



Gastroenteric and Zoonotic Diseases in Ireland: Quarterly report



**Includes trends to the end of Q4 2025, and
provisional data for all of 2025**

April 2026

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.

Additional thanks to our colleagues in the Public Health Laboratory (PHL) in Cherry Orchard, the National Salmonella, Shigella and Listeria Reference Laboratory (NSSLRL) and the National Virus Reference Laboratory (NVRL) for ongoing collaboration, support and advice in the surveillance of gastroenteric, zoonotic and vectorborne diseases in Ireland.

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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 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/

HF Gastroenteric and Zoonotic Diseases: Key Points, Q4 2025

- Compared to 2024, there were **higher notification rates** in 2025 for [campylobacteriosis](#), [giardia](#), [hepatitis A](#), [norovirus](#), [Shigella](#), [VTEC](#) and Yersinia
 - Campylobacteriosis notification rates have increased year on year and this trend has continued into 2025, particularly among older adults. In 2026, HPSC will embark on a study to better understand the possible reasons for this increase
 - Giardiasis notifications increased again in 2025 continuing the gradual year on year increase observed over the last 10 years. This increase is particularly pronounced among adult males. To understand better the risk factors for giardiasis in Ireland, several enhanced variables will be added to the dataset for giardiasis cases in the new Outbreaks, Case and Incident Management System from 2027.
 - Hepatitis A notifications increased by 64% in 2025 when compared to 2024, with more than half of cases linked to two sizeable outbreaks, one of which was suspected to be foodborne and one due largely to person to person spread.
 - Notification rates of norovirus have increased 6.5% between 2024 and 2025. Unusually, GII.17 was the most commonly sequenced genotype at 43%, and this change in predominant genotype is likely to have contributed to the increase.
 - Notifications of shigellosis increased in 2025 by 41% compared to 2024 and are at the highest seen in over 20 years. Adult male cases made up the highest proportion of cases when compared to adult females and children. [Shigellosis among gay, bisexual and other men who have sex with men \(gbMSM\) remains a key feature of the disease in Ireland and elsewhere](#)
 - 2025 saw an 8% increase in VTEC notifications compared to 2024 –person-person transmission in childcare facilities remains a concern
 - The continued increase in yersiniosis notifications is suspected to be due to changing laboratory practice: further investigation of this increase is planned

HF Gastroenteric and Zoonotic Diseases: Key Points, Q4 2025 (Continued)

- While not much higher than the number in 2024, the total number of notifications of salmonellosis this year was 419 cases, the highest annual total since 2008. International travel remains a strong risk factor for disease.
- Notification rates for listeriosis remained largely unchanged in 2025 compared to 2024; However, 5 cases notified in 2025 were linked to an outbreak first detected in 2024 linked to ready-to-heat meals. Safefood has highlighted its [advice](#) to consumers about consumption of convenience foods, and the Food Safety Authority of Ireland recently published a new [Guidance Note, providing practical recommendations to help food businesses better detect and control *Listeria monocytogenes*](#) in ready to heat foods.
- There were **lower notification rates** for [cryptosporidiosis](#), [rotavirus](#), and [typhoid](#) in 2025 compared to 2024
 - There were 15 notifications of typhoid in 2025, compared to 26 in 2024. Cases continue to be associated predominantly with travel to Asia. In contrast to the two previous years, no XDR typhoid cases were notified. 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 2025. Typhoid vaccination prior to travel to endemic regions remains key to prevention.
 - Notifications of rotavirus decreased by 26% in 2025 compared to 2024, however, 83% of notifications in 2025 were in children who were eligible for the rotavirus vaccine at the time of their birth. Vaccination remains a key prevention measure.
- 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



Q4 Gastroenteric and Zoonotic diseases in Ireland summary, Q4 2025



Disease category	Disease	Q4 2024	Q4 2025	Increase/Decrease	% Change	Year to date 2025
Bacterial IID infections	Campylobacter infection	907	976	69	8%	4482
	Cholera	0	0	0	NA	0
	Listeriosis	4	4	0	0%	22
	Paratyphoid	2	4	2	50%	17
	Salmonellosis	98	109	11	11%	417
	Shigellosis	64	78	14	22%	303
	Typhoid	5	3	-2	-40%	15
	Verotoxigenic Escherichia coli infection	190	163	-27	-14%	870
	Yersiniosis	4	11	7	175%	52
Viral IID infections	Noroviral infection	440	376	-64	-15%	2074
	Rotavirus infection	72	55	-17	-24%	581
Foodborne Hepatitis	Hepatitis A	17	28	11	65%	108
	Hepatitis E	10	16	6	60%	75
Parasitic IID infections	Cryptosporidiosis	63	66	3	5%	525
	Giardiasis	90	111	21	23%	372
IID toxins	Clostridium perfringens (type A) food-borne disease	1	0	1	-100%	0
	Bacillus cereus food-borne infection/intoxication	0	0	0	NA	0
	Botulism	0	0	0	NA	0
	Staphylococcal food poisoning	0	0	0	NA	0

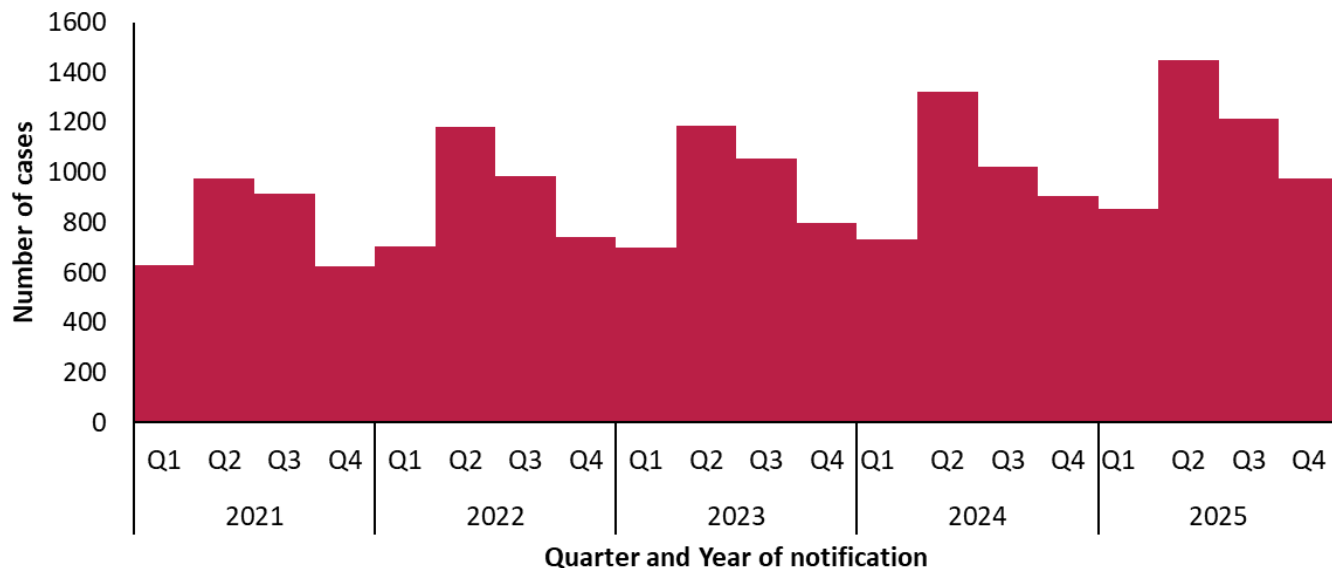


Gastroenteric and Zoonotic diseases in Ireland summary, Q2 2025 continued



Disease category	Disease	Q4 2024	Q4 2025	Increase/ Decrease	% Change	Year to date 2025
Non-IID Zoonotic infections	Anthrax	0	0	0	NA	0
	Brucellosis	0	0	0	NA	5
	Echinococcosis	1	1	0	NA	3
	Leptospirosis	6	8	2	33%	26
	Plague	0	0	0	NA	0
	Q fever	0	0	0	NA	2
	Rabies	0	0	0	NA	0
	Toxoplasmosis	5	6	1	20%	20
	Trichinosis	0	0	0	NA	0

HF Campylobacter in Ireland, Q4 2025

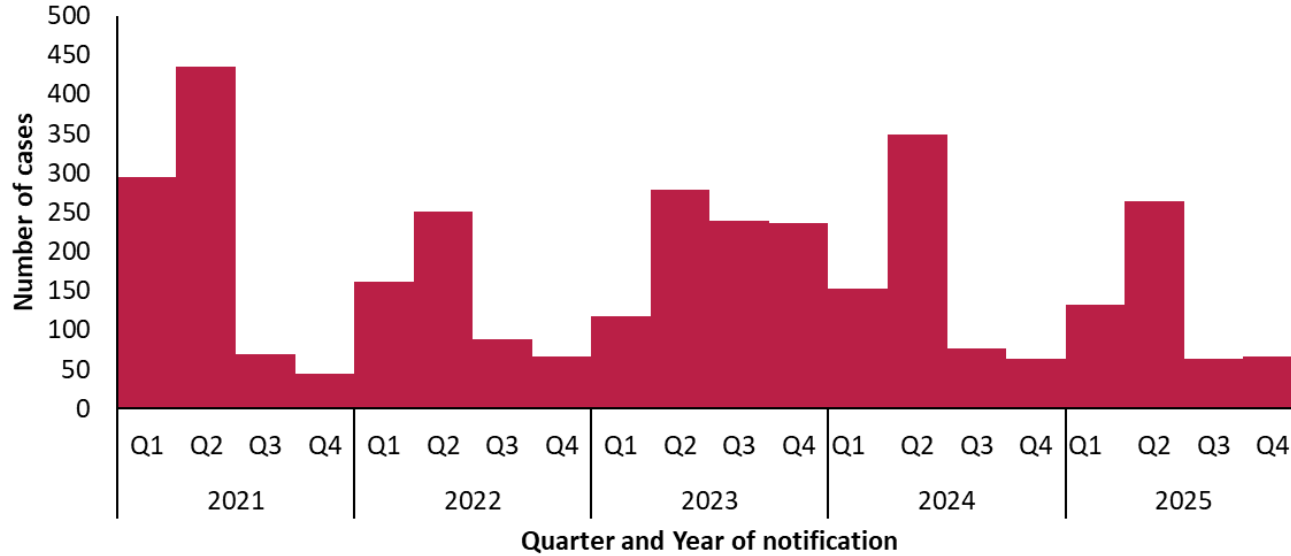


- Campylobacteriosis notification rates have increased year on year since 2020 and this trend has continued in 2025: 976 cases of Campylobacteriosis were notified in Q4 2025, 8% higher than in Q4 2024 (n=907), and in total there were 4482 cases notified in 2025 compared to 3984 cases in 2024 (up 12.5%).
- 27% of cases in Q4 were 65 years or over. Overall in 2025, 23% of cases were 65 years or over; this percentage has been increasing steadily since 2020 when only 17% of campylobacter cases were over 65 years
- Campylobacter outbreaks remain uncommon with just 3 family outbreaks notified in 2025, and none reported in Q4
- *C. jejuni* remains the most commonly identified serotype. In Q4, *C. jejuni* made up 87% of sequenced isolates *C. coli* 13%. Overall, in 2025, *C. jejuni* comprised 85% of sequenced isolates. Note: 54 Campylobacter isolates were sequenced in the Campylobacter Reference Laboratory, representing approximately 5.5% of campylobacteriosis cases notified.

Species	Number of isolates (Q4 2025)	Proportion of sequenced isolates (Q4 2025)	Total year to date	Percentage year to date
<i>Campylobacter jejuni</i>	47	87.0%	238	88.5
<i>Campylobacter coli</i>	7	13.0%	23	8.5
<i>Campylobacter fetus</i>	n/a	n/a	4	1.5
<i>Campylobacter lari</i>	n/a	n/a	4	1.5
Total	54	100%	269	100



Cryptosporidiosis in Ireland, Q4 2025



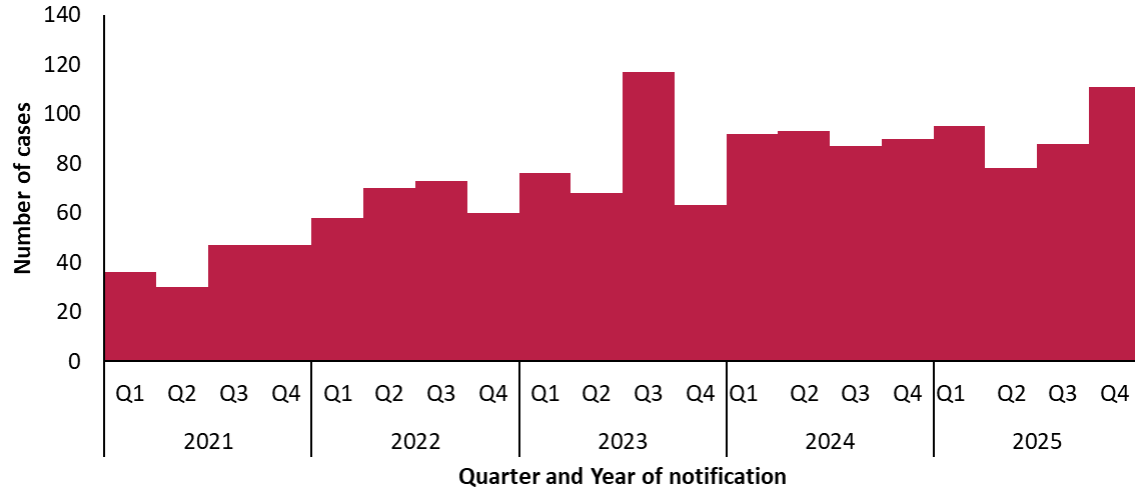
	N	% where known
Domestic	45	85%
Travel-related	8	15%
Travel status not known	13	n/a
Total	66	100%

Type	Outbreaks (N)	Number ill	Median ill	Range ill
Family	2	4	2	2-2

- Although the 66 cases of cryptosporidiosis notified in Q4 2025 was 5% higher than in Q4 2024, overall case numbers in 2025 were 18% lower than in 2024 (525 versus 640).
- The seasonal pattern was typical with Q2 showing the highest incidence
- 84% of cases in Q4 2025 were domestically-acquired (where travel status was known), which is typical for this time of year.
- Just 2 family outbreaks were reported this quarter, however, there were 28 outbreaks in total in 2025; 24 were family outbreaks, but there were 4 general outbreaks— three associated with pet farm visits and handling lambs, and one associated with a hospitality setting (P-P spread)



Giardiasis in Ireland, Q4 2025



	N	% where known
Domestic	19	61%
Travel-related	12	39%
Travel status not known	70	n/a
Total	111	100%

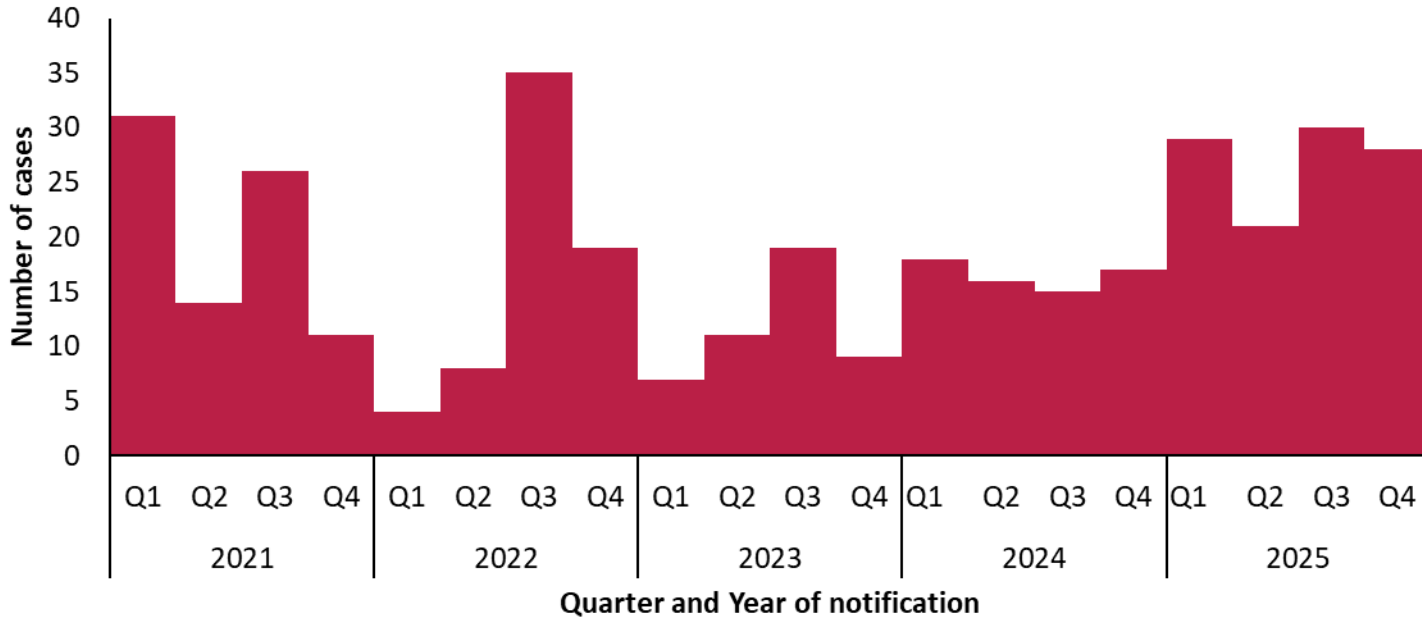
Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	1	2	2-2
General	0	N/A	N/A
Total	1	2	2-2

111 cases of giardiasis notified in Q4 2025, the highest quarterly number since Q3 2023. Barring a drop in the numbers in 2020 and 2021, the number of cases of giardiasis has been increasing substantially over the last 10 years, with the 373 cases in 2025 being 5.2 fold higher than the reported number of cases in 2014 (n=71)

- The male to female ratio of cases reported in Q4 2025 was 1.6:1, however, the M:F ratio was 2.4:1 for the whole of 2025. This ratio has been increasing noticeably since 2021 when it was just 1.7:1
- Where travel status was known, 39% were associated with international travel in Q4, fairly typical; travel status was not available for 63% of cases so caution is advised when interpreting these data
- One family outbreak of giardiasis was notified in Q4 2025, bringing the total number to 11 in 2025. All were family outbreaks except one small general outbreak associated with a swimming pool.



Hepatitis A in Ireland, Q4 2025

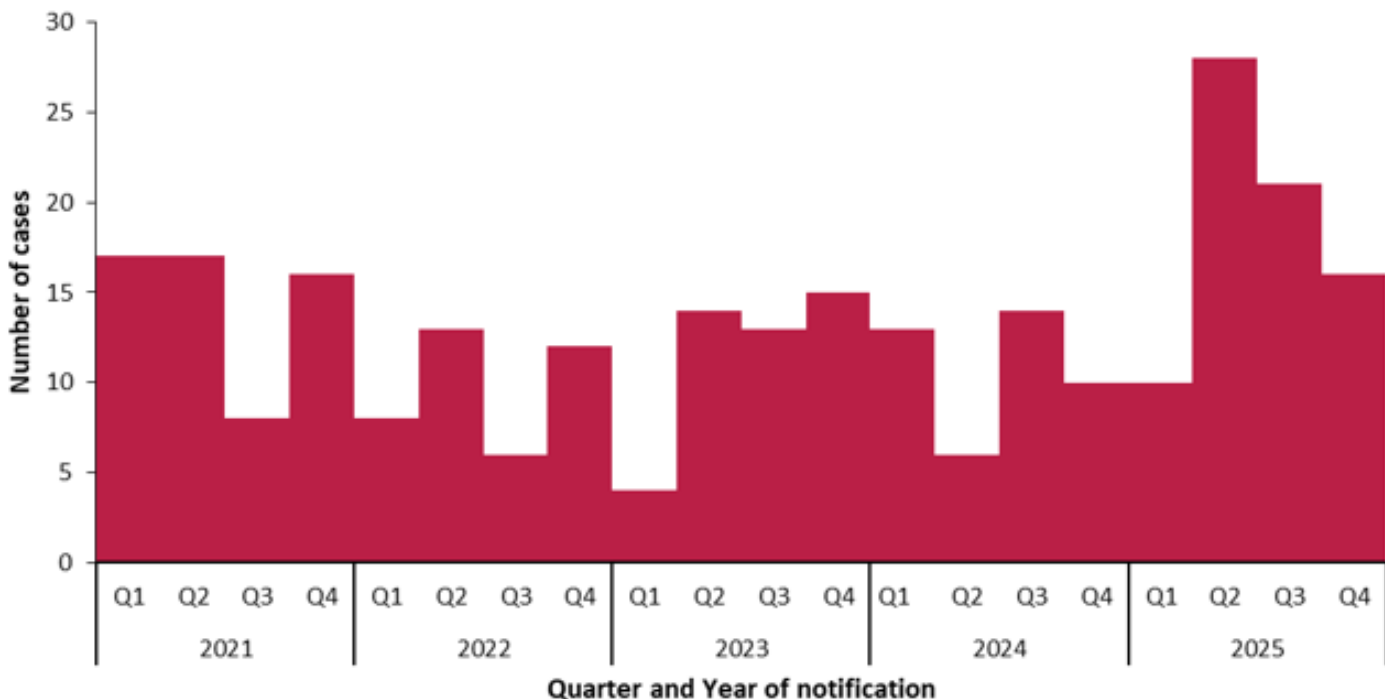


	N	% where known
Domestic	15	65%
Travel-related	8	35%
Travel status not known	5	n/a
Total	28	

- 28 cases of Hepatitis A notified in Q4 2025 (41% higher than Q4 2024 (n=17). This brings the total in 2025 to 108, 60% higher than in 2024 (n=68).
- Where travel status was known, 65% of cases in Q4 2025 were reported as domestically-acquired, across the full year, this was 60% (59/89).
- There were two Hepatitis A outbreaks notified in Q4 2025, both were family outbreaks with transmission mode reported as person-to-person. Travel to India was the source in both outbreaks.
- Overall in 2025, there were 10 hepatitis A outbreaks, three of which were community outbreaks (one suspected foodborne and two were due to person-to-person spread)
- Since 2025, routine genotyping by NVRL has been key in community cluster detection. Genotyping was available for 13/28 (46%) of cases in Q4 2025; 8 (62%) were IA, 3 (23%) were IB and 2 (15%) were IIIA.



Hepatitis E in Ireland, Q4 2025



Country of Infection	Number of cases
Ireland	1
Not specified	14
Unknown	1
Total	16

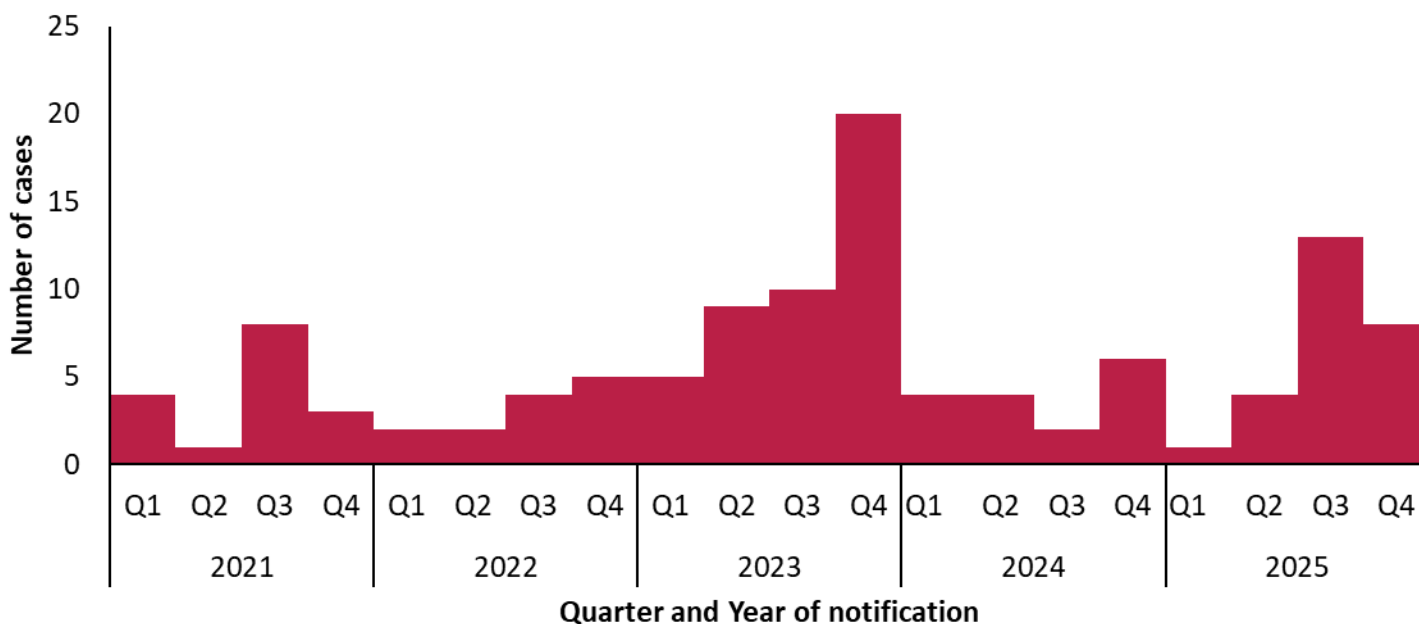
- 16 cases of Hepatitis E were notified in Q4 2025, a decrease from Q2 and Q3 2025 when there were 28 and 20 cases reported.
- Overall, 74 cases were notified in 2025*
- A higher proportion of cases were male in Q4 (69% male), a typical feature for 2025 as a whole and for previous years.
- All cases in Q4 (and in all of 2025) were adults (range 20-80 years); cases in children are rarely reported
- 19% of cases were reported by IBTS.
- No Hepatitis E outbreaks were reported in Q4 2025, at any time during 2025
- * Seven cases were late notifications.



Leptospirosis in Ireland, Q4 2025



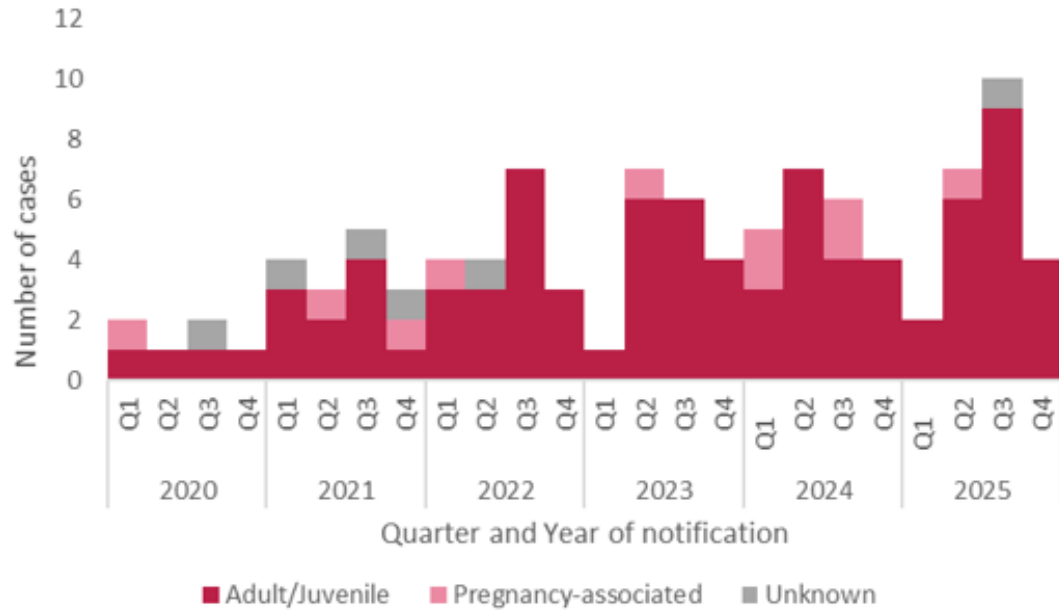
Transmission mode	Number of cases
Occupationally	3
Other	1
Unknown	4
Total	8



- There were 8 case of Leptospirosis notified in Q4 2025, an increase of 33% (n=6) from Q4 2024, with 26 cases in total reported in 2025.
- Where known, 15/18 in 2025 were acquired in Ireland, with three acquired following travel in Asia.
- 75% of cases notified in Q4 2025, where mode of transmission was known, likely acquired their infection occupationally (3/4). This is a shift in comparison to Q3 2025 where the majority of case were reported as being acquired through freshwater contact.



Listeriosis in Ireland, Q4 2025



Principal Diagnosis	Number of cases
Meningitis/encephalitis	1
Not specified	3
Total	4

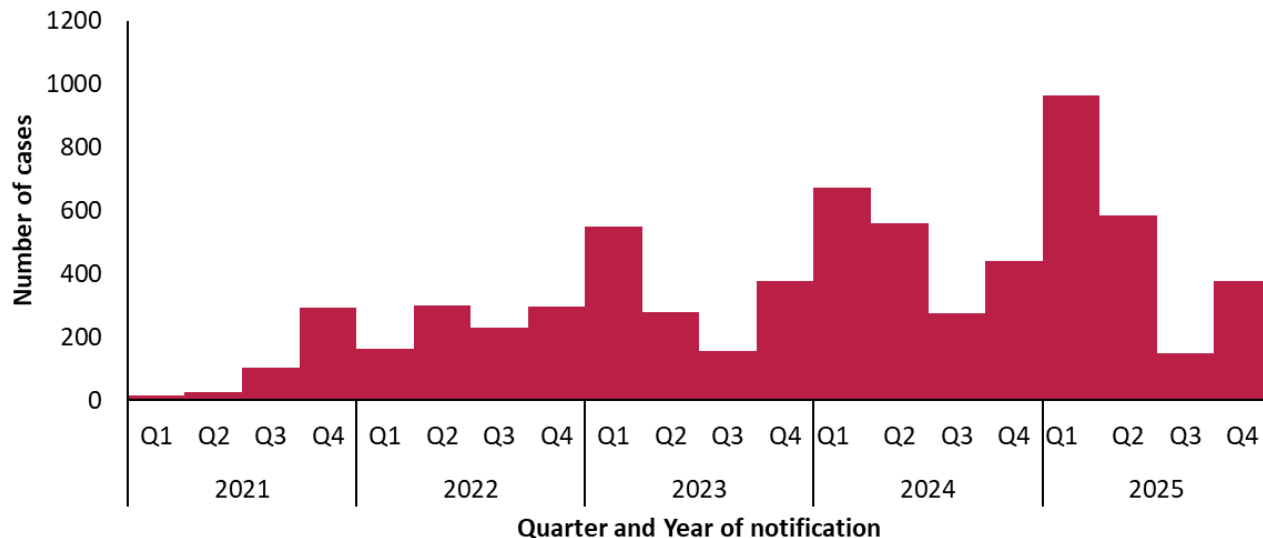
Serotype	Number of isolates
<i>Listeria monocytogenes</i> 1/2a	2
<i>Listeria monocytogenes</i> 4b	1
Not typed	1
Total	4

- Four cases of listeriosis were notified in Q4 2025, bringing the total this year to 22, the same as in 2024
- All cases notified in Q4 2025 were aged 60 years and over, with 50% males and 50% females; just two pregnancy associated cases were reported across the year, one of which resulted in stillbirth.
- The most frequently identified serotype in Q4 2025 was 1/2a
- There were no new outbreaks of listeriosis notified in 2025, however, 5 cases from Q2 and Q3 2025 formed part of a national outbreak first identified in 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, 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, Q4 2025

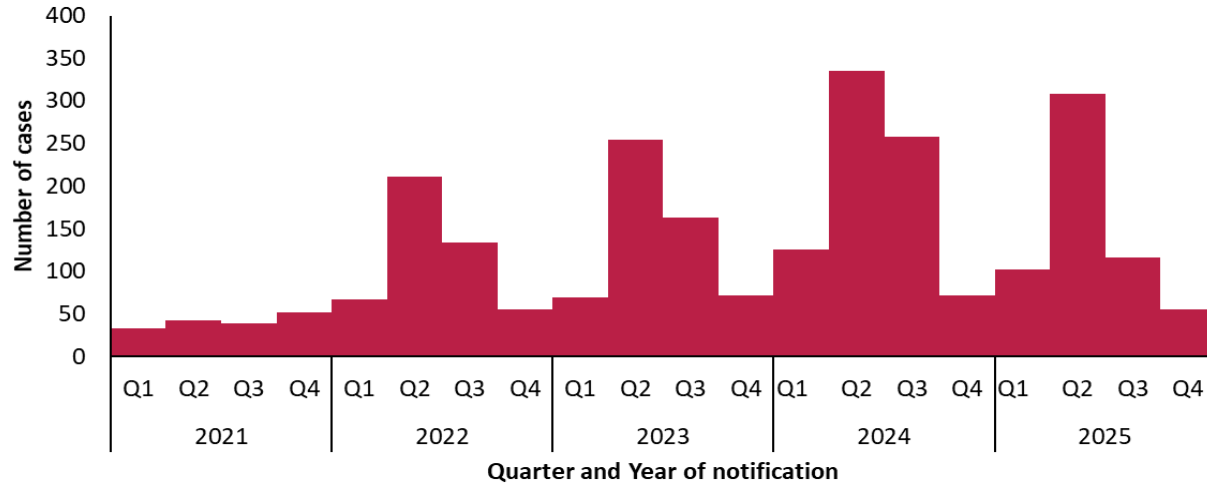


- There were 376 notified cases of Norovirus infection in Q4 2025, 15% fewer than in Q4 2024 (n=440)
- 35 Norovirus and 8 AIG outbreaks were reported in Q4 2025. All outbreaks notified in this period occurred in health care settings (see table). All were reported as person to person or person to person & airborne outbreaks.
- The largest norovirus outbreak notified in Q4, 2025 occurred in a hospital, where the number ill was 68.
- Of 28 representative GII samples from Q4, 2025 sequenced by the NVRL, GII.17 was the most commonly sequence serotype at 43% (n=12), followed by GII.3 at 25% (n=7) and GII.4 at 25% (n=7). This profile is similar in predominant GII genotype to Q3 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](#) and a Norovirus articles were published in the February and March 2026 editions of Epi-Insight, available [here](#)

Location	Outbreaks (N)		Total Number ill		Median ill		Range ill	
	Noro	AIG	Noro	AIG	Noro	AIG	Noro	AIG
Hospital	25	0	268	0	7	0	2-68	0
Nursing home	6	6	143	55	17	7	7-67	3-21
Residential institution	1	2	24	8	24	4	24-24	4-4
Comm. Hosp/Long-stay unit	3	0	79	0	25	0	22-32	0
Total	35	8	514	63	73	11	2-68	3-21



Rotavirus in Ireland, Q4 2025



Age group	Number of cases	% of cases	Eligibility
Under 1 yr	22	40	Eligible for vaccination*
1-4 yrs	16	29	
5-9 yrs	6	11	
10-14 yrs	3	5	Not eligible for vaccination*
20-24 yrs	1	2	
25-34 yrs	1	2	
45-54 yrs	1	2	
55-64 yrs	1	2	
65+ yrs	4	8	
Total	55	100	N/A

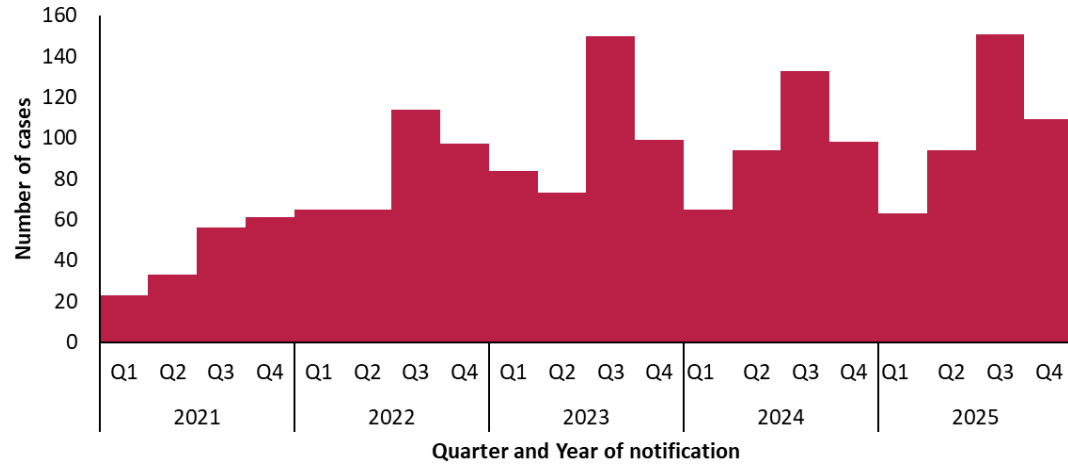
*The rotavirus vaccine (Rotarix™) was introduced into the Irish national primary childhood immunisation schedule in December 2016 for all babies born on or after October 1, 2016.

- 55 cases of Rotavirus were notified in Q4 2025, 24% lower than in Q4 2024 (n= 72).
- Overall, in 2025, the number of notified cases was 27% lower than in 2024 (581 in 2025 vs 791 in 2024)
- Around 7% of cases this quarter were aged 5 years or under, which is comparable to data from recent years.
- There were no Rotavirus outbreaks notified in Q4 2025, although there were two general and two family outbreaks earlier in 2025
- Vaccine uptake for Rotavirus has been greater than 87% 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/>

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, Q4 2025



Serotype	Travel status			Total
	Domestic	Travel	Unknown	
S. Typhimurium inc. monophasic Typhimurium	11	7	5	23
S. Enteritidis	2	10	6	18
Other serotypes	34	21	13	68
Total	47	38	24	109

Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	1	2	2-2
General	2	11	2-9
Total	3	13	2-9

- 109 cases of salmonellosis were notified in Q4 2025,, bringing the total this year to 419 cases, the highest annual total since 2008
- Where travel history was known (n=85), 55% of cases were domestically-acquired and 45% were travel-associated, which is typically for salmonellosis reported in Ireland
- Among the outbreaks reported this quarter was an [international foodborne outbreak](#) for which nine linked cases in Ireland had acquired their illness while travelling abroad. A second travel-related outbreak was reported (transmission route unknown), and transmission route was reported as person-to-person for the family outbreak. In total, there were 10 salmonellosis outbreaks notified in Ireland in 2025

HE Genomic analysis of non-typhoidal Salmonella in Ireland, Q4 2025



Serotype	Number of isolates	Proportion of isolates
S. Typhimurium inc. monophasic Typhimurium	23	25
S. Enteritidis	20	22
S. Newport	6	7
S. Saintpaul	3	3
S. Stanley	3	3
S. Thompson	4	4
Other serotypes	32	35
Total	91	100

Specimen type	Number of isolates
Faeces	74
Blood	9
Urine	7
Other	1
Total	91

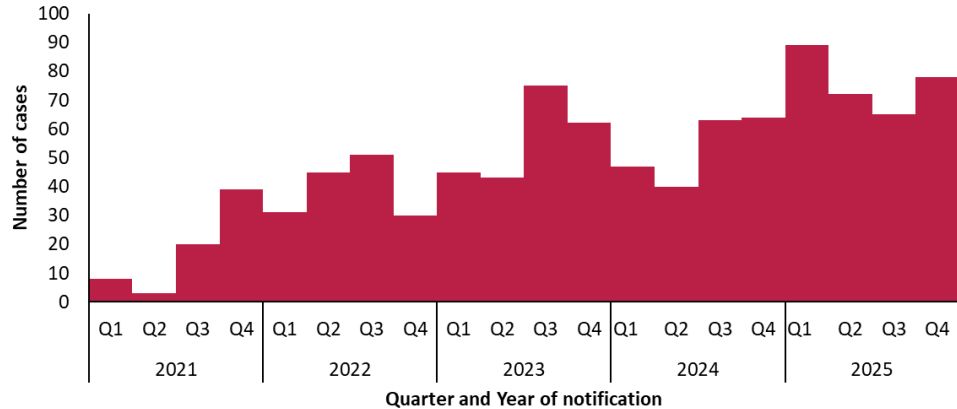
Antimicrobial class	Isolates with resistance markers	
	Number	Proportion
Quinolones	31	34%
Tetracycline	20	22%
Ampicillin	19	21%
Sulphonamides	19	21%
Chloramphenicol	6	7%
Trimethoprim	6	7%
Azithromycin	3	3%
Aminoglycosides	1	1%
Third Generation Cephalosporins	1	1%

- 91 non-typhoidal non-duplicate Salmonella (NTS) isolates were sequenced in the NSSLRL in Q4 2025*
- The most frequently seen serotypes were S. Typhimurium and S. Enteritidis
- 10% 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, Q4 2025



Travel	Child		Adult Female		Adult Male		Total	
	N	%	N	%	N	%	N	%
Domestic	3	43%	8	36%	15	31%	26	33%
Travel - Europe	0	0%	2	9%	16	33%	18	23%
Travel - Outside Europe	1	14%	5	23%	8	16%	14	18%
Unknown	3	43%	7	32%	10	20%	20	26%
Total	7	100%	22	100%	49	100%	78	100%

Outbreak Type	Number of outbreaks	Total number ill	Range number ill
Family	3	7	2-3
General	1	2	2-2
Total	1	9	2-3

- 78 cases of shigellosis were notified in Q4 2025 (51 confirmed, 26 probable and 1 possible), bringing the total number of cases in 2025 to 303, the highest in over 20 years.
- IN Q4, adult males continued to be the group most affected (63%) as sexual transmission among gay, bisexual and other men who have sex with men (gbMSM) is a [key feature of shigellosis in Ireland](#)
- Where travel history was known (46%), 42% of cases in Q4 were domestically-acquired and 58% were associated with international travel
- Adult males were more likely to have been infected in a European country or in Ireland than outside Europe.
- Three small family and one general outbreak were notified during Q4 2025. Transmission route was reported as person-to-person for three of the outbreaks and unknown for the fourth outbreak.
- In total, there were 10 outbreaks of shigellosis notified this year



Genomic analysis of Shigella in Ireland, Q4 2025



Serotype	Number of isolates	Proportion of isolates
Shigella flexneri	24	59
Shigella sonnei	15	36
Shigella boydii	2	5
Total	41	100%

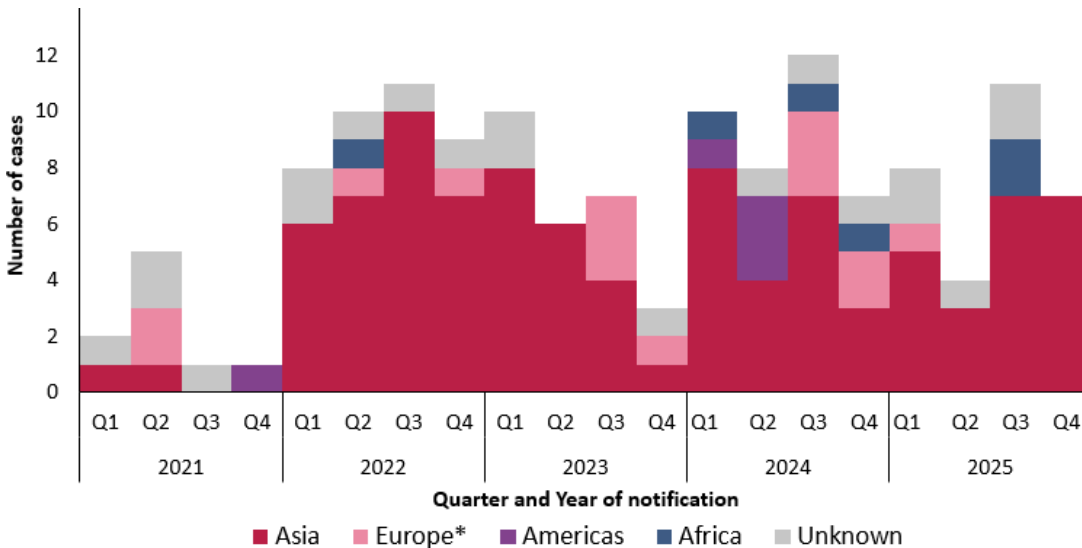
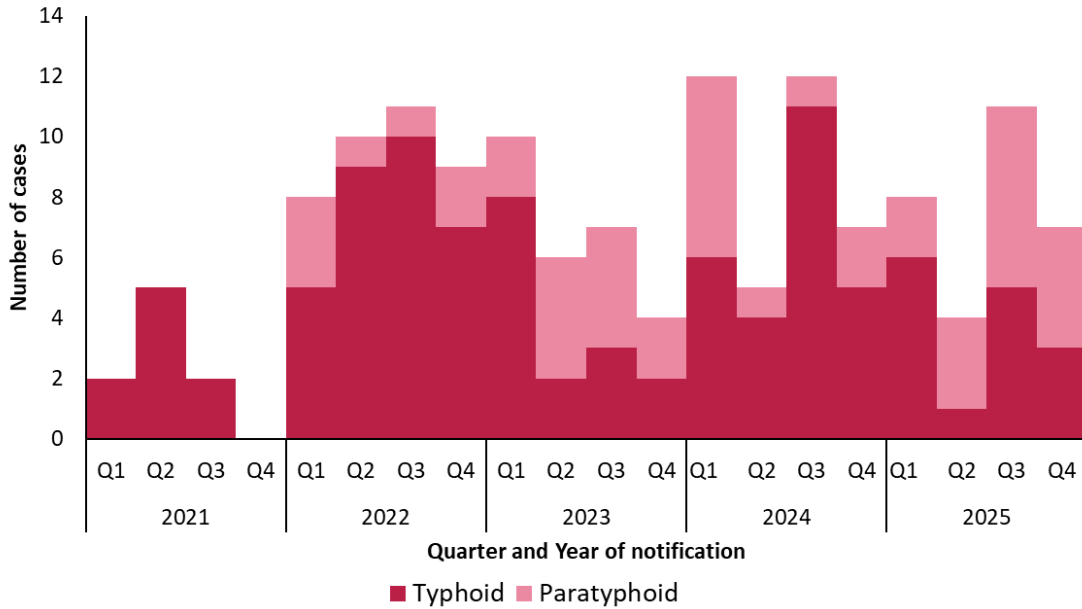
- 41 non-duplicate Shigella isolates were sequenced in the NSSLRL in Q4 2025*
- *S. flexneri* was the most frequently characterised serotype and proportion of *S. flexneri* and *S. sonnei* have been similar in Q3 2025 and Q4 2024.
- Antimicrobial resistance is predicted based on whole genome sequencing (WGS) data. In Q4 2025:
 - 61% of isolates were predicted to be quinolone resistant, similar to Q3 2025 (64%) and lower than in Q4 2024 (78%). Quinolone resistance remains common
 - 44% were predicted to be azithromycin resistant, lower than 59% in Q4 2024
 - 34% were predicted to be resistant to third generation cephalosporins, slightly higher than 28% in Q4 2024
 - 20% were predicted to be resistant to all three classes of antimicrobials, lower than 26% in Q4 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, Q4 2025



- Three cases of typhoid were notified in Q4 2025, bringing the total this year to 15 –42% lower than the 26 notified in 2024
- 80% of typhoid cases in 2025 (n=12) had travelled to either India or Pakistan. Six were children and 9 were adults.
- Four cases of paratyphoid were notified in Q4 2025, bringing the total in 2025 to 16, the highest in over 20 years.
- 11 paratyphoid cases in 2025 had acquired their infection in India or Pakistan

*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, Q4 2025



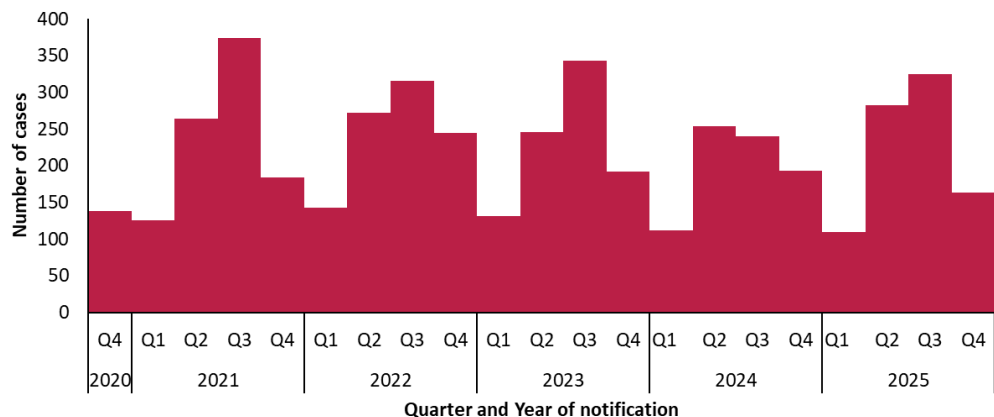
Antimicrobial class	Isolates with resistance markers	
	Number	Proportion
Quinolones	7	87.5%
Azithromycin	1	12.5%
Trimethoprim	1	12.5%
Aminoglycosides	0	0%
Ampicillin	0	0%
Chloramphenicol	0	0%
Sulphonamides	0	0%
Tetracycline	0	0%
Third Generation Cephalosporins	0	0%

- Eight non-duplicate isolates of *Salmonella* Typhi (n=3) or *S. Paratyphi* A (n=5) were sequenced in the NSSLRL in Q4 2025*
- Antimicrobial resistance is predicted based on whole genome sequencing (WGS) data:
 - Resistance to quinolones, azithromycin and Trimethoprim were the only types of predicted antimicrobial resistance reported in Q4 2025, whereas resistance to quinolones was the only type of predicted antimicrobial resistance reported in Q3 2025
 - In Q1 to Q4 2025, no isolates were predicted to be resistant to ampicillin, chloramphenicol, sulphonamides or tetracycline
 - In Q4 2025, no isolates were predicted to be resistant to third generation cephalosporins or aminoglycosides, consistent with previous 2025 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, Q4 2025



Patient type	Number of cases	Proportion of cases
GP Patient	61	37%
Hospital Inpatient	58	36%
A&E Patient/Outpatient/Day patient	26	16%
Other	7	4%
Unknown/ Not Specified	12	7%
Total	163	100%

- 163 cases of VTEC were notified in Q4 2025, bringing the total in 2025 to 863 (9% higher than in 2024 but fewer than in 2021-2024)
- 53 (33%) cases in Q4 2025 were hospitalised, and 2% (n=3) of cases developed HUS. In total, there were 24 HUS case, 20% lower than in 2024
- 9 VTEC outbreaks were reported in Q4 including one general outbreak in a childcare facility with a total of 2 people ill with transmission mode reported as person-to-person.
- 8 family outbreaks were also reported, transmission was reported as person to person for 3 of these outbreaks, animal contact for three outbreaks and unknown for two outbreaks
- Overall, in 2025, there were 57 VTEC outbreaks notified. Ten were reported as general outbreaks, including 8 childcare facility outbreaks where transmission was due to person-to-person spread, and two were reported as community outbreaks which were suspected to be foodborne.

Type	Outbreaks (N)	Total number ill	Range ill
General	1	2	2-2
Family	8	17	2-3
Total	9	19	2-3



Genomic analysis of VTEC in Ireland, Q4 2025



Serogroup	Verotoxin genes	N	%	eae positive		ehxA positive	
				N	%	N	%
<i>E. coli</i> O157	<i>vt1</i>	0	0%	N/A	N/A	N/A	N/A
	<i>vt2</i>	20	80%	20	100%	20	100%
	<i>vt1 + vt2</i>	5	20%	5	100%	5	100%
<i>E. coli</i> O26	<i>vt1</i>	3	17%	3	100%	3	100%
	<i>vt2</i>	3	17%	3	100%	3	100%
	<i>vt1 + vt2</i>	11	65%	11	100%	10	91%
Other serogroups	<i>vt1</i>	23	42%	11	48%	19	83%
	<i>vt2</i>	24	44%	9	37.5%	13	54%
	<i>vt1 + vt2</i>	8	14%	6	75%	8	100%

- In Q4 2025, 97 isolates were sequenced in the VTEC Reference Laboratory*
- The most common serogroups reported among culture confirmed cases were as follows: O26 (18%; n=17, O157 (26%; n=25) and O146 (6%, n=6) and O103 (6%, n=6)
- All O157 were either VT2 (80%) or VT1+2 (20%)
- *eae* and *ehxA* positivity was 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