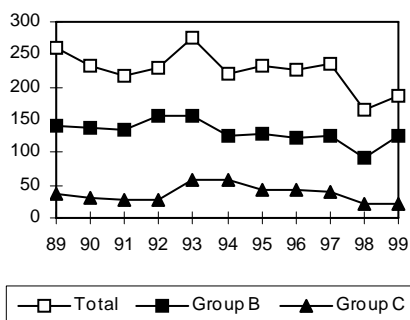


MENINGOCOCCAL DISEASE 1999

No. 42/43, 2000

In 1999 a total of 186 cases of meningococcal disease (MD) were notified. This represents a small increase over 1998, Fig. 1, but remains below the average for the preceding 10 years. In 42% of cases a reminder had to be sent in order to obtain a written notification.

Fig. 1. No. of notified cases of MD, 1989-1999



Age and sex distributions are shown in Table 1. The incidence was highest in 0-2-year-olds and 14-17-year-olds. Of the 186 patients, 40 had meningitis, 55 septicaemia and 91 both meningitis and septicaemia as clinical manifestations.

Table 1. Patients with MD in 1999 by age and sex, incidence per 100,000 and no of deaths

Age	Total	M/F ratio	Inci- dence	Deaths
< 1	22	1.4	33.2	1
1-2	25	2.1	18.3	2
3-6	31	1.6	11.1	0
7-13	25	0.9	5.8	1
14-17	33	0.9	15.0	0
18-29	18	0.6	2.1	3
30-39	2	2/0	0.2	1
40+	30	0.4	1.2	8
Total	186	1.0	3.5	16

A total of 16 patients (9%) died, which is a rise from previous years. 15 of these patients had septicaemia, with or without meningitis. The mortality was highest in the over-40-year age group (27%), contrasting with the under-40-year age group in which 5% of patients died. One patient became deaf, one suffered hearing loss and one developed a sixth-nerve palsy as a result of MD. In addition, one patient developed severe skin necroses and another had to have several fingers amputated. Seven patients developed reactive arthritis.

Diagnosis

Meningococci were demonstrated by

culture in 151 cases (81%). In the remaining 35 cases the diagnosis was confirmed in 22 (12%) by a positive meningococcal antibody titre (MAT), in two (1%) by counter-immunoelectrophoresis, in two (1%) by microscopy, while nine (5%) were diagnosed on clinical grounds. In 149 of the culture-confirmed cases, serogrouping was performed by the Neisseria Unit with the following results:

Serogroup A:	0	-
Serogroup B:	126	(85%)
Serogroup C:	21	(14%)
Serogroup W135:	0	-
Serogroup X:	1	(<1%)
Serogroup Y:	1	(<1%)

The slight increase in the occurrence of MD in 1999 was entirely due to a rise in cases caused by group B meningococci, Fig. 1. The number of cases caused by group C remained low, in contrast with other countries such as England and Ireland.

County distribution

The county distribution and incidence per 100,000 are shown in Table 2. The incidence was highest in the counties of Viborg and North Jutland. In Viborg County there were two case clusters, each comprising two patients.

Table 2. No. of patients with MD in 1999 by county, with incidence per 100,000. 1998 incidence in ()

County	No.	Incidence
Cph. Municip.	12	2.4 (2.3)
Frb. Municip.	2	2.2 -
Cph. County	16	2.6 (2.5)
Frederiksborg	13	3.6 (3.6)
Roskilde	7	3.0 (4.4)
West Zealand	5	1.7 (3.1)
Storstrøm	7	2.7 (1.2)
Bornholm	1	2.2 -
Funen	17	3.6 (3.8)
South Jutland	11	4.3 (2.0)
Ribe	8	3.6 (3.6)
Vejle	9	2.6 (4.1)
Ringkøbing	10	3.7 (3.3)
Aarhus	17	2.7 (3.3)
Viborg	20	8.6 (5.1)
North Jutland	30	6.1 (3.4)
Other	1	- -
Whole country	186	3.5 (3.1)

Case clusters

Three coprimary and three probable secondary cases were notified, as

well as one case

that was geographically related to a cluster of MD cases that began in 1997.

- Two children in the same kindergarten class were taken ill at an interval of one day. One had group B MD, while the other had the diagnosis confirmed by a positive MAT.
- One child and an adult who maintained regular contact were taken ill at an interval of one day. Both cases had group C MD.

- Two children who had contact with each other in the town where one of them lived and the other was attending holiday camp became ill at an interval of one day. Both cases were group B.

- Two pupils at the same college of further education were taken ill at an interval of two months. One case was group B MD, while the other was confirmed by a positive MAT.

- Two children who had been together at the home of one of them were taken ill at an interval of 10 days. Both cases were group B.

- A woman and her grandchild were taken ill at an interval of four days. One case was group B MD, while the other was confirmed by a positive MAT.

- Two children at the same kindergarten became ill at an interval of four days. Both cases were group B.

- There was a cluster of cases of group B MD in Middelfart: six cases at the end of 1997 and beginning of 1998, EPI-NEWS 39/99, and a further two cases in 1998, EPI-NEWS 6/00. A 15-year-old pupil at the same school as some of the earlier cases developed group B MD 10 months after the eighth case.

(Dorte Alnor Wandall, Susanne Samuelsson, Dept. of Epidemiology)

EBOLA OUTBREAK IN UGANDA

As previously mentioned on Statens Serum Institut's website, there is an outbreak of Ebola haemorrhagic fever in northern Uganda, around the town of Gulu.

The outbreak has so far comprised 160 cases, including 60 fatalities.

Ebola virus is transmitted by direct contact with secretions and it is thought that infection can be avoided by basic hygienic precautions, EPI-NEWS 20/95.

(Department of Epidemiology)

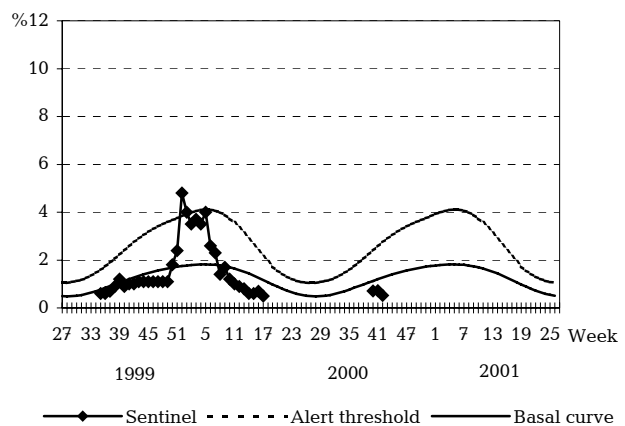
Patients with laboratory-diagnosed RSV or rotavirus infections, 2000

July		August		September	
RSV	Rota	RSV	Rota	RSV	Rota
0	11	0	1	0	7

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

Sentinel surveillance of influenza activity

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)