



Enhanced Surveillance of Influenza in Northern Ireland (ESINI)

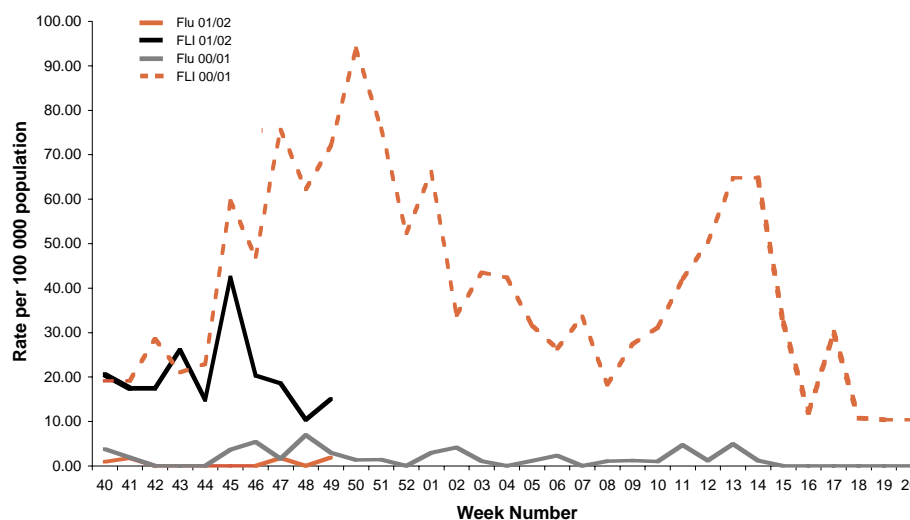
Enhanced surveillance of influenza in Northern Ireland (ESINI) recommenced on 29 September 2001 (Week 40) which is the conventional commencement date of influenza surveillance in Europe. This is the second year of the pilot scheme. In the first year of the pilot (week 40/2000-week 20/2001), sixteen practices were involved in the programme. One practice has subsequently left the scheme due to retirement and five were recruited for the start of the new season. The twenty spotter practices are from across the Province (eight from EHSSB, six from NHSSB, four from SHSSB and two from WHSSB), and together they account for 125,075 persons, which is approximately 7.5 % of the population.

Out-of-hours medical co-operatives have also agreed to supply information to the scheme for this season. Initially, the total number of calls will be provided by each co-operative on a weekly basis. As the study progresses, it is hoped that

they will also be able to provide figures relating to the number of calls concerning respiratory illnesses. Currently, six co-operatives have agreed to contribute data, covering 1,342, 744 persons (79 % of the

population) in all parts of the province. Because this is the first year this data has been provided, a baseline has not yet been established for call rates, so it is not possible to make any comment on this figure. It is hoped to obtain retrospective data relating to last winter for comparison.

Figure 1: Consultation rates for influenza and flu-like illness (FLI) in General Practice, Northern Ireland



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It is hoped to eventually be able to use the scheme to provide useful practice information for those involved in relation to disease activity versus vaccine uptake, age-related consultation rates for influenza/influenza-like illness, prescription information etc. Currently, feedback is provided in the form of a weekly activity update containing figures, graphical representation of clinical and laboratory-

confirmed disease rates per 100,000 population and information from other relevant surveillance systems. The bulletin contains links to other relevant web pages. The circulation list includes the Department of Health, Social Services and Public Safety, Boards and Trusts, participating GP practices and co-operatives, and other national influenza surveillance centres. If you wish to be added to the mailing list for the weekly influenza bulletin, please contact Dr Julie

McCarroll at 028 90 26 37 65 or E-mail jmccarroll@phls.org.uk.

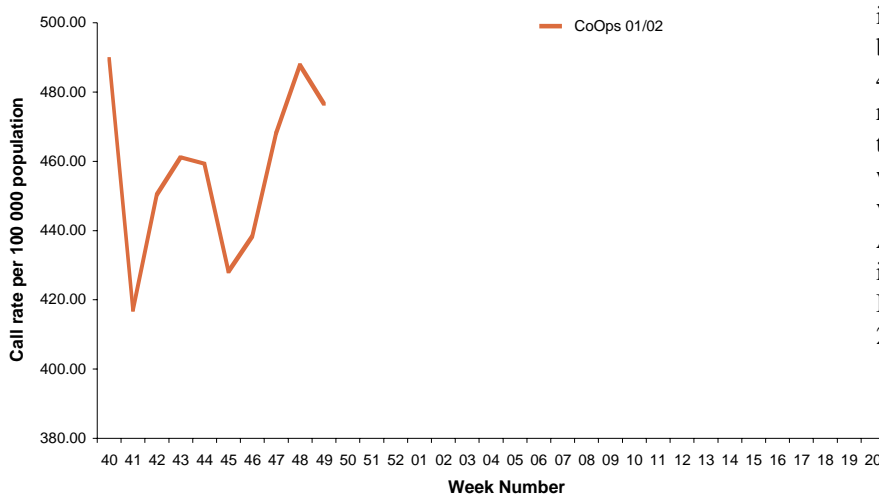
As can be seen from Figure 1, the trends have remained similar to those observed during the same period last year, though the rates are mostly lower. The increases in consultation rates for both influenza and flu-like illness seen over weeks 47-48 last year have not been observed this year. Several years' data of this kind will allow the calculation of a range of

consultation rates that could be considered "normal seasonal activity" for Northern Ireland.

Virus Activity in Northern Ireland

A subset of GP surgeries are involved in an enhanced study which entails nasal and throat swabbing of 4-5 patients per week presenting with clinical influenza. One swab was submitted during week 49, which tested negative for the presence of influenza virus. There have been no reports of isolations of influenza virus or detection of influenza viral antigens in Northern Ireland since the beginning of the flu season (week 40) through the routine laboratory reporting scheme. The RVL report that serology results in recent weeks are indicative of recent vaccination or previous infection. All indicators suggest that influenza is not yet circulating in Northern Ireland by week 49 (1 December 2001).

Figure 2: total call rate for GP Co-Operatives, week 40/2001-week 20/2002, Northern Ireland



Influenza Vaccination Programme: Winter 2001/02

By 30 November 157,885 individuals aged 65 years or more had received influenza immunisation this winter. This is equivalent to an uptake rate of 70.3% and therefore the regional target of 70% uptake set by the Department of Health, Social Services and Public Safety was attained. Uptake rates by Health and Social Services Boards ranged from 69.5-71%. The total number of patients receiving influenza immunisation by 30 November was 238,624 (Table 1) with 48,296 (20%) receiving vaccination during November. The Northern Ireland uptake rate at 30 November is higher than that recorded for the same period last year (65.4%). Influenza immunisation uptake rates will be collected again at the end of the vaccine campaign and a detailed report

including clinical risk profile of vaccinated individuals will be prepared.

To have reached the regional target of 70% uptake by 30 November is a major achievement. CDSC NI greatly appreciates all those involved in supplying vaccination uptake information by the agreed reporting dates.

Table 1: Influenza Vaccine Coverage Data to 30 November 2001

Board	EHSSB	NHSSB	SHSSB	WHSSB	NI TOTAL
No of Practices	147	81	77	58	363
No of Practices which made return by specified date	141	81	76	58	356
No of 65+ patients vaccinated in Nov 01	12,564	6,816	4,267	3,651	27,298
Cumulative no of 65+ patients vaccinated to end Nov	67,822	39,012	28,089	22,962	157,885
Registered 65+ population	96,331	55,485	40,406	32,348	224,570
Vaccination uptake rate among 65+ population	70.41%	70.31%	69.52%	70.98%	70.31%
Total number of patients (all ages) who have received influenza vaccine in Nov 01	20,876	11,916	7,202	8,302	48,296
Cumulative total number of patients (all ages) who have received influenza vaccine to 30 Nov 01	102,728	57,779	42,127	35,990	238,624

Enhanced Surveillance of Meningococcal Disease

During the month of November, three cases of invasive meningococcal disease were notified through the ESMD scheme. Two of these have been identified as serogroup B and one case is unconfirmed. One of the serogroup B cases occurred in a male aged 6 years old, and one occurred in a male aged 17 years old. No deaths due to meningococcal disease occurred during the month of November (see Table 2). This compares with 8 cases of serogroup B, 1 case of serogroup C and 10 unconfirmed cases in November 2000.

Between 1 January 2001 and 30 November 2001, CDSC (NI) received 118 notifications of invasive meningococcal disease through the enhanced surveillance of meningococcal disease (ESMD) scheme. Of these, seventy-one (60.2 %) were laboratory confirmed: 50 (70.4 %) were

identified as serogroup B, 8 (11.3 %) as serogroup C and 13 (18.3 %) were ungrouped or identified as other serogroups. One case of serogroup C disease has occurred in a child aged under 18 years. This child had not been vaccinated and no vaccine failures have been reported since the implementation of the Men C vaccine campaign.

These figures compare favourably with the same period last year, when 192 cases were notified. One hundred and twenty-four (64.6 %) cases were laboratory confirmed: 75 (60.5 %) were identified as serogroup B, 34 (27.4 %) as serogroup C and 15 (12.1 %) which were ungrouped or identified as other serogroups. When the incidence of serogroup C infections from January to November 2001 is compared with the same period last year, there has been a 76.5 % reduction in the number of cases reported. Similarly, there has been a 33.3 % reduction in the number of cases of serogroup B disease when the same time periods are compared.

Table 2: Meningococcal disease by Health and Social Services Board, Northern Ireland, January to November 2001

HSSB	Confirmed			Not confirmed	Total
	B	C	Other and ungrouped		
E	18	3	2	7	30
N	18	4	2	18	42
S	5	1	4	8	18
W	9	0	5	14	28
Total	50	8	13	47	118

Table 3: Meningococcal disease: case and death by age, Northern Ireland, January to November 2001

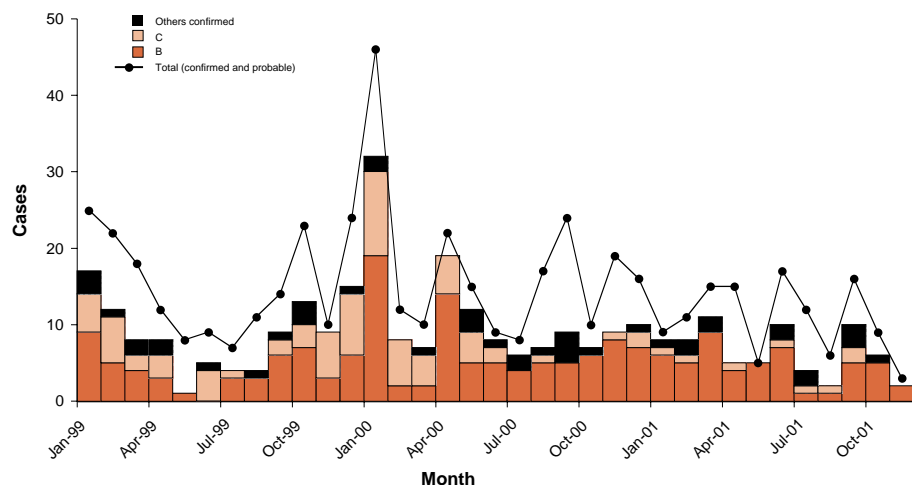
Age group	Confirmed			Not confirmed	Incidence per 100,000 population*	Death
	B	C	Other and ungrouped			
0-2	22	0	8	27	79.2	2
3-4	9	0	1	3	26.8	0
5-14	12	1	0	8	7.9	0
15-17	4	0	3	2	11.5	1
18-24	0	2	0	2	2.5	0
24	3	5	1	5	1.3	2
?	0	0	0	0		0
Total	50	8	13	47	7.0	5

*age-specific incidence rate

Table 4: Meningococcal disease: case and death by age, Northern Ireland, for November 2001

Age group	Confirmed			Not confirmed	Total	Death
	B	C	Other and ungrouped			
0-2	0	0	0	0	0	0
3-4	0	0	0	0	0	0
5-14	1	0	0	0	1	0
15-17	1	0	0	0	1	0
18-24	0	0	0	0	0	0
>24	0	0	0	1	1	0
?	0	0	0	0	0	0
Total	2	0	0	1	3	0

Figure 3: Monthly cases of meningococcal disease from January 1999 to November 2001



Malaria Prevention in Travellers from the UK

The Advisory Committee on Malaria Prevention for UK Travellers has issued a revised set of guidelines for 2001¹. These guidelines are designed to aid health care workers who advise travellers, particularly those who will be overseas for less than a year. This has replaced the consensus meetings which produced earlier versions from 1980 to the 1997 version.

The guidelines are in three parts. The first part is a summary that emphasises modifications to the advice given in the last set of

guidelines, published in 1997. The second part discusses the issues addressed in formulating the guidelines, noting that oversimplified lists of recommendations by

country can be misleading. The second part also addresses the health care worker's consultation with prospective travellers. Doctors, practice nurses and pharmacists are asked to read this section to ensure that due attention is paid to the traveller's history and destination.

The third part gives specific recommendations for travellers to specific destinations and some details of individual drugs.

Notifications of malaria in Northern Ireland have ranged from 5 to 23 per year from 1995-2000. To week 48 of 2001 there have been 13 notifications.

Year	1995	1996	1997	1998	1999	2000	2001 (to week 48)
Notifications	5	14	16	23	13	10	13

Reference

1. Bradley DJ, Bannister B on behalf of the Advisory Committee on Malaria Prevention for UK Travellers. Guidelines for malaria prevention in travellers from the United Kingdom for 2001. *Commun Dis Public Health* 2001; 4: 84-101 www.phls.co.uk/publications/CDPHVVol4/No%202/malaria.htm

Training Fellowships for Intervention Epidemiology in Europe

The European Programme for Intervention Epidemiology Training started in 1995. The programme is funded by the European Commission and by various EU member states as well as Norway. Subject to agreement for another round of funding, the eighth cohort of fellows is planned, starting in September 2002. The programme invites applications of eight fellowships for this 24-month training programme in communicable disease field epidemiology.

Fellowships

Applicants for the 2002 cohort must be nationals of an EU member country or Norway and should have experience in public health, a keen interest in field work and be pursuing a career involving public

health infectious disease epidemiology. They should have a good knowledge of English and of at least one other EU language, and be prepared to live abroad for a period of 24 months. The appropriately experienced

professional is likely to be below 40 years of age.

Aim Of The Training

The aim of the training is to enable the fellow to assume service responsibilities in communicable disease epidemiology. The in-service training will focus on outbreak investigations, disease surveillance, applied research, and communications with decision makers, the media, the public and the scientific community.

Fellows will attend a three-week intensive introductory course and

then be located in a host institute in one of the 15 participating European countries and Norway. Further training modules are organised during the two-year programme, normally in one of the participating national institutes with responsibility for communicable disease surveillance.

Detailed information can be obtained from the EPIET programme office at the address below. Letters of application accompanied by a curriculum vitae should be submitted by 15 February 2002 to:

European Programme for Intervention Epidemiology Training
Institut de Veille Sanitaire
12, rue du Val d'Osne
94415 Saint-Maurice Cedex,
France

Fax: +33 1 55 12 53 35
Email: EPIET@invs.sante.fr

Pre-school Acellular Pertussis Booster

The Joint Committee on Vaccination and Immunisation (JCVI) has recently recommended that a pre-school booster against pertussis be introduced into the routine childhood immunisation programme.

Pertussis continues to be the cause of significant morbidity in children too young to be fully protected. These children could acquire pertussis from older siblings or parents who are not immune. In addition, pertussis infection in adults and older children has a significant public health burden.

As from 10 December the Department of Health, Social Services and Public Safety (DHSSPS)¹ has recommended that all children eligible for pre-school vaccination boosters should be offered diphtheria, tetanus and acellular pertussis (DTaP) vaccine instead of the diphtheria tetanus (DT) vaccine, which is currently offered.

Currently all children are offered diphtheria, tetanus and wholecell pertussis vaccination (DTP) at 2, 3 and 4 months. Recent research confirms that the immunity derived from pertussis immunisation at this age is not long lasting. An acellular pertussis vaccine is available which is well tolerated by older children and offers the opportunity to boost immunity. Wholecell pertussis vaccine is considered unsuitable for use as a routine booster at 4 years of age due to the increased rate of adverse reactions in older children.

Reference:

1. DHSSPS Circular - HSS (MD)23/2001

Laboratory Reports

Mycobacteria: Laboratory Reports Weeks 33-44

	Number of Reports received			Cumulative total	
	01/33-36	01/37-40	01/41-44	01/01-44	00/01-44
<i>M. avium-intracellular</i> group	0	0	1	10	17
<i>M. celatum</i>	0	0	0	1	0
<i>M. chelonae</i>	0	0	0	1	3
<i>M. kansasii</i>	1	0	0	4	4
<i>M. malmoense</i>	0	0	0	2	4
<i>M. marinum</i>	0	0	0	1	2
<i>M. tuberculosis</i>	1	1	6	30	20
<i>M. xenopi</i>	0	0	0	1	1
<i>Mycobacterium sp</i>	0	0	0	0	1
Total	2	1	7	50	52

Comment:

There was one report of *M. avium-intracellular* during weeks 33 - 44 of 2001 isolated from tissue. The patient was female aged 4 years.

There was one report of *M. kansasii* during this twelve

week period isolated from lower respiratory tract. The patient was female aged 41 years.

There were eight reports of *M. tuberculosis* during weeks 33 - 44 of 2001. Three were isolated from sputum, two were from urine/kidney, one was from pleura, one from skin/wound and one was

isolated from tissue. Four patients were female and four were male. Ages ranged from 3 to 92 years.

Foodborne and Gastro-intestinal Tract Infections: Laboratory Reports, Weeks 37-44

	Number of Reports received		Cumulative total	
	01/37-44	00/37-44	01/01-44	00/01-44
<i>Campylobacter</i>	137	163	785	876
<i>C. difficile</i> Toxin	44	36	288	335
<i>C. perfringens</i>	3	4	11	9
<i>E. coli</i> 0157	17	20	51	55
<i>Salmonella</i> total	52	73	335	394
<i>S. enteritidis</i> (PT 4)	22 (7)	37 (29)	171 (89)	224 (156)
<i>S. typhimurium</i> (DT 104)	12 (3)	18 (11)	70 (18)	83 (34)
<i>Salmonella</i> other	18	18	94	87
<i>Shigella</i>	6	0	14	9
Cryptosporidium	12	69	352	401
<i>Giardia</i>	4	13	14	26
Adenovirus (faeces)	18	16	116	93
Enterovirus (faeces)	4	3	30	36
Rotavirus	17	6	431	493
SRSV	17	9	86	64

Salmonella (other than *enteritidis* or *typhimurium*):

<i>S. anatum</i>	1
<i>S. braenderup</i>	1
<i>S. dublin</i>	1
<i>S. newport</i>	1
<i>S. stanley</i>	1
<i>Salmonella sp</i>	13

Comment:

The following were associated with foreign travel:

Male, 57 years, *campylobacter*, Kenya; male, 45 years, *campylobacter*, Thailand; female,

20 years, *giardia lamblia*, Mali; sex unknown, 46 years, *S. anatum*, Tunisia; female, 73 years, *S. braenderup*, Tunisia; female, 21 years, *S. newport*, Thailand; male, 47 years, *S. stanley*, Thailand; female, 47 years, *S. sp*, Ibiza; female, 39 years, *shigella flexneri*, India.

With the exception of *C. perfringens*, *Shigella*, Adenovirus and SRSV which have exhibited increases of 22%, 55%, 25% and 34% respectively, other gastro-intestinal infections appear to have declined in 2001.

To week 44 of 2001, cumulative reports of *Campylobacter* have decreased by 10% in comparison with the same period last year. Cumulative reports of *C. difficile* toxin have declined by 14% and cumulative reports of *Salmonella* spp have decreased by 15%. The decrease in salmonella reports can probably be attributed to the 24% drop in *S. enteritidis*.

In spite of the outbreak earlier in year, reports of Cryptosporidium show a 14% reduction to week 44 of 2001 compared to the same period of 2000.

Hepatitis: Laboratory Reports Weeks 29-40

	Number of Reports received			Cumulative total	
	01/29-32	01/33-36	01/37-40	01/01-40	00/01-40
Hepatitis A	0	1	2	4	18
Hepatitis B	2	3	8	27	31
Hepatitis C	8 (2)	4	8 (1)	51	45

The figure in brackets represents those reports for which an association with intravenous drug use was noted.

Comment:

Hepatitis A

There were three reports of Hepatitis A during weeks 29 - 40. All

were male aged between 21 and 27 years.

Hepatitis B

There were thirteen reports of Hepatitis B during weeks 29 - 40; 3 females aged 30 - 49 years, 7 males aged 16 to 58 years and 3 where the sex was unknown aged between 22 and 39. No risk factors were noted.

Hepatitis C

There were twenty reports of Hepatitis C in this 12-week period; 3 were associated with intravenous drug use; 10 were male aged between 25 and 55 years and 10 were female aged between 25 years and 77 years.

Bacteraemia: Laboratory Reports, Weeks 01-44

	2001/01-44	2000/01-44
Gram negative bacteria		
<i>Acinetobacter sp</i>	32	30
<i>Aeromonas sp</i>	0	3
<i>Campylobacter</i>	3	2
<i>Citrobacter sp</i>	12	14
<i>Enterobacter sp</i>	35	54
<i>Escherichia coli</i>	422	409
<i>Haemophilus influenzae</i>	16	6
<i>Haemophilus sp</i>	2	0
<i>Klebsiella sp</i>	98	100
<i>Neisseria meningitidis</i>	53	83
<i>Neisseria sp</i>	1	1
<i>Proteus sp</i>	66	65
<i>Providencia sp</i>	2	1
<i>Pseudomonas aeruginosa</i>	58	43
<i>Pseudomonas sp</i>	42	22
<i>Salmonella sp</i>	7	3
<i>Serratia sp</i>	51	30
Other gram negative bacteria	27	36
Totals	927	902
Gram positive bacteria		
Corynebacterium sp & Diphtheroids	12	12
Staphylococci:		
<i>S. aureus</i>	343	305
coagulase negative	331	312
Streptococci and enterococci:		
group A	27	8
group B	43	37
group C	4	2
group G	13	9
<i>Enterococcus sp</i>	142	122
α- and non-haemolytic	81	65
<i>S. pneumoniae</i>	113	94
Other gram positive bacteria	13	11
Totals	1122	977
Anaerobic bacteria		
Anaerobic cocci	5	6
<i>Bacteroids sp</i>	49	30
<i>Clostridium sp</i>	17	22
Totals	71	58
Grand Total	2120	1937

Contributing Laboratories

Altnagelvin	Mater
Antrim	Musgrave Park
Belfast City	Regional Mycology
Belvoir Park	Regional Virus
Causeway	Royal Victoria
Craigavon	South Tyrone
Daisyhill	Tyrone County
Erne	Ulster

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