

LABORATORY-DIAGNOSED WHOOPING COUGH 1999

No. 41, 2000

The present report covers laboratory-diagnosed cases of whooping cough from the whole country.

From 1 January 1998 reporting has comprised cases diagnosed by culture and/or PCR, whereas previously only those diagnosed by culture were included. 1997 saw a peak in the number of culture-diagnosed cases, totalling 981 as against 368 in 1995 and 435 in 1996, Fig. 1. In 1998 the number fell to 458 culture- and/or PCR-diagnosed cases, EPI-NEWS 48/99. This fall was most marked in children over 2 years old. In 1999 there were 1010 laboratory-diagnosed cases, Table 1.

600 cases were diagnosed by culture and 517 by PCR, i.e. 107 cases (11%) were diagnosed by both methods. Cases in children under 2 years of age made up 21% of all diagnosed cases, this proportion maintaining the level of previous years.

Confirmed whooping-cough cases doubled in 1999 with respect to 1998. The increase was seen in all age groups but was most marked in the 5-9-year and 10-14-year groups. The rise occurred in the 3rd and 4th quarters which accounted for 75% of the cases.

Table 1. Laboratory-diagnosed cases of whooping cough 1998 and 1999, by age. Incidence per 10,000 in brackets

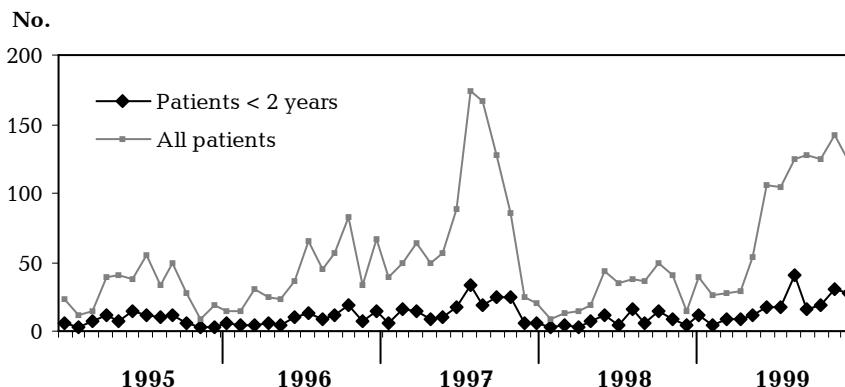
Age	1998	1999
< 2 yrs	129 (9.6)	211 (15.7)
2-4 yrs	115 (5.5)	238 (11.3)
5-9 yrs	127 (3.8)	350 (10.5)
10-14 yrs	16 (0.6)	78 (2.7)
15-19 yrs	5 (0.2)	13 (0.5)
20-29 yrs	17 (0.2)	20 (0.3)
30-39 yrs	27 (0.3)	53 (0.6)
40-49 yrs	10 (0.1)	24 (0.3)
50+ yrs	12 (0.1)	23 (0.1)
Total	458 (0.9)	1,010 (1.9)

The rise should be seen against the background of a rise in the number of tests at Statens Serum Institut, from 5,050 culture and 1,202 PCR tests in 1998 to 6,021 culture and 4,108 PCR tests in 1999.

Specimen-taking and diagnosis

For culture and/or PCR tests, it is still recommended to take nasopharyngeal secretions with a bent charcoal swab and to send the specimen in Stuart's medium. For culture, at least two specimens taken at the same time are recommended. Culture re-

Fig. 1. Laboratory-diagnosed cases of whooping cough, 1995-1999



sults are available after 4-6 days. For PCR, a single specimen is sufficient and results are available after 1-2 days. (D. Dragsted, Neisseria Unit)

DRUG-ADDICT DEATHS IN NORWAY, BRITAIN AND IRELAND

Norwegian health authorities have reported a fatal case of systemic infection in an i.v. drug user. The case fulfils the internationally agreed notification criteria for serious sepsis in i.v. drug users, EPI-NEWS 25/00. The patient had injected heroin s.c./i.m. Clostridium novyi was isolated from patient specimens and the heroin in the patients possession is being analysed. The outbreak of infections in i.v. drug users in Great Britain and Ireland described in EPI-NEWS 25/00 now seems to be over. No new cases have been reported from England or Ireland since the end of June, and none from Scotland since the beginning of August. A total of 108 cases were recorded, 39 of which fulfilled the notification criteria. 41 patients died (38%). Clostridium novyi was isolated from 14 patients and Clostridium perfringens from 13 patients. The cause of the outbreak is thought to have been the combination of s.c. or i.m. injection with a liberal use of citric acid in the diluent. This causes a local inflammatory reaction and thus provides ideal growth conditions for Clostridium and other bacteria that may be present in the heroin solution. No similar cases have been notified in Denmark. (P. Andersen, Dept. of Epidemiol.)

WEST NILE VIRUS IN ISRAEL

Israeli health authorities have reported an outbreak of West Nile vi-

rus infection. Over a period of 3 months about 250 patients have been shown to be infected by this virus. 19 patients have died of the disease, which is particularly serious in the elderly and debilitated. Most patients are from lowland areas in central and northern parts of the country.

West Nile virus is transmitted by mosquitoes, in Israel by Culex pipiens molestus. Domestic fowl and other birds including migratory species act as a reservoir for the virus. The symptoms are influenza-like and may be complicated by meningoencephalitis. Human-to-human transmission does not occur.

Israeli authorities are recommending elderly and susceptible people to use mosquito repellents, wear long sleeves and stay indoors in the evening. West Nile virus has been known for decades in Israel, the rest of the Middle East, Africa and Asia, as well as in a few European countries, but until last year had not been detected on the American continent.

In the summer of 1999 there was an outbreak in New York, in which seven persons died. Over the last two months or more there have been 14 cases in New York State and three in New Jersey, where one patient died.

(P. Andersen, Dept. of Epidemiol.)

RIFT VALLEY FEVER

The WHO has reported an outbreak of Rift Valley fever of high mortality in Saudi Arabia and Yemen. For information on this disease and protective measures against infection, see EPI-NEWS 4/97.

(Department of Epidemiology)

Patients with laboratory-diagnosed gonorrhoea, by sex and county

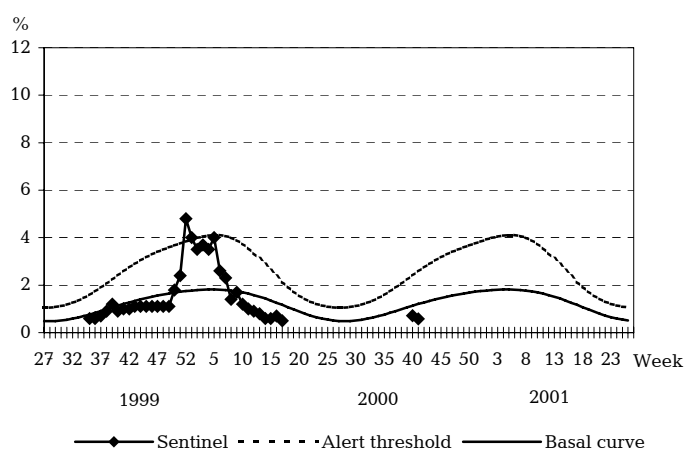
2nd quarter 2000

County	2nd quarter 2000			2nd quarter 1999
	M	F	Total	Total
Cph. + Frb. Municip.	43	7	50	48
Copenhagen	10	0	10	6
Frederiksborg	3	0	3	2
Roskilde	3	0	3	2
West Zealand	0	0	0	2
Storstrøm	2	0	2	2
Bornholm	0	0	0	0
Funen	1	1	2	1
South Jutland	0	0	0	1
Ribe	3	0	3	1
Vejle	1	0	1	2
Ringkøbing	1	0	1	0
Aarhus	8	3	11	3
Viborg	0	0	0	1
North Jutland	0	0	0	2
Whole country	75	11	86	73

(Dept. of Respiratory Infections, Meningitis and STI's)

Influenza activity in sentinel surveillance

Weekly percentage of consultations, 1999/2000/2001



- 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)