

## 3.7 Less common gastroenteric infections

### Listeriosis

During 2014, 15 cases of listeriosis were notified, an increase compared to eight cases reported in 2013. This equates to a crude incidence rate of 0.3 per 100,000 population which remains below the EU average of 0.4 per 100,000 in 2013.

Two neonatal cases were reported in 2014, which compared to three neonatal cases reporting in 2013 (Figure 1). Eight adult/juvenile cases were reported in 2014, which was similar to the numbers reported in the previous 10 years. Five of the eight adult/juvenile cases were male. Three adult/juvenile cases developed bloodstream infection, while a fourth developed meningitis. One case with a predisposing condition died, but the case of death was not known. Outcome

was reported as recovered for five adult/juvenile cases and as unknown or not specified for the remaining two adult cases. Five of the eight adult/juvenile cases were more than 65 years of age, with a sixth being in the 55-64 years age group.

Since 2007, the National *Salmonella*, *Shigella* and *Listeria* Reference Laboratory in Galway has offered a national service for typing of *Listeria* strains. In 2014, isolates from 10 of the 15 notified cases were referred. The serotypes for these 10 cases are listed in table 1 below.

Listeria in Ireland remains a hazard for the elderly, persons with underlying illness, and other vulnerable groups such as pregnant women and neonates.

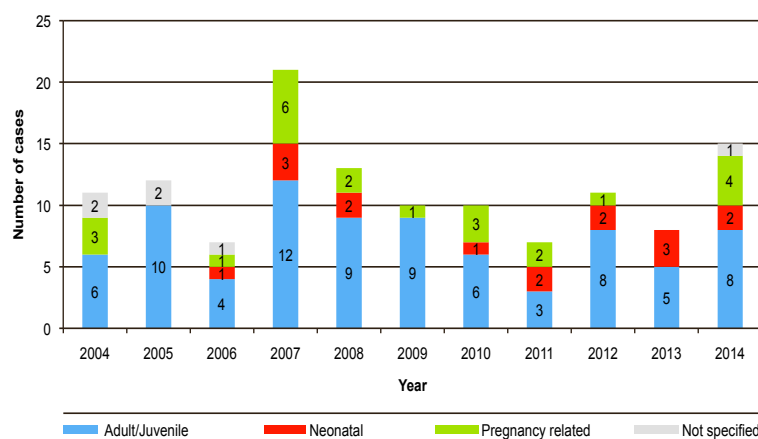


Figure 1: Number listeriosis notifications by case type, Ireland 2004-2014

Table 1: Listeriosis notifications by case type and serotype, Ireland 2014\*

Type	Serotype 1/2a	Serotype 1/2b	Serotype 4b	Not referred for serotyping	Total
Adult or juvenile	2	0	2	0	4
Pregnancy-related	2	0	0	0	2
Neonatal	2	0	2	0	4
Total	6	0	4	0	10

\* typing data provided by the National Salmonella, Shigella and Listeria Reference Laboratory (NSSLRL)

## Giardiasis

In 2014, there were 71 cases of giardiasis notified, corresponding to a crude incidence rate (CIR) of 1.5 per 100,000 population. Cases ranged in age from 7 months-79 years (median age=27 years) with 16 cases reported in children under 15 years of age. The male to female ratio was 1.3:1.0. Hospitalisation rates were low with six cases admitted, corresponding to 9.8% of cases where patient type was reported.

The number of cases for which travel status was reported has improved markedly over the last six years from 11% of cases in 2006 to 69.0% of cases this year (Figure 2). Forty-eight cases (67.6% of all cases; 98.0% of those with known travel status) were reported as being associated with foreign travel. The most commonly reported countries of infection included India (n=16), Spain (n=4), Australia (n=3) and Indonesia (n=2) while there was one case each reported associated with travel to 12 other countries. Sixteen cases were reported as being acquired in Ireland, and for the remaining 22 cases, country of infection was unknown or not specified.

Three family outbreaks of giardiasis were notified in 2014. Two outbreaks occurred in private houses and one was travel associated.

According to CDC, *Giardia* infects nearly 2% of adults and 6% to 8% of children in developed countries worldwide so it is likely that there is a high degree of underreporting of the illness in Ireland. Giardiasis in Ireland is mainly identified among adults, unlike countries such as the United States, Australia and the United Kingdom where children are mainly reported.

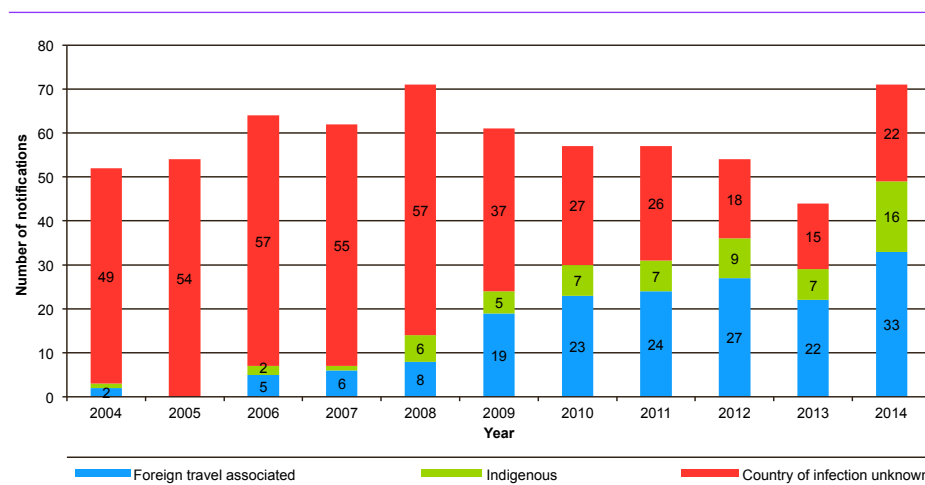


Figure 2: Number of giardiasis notifications by country of infection, 2004-2014

## Yersiniosis

In 2014, there were five cases of yersiniosis (one female and four males), three of whom were aged 65 years and older. Four were reported as being infected with *Y. enterocolitica* and one was *Y. pseudotuberculosis*. The reported incidence of yersiniosis in Ireland is low relative to the EU as a whole, and to Northern Europe in particular.

## Foodborne intoxications

Notifications of foodborne intoxications in Ireland are uncommon.

There was one case of infant botulism notified in 2014. The causative organism was identified as *C. botulinum*.

In 2014, there were no cases or outbreaks of staphylococcal food poisoning, *Clostridium perfringens* (type A) food-borne disease or *Bacillus cereus* food-borne infection/intoxication notified.