



# COMMUNICABLE DISEASES

## Monthly Report

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## Legionella Infection: 2000 Summary

**Legionnaire's disease is a notifiable disease in Northern Ireland. It is caused by *Legionella pneumophila*, a Gram negative aerobic non-spore-forming bacillus. The disease is a multi-system illness which can have widespread clinical symptoms, though the principle manifestation of the disease is pneumonia.**

The organism is commonly found in various natural and man-made aquatic environments, often in low numbers. Water cooling towers, air conditioning systems and whirlpools have been implicated as major sources of infection. Colonisation is enhanced by temperatures of 25-42 °C, stagnation and the presence of scale and sediment, and hence such water systems may support transmission and dissemination of the organism. Since the etiological agent was

During 2000, one confirmed case of Legionnaires' disease was reported in Northern Ireland. A fifty year-old male who had recently been in holiday on the island of Corfu was found to have evidence of infection with *L. pneumophila* serogroup 1. This gentleman suffered from an underlying medical condition. The table below shows the number of cases reported for the past five years in Northern Ireland. (For case definitions see Monthly Report Vol 9, No 4, July 2000.)

Year	Number of cases	Comment
1995	1	Travel-associated
1996	1	
1997	1	
1998	1	Travel-associated
1999	5	2 confirmed cases; 2 travel-associated; 2 died
2000	1	Travel-associated

identified in 1976, numerous nosocomial and institute-associated outbreaks have been reported. Contact with contaminated water or aerosols from water systems in large institutions has accounted for numerous outbreaks throughout the world. However, sporadic cases may also occur. Immunosuppressed, chronically ill people are most at risk of infection.

Monitoring of Legionella infections in Northern Ireland is carried out in conjunction with the European Working Group for *Legionella* infections (EWGLI). Although the disease is not a serious risk to public health in Northern Ireland (only ten cases have occurred in the last 6 years, 5 of which were travel-associated), participation in this surveillance scheme ensures standardised methods of diagnosis, recording and reporting of disease, and permits direct comparisons with data from other participating regions. Outbreaks or clusters of cases of Legionnaires' disease in travellers

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can be quickly identified through this European network, allowing rapid alerts to be communicated to all collaborating countries, WHO and other relevant centres.

## Enhanced surveillance of meningococcal disease in Northern Ireland

**From 1st January 2001 to 28th February 2001, a total of 15 cases of meningococcal disease have been reported to CDSC through the program of enhanced surveillance of meningococcal disease (see Tables 1 & 2).**

Nine (60.0 %) of these cases have been laboratory confirmed to date. Two of the laboratory confirmed cases were due to serogroup C infections in a 22-year old female and a four year old female, and 7 were due to serogroup B infections. The 22 year-

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old female had not received the MenC vaccine and the vaccine status of the other confirmed Group C case is not known. Pre-admission antibiotics had been prescribed in three cases.

During the month of February 2001, seven cases of meningococcal disease

were notified through the program of enhanced surveillance of meningococcal disease (see Table 3). Two of the cases have been laboratory confirmed to date. Both the laboratory confirmed cases were due to serogroup B infections: one of these was a two year old female and one

was a male child of less than one year old. These figures, although provisional, compare favourably with those recorded in February 2000, when 12 cases were notified. These included 2 serogroup B and 6 serogroup C infections.

**Table 1: Meningococcal disease by Health and Social Services Board, Northern Ireland, January to February 2001**

HSSB	Confirmed			Not confirmed	Total
	B	C	Other and ungrouped		
E	2	0	0	1	3
N	1	1	0	0	2
S	2	0	0	2	4
W	2	1	0	3	6
<b>Total</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>15</b>

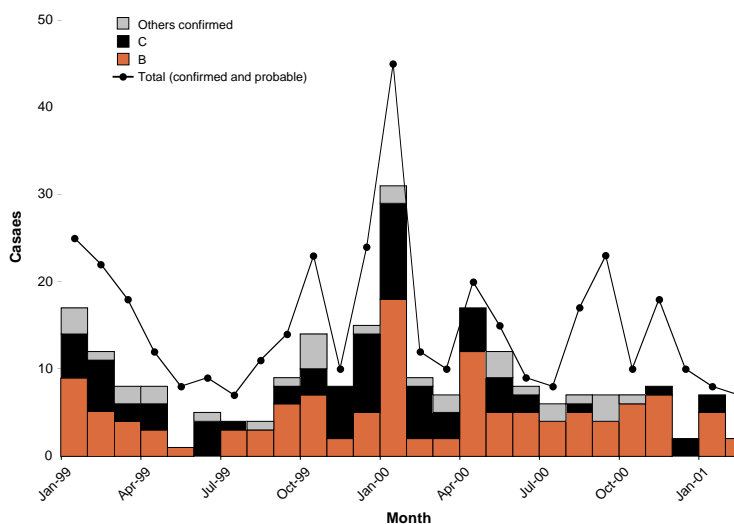
**Table 2: Meningococcal disease: case and death by age, Northern Ireland, January to February 2001**

Age group	Confirmed			Not confirmed	Incidence per 100,000 population	Death
	B	C	Other and ungrouped			
0-2	4	0	0	4	6.9	1
3-4	1	1	0	0	0	0
5-14	2	0	0	2	0.8	0
15-17	0	0	0	0	0	0
18-24	0	1	0	0	0	0
>24	0	0	0	0	0	0
?	0	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>0.4</b>	<b>1</b>

**Table 3: Meningococcal disease: case and death by age, Northern Ireland, for February 2001**

Age group	Confirmed			Not confirmed	Total	Death
	B	C	Other and ungrouped			
0-2	2	0	0	3	5	1
3-4	0	0	0	0	0	0
5-14	0	0	0	2	2	0
15-17	0	0	0	0	0	0
18-24	0	0	0	0	0	0
>24	0	0	0	0	0	0
?	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>7</b>	<b>1</b>

**Figure 1: Monthly cases of meningococcal disease from January to February 2001**



# Influenza Vaccination Programme: Winter 2000/01

The analysis of the winter 2000/01 Influenza/Pneumococcal Vaccination Programme was completed at the end of March. Almost two hundred and twenty two thousand influenza vaccines were administered to those patients considered 'at risk' - ie all those over 65 years of age, all those in long stay residential care, and those

with underlying 'high risk' conditions, eg chronic lung disease, chronic heart disease, immuno-suppression. This is more than twice the number that were administered the previous winter. The uptake rate among the over 65 population in the Province was 68%, and the target of 65% was also exceeded by each individual Health

Board. Approximately thirty five thousand pneumococcal vaccinations were administered to 'at risk' patients during the winter 2000/01 programme compared to approximately eighteen thousand the previous winter. More detailed information will be published in the next Monthly Bulletin.

## Laboratory Reports

### Foodborne and Gastro-intestinal Tract Infections: Laboratory Reports, Weeks 05-08

Salmonella (other than *enteritidis* or *typhimurium*):  
*Salmonella* sp ..... 4

#### Comment:

Laboratory reports of *Campylobacter* and *Clostridium difficile* toxin for the first 8 weeks of 2001 are at a similar level to reports for weeks 1-8 of 2000. Currently cumulative reports of salmonella are exhibiting a reduction of 44% compared to the previous year, but the total number may rise as late reports are received.

Cryptosporidium reports to week 8 of 2001 have more than doubled compared to the same period last year.

There have been two SRSV outbreaks during the first 8 weeks of 2001 (one in a Western Board hospital and one in

	Number of Reports received		Cumulative total	
	01/05-08	00/05-08	01/01-08	00/01-08
<i>Campylobacter</i>	43	57	85	88
<i>C. difficile</i> Toxin	28	22	48	52
<i>E. coli</i> O157	1	0	1	3
<i>Salmonella</i> total	8	29	25	36
<i>S. enteritidis</i> (PT 4)	3 (0)	18 (17)	9 (5)	22 (21)
<i>S. typhimurium</i> (DT 104)	1 (1)	8 (2)	5 (3)	11 (4)
<i>Salmonella</i> other serotypes	4	3	11	3
<i>Shigella</i>	0	2	0	3
Cryptosporidium	14	6	27	12
<i>Giardia</i>	0	1	0	2
Adenovirus (faeces)	11	7	23	16
Enterovirus (faeces)	1	5	1	7
Rotavirus	11	20	23	38
SRSV	20	19	27	19

an hotel in the Eastern Board) which may explain the increase in cumulative laboratory reports in 2001 compared to 2000.

There will be a summary of reported outbreaks which occurred during 2000 in the next issue of the Monthly Report.

### Mycobacteria: Laboratory Reports, Weeks 01-08

#### Comment:

There were 2 laboratory reports of *M. avium-intracellulare* group during the first 8 weeks of 2001, compared with 5 in the same period of 2000. Both were isolated from sputum; one from a 95 year old male and the other from a 59 year old female.

There were 3 laboratory reports of *M. tuberculosis* during the first 8 weeks of 2001, compared with 7 in the same period last year. Two were

	Number of Reports received		Cumulative total	
	01/01-04	00/05-08	01/01-08	00/01-08
<i>M. avium-intracellulare</i> group	1	1	2	5
<i>M. chelonae</i>	0	0	0	2
<i>M. malmoense</i>	0	0	0	2
<i>M. tuberculosis</i>	1	2	3	7
Total	2	3	5	16

isolated from sputum in a 73 year old female and a 40 year old male, and

one from pus in a 4 year old female with an infected neck node.

### *Staphylococcus aureus* bacteraemias: Laboratory Reports, Weeks 01-08

Total reports of <i>S. aureus</i>		Reports of MRSA (%)		Reports of MSSA (%)	
01/01-08	00/01-08	01/01-08	00/01-08	01/01-08	00/01-08
60	43*	22 (37%)	16* (37%)	38 (63%)	27 (63%)

\*includes 1 isolate from CSF

# Infectious Disease Notifications: 2001 Weeks 05-08

Disease	Board 01/05-08				Northern Ireland	
	E	N	S	W	Total 2001 01-08	Total 2000 01-08
Acute encephalitis/ Meningitis: bacterial	1	1	1	1	8	18
Acute encephalitis/ Meningitis: viral	1	0	0	0	5	5
Chickenpox	139	118	77	16	757	721
Dysentery	0	0	0	0	2	7
Food Poisoning	42	32	6	16	194	151
Gastroenteritis (Under 2 years)	44	8	6	5	146	154
Hepatitis A	0	0	1	0	1	6
Hepatitis B	1	0	0	0	4	2
Hepatitis Unspecified: Viral	2	0	0	0	2	1
Legionnaires' Disease	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0
Malaria	0	0	1	0	2	2
Measles	5	0	0	5	19	16
Meningococcal Septicaemia	1	1	3	0	16	34
Mumps	1	5	1	<b>87</b>	<b>253</b>	84
Paratyphoid Fever	0	0	0	0	0	0
Rubella	3	1	3	3	13	16
Scarlet Fever	18	2	2	3	51	63
TB (Pulmonary)	2	0	1	0	4	8
TB (Non-Pulmonary)	0	0	1	0	3	5
Typhoid	0	0	0	0	0	0
Whooping Cough	0	0	0	2	5	8
<b>TOTAL</b>	<b>260</b>	<b>168</b>	<b>103</b>	<b>138</b>	<b>1485</b>	<b>1301</b>

## 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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