EPI-NEWS **NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES**
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ISSN: 1396-4798

HEPATITIS A 1999

No. 18, 2000

In 1999, 90 patients were notified with hepatitis A, 50 men and 40 women. This is the same low level as in 1998, EPI-NEWS 9/99. The age distribution is shown in Table 1.

Table Fejl! Ukendt argument for parameter**.. Notified cases of hepatitis A by age for Danes and immigrants, with incidence per 100,000, 1999**

Age	Danes	Immigrants	Total	Incidence
0-9	11	34	45	6.6
10-19	7	15	22	3.8
20-29	3	1	4	0.5
30-39	9	1	10	1.2
40-49	5	-	5	0.7
50-59	4	-	4	0.6
60+				

As before, the incidence was highest in the 0-9 year age group. Of the 45 children in this group, 19 were under 5 years of age. The 0-19 year group comprised 74% of all patients.
Table 2 shows the distribution by county. The incidence has fallen in the Municipality and County of Copenhagen, while it has risen in the counties of Frederiksborg, Roskilde and West Zealand. 63 (70%) of the cases occurred in Zealand.

Table Fejl! Ukendt argument for parameter**.. Notified cases of hepatitis A by county, with incidence per 100,000, 1999. 1998 in ( )**

County	Cases	Incidence 1999	Incidence 1998
Cph. Municip.	15	3.1	(7.2)
Frb. Municip.	2	2.2	(2.2)
Cph. County	19	3.1	(4.3)
Frederiksborg	12	3.3	(1.1)
Roskilde	7	3.0	(0.9)
West Zealand	8	2.7	(0.1)
Storstrøm	-	-	(0.8)
Bornholm	1	2.2	-
Funen	4	0.8	(0.6)
South Jutland	3	1.2	(0.4)
Ribe	1	0.4	(0.9)
Vejle	2	0.6	(0.3)
Ringkøbing	6	2,2	(0.7)
Aarhus	6	0,9	-
Viborg	0	-	-
North Jutland	4	0,8	(0.2)

Presumed sources of infection are listed in Table 3. 45 (50%) of the cases were acquired in Denmark, the mode of infection being unknown for 22 of these. Of all notified patients, 39 (43%) were Danes, five of whom were thought to have been infected abroad, in four different countries. Of the 51 immigrants, 40 were infected abroad, chiefly in Turkey and Pakistan. A total of 36 patients (40%) were admitted to hospital in connection with the hepatitis A infection; 19 of these were Danes and eight were under 18 years of age. The 17 immigrants admitted to hospital were all under 18 years. Five persons were notified with presumed occupational infection during 1999; all were employed at child-care institutions.

Table Fejl! Ukendt argument for parameter**.. Notified cases of hepatitis A by presumed mode of infection, 1999**

	Cases	%
Infected abroad	45	50
Member of household	5	6
Child at institution	9	10
Other personal contact	9	10
Unknown	22	24

Vaccination status was reported for 20 cases. None had been vaccinated, but two had been given gammaglobulin, in one case in connection with a hepatitis A outbreak at the child's school.

Case clusters
Four family outbreaks and eight institutional outbreaks were recorded in 1999. These affected a total of 11 and 26 persons, respectively. All the family outbreaks and at least six of the institutional outbreaks were attributed to primary infection abroad.

Comments
The number of notified hepatitis A cases is remaining low, close to the 1998 level. This could possibly be ascribed to increased vaccination against hepatitis A. The proportion of hepatitis A-infected immigrants has risen slightly, and this is almost entirely due to infection of children and adolescents, Table 1. It is therefore relevant to vaccinate immigrant children before visits to their home country.
(A. Hartvig Christiansen, S. Samuelsson, Dept. of Epidemiology)

TULARAEMIA IN KOSOVO
The WHO has reported an outbreak of tularaemia (hare plague) in Kosovo. The first cases were diagnosed in August 1999 and so far there have been 699 suspected cases. The diagnosis has been serologically confirmed in 56 patients. No deaths have been reported. The epidemic has spread to a large area of Kosovo, with predominance in the west, and international collaboration has been set up to manage the outbreak and identify the source of infection.
Tularaemia is a zoonosis caused by Francisella tularensis, a small Gram-negative non-motile bacillus, which occurs as two serologically identical variants of different virulence. The variant that is found endemically in Europe is of low virulence. The disease is endemic in North America, East Europe, China, Japan and northern Sweden, but is not usually found in Denmark. Wild animals, especially rabbits, hares and rodents, but also certain domestic animals such as sheep, cattle and cats, form the primary host. The organism is also found in ticks and insects such as mosquitoes and gadflies. It spreads from the primary zoonotic host and can infect humans via insect bites, polluted drinking water, inadequately cooked meat from the host animal, or by aerosol formation from polluted soil. Direct human-to-human infection does not usually occur. The infective dose is low by inhalation, but high by the oral route. The incubation period is usually 3-5 days. Tularaemia presents a variable clinical picture. Symptoms may simulate plague (Yersinia pestis), hence the name hare plague, but with a milder course. In the current epidemic in Kosovo, the symptoms are high, swinging fever, lymphadenopathy, mainly localized to the neck, and dysphagia. The illness lasts for about a fortnight and usually produces a degree of immunity. Tularaemia can be effectively treated with antibiotics. The diagnosis is made by serology or culture in special media. Serological diagnosis of the disease is performed in the Widal Laboratory at Statens Serum Institut. Diagnosis by culture can be undertaken locally by special request to the nearest clinical microbiology department. As mentioned, it has not been seen in Denmark for many years, but the diagnosis should be borne in mind in cases of febrile illness in soldiers from Kosovo.
(P. Andersen, Dept. of Epidemiol., K. Krogfelt, Widal Laboratory)

3 May 2000

Patients with laboratory-confirmed pertussis

1st quarter of 2000 compared with the same quarter of 1999

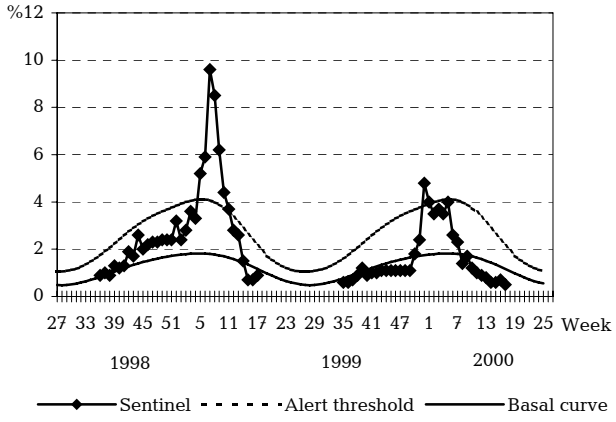
	January	February	March	1st quarter 2000	1st quarter 1999
< 2 years	21	10	11	42	11
2-17 years	55	48	41	144	32
≥ 18 years	5	8	12	25	2
total	81	66	64	211	45

From 01.01.1999 figures only comprise all pertussis cases demonstrated by culture or PCR

(Dept. of Respiratory Infections, Meningitis and STIs)

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 1998/1999/2000



Sentinel: Influenza consultations as % of total consultations

Basal curve: Expected frequency of influenza consultations under non-epidemic conditions

Alert threshold: Possible incipient epidemic

(Dept. of Epidemiology)