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This edition summarises the outcome of the independent review of endoscope decontamination in Northern Ireland following incidents in several acute Trusts last May and June. There was no evidence of any patient acquiring a blood borne viral infection following a procedure with the implicated endoscopes.

The outcome of the winter influenza vaccination programme is described with an overall uptake of 73% in the 65 and over age group. This exceeds the DHSSPS target of 70% and is despite the over 65 population increasing by 3,000 people over the past year and some initial vaccine supply difficulties. Twelve GP practices have still to submit their data and therefore the percentage uptake is likely to be higher. The success of the annual influenza vaccination programme reflects considerable coordination and effort from many sectors of the HPSS and all are to be congratulated on this high uptake.

The mumps outbreak shows little sign of decreasing with over 2000 notifications in the first 12 weeks of this year - a ten fold rise compared to the same period last year. The highest notifications being from the Western Board. There is good news on the vaccine front - MMR vaccination uptake rates at 24 months of age have increased by one percentage point to 87.7% with MMR coverage rates in Northern Ireland significantly higher than England (79.8%), Wales (82.9%) and similar to Scotland (88.0%)

For the past twelve months the Monthly Report has been available in electronic format only. Readers will also have noticed changes to the format in recent months as we explore different styles. This change was prompted by cost and readers indicating most had web access. In addition, an electronic copy permits greater flexibility regarding the size of each Monthly Report. We would welcome your comments and suggestions on the format - feedback should be forwarded to cdscni@hpa.org.uk

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Outcome of the independent review of endoscope decontamination in Northern Ireland

Following an incident in Northern Ireland in May 2004 when a gastroscopie may not have been adequately disinfected, a detailed observational audit of all endoscopes in use in hospitals throughout Northern Ireland was undertaken in June 2004 (1). This identified concerns with 16 endoscopes including gastroscopes, duodenoscopes, and colonoscopes. Concerns fell into two groups: in the first group, one narrow channel in the endoscope was not fully cleaned or disinfected despite going through the normal cleaning and disinfection process; in the second group, all the channels had been fully cleaned, but one channel may not have been fully disinfected despite going through the normal cleaning and disinfection process.

Following advice from an expert advisory group convened by the Health Protection Agency, a patient notification exercise offering testing for bloodborne viruses was undertaken for patients associated with endoscopes in the first group. One thousand, seven hundred and seventy-one patients from three Trusts were contacted and offered testing. Of these, 1,476 were tested and there was no evidence of any patient acquiring infection with hepatitis B, hepatitis C, or HIV following a procedure with these particular endoscopes. A further 1,788 patients, who had undergone a procedure with an endoscope in which one channel may not have been fully disinfected despite going through the normal cleaning and disinfection process, were contacted and reassured. The risk of acquiring infection from an endoscope was considered to be very low, given the estimated prevalence of bloodborne viruses in the Northern Ireland population to be less than 3 per 1,000.

As a result of the audit, the Department of Health, Social Services, and Public Safety (DHSSPS) commissioned an independent review of the systems and processes used within Northern Ireland to achieve the cleaning and high-level disinfection of flexible endoscopes following their use in the investigation and treatment of patients. The Review Group, led by Dame Deirdre Hine, included specialists in gastroenterology, infection control and endoscope decontamination. Their investigations included interviews with relevant Trust staff, DHSSPS, the Health Estates Agency, Regional Supplies Services and representatives of the suppliers and manufacturers of the devices involved.

The DHSSPS published the Review Group's findings on 16 March 2005 (2). Fifty-five recommendations were made including:

- The need for a more systematic approach to the selection, procurement and replacement of equipment. This would enable the assessment of clinical and risk management issues.
- Regular training needs analyses of staff in endoscopy suites with a designated person in each Trust responsible for staff training, performance assessment, and maintaining training records of all staff.
- Improving governance arrangements by establishing a simple Trust committee structure, to ensure decontamination issues are appropriately addressed.
- The need for comprehensive audit arrangements covering the totality of the decontamination process.
- Clarifying the line of accountability for the safety of decontamination of re-usable medical devices including endoscopes.
- Improving microbiology support to staff responsible for decontamination policy and practice.
- Specific reference should be made in the British Society of Gastroenterology guidelines to endoscopes with wire channels and auxiliary water channels when these guidelines are re-written.

References

1. HPA. Investigation of the decontamination arrangements for endoscopes in Northern Ireland. *Commun Dis Rep CDR Wkly* [serial online] 2004 [cited 31 March 2005] **14** (26): News. Available at <<http://www.hpa.org.uk/cdr/archives/2004/cdr2604.pdf>>.
2. Endoscopy Review Group. Report of an independent review of endoscope decontamination in Northern Ireland. Belfast: Department of Health Social Services and Public Safety, March 2005. Available at <<http://www.nics.gov.uk/press/hss/050316b-hss.htm>>.

Influenza Vaccination Programme: Winter 2004/05

- **Regional targets for influenza vaccination met, and exceeded, by all four Health Boards 72.8% uptake in the over 65 age group**
- **Uptake rates in under 65's "at risk" continues to increase – uptake of 65.2%**
- **More than two-thirds of all GP practices in Northern Ireland achieve uptake rates of >70% in patients aged 65 years and over**

Provisional analysis of the winter 2004/05 Influenza Vaccination Programme was completed at the end of March 2005.

The Department of Health, Social Services and Public Safety (DHSSPS) set a regional target of 70% influenza immunisation uptake among the over 65 population for winter 2004/05. Prior to the commencement of the 2004/05 campaign it was once again agreed that, across Northern Ireland, a nominal 10% of the under 65 population should also be considered "at risk". Therefore, DHSSPS also set an additional target of 60% influenza immunisation uptake among the under 65 "at risk" population. These targets are, therefore, unchanged from those set for both 2002/03 and 2003/04.

As in previous campaigns, the following groups of patients were considered "at risk" and were offered influenza vaccination; all those over 65 years of age, all those in long stay residential care and all those with underlying "high risk" conditions (chronic respiratory, cardiac or renal disease, immunosuppression through disease or chemotherapy and diabetes). In addition, the Joint Committee on Vaccination and Immunisation recommended that, during 2004/05, all children who had previously been admitted to hospital for lower respiratory tract disease should be included in the risk groupings for influenza and should be offered vaccination. Over two hundred and sixty-six thousand influenza vaccines were administered to all groups of patients considered "at risk" during the 2004/05 campaign.

At the close of the winter 2004/05 campaign, 353 of the 365 practices in the Province were included in the provisional analysis. Of the total 266,334 vaccines administered, 167,273 (62.8%) were given to the 65+ age group. By the end of the campaign, the regional target uptake rate of 70% in the over 65 population had been exceeded in each of the four Health Boards (range 70.5% - 74.1%). The overall uptake in the over 65 population for 2004/05 was 72.8%, which is only slightly lower than was achieved during winter 2003/04 (73.4%). This slight decrease in the overall uptake rate may, at least in part, reflect problems with vaccine supply experienced throughout the UK during the first few weeks of the 2004/05 campaign. In addition, the number of individuals aged 65 years or over registered with the Central Services Agency increased by 1.4% (3,212 persons), between October 2003 and October 2004. As in 2003/04, almost sixty-nine per cent of practices in Northern Ireland achieved an uptake rate of 70% or more in the 65+ age group during 2004/05. This compares to sixty-four percent of practices in 2002/03. Therefore, once again, the decision to target the under 65 "at risk" patients during the current season has not proved detrimental to the ongoing annual vaccination of those aged over 65.

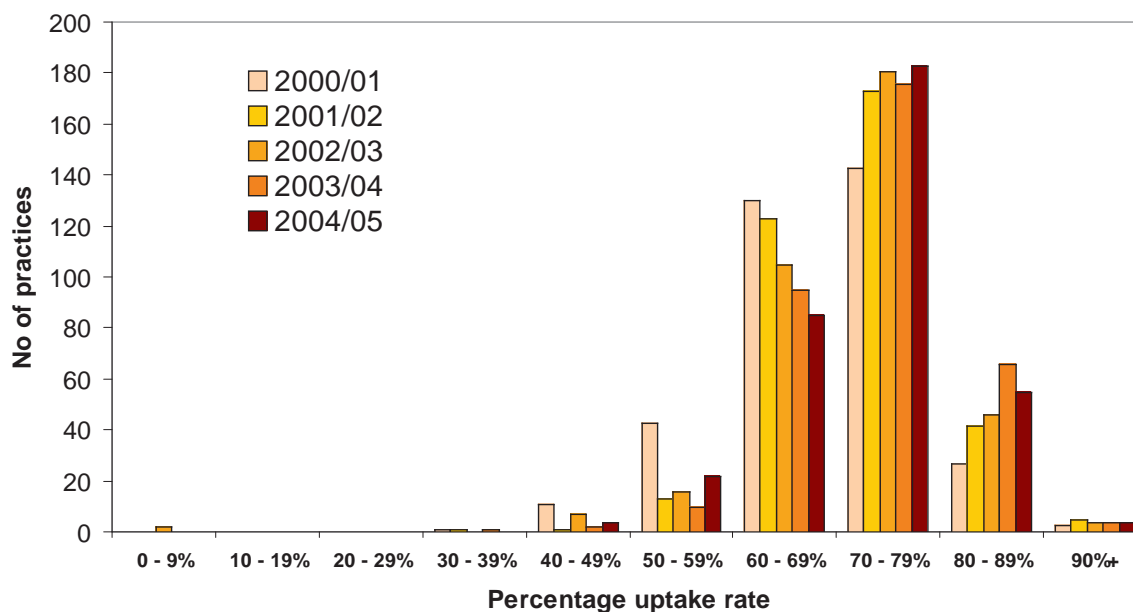
A total of 99,061 vaccines were administered to under 65 "at risk" patients. Of these, 10,038 were administered to patients under 15 years of age, 88% of whom were children with chronic respiratory disease. Of the 89,023 patients within the 15-64 years age group who were vaccinated, 45% were categorised as suffering from chronic respiratory disease, 25% from chronic cardiac disease and 18% from diabetes. The overall uptake in the under 65 "at risk" population for 2004/05 was 65.2% and each Board exceeded the regional target (inter-Board range 61.4% - 67.5%), indicating a further increase in the uptake rate within this group when compared to 2003/04 (63.8%).

CDSC (NI) appreciates the efforts of all those involved in the timely supply of influenza vaccination uptake data from each Health and Social Service Board.

Table 1: Influenza Vaccine Programme Summary: Winter 2004/05

| | EHSSB | NHSSB | SHSSB | WHSSB | NI |
|--|--------------|--------------|--------------|--------------|------------|
| No of practices in Board (CSA Oct 04) | 147 | 83 | 76 | 59 | 365 |
| Size of registered population in Board (CSA Oct 04) | 714,068 | 422,494 | 346,652 | 308,673 | 1,791,887 |
| Size of registered 65+ population in Board (CSA Oct 04) | 102,446 | 58,020 | 42,159 | 34,019 | 236,644 |
| No of practices submitting return by specified date | 135 | 83 | 76 | 59 | 353 |
| Size of total registered population of practices which submitted return | 671,413 | 422,494 | 346,652 | 308,673 | 1,749,232 |
| % of registered Board population covered by practices which submitted return | 94.0% | 100% | 100% | 100% | 97.6% |
| No of influenza vaccines administered per practice which submitted return | | | | | |
| Total number administered in Board | 107,281 | 67,564 | 49,458 | 42,031 | 266,334 |
| Range | 73 - 3,072 | 129 - 2,542 | 177 - 1,848 | 188 - 1,532 | 73 - 3,072 |
| Median | 645 | 711 | 566 | 647 | 652 |
| Mean | 795 | 814 | 651 | 712 | 754 |
| % vaccine uptake rate among 65+ population per practice submitting return | | | | | |
| Total no of vaccines administered to 65+ population | 69,562 | 42,970 | 30,776 | 23,965 | 167,273 |
| Range | 31 - 2,143 | 53 - 1,651 | 92 - 1,175 | 71 - 930 | 31 - 2,143 |
| Median | 419 | 457 | 339 | 393 | 408 |
| Mean uptake rate as percentage of 65+ population (CSA Oct 04) in Board | 72.8% | 74.1% | 73.0% | 70.5% | 72.8% |
| Percentage of practices achieving >= 70% uptake rate | 68.1% | 73.5% | 69.7% | 61.0% | 68.6% |

Figure 1: Percentage influenza vaccine uptake Rate in 65+ age Group: (Northern Ireland), Winter 2000/01 to Winter 2004/05



Publication of the Northern Ireland Interim Influenza Pandemic Contingency Plan

On 2 March 2005, the Department of Health, Social Services and Public Safety (DHSSPS) published the Northern Ireland Interim Pandemic Contingency Plan (<http://www.dhsspsni.gov.uk/phealth/pandemic-flu.asp>). It outlines the DHSSPS contingency arrangements for the occurrence of an influenza pandemic. It complements the UK Health Department's Influenza Pandemic Contingency Plan (<http://www.dh.gov.uk/assetRoot/04/10/44/37/04104437.pdf>).

It provides background information on pandemic influenza, details of the underlying planning assumptions and clarity on responsibilities before, during and after a pandemic. It also provides a framework for health agencies to update and develop their own more detailed local plans.

(reference: HSS (MD) 10/2005)

Childhood Vaccine Preventable Illnesses and the Vaccination Programme

The mumps outbreak across Northern Ireland is ongoing. This edition of the Monthly Report details new arrangements for the enhanced surveillance of mumps, and presents statistics up to epidemiological week 12, 2005.

Routine surveillance data are otherwise unremarkable.

Vaccination uptake (COVER) statistics are now available for the quarter ended December 2004 and show MMR1 uptake at 24 months of age, at 87.7%; an increase of 1.0 percentage points on the previous quarter's figure.

Childhood Vaccine Preventable Diseases

Routine information on childhood vaccine preventable diseases is available from three sources:

1. Clinical notifications

Table 2: Notifications of Vaccine Preventable Infectious Diseases, Northern Ireland*

| Disease | Weeks 5-8, 2005 | Weeks 9-12, 2005 | Cumulative Total to Week 12, 2005 | Cumulative Total to Week 12, 2004 |
|----------------|-----------------|------------------|-----------------------------------|-----------------------------------|
| Diphtheria | 0 | 0 | 0 | 0 |
| Measles | 4 | 12 | 21 | 29 |
| Mumps | 703 | 1,033 | 2,171 | 209 |
| Polio | 0 | 0 | 0 | 0 |
| Rubella | 1 | 4 | 7 | 8 |
| Tetanus | 0 | 0 | 0 | 0 |
| Whooping Cough | 3 | 1 | 8 | 7 |

*Data provisional

2. Laboratory reports

Table 3: Laboratory Reports of Vaccine Preventable Infectious Diseases*, Northern Ireland

| Disease | Weeks 5-8, 2005 | Weeks 9-12, 2005 | Cumulative Total to Week 12, 2005 | Cumulative Total to Week 12, 2004 |
|----------------------|-----------------|------------------|-----------------------------------|-----------------------------------|
| Diphtheria | 0 | 0 | 0 | 0 |
| Invasive Hib disease | 0 | 0 | 0 | 2 |
| Measles | 0 | 0 | 0 | 0 |
| Mumps** | 62 | 17 | 129 | 29 |
| Polio | 0 | 0 | 0 | 1 |
| Rubella | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 |
| Whooping Cough | 0 | 0 | 0 | 0 |

*Data provisional

** Serologically confirmed by RVL

3. Salivary antibody testing

Report of the salivary antibody testing programme in Northern Ireland, Quarter 1, 2005:

- Salivary testing completed on 15% (328/2199) notifications of measles, mumps and rubella
- 221 cases of mumps confirmed
- 1 positive measles result; may represent recent vaccination
- No cases of rubella confirmed

Table 4: Salivary Antibody Testing Results, Quarter 1, 2005, Northern Ireland*

| | Board | Notifications | Salivary test completed | | |
|----------------|--------------|---------------|-------------------------|----------------|---------------|
| | | | | Confirmed Case | Not Confirmed |
| Measles | NHSSB | 3 | 3 | 0 | 3 |
| | SHSSB | 10 | 6 | 1 | 5 |
| | EHSSB | 6 | 1 | 0 | 1 |
| | WHSSB | 2 | 0 | 0 | 0 |
| | Total | 21 | 10 | 1 | 9 |
| Mumps | NHSSB | 255 | 94 | 69 | 25 |
| | SHSSB | 531 | 93 | 67 | 26 |
| | EHSSB | 820 | 78 | 46 | 32 |
| | WHSSB | 565 | 54 | 40 | 14 |
| | Total | 2171 | 319 | 222 | 97 |
| Rubella | NHSSB | 1 | 0 | 0 | 0 |
| | SHSSB | 4 | 1 | 0 | 1 |
| | EHSSB | 1 | 1 | 0 | 1 |
| | WHSSB | 1 | 1 | 0 | 1 |
| | Total | 7 | 3 | 0 | 3 |

*Data Provisional

Source: CDSC (Colindale),
CDSC (NI)

Salivary antibody testing of notified cases of measles, mumps and rubella infection offers a convenient, non-invasive and sensitive method of confirming the initial diagnosis in children. With continued misleading information concerning MMR vaccine and evidence of falling vaccination uptake levels it is particularly important to be able to detect an increase in these infections. Consultants in Communicable Disease Control (CsCDC) routinely forward a salivary testing kit to each general practitioner notifying an individual with measles, mumps or rubella infection. The salivary samples are then posted to the Central Virus Laboratory in London for analysis.

Thanks go to CsCDC, GPs and community nurses who participated in the salivary testing programme.

Vaccination Coverage Statistics for Children in Northern Ireland

COVER/Korner statistics now available for quarter October to December 2004:

- **MMR uptake at 24 months increases by 1 percentage point to 87.7%**
- **Men C uptake at 5 years increases by 9.1 percentage points to 93.8%**

The vaccination coverage statistics for Northern Ireland (COVER/Korner Programme) are now available for the fourth quarter of 2004. 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 the children in the four Boards in Northern Ireland and the United Kingdom as a whole.

Table 5: Completed Primary Immunisations by 12 months of age (October - December 2004), Northern Ireland

| Board | % Coverage at 12 months | | | | | | | |
|-----------------|--------------------------|-------|--------|--------|-------|-------|------|-------|
| | No of children in cohort | Dip3 | Tet3 | Pol3 | Pert3 | Hib3 | MMR | MenC |
| Eastern | 1,993 | 93.3% | 93.30% | 93.00% | 93.0% | 93.5% | 0.2% | 93.9% |
| Northern | 1,332 | 95.2% | 95.20% | 95.10% | 94.8% | 95.3% | 0.0% | 95.3% |
| Southern | 1,215 | 95.5% | 95.50% | 95.60% | 95.2% | 95.6% | 0.1% | 96.0% |
| Western | 976 | 95.5% | 95.50% | 95.50% | 95.3% | 95.7% | 0.1% | 96.1% |
| NI Total | 5,516 | 94.6% | 94.60% | 94.50% | 94.3% | 94.8% | 0.1% | 95.1% |

- Dip3, Tet3 and Pert3 fall by 0.1 – 0.2 percentage points compared to last quarter
- Men C uptake increases by 0.1 percentage points
- Pol3, Hib3 and MMR remain the same

Table 6: Completed Primary Immunisations by 24 months of age (October - December 2004), Northern Ireland

| Board | No of children in cohort | % Coverage at 24 months | | | | | | |
|----------|--------------------------|-------------------------|--------|--------|-------|-------|-------|-------|
| | | Dip3 | Tet3 | Pol3 | Pert3 | Hib3 | MMR | MenC |
| Eastern | 1,875 | 96.1% | 96.10% | 95.90% | 95.7% | 96.3% | 85.5% | 96.6% |
| Northern | 1,417 | 98.1% | 98.10% | 98.00% | 97.7% | 98.0% | 88.2% | 97.9% |
| Southern | 1,080 | 97.7% | 97.70% | 97.30% | 97.4% | 97.6% | 90.4% | 97.3% |
| Western | 1,027 | 97.7% | 97.70% | 97.70% | 94.3% | 97.6% | 88.3% | 97.6% |
| NI Total | 5,399 | 97.2% | 97.20% | 97.10% | 96.3% | 97.2% | 87.7% | 97.3% |

- Dip3, Tet3, Pol3 and Hib3 all increase by 0.1 percentage points compared to last quarter
- MMR increases by 1.0 percentage points to 87.7%
- Pert3 and Men C decrease by 0.4 and 0.1 percentage points respectively

Table 7: Completed Primary Immunisations by 12 and 24 months of age (October - December 2004), UK

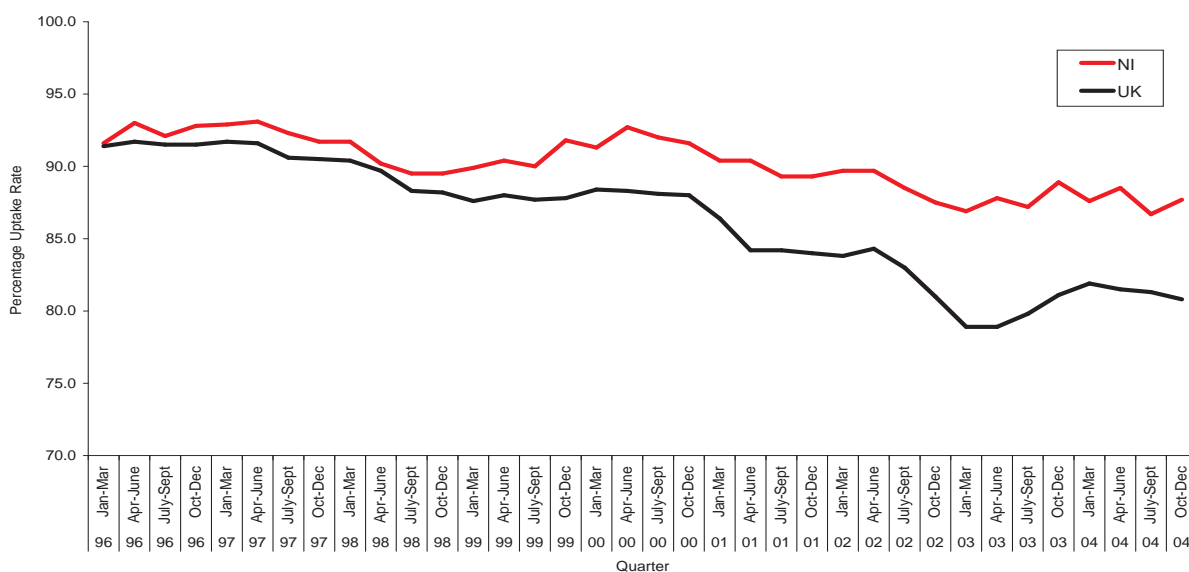
| Country | % Coverage at 12 months | | | | % Coverage at 24 months | | | | |
|----------|-------------------------|-------|------|------|-------------------------|-------|------|------|------|
| | Dip3 | Pert3 | Hib3 | MenC | Dip3 | Pert3 | Hib3 | MenC | MMR |
| England | 89.7 | 89.5 | 89.6 | 89.4 | 93.3 | 93.0 | 93.2 | 92.8 | 79.8 |
| Wales | 93.7 | 93.1 | 93.5 | 93.8 | 96.3 | 95.4 | 96.2 | 95.9 | 82.9 |
| Scotland | 95.3 | 95.2 | 95.0 | 94.3 | 97.4 | 97.1 | 96.8 | 96.4 | 88.0 |
| UK | 90.5 | 90.3 | 90.3 | 90.2 | 93.9 | 93.5 | 93.7 | 93.4 | 80.8 |

Table 8: Vaccine Coverage at 5 years (October - December 2004), Northern Ireland

| Board | Dip3 | Pert3 | Hib3 | Dip4 | MMR1 | MMR2 | MenC |
|---------------------|---------------|-------|-------|-------|-------|-------|-------|
| Eastern | 97.5% | 96.9% | 96.8% | 84.4% | 95.0% | 81.5% | 91.7% |
| Northern | 98.1% | 97.7% | 97.6% | 92.0% | 95.9% | 88.1% | 96.7% |
| Southern | 97.1% | 96.2% | 95.9% | 97.0% | 96.3% | 85.4% | 93.9% |
| Western | 97.2% | 96.3% | 96.3% | 89.1% | 95.7% | 84.5% | 93.9% |
| NI | 97.5% | 96.9% | 96.7% | 87.7% | 95.6% | 84.6% | 93.8% |
| England | 93.7% | 93.0% | 93.0% | 78.7% | 88.5% | 72.9% | 90.2% |
| Wales | 95.3% | 93.9% | 94.8% | 83.2% | 89.2% | 75.4% | 94.1% |
| Scotland | Not available | | | | | | |
| England, Wales & NI | 93.9% | 93.2% | 93.2% | 79.3% | 88.8% | 73.5% | 90.5 |

- Dip3, Pert3 and Hib3 fall by 0.2 – 0.4 percentage points compared to last quarter
- Dip4 and MMR2 increase by 0.8 and 0.1 percentage points respectively
- MMR1 remains the same
- Men C increases by 9.1 percentage points to 93.8%

Figure 2: MMR Vaccination Uptake Rate at 24 months, NI and UK, 1996 - 2004



Erratum: In Vol 14 No 1 Table 7: Vaccination Coverage at 5 years (July – September 2004), MMR2 uptake for Northern Ireland should read 84.5%

Mumps Outbreak

Summary points at week 12, 2005:

- **2,171 mumps notifications were received in the first 12 weeks in 2005, compared with 209 for the same period in 2004**
- **84% (1122/1341) of notifications with enhanced detail provided are from the birth year cohort 1982-1991**

Changes to the arrangements for enhanced surveillance

A number of changes have been made to the surveillance arrangements detailed in Monthly Report Volume 14, No. 1. As of 15 March 2005 these are:

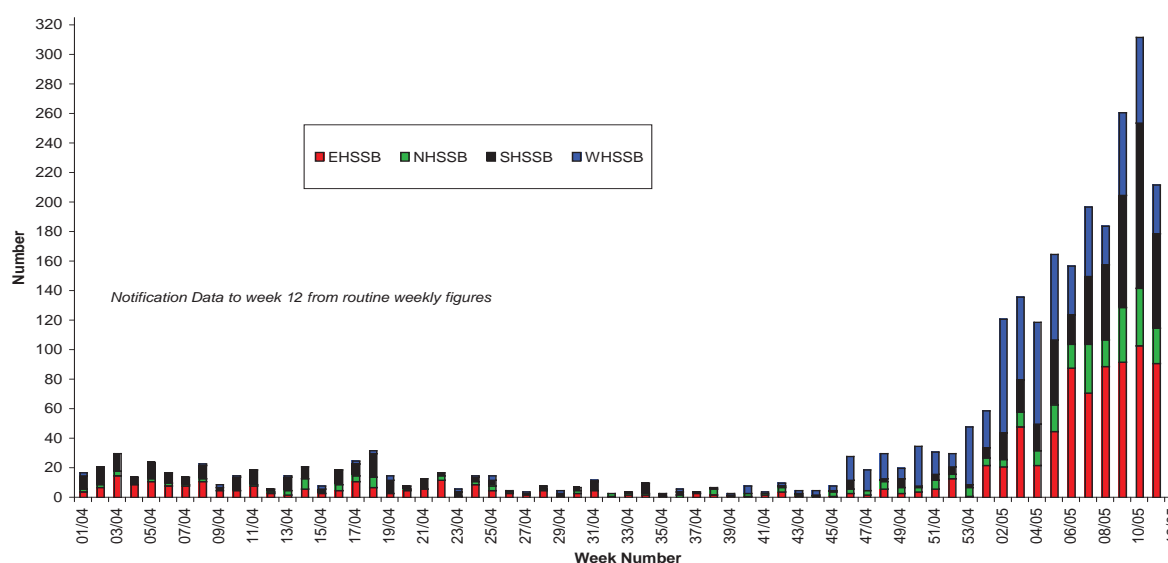
- Confirmation of cases through salivary antibody testing is now limited to those cases born after 1989
- Date of birth and date of notification data are now provided to CDSC (NI) on all mumps notifications
- Vaccination status data are now provided to CDSC (NI) on all laboratory confirmed cases and on all notifications born after 1983

One consequence of this change in arrangements is that laboratory confirmed cases are no longer useful in elaborating on historic trends. The focus of attention in this regard should now be on the notifications data.

Outbreak description

Notifications remain at high levels in all Board areas.

Figure 3: Provisional Notifications of Mumps, by Board and Week Number, 2004 - 2005, Northern Ireland



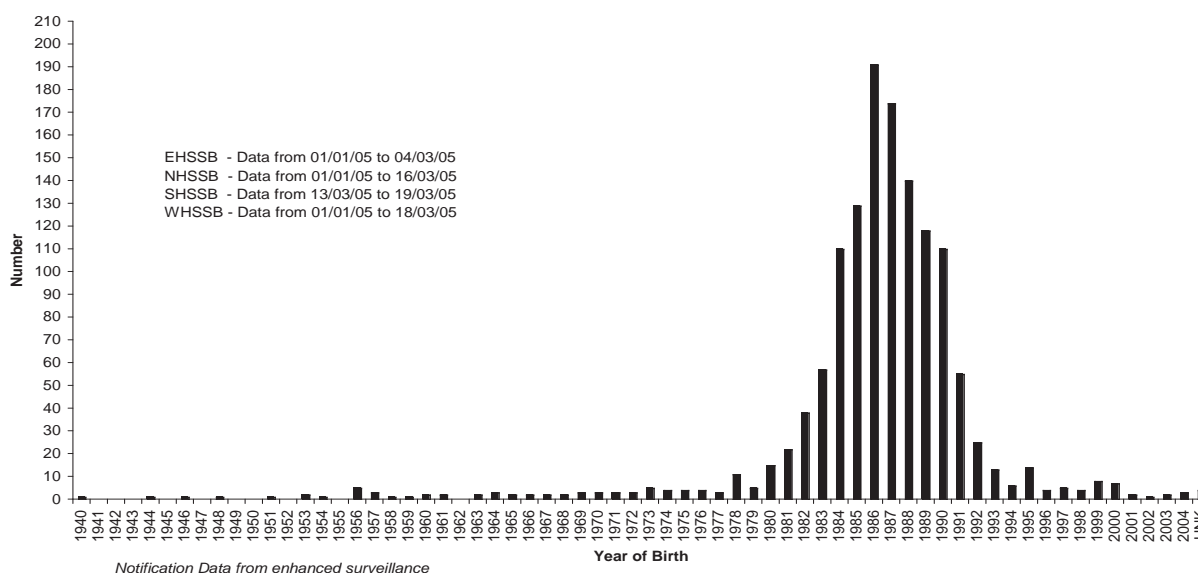
While the cumulative absolute number for the first 12 weeks in 2005 is highest for EHSSB, the rate (notifications per 100,000 population) is highest in WHSSB (See Table 9) .

Table 9: Cumulative Mumps Notification Data by Health Board, Weeks 1-12, 2005

| | No. Notifications | Notifications/100,000 population |
|-------|-------------------|----------------------------------|
| EHSSB | 820 | 123 |
| NHSSB | 255 | 59 |
| SHSSB | 531 | 168 |
| WHSSB | 565 | 198 |

The birth year cohort 1982-1991 remains the most severely affected accounting for 84% (1122/1341) of all notifications on whom this information is available.

Figure 4: Provisional Notifications of Mumps by Year of Birth, Northern Ireland, 2005

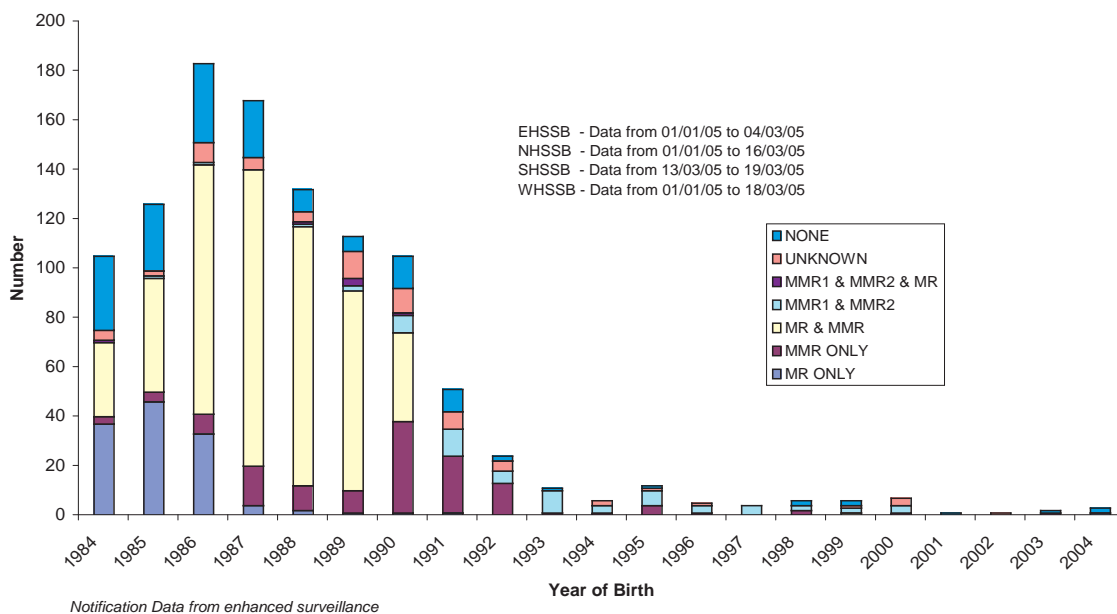


Vaccination status detail is available for 90% (1007/1121) of notifications born after 1983. Data continue to emphasise the need for two doses of mumps-containing vaccine.

3% (29/932) of cases born 1984-1991 have had two doses of mumps-containing vaccine, with 68% having one dose and 29% having no doses.

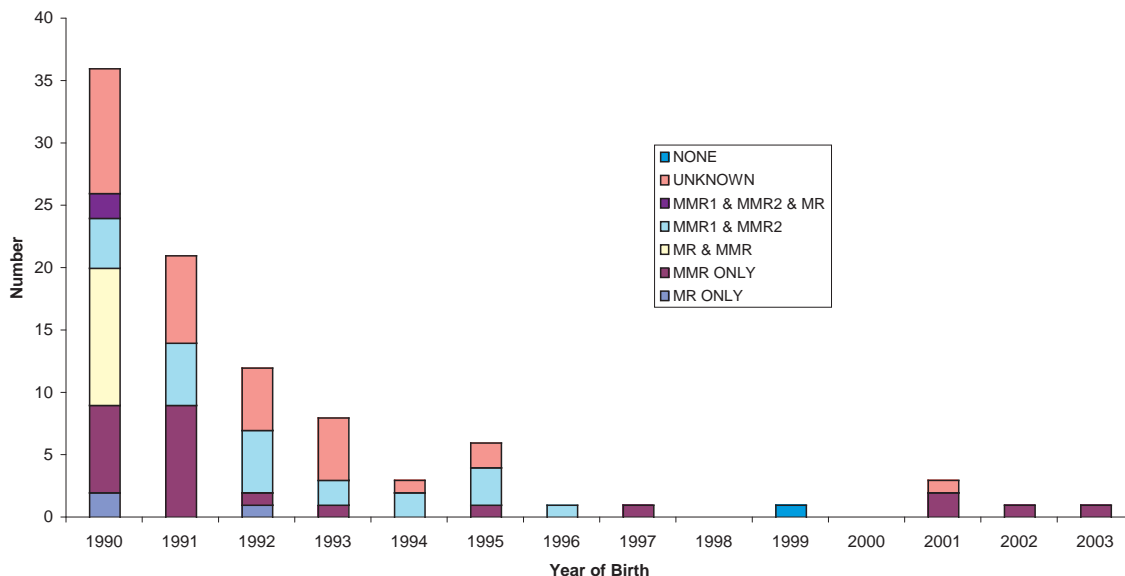
In those born after 1991 the proportion of cases with two doses of mumps-containing vaccine increases to 50% (37/74). This is likely to reflect that the majority of those exposed to mumps in this age group will have had two MMR doses; as opposed to poor vaccine efficacy per se.

Figure 5: Provisional Mumps Notifications by Year of Birth (1984 and younger) and Vaccination Status, 2005, Northern Ireland(n=1,071)



Laboratory testing remains an important check on the validity of notifications in those born after 1991. A provisional analysis of vaccination status in laboratory confirmed cases is presented below.

Figure 6: Provisional Mumps: Laboratory Reports (RVL & Salivary Ab) by Year of Birth (1990 and Younger) and Vaccination Status, 2005, Northern Ireland (n=94)



Eleventh EPIET Introductory Course: Call for Applications

The European Programme for Intervention Epidemiology Training (EPIET) provides tuition and practical experience in applied epidemiology at national centres of epidemiology, public health, environmental health or surveillance and control of communicable diseases. EPIET aims to create a European-wide network of professionals trained in applied epidemiological methods of surveillance, public health action and control of infectious diseases. The European Commission and individual member states fund the programme. As part of the programme, EPIET runs a three-week intensive course in intervention epidemiology.

Applications for the EPIET 11th Introductory Course 2005 in Menorca are now officially open. Information and registration forms are published on the website.

<http://www.epiet.org/course/2005/index.htm>

The course provides a comprehensive introduction to intervention epidemiology methods. It is practically oriented and aims to encourage and equip participants for future field investigations in European countries. It is open to public health professionals, physicians, veterinarians, microbiologists, biostatisticians and environmental health specialists.

The course teaches intervention epidemiology using case studies and interactive teaching methods. Topics include:

- The development and presentation of a study protocol (defining the study question, designing the methodology, drawing the questionnaire and presenting the protocol to the rest of the group and to the facilitators),
- The basis for developing and evaluating surveillance systems and presentation of major European surveillance systems,
- Information on methods of outbreak investigation, supported by exercises and case studies based on real investigations,
- Instruction in analytical epidemiological skills for data analysis: risk, association, impact, stratification, bias, confounding, effect modification, matching and multi-variable analysis,
- Attendance at the EPIET Scientific Seminar, which is held at the end of the three-week course.

Throughout the course there is a strong emphasis on written and oral communication skills.

Foodborne and Gastrointestinal Tract Infections: Laboratory Reports, Weeks 09 - 12

| | Number of Reports received | | Cumulative total | |
|--------------------------------|----------------------------|----------|------------------|----------|
| | 05/09-12 | 04/09-12 | 05/01-12 | 04/01-12 |
| <i>Campylobacter</i> | 15 | 51 | 65 | 148 |
| <i>C. difficile</i> Toxin | 29 | 123 | 189 | 364 |
| <i>C. perfringens</i> | 0 | 0 | 3 | 4 |
| <i>E. coli</i> O 157 | 0 | 0 | 0 | 3 |
| <i>Salmonella</i> total | 0 | 5 | 9 | 14 |
| <i>S. enteritidis</i> (PT 4) | 0 | 3 (2) | 4 (1) | 7 (2) |
| <i>S. typhimurium</i> (DT 104) | 0 | 1 | 2 | 2 |
| <i>Salmonella</i> other | 0 | 1 | 3 | 5 |
| <i>Shigella</i> | 0 | 0 | 0 | 2 |
| <i>Cryptosporidium</i> | 3 | 5 | 13 | 13 |
| <i>Giardia</i> | 0 | 1 | 5 | 6 |
| Adenovirus (faeces) | 2 | 14 | 18 | 41 |
| Enterovirus (faeces) | 0 | 0 | 0 | 3 |
| Rotavirus | 7 | 72 | 19 | 91 |
| SRSV | 0 | 19 | 63 | 27 |

One major laboratory has been unable to report for weeks 05-12. This needs to be considered with the subsequent comments on the data table.

With the exception of SRSV, the majority of gastrointestinal infections are showing a decrease compared with the same period last year.

There have been no reports to date of *E. Coli* O 157, *Shigella* or *Enterovirus*.

Reports of *Campylobacter*, *C Difficile* Toxin, *C Perfringens* and *Salmonella* have decreased by 56%, 48%, 25% and 36% respectively.

Reports of *Cryptosporidium* remain the same as this time last year.

Cases of Adenovirus and Rotavirus have more than halved compared to the same period last year.

Mycobacteria: Laboratory Reports Weeks 01 - 12

| | Number of Reports received | | | Cumulative total | |
|--------------------------------------|----------------------------|----------|----------|------------------|-----------|
| | 05/01-04 | 05/05-08 | 05/09-12 | 05/01-12 | 04/01-12 |
| <i>M. abscessus</i> | 0 | 1 | 0 | 1 | 2 |
| <i>M. avium-intracellulare</i> group | 3 | 0 | 2 | 5 | 4 |
| <i>M. bovis</i> | 0 | 0 | 1 | 1 | 0 |
| <i>M. chelonae</i> | 1 | 0 | 0 | 1 | 0 |
| <i>M. gordonae</i> | 4 | 0 | 0 | 4 | 1 |
| <i>M. peregrinum</i> | 1 | 0 | 0 | 1 | 0 |
| <i>M. sp</i> | 0 | 0 | 0 | 0 | 1 |
| <i>M. tuberculosis</i> | 1 | 2 | 3 | 6 | 10 |
| TOTAL | 10 | 3 | 6 | 19 | 18 |

Comment:

One case of *M. abscessus* isolated from sputum was reported during this twelve week reporting period. The patient was unknown sex, aged 30 years.

Five cases of *M. avium-intracellulare* group were reported during week 1-12 of 2005. Three were isolated from sputum and two from pus. Three cases were male, aged between 3 years and 67 years. Two cases were female, aged 45 years and 82 years.

One case of *M. bovis* was isolated from sputum. The patient was male, aged 40 years. Risk information is awaited.

One case of *M. chelonae* was isolated from sputum during this twelve week reporting period. The patient was female, aged 68 years.

Four cases of *M. Gordonae* were reported during weeks 1-12 of 2005. Three cases were male aged between 51 years and 68 years. One case was female aged 65 years. All cases were isolated from sputum.

There was one case of *M. peregrinum* isolated from urine during this reporting period. The patient was female aged 44 years.

There were six reports of *M. tuberculosis* during this reporting period. Four were isolated from sputum, one from spine and one from lower respiratory tract. Four cases were male aged between 27 years and 79 years. One case was female aged 33 years and one case was unknown sex aged 13 years.

Contributing Laboratories

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

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Comments and contributions are welcomed and should be sent to the Editor.

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