



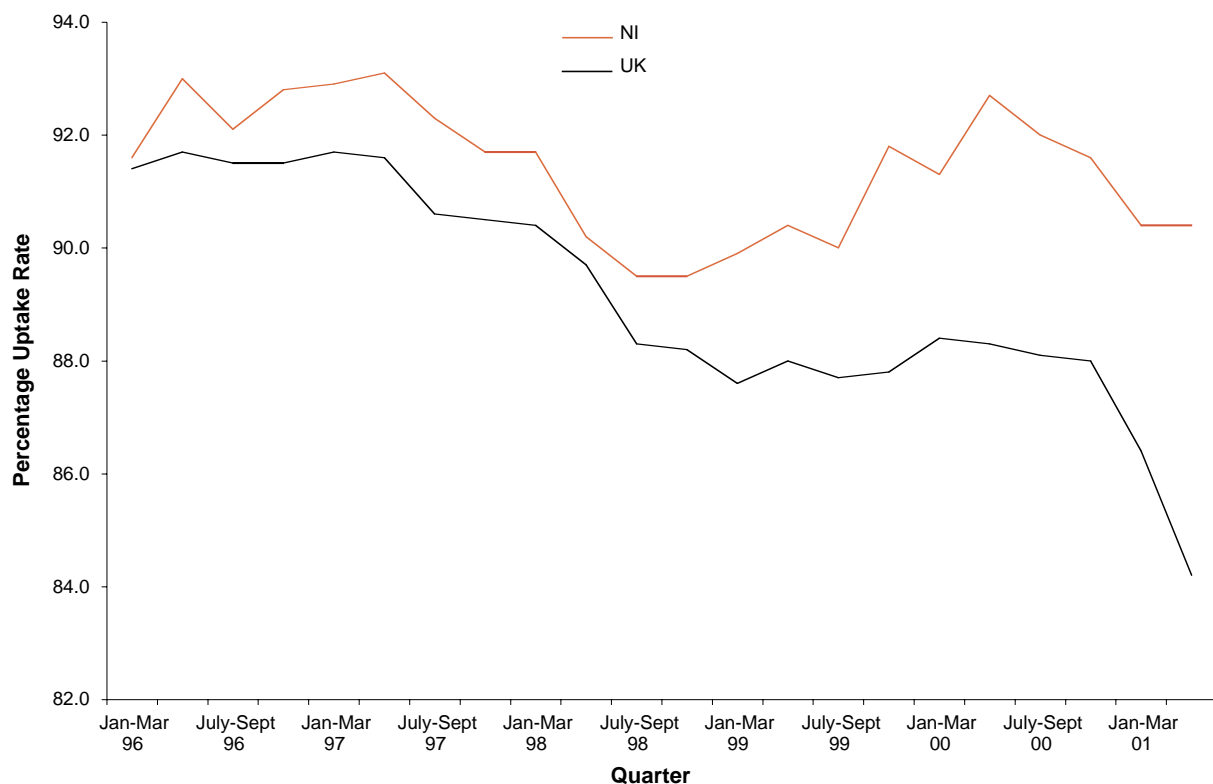
## Enhanced MMR Vaccination Uptake Surveillance

The latest set of coverage statistics for Northern Ireland (COVER/Korner) is now available for the second quarter of 2001. The detailed analysis by Board and by age is described later in this report. MMR vaccination uptake at 24 months has been maintained at 90.4%. UK coverage of MMR at 24 months has shown a fall of just over 2 percentage points since the previous quarter and now stands at 84.2%.

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Figure 1: MMR Vaccination Uptake Rate at 24 months, NI and UK, 1996-2001



As well as using the quarterly COVER statistics which monitor MMR uptake at 24 months of age, CCDCs are undertaking additional monthly monitoring of MMR vaccine uptake in order to identify any decline in uptake rates as early as possible.

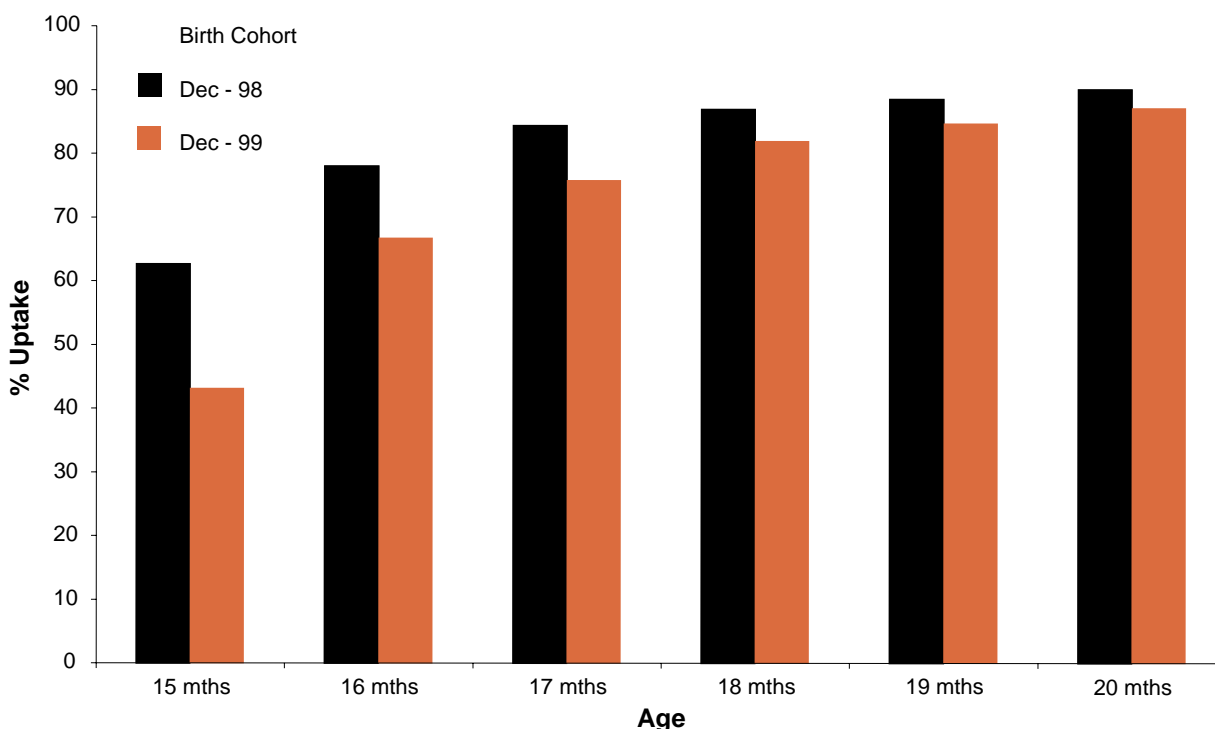
Enhanced monitoring of MMR vaccination uptake rates in those aged from 15 months show a decrease in the number of children receiving vaccination compared to a

similar cohort 12 months earlier. For example, when comparing the December 1998 cohort with the December 1999 cohort, there was a difference of 20 percentage points at 15 months, but this has narrowed to 3 percentage points at 20 months (Figure 2). This suggests that some parents with concerns may delay MMR vaccination but do subsequently have their children immunised.

It is hoped that the enhanced

monitoring programme will also facilitate assessing the impact of public and professional education initiatives which have been undertaken over the past year. Uptake of the meningococcal C vaccine is now routinely incorporated into the quarterly COVER statistics. As the incidence of meningococcal infection highest in those aged under one year it is very encouraging to note that, in the most recent three month cohort, the uptake rate is almost 93%.

**Figure 2: Enhanced MMR Uptake Surveillance**  
Birth Cohort December 1998 Vs December 1999



## Enhanced Surveillance of Influenza in Northern Ireland (ESINI)

Enhanced surveillance of influenza in Northern Ireland (ESINI) recommenced on 29 September 2001 (Week 40). 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 have been 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, five co-operatives are contributing data, covering 892 312 persons (53 % of the population) in all parts of the province

Enhanced influenza surveillance has taken place in England,

Scotland, and Wales and the Republic of Ireland through a network of spotter practices for several years. The Department of Health, Social Services and Public Safety (DHSSPS) have recognised the need for a comparable scheme in Northern Ireland and have provided funding for a 3-year pilot project, which was implemented jointly last winter by the Communicable Disease Surveillance Centre (CDSC) NI, the Data Retrieval in General Practice (DRGP) programme, the Regional Virus Laboratory (RVL) and a system of spotter practices. Information on the numbers of initial consultations for influenza and flu-like illness within a practice are recorded and forwarded to CDSC Northern Ireland on a weekly basis. Most of the general practices involved routinely record information on consultations on computer systems, making it possible to search the data for the appropriate disease codes, and obtain accurate figures at minimal

inconvenience to general practice staff.

The system enables prospective planning and advice to the DHSSPS, Boards, Trusts and practices. Although influenza activity remained at low levels throughout last winter, the scheme's potential as an early warning system was apparent. For a summary of last season's findings, please contact Dr Julie McCarroll at CDSC (NI).

In addition, enhanced virological monitoring using a subset of the general practices will be carried out throughout the 'flu season. This involves 11 practices from across the province, who randomly sample a small number of cases per week, using nasal and pharyngeal swabs. These swabs will be tested for influenza A and B as well as other respiratory viruses. The purpose of this part of the project is to supplement the information acquired from the Regional Virus

Laboratory, which normally receives samples from hospitalised and severely ill patients, with cases that would provide a better reflection of community-based disease. This way, we should be able to detect the 'flu levels in the community earlier, and therefore the information would be of more predictive value.

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 disease, 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. If you wish to be added to the mailing list for the weekly influenza bulletin, please contact Dr Julie McCarroll at 90 26 37 65 or E-mail [jmccarroll@phls.org.uk](mailto:jmccarroll@phls.org.uk).

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## Enhanced surveillance of meningococcal disease

**During the month of September, fourteen cases of invasive meningococcal disease were notified through the ESMD scheme. Four of these have been identified as serogroup B, two as serogroup C, one as serogroup Z and the organism responsible in one case remains ungrouped. Six of the cases are unconfirmed. There is no previous record of serogroup Z infection in Northern Ireland. Both serogroup C cases occurred in adults over 25 years old. No deaths due to meningococcal disease occurred during the month of September.**

Between 1st January 2001 and 30th September 2001, CDSC (NI) received 103 notifications of invasive meningococcal disease through the enhanced surveillance of meningococcal disease (ESMD) scheme. Of these, sixty (58.3 %) were laboratory confirmed: 41

(68.3 %) were identified as serogroup B, 8 (13.3 %) as serogroup C and 11 (18.3 %) were ungrouped or identified as other serogroups.

Death occurred in 5 cases, all of whom had septicaemia and one of

whom also had meningitis. Two of the cases were aged under 2 years (1 male, 1 female), one was 16 years old (male) and the remaining cases were over 24 years (1 male, 1 female). The age range of those who died was 19 months to 90 years with a median age of 15 years and an average of 33 years. Two of the fatal cases were caused by serogroup B, and 2 by serogroup W135. Laboratory confirmation has not been achieved for the remaining case. Pre-admission antibiotics were administered to this patient. Two of the other fatal cases were known not to have been given pre-admission antibiotics. The status of the other two cases is not known.

These figures compare favourably with the same period last year, when 163 cases were notified. One hundred and eight (66.3 %) cases were laboratory confirmed: 61 (56.5 %) were identified as serogroup B, 33 (30.6 %) as serogroup C and 14 (13 %) which were ungrouped or identified as

other serogroups. Six deaths occurred during this period last year: five of the cases were aged 0-2 years (3 males, 2 females) and one was aged 5-14 years (female). Two of the deaths were due to serogroup C infection, two were due to serogroup B infection and the identity of the organism in the

remaining two cases is not known. Preadmission antibiotics were administered in one of these cases. When the incidence of serogroup C infections in January to September 2000/1 is compared with the same period last year, there has been a 76 % reduction in the number of cases reported.

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

HSSB	Confirmed			Not confirmed	Total
	B	C	Other and ungrouped		
E	16	3	2	7	28
N	14	4	2	17	37
S	3	1	3	8	15
W	8	0	4	11	23
<b>Total</b>	<b>41</b>	<b>8</b>	<b>11</b>	<b>43</b>	<b>103</b>

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

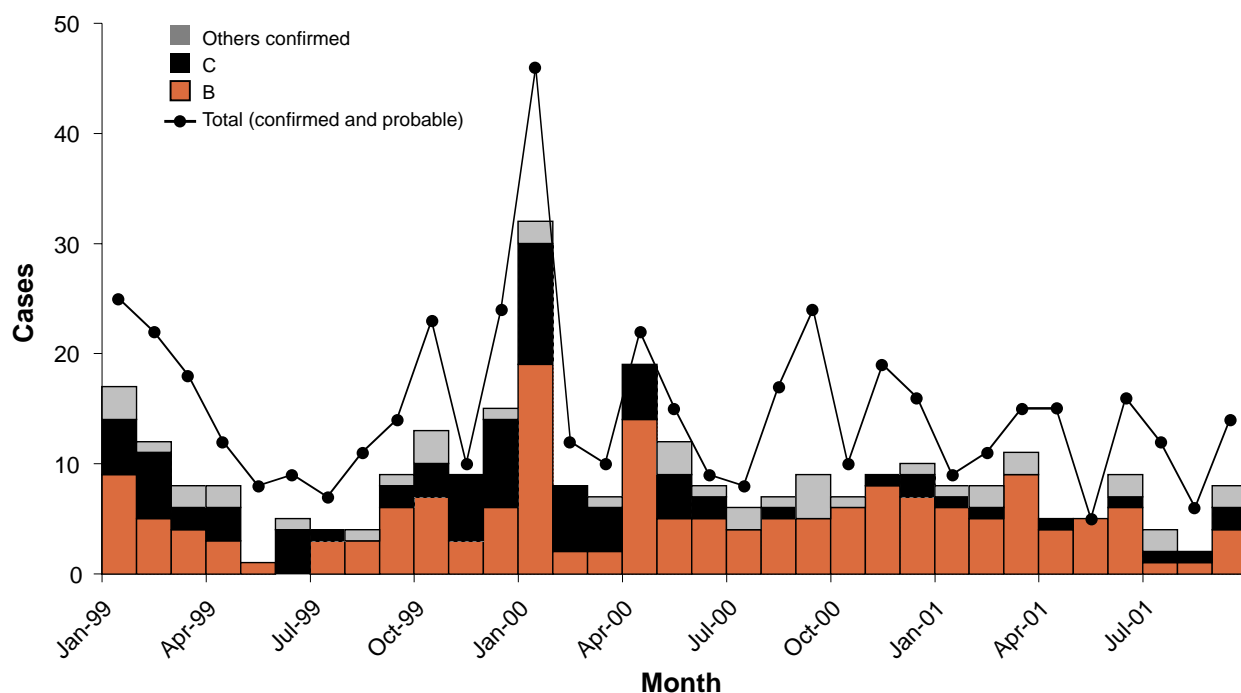
Age group	Confirmed			Not confirmed	Incidence per 100,000 population*	Death
	B	C	Other and ungrouped			
0-2	20	0	6	22	66.7	2
3-4	7	0	1	4	24.8	0
5-14	10	1	0	8	7.2	0
15-17	3	0	3	2	10.2	1
18-24	0	2	0	2	2.5	0
24	1	5	1	3	0.9	2
?	0	0	0	2		0
<b>Total</b>	<b>41</b>	<b>8</b>	<b>11</b>	<b>43</b>	<b>6.1</b>	<b>5</b>

\*age-specific incidence rate

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

Age group	Confirmed			Not confirmed	Total	Death
	B	C	Other and ungrouped			
0-2	3	0	0	3	6	0
3-4	1	0	0	1	2	0
5-14	0	0	0	0	0	0
15-17	0	0	2	0	2	0
18-24	0	0	0	0	0	0
>24	0	2	0	1	3	0
?	0	0	0	1	1	0
<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>14</b>	<b>0</b>

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



## Monthly surveillance figures for Creutzfeldt-Jakob disease

Table 1 shows the surveillance figures for definite and probable cases of Creutzfeldt-Jakob disease (CJD) in the United Kingdom up to 28 September 2001. To date in 2001 there have been 120 referrals to the CJD Surveillance Unit. Forty-six cases have been confirmed, sixteen of which are

variant CJD (vCJD). The total number of definite and probable cases is 107.

While this version of the table does not show figures for years prior to 1995 (the first year for which there are vCJD confirmations), a more extended version can be accessed

on the Department of Health website ([http://www.doh.gov.uk/cjd/cjd\\_stat.htm](http://www.doh.gov.uk/cjd/cjd_stat.htm)).

Figures for 2000 showed a noticeable increase on previous years but total case numbers are not yet sufficient to show a definite trend.

Table 1: Deaths of definite and probable CJD cases in the UK from 1995 to 28 September 2001

Year	Referrals for investigation	Deaths					VCJD confirmed	vCJD Probable still alive	VCJD Probable deaths awaiting p.m. results
		Sporadic	Iatrogenic	Familial	GSS*	VCJD confirmed			
1995	87	35	4	2	3	3	-	-	
1996	134	40	4	2	4	10	-	-	
1997	161	59	6	4	1	10	-	-	
1998	154	63	3	3	1	18	-	-	
1999	169	61	6	2	0	15	-	-	
2000	178	48	1	2	1	28	-	-	
2001	120	28	2	0	0	16	6	1	
<b>Total</b>	-	-	-	-	-	100	-	-	

\*Gerstmann-Straussler-Scheinker syndrome

# Vaccination Coverage Statistics for Children in Northern Ireland

The vaccination coverage statistics for Northern Ireland (COVER/Körner Programme) are now available for the second quarter of 2001. The statistics give detailed coverage data and numbers of children in the four Boards in Northern Ireland. The tables below show the coverage data for Northern Ireland and the United Kingdom as a whole by the first and second birthday.

## Completed Primary Immunisations by 12 months and 24 months COVER/Körner: Data Northern Ireland (Apr – Jun 2001)

Board	% Coverage at 12 months								% Coverage at 24 months							
	No of children in cohort	Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC	No of children in cohort	Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
Eastern	1966	91.8	91.8	91.4	91.1	92.0	0.3	90.7	2141	95.7	95.7	95.4	95.0	96.0	87.5	85.0
Northern	1351	94.9	95.0	94.5	94.7	94.6	0.1	93.6	1385	98.4	98.4	98.3	97.8	98.4	92.9	93.6
Southern	1025	95.5	95.5	95.1	94.8	95.4	0.0	94.7	1217	97.0	97.0	96.9	95.8	97.6	92.0	92.7
Western	1007	94.8	94.8	94.4	94.2	94.6	0.3	94.1	1001	97.3	97.4	97.4	96.3	97.4	90.9	92.3
<b>NI Total</b>	<b>5349</b>	<b>93.8</b>	<b>93.9</b>	<b>93.5</b>	<b>93.3</b>	<b>93.8</b>	<b>0.2</b>	<b>92.8</b>	<b>5744</b>	<b>96.9</b>	<b>96.9</b>	<b>96.7</b>	<b>96.1</b>	<b>97.2</b>	<b>90.4</b>	<b>90.0</b>

With the exceptions of MMR and MenC, uptake rates for vaccines at 12 months have decreased by between 0.8 and 1.1 percentage points, compared to the previous quarter; MenC has increased by 0.3 percentage points. Encouragingly coverage at 24 months has either remained steady or improved: Pert3 has increased by 0.5 percentage points, Hib3 and MenC by 0.4 percentage points, Dip3 by 0.2 percentage points and Tet3 by 0.1 percentage points. Uptake of diphtheria, tetanus and Hib have risen steadily for the past 3 quarters, and at over 96% uptake of pertussis has reached its highest level. These figures show that the recent controversies surrounding MMR vaccine have not affected uptake of other vaccines.

Country	% Coverage at 12 months				% Coverage at 24 months				
	Dip3	Pert3	Hib3	MenC	Dip3	Pert3	Hib3	MenC	MMR
England	90.3	89.6	90.0	88.3	93.8	93.0	93.5	82.5	83.6
Wales	93.3	91.9	93.0	91.9	95.6	93.7	95.3	89.0	84.9
Scotland	94.8	94.2	94.6	93.6	97.2	96.4	97.1	92.2	87.8
UK	90.9	90.2	90.7	89.1	94.3	93.4	94.0	83.9	84.2

## Vaccine Coverage at 5 years (Apr – Jun 2001)

Board	Dip3	Pert3	Hib3	Dip4	MMR1	MMR2	MenC
Eastern	97.5	95.5	96.6	87.5	96.0	80.4	86.7
Northern	98.8	97.2	98.5	92.4	97.7	90.0	92.9
Southern	98.2	96.0	97.7	89.8	97.3	89.6	94.8
Western	97.6	95.6	97.1	90.8	96.6	84.9	93.9

NI	98.0	96.0	97.4	89.7	96.8	85.3	91.1
England	94.5	93.1	93.6	80.8	91.5	73.8	80.7
Wales	95.3	92.2	94.6	83.3	92.1	72.5	84.9
Scotland	Not available						
England, Wales & NI	94.6	93.1	93.8	81.2	91.8	74.1	81.4

Compared with last quarter's data, MMR1 and MMR2 exhibit decreases of 0.3 and 1.7 percentage points respectively. Coverage of MenC increased by 2.2 percentage points, whilst coverage of other vaccines increased by between 0.2 and 0.5 percentage points. Coverage in Northern Ireland compares very favourably with the rest of the United Kingdom.

# Laboratory Reports

## Foodborne and Gastro-intestinal Tract Infections: Laboratory Reports, Weeks 29-32

	Number of Reports received		Cumulative total	
	01/29-32	00/29-32	01/01-32	00/01-32
<i>Campylobacter</i>	104	87	549	652
<i>C. difficile</i> Toxin	39	23	224	252
<i>C. perfringens</i>	2	0	8	4
<i>E. coli</i> O157	6	7	26	31
<i>Salmonella</i> total	76	81	234	226
<i>S. enteritidis</i> (PT 4)	45 (21)	51 (38)	124 (75)	128 (94)
<i>S. typhimurium</i> (DT 104)	10 (7)	12 (2)	45 (13)	54 (19)
<i>Salmonella</i> other	21	18	65	44
<i>Shigella</i>	1	1	6	8
Cryptosporidium	6	13	330	218
<i>Giardia</i>	2	2	9	9
Adenovirus (faeces)	13	2	93	65
Enterovirus (faeces)	8	1	23	23
Rotavirus	32	18	385	481
SRSV	10	0	64	52

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

<i>S. anatum</i> .....	1
<i>S. blockley</i> .....	1
<i>S. brandenburg</i> .....	1
<i>S. dublin</i> .....	2
<i>S. eastbourne</i> .....	1
<i>S. hadar</i> .....	2
<i>S. stanley</i> .....	1
<i>S. virchow</i> .....	3
<i>Salmonella sp</i> .....	9

### Comment:

The following were associated with foreign travel:

Female, 38 years, *Shigella sonnei*, Egypt; male, 45 years, *Campylobacter sp*, Spain; female, 44 years, *Campylobacter sp*, Spain; male, 14 years, *Campylobacter sp*, Spain; sex unknown, 26 years,

*S. anatum*, Tunisia; male, 18 years, *S. brandenburg*, Tunisia; male, 52 years, *S. blockley*, Cyprus; female, 13 years, *S. enteritidis*, Majorca; female, 44 years, *Salmonella sp*, Spain; male, 31 years, *Salmonella sp*, Gran Canaria; female, 22 years, *S. stanley*, Thailand; male, 36 years, *S virchow*, Turkey.

Cumulative laboratory reports of Salmonella, *Giardia lamblia* and enterovirus are at a similar level compared to the same period last year.

Although reports of *Campylobacter* for the four week period under review exhibit a 20% increase compared to weeks 29-32 of 2000, cumulative reports to week 32 remain at a lower level than the

previous year (16% reduction). Cumulative reports of *E. coli* O157 to week 32 also exhibit a 16% reduction compared to the same period last year.

This year to date there have been 6 reports of *Shigella* (1 *S. flexneri*, 5 *S. sonnei*) compared to 8 reports to week 32 of 2000. Four of the 6 cases were associated with travel to Egypt. Three of the 9 reports of *Giardia lamblia* in 2001 are also associated with foreign travel.

Compared with the same period last year, cumulative reports of adenovirus and SRSV have increased by 43% and 23% respectively, whereas cumulative reports of rotavirus have decreased by 20%.

## Mycobacteria: Laboratory Reports Weeks 21-32

	Number of Reports received			Cumulative total	
	01/21-24	01/25-28	01/29-32	01/01-32	00/01-32
<i>M. avium-intracelluar</i> group	0	1	1	9	14
<i>M. chelonae</i>	0	0	0	1	3
<i>M. kansasii</i>	0	0	0	3	4
<i>M. malmoense</i>	0	1	0	1	4
<i>M. marinum</i>	0	0	0	1	1
<i>M. tuberculosis</i>	2	5	4	22	16
<i>M. xenopi</i>	0	1	0	1	1
<i>Mycobacterium sp</i>	0	0	0	0	1
<b>Total</b>	<b>2</b>	<b>8</b>	<b>5</b>	<b>38</b>	<b>44</b>

### Comment:

There were two reports of *M. avium-intracelluar* during weeks 21-32 of 2001. One was isolated from sputum and one from lower respiratory tract. Both patients were female aged 71 years and 79 years.

There was one report of *M. malmoense* during this twelve week period isolated from lymph nodes. The patient was female aged 5 years.

There were eleven reports of *M. tuberculosis* during weeks 21-32

of 2001. Six were isolated from sputum, two were from urine/kidney, one was from bone, one from lymph nodes and one was isolated from the lower respiratory tract. Six patients were female and five were male. Ages ranged from 24 to 85 years.

## Staphylococcus aureus bacteraemias: Laboratory Reports, Weeks 01-32

Total reports of <i>S. aureus</i>		Reports of MRSA (%)		Reports of MSSA (%)	
01/01-32	00/01-32	01/01-32	00/01-32	01/01-32	00/01-32
235	219*	105 (44.7%)	80 (36.5%)	130 (55.3%)	139 (63.5%)

\*includes 1 isolate from CSF

### 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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Monthly numbers are provisional and should not be used to indicate trends.

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