

CHANGE IN THE CHILDHOOD VACCINATION PROGRAMME FROM 1 JULY 2001

As part of the campaign for the global eradication of wild poliovirus, EPI-NEWS 10/00 and 19-20/01, the Ministry of Health has decided, at the National Board of Health's request, to phase out the use of live attenuated oral Sabin polio vaccine (OPV) from the Danish childhood vaccination programme. The youngest children will follow the new programme, while older children started on OPV will follow the previous programme. Phasing out will thus take place over the next two years.

From 1 July 2001 apply:

- DTaP-IPV vaccinations at 3, 5 and 12 months continue unchanged;
- Children who have not had the first dose of OPV must not receive this vaccine. Instead, they should be given an IPV booster at the age of 5 years together with the DiTe revaccination (details will be given later);
- Children who have had one or two doses of OPV are typically aged 2-4 years and must complete their vaccinations according to the previous programme. Child health examinations will still be available at 2, 3 and 4 years. The new programme will thus consist of three doses of inactivated polio vaccine (IPV) followed by a revaccination at the age of 5 years. This will give the children full protection against polio. The National Board of Health will be publicizing the revised childhood vaccination programme in Ugeskrift for Læger and by other means, and general practitioners will be informed by their professional organization.

(P. Andersen, T. Rønne, Dept. of Epidemiology, K. Bro-Jørgensen, Dept. of Medicine)

INFLUENZA 2000/2001

During the past season between 72 and 117 general practitioners participated in the weekly sentinel surveillance of influenza-like illness that started in week 40/00. The reports indicated sporadic influenza activity up to week 3/01; thereafter activity rose to epidemic levels, peaking in week 6, when it accounted for 5.9% of the sentinel physicians' total consultations. Activity then fell

steadily but was higher than expected (4.9-2.3% of consultations) until week 16, after which it again declined to sporadic levels. Reporting ended in week 19. During the same period, the Influenza Laboratory examined 320 secretion specimens for influenza virus, including 180 samples submitted by sentinel physicians. The results are shown in Table 1.

Table 1. Influenza viruses isolated during the season 2000/2001, by submitting physician and strain

	Virus strain		
	A (H1N1)	A (H3N2)	B
Sentinel	30	0	13
Other	13	1	8
Total	43	1	21

The H3N2 strain was isolated in week 50 and typed as A/Moscow/10/99-like virus. Of the H1N1 strains, four were typed as A/Johannesburg/82/96-like virus, while the other H1N1 strains were A/New Caledonia/20/99-like virus. All influenza B strains were typed as B/Sichuan/379/99-like virus. Influenza A viruses were mainly isolated at the beginning of February, while influenza B viruses were mainly isolated at the beginning of March. The influenza A strains circulating in Denmark during the past season, like those in neighbouring countries, were closely related to the strains used in the 00/01 vaccine. In the case of influenza B, there has been "antigen drift" with respect to the current vaccine strain, so that B/Sichuan/379/99-like virus will be included in the coming season's vaccine. We thank the participating physicians for their collaboration during the past season. (P. C. Grauballe, Influenza Lab., S. Samuelsson, Dept. of Epidemiol.)

TULARAEMIA

Tularaemia is caused by the bacterium *Francisella tularensis*. The organism occurs as a highly virulent type A in North America, and as a less virulent type B endemic in East Europe, northern and central Sweden and Norway, Finland, China and Japan. Modes of transmission were described in EPI-NEWS 18/00.

Occurrence in Denmark

During the last 14 years, nine serologically confirmed cases of tularaemia have been reported in Denmark,

five in the last five years. In eight cases the infection was thought to have been acquired in Denmark; three of the patients had butchered game. The patients were evenly distributed throughout the country. In addition, in the year 2000 two cases of tularaemia were reported in Swedes who had been in woodland areas on Bornholm at the presumed time of infection. No Danes were affected by the outbreak of tularaemia in Kosovo in the year 2000, EPI-NEWS 18/00.

Symptoms

Tularaemia occurs most frequently as the ulceroglandular form, which after an incubation period of 3-5 days produces a general malaise, often a small ulcer at the portal of entry, and then a lymphadenopathy which may suppurate in certain cases. More rarely a pneumonic or septicemic form may occur. Tularaemia can be effectively treated with antibiotics.

Comments

Tularaemia is possibly being underdiagnosed in Denmark. The diagnosis should be considered in patients with a sudden, unexplained pyrexia, ulcer and lymphadenopathy after staying in endemic areas. The diagnosis should also be considered in patients who are hunters or have handled game carcasses. Serological testing for tularaemia is carried out at the Widal Laboratory, SSI. (P. Schiellerup, K. A. Kroghelt, Dept. of Gastrointestinal Infections)

ILLNESS IN DRUG USERS - NO LONGER NOTIFIABLE

In connection with the investigation of unexplained illness and death, together with *Clostridium novyi* type A infection in British and Irish drug addicts during spring 2000, this condition was made individually notifiable in Denmark, EPI-NEWS 25/00. The National Board of Health has now withdrawn the notification requirement. Cases were mainly seen in drug addicts who had injected heroin intramuscularly or subcutaneously, followed by a progressive infection. Over 100 cases were reported in Great Britain and Ireland. No cases have been notified in Denmark.

(E. Smith, Dept. of Epidemiology)

Yellow fever endemic zone in America



Yellow fever endemic zone in Africa

