

# COMMUNICABLE DISEASES

# *Monthly Report*

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Vaccination is the main focus of this edition of Monthly Report. COVER statistics for the quarter ended June 2006 show 90% MMR uptake at 24 months of age. Although down slightly compared with the previous quarter, this continues to represent a great improvement compared with recent years and is in no small part due to the efforts of those professionals concerned. The importance of continuing to promote MMR vaccination is underlined by the increase in measles seen in Great Britain over the past year.

In a similar vein, the pneumococcal conjugate vaccine programme began in September. This has the potential to prevent around 80% of cases of invasive pneumococcal disease in young children, and is also expected to be of significant benefit to the general population due to a decline in carriage of the organism in those vaccinated. We look forward to reporting on the impact of this programme in future editions.

Finally, enhanced surveillance for influenza in Northern Ireland for the 2006/07 season began for its seventh year on 30 September. We report important developments to arrangements with our partners in the GP sentinel practices and the Out of Hours Centres.

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**Regional Epidemiologist**



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# 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 38, 2006.

Routine surveillance data are otherwise unremarkable.

Vaccination uptake (COVER) statistics are now available for the quarter ended June 2006 and show MMR1 uptake at 24 months of age, at 90.0%; a decrease of 0.9 percentage points compared to 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 1: Notifications of Vaccine Preventable Infectious Diseases, Northern Ireland**

Disease	Weeks 25-28, 2006	Weeks 29-32, 2006	Weeks 33-36, 2006	Cumulative Total to Week 36 2006	Cumulative Total to Week 36, 2005
Diphtheria	0	0	0	0	0
Measles	6	4	3	41	43
Mumps	14	10	13	169	4411
Polio	0	0	0	0	0
Rubella	4	3	1	25	25
Tetanus	0	0	0	0	0
Whooping Cough	1	6	5	16	20

### 2. Laboratory reports

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

Disease	Weeks 25-28, 2006	Weeks 29-32, 2006	Weeks 33-36, 2006	Cumulative Total to Week 36, 2006	Cumulative Total to Week 36, 2005
Diphtheria	0	0	0	0	0
Invasive Hib disease	0	0	0	0	3
Measles	0	0	0	0	0
Mumps**	3	1	1	16	303
Polio	0	0	0	0	0
Rubella	1	0	0	3	1
Tetanus	0	0	0	0	0
Whooping Cough	0	0	0	0	0

\* Data provisional

\*\* Serologically confirmed by RVL

### 3. Salivary Antibody Testing Results

**Table 3a: Salivary Antibody Testing Results, Quarter 3, 2006, Northern Ireland\***

Quarter 3, 2006					
	Board	Notifications**	Salivary test completed	Confirmed Case	Not Confirmed
<b>Measles</b>	NHSSB	4	5	0	5
	SHSSB	1	2	0	2
	EHSSB	2	2	0	2
	WHSSB	5	3	0	3
	<b>Total</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>12</b>
<b>Mumps</b>	NHSSB	5	4	2	2
	SHSSB	10	6	0	6
	EHSSB	13	7	4	3
	WHSSB	6	5	1	4
	<b>Total</b>	<b>34</b>	<b>22</b>	<b>7</b>	<b>15</b>
<b>Rubella</b>	NHSSB	0	2	0	2
	SHSSB	2	5	0	5
	EHSSB	6	3	0	3
	WHSSB	1	1	0	1
	<b>Total</b>	<b>9</b>	<b>11</b>	<b>0</b>	<b>11</b>

**Table 3b: Salivary Antibody Testing Results, Cumulative to Quarter 3, 2006, Northern Ireland\***

Cumulative to Quarter 3, 2006					
	Board	Notifications**	Salivary test completed	Confirmed Case	Not Confirmed
<b>Measles</b>	NHSSB	7	18	0	18
	SHSSB	14	9	1***	8
	EHSSB	7	6	0	6
	WHSSB	14	9	0	9
	<b>Total</b>	<b>42</b>	<b>42</b>	<b>0</b>	<b>41</b>
<b>Mumps</b>	NHSSB	21	21	4	17
	SHSSB	59	36	10	26
	EHSSB	71	24	6	18
	WHSSB	23	17	3	14
	<b>Total</b>	<b>174</b>	<b>98</b>	<b>23</b>	<b>75</b>
<b>Rubella</b>	NHSSB	2	4	0	4
	SHSSB	10	11	0	11
	EHSSB	13	4	0	4
	WHSSB	1	2	0	2
	<b>Total</b>	<b>26</b>	<b>21</b>	<b>0</b>	<b>21</b>

\*Data provisional

\*\*Notification data to week 38

\*\*\* Consistent with recent vaccination

Source: CDSC (Colindale),  
CDSC (NI)

- Salivary testing completed on 82% (45/55) notifications of measles, mumps and rubella for the third quarter of 2006; compared with 30% (70/232) for the same period last year
- Seven cases of mumps confirmed
- No cases of measles or rubella confirmed

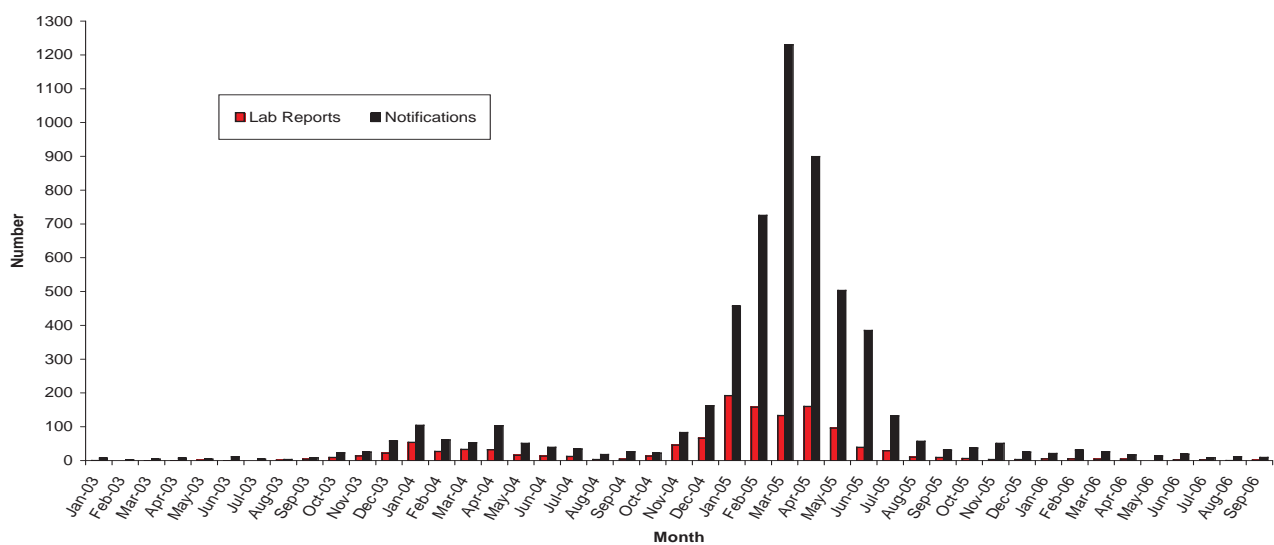
## Mumps Outbreak

Summary points at week 38, 2006:

- 174 mumps notifications have been received to week 38, 2006 compared with 4499 for the same period in 2005
- 39 laboratory confirmed (Regional Virus Laboratory & Salivary Antibody Testing) cases of mumps have been received to week 38, 2006

Notifications continue to be just above baseline levels.

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



Notification Data to week 38, 2006 from routine weekly figures

## Vaccination Coverage Statistics for Children in Northern Ireland

COVER/Korner statistics now available for quarter April to June 2006:-

- MMR uptake at 24 months decreases to 90.0%
- 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 second 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 4 - Completed Primary Immunisations by 12 months of age (April - June 2006), Northern Ireland**

Board	No of children in cohort	% Coverage at 12 months						
		Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
Eastern	2007	94.3%	94.3%	94.3%	94.3%	94.3%		94.7%
Northern	1417	95.4%	95.4%	95.4%	95.4%	95.4%		95.5%
Southern	1172	97.1%	97.1%	97.1%	97.1%	97.1%		97.0%
Western	977	97.4%	97.4%	97.4%	97.4%	97.4%		97.1%
<b>NI Total</b>	<b>5573</b>	<b>95.7%</b>	<b>95.7%</b>	<b>95.7%</b>	<b>95.7%</b>	<b>95.7%</b>		<b>95.8%</b>

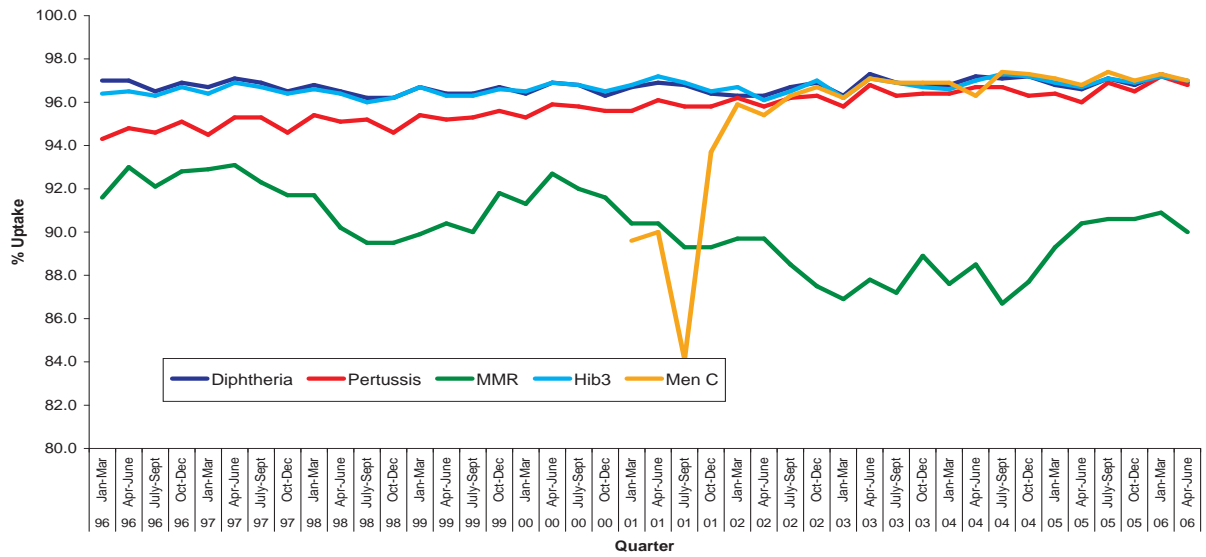
- MenC uptake shows a decline of 0.2 percentage points
- Uptake of all other primary vaccines at 12 months remain constant and at 95% or above

**Table 5 - Completed Primary Immunisations by 24 months of age (April - June 2006), Northern Ireland**

Board	No of children in cohort	% Coverage at 24 months						
		Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
Eastern	1949	96.5%	96.5%	96.5%	96.4%	96.7%	89.4%	96.6%
Northern	1404	97.5%	97.5%	97.5%	97.5%	97.4%	90.0%	97.6%
Southern	1132	97.7%	97.7%	97.7%	97.6%	97.3%	90.8%	97.2%
Western	926	95.9%	95.9%	95.9%	95.8%	96.3%	90.4%	96.9%
<b>NI Total</b>	<b>5411</b>	<b>96.9%</b>	<b>96.9%</b>	<b>96.9%</b>	<b>96.8%</b>	<b>97.0%</b>	<b>90.0%</b>	<b>97.0%</b>

- Uptake of MMR1 has decreased by 0.9 percentage points compared to last quarter
- All other vaccinations show a decrease of between 0.3 and 0.4 percentage points
- With the exception of MMR1, uptake remains at 95% or above

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



**Table 6: Completed Primary Immunisations by 12 and 24 months of age (April - June, 2006), UK**

Country	% Coverage at 12 months				% Coverage at 24 months				
	Dip3	Pert3	Hib3	MenC	Dip3	Pert3	Hib3	MenC	MMR
England	Not available								
Wales	95.2%	95.2%	95.2%	95.0%	96.4%	96.2%	95.7%	96.1%	86.9%
Scotland	96.5%	96.5%	96.5%	96.4%	97.7%	97.7%	97.5%	97.5%	91.9%
UK	Not available								

**Table 7: Vaccine Coverage at 5 years (April - June 2006), Northern Ireland**

Board	Dip3	Pert3	Hib3	Dip4	MMR1	MMR2	MenC
Eastern	97.3%	96.8%	96.8%	85.8%	93.8%	83.9%	96.4%
Northern	97.8%	97.4%	97.0%	89.8%	95.5%	88.7%	96.9%
Southern	96.4%	96.0%	95.3%	90.0%	94.9%	87.7%	94.9%
Western	97.9%	97.7%	97.0%	92.3%	96.1%	89.6%	96.7%
NI	97.3%	96.9%	96.5%	88.9%	94.9%	87.0%	96.3%
England	Not available						
Wales	95.4%	94.5%	95.2%	84.5%	86.5%	74.5%	94.7%
Scotland	98.7%	98.4%	97.8%	86.3%	94.1%	81.4%	97.7%
England, Wales & NI	Not available						

Seven of the 31 PCTs in London were unable to submit data this quarter due to ongoing problems relating to the implementation of the new CHS. Consequently, coverage data for England and UK have been omitted from this report. It is planned to publish English data retrospectively for this quarter and the previous 3 quarters when these data become available.

- Uptake of MMR1 and Dip4 both decreased by 0.1 percentage points
- Uptake of other primary vaccines at 5 years have increased by 0.1 - 0.5 percentage points compared to last quarter

## Enhanced Surveillance of Influenza in Northern Ireland

Enhanced influenza surveillance has taken place in England, Scotland, and Wales and the Republic of Ireland through a network of spotter practices for a number of years. In Northern Ireland, the ESINI scheme is funded by the Department of Health, Social Services and Public Safety (DHSSPS). It is operated jointly 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 sentinel practices. The majority of ESINI sentinel practices record patient consultation information electronically, using software systems designed specifically for use in General Practice. At the end of each week, records are searched using the appropriate disease codes for influenza and 'flu-like illness and consultation figures are broken down by age and sex. The data from each practice is forwarded to CDSC (NI) where it is then collated and published in the form of a bulletin every one to two weeks, depending upon influenza activity at the time. Each current bulletin is available to download at <http://www.cdscni.org.uk>. A summary of the 2005-06 season may also be downloaded from the same site.

Northern Ireland exchanges weekly sentinel GP data with Scotland, England, Wales and the Republic of Ireland. In addition, weekly age-specific and virological data are also entered directly onto the European Influenza Surveillance Scheme (EISS) database for inclusion in the European bulletin, which is published on the website <http://www.eiss.org>

Enhanced surveillance of influenza in Northern Ireland (ESINI) for the 2006-07 season commenced on 30 September 2006 (Week 40). This is the seventh year of the scheme and twenty-two sentinel GP Practices have agreed to continue to participate. These twenty-two practices are situated throughout the Province (eleven from EHSSB, three from NHSSB, five from SHSSB and three from WHSSB). Together they account for approximately 125,000 persons (7.2% of the population). In addition, during the summer months (Week 21 - Week 39 of 2006 inclusive), almost all of the twenty-four sentinel GP practices that participated in the 2005-06 scheme continued to provide clinical consultation data to CDSC (NI).

In order to facilitate the harmonisation of data collection across the UK (and to aid in pandemic influenza planning), a number of new additions to the clinical dataset provided by sentinel GP practices were proposed and agreed during Summer 2006. In effect, the number of age-bands under which influenza and influenza-like illness are reported will increase from four to seven for the 2006-07 season and cases of acute respiratory infection will also be recorded on a weekly basis for the first time in Northern Ireland. The willingness of GPs and their Practice Staff to implement these changes is much appreciated.

It is anticipated that four Out-of-Hours Centres (covering some 860,000 persons; approximately 50% of the population) will also continue to supply data for ESINI during the 2006-07 season. Currently, this information is in the form of total calls received by each Centre per week and includes a breakdown of those calls by age and sex - but calls are not coded. However, a new software system is, gradually, being rolled-out to all seven Out-of-Hours Centres in Northern Ireland. With time, this should result in Province-wide coding of calls and will, therefore, enable the collection of timely age-related data on the number of calls attributable to influenza and influenza-like illness.

This surveillance system enables prospective planning and advice to the DHSSPS, Boards, Trusts and GP practices. Enhanced virological monitoring using a subset of the general practices will continue throughout the 2006-07 season. Sixteen of the 22 spotter practices within the ESINI scheme have agreed to take part. As in previous years, each practice will take nasal and pharyngeal swabs from a number of individuals per week who have symptoms consistent with clinical 'flu. These swabs will be tested for influenza A and B as well as other respiratory viruses. This part of the ESINI scheme supplements the information acquired from the Regional Virus Laboratory, which normally receives swabs from hospitalised and severely ill patients only. As these additional samples originate from practices that are also supplying consultation data, this should provide a better reflection of community-based disease. It should also be possible to detect the circulation of 'flu within the community at an earlier stage.

For the incoming season, NISRA has agreed to continue to provide the ESINI scheme with data relating to the number of deaths, which may be attributable to influenza or complications thereof, registered each week in Northern Ireland. Once again, data will be derived from a computer-based analysis of the cause of death on the civil death register and searches will be carried out using a number of keywords stated on death certificates (bronchiolitis, bronchitis, influenza and pneumonia).

Should you wish to be added to the emailing list for the weekly influenza bulletin, please contact Dr Hilary Kennedy on 028 9026 3765 or by email at [hilary.kennedy@hpa.org.uk](mailto:hilary.kennedy@hpa.org.uk)

## Influenza Vaccination in Northern Ireland

During the winter of 2005-06, DHSSPS set an uptake target of 70% for influenza vaccination in those aged 65 and over. All four Health and Social Services Boards exceeded this target and the final overall uptake in NI, for this age group, was 76.8%. A preliminary analysis of the 2005-06 vaccination campaign may be found in the Monthly Report Vol. 15, Number 3, 2006 available at <http://www.cdscni.org.uk>

The vaccination campaign for the Winter of 2006-07 was launched on 4 October 2006. Once again, the target uptake for those aged 65 and over has been set at 70%. As in 2005-06, a target of 60% has again been set for those who are under 65 years of age and "at risk". It is estimated that approximately 10% of the under 65 population fall into the "at risk" group. This group includes individuals with heart, renal or lung disease, diabetes, those who are immuno-suppressed through disease or chemotherapy, those living in residential homes, children who have previously been admitted to hospital for lower respiratory tract disease and individuals with chronic liver disease. For 2006-07, the Joint Committee on Vaccination and Immunisation (JCVI) has again recommended that carers who are the main

carer for an elderly or disabled person should also be offered influenza vaccination. However, the definition of "carer" and their priority grouping for vaccination has been revised recently by JCVI - further details are available at: [http://www.dhsspsni.gov.uk/ph\\_hss\(md\)\\_22-2006.pdf](http://www.dhsspsni.gov.uk/ph_hss(md)_22-2006.pdf). As in previous years, CDSC (NI) will be collating 2006-07 influenza vaccination uptake data. Interim influenza immunisation uptake rates to 31 October 2006, 30 November 2006 and (as a new addition) 31 December 2006 will be available in mid-November 2006, mid-December 2006 and mid-January 2007 respectively and will be published shortly thereafter.

## Foodborne and Gastrointestinal Tract Infections: Laboratory Reports, Weeks 33-36

	Number of Reports received		Cumulative total	
	06/33-36	05/33-36	06/01-36	05/01-36
<i>Campylobacter</i>	60	86	618	632
<i>C. difficile</i> Toxin	97	104	1054	1110
<i>C. perfringens</i>	0	1	19	13
<i>E. coli</i> O 157	8	4	29	32
<i>Salmonella</i> total	27	29	127	133
<i>S. enteritidis</i> (PT 4)	9 (1)	17 (5)	46 (3)	62 (10)
<i>S. typhimurium</i> (DT 104)	0	2	22 (4)	27 (3)
<i>Salmonella</i> other	18	10	59	44
<i>Shigella</i>	1	1	7	3
<i>Cryptosporidium</i>	14	13	99	117
<i>Giardia</i>	1	3	12	15
Adenovirus (faeces)	4	11	150	128
Enterovirus (faeces)	0	4	3	21
Rotavirus	1	10	408	413
Norovirus	3	1	306	196

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

<i>S. agona</i>	1
<i>S. london</i>	1
<i>S. spp</i>	5
<i>S. stanley</i>	2
<i>S. unnamed</i>	7
<i>S. virchow</i>	1
<i>S. weltevreden</i>	1

### Comment:

The following were associated with foreign travel:

Male, age 57 years, *Campylobacter* sp, Rol; Male, age 58 years, *Campylobacter* sp, Spain; Female, age 60 years, *Campylobacter* sp, Turkey; Female, age 36 years, *Salmonella* sp, Spain; Male, age 8 years, *Salmonella* sp, Greece; Male, age 57 years, *Salmonella* sp, Bulgaria; Female, age 19 years, *Salmonella enteritidis*, Uganda; Male age 4 years, *Cryptosporidium*, Rol.

With the exception of *C. perfringens*, *Shigella*, Adenovirus and Norovirus, cumulative totals of laboratory reports of gastrointestinal tract infections continue to exhibit a decrease compared with the same period to week 36 in 2005.

## Respiratory Tract Infections: Laboratory Reports, Weeks 25-36

	Number of Reports received			Cumulative Total	
	06/25-28	06/29-32	06/33-36	06/01-36	05/01-36
<i>Coxiella burnetii</i>	2	1	0	12	6
<i>Mycoplasma pneumoniae</i>	2	1	1	55	14
Respiratory <i>Chlamydia</i>	4	1	0	33	8
<i>Adenovirus</i> (excluding faeces)	0	0	0	50	124
RSV	0	0	1	511	248

## Contributing Laboratories

Altnagelvin

Greenpark

Antrim

Regional Virus

Belfast City

Royal Hospitals Bacteriology

Causeway

Tyrone County

Craigavon

Ulster

Mater

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