

3.8 Less common gastroenteric infections

Listeriosis

In 2016, 13 cases of listeriosis were notified, a decrease compared to 2015 when 19 cases were reported. For 2016, this equates to a crude incidence rate of 0.27 per 100,000 population.

In 2016, two neonatal cases and one pregnancy-related case were reported (Figure 1). The number of adult/juvenile cases reported in 2015 decreased by 29% (n=10) compared with 2015 (n=14) (Figure 1). Seven of the ten adult/juvenile cases were male, cases ranged in age from 51 to 88 years and half (n=5) were 65 years of age and older. Three adult/juvenile cases had septicaemia, three had meningitis and septicaemia, two had other symptoms and symptoms were not specified for two. One patient died; the cause of death was not reported but the patient had an underlying illness.

Since 2007, the National *Salmonella*, *Shigella* and *Listeria* Reference Laboratory (NSSLRL) in Galway provides a national service for the typing of *Listeria* strains. Isolates from eleven of the 13 notified cases in 2016 were referred by the primary laboratories for serotyping. Serotype 4b was the most common (n=6) followed by serotype 1/2a (n=5) (Table 1).

In Ireland, listeria remains a hazard for the elderly, persons with underlying illness, and other vulnerable groups most especially pregnant women and neonates. Occasionally, neonatal losses are reported in women for whom English is not their first language. Safefood has an advice leaflet outlining the risks to pregnant women from *Listeria* in a range of languages.

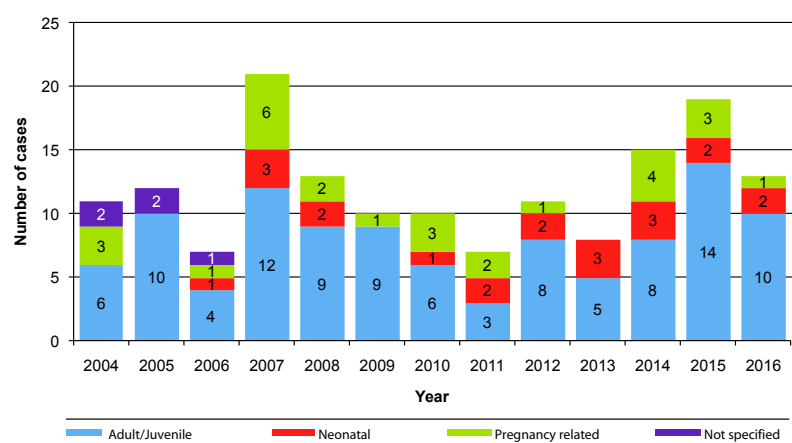


Figure 1: Number listeriosis notifications by case type, Ireland, 2004-2016

Table 1: Listeriosis notifications by case type and serotype, Ireland, 2016*

Type	Serotype 1/2a	Serotype 1/2b	Serotype 4b	Not referred for serotyping	Total
Adult or juvenile	6	0	3	1	10
Pregnancy-related	0	0	0	1	1
Neonatal	0	0	2	0	2
Total	6	0	5	2	13

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

Giardiasis

In 2016, there were 202 cases of giardiasis notified, corresponding to a crude incidence rate (CIR) of 4.2 per 100,000 population, an increase of 30% in CIR compared to 2015. This increase appears to be largely due to recent changes in laboratory practice with respect to selection of stools for testing consequent to the introduction of newer, more sensitive, molecular detection methods.

Cases ranged in age from ten months-90 years with a median age of 34 years. The male to female ratio was 1.3:1.0. The majority of cases were diagnosed in GP patients (65.0%).

Country of infection was reported for 70.2% of cases in 2016, an increase compared to 2015 (Figure 2). Of the 142 cases where country of infection was reported, 58 (41.0%) were reported as being associated with foreign travel. Twenty eight different countries were reported, the most common of which were India (n=12), Spain (n=5), and Pakistan (n=4). Eighty-four cases (59.0% of those with country of infection information) were reported as being acquired in Ireland, a further increase compared to the 51% reported in 2015. Country of infection was not reported for the remaining 60 cases.

It is likely that there is a degree of under-ascertainment of indigenous Irish cases of giardiasis, when the incidence in

Ireland is compared with that in England & Wales. It would be important for practitioners to bear in mind that the majority of cases of giardiasis in Ireland are likely not to be travel related were the true incidence known with any degree of accuracy.

Nine family outbreaks of giardiasis were notified in 2016, with 25 persons ill. One was considered to be due to person to person transmission, with transmission route unknown for the remaining family outbreaks. In addition, one MSM outbreak with two persons ill was reported.

Yersiniosis

In 2016, there were three cases of yersiniosis reported. All three infections were in adult females and were due to *Y. enterocolitica*. The reported incidence of yersiniosis in Ireland is low relative to the EU as a whole, and to Northern Europe in particular.

Foodborne intoxications

There were no cases or outbreaks of *Bacillus cereus*, botulism, *Clostridium perfringens* (type A) food-borne intoxication or staphylococcal food poisoning notified in 2016.

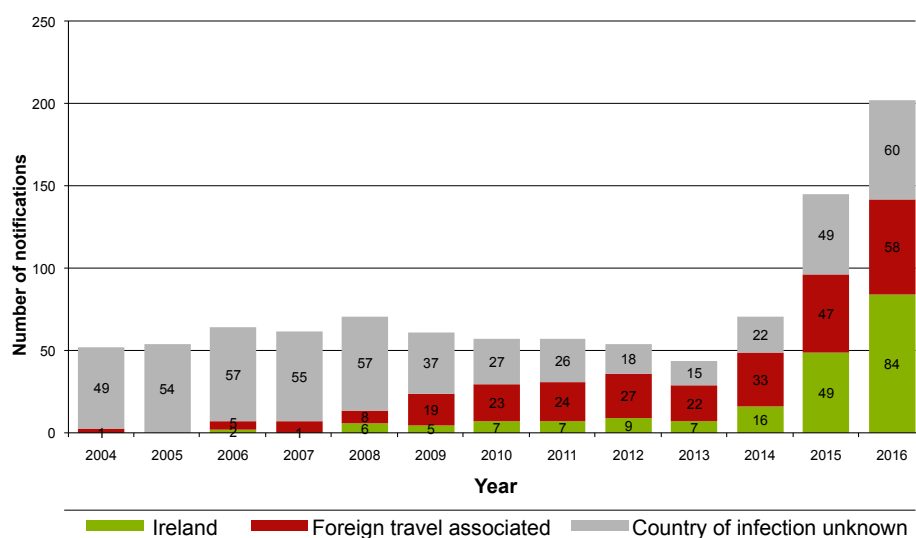


Figure 2: Number of giardiasis notifications by travel status, 2004-2016