

while the causative organism was not reported for 82 (6%) cases (figure 1).

Comprehensive reports on campylobacter (2001) and VTEC (2002) in Ireland are presented as separate chapters elsewhere within this document.

Gastroenteritis (when contracted by children under 2 years of age)

Notifications of gastroenteritis in those aged less than 2 years continued to decline in 2002 compared to previous years with 1747 cases (44.6/100,000) notified in 2002. The causative organisms were reported as rotavirus (n=1148, 66%), adenovirus (n=170, 10%), *Cryptosporidium* (n=149, 9%), norovirus (n=20, 1%), echovirus (n=7, 0.4%), *Giardia lamblia* (n=2, 0.1%) and *Clostridium difficile* (n=1, 0.1%) while the causative organism was not reported for 250 (14%) cases (figure 2).

Infectious mononucleosis

During 2002, 173 cases of infectious mononucleosis were notified compared to 150 in 2001 and 151 in 2000. In 2002, the highest age specific incidence rates occurred in the 15-19 year olds (27.8/100,000, n=87) followed by the 10-14 year olds (8.1/100,000, n=23). Of the 173 cases notified, 102 cases (59%) occurred in females, 69 cases (40%) occurred in males while sex was not reported for two cases.

Infectious parotitis (mumps)

Thirty-two cases of infectious parotitis (mumps) were notified in 2002 compared to 40 cases in 2001. In 2002, the cases were aged between <1 year and 62 years (mean age=15.3 years and median age=8.5 years) with 63% of cases aged less than 15 years. The highest number of cases and the highest age specific rates were in the 0-4 year olds (3.6/100,000, n=10) followed by the 5-9 year olds (2.7/100,000, n=7). Approximately two-thirds of the cases were male (n=21) and one third were female (n=11).

Influenzal pneumonia

Two cases of influenzal pneumonia were notified in 2002. Both cases in 2002 were male and in the age group 45-54 years.

Legionnaires' disease

Six cases of Legionnaires' disease were notified in 2002 while three cases were notified in 2001. The six cases in 2002 were aged between 32 and 61 years (mean age=43.9 years and median age=43.5 years). Three of the cases were male and three were female. One of the six cases of *Legionella* was confirmed by serology, one by both urinary antigen detection and culture of sputum, three by urinary antigen detection and for one case the laboratory method of confirmation was not reported. The culture confirmed case was reported as *Legionella pneumophila* serogroup 1. All six cases were known to have survived. Three of the cases were travel-associated (Lanzarote, Portugal and Sicily) and were notified to the European Working Group for Legionella Infections (EWGLI) surveillance scheme. The aim of this surveillance scheme (EWGLI) is to detect cases of travel-associated Legionnaires' disease and thereby rapidly identify outbreaks and implement control measures.³

Leptospirosis

Eight cases of leptospirosis were notified in 2002 similar to nine cases in 2001. All eight cases were aged greater than 15 years (mean age=41.3 years and median age=42.5 years) and seven of the cases were male, reflecting the fact that the infection is usually found in males of working age. The possible source of infection was; contact with animals (n=3), river water (n=2), gardening/firewood (n=1) and source unknown (n=2). Five of the cases were reported to have survived while the outcome was not reported for three of the cases.

Malaria

During 2002, twenty cases of malaria were notified. Fourteen (70%) cases were male, five (25%) were female and sex was not reported for one case. The cases ranged in age from under one year to 57 years (median age=33 years and mean age=27.7 years). Eight of these cases were Irish, eight were Nigerian, one was recorded as African and nationality was not reported for three cases. Countries where the malaria infection was acquired included Nigeria (n=9), Ghana (n=3), Africa, Gambia, Kenya/Tanzania, Liberia, Zambia (one case each) and for three cases the country was unspecified. The reasons for travel to a malarious region were: visiting family in country of origin (n=6), holiday (n=5), new entrant to Ireland (n=2), foreign visitor ill while in Ireland, business/professional travel, volunteer worker (n=1 each) and unknown (n=4). In thirteen cases *Plasmodium falciparum* was the causative organism, *Plasmodium vivax* in one case and the malarial parasite was not reported for the remaining six cases. Information on malaria prophylaxis was available for 14 of the 20 cases. Eight cases did not take any malaria prophylaxis. Of the remaining six cases who took malaria prophylaxis while abroad, all discontinued prophylaxis within one month following return to Ireland (three of these patients discontinued prophylaxis on return to Ireland due to illness/treatment for malaria). Twelve cases recovered and the outcome was not reported for the remaining eight cases.

Measles

During 2002, 243 cases (6.2/100,000) of measles were notified. The majority of cases and the highest age specific incidence rates (n=179, 74%, 64.5/100,000) were in the age group 0-4 years followed by those in the age group 5-9 years (n=30, 12%, 11.4/100,000). Of the 243 cases notified, 132 cases were male, 106 cases were female and sex was not reported for five cases.

There were two peaks in measles activity in 2002. The first increase in measles notifications was observed in April/May 2002. During week 17 and week 18, 18 and 20 cases of measles were notified, respectively (figure 3). Of these 38 cases, 14 were notified by the NEHB, 11 were notified by the WHB and the remainder were notified by the ERHA (n=6), SHB (n=3), MHWB (n=2) and SEHB (n=2).

A second increase in measles notifications commenced in late November 2002, this continued into early 2003 (figure 3; 2003 data are provisional). The majority of these cases were notified in the ERHA and MHB followed by the WHB.⁴

The WHO have targeted 2010 for measles elimination in the