Summer Scientific Meeting

*Is fearr an tsláinte ná na táinte*
*Health is better than wealth*

Wednesday 30th May & Thursday 31st May 2018

Wednesday 30th May approved for up to 5 CPD credits

Thursday 31st May approved for up to 6 CPD credits
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<th>Time</th>
<th>Title</th>
<th>Speaker</th>
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<tr>
<td>8:45am</td>
<td>Registration, Poster viewing and Tea/Coffee</td>
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<td>09:30</td>
<td>Welcome and introduction by Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>09:35-10:00</td>
<td>Session 1: ‘Two Minute Magic’ Presentations</td>
<td>Knowledge and awareness of exercise prescription among Irish Non-Consultant Hospital Doctors</td>
<td>Dr Sarah Doyle, Consultant in Public Health Medicine, HSE SE</td>
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<td>Audit of the HSE Human Papillomavirus (HPV) Information Leaflet for Parents and Students</td>
<td>Dr Breda Cosgrove</td>
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<td>A Survey of the Beliefs and Attitudes amongst staff working in Long-term Care Facilities (LTCF) in the North East Region to Influenza Vaccination</td>
<td>Tracy Doherty</td>
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<td>Cost-effectiveness (CEA) of influenza vaccination for Irish elderly in long-term care facilities</td>
<td>Dr Keith Ian Quintyne</td>
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<td>Survey of diagnostic testing for influenza and other respiratory viruses in Irish Hospitals</td>
<td>Dr Keith Ian Quintyne</td>
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<td>Prolonged VTEC stool carriage in risk group cases HSE South</td>
<td>Louise Carlton</td>
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<td>An Ongoing Measles Outbreak in HSE Mid-West, January-April 2018</td>
<td>Dr Christopher Carroll</td>
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<td>10:00-11:05</td>
<td>Session 2: Health Protection Matters</td>
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<td>10:00</td>
<td>Joint efforts to control two concurrent measles outbreaks in Ireland, 2017</td>
<td>Dr Annalisa Quattrocchi</td>
<td>Dr Sarah Doyle, Consultant in Public Health Medicine, HSE SE</td>
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<td>10:10</td>
<td>Discussion</td>
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<td>10:15</td>
<td>Epidemiology of Campylobacter in Ireland 2004-2016: has anything changed?</td>
<td>Dr Lois O’Connor</td>
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<td>10:25</td>
<td>Discussion</td>
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<td>10:30</td>
<td>An outbreak of VTEC in a large childcare facility in Co. Dublin</td>
<td>Dr Naomi Petty-Saphon</td>
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<td>10:40</td>
<td>Discussion</td>
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<td>10:45</td>
<td>Estimating the incidence and prevalence of chronic hepatitis C (HCV) infection in Ireland</td>
<td>Niamh Murphy</td>
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<td>10:55</td>
<td>Discussion</td>
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| 11:05 - 11:35 | **Sos le tae/café agus póstaír chun amharc**  
**Tea/Coffee Break and Poster Viewing**  
**Marbh le tae agus marbh gan é**  
Dead with tea and dead without it |                                                                         |                                                                      |
| 11:35- 13:00 | **Session 3: Air Quality - Time to act**  
*Ní fhanann trá le fear mall*  
An ebb(tide) does not wait for a slow man | **Invited Speakers**                                                     |                                                                      |
| 11:35  | Air Quality- Every breath we take: the lifelong impact of air pollution | Professor Stephen Holgate, CBE, Medical Research Council  
Clinical Professor of Immunopharmacology and  
Consultant Physician, Faculty of Medicine  
Clinical & Experimental                                                   | Dr. Maire O’Connor, Consultant in Public Health Medicine, HSE East   |
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<td>Sciences, Southampton General Hospital</td>
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<td>12:05</td>
<td>Discussion</td>
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<td>12:15</td>
<td><strong>Air Pollution and Health, Ireland and beyond, and unexpected consequences!</strong></td>
<td><strong>Professor Patrick Goodman</strong>, DIT School of Physics and Clinical &amp; Optometric Sciences</td>
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<td>13:00 – 14:00</td>
<td>Lón (Lunch): <em>Is maith an t-anlann an t-ocras</em> - Hunger is a good sauce</td>
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<td>14:00-14:20</td>
<td><strong>Session 4: Lessons to Learn</strong> <em>Cleachtadh a dhéanann maistreacht</em></td>
<td><strong>Invited Speaker</strong></td>
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<td><strong>Professor Mary Horgan</strong>, President of the RCPI, Consultant Physician in Infectious Diseases and Internal Medicine at Cork University Hospital.</td>
<td><strong>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</strong></td>
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<td>14:15</td>
<td>Discussion</td>
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<td>14:20-15:20</td>
<td><strong>Session 5: Vaccination and its Impact</strong> <em>Is fearr cosc ná leigheas</em></td>
<td><strong>Prevention is better than cure</strong></td>
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<td><strong>An outbreak of pertussis infection in Co. Longford and audit of implementation of the key recommendation</strong></td>
<td><strong>Dr Abigail Collins</strong></td>
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<td>14:30</td>
<td>Discussion</td>
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<td>14:35</td>
<td>Moderate uptake of influenza and</td>
<td><strong>Dr Annalisa Quattrocchi</strong></td>
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<td>pertussis vaccination in pregnant women in Ireland, 2017-18</td>
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<td>14:50</td>
<td>Overview of influenza vaccine effectiveness estimates in Ireland: test-negative design case-control studies, 2009-2018</td>
<td>Dr Lisa Domegan</td>
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<td>15:00</td>
<td>Discussion</td>
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<td>15:05</td>
<td>Impact of BCG vaccination on the regional incidence of Mycobacterial infections in Southern Ireland (HSE South) from 2003-2016</td>
<td>Dr Eileen Sweeney</td>
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<td>15:15</td>
<td>Discussion</td>
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<td>15:20</td>
<td>Trends in emergency in-patient hospitalisations among those with no fixed abode (homeless)</td>
<td>Dr Anne O'Farrell</td>
<td>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>15:30</td>
<td>Discussion</td>
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<td>15:35</td>
<td>Parent and child misperception of child weight status: a cross-sectional analysis of the Cork Children’s Lifestyle Study (CCLaS).</td>
<td>Dr Emily Kelleher</td>
<td>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>15:39</td>
<td>A scoping exercise for a Case and Incident Management IT System for Health Protection for Ireland</td>
<td>Dr John Cuddihy, Director of Public Health, HSE South East</td>
<td>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>15:54</td>
<td>Discussion</td>
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<td>16:00</td>
<td><strong>Closing remarks</strong></td>
<td>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>Dá fhada an lá, tagann an tríthnóna</td>
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<td><em>However long the day, the evening will come</em></td>
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<td>08:15</td>
<td>Registration, Poster viewing and Tea/Coffee</td>
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<td>09:00</td>
<td>Welcome and introduction</td>
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<td>09:05-9:35</td>
<td>Session 9: ‘Two Minute Magic’ Presentations</td>
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<td>Socio-demographic determinants of contraception use at most recent intercourse among the general public in Ireland: findings from a nationally-representative Health and Lifestyle Survey</td>
<td>Dr Heather Burns</td>
<td>Dr. Howard Johnson, Clinical Lead of Health Intelligence</td>
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<td>Stop smoking courses 2011-2017: engagement is key to early success</td>
<td>Dr Kirsten Doherty</td>
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<td>Staff smoking prevalence and attitudes to smoking in a large acute hospital with a Smoke Free Campus</td>
<td>Ailsa Lyons</td>
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<td>Attitudes to changes in the retail environment for sugar-sweetened beverages on a university campus: A Healthy UCD pilot-trial</td>
<td>Celine Murrin</td>
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<td>Knowledge of National Physical Activity Guidelines among health professionals in an acute, urban teaching hospital</td>
<td>Dr Andrea Bowe</td>
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<td>Increase in bicycle use as a means of transport to an acute academic hospital</td>
<td>Dr Kirsten Doherty</td>
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<td>Introduction of Direct FIT provision alongside advertising in BowelScreen, the national bowel screening programme: influence on continued participation</td>
<td>Lorraine Fahy</td>
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<td>09:35-10:45</td>
<td><strong>Session 10: Informatics</strong>&lt;br&gt;An té nach guireann san earrach ní bhaineann sé san fhómhar&lt;br&gt;Whoever does not plant in the spring does not reap in the fall</td>
<td>ICD-10-AM to CCS diagnostic codes: an exercise in clinical process mapping</td>
<td>Dr Declan McKeown</td>
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<td>09:45</td>
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<td>A realist evaluation of a European data analytic framework</td>
<td>Dr Andrew Boilson</td>
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<td>The Virtual Chart (V-Chart) for Enhanced Care. A framework for Irish health registries</td>
<td>Dr Ruth McDermott</td>
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<td>Discussion</td>
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<td>A minimum data set (MDS) to standardise the capture of lifestyle risk factors and health behaviour change interventions</td>
<td>Dr Siobhan Jennings</td>
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<td>Discussion</td>
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<td>10:45-11:15</td>
<td><strong>Sos le tae agus café</strong>&lt;br&gt;Coffee Break and Poster Viewing&lt;br&gt;Marbh le tae agus marbh gan é&lt;br&gt;Dead with tea and dead without it</td>
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<td>11:15-12:50</td>
<td><strong>Session 11: Alcohol Promotion and Consequences</strong>&lt;br&gt;Is minic a lean maidin bhrónach oíche shúgach&lt;br&gt;'Tis many a sad morning followed a merry night</td>
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<td>Invited Speakers</td>
<td><strong>Doubt is our product: the alcohol industry’s distortion of evidence</strong></td>
<td>Professor Mark Petticrew, Professor of Public Health Evaluation,</td>
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<td>12:05</td>
<td>Foetal Alcohol Spectrum Disorders (FASD) in Ireland: tipping the balance towards prevention</td>
<td>Dr Mary O’Mahony, Consultant in Public Health Medicine HSE South, Public health lead on FASD prevention</td>
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<td>Discussion</td>
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<td>12:30</td>
<td>Alcohol related presentations to Emergency Departments in Ireland</td>
<td>Dr Diarmuid O’Donovan</td>
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<td>Discussion</td>
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<td>Two Minute Magic’ Presentation</td>
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<td>12:45</td>
<td>Hazardous and harmful alcohol consumption among college students in Ireland: A cross-sectional baseline study</td>
<td>Susan Calnan</td>
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<td>12:50-13:50</td>
<td>Lón (Lunch): Is maith an t-anlann an t-ocras</td>
<td>Hunger is a good sauce</td>
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<td>Session 12: Vulnerable Groups in our Society</td>
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<td><em>Is iomáí cor sa tsaoil</em></td>
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<td><em>There is many a twist in life</em></td>
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<td>13:50</td>
<td>Updating the Public Health England toolkit for Preventing Suicides in Public Places, and adapting it to the Irish setting: A pilot project in Limerick</td>
<td>Dr Douglas Hamilton</td>
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<td>14:05</td>
<td>Health needs of homeless people in Galway</td>
<td>Dr Mark O'Loughlin</td>
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<td>Discussion</td>
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<td>Help-seeking attitudes and behavior for suspected diagnosis of dementia in a sample of Irish adults</td>
<td>Dr Desmond Hickey</td>
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<td>Smoking cessation and deprivation in Ireland</td>
<td>Dr Naomi Petty-Saphon</td>
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<td>14:30-15:30</td>
<td>Session 13: Our children’s future health Bionn an fhirinne searbh</td>
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<td>The truth is bitter</td>
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<td>14:30</td>
<td>Physical Activity &amp; Us- Title TBC</td>
<td>Professor Niall M. Moyna, Professor Clinical Exercise Physiology; Department Head: School of Health and Human Performance Centre for Preventive Medicine Faculty of Science and Health, DCU</td>
<td>Dr. Peter Wright, Co-chair, RCPI Policy Group on Physical Activity, Director of Public Health, Department of Public Health Medicine, HSE NW</td>
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<td>15:00</td>
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<td>15:10</td>
<td>Lifetime costs of childhood obesity/overweight across the island of</td>
<td>Prof Kevin Balanda</td>
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<td>15:25</td>
<td>Two Minute Magic’ Presentation</td>
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<td>15:25</td>
<td>Investigation of non-response bias in the Childhood Obesity Surveillance Initiative (COSI) in Ireland</td>
<td>Jennifer Coyle</td>
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<td>15:30</td>
<td>Prize Giving and Closing Remarks</td>
<td>Prof Emer Shelley, Dean, Faculty of Public Health Medicine</td>
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<td>Go n-éirí an bóthar leat is do chosán cóngair</td>
<td>Presentation of Prizes</td>
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<td>May your journey, long or short, be a success</td>
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<td>15:50</td>
<td>Closing address by Dean</td>
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**Save the Date:**

Faculty of Public Health Medicine Winter Scientific Meeting

December 5th 2018

RCPI, 6 Kildare Street
Dear Colleagues,

Welcome to this year’s summer scientific meeting and the first one led by our new dean, Professor Emer Shelley. The support of our dean to these meetings is very strong and appreciated.

We wish to thank all our authors for submitting abstracts which generate our oral presentations, “2 minute magic’s” and posters. Without these efforts, there would be no scientific meetings.

In the morning on day one, we have two experts sharing their knowledge on air quality-Firstly Professor Stephen T Holgate, who chaired the Royal College of Physicians and Royal College of Public Health working party on air pollution that produced the report “Every breath we take: the lifelong impact of air pollution” – a call for action “ Prof Holgate is special advisor on air quality to the RCP and is the MRC clinical professor of immunopharmacology at the University of Southampton.

He has said: “We now know that air pollution has a substantial impact on many chronic long-term conditions, increasing strokes and heart attacks in susceptible individuals. We know that air pollution adversely effects the development of the fetus, including lung development. And now there is compelling evidence that air pollution is associated with new onset asthma in children and adults. When our patients are exposed to such a clear and avoidable cause of death, illness and disability, it is our duty to speak out.”

Secondly, Professor Patrick Goodman, of DIT School of Physics and Clinical & Optometric Science. Prof Goodman is one of the authors of the 2016 Residential Solid Fuel and Air Pollution Study North South Ministerial Council (NSMC) Report which was jointly commissioned by Department of Environment for Northern Ireland and the Department of Environment, Community & Local Government, Ireland. Prof Goodman will focus mainly on data from Ireland, but will share broader data also.

We are privileged to have Professor Mary Horgan, President of the Royal College of Physicians in Ireland describing her experience of the HIV and the treatment progress made. Prof Horgan recently gave an inspiring TED talk called “HIV: the virus that made me a better doctor”.

On day two, Professor Mark Petticrew will share his expertise the impact of the alcohol industry on the public. Prof Petticrew is Professor of Public Health Evaluation, London School of Hygiene & tropical Medicine and Director of the Public Health Research Consortium.

Next we will have our colleague Dr Mary O’Mahony presenting on Foetal Alcohol Spectrum Disorders (FASD) in Ireland. Dr O’Mahony is a Consultant in Public Health Medicine in HSE South and is the Public health lead in Ireland on FASD prevention.

On the afternoon of day two, Professor Niall Moyna will be updating us and challenging us on Physical activity. Prof Moyna is a well-known presenter on our national TV and radio stations- on programmes such as “Operation Transformation” and “Doctor in the House”. He is the Professor of Clinical Exercise Physiology and Department Head of the School of Health and Human Performance, Centre for Preventive Medicine, Dublin City University.
Both days have a mixture of 2 minute magic presentations and accepted oral presentations. There are also excellent posters on view in the Cheyne room.

I would like to thank the members of the Meetings Committee for assistance with planning the conference. As is the norm, Faculty members have willingly made themselves available to take on several tasks including planning programmes, reviewing abstracts etc. The committee members are: DR Joe Barry, Dr Marie Casey, Dr Eibhlín Connolly, Dr Sarah Doyle, Dr Lourda Geoghegan, Dr Howard Johnson, Dr Regina Kiernan, Dr Caroline Mason, Dr Triona McCarthy, Dr Patricia McDonald, Dr Áine McNamara, Dr Máire O’Connor, Dr Mary T O’Mahony and Dr Annette Rhattigan. We are very grateful for the assistance of all.

Dr Declan Bedford retired from the committee after the WSM 2017. Declan tirelessly worked for the committee over many years- he was particularly generous in giving his time to reviewing abstracts and judging. We miss him but wish him well in his endeavors.

I express a special word of thanks to the staff of RCPI for their in assistance organising this meeting; in particular event coordinators Rowena Reid and Shane Walsh who are always excellent. Unfortunately this will be our last production with Rowena, our loss but we wish her well in her new endeavours.

I hope that you will find the conference interesting and educational. I would ask you to complete the evaluation forms that will be emailed out to attendees, so that we can continue to plan conferences that are of relevance to you.

Yours sincerely,
Dr Emer O’Connell
Chair, Meetings Committee
Invited Speaker biographies

Professor Stephen Holgate
Stephen Holgate is Medical Research Council Clinical Professor of Immunopharmacology at the Faculty of Medicine, Southampton, UK. After completing his medical training in London he spent 2 years at Harvard Medical School to acquire skills in allergic disease mechanisms. On returning to Southampton in 1980, he set up a research group focused on the mechanisms of asthma. He has utilized many approaches to study this disease including epidemiology, genetics, pathology, microbiology and immunology, pharmacology and experimental medicine. This research has informed guidelines on asthma management and has identified and validated novel therapeutic targets. Notable research contributions include the role of mast cells and their mediators in asthma and allied disorders, the regulation and pharmacology of mast cells, placing inflammation at the core of asthma pathophysiology, uncovering the role of respiratory viruses, allergens and pollutants in asthma exacerbation, the discovery of defects in innate immune responses in asthmatic airways, mechanisms of airway wall remodelling and the discovery of novel asthma susceptibility genes such as ADAM33.

Professor Patrick Goodman
Pat Goodman graduated with an Honours Degree in Physics from UCD in 1984, he followed this with a research Masters from UCD in Atmospheric Physics in 1986. He trained and worked as a meteorologist with Met Eireann from 1986 to 1989. He returned to academia in 1989, taking up a post in DIT, and completed a PhD in the area of air pollution and Health at Trinity. For the past 30 years he has been working in the areas of air pollution and Health, including tobacco smoke exposure, and weather and health. He is internationally recognised as an expert in the area of air pollution and health, has acted as an invited expert with the EU, the WHO and the USEPA. He is a member of the RIA Environmental Sciences and Climate Change committee.

Professor Mary Horgan
Professor Mary Horgan was elected as the 142nd President of the Royal College of Physicians of Ireland. She took up this position at the Annual Stated Meeting in October 2017 and will serve a three-year term. Professor Horgan is the first woman President in our 360 year history. Originally from Kerry, Professor Horgan graduated from UCD in 1986. She was awarded her MD in 1995, MRCP in 1988 and FRCP in 1997. She serves on the Board of the Health Products Regulatory Authority and the Mercy University Hospital and on the Governing Body of UCC. She is formerly a Board Member of the Irish Blood Transfusion Service and was previously Chair of the Council of Deans of Medical Schools. She is a Consultant Physician in Infectious Diseases and Internal Medicine at Cork University Hospital and Dean of the University College Cork School of Medicine.
Professor Mark Petticrew

Mark Petticrew is Professor of Public Health Evaluation in the Faculty of Public Health and Policy at LSHTM. He is Director of the Public Health Research Consortium (PHRC http://phrc.lshtm.ac.uk/), and is also a member of the Policy Innovation Research Unit (PIRU: http://www.piru.ac.uk/), both of which are funded by the Department of Health Policy Research Programme.

Recent research includes the evaluation of the Public Health Responsibility Deal. This policy, launched in 2012, involved voluntary agreements between government and the alcohol and food industries, among others. Details of the published papers appear here:

He is also Co-Director with Prof. Karen Lock of the NIHR School for Public Health Research at LSHTM (see http://sphr.lshtm.ac.uk/).

His main research interests are in evidence-based policymaking, and the evaluation of the health effects of social and other policies, as well as having a focus on the commercial determinants of health.

Dr Mary O’Mahony

Dr Mary T O’Mahony (MB, MPH, FFPHMI), is Specialist in Public Health Medicine since 1996 and acted as Director of Public Health for HSE-S from 2014-17 and is Registry leader for the Cork and Kerry Congenital Anomaly (Birth Defects) Register, EUROCAT Registry 49. Dr O’Mahony provides public health input to the National Perinatal Epidemiology Centre’s Governance Committee; and to the HSE’s Disability Service Transformation Working Group1 for health service improvement. She has an on call commitment for infectious disease prevention and control. Dr Mary O’Mahony has recently been confirmed as Chair of the HSE Alcohol Priority Programme FASD Working Group.

Prof Niall M. Moyna

Clinical Exercise Physiology, Department Head, School of Health and Human Performance Centre for Preventive Medicine, Faculty of Science and Health Dublin City University

Niall is a Professor and Head of the School of Health and Human Performance and a member of the Centre for Preventive Medicine in DCU. He received his masters degree from Purdue University, Indiana, USA and Ph.D from the University of Pittsburgh, Pennsylvania, USA. He completed a three year National Institute of Health Post Doctoral Research Fellowship in immunology at the University of Pittsburgh Medical Center. He was Director of the Clinical Exercise Research Laboratory in the Division of Cardiology at the University of Pittsburgh Medical Centre and later moved to Connecticut to take a position as a Senior Research Scientist in Nuclear and Preventive Cardiology at Hartford Hospital. He has published over 150 research papers in international peer reviewed journals and presented his work at international conferences. Niall is a Fellow of the American College of Sports Medicine and has a keen interest in Gaelic football and athletics.
Abigail Collins
Dr Abigail Collins is a Consultant in Public Health Medicine, currently practicing in the Department of Public Health in Tullamore. After studying Human Genetics at UCL she decided to go on and study Medicine, also at UCL, before embarking on paediatrics training. Whilst working in clinical paediatrics the need for good preventative medicine and health-care delivery services to protect the vulnerable became ever more evident, and hence an interest and training in public health began. After initially starting her public health training in Cambridge, UK, she transferred to complete the training in Ireland.

Ailsa Lyons
Ailsa Lyons is the Head of Department for the Department of Preventive Medicine and Health Promotion at St Vincent’s University Hospital, Dublin. She has a background in health promotion, health improvement, and public health practice and research.

Andrea Bowe
My name is Andrea Bowe. I am a second year surgical trainee and an aspiring public health trainee! My interest within public health medicine is in disease prevention and health promotion, in particular the role of physical activity in disease prevention. I carried out this study while working in the orthopaedic surgery department of Connolly Hospital.

Andrew Boilson
Dr Andrew Boilson, Research Fellow Public Health & Epidemiology, Dublin City University, School of Nursing & Human Sciences.

Annalisa Quattrocchi
Annalisa Quattrocchi (29/08/1985 Giarre, Italy), studied Biology at the University of Catania (Italy), where she also conducted the PhD in “Translational Biomedicine” (2010-2014) and worked as research fellow in the University Department of Public Health. In 2016, she worked at the European Centre for Disease Prevention and Control (ECDC) and since September 2017 she is currently EPIET (European Programme for Intervention Epidemiology Training) fellow at Health Protection Surveillance Centre (HPSC), Ireland (2017-2019).

Anne O’Farrell
Dr. Anne O’Farrell graduated with an honours degree in biological sciences in UCL followed by a Masters in Epidemiology in LSHTM. Anne completed her PhD. in Epidemiology in Trinity College Dublin in 2010. Anne currently works as a senior researcher in epidemiology and statistics in the Health Intelligence Unit of the HSE.

Breda Cosgrove
Dr Breda Cosgrove is a final year Specialist Registrar in Public Health Medicine. Prior to specialising in Public Health Medicine, she worked in General Internal Medicine and Emergency Medicine in Ireland and Australia. During training, she has worked in Dept. of Public Health HSE-South, Health Protection Surveillance Centre, National Immunisation Office, World Health Organization Headquarters and is currently based in Dept. of Public Health HSE-MidWest.

Celine Murrin
Celine Murrin is a lecturer in Public Health Nutrition in the School of Public Health, Physiotherapy, and Sports Science in University College Dublin, teaching on the BSc Human Nutrition, Masters in Food, Nutrition and Health and the Masters in Public Health programmes in UCD and supervising both undergraduate and postgraduate research. My research interest is in the determinants of childhood obesity from a life-course perspective with a particular focus on the intergenerational transmission of obesity. I am also interest in the psychosocial determinants of parental food behaviours and responses to the food environment.
Christopher Carroll
Specialist Registrar in Public Health Medicine, Department of Public Health, HSE Mid-West.

Ciara Kelly
Dr. Ciara Kelly is a second year senior house officer in the RCPI Basic Specialist Training Scheme in General Internal Medicine. She completed her undergraduate degree in medicine at Trinity College Dublin. Her interest is in the area of preventive medicine and health promotion, particularly in the roles of nutrition and physical activity in patient care. She is hoping to pursue Public Health via the RCPI Higher Specialist Training scheme after completion of her BST in July, and is planning to complete a Masters in Public Health in Ireland prior to this.

Declan McKeown
Dr. Declan McKeown is a Specialist in Public Health Medicine, working with HSE Health Intelligence. He trained in Public Health and Epidemiology in Australia, subsequently working in HSE West before coming to Health Intelligence nine years ago. Currently, his main areas of work are the National Quality Assurance Improvement Systems within Health Atlas, for which the categorisation of 19,000 ICD-10 codes into a more manageable 260 CCS codes has been a vital element. This has the potential to render data analysis more accessible to, and more meaningful to, front-line clinicians.

Dr Diarmuid O’Donovan
Diarmuid O’Donovan is Director of Public Health in the HSE Department of Public Health in Galway and Senior Lecturer in Social & Preventive Medicine at NUIG Galway where he coordinates teaching on public health and on global health and development. His research interests include health inequities, substance misuse, communicable disease control, and environmental health and sustainable development. He has lived in several African countries and continues to work in global health research, education and policy projects.

Desmond Hickey
Dr Desmond Hickey is a Specialist Registrar in Public Health Medicine currently based in the Department of Public Health (Health Service Executive, East). He previously qualified as a General Practitioner in 2016 and completed the Masters in Public Health at University College Dublin in 2017.

Douglas Hamilton
Dr Douglas Hamilton is a third year specialist registrar in public health.

Eileen Sweeney
Dr. Eileen Sweeney BCH BAO MRCPI DTM&H graduated from NUI Galway in 2011. She studied Tropical Medicine in the Liverpool School of Tropical medicine and worked with Médecins Sans Frontières in the Democratic Republic of Congo during a measles and malaria epidemic. She is currently working in Cork University Hospital in her second year of Higher Speciality Training in Infectious Diseases.

Emily Kelleher
Dr Kelleher has recently completed a four-year scholarship on the prestigious Health Research Board PhD Scholars Programme in Population Health and Health Services Research (SPHeRE). Her PhD involved a mixed-methods evaluation of the implementation of a national childhood weight management programme delivered in two community sites in Ireland. This research allowed her to explore programme implementation from a broad range of stakeholder perspectives and offered her the opportunity to work and collaborate with various local, national and international research institutions, health professionals and policy makers. Emily currently holds a post-doctoral position in the School of Public Health, University College Cork.
Grace O'Regan
Grace O'Regan is a PhD Researcher in the School of Public Health in University College Cork and the National Suicide Research Foundation. Grace’s PhD research examines incidence and repetition of self-harm among high risk self-harm patients. This research is part of a Health Research Board funded 5-year research programme that aims to identify individual and area-level determinants of self-harm and suicide in order to improve self-harm assessment and management by health services in Ireland. Grace is also involved in a collaborative project with the Irish Prison Service to improve surveillance and monitoring of self-harm in Irish prisons.

Hannah Mckenna
Hannah is a third year PhD student at the Centre for Public Health, Queen's University Belfast.

Heather Burns
Dr. Heather Burns is a Specialist Registrar in Public Health Medicine currently working in the Department of Public Health, Tullamore, Co. Offaly. Dr. Burns achieved her degree of Bachelor of Medicine, Bachelor of Surgery and Bachelor of Obstetrics (MB, BCh, BAO) from University College Dublin (UCD) in 2010. Dr. Burns completed postgraduate training in General Practice prior to commencing Higher Specialist Training in Public Health Medicine with the Royal College of Physicians of Ireland (RCPI) in 2016. Dr. Burns achieved her Masters in Public Health (MPH) from UCD in 2017. Professional interests include health protection, health intelligence and epidemiology.

Helena Ferris
Dr Helena Ferris is a graduate of Trinity College Dublin and a Specialist Registrar in Public Health Medicine.

Jennifer Coyle
Jennifer Coyle recently graduated from University College Dublin (UCD) with a Bachelor of Science degree in Human Nutrition. Her key interests lie within population health, policy development, health promotion and communications. She aims to continue studying within the public health field.

Two distinct highlights of Jennifer’s studies are her time spent working with the United States Department of Agriculture Western Human Nutrition Research Center, wherein she observed metabolic processes of healthy people in response to a meal. And the public health research she undertook, under the Supervision of Dr Mirjam Heinen for final year thesis; “Parental Participation Rates in a Surveillance Initiative on Childhood Obesity”. Jennifer utilised data collected by the National Nutrition Surveillance Centre to investigate causes of low participation rates in research studies, methods to increase participation, and if childhood obesity predictors measured in the World Health Organisation Childhood Obesity Surveillance Initiative (COSI) differed between two groups of responders.

Jennifer will be presenting on findings that stemmed from her thesis. She examined the value of participation rates in observational childhood obesity studies in Ireland, and if non-responders lead to biased results.

John Cuddihy
Dr. John Cuddihy is Director of Public Health at the HSE South East Public Health Department.

Keith Ian Quintyne
Dr Keith Ian Quintyne is a Specialist in Public Health Medicine in the Department of Public Health, HSE North-East.
Kirsten Doherty
Dr. Kirsten Doherty has worked in the Department of Preventive Medicine and Health Promotion in St. Vincent’s University Hospital since 2001. Her work has mainly been in the area of tobacco control, nutrition and physical activity promotion. She has a particular interest in the promotion of physical activity as a means of transport.

Lisa Domegan
Dr Lisa Domegan completed her undergraduate Science degree and Ph.D in Virology in Trinity College Dublin. Lisa has worked as a Surveillance Scientist at the HSE-Health Protection Surveillance Centre since 2001. Lisa’s main interests include the epidemiology of influenza and other respiratory viruses, influenza vaccine effectiveness and mortality modelling.

Lois O’Connor
Dr Lois O’Connor is currently a Specialist Registrar in Public Health Medicine and Fellow of the European Programme for Intervention Epidemiology Training (EPIET) at the Health Protection Surveillance Centre. Following graduation from medical school at University College Dublin, Dr O’Connor trained as a General Practitioner and worked extensively in Ireland and Australia as a GP. In 2012 Dr O’Connor completed a Masters in Public Health and commenced higher specialist training in Public Health Medicine in 2013.

Lorraine Fahy
Lorraine Fahy joined the HSE’s National Screening Service (NSS) in Dublin in April 2017 as a Statistician with the Programme Evaluation Unit, providing statistical analysis on data relating to the four national screening programmes. Lorraine holds a Masters in Epidemiology from the London School of Hygiene and Tropical Medicine. She has worked in the public sector for the past fifteen years, conducting data analysis on a range of health and public health issues. Her research interests include health inequalities, chronic conditions, and obesity. Today, Lorraine is presenting research carried out by the NSS examining ways that influence participation in BowelScreen.

Louise Carlton
Louise Carlton is Clinical Nurse Specialist in Infectious Diseases working in the Department of Public Health HSE South since 2014. This study was undertaken for her dissertation as part of her Master in Public Health studies in 2017.

Mark O'Loughlin
Mark O'Loughlin is a specialist registrar in Public Health Medicine. He currently works in the Department of Public Health in Galway, covering the HSE West region. He received his medical degree from University College Cork and completed Basic Specialist Training in histopathology with the Royal College of Physicians of Ireland before moving to Public Health.

Naomi Petty-Saphon
Naomi Petty-Saphon studied medicine at Trinity College Dublin and is currently a third year SpR in Public Health medicine.

Niamh Bambury
Niamh is an SMO working Deaprtment of Public Health, HSE South

Niamh Murphy
Surveillance Scientist working on viral hepatitis surveillance in the Health Protection Surveillance Centre
Prof. Kevin Balanda
Prof Kevin P Balanda, PhD FFPH (kevin.balanda@publichealth.ie) has over thirty years’ experience in applied public health and health services research in academic, government and semi-government sectors. He is currently Director of Research, IPH and adjunct Professor, School of Public Health, UCC. His interests are the development, delivery and evaluation of societal efforts to address the social determinants of health and reduce health inequalities. Kevin has expertise in several applied research areas: epidemiology and health surveillance, intervention research and knowledge mobilisation. He recently completed WP4 of the EU JANPA to estimate the lifetime costs of childhood in seven European countries (www.janpa.eu)

Ruth McDermott
Dr Ruth McDermott is a Final Year Specialist Registrar in Public Health Medicine currently working in the Department of Health. During her training she has developed a keen interest in Health Intelligence, Environmental Health and Child Health information systems.

Sarah O’Brien
Dr. O’Brien is a Specialist Registrar in Public Health Medicine based in the Health Protection Surveillance Centre.

Siobhan Jennings
Dr. Siobhan Jennings is a Consultant in Public Health Medicine with the HSE based at Dr Steevens Hospital, Dublin as well as an Honorary Senior Clinical Lecturer at the Royal College of Surgeons of Ireland.
She has worked in Ireland and in the UK in her public health career. Her areas of interest are improving heart disease treatment and prevention as well as addressing chronic disease prevention. Currently she is leading on monitoring the Make Every Contact Count programme, developing a Model of care for cardiac rehabilitation as well as being the Public Health Lead on the ACS Clinical Programme.

Susan Calnan
Susan Calnan is a PhD research candidate at the School of Public Health in UCC involved in the area of alcohol research, including evaluation of the HSE-funded REACT (Responding to Excessive Alcohol Consumption in Third-level) programme.
Susan holds a BA and Masters (SocSc) in Social Policy from UCC. She has worked for 10 years in research publishing as well as a freelance health journalist and has a long-held interest in health and social issues. Her interests include policy analysis, alcohol research, sociology of health, discourse analysis, and development and environmental issues.

Tracy Doherty
Tracy Doherty, is an experienced Infection Prevention and Control practitioner who has practiced in a variety of settings and is currently one of two Health Protection and Infection Control Nurse Mangers in the Department of Public Health, HSE North- East, Navan, Co. Meath. She is an active member of Infection Prevention Control Ireland (IPC) who advocates empowerment of others to provide sate care. Her interests include surveillance, the power of education and Multidrug Resistant Organisms.
Abstracts

2 Minute Magic

An Ongoing Measles Outbreak in HSE Mid-West, January-April 2018
Christopher Carroll, Breda Cosgrove, Margaret Morris Downes, Rose Fitzgerald, Mai Mannix
HSE Mid-West, Limerick, Ireland

Abstract

An outbreak of measles, linked to a suspected case of imported disease, began in HSE Mid-West in January 2018. The outbreak investigation is ongoing. We present the preliminary findings, the control measures implemented, and lessons learned to-date.

Data were extracted from the national Computerised Infectious Diseases Reporting (CIDR) system on 10th April 2018. Descriptive analyses were performed.

As of 10th April 2018, there were 29 confirmed cases of measles linked to the outbreak. 17 were male and 12 were female. Two thirds of cases (66%, n=18) were aged 15 years and older, and one third (34%, n=9) were children aged 0-5 years. Nineteen were unvaccinated, one had two doses of measles-mumps-rubella (MMR) vaccine, one had one dose of MMR vaccine and vaccination status was unknown for seven cases.

Outbreak management has been overseen by an outbreak control team. Extensive contact tracing has been undertaken and isolation, vaccination and immunoglobulin treatment of contacts as per national guidelines. Vaccination is being offered free-of-charge through GPs and HSE vaccination clinics. Information has been distributed to the health, education and public sectors. Public awareness has been raised through local and national media communication.

The older age profile of cases reflects a pocket of susceptible adults who do not have natural immunity and have not received two doses of MMR vaccine. It has highlighted the risk posed from importation of measles, particularly in the context of ongoing large outbreaks in Europe. As measles is uncommon in Ireland today, delayed diagnosis of early cases may occur.
2 Minute Magic

Attitudes to changes in the retail environment for sugar-sweetened beverages on a university campus: A Healthy UCD pilot-trial.

Celine Murrin1, Gerardine Doyle2, Leonhard Lades3, Liam Delany3, Grace O’Malley4, Lisa Harold5, Brian Mullins5, Patricia Fitzpatrick1

1UCD School of Public Health, Physiotherapy and Sports Science, Dublin, Ireland. 2UCD Quinn School of Business, Dublin, Ireland. 3UCD Geary Institute for Public Policy, Dublin, Ireland. 4RCSI Division of Population Health Sciences, Dublin, Ireland. 5Healthy UCD, Dublin, Ireland

Abstract

Healthy UCD is a health promotion initiative designed to create a sustainable healthy university community. As UCD-Belfield is a stand-alone campus, it is possible to test the effects of physical changes in the retail environment on consumer choices and behaviour. The aim was to identify how staff and students react to the removal of all high sugar sweetened beverages (SSBs) on the Belfield campus.

Healthy UCD, in partnership with the contracted beverage supplier, conducted an eight-week pilot trial where all SSBs were removed from the campus and replaced with sugar-free or low-sugar alternatives. On completion of the trial, an anonymous survey of staff and students was conducted across the campus. Participants were approached and asked to complete an e-survey.

530 individuals have completed the survey to-date over a period of four days and 50.2% were regular purchasers of SBBs in a typical week. Most participants were unaware that SSB were unavailable since the beginning of term. If their usual SSB increased by 10% in price: 40.7% said they would reduce the amount they would buy; 6.0% would change to reduced-sugar beverages; 20.5% would buy at the same rate; 16.7% would not change their habits; 11% were undecided and the remainder would increase the amount or change to non-liquid sources of sugar. A majority of participants (64.4%) knew that a SSB tax would be applied in Ireland.

Changes to retail access of SSB may prompt different behavioural responses to fiscal measures. Further analysis of retail data will show the objective response.
2 Minute Magic

A Survey of the Beliefs and Attitudes amongst staff working in Long-term Care Facilities (LTCF) in the North East Region to Influenza Vaccination.
Tracy Doherty, Andrea King, Dr Elaine Brabazon, Dr Keith Ian Quintyne
Department of Public Health, HSE- North-East, Navan, Co.Meath, Ireland

Abstract

Vaccination of staff working in healthcare is recommended as a strategy for preventing influenza spread among residents in long-term care facilities (LTCF). This study was designed to understand the motivators and barriers to staff vaccination, by examining factors that might affect uptake rates like access, attitudes or aversions. Understanding these might better inform the designing of more effective vaccination programmes for the future.

All 11 LTCF that had documented influenza outbreaks during the 2017/2018 influenza season were included in this survey. A standardised questionnaire (which gathered anonymised data regarding staff vaccination) was sent to all staff at each LTCF.

Two-hundred and thirty-six staff from 8 LTCF responded to the survey (51%). The majority of respondents were female (87%, n = 201) and from a Nursing (26.5%, n= 58) or Health and Social Care (41.5%, n= 91) background. There were no differences reported in access between Private or Public LTCF. Over 90% of respondents reported that they have no fears regarding needles or allergic reactions. Half of all respondents reported that they were vaccinated during the current influenza season and almost 60% agreed with mandatory staff vaccination. However, a large proportion (42%, n = 94) disagreed that the vaccine protects against influenza and this group were significantly more likely to agree that vaccination would make them unwell (p<0.0001) and could cause serious side effects (p<0.0001).

These results highlight that there is need to address some misconceptions about influenza vaccination; and this may help to improve uptake rates among staff in LTCF.
Audit of the HSE Human Papillomavirus (HPV) Information Leaflet for Parents and Students

Breda Cosgrove, Anna Clarke, Tom Barrett, Yvonne Morrissey, Brenda Corcoran
HSE National Immunisation Office, Dublin, Ireland

Abstract

HPV vaccine protects against cervical cancer and is offered to girls in first year of second level school in Ireland. Uptake of the vaccine declined to 51% in 2016/2017 academic year due to unfounded safety concerns. It is therefore paramount that quality information leaflets are provided to parents and students. The aim of this audit was to assess the content and readability of the HPV information leaflet provided by the HSE National Immunisation Office.

Content and readability of the Irish leaflet were assessed and compared to the leaflets distributed in six countries with school-based vaccination programmes where uptake has remained stable (Northern Ireland, England, Wales, Scotland, Australia and New Zealand).

The Irish leaflet met all pre-specified audit criteria for both content and readability. It compares favourably with the leaflets distributed in the other six countries. It provides more information relating to potential vaccine side-effects, contraindications/precautions and effectiveness. It has been translated into more languages and it is the only publication that indicates that it has been subject to literacy proofing.

The findings of this audit indicate that the Irish leaflet is of high quality. It contains core information in all key areas and is easy-to-understand. Review of the leaflets from the six comparison countries informed the iteration of the Irish leaflet distributed in 2017/2018 academic year – a QR code was added to allow easy access to the vaccine’s patient information leaflet and a diagram of the female reproductive system was included to aid description of cervical cancer.
Cost-effectiveness (CEA) of influenza vaccination for Irish elderly in long-term care facilities
KJ Quintyne, A King, T Doherty, E Brabazon, P Kavanagh
Department of Public Health, HSE North-East, Meath, Ireland

Abstract

Background

Influenza infections are common cause of hospitalisation and death for older adults in Ireland. Influenza vaccination has been shown to reduce the risk of hospitalisation and death particularly among high-risk individuals like the elderly. This study aimed to compare the cost and quality-adjusted life-years (QALYs) gained with our without influenza vaccination in the elderly living in long-term care facilities (LTCF).

Methods

A cost-effectiveness analysis (CEA) was performed using a decision-tree model using estimate outcomes and costs over a 5-year period using a cohort of elderly residents in LTCF who were or were not vaccinated for influenza. These residents received their ambulatory and in-patient care within HSE North-East. Transition probabilities were derived from the cohort. Costs were estimated from the perspective of the Irish healthcare system. Both costs and outcomes were discounted by 5%. One-way sensitivity analysis was undertaken to assess the associated uncertainties in the expected output measures.

Results

In this study group, our model showed that influenza vaccination in the elderly in LTCF, yield 2.83 QLAY compared to no influenza vaccination. Influenza vaccination yielded an incremental cost-effectiveness ratio (ICER) of €5,757.77 per QALY.

Conclusions

Influenza vaccination appears to be less costly with higher QALYs gained than no vaccination, over a 5-year period, for elderly people living in LTCFs for the perspective of the HSE.
Help-seeking attitudes and behaviour for suspected diagnosis of dementia in a sample of Irish adults.

Desmond Hickey¹, Patrick Wall², Ronan Glynn¹
¹Department of Public Health (Health Service Executive, East), Dublin, Ireland. ²University College Dublin, Dublin, Ireland

Abstract

Dementia represents a growing critical health issue in Ireland due to rapid ageing of the population. It is thought that timely diagnosis of dementia could offer significant benefits for patients and their caregivers. In Ireland, little is known about help-seeking attitudes and behavioural intentions regarding dementia amongst the general public. This study was conducted to investigate help-seeking attitudes and behaviour in relation to dementia amongst Irish adults.

This cross-sectional study used data from the Health Service Executive Dementia Omnibus Baseline Survey Questionnaire which was completed by 1,217 adults aged 16 years and older living in Ireland in January 2016. Descriptive analysis and hypothesis testing using univariate analysis and logistic regression were performed.

The results indicated that individuals who were older, living in rural areas, from lower social classes, or without experience of someone with dementia were significantly more likely to delay help-seeking. Multiple barriers to help-seeking were identified such as feeling ashamed. General Practitioners (GPs) were rated highest as a help source, followed by partners/family members.

The study findings identified several groups that are potentially vulnerable to delayed help-seeking. Multiple perceived barriers were also elicited in keeping with those described in the literature. The importance attached to GPs as a help source is notable and highlights the critical role they play in identifying and caring for individuals with suspected dementia. The results of this study augment knowledge of help-seeking and dementia in Ireland and may be utilised to inform interventions and awareness campaigns aimed at mitigating risk of delay.
Investigation of non-response bias in the Childhood Obesity Surveillance Initiative (COSI) in Ireland
Jennifer Coyle1, Miriam Heinen1, Leslie Daly2, John Mehegan2, Celine Murrin1, Cecily Kelleher1
1National Nutrition Surveillance Centre, School of Public Health, Physiotherapy & Population Science, University College Dublin, Dublin, Ireland. 2School of Public Health, Physiotherapy & Population Science, University College Dublin, Dublin, Ireland

Abstract

Surveillance is crucial for effectively guiding public health policy in obesity. Participation rates are important and non-response bias may threaten internal validity. COSI was established in 2008 to measure systematically childhood obesity in the European region. This analysis examined whether child and family characteristics differed between parents who gave permission for their child to be both anthropometrically measured and who completed the family questionnaire versus parents who completed the questionnaire only in the Republic of Ireland.

We used data collected in 2010 and 2012. Primary school children from 1st and 3rd class (n=3,346; 53.8% girls; median age 7.4 yrs) partook in the study. All children with questionnaire data were included (response rate: 54.3%). Data were analysed using Pearson Chi-squared tests.

Both anthropometric and questionnaire data were available on 3,057 children, while questionnaire-only data were available in 289. When school characteristics (size, DEIS schools, urban/rural) and possible predictors of childhood obesity - including child’s diet, physical activity pattern, their family’s socioeconomic characteristics and co-morbidities – were compared between measured and unmeasured children, most findings were not significant (p<0.05). Any significant findings observed were minimal and not clinically relevant; e.g. age at data collection 7.4 yrs for unmeasured children vs 7.3 yrs for measured children (p=0.027).

Overall, the analysis showed there was no difference in child and family characteristics between those who were measured and unmeasured children. These results indicate that non-response bias does not have a systematic association with demographic characteristics in the Irish COSI study.
2 Minute Magic

Increase in bicycle use as a means of transport to an acute academic hospital

Kirsten Doherty¹, Laura Kinsella¹, Ailsa Lyons¹, Patricia Fitzpatrick², Jason Walsh¹, Leslie Daly³, Cecily Kelleher³

¹St. Vincent’s University Hospital, Dublin, Ireland. ²School of Public Health, Physiotherapy & Sports Science, Dublin, Ireland

Abstract

Cycling provides benefits to the health of those who cycle as well as wider societal benefits in regard to CO₂ emissions, air quality and noise pollution. The car is used for 44% of Irish journeys between 1-3km, a distance which is manageable for most to cycle. Since 2006 St Vincent’s University Hospital has promoted cycling and monitored the effects. These initiatives have resulted in awards from the National Transport Authority.

Promotion of cycling by staff has been led by the Dept of Preventive Medicine and Health Promotion, the Health Promotion Committee, the Bicycle User Group, and a management-led Transport Committee. Promotion has been through improved facilities and cycling events such as bike to work days, cycling challenges and lectures. These have augmented national incentives including city bike rental and tax saver schemes introduced in 2009. The number of bicycles on campus has been monitored monthly since 2006 and used as a health promotion key performance indicator, with a current target of over 350 bikes parked in one day.

From 2006 to 2016, the average number of bicycles parked in the hospital has tripled. The number cycling is highest in autumn and spring. Figures for cycling in Dublin city are available from 2006 to 2016. During that period, the hospital rate increased by a magnitude of 2.7 compared to 2.5 in the city generally.

It appears that a multi-pronged approach of cycling promotion, bottom-up staff lobbying, and management-led partnerships may produce an impact greater than the effect of national initiatives alone.
2 Minute Magic

Introduction of Direct FIT provision alongside advertising in BowelScreen, the national bowel screening programme: influence on continued participation
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Abstract

BowelScreen, The National Bowel Screening Programme, offers free bowel screening to men and women in Ireland aged 60-69 years through a home Faecal Immunochemical Test (FIT) kit. BowelScreen is advertised widely in national and local media to encourage uptake. To improve the 40.2% uptake in Round One (2012-2015), an intervention during Round Two saw FIT kits sent directly to previously screened (subsequent) clients rather than the “Usual-Invite” method, whereby clients contact the programme before receiving a FIT kit. The aim of this study is to compare uptake by two invite methods occurring contemporaneously alongside advertising.

Uptake activity data was combined with advertising data for the period November 2016 - July 2017. Z-tests compared uptake between FIT-Direct and Usual-Invite subsequent clients during and outside advertising periods.

Preliminary results from BowelScreen in 2016 show uptake of 84.5% amongst subsequent clients. For our study, uptake was significantly higher amongst FIT-Direct compared with Usual-Invite clients (91.6% vs 85.1%, p<0.0001). Uptake was significantly higher amongst FIT-Direct compared with Usual-Invite clients during (91.0% vs 84.9%, p<0.0001) and outside advertising periods (93.8% vs 85.3%, p<0.0001). FIT-Direct uptake was higher outside compared with during advertising periods (93.8% vs 91.0%, p=0.0043).

The intervention of FIT-Direct had a positive effect on uptake during and outside advertising periods. FIT-Direct is convenient for clients increasing their likelihood to remain committed to the programme, so the effect of advertising may be limited in reinforcing their behaviour. FIT-Direct provides value-for-money with a savings of approximately €6,000 for the period of our study.
Knowledge and Awareness of Exercise Prescription among Irish Non-Consultant Hospital Doctors.
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Abstract

Physical activity (PA) is an essential component of management of non-communicable chronic diseases (e.g. ischaemic heart disease, obesity and type 2 diabetes mellitus). Physical inactivity has reached pandemic levels in recent decades. Despite the importance given to PA promotion in public health policy and guidelines, there is a lack of sufficient education on exercise prescribing within undergraduate and postgraduate medical training.

We aimed to assess awareness and knowledge of exercise prescription among a group of twenty senior house officer (SHO) non-consultant hospital doctors (NCHDs), and provide two structured education sessions on exercise prescribing.

We conducted two qualitative surveys, timed pre- and post- education intervention. Results were calculated as percentages based on responses to individual questions expressed over total response number. Where questions in our surveys replicated, we calculated an average of the two response figures.

Among NCHDs in our tertiary hospital, there is clear interest in exercise prescribing. 100% of doctors reported that PA represents an important component of patient care. 78% have referred patients to allied health professionals to address PA. However, 70% reported a perceived lack of confidence in their ability to prescribe PA to patients. Only 23% were aware of existing PA guidelines. 85% felt there is insufficient education within medical training on this topic. 88% were interested in further teaching. We conclude there is a need to prioritise education on PA prescription within medical training, to equip future doctors to address this important lifestyle factor with patients, to reduce the rising burden of non-communicable chronic diseases.
Knowledge of National Physical Activity Guidelines among health professionals in an acute, urban, teaching hospital.
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Abstract
Background: Making Every Contact Count (MECC), published in 2016, aims to capitalise on the opportunities that occur every day for health professionals to support patients in making healthy lifestyle behaviour changes. Central to this Framework is addressing physical inactivity, which is the fourth leading cause for global mortality.

Aims: The primary aim of this study was to assess current knowledge of national physical activity guidelines among health professionals in an acute, urban, teaching hospital.

Methods: A voluntary written questionnaire was administered to seventy four healthcare professionals working in the outpatient department of an acute teaching hospital. The questionnaire assessed
(1) knowledge of our national physical activity guidelines
(2) the ability to identify moderate physical activities from a list ranging from mild to vigorous
(3) the participant’s confidence in prescribing physical activity.

Results: The response rate was 95%. Participants consisted of doctors (49%), allied health staff (20%) and nursing staff (31%).
(1) 26% of participants correctly stated that national physical activity guidelines recommend 30mins of moderate activity five days per week (or 150 mins per week) (2) 83% of participants correctly identified three forms of moderate physical activity
(3) 49% of participants felt they were not adequately trained to advise patients on physical activity

Implications: This study highlights the importance of implementing our national physical activity plan "Get Ireland Active", which by 2020 aims to incorporate training on the preventative and treatment role of physical activity into undergraduate and in-service training for all health professionals.
Parent and child misperception of child weight status: A cross-sectional analysis of the Cork Children’s Lifestyle Study (CCLaS).

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Abstract

A high proportion of parents and children misclassify child weight status. The aim of this study was to determine parent and child misperception of child weight and identify the determinants influencing this misperception.

A cross-sectional study involving 1 075 children, aged 8-11 years, drawn from primary schools in Cork city and county in Ireland. Data were collected using child and parent self-administered questionnaires. Height and weight were measured by trained researchers according to standard procedures. Univariate and multivariable logistic regression analyses were used to examine factors influencing parental and child perceptions of child weight.

Almost one-quarter of parents misclassified their child’s weight status. Forty per cent of parents of overweight/obese children underestimated their child’s weight. Factors associated with parental misperception of child weight included the child being female (OR=1.95; 95% CI: 1.36-2.81, P<0.001), overweight/obese (OR=2.84; 95% CI: 1.95-4.15, P<0.001), child misclassification of own weight (OR=3.28; 95% CI: 2.26-4.78, P<0.001) and parent reported child computer use (OR=1.64; 95% CI: 1.12-2.39, P=0.01). For overweight/obese children specifically, accuracy in parental perception of weight improved with increasing child age (OR=0.49; 95% CI: 0.27-0.88, P=0.02). Seventy six percent of overweight/obese children (n=213) underestimated their weight.

Findings suggest that in an obesogenic society, where overweight and obesity has become the norm, the capacity of both parents and children to correctly classify child weight status is significantly impaired. Health care professionals should be aware of the frequent misperception of weight status, especially when dealing with parents of children who are overweight/obese.
2 Minute Magic

Staff smoking prevalence and attitudes to smoking in a large acute hospital with a Smoke Free Campus

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Abstract

St Vincent’s University Hospital first introduced a campus smoking ban in 2009. There was initial acceptance of the ban by staff and staff smoking rates fell. A repeat survey of hospital staff was undertaken to examine current staff smoking rates, attitudes to the ban and monitor trends.

In 2017 data were collected from 269 staff by interviewer-administered questionnaire using quota sampling of occupational groups; Allied Services, Medical consultants, Medical non-consultants, Administration, Allied Health Care, Nursing, and Cleaning. Hospital staff were notified in advance.

231 (86%) respondents were aware of the campus smoking ban. There were 25 current smokers (9.3%), similar in males (10/6%) and females (8.6%). Smoking rates differed by age group, with highest rates in <30 (15.2%) and 30-39 (10.2%) year-olds (p=0.006). Similar rates of male (66.7%) and female (61.5%) smokers wanted help to stop. Most respondents had heard of e-cigarettes (86.4%) but few had tried (n=22) or still used (n=2). Of the 25 smokers, 76% of smokers had no difficulty in complying with the campus ban. When compared to previous staff surveys, there was a fall in the rate of staff smoking (1998 27.4%; 2001 17.3%; 2010 10%; 2013 14%; 2017 9.3%), and a rise in the proportion of staff who agree with the campus ban (2010 83%; 2013 79%; 2017 87%).

Further highlighting of the campus ban is required. These results support the ongoing monitoring and evaluation of the campus wide smoking ban and will feed into the Smoke Free Campus Committee’s action plan for compliance.
2 Minute Magic

Smoking cessation and deprivation in Ireland
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Abstract

Smoking is leading cause of preventable death in Ireland and smoking has a considerable contribution in the development and maintenance of health inequalities at population levels. ‘Tobacco Free Ireland’ sets a target for Ireland to reach a smoking prevalence of less than 5% by 2025; this will require the scaling up and strengthening of smoking cessation Ireland.

A secondary analysis of Healthy Ireland 2015 was undertaken to describe smoking cessation patterns in the adult general population in Ireland. Multivariable logistic regression models were performed to identify factors associated with making a quit attempt and using help in a quit attempt. The patterns of smoking and deprivation were analysed.

Smokers in more deprived areas were as likely to make as quit attempt as smokers in affluent areas and were more likely to use help in a quit attempt (OR 1.06, 95% CI 1.02 to 1.11 for every 10% increase in area based deprivation). The odds of making a successful quit attempt in the most deprived areas were less than half the odds of making a successful quit attempt in the least deprived areas (OR 0.45, 95% CI 0.27 to 0.73).

These findings highlight the need for smoking cessation strategies to pay particular attention to areas of deprivation. Smokers in more deprived areas were more likely to use help in a quit attempt but less likely to be successful; research regarding the range of factors affecting successful smoking cessation is required.
2 Minute Magic

Survey of diagnostic testing for influenza and other respiratory viruses in Irish Hospitals

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Abstract

Information is sparse on the microbiology laboratory (ML) capacity to routinely diagnose infections with influenza and other respiratory viruses in Ireland. We surveyed MLs to quantify this question.

All MLs providing services in Ireland were included. We administered a standardised electronic questionnaire to key personnel.

Thirty-two of 39 MLs and NVRL responded to the survey (83%). A minority of MLs performed on-site influenza virus testing (n = 11, 34%). The remainder did not offer on-site testing, with all of those referring respiratory specimens to NVRL. All 11 MLs offering on-site testing used polymerase chain reaction (PCR), most (n = 8; 73%) used the GeneXpert platform. Almost half (n = 5; 46%) began on-site testing during the 2015/2016 influenza season, with the remainder starting over the previous two to three seasons. Most (n = 6; 55%) offered on-site testing during the influenza season only, with the remainder providing it year-round. Shorter turnaround time for results was highlighted as the biggest driver for starting and maintaining on-site influenza and other respiratory virus testing. Additional drivers included: increased influenza activity; impact on optimising use of isolation rooms; and impact on patient management.

A minority of Irish MLs provided on-site testing for influenza and RSV, of which the majority had recently introduced the service, whilst all used PCR technology. On-site influenza testing availability was limited to the influenza season in most facilities; and multiple drivers were reported for introducing the on-site testing service, with shorter turnaround times being highlighted as the most important driver.
Poster

ALCOHOL CONSUMPTION AMONG NORTHERN IRISH PEOPLE AGED 50 AND OLDER
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Abstract

Alcohol misuse is a threat to older adult health and quality of life. Large representative aging studies such as The Irish Longitudinal Study on Aging (TILDA) have measured alcohol consumption. This paper presents the first estimates for the Northern Irish population based on initial Wave 1 (cross-sectional) analyses from The Northern Irish Cohort for the Longitudinal Study of Aging (NICOLA), describing the prevalence and nature of alcohol consumption among people aged 50 and older.

Simple random selection from a health-card registration database identified 8257 non-institutionalised respondents aged ≥50. A beverage-specific quantity-frequency self-report questionnaire measured alcohol intake. NICOLA participants were categorised as alcohol abstainers, non-hazardous drinkers (1-14 units/week) and hazardous drinkers (>14 units/week) according to UK guidelines.

39% of the NICOLA population were abstainers, 43% non-hazardous drinkers and 18% hazardous drinkers. 4% were binge drinkers. Logistic regression found those aged 85 years and older were less likely to drink hazardously compared to those aged 50-54 (OR=0.12, 95% CI 0.07, 0.21). Women were less likely to drink hazardously compared to men (OR=0.26, 95% CI 0.23, 0.30). Those who lived in urban and rural areas were less likely to be hazardous drinkers compared to those in Belfast or Derry cities (OR=0.72, 95% CI 0.62, 0.83) and (OR=0.46, 95% CI 0.39, 0.54).

Alcohol misuse is a challenge for policy makers due to our ‘aging’ population. These findings are comparable with those reported by TILDA and ELSA. The data provides a basis for informing appropriately targeted public health programmes and responses.
Poster

An evaluation of the hepatitis B surveillance system in Ireland

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Abstract

Hepatitis B became a notifiable infectious disease in 1981 and in 2005 enhanced surveillance for hepatitis B cases was established. We aimed to evaluate the surveillance system using selected attributes.

We extracted electronic information on notified hepatitis B cases from 2012 to 2016 to evaluate data quality and timeliness (acute cases). We used international sero-prevalence studies and census data to estimate the expected number of cases in Ireland, and distributed an on-line questionnaire to stakeholders to evaluate the simplicity and acceptability of the system.

The system differentiates between acute and chronic cases with 97% of cases assigned appropriate disease status. Data completeness for chosen variables was better for acute cases (71%-95%) compared with chronic (32%-62%). Only 33% of acute cases were notified to the system less than five days after laboratory result date while 29% had incorrect dates reported. Approximately 50%-57% of the expected number of hepatitis B cases was reported to the system. The majority of questionnaire respondents found the surveillance system acceptable (90%) and easy to use (69%), but suggested matching paper enhanced surveillance form fields and electronic hepatitis B surveillance fields, having fewer fields to complete and removing duplicate fields.

The hepatitis B surveillance system, while comprehensive, does not fulfil all of its objectives. We recommend improved reporting timeliness for acute cases, better data collection for chronic cases, implementation of existing hepatitis B screening guidance to improve identification of hepatitis B cases in Ireland and streamlining the system as suggested by stakeholders.
**Poster**

**Appraisal of international guidelines on smoking cessation using the AGREE II assessment tool**

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**Abstract**

Several professional bodies have produced clinical practice guidelines (CPG) for smoking cessation. However, to date, the quality of guidelines for use in the Irish context has never been appraised and explored. The aim of this study was to identify and evaluate the quality of methodological rigours and transparency for smoking cessation CPG.

The research for the relevant smoking cessation guidelines was conducted using a systematic search strategy of scientific databases (01/01/2006 - 30/06/2017). The quality of the CPGs was independently assessed by at least two assessors using the Appraisal of Guidelines for Research & Evaluation II (AGREE II) instrument, and specific recommendations in guidelines were evaluated. Domain scores were considered of sufficient quality when ≥ 60% and of good quality when ≥ 80%.

Nine guidelines were retrieved. Five guidelines scored ≥ 60% in at least four domains. The median scores (Range) for the domains were: (1) scope and purpose: 80% (61 to 94%); (2) stakeholder involvement: 63% (26 to 85%); (3) rigour of development: 39% (23 to 77%); (4) clarity of presentation: 89% (56 to 96%); (5) applicability: 39% (21 to 57%); and (6) editorial independence: 78% (0 to 90%).

CPG quality assessment varied across all AGREE II domains, demonstrating the importance of using a formal appraisal tool prior to guideline adaptation and implementation. Our findings have demonstrated higher scores among the most recent CPG, reflecting improvement in the quality of guideline development over time.
Poster

Clearance of VTEC: data from a large outbreak in a childcare facility in Co. Dublin
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Abstract

Management of cases of VTEC in childcare facilities (CCFs) involves the exclusion of cases until they have evidence of microbiological clearance. This can place a considerable demand on resources from public health, environmental health and microbiology and has impacts on children and caregivers. In September 2017 an outbreak with 45 cases of VTEC was identified in Co. Dublin, of which 42 required clearance.

A Kaplan-Meier survival analysis was undertaken to analyse the time taken to clear VTEC from the stools of cases. Cox proportional hazards regression was undertaken to quantify the effect of various factors on clearance time.

The median time to clear VTEC was 23 days for all cases in this outbreak. At any point in time an adult was nearly five times as likely to achieve microbiological clearance as a child (hazard ratio for children 0.22, 95% CI 0.07 to 0.66) and asymptomatic cases were more than twice as likely to achieve clearance as symptomatic cases (hazard ratio asymptomatic cases 0.44, 95% CI 0.23 to 0.85). There were no significant associations between time to clearance and gender, age in children only, or method of laboratory detection (by culture or polymerase chain reaction (PCR) testing).

This study adds to the data regarding VTEC clearance in an Irish population. The management options for children who shed VTEC for prolonged periods of time is an issue that requires careful consideration and risk assessment, as highlighted by this data, predictors of shedding time can be difficult to elicit.
Poster

Evaluation of the Information Materials, Training & Performance of the HSE National Cold Chain Service during Implementation of the New Primary Childhood Immunisation Schedule

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Abstract

A new Primary Childhood Immunisation (PCI) schedule was introduced in Ireland for all children born on or after 1st October 2016. The principal changes were the introduction of rotavirus oral vaccine and meningococcal B vaccine.

A survey of GP practices was conducted during May-June 2017 to assess the value of the information materials and training provided by the National Immunisation Office (NIO) and the performance of the National Cold Chain Service (NCCS) during implementation of the new schedule.

A self-administered online survey (SurveyMonkey) was sent to 1,392 GP practices that receive NCCS vaccine deliveries. The response rate was 15% (n=209) and 72% (n=143) of surveys were completed by practice nurses.

The most frequently used document to access information about the new schedule was Guidelines for Vaccinations in General Practice (87%, n=179).

Most information materials were considered useful although scores varied - the NIO website and rotavirus schedule wheel were rated as ‘very useful’ by 68% (n=119) and 29% (n=42), respectively.

Eighty eight percent (n=176) had no difficulty ordering information materials and 91% (n=185) reported timely receipt. Seventy two percent (n=148) had received training with 83% (n=132) rating it as ‘useful’ or ‘very useful’. Suggestions to improve training included increasing the number of dates/venues and providing practical demonstration of vaccine administration.

Eighty nine percent (n=185) rated the NCCS’s performance as ‘good’ or ‘excellent’.

Information materials and training were broadly utilised and considered useful. The performance of the NCCS was rated highly. Identified areas for improvement will inform and improve future practice.
Education of Healthcare Professionals in Relation to Notifiable Infectious Diseases  
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Abstract  
Education of healthcare professionals in relation to notifiable infectious diseases is crucial to facilitate timely and efficient Public Health action. All medical practitioners and clinical directors of diagnostic laboratories have a statutory duty to notify the Medical Officer of Health (MOH)/ Director of Public Health (DPH) of certain infectious diseases. This regulation exists to protect the publics’ health and safety by preventing the spread of disease. Following a notification of a notifiable infectious disease, local departments of Public Health conduct surveillance to identify outbreaks, to prevent the spread of infection and to monitor disease trends. Ideally, notifications should be made as soon as one becomes aware or suspects that a person is suffering from or is a carrier of an infectious disease. For laboratories, notification should be made as soon as an infectious disease is identified. However, in practice, notifications can be delayed, resulting in difficulties in instituting control measures such as isolation of the index case, administering chemoprophylaxis, vaccination of case contacts etc.

Fostering education links with academic and healthcare institutions alike, would increase awareness of the role of Public Health and would emphasise the importance of prompt notification of diseases, so that public health can spring into action.


Poster

Management of a Hepatitis A cluster in a student population

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Abstract

Hepatitis A is a common viral cause of acute hepatitis. It is transmitted primarily through faecal-oral contact (includes contaminated food or water sources and sexual contact). Clinical features include a prodromal viral type illness with development of jaundice and derangement of liver function tests. Timely diagnosis is paramount in order to offer vaccination to contacts that are within 2 weeks of exposure for prevention of development of Hepatitis A.

The authors report the diagnosis of Hepatitis A in 2 sexual contacts in a third-level student population. One case was diagnosed retrospectively having been diagnosed with viral hepatitis secondary to ‘glandular fever’. Overall 20 contacts were identified and 14 were within the timeline for vaccination.

Interventions included GP led vaccinations in order to vaccinate those just within the vaccination window, provision of Hepatitis A vaccines through the cold chain and sexual health information to all contacts.

Challenges included missed diagnosis in the first case which could have prevented infection of the second case, a week lag-time in reporting of the 2nd Hepatitis A case, students cohabiting between 2 counties, and challenges in provision of hepatitis A vaccines to GP surgeries.

In conclusion, this outbreak highlights the need to include Hepatitis A education in sexual health promotion.
Poster

Socio-Demographic Determinants of Contraception Use at Most Recent Intercourse Among the General Public in Ireland: Findings from a Nationally-Representative Health and Lifestyle Survey
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Abstract

Non-condom and non-contraception use are major public health concerns in the modern Irish context, contributing to transmission of sexually transmitted infections and occurrence of unplanned pregnancy. An understanding of the prevalence and determinants of condom and contraception use is essential to inform public health policy and practice. Scientific evidence suggests that socio-demographic factors, including age, level of educational attainment and socio-economic status, are determinants of sexual behaviour.

The research study aimed to utilise nationally representative data, collected via the Healthy Ireland Survey 2015, to analyse the association between socio-demographic factors and contraception use at most recent intercourse among the general public in Ireland. The sample population comprised individuals aged 17 years and over who completed the sexual health module of the Healthy Ireland Survey 2015 (87% response rate, n=6,529). Chi-squared analysis compared the prevalence of contraception use across socio-demographic groups. Multivariate logistic regression modelling investigated associations between socio-demographic factors and likelihood of contraception use.

Age group and relationship status with sexual partner at most recent intercourse were significant predictors of contraception use on multivariate analysis (p<0.05). Those aged 17-24 years and those in less formalised relationships were significantly more likely to use contraception compared to those in older age groups and married or cohabiting couples.

The study suggests that sexual health policy in Ireland should target specific age groups, and those in more formalised relationships. Social class, area level deprivation and educational attainment did not predict contraception use at most recent intercourse. Further research is required to explore observed associations.
Poster

The risk of transmission of hepatitis B and human immunodeficiency virus from tattooing and body piercing: key findings of a literature review.
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Abstract

The increasing practice of tattooing and body piercing has raised concerns amongst healthcare professionals and policymakers alike about the potential risk of transmission of bloodborne viruses through such practices.

A review of the peer-reviewed and grey literature was undertaken to examine the risk of transmission of hepatitis B virus (HBV) and human immunodeficiency virus (HIV) from tattooing and body piercing to inform this work. The risk of transmission of Hepatitis C from tattooing and body piercing was previously examined for the National Hepatitis C Screening Guidelines.

Most of the evidence reviewed was observational in nature, introducing the potential for bias and confounding. The evidence base indicates an association between HBV transmission and tattooing. There is a paucity of high-level literature examining HIV transmission via tattooing but the available evidence indicates tattooing as a potential vehicle for transmission of the virus. The conclusions that can be drawn regarding the transmission of HBV and HIV via body piercing are limited by a lack of good quality evidence. However, the biological plausibility of transmission of HBV and HIV from these practices is widely acknowledged within the literature.

In the absence of high quality evidence, standard precautions should apply. There is a need for education, regulation and guidance for tattoo artists and body piercers in Ireland.
Oral

Alcohol Related Presentations to Emergency Departments in Ireland
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Abstract

We aimed to describe the prevalence of alcohol related presentations to all 29 Emergency Departments (ED) in Ireland, and compare them to non-alcohol related presentations in order to identify opportunities for improvements in the quality of patient care and related data collection.

We reviewed all records in the same four 6-hour periods in every 24-hour ED in the country to identify alcohol related presentations, and non-alcohol related presentations, and categorise these presentations according to World Health Organisation ICD-10 codes.

The total number of presentations was 3194 in the four 6-hour periods, of whom 189 (5.9%) were alcohol related, varying from 29.0% in the early hours of Sunday morning to 1.2% on Monday morning. The alcohol related presentations were more likely to be male, attend on early hours of Sunday morning, arrive by ambulance, leave before being seen by a doctor or leave against medical advice; and they were less likely to be admitted to hospital.

Alcohol related presentations are a significant burden on EDs and Ambulance Services, especially in the early hours of Sunday mornings. Addressing the burden of alcohol on EDs requires improvements in data collection and information systems, the development of appropriate interventions and related referral services, and better preventive societal actions for alcohol related harm.
Oral

A minimum data set (MDS) to standardise the capture of lifestyle risk factors and health behaviour change interventions
Siobhan Jennings1, John Cuddihy2, Jacinta Mulroe1, Orlaith O Reilly2
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Abstract

Make Every Contact Count (MECC), addressing smoking, alcohol consumption, physical activity, weight/nutrition, has been accepted as HSE policy. The purpose of this abstract is to present the system for monitoring MECC.

Following the development of the MECC initiative, incorporating behavioural change techniques, a monitoring system and an on-line training programme in brief intervention including orientation in using the monitoring tool was elaborated. The methodology for developing the monitoring system involved a review of national and international work, sourcing relevant validated instruments and consultation prior to the development and piloting of a minimum data set (MDS). This MDS outlines the status of each lifestyle risk factor at a patient level as well as the relevant interventions undertaken by health care staff.

Currently, the MDS has been incorporated into a) the maternity e-system MN-CMS, with appropriate adjustments for the ante-natal environment to be used in 4 Maternity units from April 2018, b) the main GP computer systems (73) for use in an ICGP/HSE pilot programme of MECC in Carlow/Kilkenny, c) the HSE Data Dictionary in order to ensure that it becomes the standard method for collecting lifestyle risk factors on all new systems and on the Electronic Health Record.

This MDS offers a great opportunity to have real-time surveillance of Irish lifestyle RFs and interventions.
Oral

An outbreak of pertussis infection in Co. Longford and audit of implementation of the key recommendation.
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Abstract

In 2017 the Department of Public Health (DPH), Midlands region was notified of five children within Co. Longford who had confirmed pertussis infection; two were very seriously unwell babies, both of whom required intensive care treatment and one of whom died. On further investigation of the cases an epidemiological link to a health care setting was established.

With an increase in the number and severity of infections amongst the infant population, an outbreak of pertussis infection was declared. Outbreak control measures were implemented and based on the National Immunisation Advisory Committee’s (NIAC) recommendations. To ensure implementation of these recommendations, a funding mechanism was established such that the pertussis vaccine and its administration could be provided by General Practitioners. The recommendation and funding was also made available to provide cocooning of young infants in families.

The DPH engaged with local hospitals, antenatal clinics, GPs, public health nurses and out-of-hours services to ensure all were aware of the pertussis outbreak and the health advice / vaccine recommendations associated with this. The DPH also engaged with local media services to help raise awareness of the outbreak and measures recommended.

An audit was undertaken to determine the pertussis vaccination status of the mothers of all babies born in Co. Longford in January 2018. A 77% vaccine uptake rate was identified. This outbreak and measures implemented demonstrates that vaccination in pregnancy is acceptable and high uptakes can be achieved with a properly funded and supported system. No further cases from Co. Longford have been reported.
Oral

An outbreak of VTEC in a large childcare facility in Co. Dublin
Naomi Petty-Saphon, Desmond Hickey, Máire O’Connor
Public Health, HSE East, Dublin, Ireland

Abstract

In September 2017 an outbreak of verotoxigenic \textit{E. Coli} (VTEC) was identified in a childcare facility (CCF) in Co. Dublin. An outbreak control team was convened to investigate and manage the event.

A multidisciplinary investigation was undertaken to control the outbreak, prevent further cases, describe the patterns of illness and investigate links and routes of transmission.

The epidemiological investigation included screening 413 people (360 children, 48 staff and 5 household contacts). Stool samples were analysed for VTEC at the National VTEC Reference Laboratory.

Environmental investigation involved assessment of the food preparation area, water supply, waste water management and infection control procedures.

Forty-five cases were identified (an attack rate of 10.4%). Cases were identified in all age groups, including staff. Just over half of cases (51%) were asymptomatic. The majority of culture positive cases were VTEC O145-VT2. There were no cases of haemolytic uraemic syndrome.

Multiple outbreak control measures were implemented ultimately resulting in the use of the Medical Officer of Health (MOH) function to close the CCF until satisfactory remedial measures had been instituted.

The investigation revealed that the likely source for the outbreak was waterborne with secondary person-to-person spread.

This was the largest outbreak of VTEC in Ireland to date. Public health actions including use of the MOH function to close the CCF, exclusion and screening, enteric and hygiene measures were utilised to control the outbreak. Management of the outbreak required collaboration between a number of agencies, and substantial resources.
A REALIST EVALUATION OF A EUROPEAN DATA ANALYTIC FRAMEWORK
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Abstract

Background The multi-national MIDAS (Meaningful Integration of Data Analytics and Services) project is developing a big data platform to facilitate the utilisation of a wide range of health and social care data. The platform will enable the integration of heterogeneous data sources, providing privacy-preserving analytics, forecasting tools and bespoke visualisations of actionable epidemiological data.

Methods An evaluation framework starting with a logic model and using the principles of realist evaluation has been developed working with users, and software developers. The tools used are a series of parallel case studies to address the requirements of stakeholder groups at critical time points during the project to ensure IT systems development is in line with user’s requirements. The process will include longitudinal interviews with stakeholders, regular feedback to users and developers, and measurement of stakeholder’s attitudes to the project using Q-methodology.

Results The first round of semi-structured interviews revealed general agreement between developers and end users expectations and requirements of the MIDAS platform. These findings related to respondents understanding of: MIDAS tools (pre implementation); the projects outputs; expected outcomes, and; anticipated impacts, alongside themes relevant to technology acceptance and use. The first round of undertaking the Q sort with stakeholders is underway.

Implications The process of engaging stakeholders will facilitate better understanding of health IT use and acceptance as well as contributing to theory building efforts in relation to technology acceptance.
Epidemiology of Campylobacter in Ireland 2004-2016: Has anything changed?
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Abstract

Campylobacter is the most common notifiable cause of bacterial gastroenteritis in Ireland. However, epidemiological information is limited. We aimed to describe Campylobacter epidemiology in Ireland, propose enhancements to current surveillance and identify targeted future studies.

We described notified cases of campylobacteriosis (2004-2016) by age, sex, notification area, patient type and outcome. We used negative binomial regression to estimate incidence rate ratios (IRR) and adjusted IRR (aIRR). We undertook interrupted time-series analysis of incidence rates within age-groups and notification areas before 2011 and from 2011 onwards, due to an apparent, stepped increase in incidence in 2011.

There were 27,034 cases of campylobacteriosis notified between 2004 and 2016, with crude annual incidence rates of 36.5 to 55.8 per 100,000 population. Overall the incidence rate was significantly higher: in males (aIRR 1.14, 95% confidence intervals (CI) 1.07-1.22), in those <5 years compared with those aged 45-64 years (aIRR 5.08, 95%CI 4.58-5.63) and in other areas compared with the North-East (aIRR range 1.24-3.18, p-values ≤0.002). An overall increasing trend was detected in cases ≥45 years, and those in one area. Compared with before 2011, there was a significant increase in the trend-adjusted number of cases of between 29% and 42% in all age-groups and between 25% and 58% in most areas from 2011 onwards.

An apparent stepped increase in campylobacteriosis in 2011 is noted in all age-groups and most areas. Possible explanations for trend differences between geographical areas and age-groups include recent changes in laboratory diagnostic practice but the differences require further investigation.
Estimating the incidence and prevalence of chronic hepatitis C (HCV) infection in Ireland

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Abstract

HCV infection is now curable in over 90% of cases. In order to plan screening and treatment services, estimates are needed of the number of people in Ireland who are chronically infected, and the duration of their infection.

In the absence of a large national study, studies using routinely collected data and leftover bloods were carried out by HPSC and research partners to estimate the prevalence and incidence of chronic HCV in Ireland. Data sources included HCV notifications and enhanced surveillance data, laboratory diagnoses, data on people who inject drugs, published data of HCV prevalence by country of birth combined with immigration data, literature estimates and expert opinion.

To estimate the total number of people with chronic HCV, specimen based laboratory data (1989-2004) were converted into a database of individual patients with HCV. This was combined with notifications data (2005-2009) and adjusted for duplicates and chronicity. Literature estimates of mortality and underdiagnosis were then applied to generate chronic HCV prevalence estimates. Estimates of HCV incidence and duration of infection were generated using data on people who inject drugs (PWID) in treatment. Most recently, HCV prevalence was estimated by testing residual blood samples for HCV antibodies and antigen.

This presentation describes how inputs from these three different studies were combined to come up with a final prevalence estimate of chronic HCV in Ireland of 20,000-30,000 (0.4-0.6%). The peak of infection occurred in 1998 and about one third of cases have now been infected for over 20 years.
Oral

Health needs of homeless people in Galway
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Abstract

The homeless population in Galway has increased in recent years. We aimed to assess the health status of homeless people in Galway as well as their access to, and use of healthcare services in order to inform service developments and to provide a baseline against which to measure service changes/developments in future.

In collaboration with homeless service providers, a survey of rough sleepers and people using homeless accommodation was conducted using the Partnership for Health Equity methods used in Dublin, Limerick and Cork in 2013-2016. Health screening was offered on the Safetynet Mobile Health Screening Unit.

71 people completed the survey: 45-male, 26-female. The mean age was 36.7 years (range: 20-67). Main reasons for homelessness were family and financial problems. Physical and mental health issues prevented normal daily activities in the majority. Depression, anxiety and dental problems were reported by more than 40%. Over 80% are currently smoking. Among those who drink alcohol, the mean number of units consumed daily was 12. The health service most used in the past 6 months was the hospital Emergency Department.

53 people were screened over 3 days: 45 had chest X-rays and 26 had bloods taken. One new case of blood borne virus (HepB) infection was identified.

There is a high rate of homelessness in the city. These people have complex healthcare needs. The survey should be repeated in the summertime when the Cold Weather Response will not be available and the seasonal pattern of homelessness is known to be different.
ICD-10-AM to CCS diagnostic codes: an exercise in clinical process mapping
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Abstract

We need accurate health metrics to continue improving the quality of health care in Ireland. In ICD-10-AM (Australian Modification), the HSE has a rich, flexible database. However, with 19,000 possible diagnoses, coding and analysis can be onerous. Clinical Classification Software (CCS) collapses these into approximately 260 more meaningful codes. Clinician feedback and study has shown some inappropriate mapping to CCS codes. Our aim was to identify areas of clinical ambiguity, and to suggest changes.

We reviewed the ICD-10-AM diagnostic database, the mapping algorithm from CCS, and the final CCS designations for ICD-10-AM codes.

We identified 1674 ICD-10-AM codes for review. Of these, 1455 were believed to warrant re-coding, either to a different CCS code; a different CCS category; or a different clinical specialty. In total, 7% of the current ICD-10-AM codes were categorised to a different CCS.

For example, stroke may be haemorrhagic or ischaemic; venous or arterial. Each requires different treatment, which must be coded appropriately, and six new definitions of stroke have been defined. A similar approach has been taken with other conditions.

CCS was developed by the Healthcare Cost Utilization Project (HCUP) in Washington, D.C. Working with HCUP, we hope that our changes, titled CCS-IM-2017 (Irish Modification), will be added to future CCS datasets. Ultimately, coding will be more meaningful for the clinician, and provide increased data accuracy. Clinicians will have greater access to their data and may participate fully in clinical audit, research, and quality.

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Abstract

Bacillus Calmette-Guerin (BCG) remains the only licensed vaccine for TB, while its efficacy has been demonstrated, many uncertainties remain. Three BCG vaccination policies were implemented across bordering regions in Southern Ireland from 1972: neonatal vaccination (region-a), vaccination of children aged 10-12 years (region-b) and no vaccination (region-c). The aim of this study was to investigate the impact of BCG vaccination on incidence of MTB during the study period.

Surveillance data was used to identify all Mycobacterium tuberculosis complex (MTC) isolates from 2003-2016. Residential addresses for cases were geocoded using the Google Maps API with the locations spatially linked to 2011 census data and to Local Health Offices (LHO) BCG coverage data for study regions a–c. The 13-year incidence of MTC was calculated assuming a steady-state population. Using SatScan (v9.4.4), spatial clusters were identified at the small area level.

638 MTC infections were identified (621 MTB, 16 M. bovis, 1 M. africanum). Median age was 42 years (4 months - 94 years) with 65% male. The incidence of MTB was higher in the unvaccinated population 114/100,000 (95%CI 105-124) versus vaccinated region-a 56/100,000 (95%CI 45-69) and region-b 44/100,000 (95%CI 29-63). A high-risk cluster of 138 cases within a population of 46,000 was identified in unvaccinated region-c (relative risk 4.94 (95%CI 4.03 - 5.96).

Prevention of TB remains a significant challenge worldwide. Our study demonstrates significant differences in incidence of MTB infection in demographically similar populations based on BCG immunization policy supporting efficacy of BCG for prevention of MTB infection.
Oral

Joint efforts to control two concurrent measles outbreak in Ireland, 2017
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Abstract

Ireland has made substantial progress towards measles elimination. By the end of 2016, Ireland had interrupted endemic transmission for two consecutive years. However, in October 2017, two simultaneous measles outbreaks were identified in two adjacent HSE regions.

A joint outbreak control team was convened to investigate and control the outbreak. The national case definition was applied for suspect cases resident in the outbreak areas between October-December 2017. We undertook active case finding and enhanced surveillance to identify risk factors for infection, clinical course and transmission pathways. Genotyping was performed for all confirmed cases.

Overall, 186 suspect cases were investigated, and 22 were confirmed. Of these, 13 were notified in the Dublin north city region (East), mostly in children under 5 years of age (54%). High rates of hospitalisation were reported (54%). In the North-East, nine confirmed cases were identified, most of which were from ethnic minority groups (67%); 56% of all cases were under 15 years of age. In both areas, cases occurred mostly in not vaccinated (50% and 71%, respectively). All genotyped cases (n=19) were B3.

The outbreak was contained through intensified vaccination and communication with stakeholders. However, despite intensive case investigation and the geographical/temporal link among cases, the source of infection and epidemiological links between subsequent cases were not determined. This outbreak highlighted gaps in immunity in specific areas and populations, the need to improve vaccine uptake and high levels of measles awareness to facilitate prompt notification and timely investigation of cases, thus preventing further spread.
Oral

Lifetime costs of childhood obesity/overweight across the island of Ireland
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Abstract

Background

Many consequences of childhood obesity/overweight occur in later life.

Aim

To estimate the lifetime cost of childhood obesity/overweight and the effects of reductions in mean childhood BMI.

Methodology

Closed Cohort Simulation Models (implemented in modified UKHF microsimulation software) modelled the expected consequences (disease, death, direct healthcare and societal costs) of childhood obesity/overweight.

Differences between individuals obese/overweight as children and those with healthy weight as children were used to calculate lifetime costs. Differences between costs in the current BMI scenario and those in reduced childhood BMI scenarios were used to calculate effects of reductions in mean childhood BMI. All costs are discounted to 2015 values using 5% annual discount rate.

Results

Total lifetime costs are €4,518m in Ireland and €2,533.7m in Northern Ireland.

In both jurisdictions; societal costs (particularly productivity losses due to premature mortality) account for the majority of total costs.

A 5% reduction in mean childhood BMI is associated with lifetime savings of over a billion euros in Ireland and almost €400m in Northern Ireland. Lifetime healthcare costs are expected to fall by €245.7m and €100.1m, respectively.

Conclusions

Lifetime costs are staggering and substantial savings could follow from modest changes in mean childhood BMI.

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References (does not contribute to word count)
Oral

Moderate uptake of influenza and pertussis vaccination in pregnant women in Ireland, 2017-18

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Abstract

Influenza and pertussis vaccination during pregnancy is strongly recommended in Ireland. They provide protection for mother and neonate against influenza and for neonates against pertussis. This study aimed to estimate recent vaccination uptake for influenza and pertussis and factors related to vaccination status in pregnant women, in the absence of a national immunisation database.

On behalf of HPSC, in February 2018, a market-research company enrolled participants using snowball sampling, and performed face-to-face interviews collecting socio-demographics, self-reported information on influenza and pertussis vaccination since September 2017, and attitudes on vaccination. The sample was further weighted to match population parameters. We calculated percentage of vaccine uptake and 95% confidence intervals (95% CI).

Overall, 241 pregnant women were enrolled; 62% (95%CI:55-68) received influenza vaccine and 48% (95%CI:42-55) pertussis vaccine. Vaccine uptake was higher among those belonging to higher social classes than those in lower classes (influenza: 72% vs 53%; pertussis: 56% vs 43%;p<0.05). GP recommendation was the main reason for receiving influenza vaccine (38%), while no particular reason and vaccine hesitancy were those for refusing (21% and 19%, respectively). Pertussis vaccine was mainly recommended and administered by GPs (72% and 96%, respectively).

The survey reported moderate vaccines uptake among pregnant women, emphasises GPs as the most trusted source of information, but also highlights inequalities in uptake in less advantaged groups; thus, communication and intervention strategies should be tailored. Furthermore, we recommend this survey methodology as a cost-effective and timely method to estimate vaccination uptake in pregnant women.
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Abstract
As part of the European Influenza Monitoring Vaccine Effectiveness (I-MOVE) consortium, we have undertaken a test-negative design (TND) case-control study within the Irish sentinel GP network to estimate influenza vaccine effectiveness (VE) in Ireland each season since 2009.

GPs swabbed influenza-like illness (ILI) patients within seven days of symptom onset using systematic sampling. We compared vaccination status in laboratory confirmed influenza cases with laboratory-negative control patients who met the EU ILI case definition. The study period ran from October to May each season. We used logistic regression to calculate influenza VE and 95% confidence intervals (CI), adjusting for potential confounders. Where sample size permitted, adjusted VE estimates were calculated by influenza type/subtype and age group. Specimens were randomly selected for sequencing, for the 2015/2016 - 2017/2018 seasons.

The number of participating sentinel GPs ranged from 16 in 2009 to 36 in 2017/2018 and recruited patients ranged from 168 in 2009 to 739 in 2017/2018. Adjusted influenza VE estimates against all medically attended laboratory confirmed influenza varied by season, from negative estimates in 2014/2015 to 69.8% [95% CI: 40.8 to 84.6] in 2016/2017. Differing profiles of influenza genetic clades/subclades circulating in Ireland each season partly explained differences observed in VE estimates.

Results suggest varied protection from influenza vaccines against laboratory-confirmed influenza in Ireland over the last nine seasons, depending on the dominant virus/clade/subclade circulating and vaccine match. Further exploration of data and collaboration with the I-MOVE consortium are required to fully understand the complexities of influenza VE.
Oral

The Virtual Chart (V-Chart) for Enhanced Care. A framework for Irish health registries

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Abstract

The recognition of the potential role of a dynamic and longitudinal patient-centric view of health related data at the individual and patient group levels has led to proposals from clinicians and patient groups to establish registries for numerous diagnoses and interventions. This paper outlines a vision for an integrated sustainable framework for the evolution of databases for clinical conditions. It is referred to as the Virtual Chart (V-Chart) within which each module is akin to the traditional registry.

The V-chart is designed to support and enable four enhanced care functions for each clinical condition:

- Patient care – real-time holistic view of the patient’s data at point of care, contextualised by patient group
- Quality assurance and improvement - de-identified service level data
- Planning and evaluation – de-identified service level data
- Research – controlled access to appropriate de-identified data

Key requirements include a core philosophy to exploit the potential of patient-centric data under an integrated governance framework and infrastructure; data protection legislative compliance; standardised approach to consent; standardised data definition and coding systems; unique identification; data sources including EHR; role based access; and technical requirements including a bespoke data filter application.

The phased implementation of the V-chart system provides a blueprint for realising the optimal use of available data to support the quest for improved patient care, quality assurance, service planning and delivery and research so as to best meet the present and future needs of patients, especially those with complex and life-changing conditions.
Oral

TRENDS IN EMERGENCY IN-PATIENT HOSPITALISATIONS AMONG THOSE WITH NO FIXED ABODE (HOMELESS).
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Abstract
Estimates show that homelessness is increasing in Ireland. However, the impact of emergency in-patient hospital admission is unclear. This information would be useful in identifying reasons for these hospitalisations and devising public health initiatives to reduce hospitalisations.

This study analysed emergency hospitalisations among those experiencing homelessness between 2005-2014. Data extracted from Health Atlas and statistical analyses were carried out in SPSS and Statsdirect.

There were 2,051 in-patient hospitalisations during study period, an increase of 406% since 2005 (78 in 2005 vs. 395 in 2014). The average LOS was 6.5 days. The mean age was 40.6 (S.D. 13.2). Males were five times more likely to be admitted then females. The majority 57% had a mental/behavioural diagnosis and of these 33% were an alcohol misuse diagnosis and 20% were a substance misuse diagnosis. A total of 280(13.6%) of patients had an ambulatory care condition.

To conclude, a growing number of admissions of persons with no fixed abode over study period. With over half experiencing mental health disorders, it is clear that pathways to mental health care are needed. Access to, and use of, community and preventative services is needed to reduce utilisation of emergency in-hospital services. Homeless services have identified the discharge from hospital, of persons vulnerable to homelessness as one of the key areas where prevention should be focussed. Access to community and preventative services is needed to reduce in-patient hospitalisation. The government housing policy for those with no fixed abode must be further prioritised.
Oral

Updating a Public Health England toolkit for Preventing Suicides in Public Places, and adapting it to the Irish setting: A pilot project in Limerick

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Abstract

Purpose: To assist in the implementation of Goal 6 “to reduce and restrict access to means of suicidal behaviour” of the Mid-West’s suicide prevention action plan; and to develop a national toolkit for the prevention of suicide in public places in Ireland.

Methods: A Public Health England toolkit “Preventing suicides in public places - A practice resource” was updated, adapted to the Irish setting, and its first and second steps piloted in Limerick: 1) Form strong partnerships with regional stakeholders and interest groups; 2) Analysis of Garda PULSE data to identify public places frequently used for suicide or attempting suicide and present the findings to the Local Authority. Strict data protection regulations entailed public health analysis had to be undertaken by a Garda data analyst. This was enabled by a jointly designed data analysis plan.

Results: 48% of suicidal incidents in Limerick (2012-16) occurred in public places. Water locations were most frequently used. 5 such locations were identified in the city and 2 in the county. These findings, in tandem with updated evidence on effective interventions, will assist the Local Authority in preventing suicides in public places. This novel use of PULSE data, as well as the strong partnership with the Garda Síochána, sets a powerful precedence for suicide analysis nationwide. Finally, the Irish toolkit, currently being finalised with the National Office for Suicide Prevention and the National Suicide Research Foundation, is a simple user-friendly manual which promises to assist local suicide prevention groups nationwide in preventing suicides in public places.