

VACCINATION REACTIONS 1998, PART II

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Part I of this report appeared in EPI-NEWS 44/00. As before, any causal connection with vaccination has been rated as probable, possible, less probable, unlikely or unknown/ impossible to assess. From 1 January 1999 surveillance of vaccination reactions has been undertaken by the Danish Medicines Agency.

Reactions after MMR vaccination

69 reactions following MMR vaccination were notified in 1998, 65 following MMR 1 and four following MMR 2, Table 1. This is similar to the level for the four preceding years. 112,520 MMR vaccinations were recorded in 1998, 61,772 MMR 1 and 50,748 MMR 2.

MMR 1

Encephalitis/meningoencephalitis.

One child was admitted to hospital 18 days after vaccination because of fever and a 45-minute attack of convulsions. The child subsequently developed reduced power in one arm with motor and speech retardation. A causal relation is rated probable. Another child developed fever 10 days after vaccination and was treated for otitis media. Two days later the fever recurred, with jerky eye movements and unsteady gait. Encephalitis was diagnosed on hospital admission. The child recovered quickly. A causal relation is rated probable.

Fever and febrile convulsions. Febrile convulsions and fever >39.5°C were the most frequently notified reactions. 23 children were notified with febrile convulsions, 14 of these with their first attack. In five cases it was not stated whether or not the attack was the first. One child was on antibiotics for tonsillitis on admission. In this case a causal connection with vaccination was regarded as less probable, whereas this was rated probable or possible in the other cases.

Gait disturbances. Six children were notified with gait disturbances. In five children the symptoms appeared 7-14 days after vaccination, four children had concurrent fever and three children were admitted to hospital. None had lasting sequelae. A causal connection was regarded as probable.

Fig. 1. Notified reactions after MMR vaccination in 1998 and no. of hospital admissions (no. with probable/possible causal relation in brackets)

Reactions	MFR 1	Hosp. adm.,	MFR 2	Hosp. adm.
Encephalitis	2 (2)	2		
Febrile convulsions	23 (22)	23		
Gait disturbances	6 (5)	3		
Other neurology	3 (1)	3		
Fever > 39,5° C	7 (7)	1		
Allergy/urticaria	2 (2)		1 (1)	
Autism	1 (0)	1		
Other rash	1 (1)			
Hearing loss	2 (1)			
Thrombocytopenia	1 (1)	1		
Other	5 (0)	3	2 (1)	1
Predictable	12 (12)	2	1 (1)	
Total	65 (54)	39	4 (3)	1

The sixth child had transient difficulty with balancing two days after vaccination. A causal connection is regarded as less probable.

Other neurology. One child developed left facial paresis, bilateral swelling of the neck and fever 18 days after vaccination. Infectious mononucleosis was suspected and confirmed by blood test and lymph node biopsy. The facial paresis remitted. A causal connection with vaccination is regarded as less probable.

Another child was admitted to hospital in a flaccid, distant state four days after vaccination. The child also had inflamed tonsils but no fever. A causal relation is rated possible.

A third child developed a change in contactability 2½ days after vaccination. The child was in hospital for six days, where the EEG was normal, and was clinically well by the tenth day. A causal connection with vaccination is regarded as less probable.

Autism. One child was notified with autism, one year after vaccination. A causal relation is judged as unlikely.

Other rashes. One child was notified with Gianotti-Crosti exanthem; a causal relation is thought possible.

Hearing loss. One child developed a high fever three days after vaccination, a red rash appearing two days later. On the sixth day a swelling of the salivary glands appeared, followed by a morbilliform rash after a further week. The child was later found to have unilateral hearing loss. A causal connection is regarded as possible.

Another child was notified with unilateral hearing loss four years after vaccination. There had been no reac-

tion immediately after vaccination. A connection with vaccination is regarded as less probable.

As it is very hard to establish the time of onset of unilateral hearing loss in small children, these cases are very difficult to assess.

Thrombocytopenia. One child was admitted to hospital with thrombocytopenia 25 days after vaccination. The platelet count returned to normal after treatment. A connection with vaccination is regarded as probable.

Other reactions. One child was notified with juvenile arthritis diagnosed eight months after vaccination. A connection is regarded as less probable. One child who had been MMR-vaccinated for the first time at the age of 10 years was notified as having daily headaches, vomiting and dizziness. The child had shown a tendency to headaches for some years. A causal connection is regarded as unlikely.

Predictable reactions. Symptoms such as mild fever, rashes, general malaise +/- lymphadenopathy made up 12 notifications, 18% of the total.

MMR 2

Other reactions. One child had convulsions 10 minutes after vaccination, thought to be of vasovagal origin. A connection is rated probable. Another child had a subcutaneous lipoma removed that had appeared seven days after vaccination. A connection is rated unlikely.

(Tove Rønne, A. H. Christiansen, Department of Epidemiology)

Patients with laboratory-confirmed *Listeria monocytogenes* infection

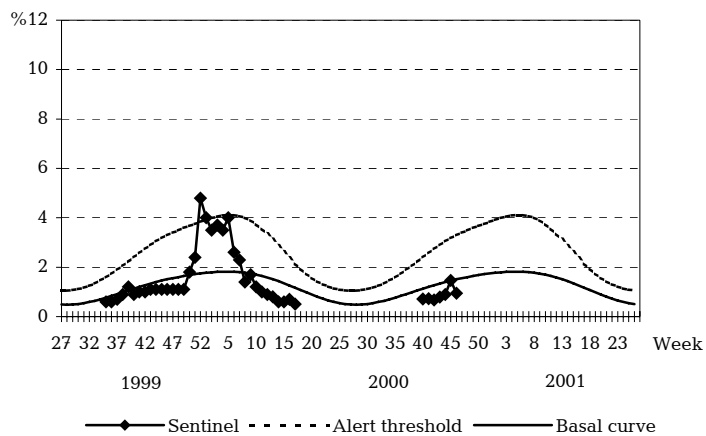
3rd quarter of 2000 compared with 1999

	3rd quarter 2000	Cumulated 2000	Whole year 1999
Mother/child infection	2	6	3
Septicaemia	9	19	30
Meningitis	1	6	7
Other	0	0	4
Total	12	31	44

(Dept. of Gastrointestinal Infections)

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)