



# Vectorborne Diseases in Ireland: Provisional 2024 annual report



**Includes trends to the end of Q4 2024**

February 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
- 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 Q4 2024

- **Dengue Fever:**

- Notifications of Dengue Fever in Ireland continued to increase during Q4 2024, with the majority of cases, where travel was known, reporting travel to Asia.
- This is a change from Q4 2023, where this was the Americas. However, due to low completeness of travel information (40% in Q4 2023 and 29% in Q4 2024), comparisons between the two time periods may not be accurate.
- Overall, there was an increase of 145% in Dengue notifications in 2024 (n=49) compared with 2023 (n=20). This appears to have been primarily driven by an increase in cases reporting travel to the Americas, linked to an ongoing Dengue outbreak in the region.

- **Malaria:**

- Notifications of malaria were 25% lower in Q4 2024, compared with Q4 2023
- Overall, there was a decrease of 12% in malaria notifications in 2024 (n=78) compared with 2023 (n=89)
- Trends in country of infection and reason for travel remain similar between 2024 and 2023



# Vectorborne diseases in Ireland summary, Q4 2024

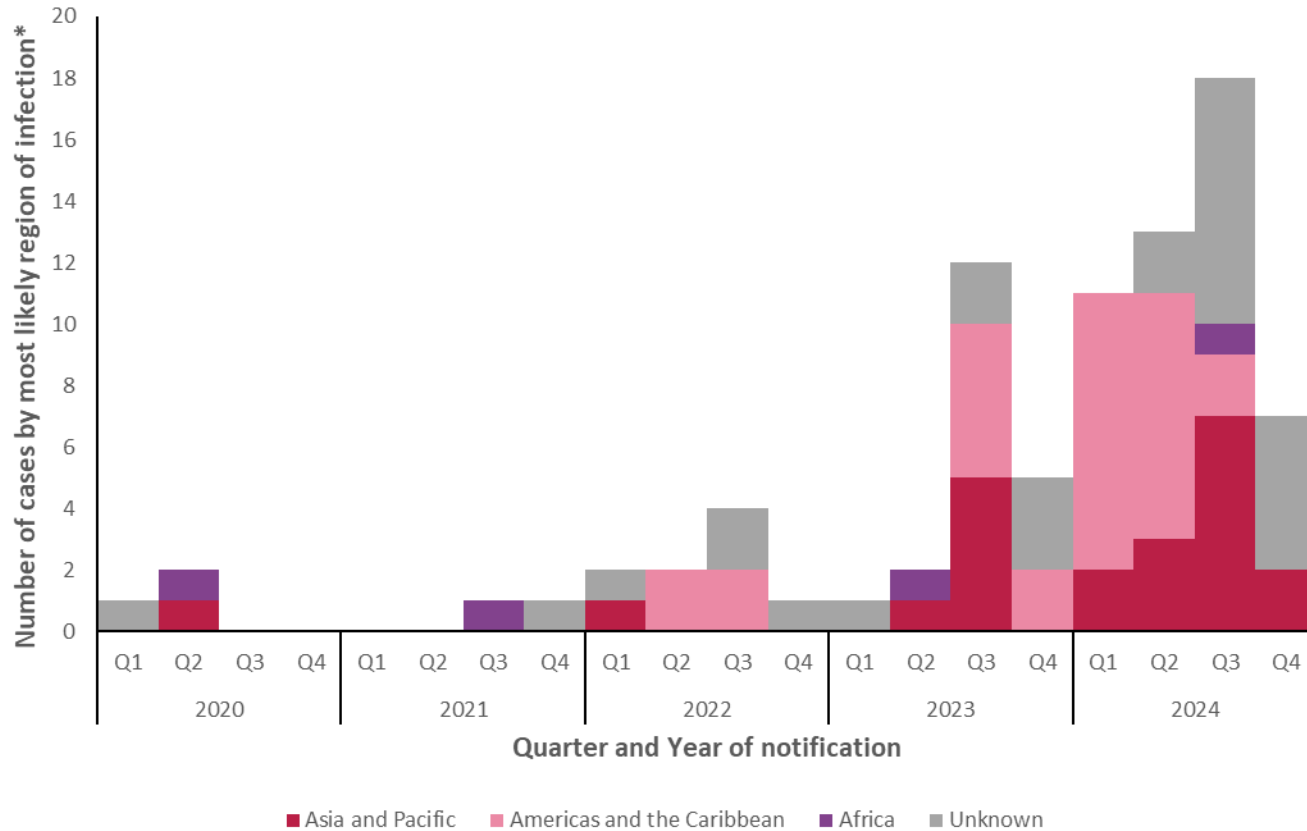


Disease category	Disease	Q4 2023	Q4 2024	Increase/Decrease	% Change	Q1-Q4 2024*
Vectorborne Diseases	Chikungunya disease	0	0	0	0%	0
	<a href="#">Dengue fever</a>	5	7	2	40%	49
	Lyme disease	2	1	-1	-50%	7
	<a href="#">Malaria</a>	24	18	-6	-25%	78
	Tularemia	0	0	0	0%	0
	Typhus	0	0	0	0%	1
	Viral encephalitis (TBE only)	0	0	0	0%	0
	West Nile fever	0	0	0	0%	1
	Yellow fever	0	0	0	0%	0
	Zika virus infection	0	0	0	0%	0
Viral haemorrhagic fevers	0	0	0	0%	0	

\*Yearly totals for 2024 are considered provisional data



# Dengue Fever in Ireland, Q4 2024



	Q4 2023	Q4 2024	% Change
<b>Number of cases</b>	5	7	+40%
<b>No. hospitalised</b>	0	3	N/A

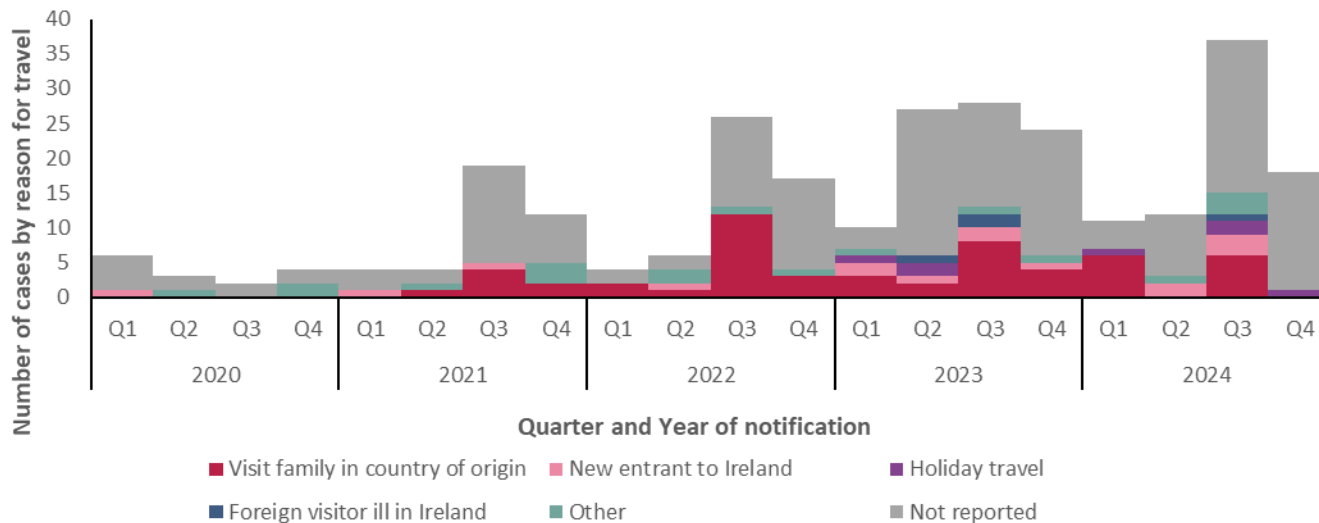
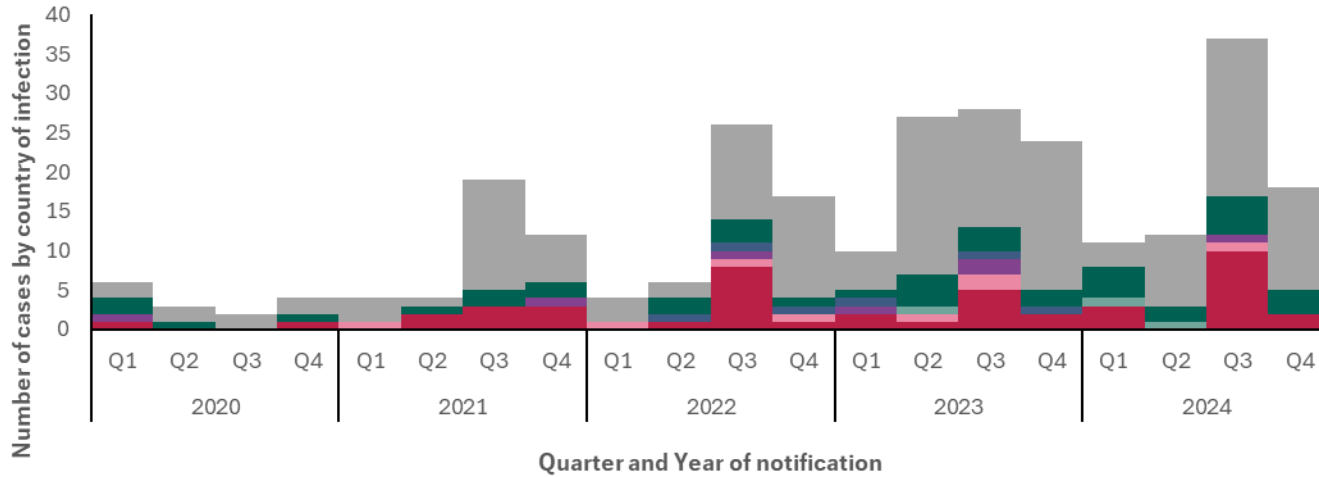
- There was an increase in Dengue Fever notifications in Q4 2024 with 7 cases compared to 5 in Q4 2023.
- In Q4 2024, where travel history was known, cases had recently returned from Asia.
- Due to low completeness of travel history in Q4 2024 (29%) caution must be used when interpreting this data

\*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.

Data completeness related to countries of travel is low. Therefore, caution is advised when interpreting these data.



# Malaria in Ireland, Q4 2024



	Q4 2023	Q4 2024	% Change
<b>Number of cases</b>	24	18	-25%
<b>Number hospitalised</b>	9	5	-44%

- 18 cases of malaria reported in Q4 2024 in Ireland. This is a decrease of 44% from Q4 2023 (n=24).
- Nigeria remains the most commonly reported country of infection where known (2/5)\*
- Due to extremely low completeness (6% complete), reason for travel cannot be analysed for Q4 2024

\*Data completeness for reason for travel and country of infection is low. Therefore, caution is advised when interpreting these data.