

◀ Back to Table of Contents

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Articles

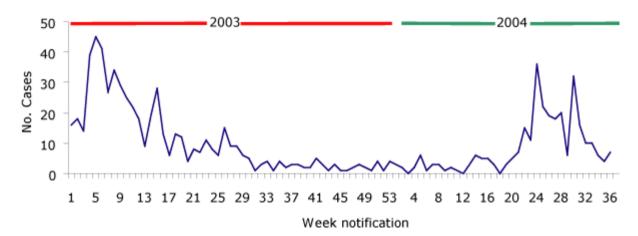
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Measles increase in Ireland, 2004

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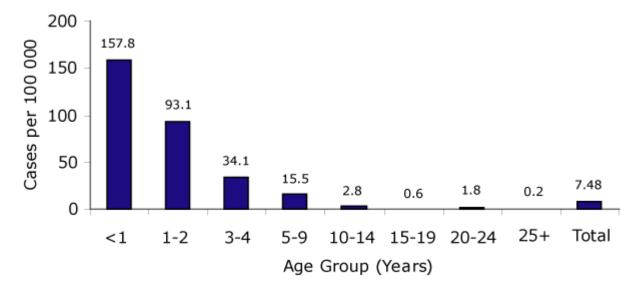
Since the beginning of 2004 (weeks 1-36 inclusive), 293 cases of measles have been reported in Ireland (incidence: 7.5/100 000 population) [1]. The increase in measles activity, particularly since May, has been widespread in the country. The incidence of measles has been high in recent years, notably in 2003 (Figure 1) and 2000, when there was a large outbreak (over 1600 cases reported, including three measles-associated deaths in children) [2,3].

Figure 1. Measles cases by week of notification 2003 and weeks 1- 36, 2004 (provisional data)



So far in 2004, 68% of all notified cases have been reported by the Eastern Regional Health Authority (incidence: 14.2/100 000). Most cases notified were clinical, and 60 (20%) were confirmed. Young children were most affected, with the highest age-specific incidence rates occurring among those <1 year of age (157.8/100 000) (Figure 2).

Figure 2. Age Specific incidence or measles cases notified in Ireland from weeks 1- 36, 2004 by age group (n=290*).



^{*}Patient age was unknown for 3 measles cases

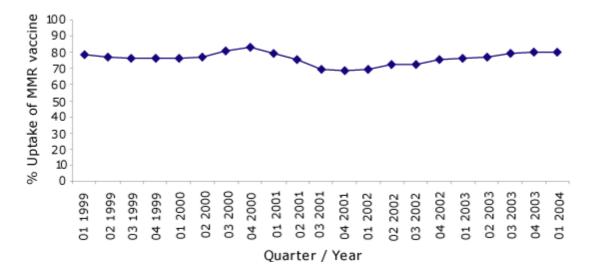
Enhanced surveillance data (where available) indicated that 77% of measles cases were in unvaccinated patients.

In Ireland, measles, mumps and rubella (MMR) vaccine is routinely recommended for children at 12-15 months of age, with another dose recommended at 4-5 years of age. The vaccine can be given to children as young as 6 months old, particularly in outbreak situations, although seroconversion rates are lower in children immunised before their first birthday [4].

A recent report on immunisation uptake in Ireland during the first quarter of 2004 estimated national MMR uptake at 24 months to be 80%, ranging from 74%-90% between regions. Collection of national immunisation uptake data started in Ireland at the beginning of 1999.

Following the measles outbreak in 2000, the uptake rate of MMR increased to 83%, but then fell to 69% at the end of 2001. MMR uptake rates have been increasing gradually since then (Figure 3).

Figure 3. National quarterly immunisation uptake rates for the first dose of MMR at 24 months, Quarter 1, 1999 to Quarter 1, 2004



The low MMR vaccine uptake rates in Ireland are thought to be due to the negative publicity surrounding MMR vaccine. Consistent MMR uptake levels of at least 95% are required among all birth cohorts to eliminate measles transmission.

Preventing ongoing transmission in specific settings

In response to the increased number of measles cases reported in 2004, the following control measures are taking place:

- Since good surveillance data are fundamental to control and prevention activities, measles surveillance and control activities have increased across Ireland (case investigation, laboratory testing where appropriate, and encouraging immunisation).
- General practitioners (GPs) and clinicians have been advised to notify any suspect cases promptly to ensure rapid implementation of control measures.
- Immunisation is offered to all children in affected schools, crèches or institutions.
- In areas where substantial numbers of measles cases were reported among infants, measles vaccination of infants as young as 6 months was encouraged as an outbreak control measure.
- There has been national and regional press coverage (newspaper articles, radio coverage) of measles and low levels of vaccination. Parents have been advised by GPs, Health Boards, and the National Disease Surveillance Centre to have children vaccinated with MMR at 12-15 months as per the national immunisation schedule. Parents of older, unvaccinated children have also been encouraged to bring them to their GPs for immunisation.
- A national Measles Eradication Committee has been established and will meet shortly. It will consider ways to improve surveillance (including laboratory testing) and vaccination uptake.

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This article was adapted and updated from reference 1.

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back to top

◀ Back to Table of Contents

◆ Previous

Next ▶

†To top | **№** Recommend this page

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