

Table 4. Number of notifiable infectious diseases by case classification in 2005

Infectious disease	Confirmed	Probable	Possible	Not Specified	Total
Acute infectious gastroenteritis	2251	151	0	2	2404
Bacterial meningitis (not otherwise specified)	8	5	17	0	30
Brucellosis	7	45	0	1	53
Campylobacter infection	1794	1	0	8	1803
<i>Clostridium perfringens</i> (type A) food-borne disease	1	0	0	0	1
Creutzfeldt Jakob disease	4	0	0	0	4
nv Creutzfeldt Jakob disease	2	0	0	0	2
Cryptosporidiosis	565	0	0	5	570
Enterohaemorrhagic <i>Escherichia coli</i>	134	0	0	0	134
Giardiasis	53	0	0	4	57
<i>Haemophilus influenzae</i> disease (invasive)	34	0	0	0	34
Hepatitis A (acute)	48	0	6	2	56
Hepatitis B (acute and chronic)	777	44	0	84	905
Hepatitis C	1432	0	0	6	1438
Influenza	284	0	34	0	318
Legionellosis	7	2	0	0	9
Leptospirosis	14	0	0	1	15
Listeriosis	11	0	0	1	12
Malaria	43	0	0	1	44
Measles	11	0	76	6	93
Meningococcal disease*	180	7	16	0	203
Mumps	436	85	488	74	1083
Noroviral infection	1037	16	0	4	1057
Pertussis	33	6	30	14	83
Q fever	2	4	0	4	10
Rubella	0	0	15	2	17
Salmonellosis	344	1	0	4	349
Shigellosis	36	0	0	0	36
Staphylococcal food poisoning	6	0	0	0	6
Streptococcus group A infection (invasive)	47	0	0	2	49
<i>Streptococcus pneumoniae</i> infection (invasive)	251	1	4	1	257
Toxoplasmosis	47	0	0	0	47
Typhoid	5	0	0	0	5
Viral encephalitis	6	0	0	0	6
Viral meningitis	8	23	0	4	35
Yersiniosis	3	0	0	0	3
Total	9921	391	686	230	11228

*As per the case definitions, meningococcal disease notifications are classified as definite, presumed and possible. For convenience they are reported in this table as confirmed, probable and possible, respectively.

The EARSS, STI and TB data are not included in this report. Data on these diseases can be found in separate chapters in this document

Based on data obtained through the influenza sentinel surveillance system, a report on influenza activity during the 2005/2006 season is included elsewhere in this document while a report on influenza activity during the 2004/2005 season is available on the HPSC website.⁴

Legionellosis

Nine cases of legionnaires' disease were notified in 2005. All nine cases were aged greater than 35 years. Eight of the cases were male and one was female. Seven of the cases were classified as confirmed while two were classified as probable. There was one death. Of the nine cases, two were community-acquired, two were hospital-acquired, and five were travel-associated. Countries of travel included France, Spain and Turkey. A case of legionnaires' disease is defined as travel-associated if the patient spent one or more nights away from their home in accommodation used for commercial or leisure purposes e.g. hotels, holiday apartments etc. in the 10 days before the onset of illness. Travel-associated cases may involve travel within Ireland or travel abroad. All travel-associated cases in 2005 were notified to the European

Working Group for Legionella Infections (EWGLI) surveillance scheme. The aim of this surveillance scheme is to detect cases of travel-associated legionnaires' disease and thereby rapidly identify outbreaks and implement control measures.⁵

Leptospirosis

Fifteen cases of leptospirosis were notified in 2005 identical to 2004 when 15 cases were also notified. All except one of the cases in 2005 were male (93%) and all cases were aged between 14 and 76 years (mean age, 43 years; median age, 51 years). Risk exposures reported included occupational exposure through farming activities (n=4), outdoor recreational contact with water (n=2) and exposure in or around the home/garden (n=2). There was also one case that reported accidental exposure to pond water. The species implicated was reported as *Leptospira interrogans hardjo* for two cases; species was not reported for the remaining 13 cases.

Listeriosis

Twelve cases of listeriosis were notified in 2005 compared to