
Total	21	

- 21 cases of Hepatitis A notified in Q2 2025, 31% higher than the number of cases notified in Q2 2024 (n=16)
- Five outbreaks were notified in Q2 2025. Four outbreaks were in private households with a total of 14 people ill (range 2-6 people ill). Two of these were travel related. One community outbreak was notified with 2 people ill
- 70% of cases in Q2 2025 were reported as domestically-acquired (where travel status was known; travel status was known for 95% of cases)
- Genotyping was available for 18/21 cases in Q2 2025; of these, 7 (39%) were genotype 1A, 6 (33%) were IIIA and 5 (28%) were IB.



Hepatitis E in Ireland, Q2 2025

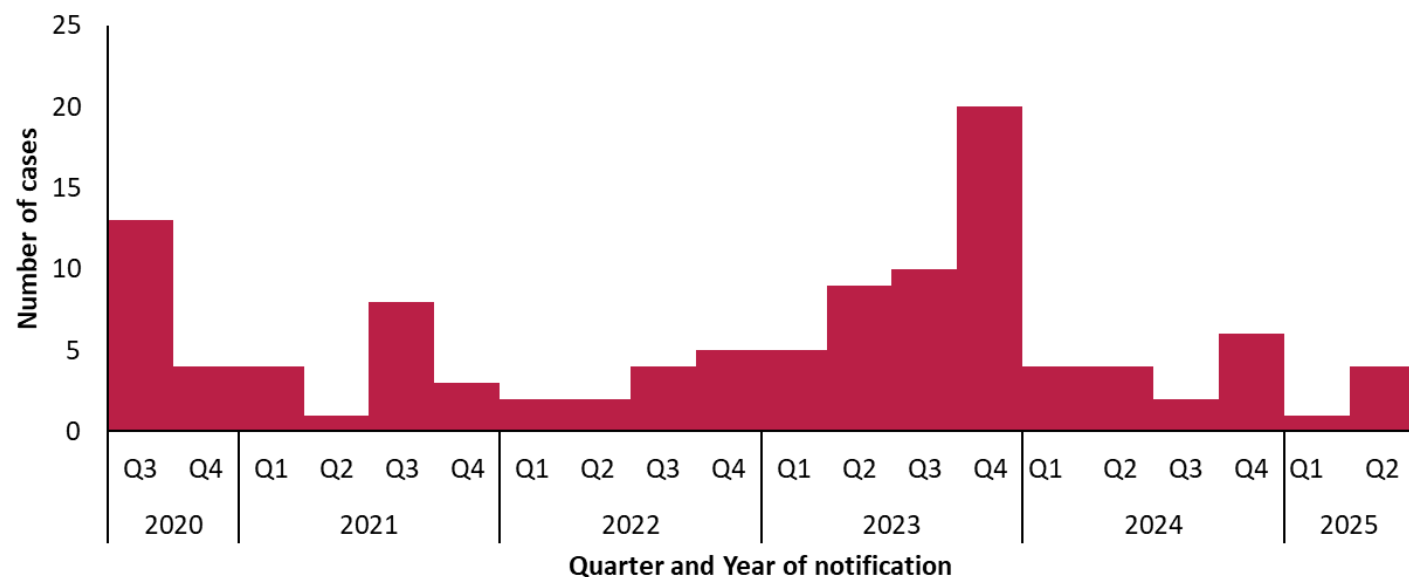


	N	% where known
Travel-related	3	30%
Domestic	7	70%
Travel status not known	18	n/a
Total	28	

- 28 cases of Hepatitis E were notified in Q2 2025, a considerable increase from 6 cases in Q2 2024, however 13 of these were late notifications
- 61% of cases were male, 39% were female, this sex distribution is similar to previous quarters
- All cases were in adults aged between 20 and 85 years old
- No Hepatitis E outbreaks were reported in Q2 2025 or in Q2 2024
- Country of Infection (COI) was specified for 10 of the 28 cases in Q2 2025
- 16 of the 28 notifications were diagnosed during blood donation, several of which are thought to be late notifications



Leptospirosis in Ireland, Q2 2025

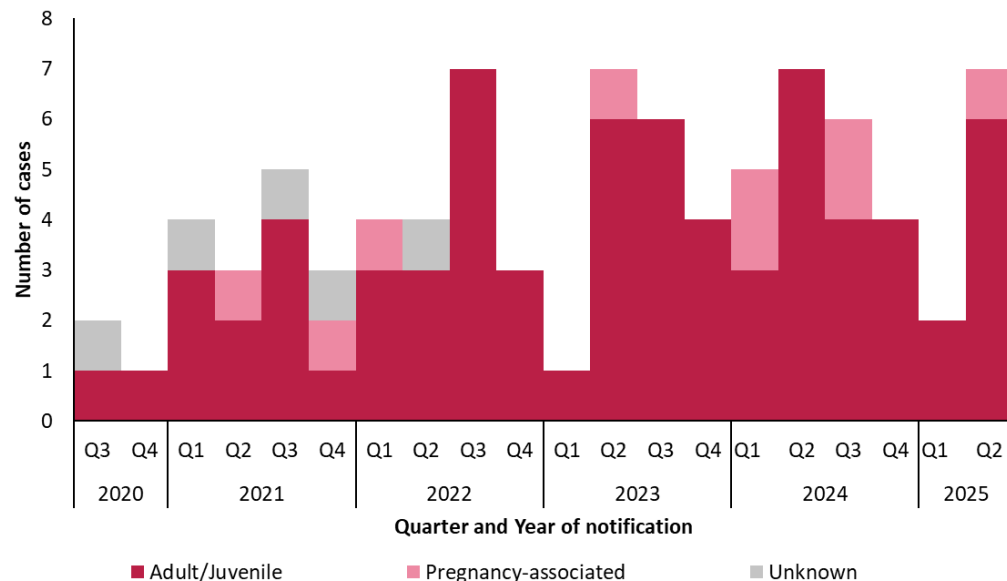


	Q2 2024	Q2 2025	% Change
Number of cases	4	4	0%
No. hospitalised	3	2	-33%

- There were 4 notified case of leptospirosis in Q2 2025, similar to Q2 2024 (n=4)
- In Q2 2025, half of notified leptospirosis infections (2/4) were acquired recreationally



Listeriosis in Ireland, Q2 2025



Adult/Juvenile case Principal Diagnosis	Number of cases
Blood stream infection	4
Meningitis	0
Other	1
Not specified	1
Total	6

Pregnancy related case outcome	Number of cases
Still birth	1
Total	1

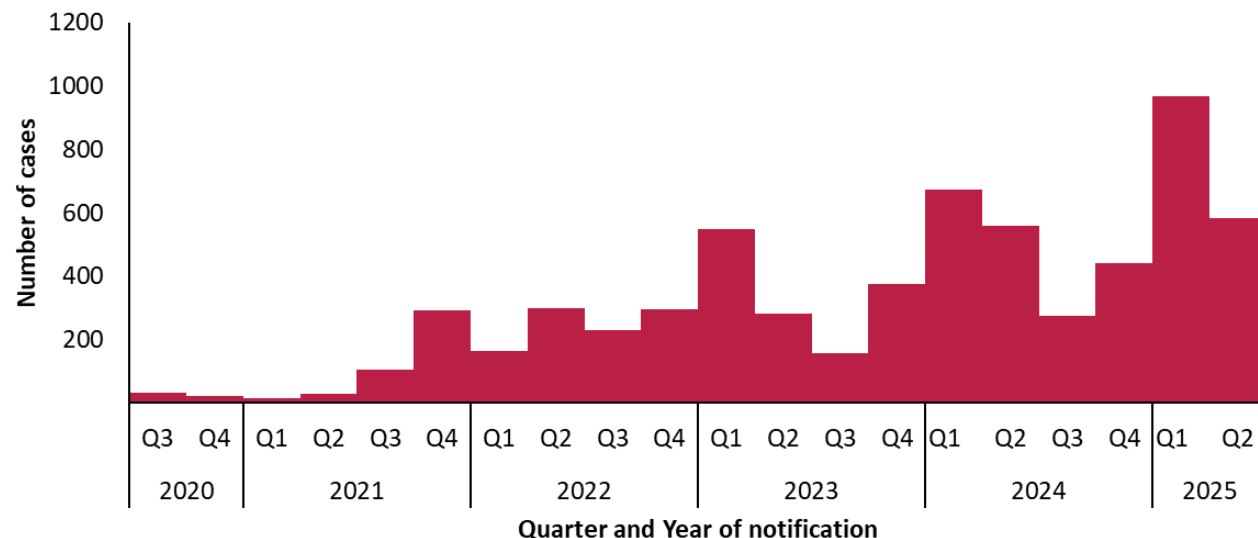
Serotype	Number of isolates
<i>Listeria monocytogenes</i> 1/2a	4
<i>Listeria monocytogenes</i> 4b	2
Total	6

- Seven cases of listeriosis notified in Q2 2025, unchanged from 7 cases notified in Q2 2024
- Six were adult/juvenile cases and there was one pregnancy-associated case in Q2 2025
- Six clinical isolates of *Listeria monocytogenes* were sequenced in the NSSLRL*, all isolated from blood
- The most frequently seen serotype in Q2 2025 was 1/2a
- There were no new outbreaks of listeriosis notified in Q2 2025 but 4 new cases linked to an ongoing national foodborne listeriosis outbreak were notified during Q2 2025

*The number of isolates sequenced in the NSSLRL may not match the number of cases notified, as dates are based on date received in the laboratory which may not align with notification date. Furthermore, additional isolates for mother/baby pairs may be sequenced in the NSSLRL but only the mother will be notified as a listeriosis case in line with the [Irish case definition](#). Finally, some cases may have been confirmed by molecular methods only and isolates were not available for sequencing.



Norovirus and Acute Infectious Gastroenteritis (AIG) in Ireland, Q2 2025

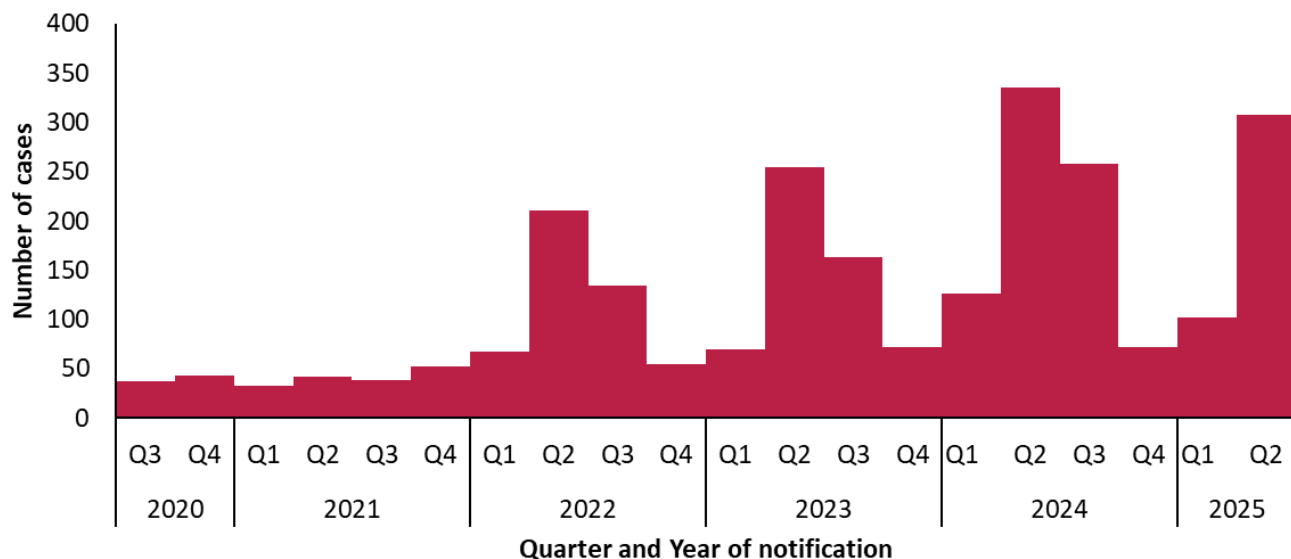


Location	Outbreaks (N)		Total Number ill		Median ill		Range ill	
	Noro	AIG	Noro	AIG	Noro	AIG	Noro	AIG
Hospital	31	4	221	33	5	8	2-35	4-13
Nursing home	17	12	237	133	13	8	6-23	2-37
Residential institution	2	12	27	85	14	4	8-19	2-32
Comm. Hosp/Long-stay unit	2	0	23	0	12	0	8-15	-
Other healthcare services	0	3	0	24	0	8	-	2-14
Total	52	31	508	275	44	28	2-35	2-37

- There were 585 notified cases of Norovirus infection in Q2 2025, compared to 559 in Q2 2024, an increase of 4.6%
- 53 Norovirus and 32 AIG outbreaks were reported in Q2 2025. Of these outbreak, 52 Norovirus and 31 AIG outbreaks occurred in health care settings. All were reported as person to person outbreaks (see table)
- The largest norovirus outbreak notified in Q2, 2025 occurred in a hospital, where the number ill was 35
- Of 29 representative GII samples from Q2, 2025 sequenced by the NVRL, GII.4 was the most common type at 72% (n=21), followed by GII.17 at 14% (n=4). This represents a change in predominant GII genotype. GII.17 had been the most common type during Q2 2024- Q1 2025
- A news piece providing key messages for the public on how to manage illness and prevent further spread of disease is regularly updated on the HPSC website [Norovirus: Norovirus levels remain high in Ireland - Health Protection Surveillance Centre](#)



Rotavirus in Ireland, Q2 2025



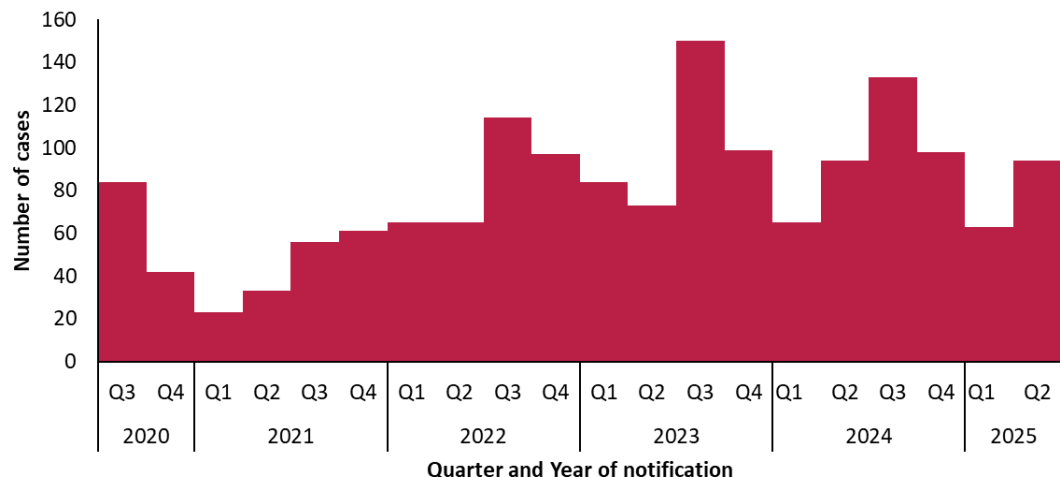
- 308 cases of Rotavirus were notified in Q2 2025, 8% lower than in Q2 2024 (n= 335)
- 69% of cases were aged under 5 years (16% of cases were aged <1 year, 19% were aged 1 year and 35% were aged 2-4 years at the time of notification).
- There was one Rotavirus outbreak notified in Q2 2025. This was a general outbreak with four people ill, notified in a hospital setting.
- Rotarix™ vaccine was introduced in Ireland in December 2016 for all babies born from 1st October 2016 onwards²
- Vaccine uptake for Rotavirus has been greater than 89% nationally at 24 months since introduced but remains below the target of ≥95%
- Quarterly and annual immunisation uptake statistics at 12 and 24 months of age for Rotavirus are available on the HPSC website at: <https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/>

Type	Outbreaks (N)	Number ill	Median ill	Range ill
General	1	4	n/a	n/a
Family	0	n/a	n/a	n/a
Total	1	4	n/a	n/a

2. Rotavirus Annual Epidemiological Report 2018. Health Protection Surveillance Centre Available at: https://www.hpsc.ie/a-z/gastroenteric/rotavirus/epidemiologicaldata/annualreportsonrotavirus/2018_Rota_20190415_v1.1.pdf



Salmonellosis in Ireland, Q2 2025



Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	2	4	2-2
General	0	0	N/A
Total	2	4	2-2

Serotype	Travel status			Total
	Domestic	Travel	Unknown	
S. Typhimurium inc. monophasic Typhimurium	20	2	1	23
S. Enteritidis	7	11	1	19
Other serotypes	21	26	5	52
Total	48	39	7	94

- 94 cases of salmonellosis were notified in Q2 2025, unchanged from 94 in Q2 2024
- Where travel history was known (n=87), 55% of cases were domestically-acquired and 45% were travel-associated
- Infection with S. Typhimurium (42%) was more common than S. Enteritidis (15%) among domestically-acquired cases, while infection with S. Enteritidis (28%) was more common than S. Typhimurium (5.1%) among travel-associated cases
- Two small family outbreaks of Salmonellosis were notified in Q2 2025; transmission route was reported as person-to-person and animal contact for one outbreak and was not specified for the other outbreak

Genomic analysis of non-typhoidal Salmonella in Ireland, Q2 2025



Serotype	Number of isolates	Proportion of isolates
S. Typhimurium inc. monophasic Typhimurium	25	28%
S. Enteritidis	21	24%
S. Infantis	4	4%
S. Agona	3	3%
S. Bovismorbificans	3	3%
S. Java	3	3%
Other serotypes	30	34%
Total	89	100%

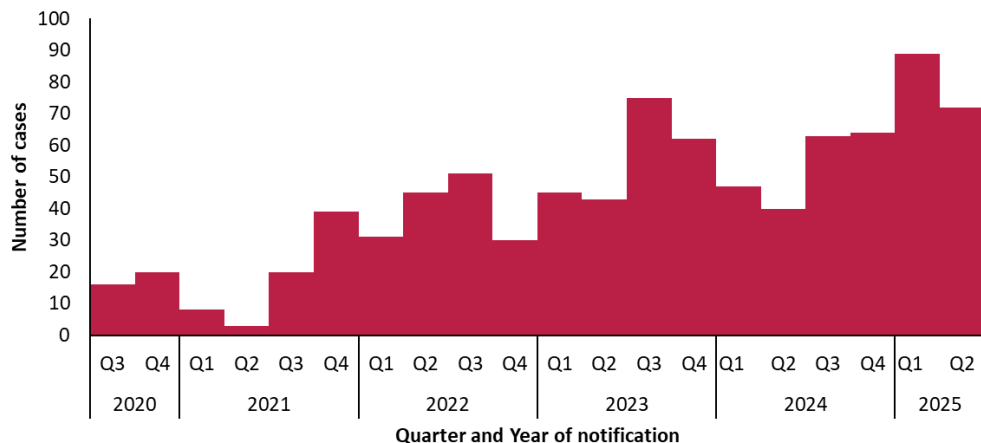
Specimen type	Number of isolates
Faeces	82
Blood	6
Urine	1
Total	89

Antimicrobial class	Isolates with resistance markers	
	Number	Proportion
Tetracycline	22	25%
Quinolones	21	24%
Ampicillin	15	17%
Sulphonamides	14	16%
Chloramphenicol	12	13%
Trimethoprim	9	10%
Aminoglycosides	4	4%
Azithromycin	2	2%
Third Generation Cephalosporins	1	1%

- 89 non-typhoidal non-duplicate Salmonella (NTS) isolates were sequenced in the NSSLRL in Q2 2025*
- The most frequently seen serotypes were S. Typhimurium and S. Enteritidis
- 7% of isolates were from bloodstream infections
- Antimicrobial resistance is predicted based on whole genome sequencing (WGS) data

*The number of isolates sequenced in the NSSLRL may not match the number of cases notified, as dates are based on date received in the laboratory which may not align with notification date. Furthermore, isolates may be sequenced in the NSSLRL for cases that do not meet the criteria for notification under the [Irish case definition](#).

Shigellosis in Ireland, Q2 2025



Travel	Child		Adult Female		Adult Male		Total	
	N	%	N	%	N	%	N	%
Domestic	0	0%	1	11%	36	61%	37	51%
Travel - Europe	0	0%	0	0%	10	17%	10	14%
Travel - Outside Europe	2	50%	7	78%	6	10%	15	21%
Unknown	2	50%	1	11%	7	12%	10	14%
Total	4	100%	9	100%	59	100%	72	100%

Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	2	4	2-2
General	0	N/A	N/A
Total	2	4	2-2

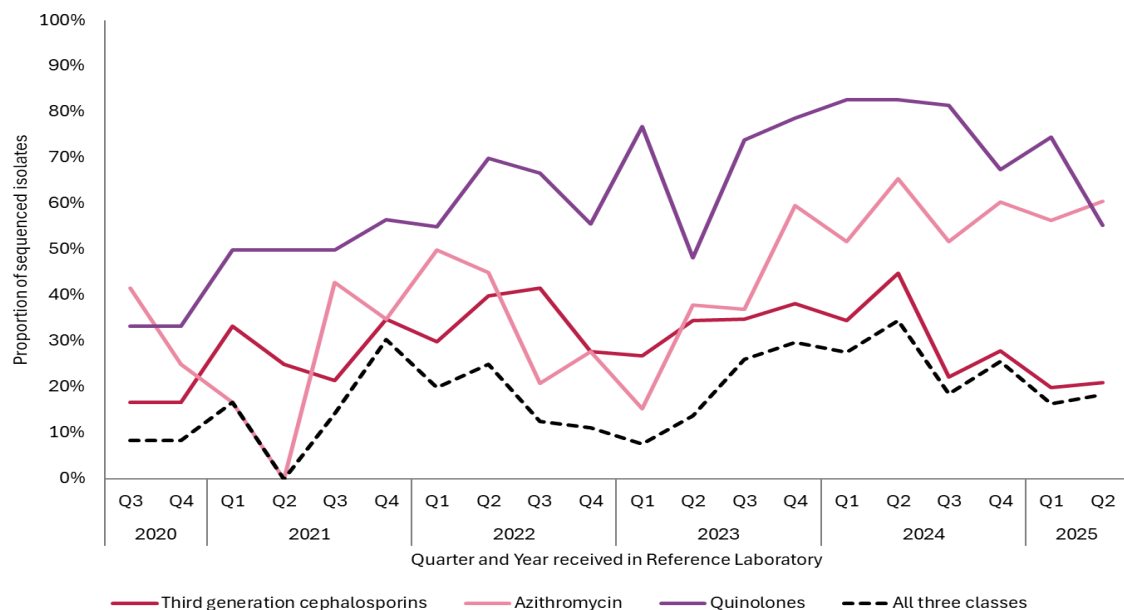
- 72 cases of shigellosis were notified in Q2 2025 (47 confirmed and 25 probable), increased from 40 in Q2 2024. The number of notifications decreased in Q2 compared to Q1 2025 but continued the trend of higher-than-expected numbers of notifications of shigellosis for 2025.
- Where travel history was known (86%), 60% were domestically-acquired and 40% were associated with international travel
- Adult males were more likely to have been infected in Ireland or another European country, while adult females were more likely to have been infected outside Europe
- Adult males continued to be the group most affected as sexual transmission among gay, bisexual and other men who have sex with men (gbMSM) is a [key feature of shigellosis in Ireland](#)
- Two small family outbreaks were notified during Q2 2025. Probable transmission route was reported as person-to-person for both.



Genomic analysis of Shigella in Ireland, Q2 2025



Serotype	Number of isolates	Proportion of isolates
<i>Shigella flexneri</i>	35	92%
<i>Shigella sonnei</i>	2	5%
<i>Shigella dysenteriae</i>	1	3%
Total	38	100%

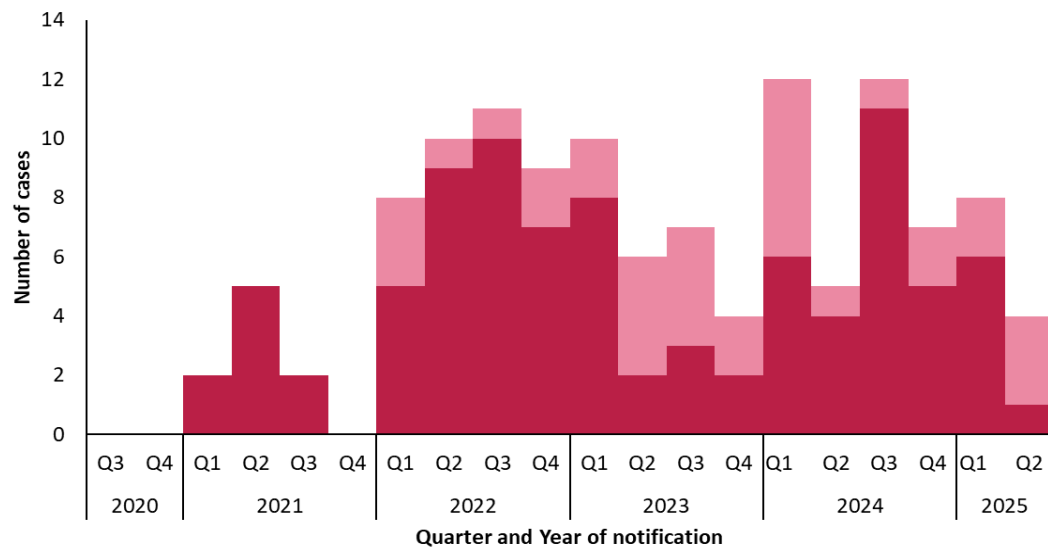


- 38 non-duplicate *Shigella* isolates were sequenced in the NSSLRL in Q2 2025*
- *S. flexneri* was the most frequently seen serotype and the number of *S. sonnei* isolates was unusually low
- Antimicrobial resistance is predicted based on whole genome sequencing (WGS) data. In Q2 2025:
 - 55% of isolates were predicted to be quinolone resistant, lower than 83% in Q2 2024, but quinolone resistance remains common
 - 61% were predicted to be azithromycin resistant, slightly lower than 66% in Q2 2024
 - 21% were predicted to be resistant to third generation cephalosporins, lower than 45% in Q2 2024
 - 18% were predicted to be resistant to all three classes of antimicrobials, lower than 34% in Q2 2024

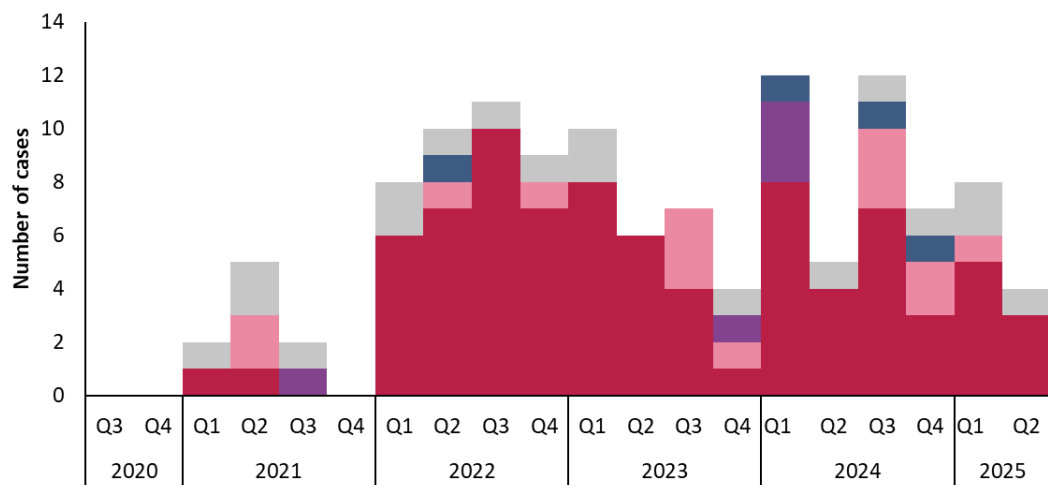
*The number of isolates sequenced in the NSSLRL may not match the number of cases notified, as dates are based on date received in the laboratory which may not align with notification date. Furthermore, according to the [Irish case definition](#) probable cases of shigellosis may be notified when *Shigella* spp. nucleic acid is detected in a clinical specimen in the absence of subsequent culture confirmation.



Typhoid and Paratyphoid in Ireland, Q2 2025



■ Typhoid ■ Paratyphoid



■ Asia ■ Europe* ■ Americas ■ Africa ■ Unknown

- One case of typhoid was notified in Q2 2025, lower than four cases notified in Q2 2024
- Three cases of paratyphoid were notified in Q2 2025, higher than 1 case notified in Q2 2024
- Where travel history was known (75%), all cases travelled to Asia, most frequently to India
- No outbreaks of typhoid or paratyphoid were notified in Q2 2025

*Ireland was reported as country of infection for a small number of cases. These infections were typically secondary infections, following return of a close contact from an endemic country or were laboratory-acquired infections.



Genomic analysis of *Salmonella* Typhi and Paratyphi in Ireland, Q2 2025



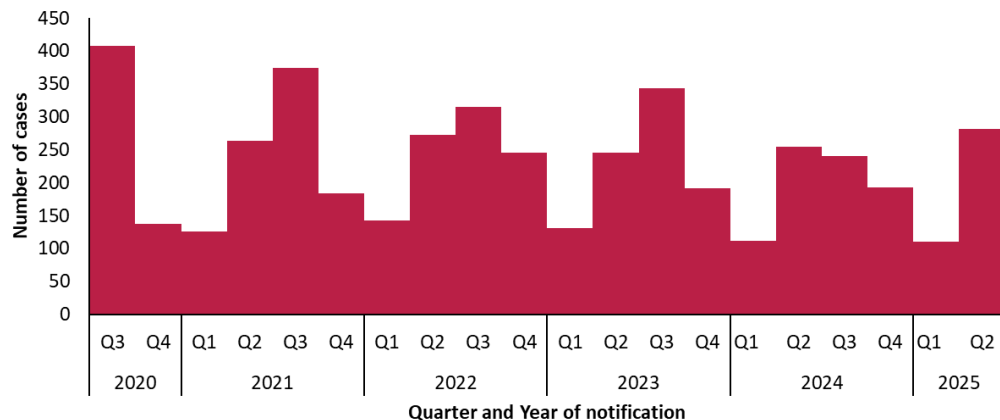
Antimicrobial class	Isolates with resistance markers	
	Number	Proportion
Quinolones	4	100%
Aminoglycosides	0	0%
Ampicillin	0	0%
Azithromycin	0	0%
Chloramphenicol	0	0%
Sulphonamides	0	0%
Tetracycline	0	0%
Third Generation Cephalosporins	0	0%
Trimethoprim	0	0%

- Four non-duplicate isolates of *Salmonella* Typhi (n=1) or *S. Paratyphi* A (n=3) were sequenced in the NSSLRL in Q2 2025*
- Antimicrobial resistance is predicted based on whole genome sequencing (WGS) data:
 - Resistance to quinolones was the only type of predicted antimicrobial resistance reported in Q2 2025, as was the case for Q1 2025
 - None were predicted to be resistant to ampicillin, chloramphenicol, sulphonamides, tetracycline and trimethoprim, reduced from the proportions reported in Q4 2024
 - None were predicted to be resistant to third generation cephalosporins aminoglycosides or azithromycin, consistent with previous quarterly data

*The number of isolates sequenced in the NSSLRL may not match the number of cases notified, as dates are based on date received in the laboratory which may not align with notification date. Furthermore, isolates may be sequenced in the NSSLRL for cases that do not meet the criteria for notification under the Irish case definitions for [typhoid](#) and [paratyphoid](#).



VTEC in Ireland, Q2 2025



- 282 cases of VTEC were notified in Q2 2025, 10% higher than in Q2 2024 (n=254)
- 107 (38%) cases were hospitalised
- Eight (3%) cases of HUS in Q2 2025, compared to 12 (5%) cases of HUS in Q2 2024
- 21 VTEC outbreaks were reported in Q2 2025; 5 were general outbreaks including 4 outbreaks in childcare facilities with a total of 15 people ill (transmission for all reported as person to person). Transmission was reported as foodborne for the other general outbreak and two people ill. 16 family outbreaks were also notified.

	Bloody diarrhoea		HUS	
	N	% (where known)	N	% (where known)
Yes	87	35%	8	4%
No	160	65%	193	96%
Unknown	6	N/A	25	N/A
Not specified	29	N/A	56	N/A
Total	282	N/A	282	N/A

Type	Outbreaks (N)	Total number ill	Range ill
General	5	17	2-6
Family	16	38	2-4
Total	21	55	2-6

Patient type	Number of cases	Proportion of cases
GP Patient	103	36%
Hospital Inpatient	107	38%
A&E Patient/Outpatient	48	17%
Other	22	8%
Unknown	2	1%
Total	282	100%



Genomic analysis of VTEC in Ireland, Q2 2025



Serogroup	Verotoxin genes	N	%	eae positive		ehxA positive	
				N	%	N	%
<i>E. coli</i> O157	<i>vt1</i>	0	%	N/A	N/A	N/A	N/A
	<i>vt2</i>	11	50%	10	91%	11	100%
	<i>vt1</i> + <i>vt2</i>	11	50%	11	100%	11	100%
<i>E. coli</i> O26	<i>vt1</i>	14	14%	13	93%	14	100%
	<i>vt2</i>	24	24%	24	100%	22	92%
	<i>vt1</i> + <i>vt2</i>	63	62%	61	97%	60	95%
Other serogroups	<i>vt1</i>	70	60%	50	71%	54	77%
	<i>vt2</i>	19	16%	5	26%	14	74%
	<i>vt1</i> + <i>vt2</i>	28	24%	14	50%	24	86%

- 240 isolates were sequenced in the VTEC Reference Laboratory*
- The most common serogroups reported among culture confirmed cases were as follows: O26 (42%; n=101, O157 (9%; n=22) and O182 (6%, n=15)
- All O157 were either VT2 (50%) or VT1+2 (50%)
- *eae* and *ehxA* positivity were higher for O157 and O26 isolates than for other serogroups

*The number of isolates sequenced in the Public Health Laboratory, Cherry Orchard (Reference Laboratory) may not match the number of cases notified, as dates are based on date received in the laboratory which may not align with notification date. Furthermore, cases of VTEC may be notified where isolates are not available for sequencing. Please see [here](#) for Irish case definition for VTEC

N/A= not applicable i.e. where number or proportion is zero