



Vectorborne Diseases in Ireland: Quarterly report



Quarter 1, 2025

May 2025

Preventing Vectorborne diseases

See HPSC website for information on prevention of mosquito-borne diseases: [Protect yourself against mosquitoes](#)

- The best protection against mosquito-borne diseases is to protect yourself against their bites
- Avoid areas where mosquitoes live and breed, such as near standing or slow-moving water including rainwater collections, ponds, lakes and marshes
- Remember that there is a risk that mosquitoes can carry diseases in Southern Europe and the US
- Protect your skin from mosquito bites by wearing long sleeves, long trousers, closed shoes and hats
- Use bug spray/insect repellent and read the instructions on the label carefully before use. Your local pharmacist can advise you on the best product for your trip.
- To prevent malaria there are effective prophylactic medications that should be taken as prescribed

See HPSC website for information on prevention of tick-borne diseases: [Prevent tick bites](#)

- Protect yourself against bites as above
- Check skin, hair and warm skin folds (especially the neck and scalp of children) for ticks, after a day out
- Check for ticks and remove any from your pets/clothing/outdoor gear
- Remove any ticks and consult with a GP if symptoms develop



Vectorborne Diseases: Key Points Q1 2025

- **Dengue Fever:**

- Dengue Fever notifications were 27% lower in Q1 2025, compared with Q1 2024
- However, notifications of Dengue Fever in Ireland remain high in Q1 2025 compared to earlier years, with the majority of cases, where travel was known, reporting travel to Asia.
- This is a change from Q1 2024, where the Americas and the Caribbean were the most commonly reported region of travel.
- This change in region of infection will continue to be monitored

- **Malaria:**

- Notifications of malaria were 18% higher in Q1 2025, compared with Q1 2024
- Trends in country of infection and reason for travel remain similar to trends in 2024 but data completeness was low and so these trends should be interpreted with caution
- When travelling to countries affected by malaria take, personal preventive actions to avoid infection such as using mosquito repellent, sleeping under bed nets, wearing full-sleeved protective clothing, and taking anti-malarial medications

- **Tularaemia:**

- One case of Tularemia was notified in Q1 2025 with an unknown country of infection
- Tularemia is not believed to be endemic to the Republic of Ireland; the country of infection for this case is still under investigation
- This is the first case notified since Q3 2023 when one imported case was notified



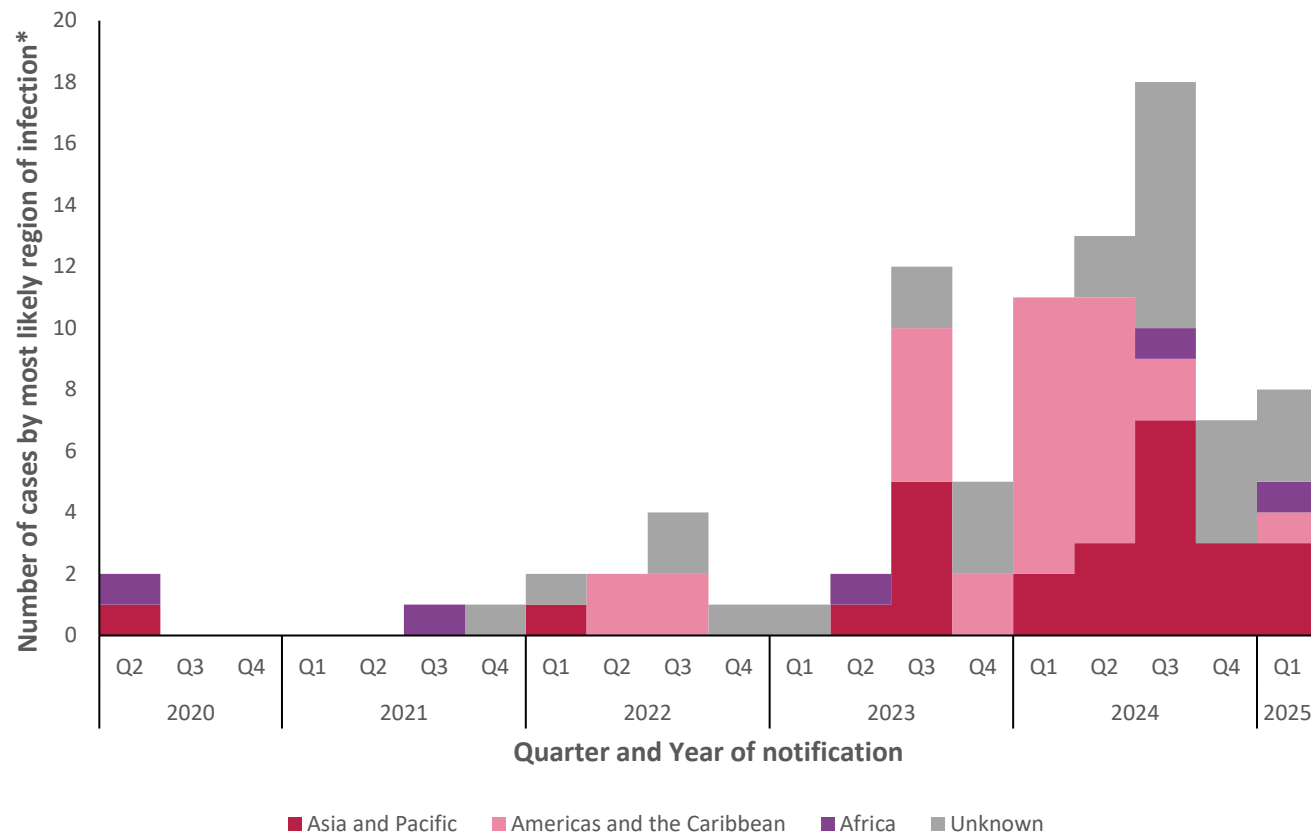
Vectorborne diseases in Ireland summary, Q1 2025



Disease category	Disease	Q1 2024	Q1 2025	Increase/ Decrease	% Change	Q1 2025 (year to date)
Vectorborne Diseases	Chikungunya disease	0	0	0	0%	0
	Dengue fever	11	8	-3	-27%	8
	Lyme disease	0	0	0	0%	0
	Malaria	11	13	2	18%	13
	Tularaemia	0	1	1	NA	1
	Typhus	0	0	0	0%	0
	Viral encephalitis (TBE only)	0	0	0	0%	0
	West Nile fever	0	0	0	0%	0
	Yellow fever	0	0	0	0%	0
	Zika virus infection	0	0	0	0%	0
	Viral haemorrhagic fevers	0	0	0	0%	0



Dengue Fever in Ireland, Q1 2025



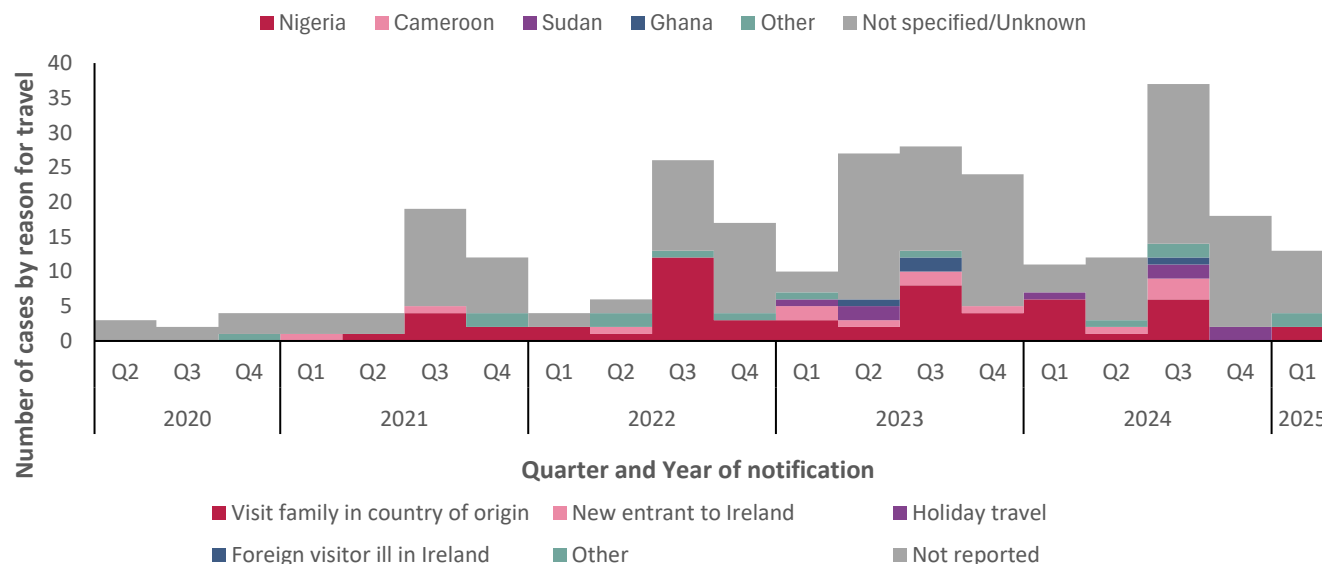
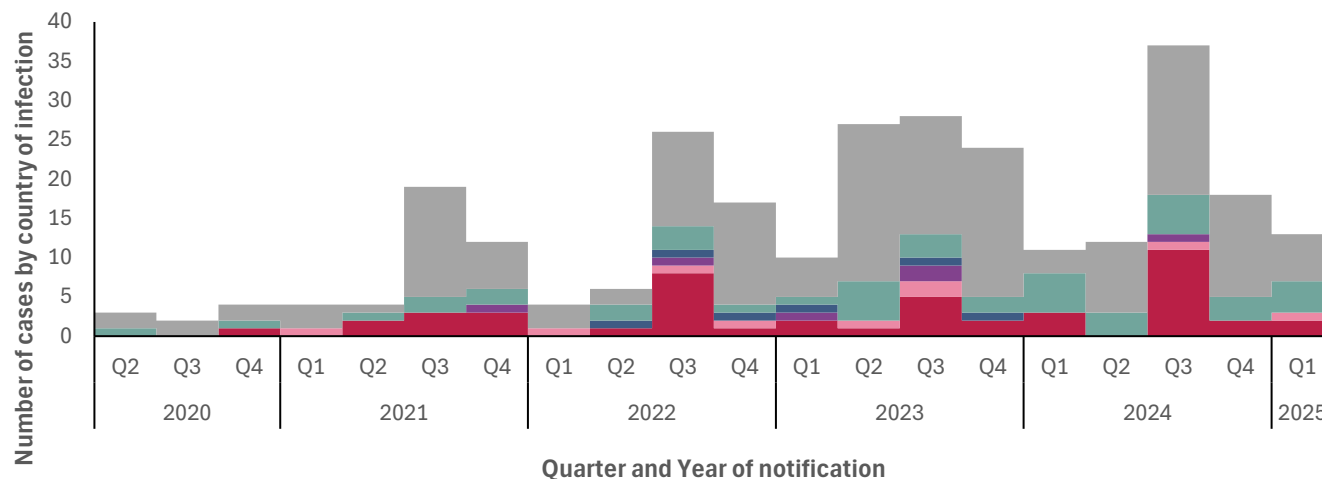
*Likely region of infection is a composite variable using country of infection data as well as free text comments indicating travel to one or more countries where definitive country of infection could not be determined.

	Q1 2024	Q1 2025	% Change
Number of cases	11	8	-27%
No. hospitalised	2	2	+0%

- There was a decrease in Dengue Fever notifications in Q1 2025 with 8 cases compared to 11 in Q1 2024. However, this remains higher than Q1 in years prior to 2024.
- In Q1 2025, where travel history was known, most cases (3/5) had recently returned from Asia with data completeness of 62.5%.



Malaria in Ireland, Q1 2025



	Q1 2024	Q1 2025	% Change
Number of cases	11	13	+18%
Number hospitalised	4	5	+25%

- 13 cases of malaria reported in Q1 2025 in Ireland. This is comparable to Q1 2024 (n=11).
- Nigeria remains the most commonly reported country of infection where known (2/7) with data completeness of 54%
- Due to extremely low completeness (18% complete) of reason for travel, caution is advised when interpreting these data