

**THE "EU-VAC-NET" PROJECT**

In September 1998 the European Parliament and EU health ministers approved the setting up of a surveillance network for various infectious diseases, EPI-NEWS 46/98. In extension of this, Statens Serum Institut has reached an agreement with the EU Commission whereby the Department of Epidemiology is to coordinate a collaborative project, EU-VAC-NET, involving the participating countries' surveillance institutions. The purpose is to set up and run a joint surveillance network for vaccine-preventable infectious diseases. Iceland, Norway and Switzerland will be participating together with the 15 EU countries. The first part of the project will focus on the surveillance of measles, whooping cough and Hib infections. The Department of Epidemiology is to be responsible for measles surveillance and the overall coordination of the project. Whooping cough surveillance will be carried out in close collaboration with the Italian "Istituto Superiore di Sanità", while the UK "Public Health Laboratory Service" will undertake the laboratory side of Hib surveillance. Improving methodology and quality of data will be a priority, and the project will build on what has already been achieved by existing EU and WHO initiatives. One aim is to arrive at uniform disease classifications and definitions of basal epidemiological and clinical data terms. This will permit the creation of a data base to compare disease incidences and vaccination programmes, including data relevant to assessing the consequences of these diseases in the individual countries. Against this background, decisions can be reached on a coordinated drive against the diseases concerned, both with respect to individual countries' childhood vaccination programmes and in outbreak situations. The WHO has shown that prosperous European countries are by no means exempt from problems with measles vaccination. Thus a proportion of the virus causing measles in the USA has arrived from west European countries. The EU-VAC-NET project should be able to contribute to the WHO aim of eliminating endemic measles in the European region. During the first 18-

month phase of the project it is planned to establish joint data bases on disease incidence and vaccination coverage. The project will then be evaluated, and during the second phase new countries may be incorporated and the project gradually extended to include other diseases. (S. Glismann, T. Rønne, Dept. of Epidemiology)

MEASLES OUTBREAK/ HOLLAND

Dutch health authorities have reported a large outbreak of measles which began in May 1999 and is still in progress. By the end of the year, 2300 patients had been affected, with the following age distribution: 5% under 1 year; 30% 1-5 years, 44% 6-10 years, 13% 11-15 years and 7% over 15 years. Three children died and 53 patients were admitted to hospital, four of these with encephalitis, 30 with pneumonia and 19 for other reasons. A total of 18% of patients had complications of measles. 97% of the patients had not been vaccinated, mostly on religious grounds. Most of the patients are from a limited region which has previously been subject to measles as well as a major polio epidemic.

Comments

This outbreak emphasizes that:

- measles is also a dangerous disease in prosperous countries;
- measles vaccination works;
- the age distribution of measles shifts upwards in a vaccinated population, which leads to relatively more complications;
- measles can only be eliminated if vaccination acceptance is high throughout the population.

(T. Rønne, Dept. of Epidemiology)

MALARIA IN THE DOMINICAN REPUBLIC

12 cases of falciparum malaria have been reported in Europeans on package tours to the Dominican Republic; no Danes have been affected. Those affected had only stayed at the seaside in the Altigracia province and none had visited Haiti. On this basis it is now recommended that chloroquine alone should be used as prophylaxis for travellers planning to stay in the Altigracia province of the Dominican Republic. (E. Petersen, Parasitology Lab.)

A CASE OF LASSA FEVER IMPORTED INTO GERMANY

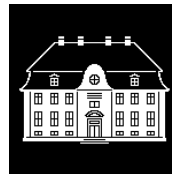
A 23-year-old German woman was admitted to hospital with Lassa fever on 7 January 2000, after returning to Germany (via transit in Lisbon) from a study trip to the Ivory Coast and Ghana. Despite intensive therapy the patient died of multi-organ failure on 15 January. At present the German authorities have managed to contact 80 passengers on the return journey. The risk of infection is minimal for fellow passengers and no symptoms have been found in other persons. No Danes are reported to have been exposed. Lassa fever is caused by an arenavirus and its symptoms are difficult to differentiate from malaria, yellow fever and other viral haemorrhagic fevers such as Ebola. Lassa virus occurs in West Africa and is transmitted to man by contact with excretions from infected rats. The incubation period is 6-21 days and transmission of infection to other persons may be by blood and body fluids as well as by droplet infection, especially during the acute phase. (S. Glismann, Dept. of Epidemiology)

INFLUENZA

Sentinel surveillance is indicating a slight fall in disease activity (see overleaf). Up to week 2 inclusive, a total of 95 specimens have been received via the sentinel system. 18 influenza A isolates have been found, 14 of which have been subtyped as influenza A/Moscow/10/99-A/Sydney/5/97 (H3N2)-like. From now on, weekly data from sentinel physicians during the "influenza season" will be published as early as Wednesday afternoons in the Institute's Internet website [ww.ssi.dk](http://www.ssi.dk), under the heading "EPI-NEWS". (S. Samuelsson, S. Glismann, Dept. of Epid., P.C. Grauballe, Dept. of Virol.)

LABORATORY DATA FOR RSV AND ROTAVIRUS INFECTIONS

From now on data on diagnosed RSV and rotavirus infections will be reported monthly on the back page of EPI-NEWS. Figures will be based on reports from several Clinical Microbiology Departments. (T. Rønne, Dept. of Epidemiology)



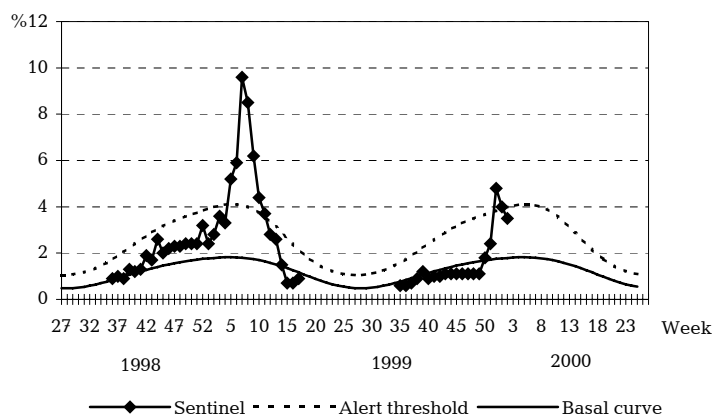
Patients with laboratory-diagnosed RSV and rotavirus infections, 1999

October		November		December	
RSV	Rota	RSV	Rota	RSV	Rota
12	3	67	2	339	14

Reported from the following Clinical Microbiology departments:
 Herning Central Hospital, Hvidovre Hospital, Odense University
 Hospital, Slagelse Central Hospital, Viborg Hospital, Aalborg
 Hospital (South), Aarhus Municipal Hospital, and the Department
 of Virology, Statens Serum Institut.

Influenza activity in sentinel surveillance

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