

CREUTZFELDT- JAKOB DISEASE 1999

No. 48, 2000

In 1999 a total of six persons died having been notified as having suspected Creutzfeldt-Jakob disease (CJD), Table 1. This figure is similar to that for 1998 and corresponds to the expected annual number of cases in Denmark.

Four patients were men and two were women; all six were cases of sporadic CJD. The diagnosis was confirmed by neuropathological autopsy in two cases. These cases are thus classified as definite cases of sporadic CJD according to the international criteria, EPI-NEWS 9/00. The diagnosis was probable in three patients, on the basis of typical symptoms and characteristic EEG changes. The remaining case was classified as possible CJD on the sole basis of typical symptoms.

Table 1. No. of notified cases of CJD in Denmark by year of death

Classification	1997	1998	1999
Definite cases	8	3	2
Probable cases	3 *	2	3
Possible cases	0	0	1
Cases of vCJD	0	0	0
Total	11	5	6

* One case previously classified as possible CJD has been reclassified as probable

The median age at the onset of illness was 52 years (range 45-66 years) for cases diagnosed in 1999, and the median duration of illness was seven months (range 1-18 months), Table 2.

Sporadic CJD and variant CJD

Sporadic CJD occurs mostly in the elderly and middle-aged. The typical picture is of a rapidly progressive illness with a fatal outcome within a few months. In contrast, variant CJD (vCJD) is chiefly seen in a younger age group and the duration of illness is usually longer.

In Denmark there have so far been no cases of vCJD, which is thought to be the human form of bovine spongiform encephalopathy (BSE). In Great Britain a total of 85 cases of definite or probable vCJD have been reported. A Danish surveillance group has been set up to assist the Department of Epidemiology in national surveillance and classification of notified cases of CJD.

(J. Duus, E. Smith, Dept. of Epid.)

Table 2. No. of notified cases of CJD in Denmark; sex and age distribution and duration of illness

	Males	Females	Age at onset, median (range)		Duration of illness, median (range)	
1997	3	8	65 years	(49-79)	7 months	(2-22)
1998	3	2	70 years	(40-88)	5 months	(3-10)
1999	4	2	52 years	(45-66)	7 months	(1-18)

TUBERCULOSIS IN SOMALIS IN DENMARK

Tuberculosis (TB) in the Somali refugees in Denmark poses a special problem because of the remarkably high incidence, about 1500 per 10⁵ per annum. In comparison, the annual incidence in immigrants as a whole is about 100 per 10⁵. A Somali aged 20-40 years has a 10% risk of developing TB during the first five years of residence in Denmark. Only very few cases of TB in Danes have been shown to be due to infection from Somalis or other immigrant groups, EPI-NEWS 11/00.

It seems reasonable to arrange for extended social reports on family, friends and acquaintances of Somalis with TB, whether pulmonary or extrapulmonary. This is recommended both to find newly infected patients and to find pre-existing TB cases in this high-endemic population group. All Somalis with a Mantoux reaction of 12 mm or more (after intradermal injection of 2 units of tuberculin) should be regarded as having TB, irrespective of prior BCG vaccination. As in several other European countries, apparently healthy Somalis under the age of 50 years and with a Mantoux reaction of 12 mm or more, regardless of BCG vaccination status, should be offered prophylactic treatment. This consists of tab. rifampicin 450 mg x 1 daily and tab. isoniazid 300 mg x 1 daily for 3 months, followed by tab. isoniazid 300 mg x 1 daily for a further 3 months. This does not apply, however, to those who have previously been treated for TB or have had prophylactic treatment at an earlier stage. Controlled trials have shown that completed prophylactic treatment reduces the risk of developing TB over a 10-year period by 60-90%.

Prophylactic treatment and the issue of medicines is the responsibility of hospital chest clinics. Such treatment should be reported to the Department of Epidemiology on a special

form as part of the voluntary registration scheme for all treatment of TB in Denmark. Patients given prophylactic treatment should therefore not be individually notified as cases of TB. BCG vaccination of Somalis resident in Denmark is not recommended, as the incidence of TB in this group will not be significantly affected owing to the low spread of infection within Denmark.

A Somali who remains ill for more than 3 weeks without a definite diagnosis should be investigated for TB. In 50% of these TB patients the infection is extrapulmonary and symptoms may therefore be very variable.

Vitamin D deficiency

Several studies have indicated that vitamin D deficiency increases the risk of developing TB. It is estimated that over 75% of adult Somalis in Denmark are vitamin D deficient. All Somalis should therefore be recommended to take a daily supplement of 600 units of vitamin D.

(A. Kok-Jensen, Gentofte Hosp., E. Taudorf, Aarhus Municip. Hosp.)

HIV/AIDS REPORT

In future, HIV/AIDS reports will be published in EPI-NEWS at six-monthly intervals instead of the previous quarterly reports. As can be seen from the enclosed report, the diagnosis of AIDS remains relatively infrequent; a total of 24 patients were found to have AIDS in the first six months of 2000. Nine deaths from AIDS were recorded in the same period. In the first six months of this year 120 persons had HIV-infection diagnosed, 79 men (66%) and 41 women (34%). Half (30 men and 30 women) had been infected heterosexually and 35 homosexually (29%). 1 December is World AIDS Day, the slogan in Denmark being "11 infections per minute".

(E. Smith, Dept. of Epidemiology)

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Patients with positive cultures of pathogenic intestinal bacteria in 2000, by county

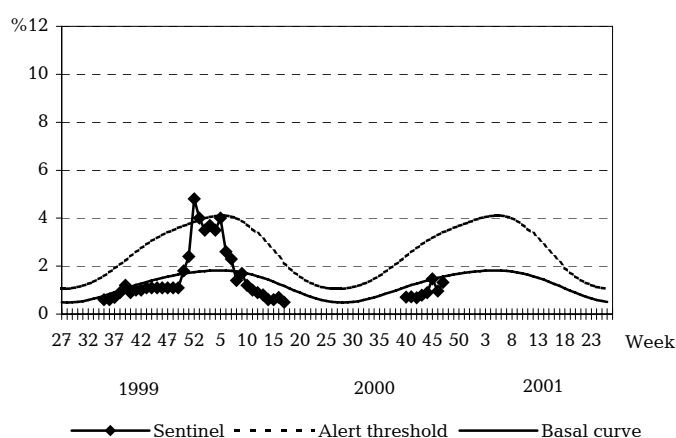
	Campylobacter		Yersinia enteritidis		S. typhimurium		S. enteritidis		Other zoon. Salmonella spp.	
	Sep	Oct	Sep	Oct	Sep	Oct	Sep	Oct	Sep	Oct
	Cph. Municip.	60	29	5	3	2	1	15	9	11
Frb. Municip.	6	5	-	-	1	1	1	-	-	-
Copenhagen	36	39	5	3	1	6	10	13	5	10
Frederiksborg	36	23	3	1	1	-	8	8	3	-
Roskilde	23	12	2	1	2	4	9	6	4	-
West Zealand	13	10	1	1	3	1	15	4	2	2
Storstrøms	13	18	1	1	1	1	6	1	3	6
Bornholms	2	1	-	-	1	-	1	-	-	-
Funen	43	35	1	2	4	10	12	8	5	5
South Jutland	10	8	-	1	4	1	19	6	3	1
Ribe	19	13	-	-	2	3	8	8	-	4
Vejle	39	19	2	-	4	5	7	8	7	5
Ringkøbing	25	13	-	1	2	-	6	6	-	4
Aarhus	37	38	4	4	3	8	8	8	7	1
Viborg	6	15	-	-	2	2	4	3	3	5
North Jutland	30	30	2	2	1	4	12	10	3	7
Unknown	-	1	-	-	-	-	-	1	-	-
DK Sep / Oct 2000	398	309	26	20	34	47	141	99	56	63
DK Sep / Oct 1999 *	383	287	29	30	85	40	319	186	108	49

* Figures for the county of Copenhagen comprise only part of the diagnosed cases

(Intestinal Bacteriology Lab.)

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 1999/2000/2001



- Sentinel:** Influenza consultations as % total consultations
- Basal curve:** Expected frequency of influenza consultations under non-epidemic conditions
- Alert threshold:** Possible incipient epidemic

(Dept. of Epidemiology)