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BLOOD DONOR SCREENING 1999

Screening of a total of 358,034 units of blood donated in 1999 revealed a single HIV-positive donor, Table 1. This donor had given blood on multiple occasions but a look-back investigation found no HIV-infected recipients.

Table 1. No. of donors positive for HIV antibodies, HBsAg or anti-HSV, with no. tested for HTLV I/II, 1999. First-time donors in ()

No. of donors	
pos. for HIV	1
pos. for HBsAg	13 (11)
pos. for anti-HCV	7 (5)
tested for	
HTLV I/II	30,180
No. of units *	358,034

* Reports are currently pending for about 15,000 units

In addition, HBsAg was demonstrated in 13 donors, eight men and five women. Of these, 11 were first-time donors, one had undergone seroconversion, and one had given blood before screening was introduced in 1983. Three were stated to have been born in high-endemic areas for hepatitis B. The average age was 36 years (range 20-51 years).

Anti-HCV was demonstrated in seven donors, five men and two women. This is the lowest figure since screening was introduced in 1991, EPI-NEWS 13-14/99. Five were first-time donors, while two had given blood before anti-HCV screening had been introduced. The average age was 37 years (range 19-48 years).

Six donors were stated to have undergone tattooing or piercing. Screening for HTLV-I/II did not reveal any positive donor.

(A. H. Christiansen, E. Smith, Dept. of Epidemiology)

THE "BETTER HEALTH FOR MOTHER AND CHILD" PROJECT

Fifty thousand pregnant women have now been recruited, about half the target figure. 32% of all pregnant women were recruited in 1998 and 30% in 1999. The National Institutes of Health and Centers for Disease Control and Prevention are planning a similar study in the USA. As in Denmark, studies of possible perinatal causes of asthma and allergies will be emphasized. The greatest re-

search challenge lies in discovering what specific circumstances during pregnancy play a part in susceptibility to diseases that only appear in later life. Attention is also being focused on cardiovascular diseases, diabetes, hypertension and certain types of cancer. In addition, the children's psychological and neurological development will be investigated. (J. Olsen, The Danish Epidemiology Science Centre)

WHO SHOULD BE GIVEN TWO DOSES OF MMR VACCINE?

The Department of Epidemiology has had a number of enquiries about the recommendation that all children should in future be given two doses of MMR vaccine. The basis of this recommendation is that children born around the start of the MMR vaccination programme on 1 January 1987 have grown up during a period in which the three diseases have hardly existed in this country. It is therefore very important that these children should be given two doses of vaccine, even if the first dose was not given at right time.

It is therefore recommended that:
 1) Persons born in 1985 and after should be offered two vaccinations. Unvaccinated children aged 12 years or more can be given the two doses at an interval of three months.
 2) Persons born in 1975-84 who have not been vaccinated before should be vaccinated once. This is especially important for the younger members of this age group.

Vaccination is only free of charge for persons under 18 years of age. There is in principle no upper age limit for MMR vaccination. At vaccination, code 8601 is used only for MMR 1 and code 8612 only for MMR 2, irrespective of the age of the child; i.e. code 8612 only applies when MMR 1 has already been given. Women of childbearing age who have not been MMR-vaccinated can be rubella-vaccinated free of charge.

(S. Bang, T. Rønne, Dept. of Epid.)

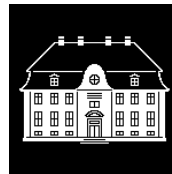
VACCINATION AGAINST GROUP C MENINGOCOCCI IN THE UK

In the autumn of 1999 UK Health Authorities introduced routine vaccination against group C meningococcal disease. The programme comprises children under one year, older children and adolescents. The deci-

sion was based on the high incidence of group C meningococcal disease in the UK and the availability in the UK of a vaccine that is effective in babies. From July 1998 to June 1999 there were 1,530 cases of group C disease in England and Wales, with 150 deaths. Group C comprised 40% of all cases of meningococcal disease. The incidence has been rising in recent years, including the number of cases of meningococcal septicaemia. The vaccine hitherto used consists of group C meningococcal capsular polysaccharide. It only protects children from the age of 1½-2 years, the protection lasting for three years. In the new vaccine the polysaccharide is coupled to protein, making the vaccine immunogenic even in babies as little as 2 months old. This strategy is the same as that which made Hib vaccine effective in babies. As reported in EPI-NEWS 6/00, the incidence of group C meningococcal disease in Denmark is about 1/5 of that in England, and group B disease is predominant in Denmark. In Denmark the polysaccharide vaccine will continue to be used as hitherto both for close contacts and in connection with case clusters. As this vaccine also protects against group A meningococcal disease, it will also be used for foreign travel. The new group C meningococcal vaccine for children under 2 years is not marketed in Denmark. (T. Rønne, Dept. of Epidemiology)

PILGRIMAGES TO MECCA

The Saudi-Arabian Ministry of Health requires the following to be observed during pilgrimage season: A vaccination requirement against group A+C meningococcal disease applies to everyone over the age of 3 months. Vaccination must have been performed within the last 3 years and at least 10 days before entry. Children aged 3-24 months must have been vaccinated twice at an interval of 3 months. A single vaccination is sufficient for older children and adults. Documentation of these vaccinations must be available on entry. Yellow fever vaccination is only required for travellers coming from or passing through yellow fever areas. (Department of Epidemiology)



Monthly no. of serum specimens positive for *Mycoplasma pneumoniae* by complement fixation test, 1999

Positive findings at Statens Serum Institut

	October	November	December
Positive specimens 1999	101	131	127
Positive specimens 1998	318	611	409
Average for the previous 5 years	130	192	162

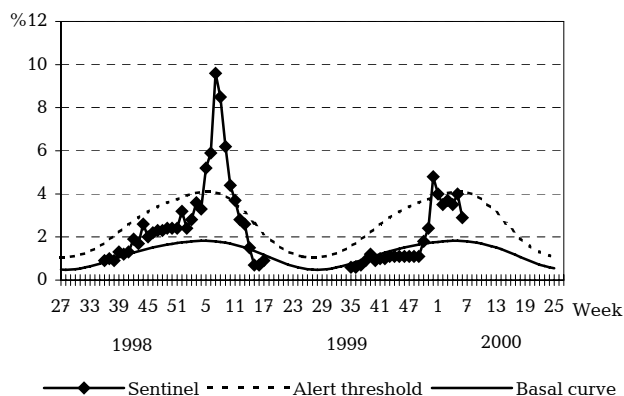
(Dept. of Respiratory Infections, Meningitis and STIs)

Influenza

Sentinel surveillance is indicating a fall in influenza activity in comparison with previous weeks.

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

Sentinel specimen-taking 1999/2000

Week	35-01	2	3	4	5	6
Specimens received	69	26	17	15	10	3
Influenza A, untyped						
Influenza A - H3N2	16	5	5	5	4	