

COMMUNICABLE DISEASES

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This edition of Monthly Report focuses on immunisation issues, providing details of the most up to date COVER statistics, surveillance of childhood vaccine preventable diseases and a detailed analysis of the Influenza Vaccination Programme for 2006/7.

MMR uptake continues to increase with COVER statistics for the quarter ended December 2006 reporting uptake at 24 months of age at 92%, the highest in Northern Ireland since the quarter ended September 2000. The increase in measles seen recently in Great Britain emphasises the importance of continuing to promote MMR uptake.

We are also very pleased to report that analysis of the Influenza Vaccination Programme for 2006/7 shows that regional targets have been met and exceeded by all four Health Boards; with an uptake of 75.1% in the age group 65 years and over, and 71.2% uptake in the under 65 "at risk" group.

Details of the Influenza Programme for 2007/8 have been published in a recent CMO letter HSS(MD)8-2007. Important additions to the designated clinical risk groups include diet controlled diabetes and a new chronic neurological disease category.

On a different theme, DHSSPS has also issued updated guidance on *C. difficile* infection as HSS(MD)9-2007.

Finally, we would remind readers of the Five Nations Health Protection Conference being held at the Waterfront Hall on 22-23 May 2007. The last date for registration is Friday 4 May.

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Regional Epidemiologist



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Childhood Vaccine Preventable Illnesses and the Vaccination Programme

Vaccination uptake (COVER) statistics are now available for the quarter ended December 2006 and show MMR1 uptake at 24 months of age, at 92.00%; an increase of 1.2 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 05-08, 2007	Weeks 09-12, 2007	Cumulative Total to Week 12 2007	Cumulative Total to Week 12, 2006
Diphtheria	0	0	0	0
Measles	0	3	4	4
Mumps	24	7	43	68
Polio	0	0	0	0
Rubella	1	3	5	6
Tetanus	0	0	0	0
Whooping Cough	1	3	4	4

2. Laboratory reports

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

Disease	Weeks 05-08, 2007	Weeks 09-12, 2007	Cumulative Total to Week 12, 2007	Cumulative Total to Week 12, 2006
Diphtheria	0	0	0	0
Invasive Hib disease†	0	0	0	0
Measles	0	0	0	0
Mumps*	4	0	5	7
Polio	0	0	0	0
Rubella	0	0	0	1
Tetanus	0	0	0	0
Whooping Cough	0	0	0	0

* Serologically confirmed by RVL

† Invasive disease due to H. Influenzae (all types) is reported in the regular Positive Blood Culture tables

Note: Invasive disease due to N. meningitidis and S. pneumoniae are reported as separate epidemiological reports

3. Salivary Antibody Testing Results

Table 3: Salivary Antibody Testing Results, Quarter 1, 2007, Northern Ireland

	Board	Notifications*	Salivary test completed	Confirmed Case	Not Confirmed	Notifications*	Salivary test completed	Confirmed Case	Not Confirmed
Measles	NHSSB	0	0	0	0	0	0	0	0
	SHSSB	2	2	0	2	2	2	0	2
	EHSSB	2	2	0	2	2	2	0	2
	WHSSB	1	1	0	1	1	1	0	1
	Total	5	5	0	5	5	5	0	5
Mumps	NHSSB	23	13	0	13	23	13	0	13
	SHSSB	9	4	0	4	9	4	0	4
	EHSSB	6	2	0	2	6	2	0	2
	WHSSB	10	6	0	6	10	6	0	6
	Total	48	25	0	25	48	25	0	25
Rubella	NHSSB	0	0	0	0	0	0	0	0
	SHSSB	4	3	0	3	4	3	0	3
	EHSSB	1	0	0	0	1	0	0	0
	WHSSB	2	1	0	1	2	1	0	1
	Total	7	4	0	4	7	4	0	4

*Notification data to week 13

- Salivary testing completed on 57% (34/60) notifications of measles, mumps and rubella for the first quarter of 2007; compared with 61% (56/92) for the first quarter in 2006
- No cases of measles confirmed
- No cases of mumps confirmed
- No cases of rubella confirmed

Vaccination Coverage Statistics for Children in Northern Ireland

COVER/Korner statistics now available for quarter October to December 2006:

- **MMR uptake at 24 months increases to 92.0%**
- **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 fourth 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 (October – December 2006), Northern Ireland

Board	No of children in cohort	% Coverage at 12 months					
		Dip3	Tet3	Pol3	Pert3	Hib3	MenC
Eastern	1939	94.10%	94.10%	94.10%	94.10%	94.10%	94.70%
Northern	1351	97.30%	97.30%	97.30%	97.30%	97.30%	97.10%
Southern	1243	97.30%	97.30%	97.30%	97.30%	97.30%	96.90%
Western	964	98.20%	98.20%	98.20%	98.20%	98.20%	98.20%
NI Total	5497	96.30%	96.30%	96.30%	96.30%	96.30%	96.40%

- Uptake of all primary vaccines at 12 months have increased by 0.4 percentage points and remain at 95% or above

Table 5: Completed Primary Immunisations by 24 months of age (October – December 2006), Northern Ireland

Board	No of children in cohort	% Coverage at 24 months						
		Dip3	Tet3	Pol3	Pert3	Hib3	MMR	MenC
Eastern	2030	96.40%	96.40%	96.40%	96.40%	96.40%	90.20%	96.60%
Northern	1453	98.60%	98.60%	98.60%	98.60%	98.60%	92.50%	98.60%
Southern	1228	97.60%	97.60%	97.60%	97.60%	97.60%	93.20%	97.60%
Western	983	97.60%	97.60%	97.60%	97.60%	97.60%	93.10%	97.60%
NI Total	5694	97.40%	97.40%	97.40%	97.40%	97.40%	92.00%	97.50%

- Uptake of MMR1 has increased by 1.2 percentage points compared to last quarter
- All other vaccinations show an increase of between 0.2 and 0.4 percentage points
- With the exception of MMR1, uptake remains at 95% or above

Figure 1: Vaccination uptake rates at 24 months Northern Ireland: 1996 - 2006

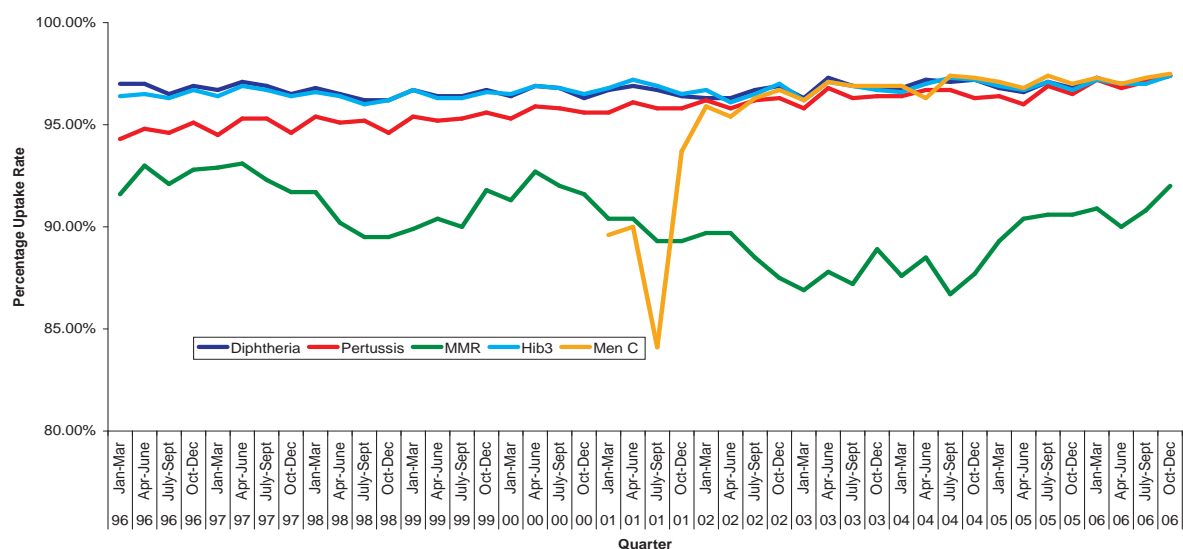


Table 6: Completed Primary Immunisations by 12 and 24 months of age (October – December 2006), UK

Country	% Coverage at 12 months				% Coverage at 24 months				
	Dip3	Pert3	Hib3	MenC	Dip3	Pert3	Hib3	MenC	MMR
England*	90.60%	90.60%	90.60%	91.00%	93.70%	93.70%	93.70%	93.50%	85.00%
Wales	94.30%	94.30%	94.30%	96.30%	95.50%	95.50%	95.50%	96.50%	86.20%
Scotland	96.20%	96.20%	96.20%	97.6%†	98.00%	98.00%	98.00%	97.30%	92.80%
UK*	91.40%	91.40%	91.40%	92.00%	94.20%	94.20%	94.20%	94.10%	85.90%

Table 7: Vaccine Coverage at 5 years (October – December 2006), Northern Ireland

Board	Dip3	Pert3	Hib3	Dip4	MMR1	MMR2	MenC
Eastern	96.90%	96.90%	95.50%	84.00%	95.20%	83.20%	95.60%
Northern	98.10%	98.10%	96.90%	89.10%	94.60%	86.60%	96.90%
Southern	96.70%	96.70%	96.10%	88.70%	95.60%	88.20%	96.20%
Western	98.00%	98.00%	97.40%	92.60%	96.80%	89.90%	97.60%
NI	97.40%	97.40%	96.40%	87.90%	95.40%	86.40%	96.40%
England	93.40%	93.40%	93.40%	78.70%	86.50%	73.00%	92.20%
Wales	91.60%	91.60%	91.60%	79.10%	83.60%	71.50%	92.90%
Scotland	98.60%	98.60%	98.60%	91.40%	94.50%	86.70%	98.20%
UK	93.90%	93.90%	93.90%	80.10%	87.30%	74.50%	92.90%

*Estimates for England and the UK have been calculated, but caution is needed in using these data to evaluate the vaccination programme because of ongoing data quality concerns

†2 doses before 12 months

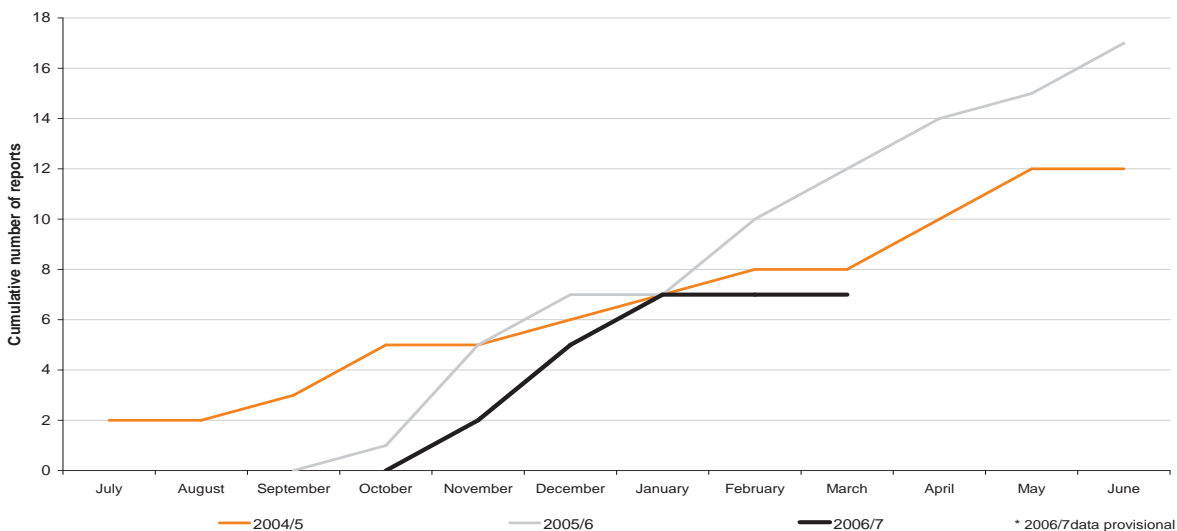
Invasive Pneumococcal Disease

Pneumococcal conjugate vaccine (PCV) was introduced into the routine childhood immunisation programme on 4 September 2006 with a catch up programme for those aged up to 2 years. Studies in the US reported that serotypes included in PCV accounted for 89% of invasive pneumococcal disease (at the time of pre-licensing) and that PCV provided serotype-specific efficacy of 97% (following 4 doses)¹. The vaccine was protective against pneumococcal meningitis, bacteraemia, pneumonia and otitis media. There was a lesser but still significant decline in vaccine-serotype invasive disease in older age groups due to a reduction in carriage of the vaccine serotypes among those vaccinated.

IPD reports in Northern Ireland are received by CDSC (NI) as a part of routine laboratory reporting. Since the introduction of PCV, 7 isolates (all serotypes) in children under 2 years have been reported, compared with 12 for the same period in 2005/6 and 8 in 2004/5 (Figure 2).

Given the small numbers involved and the limited serotype information available historically in Northern Ireland it is not possible to provide an estimate of the impact of PCV here to date. However, recent data for England and Wales now show a plateauing effect on the cumulative number of vaccine serotype cases reported during 2006/7².

Figure 2: Cumulative monthly number of reports of IPD (all serotypes), in children under 2 years, Northern Ireland, by epidemiological year



Age-specific data for the first 6 months of the current epidemiological year are shown in Table 1 and will be updated in the same format at six monthly intervals in future editions of *Monthly Report*.

Table 8: number of IPD reports (all serotypes) during the first 6 months of the last three epidemiological years beginning 2004/5, Northern Ireland, by age

age group	July - Dec 2006	July - Dec 2005	July - Dec 2004
<2	5	7	6
2-4	8	1	3
5-14	1	5	1
15-44	11	9	13
45-64	8	11	16
65+	16	17	28
unknown	0	3	2
total	49	53	69

In response to the introduction of PCV, the HPA is providing advice to clinicians on the investigation and further vaccination strategy for cases of IPD identified in children born since 5 September 2004. In order to tailor this advice appropriately, all laboratories have been requested to send isolates to the national reference laboratory for further testing³.

¹ Immunisation against infectious disease. DH, 2006. Available at: http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254

² Cumulative weekly number of reports of Invasive Pneumococcal Disease due to one of the seven serotypes present in Prevenar for children aged 0-2 years in England and Wales by epidemiological year: July-June (2003-date). Health Protection Agency. Available at: http://www.hpa.org.uk/infections/topics_az/pneumococcal/IPDcumuINvacc.htm

³ HSS(MD)47/2006. Interim arrangements for accessing advice on the vaccination of children with newly diagnosed invasive pneumococcal disease (IPD) in Northern Ireland, who were born since 5/9/04 and diagnosed since 5/9/06. Available at: http://www.dhsspsni.gov.uk/hss_md_47-2006.pdf

Influenza Vaccination Programme: Winter 2006/07

- Regional targets for influenza vaccination met, and exceeded, by all four Health Boards – 75.1% uptake in the 65+ age group and 71.2% uptake in the under 65 “at risk” group
- Eighty percent of all GP practices in Northern Ireland achieve uptake rates of $\geq 70\%$ in patients aged 65 years and over

Analysis of the winter 2006/07 Influenza Vaccination Programme was completed at the end of March 2007.

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 2006/07. Prior to the commencement of the 2006/07 campaign it was once again agreed that, across Northern Ireland, a nominal 10% of the under 65 population should also be considered “at risk”. DHSSPS also set a target of 60% influenza immunisation uptake among the under 65 “at risk” population. These targets are, therefore, unchanged from those first set in 2002/03.

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, all children who had previously been admitted to hospital for lower respiratory tract disease and all those with underlying “high risk” conditions (chronic respiratory, cardiac or renal disease, chronic liver disease, immunosuppression through disease or chemotherapy and diabetes). Almost three hundred thousand influenza vaccines were administered to all groups of patients considered “at risk” during the 2006/07 campaign.

At the close of the winter 2006/07 campaign, 358 of the 363 practices in the Province were included in the analysis. Of the total 288,736 vaccines administered, 178,242 (62%) were given to the 65+ age group. The regional target uptake rate of 70% in the 65 and over population was exceeded in each of the four Health Boards (range 73.7% - 77.8%). The overall uptake in the over 65 population for 2006/07 was 75.1%, only slightly lower than that achieved during winter 2005/06 (76.8%). The number of individuals aged 65 years or over registered with the Central Services Agency also increased by 1.1% (2,619 persons), between October 2005 and October 2006. In 2006/07, eighty percent of GP practices in Northern Ireland achieved an uptake rate of 70% or more in the 65+ age group.

A total of 110,494 vaccines were administered to under 65 “at risk” patients. Of these, 11,888 were administered to patients under 15 years of age, 86% of whom were children with chronic respiratory disease. Of the 98,606 patients within the 15-64 years age group who were vaccinated: 43% were categorised as suffering from chronic respiratory disease, 24% from chronic cardiac disease and 19% from diabetes. The overall uptake in the under 65 “at risk” population for 2006/07 was 71.2% and each Board exceeded the regional target (inter-Board range 67.6% - 72.7%).

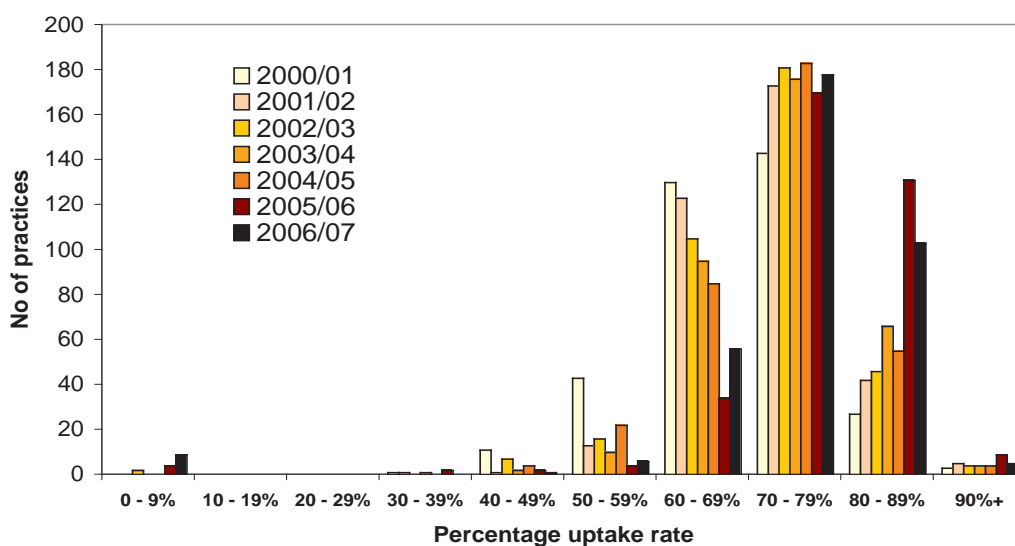
For the second year running, the Joint Committee on Vaccination and Immunisation recommended that carers who were the main carer for an elderly or disabled person (whose welfare may be at risk if the carer falls ill) should be offered influenza vaccination. Of the 358 GP practices that submitted a return, 354 provided data on the vaccination of Carers. Across Northern Ireland, a total of 4,464 Carers are known to have received influenza vaccination during the 2006/07 campaign. A total of 272 GP practices also provided data on the number of individuals who were offered vaccination during the 2006/07 campaign, but declined. A total of 224,188 vaccinations and 26,995 refusals were recorded across these 272 practices– indicating a refusal rate of 10.7% in Northern Ireland.

CDSC (NI) appreciates the efforts of all those involved in the timely supply of influenza vaccination uptake data. In particular: GP Practice staff and staff from the GP Units of each Health and Social Service Board.

Table 9: Influenza Vaccine Programme Summary: Winter 2006/07

	EHSSB	NHSSB	SHSSB	WHSSB	NI
No of practices in Board (CSA Oct 06)	147	81	77	58	363
Size of registered population in Board (CSA Oct 06)	714,514	428,718	358,022	308,778	1,810,032
Size of registered 65+ population in Board (CSA Oct 06)	102,407	60,106	43,242	34,648	240,403
No of practices submitting return by specified date	143	81	76	58	358
Size of total registered population of practices which submitted return	696,692	428,718	355,638	308,778	1,789,826
% of registered Board population covered by practices which submitted a return	97.5%	100.0%	99.3%	100.0%	98.9%
No of influenza vaccines administered per practice which submitted return					
Total number administered in Board	116,280	73,231	53,782	45,443	288,736
Range	84-3256	243-2519	172-1971	215-1599	84-3256
Median	656	775	631	726	688
Mean	813	904	708	784	807
% vaccine uptake rate among 65+ population per practice submitting return					
Total no of vaccines administered to 65+ population	73,284	46,785	32,646	25,527	178,242
Range	0-2368	128-1654	96-1073	71-968	0-2368
Median	423	500	372	416	429
Mean uptake rate as percentage of 65+ population (CSA Oct 06) in practices which submitted a return	73.7%	77.8%	75.8%	73.7%	75.1%
Percentage of practices achieving >= 70% uptake rate	75.5%	88.9%	82.9%	74.1%	79.9%

Figure 3: Percentage Uptake Rate in 65+ age Group: Winter 2000/01 to Winter 2006/07



Influenza immunisation programme for 2007/8

The Department of Health, Social Services and Public Safety recently announced preliminary information about the 2007/08 programme which builds on the success of the 2006/07 season in which the provisional immunization uptake rates were 75% in those ages over 65 years and 71% in those in the at risk groups aged under 65 years.

Influenza vaccine should be offered to those: aged 65 years and over; aged six months or over in a clinical risk group; living in long stay residential care homes or other such facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality; and 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. The clinical risk groups include: chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission; chronic heart disease; chronic renal disease; chronic liver disease; chronic neurological disease; diabetes; and immunosuppression.

General practitioners are also to take into consideration the risk of influenza exacerbating any underlying disease as well as the consequences of influenza itself. GPs are requested to consider on an individual basis the clinical needs of patients including:

- those with Multiple Sclerosis and related conditions
- those with hereditary and degenerative diseases of the central nervous system

The immunization targets for 2007/08 remain unchanged at 70% for those aged 65 years and over and 60% for those aged under 65 years and in an at risk group.

Reference

Immunisation immunization programme 2007/2008. HSS(MD)8-2007

The prevention of infection caused by *C.difficile*

The Department of Health, Social Services and Public Safety (DHSSPS) has issued updated guidance on *C. difficile* infection. This follows similar guidance issued in England by Chief Medical Officer. The guidance highlights: the mandatory surveillance programme and the need for *C. difficile* outbreaks to be reported to DHSSPS as a serious adverse incident; Trusts are to have policies minimizing the use of broad spectrum antibiotics, clinical protocols for the prompt diagnosis of *C. difficile* associated diarrhoea, isolation of patients with *C. difficile*, enhanced infection control procedures and cleaning protocols that include increased environmental cleaning and disinfectants in areas where there are *C. difficile* infected patients. In addition, Trusts are required to notify outbreaks of *C. difficile* to their local Consultant in Communicable Disease Control. Accompanying the guidance was "a Good Practice Guide to Control of *C. difficile*" produced by the HPA Regional Microbiology Network.

The outcome of the mandatory *C. difficile* surveillance programme is published annually. Data for 2006 will be published in June. Denominator data has now been sourced which will enable the calculation of rates of infection which was not possible for the first year of the mandatory surveillance programme. The 2005 annual report can be accessed from the CDSC (NI) website at:

<http://www.cdscni.org.uk/publications/AnnualReports/pdf/HCAI2005Version3.pdf>.

Reference

The prevention of infection caused by *C. difficile*. HSS(MD) 9/2007

EVENTS

Five Nations Health Protection Conference Waterfront Hall, Belfast 22-23 May 2007

The aim of the 5 Nations Health Protection Conference is to provide a focus for Continuing Professional Development for Consultants in Communicable Disease Control, Consultants and Specialists in Public Health Medicine and their colleagues in the epidemiology and control of infectious, non infectious diseases and environmental hazards.

The conference will address important public health issues that have arisen since the last meeting and provide fresh perspectives on established areas of disease prevention and control.

Last date for registration – Friday 4 May 2007 www.5nations.org.uk

Meningitis and Septicaemia in Children and Adults Royal Society of Medicine, London, 7-8 November 2007

This conference brings together experts in critical care, emergency medicine, research in primary and secondary care, infectious diseases, epidemiology, immunology, vaccinology, tropical medicine, microbiology and molecular medicine from both paediatric and adults settings.

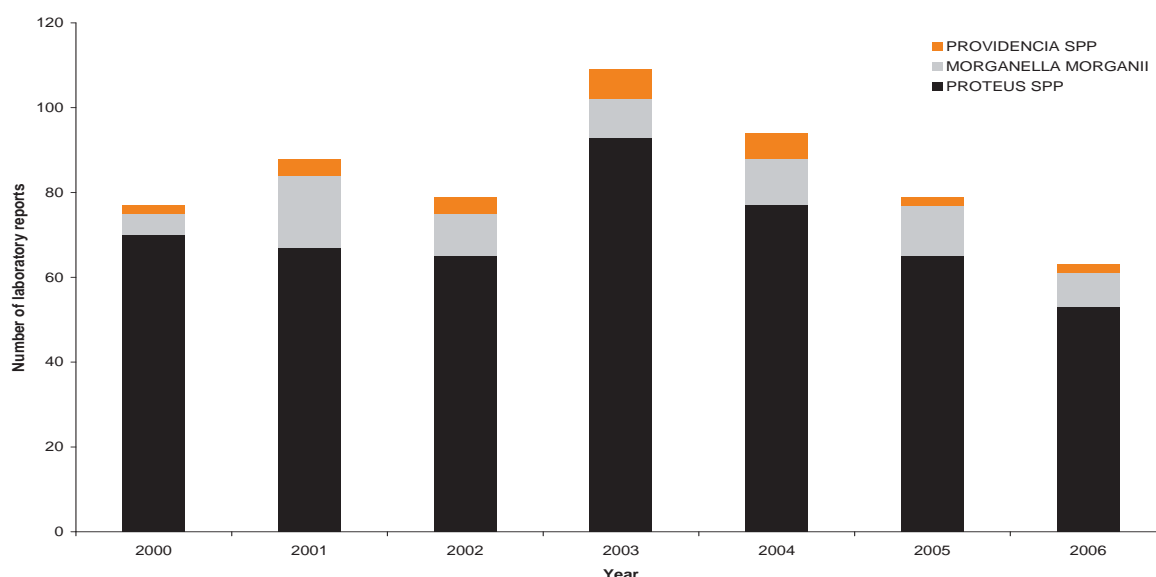
For further information please visit www.meningitis.org/conference/

Bacteraemia routine data reports

During the 2006 calendar year a total of 63 reports of *Proteus* spp, *Morganella morganii*, and *Providencia* spp isolates from blood were received by CDSC (NI). This is a 20% decrease on the total for the previous year (Figure 1), continuing the decreasing trend since the peak year of 2003. This is in contrast with a 7.4% increase in all bacteraemia reports over the 2005-2006 period. The percentage of all bacteraemias reported to be *Proteus* spp, *Morganella morganii*, or *Providencia* spp has fallen from 3.4% in 2003 to 1.8% in 2006.

A falling trend in the total numbers of these organisms has also been reported for England, Wales and Northern Ireland as a whole¹.

Figure 4: *Proteus* spp, *Morganella morganii*, and *Providencia* spp bacteraemia reports, Northern Ireland, 2000 – 2006*



Low levels of antibiotic sensitivity testing results reported for these organisms (generally less than 50% of isolates reported each year), combined with the small numbers of actual isolates in Northern Ireland, make it inappropriate to present annual data as has been reported for England, Wales and Northern Ireland as a whole¹. Recent changes in laboratory reporting mean that almost all labs in NI now use automatic, electronic reporting methods which will provide more data on the antibiotic susceptibility in future.

The majority of these bacteraemia reports were from males, with the number of reports increasing with patient age (figures 5-7). The sole exception to this in 2006 was *Morganella morganii* which was reported in an equal number of males and females in the 45-64 years group. This is similar to the findings from England, Wales and Northern Ireland as a whole².

* data for 2006 provisional using reports received by CDSC (NI) by 11 April 2007.

Reference

1. HPA. *Proteus* spp, *Morganella morganii*, and *Providencia* spp bacteraemias in England, Wales, and Northern Ireland: 2001 to 2006. Health Protection Report [serial online] 2007; 01 (11): Bacteraemia. Available at: <http://www.hpa.org.uk/hpr/archives/2007/hpr1107.pdf>
2. HPA. *Proteus* spp, *Morganella morganii*, and *Providencia* spp bacteraemias in England, Wales, and Northern Ireland: 2001 to 2006. Health Protection Report [serial online] 2007; 01 (11): Bacteraemia. **EXTRA TABLES**. Available at: http://www.hpa.org.uk/infections/topics_az/bacteraemia/pmp07/default.htm

Figure 5: *Proteus spp.* bacteraemia reports by age and sex, Northern Ireland, 2006*

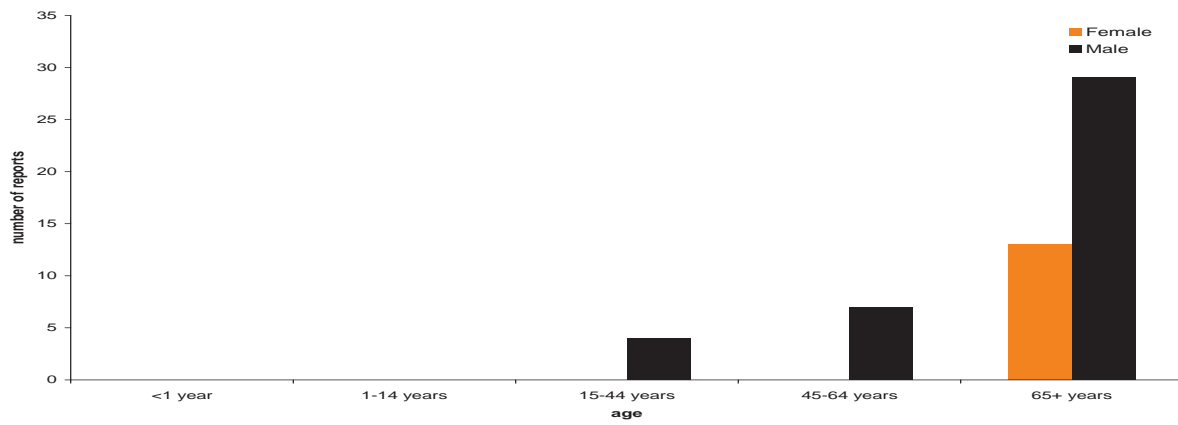


Figure 6: *Morganella morganii* bacteraemia reports by age and sex, Northern Ireland, 2006*

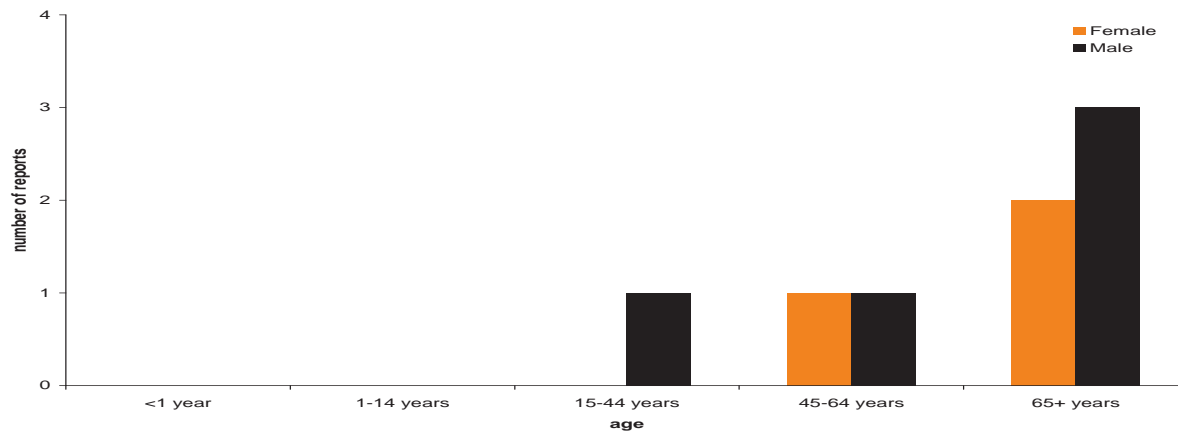
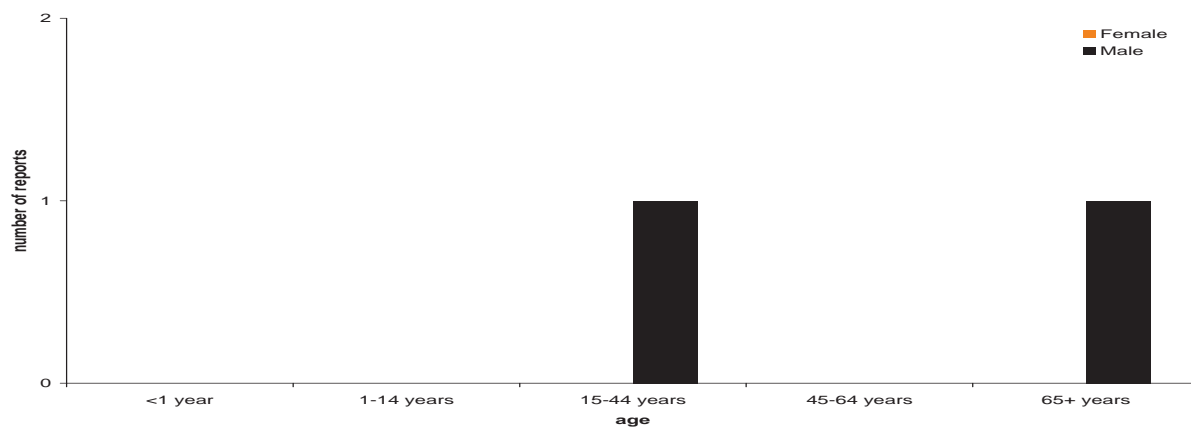


Figure 7: *Providencia spp.* bacteraemia reports by age and sex, Northern Ireland, 2006*



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

	Number of Reports received		Cumulative total	
	07/09-12	06/09-12	07/01-12	06/01-12
<i>Campylobacter</i>	41	48	111	136
<i>C. difficile</i> Toxin	99	136	314	404
<i>C. perfringens</i>	2	2	2	5
<i>E. coli</i> O 157	0	1	2	1
<i>Salmonella</i> total	1	5	18	16
<i>S. enteritidis</i> (PT 4)	0	2 (1)	4	3 (1)
<i>S. typhimurium</i> (DT 104)	1	0	7	7 (1)
<i>Salmonella</i> other	0	3	7	6
<i>Shigella</i>	0	1	1	3
<i>Cryptosporidium</i>	3	14	9	26
<i>Giardia</i>	2	1	2	6
Adenovirus (faeces)	7	19	37	73
Enterovirus (faeces)	0	1	1	1
Rotavirus	33	100	66	155
Norovirus	0	51	115	74

Comment:

There were no reports of travel associated infection during this reporting period.

With the exception of *E. Coli* O 157, *Salmonella* and Norovirus, laboratory reports are showing a decline compared to the same period last year.

Mycobacteria: Laboratory Reports, Weeks 01-12

	Number of Reports received			Cumulative total	
	07/01-04	07/05-08	07/09-12	07/01-12	06/01-12
<i>M. avium-intracellulare</i> group	6	2	0	8	8
<i>M. bovis</i>	0	0	0	0	1
<i>M. celatum</i>	0	0	0	0	1
<i>M. chelonae</i>	0	3	0	3	3
<i>M. fortuitum</i>	0	0	0	0	1
<i>M. gordonae</i>	0	2	0	2	6
<i>M. kansasii</i>	1	0	0	1	3
<i>M. malmoense</i>	0	2	0	2	2
<i>M. peregrinum</i>	0	0	0	0	1
<i>M. tuberculosis</i>	6	1	0	7	8
TOTAL	13	10	0	23	34

Comment:

Eight cases of *M. avium intracellulare* were reported during weeks 1 - 12, 2007. Three cases were female, aged between 11 and 70 years. Five cases were male aged between 1 and 81 years. Six cases were isolated from sputum, one from joint and one from tissue.

There were three cases of *M. chelonae* isolated from sputum, urine and lower respiratory tract during this reporting period. Two cases were male, aged 38 and 86 years. One case was female aged 67 years.

There were two cases of *M. gordonae* during this twelve-week reporting period. One case was male, aged 55 years and one was female, aged 31 years. Specimens were from lower respiratory tract and urine.

One case of *M. kansasii* was isolated from sputum. The case was female, aged 34 years.

Two cases of *M. malmoense* were isolated from sputum and urine. One case was male, aged 38 years and one case was female aged 66years.

Seven cases of *M. tuberculosis* were reported during this reporting period. Four cases were male, aged between 26 and 51 years; three cases were female, aged between 24 and 52 years. Five cases were isolated from sputum, one from joint and one from tissue.

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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.