



# COMMUNICABLE DISEASES

# Monthly Report

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The theme this month is vaccination and this edition contains the latest quarterly vaccination and immunisation uptake statistics from the childhood vaccination programme. Uptake rates for MMR have exceeded 90% for the fourth successive quarter and are currently at their highest level since October/December 2000. This is excellent news, not just that the previous decline in MMR coverage has been reversed, but also because of the resurgence of measles in Great Britain. Numerous outbreaks have been reported this year involving travelling communities, nursery and primary schools. Tragically in April a child died from measles and this was the first UK measles fatality for 14 years. While there has been no reported increase in notified cases in Northern Ireland, and there have been no confirmed cases this year, doctors have been reminded of the need to be vigilant and of the importance of timely diagnosis, investigation and vaccination as advised by the local Consultant in Communicable Disease Control.

It may only be mid summer but preparations are already well underway for the autumn influenza immunisation programme building on the record immunisation uptake rates from last winter. Reference is made to the DHSSPS annual circular setting out arrangements for this winter and to a separate circular describing changes to the childhood immunisation programme. Key changes are the introduction of a pneumococcal conjugate vaccine which will be offered to all infants and changes to the scheduling of elements of the childhood programme.

**Dr Brian Smyth**  
**Regional Epidemiologist**

## Contents

## Page

Changes to the Childhood Vaccination Programme	2-3
Childhood Vaccine Preventable Illnesses and the Vaccination Programme	4-5
Vaccination Coverage Statistics for Children in Northern Ireland	6-8
Enhanced Surveillance of Enteric Fever	9

## Laboratory Reports

Foodborne and Gastrointestinal Tract Infections: Laboratory Reports, Weeks 21-24	10
Respiratory Tract Infections: Laboratory Reports, Weeks 09-24	11
Contributing Laboratories and Information	12

## Changes to the childhood vaccination programme

The Department of Health, Social Services and Public Safety (DHSSPS) has announced further information on the changes to the routine childhood immunisation programme. This builds on the earlier announcement in February this year (HSS(MD)2-2006).

The key points are that from 4 September 2006:

- Pneumococcal conjugate vaccine will be introduced to the routine childhood immunisation programme and will be offered to children at 2, 4 and 15 months
- The schedules for offering MenC and Hib vaccines are modified with MenC vaccine being offered to children at 3 and 4 months of age with a booster dose of Hib and MenC vaccine (given as a combined Hib/MenC vaccine) at 12 months
- A pneumococcal vaccination catch-up programme will be carried out for children aged under 2 years.

These changes mean that:

- infants will be offered different combinations of vaccines at 2, 3 and 4 months of age
- three injections will be offered to infants at 4 months of age
- a new 12 month vaccination visit will be introduced

Information material for parents and health professionals will be widely available and can also be obtained from the DHSSPS website ([www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)).

*(reference: HSS (MD) 14/2006)*

## Influenza immunisation programme 2006/7

The DHSSPS has also issued its annual guidance regarding the influenza immunisation programme for the forthcoming winter. It notes the 2005/6 season had the highest ever uptake of flu vaccine (76.8% in those aged 65 years and over and 80.9% uptake among those aged under 65 years and in an "at risk" category).

Manufacturers are encountering problems growing one of the vaccine virus strains recommended for this year's flu vaccine. Thus most supplies of flu vaccine will be distributed later than usual.

The Joint Committee on Vaccination and Immunisation (JCVI) confirm that flu vaccine should be prioritised for those aged 65 years and over and those in the following risk groups. Vaccine should be used to all those in Priority Group 1 first, and then the following groups in order, as vaccine becomes available.

Category	Description
1	All those aged 65 years and over All those aged over 6 months in the JCVI recommended risk groups only
2	Those living in long-stay residential care homes or other long stay facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include prisons, young offenders institutions, or university halls of residence)
3	Carers defined as "those in receipt of a carer's allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice"
4	Healthcare workers
5	Any other groups

(reference:HSS (MD) 22-2006)

## Childhood Vaccine Preventable Illnesses and the Vaccination Programme

Notifications of mumps in Northern Ireland continue at just above baseline levels. This edition of the Monthly Report presents statistics up to epidemiological week 24, 2006.

Routine surveillance data are otherwise unremarkable.

Vaccination uptake (COVER) statistics are now available for the quarter ended March 2006 and show MMR1 uptake at 24 months of age, at 90.9%; an increase of 0.3 percentage points compared to the previous quarter's figure.

### Childhood Vaccine Preventable Diseases

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

#### 1. Clinical notifications

**Table 1: Notifications of Vaccine Preventable Infectious Diseases, Northern Ireland**

Disease	Weeks 13-16, 2006	Weeks 17-20, 2006	Weeks 21-24, 2006	Cumulative Total to Week 24 2006	Cumulative Total to Week 24, 2005
Diphtheria	0	0	0	0	0
Measles	5	5	12	26	32
Mumps	23	13	18	129	4037
Polio	0	0	0	0	0
Rubella	3	4	1	15	21
Tetanus	0	0	0	0	0
Whooping Cough	0	0	0	4	14

\*Data provisional

#### 2. Laboratory reports

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

Disease	Weeks 13-16, 2006	Weeks 17-20, 2006	Weeks 21-24, 2006	Cumulative Total to Week 24, 2006	Cumulative Total to Week 24, 2005
Diphtheria	0	0	0	0	0
Invasive Hib disease	0	0	0	0	3
Measles	0	0	0	0	0
Mumps**	3	0	1	11	276
Polio	0	0	0	0	0
Rubella	2	0	0	2	1
Tetanus	0	0	0	0	0
Whooping Cough	0	0	0	0	0

\*Data provisional

\*\* Serologically confirmed by RVL

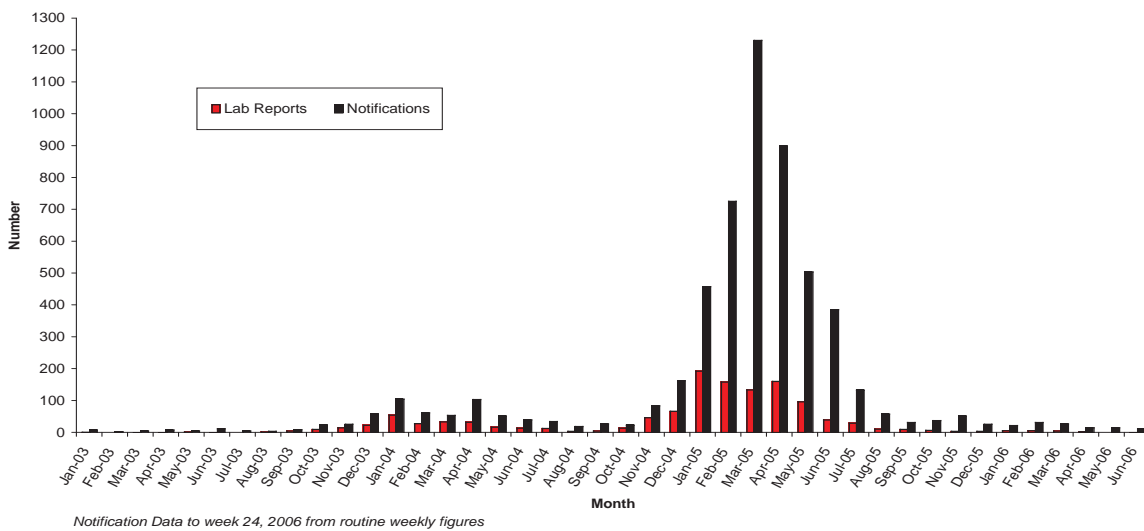
## Mumps Outbreak

Summary points at week 24, 2006:

- 129 mumps notifications have been received to week 24, 2006 compared with 899 for the same period in 2005
- 25 laboratory confirmed (Regional Virus Laboratory & Salivary Antibody Testing) cases of mumps have been received

Notifications continue to be just above baseline levels.

**Fig 1: Epidemic' Curve: Provisional Mumps Laboratory Reports (RVL and Salivary Ab), and Notifications by Month, 2003 - 2006, Northern Ireland**



## Vaccination Coverage Statistics for Children in Northern Ireland

**COVER/Korner statistics now available for quarter January to March 2006:**

- **MMR uptake at 24 months increases to 90.9%**
- **Uptake is 95.0% or above for other vaccinations at 12 and 24 months**

The vaccination coverage statistics for Northern Ireland (COVER/Korner Programme) are now available for the first quarter of 2006. 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 3: Completed Primary Immunisations by 12 months of age (January - March 2006), Northern Ireland**

Board	No of children in cohort	% Coverage at 12 months						
		Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
<b>Eastern</b>	1892	94.10%	94.10%	94.10%	94.10%	94.10%		95.10%
<b>Northern</b>	1379	96.60%	96.60%	96.50%	96.50%	96.70%	0.00%	96.60%
<b>Southern</b>	1141	96.00%	96.00%	95.80%	96.00%	96.10%	0.00%	96.10%
<b>Western</b>	891	97.20%	97.20%	97.20%	97.20%	97.20%		97.00%
<b>NI Total</b>	5303	95.70%	95.70%	95.70%	95.70%	95.70%		96.00%

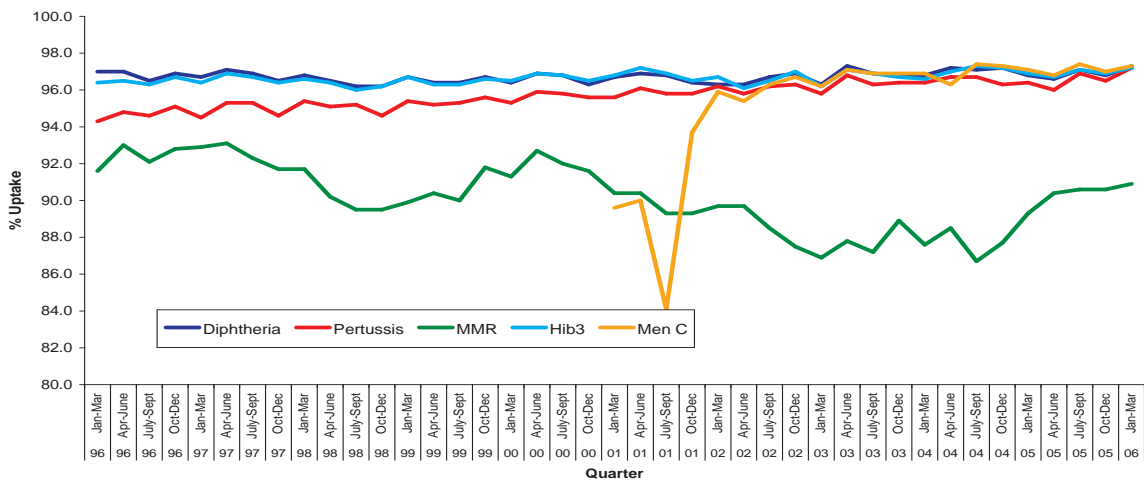
- Uptake of all primary vaccines has increased by 0.2 – 0.4 percentage points compared to last quarter
- Uptake of all vaccines at 12 months remains at 95% or above

**Table 4: Completed Primary Immunisations by 24 months of age (January - March 2006), Northern Ireland**

Board	No of children in cohort	% Coverage at 24 months						
		Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
Eastern	1940	96.60%	96.60%	96.60%	96.50%	96.90%	89.20%	96.90%
Northern	1378	97.30%	97.30%	97.10%	97.30%	97.10%	91.00%	97.40%
Southern	1102	96.90%	96.90%	96.80%	96.90%	96.60%	93.00%	96.90%
Western	927	98.90%	98.90%	98.90%	98.80%	98.80%	91.60%	98.70%
NI Total	5347	97.30%	97.30%	97.30%	97.20%	97.20%	90.90%	97.30%

- Uptake of all primary vaccines has increased by 0.3 to 0.7 percentage points compared to last quarter
- Uptake of MMR1 has increased by 0.3 percentage points
- With the exception of MMR1, uptake remains at 95% or above

**Fig 2: Vaccination uptake rates at 24 months Northern Ireland: 1996 - 2006**



**Table 5: Completed Primary Immunisations by 12 and 24 months of age (January - March 2006), UK**

Country	% Coverage at 12 months				% Coverage at 24 months				
	Dip3	Pert3	Hib3	MenC	Dip3	Pert3	Hib3	MenC	MMR
England	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Wales	95.20%	95.20%	95.20%	94.80%	96.30%	95.90%	95.90%	96.00%	86.30%
Scotland	96.40%	96.40%	96.40%	96.10%	97.50%	97.40%	97.30%	96.90%	90.90%
UK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

**Table 6: Vaccine Coverage at 5 years (January - March 2006), Northern Ireland**

Board	Dip3	Pert3	Hib3	Dip4	MMR1	MMR2	MenC
Eastern	96.70%	96.10%	95.80%	86.10%	94.00%	83.00%	95.50%
Northern	97.80%	97.70%	97.10%	90.00%	95.50%	88.70%	96.90%
Southern	96.80%	96.10%	95.50%	89.10%	94.90%	87.60%	95.50%
Western	97.90%	97.30%	96.80%	92.80%	96.00%	89.00%	96.50%
NI	97.20%	96.70%	96.20%	89.00%	95.00%	86.50%	96.00%
England	Not available						
Wales	Not available						
Scotland	Not available						
England, Wales & NI	Not available						

10 of the 31 PCTs in London were unable to submit data this quarter due to problems relating to the implementation of the new CHS. It is planned to publish English and complete London data retrospectively for this quarter when this data becomes available.

- Uptake of MMR2 increased by 1.3 percentage points to 86.5%
- Uptake of MMR1 increased by 0.5 percentage points
- Uptake of Dip4 increased by 1.7 percentage points
- Uptake of other primary vaccines at 5 years decreased by 0.2 – 0.6 percentage points compared to last quarter

## Enhanced surveillance of enteric fever

Reported cases of enteric fever in England and Wales have been increasing in recent years, see [http://www.hpa.org.uk/infections/topics\\_az/salmonella/data\\_typh.htm](http://www.hpa.org.uk/infections/topics_az/salmonella/data_typh.htm). Up until 1993, all cases of enteric fever were followed up for travel history information at a national level; this is no longer the case. Since then, on average, only 67% of all laboratory reports of Salmonella Typhi and Paratyphi have had any travel history information included in the report and there is very little other information to help identify particular at risk groups or activities. Of those with travel information, the majority have been associated with foreign travel, though in 2005 there was an increase in the number of reports that were not.

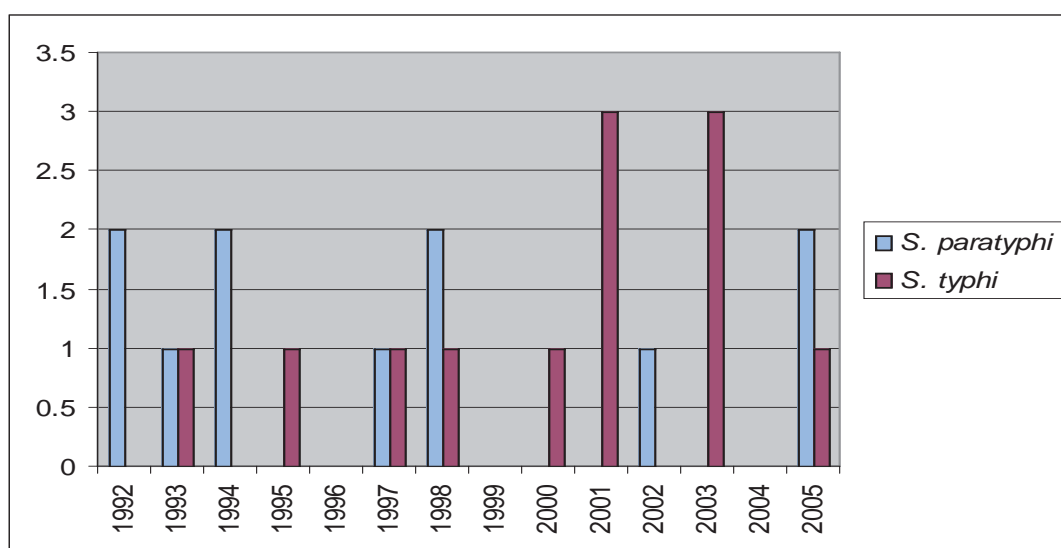
Considered against a background of changing global epidemiology of enteric fevers (increasing reports, particularly of *S. Paratyphi A* in parts of the world, and antibiotic resistant disease globally), there is therefore a need to improve epidemiological understanding of both travel associated and non-travel associated enteric fever. This will contribute to the evidence base on which pre-travel advice is given, identify particular population subgroups at risk, and inform domestic disease control.

In Northern Ireland there are relatively few laboratory confirmed cases of enteric fever reported to CDSC. Since 1992 there have been 12 reports of *S. Typhi* (annual range 0-3) and 11 of *S. Paratyphi* (annual range 0-2) with no current evidence of any recent increase in reports though proportionately there have been more reports of *S. Typhi* received during the latter part of this period. Travel history was available for 14 (61%): 12 were associated with the Indian sub-continent, one with north Africa and the other had been to Peru. With increasing travel and migration more cases of enteric fever could be expected to be reported in Northern Ireland in the future.

A Steering Committee (comprised of representatives from the Travel and Migrant Health Section (TMHS) and the Environmental and Enteric Diseases Department (including the Laboratory of Enteric Pathogens), at the Centre for Infections, HPA Local and Regional Services, Local Authorities Coordinators of Regulatory Services, and the National Travel Health Network and Centre) has designed a standardised questionnaire for enhanced surveillance of enteric fever to be piloted both for local purposes and for national surveillance. Enhanced surveillance will be piloted on all cases with specimen dates on or after 1st May 2006 and will run for one calendar year. Northern Ireland will also be participating in this national pilot programme and the questionnaire can be obtained from the CDSC (NI) website (<http://www.cdscni.org.uk/forms/EntericFeverQuestionnaire.pdf>).

A future *Monthly Report* will describe cases of enteric fever reported in Northern Ireland using data collected from this enhanced surveillance programme.

**Figure 3: Laboratory reports of enteric fever, Northern Ireland: 1992- 2005**



## Foodborne and Gastrointestinal Tract Infections: Laboratory Reports, Weeks 21 - 24

	Number of Reports received		Cumulative total	
	06/21-24	05/21-24	06/01-24	05/01-24
<i>Campylobacter</i>	89	105	346	358
<i>C. difficile</i> Toxin	89	121	699	771
<i>C. perfringens</i>	5	2	11	10
<i>E. coli</i> O 157	3	8	4	13
<i>Salmonella</i> total	8	13	39	54
<i>S. enteritidis</i> (PT 4)	5	5	11 (1)	18 (2)
<i>S. typhimurium</i> (DT 104)	1	5	10 (1)	16 (2)
<i>Salmonella</i> other	2	3	18	20
<i>Shigella</i>	0	0	3	1
<i>Cryptosporidium</i>	6	11	72	82
<i>Giardia</i>	0	2	7	10
Adenovirus (faeces)	10	13	112	94
Enterovirus (faeces)	0	2	1	10
Rotavirus	43	74	360	353
Norovirus	38	7	279	188

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

<i>S. montevideo</i>	1
<i>S. schwarzengrund</i>	1

### Comment:

The majority of gastrointestinal tract infections are showing a decrease compared with the same period last year.

Reports of Adenovirus have increased by 19% compared to the same period last year. Reports of *Shigella* and Rotavirus have increased only slightly compared with the same period of 2005.

Norovirus has increased by 48% compared with the same period last year. This has been due to a number of outbreaks in hospitals and residential institutions.

## Respiratory Tract Infections: Laboratory Reports, Weeks 09-24

	Number of Reports received				Cumulative Total	
	06/09-12	06/13-16	06/17-20	06/21-24	06/01-24	05/01-24
<i>Coxiella burnetii</i>	0	4	1	2	8	6
<i>Mycoplasma pneumoniae</i>	9	4	9	0	51	3
Respiratory <i>Chlamydia</i>	4	3	9	4	26	3
<i>Adenovirus</i> (excluding faeces)	23	5	2	0	50	110
RSV	72	17	7	3	504	247

## Contributing Laboratories

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

## Editorial Team

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Dr Neil Irvine  
Dr Gianfranco Spiteri  
Audrey McQuaid  
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Helen Hughes  
Ruth Campbell  
Julie Boucher  
Eileen Corey  
Lewis Shilliday

CDSC (NI)  
Belfast City Hospital  
Lisburn Rd  
Belfast  
BT9 7AB  
Tel: 028 9026 3765  
Fax: 028 9026 3511  
Email: cdsni@hpa.org.uk

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