HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE

ANNUAL REPORT 2024

The Health Promotion and Disease Prevention Directorate within the Department for Health Regulation has the main aim to protect and promote the health of people on the Maltese Islands by:

- empowering individuals to adopt healthier lifestyles
- advocating the creation of supportive environments conclusive to health
- carrying out effective surveillance and control of communicable diseases
- developing strategies for reducing the burden of communicable and non-communicable

The main tasks of this directorate are to:

1. Enhance knowledge, attitudes, beliefs, and values that are conducive to good health;
2. Educate and empower the public to adopt healthy behaviour, enhance personal skills, promote environmental change, and advocate lifestyle policies favourable to health;
3. Monitor health and disease trends and provide the necessary input to the development of policies in respect of communicable and non-communicable diseases;
4. Study ways of promoting better nutrition; preventing excessive weight, obesity, and chronic disease in people;
5. Formulate effective health promotion measures, in co-operation with the key stakeholders, by applying a multisectoral approach;
6. Produce publications and use media on a range of health topics;
7. Formulate and regularly update national policy for communicable disease and ensure its implementation
8. Carry out field investigation and epidemiological control of communicable diseases;
9. Minimize the transmission of and mortality from communicable diseases;
10. Prepare operational policies and strategies aimed at reducing non communicable diseases and their impact on morbidity and mortality;
11. Reduce the incidence, morbidity, and mortality from non-communicable diseases;
12. Formulate contingency plans for potential epidemics and prepare national plans for biological threats to public health.

Activities are categorized under three units:

1. Infectious Disease Prevention and Control Unit
2. Health Promotion and Chronic Diseases Unit
3. Administration unit

INFECTIOUS DISEASE PREVENTION AND CONTROL UNIT (IDCU)

During 2024 the Infectious Disease Prevention and Control Unit (IDCU) maintained its primary role of surveillance, investigation and control of infectious diseases notified to the unit.

Apart from the management and investigation of notified infectious disease cases, the IDCU is also responsible for other tasks and projects which are described in further detail below. These include:

- Processing of applications for Health Screening for Work Permits, Family Reunification and Foreign Students.
- Management of Health Screening Unit, Floriana Health Centre.
- Leading and participating in EU projects.
- Participating in national and international committees and meetings related to different infectious diseases, preparedness and response to threats, migrant health, health security and advisory forum meetings at ECDC.
- Conducting various tasks related to Preparedness and Response including updating plans and strategies and completing international questionnaires.
- Updating and reviewing various relevant action plans and strategies.
- Hosting trainees who are undergoing specialist training nationally and internationally.
- Participating in educational initiatives such as the provision of lectures to various cohorts of people as well as participating in educational programmes on various types of media platforms.
- Regularly reviewing and updating educational and informative material that is tailor-made for various audiences, including healthcare professionals, educators, and the general public. Participation in symposia and conferences.

Overall, in the process of carrying out their work, throughout 2024 IDCU staff had encounters with almost 60,000 individuals.

There was an increase in 931 confirmed sporadic cases this year with increases observed in the following infectious diseases:

- Foodborne - Campylobacter, Giardiasis, Shiga toxin/VTEC, Norovirus and Rotavirus
- Blood borne - Hepatitis B
- Invasive diseases - Invasive Streptococcus pneumoniae
- STIs - Gonorrhoea, Syphilis, Chlamydia and Trichomonas vaginalis
- Respiratory – Legionnaire's disease
- Vaccine preventable - Pertussis
- Vector borne – Dengue, cutaneous and visceral Leishmaniasis and Typhus
- Zoonotic – Monkeypox

There were 42 more outbreaks reported during 2024 (n=181) when compared to 2023 (n=139).

Below is a more detailed description of the cases notified to and investigated by the IDCU throughout 2024. A summary of the confirmed cases, both sporadic and those forming part of an outbreak, can be found in table form at the end of the document.

Notifiable Diseases

Statutorily notifiable infectious diseases are reported to the Infectious Disease Prevention and Control Unit by medical practitioners, the microbiology, Virology and Molecular Diagnostic Laboratories at Mater Dei Hospital and other medical diagnostic laboratories. The data presented in this report may be subject to changes according to further investigation results.

Food and Waterborne Diseases

Campylobacter

498 sporadic cases were reported together with 35 clusters which affected a total of 81 individuals. The suspected source of infection was food consumed in households, take-aways and from restaurants.

Cryptosporidiosis

In 2024, 37 cases of cryptosporidiosis were reported to IDCU, and 5 clusters of 9 individuals. The suspected sources of infection of some cases were mainly contaminated water. For the rest of the cases the source remained unknown.

Giardiasis

46 sporadic cases of Giardiasis were reported in adults throughout the year, 18 of which were imported. Also 9 clusters of 16 individuals were reported where Giardia was transmitted from food, water, and also sexual contact.

Hepatitis A

In 2024, a total of 4 confirmed cases of Hepatitis A were reported, 2 of which were imported. No clusters were reported.

Listeriosis

In 2024 no cases of Listeria were reported to or investigated by IDCU.

Salmonella

142 sporadic cases of Salmonella were reported in 2024, as well as 15 clusters affecting a total of 48 individuals. One outbreak was found to be caused by contamination of raw tuna and salmon consumed as sushi.

Scombrotoxic food poisoning

During 2024 there were 11 sporadic cases and 1 cluster of 3 individuals who suffered from Scombrotoxic food-borne illness most of which were caused by the consumption of tinned and raw tuna.

Shiga toxin/Verotoxin producing E. Coli (VTEC): 82 cases were found to be PCR positive for Shiga toxin 1 or 2, of which 14 cases had VTEC cultured (11: VTEC non-0157; 3: VTEC 0157).

Ten of these cases were imported and included the 3 cases of VTEC 0157 which were imported by foreigners. In addition, 3 clusters of 6 individuals with Shiga toxin were reported.

Shigella

21 cases of Shigella were notified to IDCU during 2024, 4 of which were imported. 16 were probable cases (Shigella PCR+ve, not cultivated on culture) and 4 were confirmed. Of the 4 confirmed cases 1 was Shigella flexneri, 1 was Shigella flexneri ESBL+ve, 1 was *Shigella sonnei* ESBL+ve, and 1 Shigella sonnei. There was 1 cluster involving 3 individuals reported during 2024.

Typhoid/Paratyphoid fever

There were no cases Typhoid/Paratyphoid fever reported to IDCU during 2024.

Unspecified foodborne illness

There were 27 individual cases of reported unspecified food-borne illness. In addition, there were 19 outbreaks affecting a total of 123 persons.

Cholera

No cases of Vibrio cholera were reported to IDCU.

Norovirus

During 2024 IDCU was notified about 207 sporadic cases of Norovirus. In addition, 48 Norovirus outbreaks were investigated, with 703 confirmed individuals affected. Twenty (42%) of these outbreaks occurred in homes of the elderly.

Rotavirus

There were 121 individual cases of rotavirus reported as well as 12 outbreaks involving 53 individuals.

Amoebiasis

There were 5 sporadic cases of amoebiasis, 3 of which were imported. No outbreaks were reported.

The table below shows the number of notified sporadic cases of food-related, gastro-intestinal infections per month for Year 2024

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Amoebiasis	1	0	0	1	1	0	0	0	0	1	1	0	**5**
Campylobacter	26	51	33	49	43	41	39	37	42	49	52	37	**498**
Cryptosporidiosis	0	1	2	0	2	2	2	1	7	6	8	6	**37**
VTEC non-O157	1	0	1	3	0	1	1	1	1	1	1	0	**11**
VTEC O157	0	0	0	1	0	0	1	1	0	0	0	0	**3**
Shiga toxin genes stx 1 & stx 2 (STEC/VTEC)	7	3	5	8	12	5	9	16	4	3	4	6	**82**
Echinococcosis	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Giardiasis	2	1	1	4	5	4	4	4	2	9	7	3	**46**
Hepatitis A	0	0	0	1	0	0	0	0	0	2	1	0	**4**
Listeria	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Salmonella	11	7	6	3	7	6	17	20	19	25	3	6	**142**
Typhoid *(Salmonella typhi/paratyphi)*	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Probable, Shigella	3	2	1	2	1	0	3	0	1	2	1	0	**17**
Confirmed, Shigella	1	1	0	2	0	0	0	0	0	0	0	0	**4**
Toxic (Scombroid)	0	0	0	0	0	2	2	2	2	2	1	0	**11**
Yersinia	0	1	0	0	0	0	0	0	0	0	0	0	**1**

Bloodborne Diseases

AIDS

There were no cases of AIDS reported during the year.

Hepatitis B

There were a total of 118 cases of Hepatitis B notified in 2024, the majority of which were male (n=89) and 73 of which were confirmed to be imported. 9 cases were acute, 14 cases were of unknown staging, 91 were chronic cases and 4 were classified as resolved. 28% of cases occurred in Maltese individuals.

Hepatitis C

IDCU was notified of 126 cases of Hepatitis C during the year. 28 were acute cases, 60 were chronic cases, 33 were of unknown staging and 5 were classified as resolved. Half of the cases occurred in Maltese individuals.

HIV

113 cases (103 males, 9 females, 1 Trans (MTF)) were reported during the year. 53 of these cases were newly diagnosed cases while 60 were already diagnosed cases in another country but presently residing and taking treatment in Malta. Of the total number 11 of these cases occurred in Malta-born nationals, while the remaining 102 occurred in foreigners residing in Malta.

Of the total number of HIV cases the sexual orientation of the majority (n=76) were individuals who are MSM, 23 cases were heterosexual, 11 bisexual, 2 of unknown sexual orientation and 1 was transexual. The majority of the cases, 66, occurred in the 18-34 year age group.

Invasive Disease

Invasive Group A *Streptococcus pyogenes* (iGAS)

In 2024, 16 sporadic confirmed cases of iGAS were notified. Contact tracing was done accordingly, and prophylaxis was given as per guidelines. None of the cases occurred in children aged 0-5 years while 4 of the cases occurred in individuals aged 65 years and over.

There were **no** cases reported in 2024 of invasive Group B Streptococcus agalactiae, invasive Meningococcal septicaemia, and invasive Neisseria gonorrhoea.

There was 1 case reported of invasive Haemophilus influenza in a 61 year old male.

Invasive Streptococcus pneumoniae

24 cases of invasive Streptococcus pneumonia were reported in 2024 as well as 1 cluster involving 2 individuals. Seven cases occurred in children aged 0-5 years while 11 of the cases occurred in individuals aged 65 years and over.

Meningitis

Aseptic/Viral Meningitis

16 cases of confirmed viral meningitis were reported to IDCU in 2024 mostly caused by Enterovirus. Other causative organisms included Parechovirus, Varicella Zoster and Herpes Simplex Virus.

Meningitis, Other bacteria

7 cases of bacterial meningitis other than Neisseria meningitidis, were notified, 6 of which had Streptococcus pneumoniae detected and 1 had MRSA cultivated.

Meningitis, Neisseria meningitidis

3 cases of Neisseria meningitidis were reported in 2024.

Non-invasive meningococcal disease

3 cases of non–invasive meningococcal disease (*Neisseria meningitidis)* cultured from a non-sterile site) were reported in 2024.

Meningitis, *Streptococcus pneumoniae*

6 cases of meningitis caused by *Streptococcus pneumoniae* were reported during 2024.

Meningitis, Suspected bacterial

3 suspected cases of bacterial meningitis was notified but no organism was cultivated in CSF.

Viral Encephalitis

No cases of viral encephalitis were reported in 2024.

Sexually Transmitted Diseases (STDs)

The following cases of STDs were notified to IDCU during 2024:

- There were 491 cases of Gonorrhoea, 227 of which occurred in foreigners.
- There were 121 cases of Syphilis, 70 of which occurred in foreigners.
- There were 123 cases of Latent Syphilis, 79 amongst which were foreigners.
- There were 32 cases of Primary Syphilis reported, 19 were foreigners.
- There were 21 cases of Secondary Syphilis reported, 7 were foreigners.
- There was 1 case of Neurosyphilis (ocular syphilis) reported.
- There was 1 case of Lymphogranuloma venerum (LGV) reported.
- There were 68 cases of *Mycoplasma genitalium*, of which 34 were Maltese.
- There were 26 cases of *Trichomonas vaginalis* (TV), of which 18 were Maltese.
- There were 476 notified cases of Chlamydia, 221 of which were foreigners.

Respiratory Diseases

Legionnaire's Disease

In 2024, there were 30 cases of Legionnaire's disease reported to IDCU, compared with 13 cases the previous year. Of these 22 were Maltese residents and 8 were tourists.

Tuberculosis (TB)

There were a total of 56 TB cases notified in 2024:

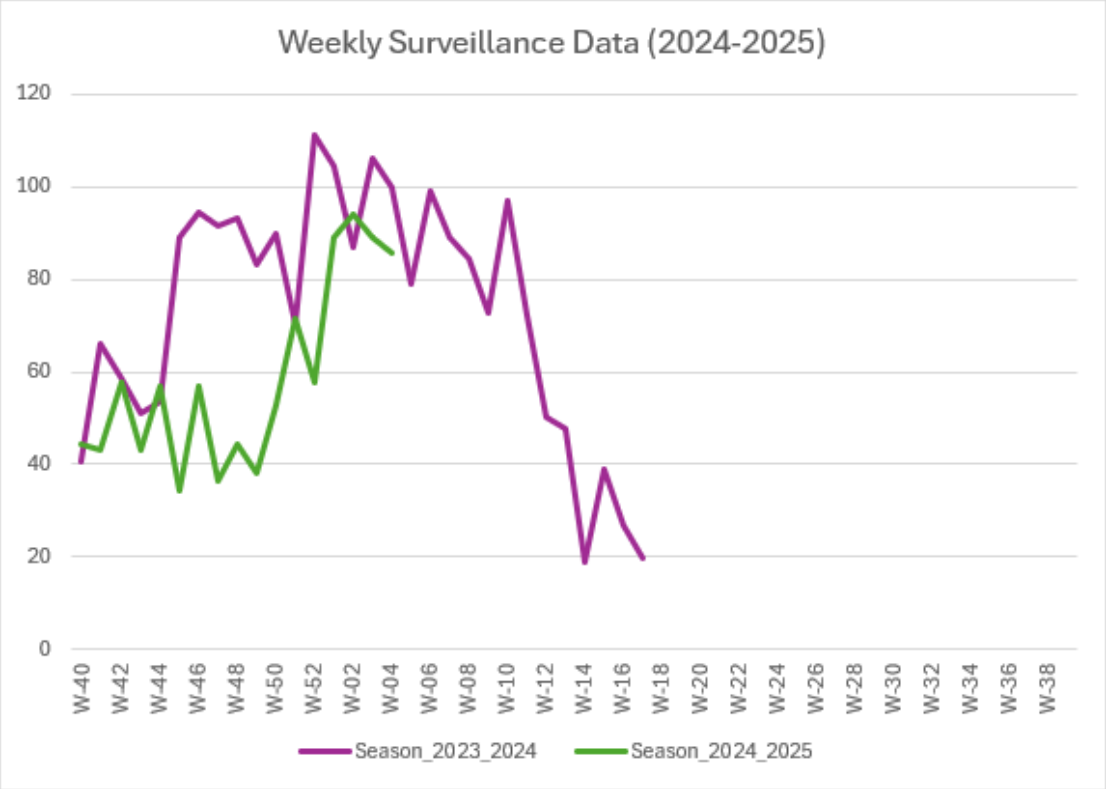
- 40 were cases of pulmonary TB
- 17 were cases of extrapulmonary TB

As in previous years, the majority of TB cases were among foreigners - 91% of total TB cases (52/57).

Influenza - Sentinel Surveillance

Throughout 2024 7 private family doctors participated in the sentinel surveillance of influenza which requires clinicians to report cases of Influenza-Like Illness (ILI), based on a clinical diagnosis, of patients they encounter during their clinics. Reports are sent on a weekly basis.

Starting from week 40 (week starting on 14th October 2024) a steady increase in cases was reported.



Influenza – outbreaks

There were 3 outbreaks within the community affecting 43 individuals and 3 outbreaks in nursing homes.

Covid-19

2195 confirmed cases of Covid-19 were confirmed positive in 2024 with 30 deaths related to covid19.

Scarlet Fever

There were 51 sporadic cases of Scarlet fever and 2 clusters involving 2 individuals each.

Human metapneumovirus (hMPV)

Between October 2024 and January 2025 15 cases of Human Metapneumovirus (hMPV) were diagnosed.

Vaccine Preventable Diseases

Chickenpox

The IDCU was notified about 160 sporadic cases of Chickenpox during 2024. There were also 3 outbreaks affecting 16 individuals.

Measles, Mumps and Rubella

- There were 6 individual cases of Measles as well as 2 clusters of 4 individuals each confirmed during this year, when compared to no cases reported in 2023.
- There were no cases of Mumps and Rubella reported during the year.

Pertussis

2024 saw a marked increase in Pertussis cases. Whereas during 2023 there were 3 confirmed cases, during 2024 there were 35 sporadic cases notified and 2 outbreaks involving 9 individuals.

Herpes Zoster

There were 43 cases of herpes zoster reported.

Diphtheria, Tetanus and Polio

There were no cases of Diphtheria, Tetanus or Polio reported during 2024.

Vector borne Diseases

With regards to Vector borne diseases, the following cases were notified in 2024:

- 7 sporadic cases of Dengue and 1 cluster of 2 individuals, when compared with no cases reported in 2023.
- 5 cases of cutaneous Leishmaniasis
- 3 cases of visceral Leishmaniasis
- 13 confirmed cases of Malaria
- 11 confirmed cases of tick-borne Typhus (Rickettsia conorii)

No cases were reported of Chikungunya, Sandfly Fever, scrub or epidemic Typhus, West Nile Fever, Yellow Fever, Schistosomiases, Tularaemia and Zika.

Zoonotic diseases

The IDCU received the following notifications for Zoonotic diseases:

- 1 case of Brucellosis that was imported from India
- 1 case of Cryptosporidiosis
- 7 confirmed cases of Leptospirosis
- 8 sporadic cases of Toxoplasmosis
- 1 case of Yersinia that was imported from Romania
- 6 cases of Monkeypox - all in males, 4 of which were MSM, 1 was bisexual and 1 was heterosexual.

Other diseases

Acute Flaccid Paralysis

There was 1 case of Acute Flaccid Paralysis occurring in an adult Maltese male notified during the year.

Creutzfeldt Jakob Disease (CJD)

There was 1 case of sporadic CJD notified in 2024.

Scabies

There were 181 confirmed sporadic cases of Scabies notified during 2024, while there were 12 outbreaks of scabies involving a total of 34 individuals reported.

Diseases of Childhood

There were 54 sporadic cases of Hand, Foot, and Mouth disease and 8 outbreaks involving 14 people notified to IDCU.

Infectious diseases notified from the National Blood Bank in 2024

The following cases were notified to the IDCU from the National Blood Bank:

- 15 cases of Hepatitis E
- 1 case of Hepatitis C
- 2 cases of Syphilis

Other work done by IDCU

Below is more detailed information about the other initiatives undertaken by the unit.

i. Processing of applications for Health Screening for Work Permits

Some members of staff within IDCU are tasked with the vetting of application forms for Health Screening from Third Country Nationals applying for a work permit.

During 2024:

- 40,156 - health screen approvals were vetted
- 26,797 - were new applicants
- 13,359 - were renewals from third country nationals

The new applicants included:

- Administrative staff – 2669
- Footballers – 144
- Cleaners/Housekeepers – 3709
- Construction Workers/Manual Work/Sales not Food Handlers/Others – 9089
- Hairdressers/Makeup Artists – 96
- Transport – 2493
- Carers/Child Carers – 2247
- Food Handlers – 5473
- Beauty Therapists/Beauticians/Spa Therapist/Massage Therapist – 163
- Nannies/Child carers – 161
- Allied Health Care Professionals – 18
- Tattooists – 8
- Dental Chairside Assistants/Dental Surgery Assistants – 16
- Doctors – 11
- Nurses – 500

ii. Processing of applications for Health Screening for Family Reunification & Foreign Students

As of the beginning of 2024 nurses working within the IDCU have been vetting application forms for Health Screening from Third Country Nationals applying under the Family Reunification scheme as well as foreign students who apply for a resident permit. During 2024 the number of applications approved by IDCU nurses totalled 3169.

iii. Work done by Health Screening Unit, Floriana Health Centre

The Health Screening Unit within Floriana Health Centre is managed by 4 nurses and 1 administrative staff member who fall under the remit of the IDCU.

Their tasks include screening individuals for Tuberculosis infection as well as administering BCG vaccines as required.

1) Contact Tracing Screening

- **82** individuals who were contacts of confirmed tuberculosis positive cases (80 adults and 2 children) were screened.

2) Work Permits

During 2024 the Health Screening Unit followed up the following individuals as part of the work permit application screening process.

- **538** cases with abnormal results from their work permit screening. These were referred to the Health Screening Unit for follow up with a Tuberculosis specialist.

3) Screening Programme for Migrants

The Health Screening Unit regularly carries out screening for migrants for various reasons. Below are the number of migrants screened during 2024:

- **238** were irregular migrants who came to Malta by boat, (190 adult males, 3 adult females, 45 minors)
- **151** were overstayers and were screened before being repatriated (143 adult males, 7 adult females, 1 minor)
- **295** were asylum seekers who arrived by plane (169 adult males, 65 adult females, 59 minors)
- **283** were asylum seekers from Ukraine (89 adult males, 130 adult females, 64 minors)
- **347** were school children coming from high risk TB countries referred to the Health Screening Unit for TB screening prior to entering a government school in Malta.
- **14** were adopted children who were screened as they were coming from high risk TB countries.
- **49** Miscellaneous individuals
- **11** were new recruits at CCF
- **4009** were screened as part of the Family Reunification process (954 adults, 3055 children)

4) Screening of health care workers

The Health Screening Unit screened the following Healthcare Workers prior to their entering the workforce:

- **97** – Final year Medical Students
- **34** – Foundation year Doctors
- **87** – Final year Nursing students
- **106** – Nurses who are Third Country Nationals and who are going to work in government hospitals
- **213** – Health Care Workers within the Ministry of Health
- **17** – Final year Dental Students
- **30** – Final year B pharm Students
- **5** – Allied assistants who are Third Country Nationals

5) Students studying for health care professions at Universities

- **35** - First year University Nursing Students
- **5** - First year Medical Students
- **6** – First year Pharmacy Students
- **20** – Bridging nursing course
- **53** – medical students attending other healthcare educational institutions

6) Students studying for health care professions at MCAST

- **20** – First year Nursing Students
- **39** – Final year Nursing Students
- **1** – Final year Allied Health Care Professional Student
- **1** – Advanced Diploma Tech course Student
- **6** – Health Science Students
- **2** – First year Dental Students

7) Tuberculin Skin Tests (Mantoux Test) performed

The Unit performed a total of **2955** Tuberculin skin tests.

8) BCG vaccinations

The Unit administered a total of **1404** BCG vaccinations.

From all the above screening the following infectious diseases were confirmed:

- 1 Hepatitis C
- 2 Hepatitis B
- 3 HIV
- 261 had latent tuberculosis
- 16 had pulmonary tuberculosis

iv. Leading and participating in EU projects

The IDCU is involved in a number of EU projects some details of which are provided below.

Co-funded by the European Union

"Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or Health and Digital Executive Agency. Neither the European Union nor the granting authority can be held responsible for them."

- ***Increased Access to Vaccination for Newly Arrived Migrants (AcToVax4NAM)* project**

Access to Vaccination for Newly Arrived Migrants

Malta is one of the 10 partners participating in the AcToVax4NAM EU project, working towards improving the vaccination uptake of newly arrived migrants. This project was finalised in November 2024 this year. During the final phase of the project, Malta organised awareness sessions with Professionals for Health working with Migrant Health Screening, sessions with migrants attending the migrant health clinic, and parents of migrant students attending the orientation school in Naxxar. These sessions were viewed positively by both professionals for health and migrants, and the pre and post questionnaires showed a positive result re intention to vaccinate.

- ***MIDISS: Malta's Infectious Diseases Integrated Surveillance System***

Co-funded by the European Union

In 2024, the IDCU team secured the EU4Health Direct Grant for MIDISS, a four year project that aims to develop a comprehensive, interoperable, and automated Public Health IT infrastructure for Malta, integrating real-time infectious disease data across sectors, vector-borne monitoring, and enhanced disease surveillance reporting capabilities. Although officially launching in January 2025, significant preparatory work has been accomplished, including preliminary market consultations, tender drafting, and stakeholder engagement with key data owners across multiple sectors.

- ***The European Programme for Intervention Epidemiology Training (EPIET)***

The European Programme for Intervention Epidemiology Training (EPIET) is a two year training fellowship in applied field epidemiology led by European Centre for Disease Prevention and Control (ECDC). The aim of the program is to create a network of highly trained field epidemiologists in the European Union, strengthening the prevention, preparedness, surveillance and control of infectious diseases and other cross-border health threats or issues of public health concern in the EU/EEA Member States and at EU level. IDCU has been officially recognised as an EPIET training site in 2016 and since then 4 EU-track fellows have been hosted and successfully completed the training program in Malta. Currently, a Member State fellow is undergoing training in Malta, with graduation anticipated in 2026.

- ***Joint Action - United 4 Surveillance***

The aim of the Joint Action (JA) is to provide resources for capacity building for Member States to strengthen integrated surveillance to ensure better detection of early warning signs and more accurate risk assessment and coordinated response among member states to any future cross-border health threats. IDCU is participating in two work packages of this JA, namely, WP2 Outbreak detection and WP3 Hospital Surveillance. The Project commenced in January 2023 and ends in December 2025.

- ***Joint Action – EU-WISH***

EU-WISH is a Joint Action under the EU4Health programme, which supports the policy priority of strengthening the European Union's capacity to prevent, prepare for and respond rapidly to serious cross-border health threats. The focus of EU-WISH is to support activities to strengthen and improve national capacities for wastewater public health surveillance by enhancing knowledge exchange and sharing best practices based on scientific evidence.

To achieve this, a consortium consisting of 62 participants, which includes IDCU, has been established at European level to contribute to a vision and activities for wastewater monitoring not only at European but also at global level.

- ***VEBIS – Vaccine Effectiveness Burden and Impact Studies of Covid-19 and Influenza***

The project consists of surveillance of severe acute respiratory infections (SARI) as well as COVID-19 Vaccine Effectiveness and Influenza Vaccine Effectiveness studies run on SARI Surveillance data. The objective of the project is to provide technical support to the European Centre for Disease Prevention and Control (ECDC) to build an infrastructure to allow regular monitoring of COVID-19 and influenza vaccine effectiveness over time, using a multi-country approach. The VEBIS platform includes vaccine effectiveness studies implemented in different settings.

Start date: November 2021 - ongoing

VEBIS is a continuation of SARI Surveillance and COVID-19 Vaccine Effectiveness projects in which Malta participated from February 2021 till June 2022.

- ***EHR-SARI – Electronic Health Records (E-SURE)***

The project aim is for ECDC to conduct the design and implementation of multinational surveillance systems using routinely collected electronic health records in EU/EEA. IDCU is specifically participating in the use of electronic health records to conduct SARI surveillance.

Start date: September 2022 – Ongoing

- ***JA TERROR – Strengthened preparedness and response to biological and chemical terror attacks***

Joint Action TERROR (Strengthened preparedness and response to biological and chemical terror attacks) built on the work done by relevant projects and exercises done under the Health Programme, and other EU programmes. This joint action addressed gaps in health preparedness, to strengthen cross-sectoral work with security, civil protection and health sectors response to biological and chemical terron attacks. Malta participated as an active member in this joint action also with the participation of the Civil Protection Department. JA TERROR was concluded end of 2024.

v. Miscellaneous initiatives

Throughout 2024 the IDCU was also involved in carrying out various other tasks and initiatives including:

- **Preparedness and Response**
- Completion of SPAR questionnaire for WHO and EU questionnaire for EU/ECDC on our capabilities and capacities in preparedness and response to emergencies and health threats.
- Updated our Monkey pox plans and SOP.
- Prepared a Marburg Preparedness and response plan.
- Working on a vector borne disease outbreak and polio outbreak.
- Updated our avian Influenza plan and also our CBRN health plan.
- Necessary preparations with other entities within and outside health to prepare and Malta's EU assessment on P&R at the end of November 2024.
- Organized a national 3 day work shop for all entities within and outside health to participate in generic preparedness, vector borne disease preparedness and CBRN preparedness.

- **Participation in national and international committees and meetings**
- Meetings related to different infectious diseases, preparedness and response planning to serious cross border health threats, migrant health, health security and advisory forum meetings at ECDC.
- Participated in local and international committees related to International Health Regulation, ACIP, National Antibiotic committee, Migrant health and Generic Preparedness and response, CBRN inter sectoral and CBRN health, vector borne diseases, health security, EWRS, Training, Surveillance and on specific groups of infectious diseases.

- **Provision of data according to international commitments**
- Regularly providing data to The European Surveillance System (TESSy) on the 73 notifiable infectious disease in Malta
- Completion of numerous questionnaires for WHO, ECDC, EU Commission on infectious diseases, preparedness and response, antimicrobial resistance, vaccinations and contact tracing.

- **Training**
- The unit hosts trainees as part of their training programme for specialisation in Public Health. They also had a trainee in GP and a Foundation programme first year doctor.
- Presently the unit has its fifth EPIET fellow training in the unit, who started in September of this year. IDCU is an EPIET training site approved by ECDC.
- Specialists in Public Health with IDCU provide supervision of students of Master's in Public Health Medicine

- **Education**
- The IDCU acknowledges its important role in communicating with and educating other professionals as well as the general public with regards to infectious diseases and any developments that may occur.
- It does this through various initiatives:

- Participating in educational initiatives such as the provision of lectures to various cohorts of people as well as participating in educational programmes on various types of media platforms.
- Regularly reviewing and updating educational and informative material that is tailor-made for various audiences, including healthcare professionals, educators, and the general public.
- Speaking on specific infectious diseases on TV and Radio

- **Automated systems and platforms**
- **NEDSS (National Electronic Disease Surveillance System)**

  Work is continuing on establishing a communicable diseases platform. This was restarted in 2023 with the aim of it being completed by 2026. This assists the IDCU further with the reporting and outbreak management functionality of communicable diseases. The next phase includes the creation and testing of the remaining infectious disease forms/templates for diseases other than food-borne illness, which has been completed, integration with other data systems, data migration from the other presently used platform on to NEDSS and the reporting features for each individual disease, also to meet the obligations Malta has to international entities for the intense reporting of all infectious diseases on their platforms.

- **Work permits**

  Throughout 2024 work was initiated on an automated system for the Health Screening for TCNs applying to live and work in Malta in order to digitalise the process. This involved numerous meetings and discussions with the entities concerned in order to ensure that the whole process is streamlined accordingly. Introduction of this system is planned for the first quarter of 2025.

- **Other work carried out in 2024**
- Participation in symposia and conferences. These included the EPIET training forum meeting and European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) scientific conference. Staff also attended meetings related to EU projects - JA Terror, Sharp, Actovax4NAM and JA on hospital surveillance.
- Preparatory work on EMIS (European MSM internet Survey)
- Updating of SOPs with other entities including the immunisation unit, Primary Health Care, Infectious Disease consultants and neurologists to deal with infectious diseases
- IDCU is involved in maintaining its website by posting relevant information or updates on infectious (communicable) diseases as required including any important press releases.
- **Provision of advice** – IDCU staff are available to provide advice regarding communicable diseases to the general public.
- **Liaising with Sexual Health team within the HPDPD** – throughout the year the IDCU liaised with the sexual health team to provide evidence-based and updated information about sexually transmitted infections on various platforms and to a variety of audiences.
- **Improving Vaccinations uptake** – the unit plays a role in promoting uptake of vaccines by:

  - being involved with the National Immunisation Unit to raise awareness on the importance of immunisation during European Immunisation week.
  - being involved in promoting the administration of BCG vaccines to new-born babies
  - being involved with other health sectors to promote Influenza vaccination uptake.

Table 1: Sporadic cases reported to and investigated by IDCU during 2024, by quarter, gender, and nationality

Infectious Disease Control Unit – Yearly Report – 2024 – Sporadic Cases

Notifiable Disease	Q1	Q2	Q3	Q4	Male	Female	Unk	Maltese	Non-Maltese	Unk	Total
Foodborne diseases											
Campylobacter	110	133	118	137	262	232	4	357	132	9	**498**
Cryptosporidiosis	3	4	10	20	22	15	0	30	6	1	**37**
Giardia	4	13	10	19	34	10	2	36	10	0	**46**
Hepatitis A	0	1	0	3	3	1	0	1	3	0	**4**
Listeria	0	0	0	0	0	0	0	0	0	0	**0**
Salmonella	24	16	56	46	76	66	0	100	39	3	**142**
Scombrotoxin	0	2	6	3	4	7	0	7	4	0	**11**
Shiga toxin/ VTEC	15	25	29	13	37	45	0	69	13	0	**82**
Shigella	8	5	4	4	19	2	0	14	7	0	**21**
Typhoid	0	0	0	0	0	0	0	0	0	0	**0**
Foodborne, Unspecified	3	6	5	13	13	13	1	17	10	0	**27**
Echinococcosis	0	0	0	0	0	0	0	0	0	0	**0**
Botulism	0	0	0	0	0	0	0	0	0	0	**0**
Cholera FoodBorne	0	0	0	0	0	0	0	0	0	0	**0**
Norovirus	35	57	39	76	98	108	1	171	25	11	**207**
Rotavirus	8	40	44	29	67	54	0	100	14	7	**121**
Trichinella	0	0	0	0	0	0	0	0	0	0	**0**
Amoebiasis	1	2	0	2	5	0	0	3	2	0	**5**

Bloodborne diseases											
AIDS	0	0	0	0	0	0	0	0	0	0	**0**
Hepatitis B	26	37	25	30	89	27	2	33	79	6	**118**
Hepatitis C	41	36	25	24	84	41	1	63	46	17	**126**
HIV	33	34	23	23	104	9	0	11	102	0	**113**
Hepatitis Unspecified	0	0	0	0	0	0	0	0	0	0	**0**
Invasive diseases											
Invasive Group A Streptococcus (Streptococcus Pyogenes)	2	2	4	8	8	8	0	13	3	0	**16**
Invasive Group B Streptococcus (Streptococcus Agalactiae)	0	0	0	0	0	0	0	0	0	0	**0**
Invasive Haemophilus Influenzae	0	0	0	1	1	0	0	1	0	0	**1**
Invasive Meningococcal Septicaemia	0	0	0	0	0	0	0	0	0	0	**0**
Invasive Neisseria Gonorrhoea	0	0	0	0	0	0	0	0	0	0	**0**
Invasive Streptococcus Pneumoniae	5	8	6	5	13	11	0	21	3	0	**24**
Meningitis											
Meningitis, bacterial other than Neisseria Meningitidis cultured	1	0	0	0	0	1	0	1	0	0	**1**
Meningitis, Haemophilus Influenza	0	0	0	0	0	0	0	0	0	0	**0**
Meningitis, Neisseria Meningitidis	0	0	2	1	2	1	0	3	0	0	**3**
Meningitis, Non-Invasive Meningococcal disease (Neisseria meningitides cultured from non-sterile site)	0	2	1	0	1	2	0	3	0	0	**3**
Meningitis, Streptococcus Pneumoniae	1	2	0	3	5	1	0	4	0	2	**6**
Meningitis – suspected bacterial (no organism isolated from sterile site)	3	0	0	0	2	1	0	1	2	0	**3**
Acute Viral Encephalitis (Meningitis)	0	0	0	0	0	0	0	0	0	0	**0**
Aseptic / Viral Meningitis	3	1	9	3	13	3	0	10	6	0	**16**

Sexually transmitted diseases											
Granular conjunctivitis	0	0	0	0	0	0	0	0	0	0	**0**
Gonorrhoea- Gonococcal infection	106	106	169	113	427	63	4	249	228	17	**494**
Syphilis	6	6	80	29	109	10	2	40	70	11	**121**
Syphilis Latent	25	24	46	29	110	13	1	43	80	1	**124**
Syphilis Primary	8	6	9	9	29	3	0	13	19	0	**32**
Syphilis Secondary	3	8	2	9	16	6	0	14	8	0	**22**
Lymphogranuloma venerum (LGV)	0	0	0	1	1	0	0	1	0	0	**1**
Mycoplasma Genitalium	13	11	23	22	44	25	0	35	32	2	**69**
Trichomonas vaginalis (TV)	1	2	13	10	5	21	0	18	8	0	**26**
Chlamydia	110	83	171	115	327	150	2	219	223	37	**479**
Hepatitis B (STI)	0	0	0	0	0	0	0	0	0	0	**0**
Hepatitis C (STI)	0	0	0	0	0	0	0	0	0	0	**0**
Respiratory diseases											
Legionnaire's Disease	3	8	5	14	20	10	0	22	8	0	**30**
Tuberculosis, Non-Pulmonary	5	6	2	4	9	8	0	1	16	0	**17**
Tuberculosis, Pulmonary	7	17	9	7	32	8	0	4	35	1	**40**
Influenza	7	1	22	2	17	15	0	30	2	0	**32**
Smallpox	0	0	0	0	0	0	0	0	0	0	**0**
SARS	0	0	0	0	0	0	0	0	0	0	**0**
Pneumonia	0	1	0	0	1	0	0	0	1	0	**1**
Scarlet Fever	20	7	5	17	23	26	0	45	3	1	**49**
Vaccine preventable diseases											
Chickenpox	46	46	30	38	91	69	0	76	75	9	**160**
Measles	2	0	4	0	4	2	0	3	3	0	**6**
Mumps	0	0	0	0	0	0	0	0	0	0	**0**

Pertussis	4	18	11	2	14	20	1	33	2	0	**35**
Rubella	0	0	0	0	0	0	0	0	0	0	**0**
Shingles, Herpes Zoster	12	8	11	12	21	22	0	33	10	0	**43**
Tetanus	0	0	0	0	0	0	0	0	0	0	**0**
Diphteria	0	0	0	0	0	0	0	0	0	0	**0**
Polio	0	0	0	0	0	0	0	0	0	0	**0**
Vector-borne diseases											
Chikungunya	0	0	0	0	0	0	0	0	0	0	**0**
Dengue	3	0	3	1	2	5	0	2	5	0	**7**
Leishmaniasis (Cutaneous)	3	1	1	0	5	0	0	5	0	0	**5**
Leishmaniasis (Visceral)	0	2	0	1	1	2	0	3	0	0	**3**
Malaria	3	3	3	4	10	3	0	4	9	0	**13**
Sandfly Fever	0	0	0	0	0	0	0	0	0	0	**0**
Typhus, Tick-borne (Rickettsia)	1	0	7	3	8	3	0	10	1	0	**11**
Typhus, Scrub	0	0	0	0	0	0	0	0	0	0	**0**
Typhus, Epidemic	0	0	0	0	0	0	0	0	0	0	**0**
West Nile Fever	0	0	0	0	0	0	0	0	0	0	**0**
Yellow Fever	0	0	0	0	0	0	0	0	0	0	**0**
Schistosomiasis	0	0	0	0	0	0	0	0	0	0	**0**
Tularaemia	0	0	0	0	0	0	0	0	0	0	**0**
Zoonotic diseases											
Brucellosis	0	0	1	0	0	1	0	0	1	0	**1**
Cryptosporidiosis (Zoonotic)	0	0	1	0	1	0	0	1	0	0	**1**
Echinococcosis (Zoonotic)	0	0	0	0	0	0	0	0	0	0	**0**
Leptospirosis	1	1	2	4	5	3	0	8	0	0	**8**
Q-Fever	0	0	0	0	0	0	0	0	0	0	**0**

Toxoplasmosis	2	3	1	2	4	4	0	6	2	0	**8**
Ebola	0	0	0	0	0	0	0	0	0	0	**0**
Marburg	0	0	0	0	0	0	0	0	0	0	**0**
Plague	0	0	0	0	0	0	0	0	0	0	**0**
Rabies	0	0	0	0	0	0	0	0	0	0	**0**
Tularaemia	0	0	0	0	0	0	0	0	0	0	**0**
Lassa Fever	0	0	0	0	0	0	0	0	0	0	**0**
Yersinia	1	0	0	0	0	1	0	0	1	0	**1**
Erysipelas	0	0	0	0	0	0	0	0	0	0	**0**
Monkeypox	0	0	2	4	5	0	1	1	4	1	**6**
Other diseases											
Acute Flaccid Paralysis	0	1	0	0	1	0	0	1	0	0	**1**
Classical Creutzfeldt - Jakob Disease	0	0	0	1	1	0	0	1	0	0	**1**
Variant Creutzfeldt - Jakob Disease	0	0	0	0	0	0	0	0	0	0	**0**
Scabies	62	54	30	34	95	85	0	91	78	11	**180**
Acute Viral Encephalitis	0	0	0	0	0	0	0	0	0	0	**0**
Hand Foot and Mouth	18	4	8	24	31	22	1	42	5	7	**54**
HepatitisUnspecified	0	0	1	4	5	0	0	5	0	0	**5**
Botulism	0	0	0	0	0	0	0	0	0	0	**0**

Table 2: Outbreaks reported to and investigated by IDCU during 2024, by quarter, gender, and nationality

Infectious Disease Control Unit – Yearly Report – 2024 – Outbreaks											
The figures in brackets indicate the number of implicated outbreaks/clusters.											
Notifiable Disease	**Q1**	**Q2**	**Q3**	**Q4**	**Male**	**Female**	**Unk**	**Maltese**	**Non-Maltese**	**Unk**	**Total**
Foodborne diseases											
Campylobacter	27	24	11	19	37	28	16	47	18	16	**81(35)**
Cryptosporidiosis	0	0	1	8	3	6	0	7	2	0	**9(5)**
Giardia	1	6	4	5	9	5	2	13	3	0	**16(9)**
Salmonella	0	12	27	9	13	14	21	19	9	20	**48(15)**
Scombrotoxin	0	0	3	0	0	1	2	1	0	2	**3(1)**
Shiga toxin/ VTEC	0	3	1	2	3	1	2	4	0	2	**6(3)**
Shigella	0	0	3	0	0	1	2	0	1	2	**3(1)**
Foodborne, Unspecified	45	33	18	27	11	13	99	21	3	99	**123(19)**
Norovirus	375	78	77	256	38	120	628	152	6	628	**786(48)**
Rotavirus	0	12	29	12	13	16	24	29	0	24	**53(12)**
Invasive diseases											
Invasive Streptococcus Pneumoniae	0	0	0	2	1	1	0	2	0	0	**2(1)**
Respiratory diseases											
Influenza	0	0	43	0	28	11	4	39	0	4	**43(3)**
Scarlet Fever	1	0	1	0	1	1	0	2	0	0	**3(1)**
Vaccine preventable diseases											
Chickenpox	14	0	0	2	6	2	8	8	0	8	**16(3)**
Measles	2	0	2	0	1	3	0	1	3	0	**4(2)**
Pertussis	0	3	6	0	1	3	5	4	0	5	**9(2)**

Vector-borne diseases											
Dengue	2	0	0	0	1	1	0	2	0	0	**2(1)**
Other diseases											
Scabies	4	24	2	4	11	17	6	20	7	7	**34(12)**
Hand Foot and Mouth	1	0	13	0	10	4	0	11	1	2	**14(8)**

Table 3: Paediatric cases reported to IDCU during 2024, by age group

	Age			
Disease Name	**0-5 years**	**6-10 years**	**11-17 years**	**Grand Total**
Chickenpox	25	35	21	**81**
Chlamydia			9	**9**
Cryptosporidiosis	4	2		**6**
Food Poisoning, Campylobacter	98	27	30	**155**
Food Poisoning, Salmonella	36	17	12	**65**
Food Poisoning, Shiga Toxin 1&2	13	3	6	**22**
Food Poisoning, Shigella		1		**1**
Food Poisoning, Unspecified	9	1	2	**12**
Giardiasis	1		1	**2**
Gonorrhoea			4	**4**
Hand, foot and mouth disease	49	12	2	**63**
Influenza	8	4	2	**14**
Invasive Group A Strep. Pyo			1	**1**
Invasive Strep. Pneumonia	7			**7**
Leptospirosis			1	**1**
Meningitis, Strep. Pneumonia	2			**2**
Mycoplasma Genitalium			2	**2**
Norovirus, Gastroenteritis	47	14	15	**76**
Rotavirus	81	11	6	**98**
Scabies	18	20	11	**49**
Scarlet Fever	27	20		**47**
Shingles, Herpes zoster			1	**1**
Toxoplasmosis			1	**1**