(n=114, 7%) including verocytotoxigenic *E. coli* (VTEC), *Listeria monocytogenes* (n=4), *Yersinia enterocolitica* (n=3)and *Staphylococcus* species (n=2). The causative organism was not provided for 60 (3.7%) cases (figure 1).

Comprehensive reports on campylobacteriosis and VTEC in Ireland are presented as separate chapters elsewhere within this document.

Gastroenteritis (when contracted by children under 2 years of age)

Notifications of gastroenteritis in those under two years of age increased slightly in 2003 (n=1835) compared to 2002 (n=1747). In 2003, the causative organisms were reported as rotavirus (n=1149, 63%), adenovirus (n=315, 17%), *Cryptosporidium* (n=106, 5.8%), norovirus (n=14), *Giardia lamblia* (n=2), echovirus type 11 (n=1) and *Entamoeba coli* (n=1). No organism details were provided for 247 (13.5%) cases (figure 2).

Infectious mononucleosis

Infectious mononucleosis notifications declined in 2003 with 122 cases (3.1/100,000) notified compared to 173 in 2002. In 2003, the highest number of cases (n=74) and the highest age specific incidence rate (23.6/100,000) occurred in the age group 15-19 years. Nearly two-thirds of cases in 2003 were female (n=78).

Infectious parotitis (Mumps)

Forty cases (1.0/100,000) of mumps were notified in 2003 compared to 2002 when 32 cases were notified. In 2003, for the 38 cases where age was provided, the cases were aged between <1 year and 79 years (mean age, 15 years; median age, 9 years) with just over half of all cases aged less than 15 years. Twenty-two of the cases were male and 18 were female.

Influenzal pneumonia

Six cases of influenzal pneumonia were notified in 2003 compared to two cases in 2002. Four of the cases in 2003 were male and two were female. All six cases were notified during November and December 2003. The influenzal pneumonia cases coincided with an increase in influenza activity in late 2003 that predominantly affected children in the age group 0-4 years. All six influenzal pneumonia notifications in 2003 were aged less than 25 years with four of these in the age group 0-4 years, in contrast, both influenzal pneumonia cases notified in 2002 were in the age group 45-54 years. A report on influenza activity during the 2003/2004 season is included elsewhere in this document.

Legionnaires' disease

Seven cases of Legionnaires' disease were notified in 2003 while six cases were notified in 2002. The seven cases in 2003 were aged between 27 and 78 years (mean age, 62 years; median age, 69 years). Five of the cases were male and two were female. One of the seven cases of *Legionella* was confirmed by serology while six were confirmed by urinary antigen detection. Two of the cases in 2003 died.

A case of Legionnaires' disease is defined as travel-associated if the patient spent one or more nights away form their home

in accommodation used for commercial or leisure purposes e.g. hotels, holiday apartments etc. in the 10 days before the onset of illness. Travel-associated cases may involve travel within Ireland or travel abroad. In 2003, three of the cases were travel-associated (Ireland, Malta & Tunisia) and were notified to the European Working Group for Legionella Infections (EWGLI) surveillance scheme. The aim of this surveillance scheme (EWGLI) is to detect cases of travelassociated Legionnaires' disease and thereby rapidly identify outbreaks and implement control measures.²

Leptospirosis

Nine cases of leptospirosis were notified in 2003. This was similar to the number notified in previous years. All nine cases were male and for the eight cases where age was known all were aged between 34 and 73 years (mean age, 54 years; median age, 57 years). The possible source of infection was; contact with animals (n=4), contaminated water (n=1), gardening (n=1) and unknown (n=3). Seven of the cases were reported to have survived while the outcome was not reported for two cases.

Malaria

During 2003, twenty-one cases of malaria were notified. Ten cases were male and eleven were female. Age was reported for 20 cases, these cases ranged in age from one year to 67 years with a median age of 28 years. Six of these cases were Irish, three were Nigerian, one was French and nationality was not reported for the remaining cases. Countries where the malaria infection was acquired included Nigeria (n=5), Sudan (n=4) and Congo, Gambia, Ghana, Kenya, Mali, Sierra Leona, Tanzania, Uganda, and Zimbabwe (n=1 each). The reasons for travel to a malarious region were: holiday (n=5), business/ professional travel (n=3), new entrant to Ireland (n=1), visiting family in country of origin (n=1), Irish citizen living abroad (n=1) and unknown (n=9). There was also one case believed to have been congenitally acquired.

In nine cases *Plasmodium falciparum* was the causative organism, *Plasmodium vivax* in three cases and the malarial parasite was not reported for the remaining nine cases. Information on malaria prophylaxis was available for eight of the cases. Three cases did not take any malaria prophylaxis while inappropriate prophylaxis was taken by one case. Of the remaining four cases who took malaria prophylaxis while abroad, all discontinued prophylaxis before one month after their return to Ireland (it should be noted however that at least two of these patients already displayed symptoms of malaria within one month of return to Ireland).

Measles

During 2003, 572 measles cases (14.6/100,000) were notified. This was more than double the number notified during 2002 (n=243) and 2001 (n=241). Enhanced details including laboratory data were obtained on some of the measles notifications in 2003, this data is discussed further in a separate measles report elsewhere in this document.

Rubella

In 2003, 59 cases (1.5/100,000) of rubella were notified, compared to 33 in 2002 and 57 in 2001. Fifty-five of the cases (93%) notified in 2003 were less than 15 years, with 50