

DRIVE FOR HIGHER MMR VACCINATION ACCEPTANCE No. 35, 2001**Central initiatives**

For several years the acceptance of MMR vaccination has been too low (under 90%) in Denmark, EPI-NEWS 34/01. An immunity study showed that 20% of Danish schoolchildren under the age of 12 years lacked antibodies to measles. Against this background the National Board of Health (NBH) established in the spring of 1999 a working group with representatives from the General Practitioners' Association (GPA), the Health Service (HS), Statens Serum Institut (SSI) and local health services (LHS), to consider central initiatives to improve vaccination acceptance. This produced the following results:

- 1) A new agreement between the GPA and the HS by which both 15-month- and 12-year-old children were to be called in for vaccination. Lists were to be sent to the GPs and letters to the parents. Provision was made for reminding parents by telephone.
- 2) An agreement with local health physicians to enable them to give MMR vaccinations in schools during school-leaving check-ups, if the children had not already had the vaccination due at 12 years.
- 3) New NBH information for parents and health staff in the form of a book and a booklet on "The Childhood Vaccination Programme in Denmark". (NBH Publications, tel. +45 70 26 26 36 or www.sst.dk).
- 4) A recommendation for follow-up of vaccination acceptance at county level, including the appointment of county "MMR coordinators" under the auspices of the GPA. These initiatives have probably played a part in the improved acceptance that was calculated for 2000, EPI-NEWS 34/01. There is little doubt that the MMR vaccination will need further back-up in future years to obtain satisfactory results and ultimately to eliminate these 3 childhood illnesses. (A.-M. Plesner, Dept. of Medicine)

Local initiatives

As early as October 1999 the Municipality of Copenhagen set up an MMR group with representatives from the Dept. of Medical Officers of Health, Health Care Services, district physicians, the Health Administration and GPs. Two GPs were appoint-

ed MMR coordinators who, taking the above 4 initiatives as starting point, have been leading the drive and motivating colleagues to improve MMR vaccination acceptance. Three times a year lists are mailed of the children ascribed to each practice reaching the age of 15 months or 12 years during the given period, as well as postage-paid postcards for calling the children in. The lists are returned after 6 months with details of vaccinations performed, those called in, reminders sent, and cases in which the family has actively refused vaccination. The MMR coordinators have provided running appraisals of MMR acceptance for individual practices, individual districts and the city as a whole. These appraisals are issued to provide a motivating quality control of the GP's own contribution. GPs showing low vaccination coverage or not returning lists have been regularly contacted, and families have been contacted by their GPs if the child has not attended for vaccination. During the last 2-year period both the GPs' returns and the vaccination acceptance have risen, while MMR vaccinations that have been performed later than recommended have also been registered. (L. Flachs, J. Sales, MMR Coordinators, Copenhagen Municipality)

EUVAC-NET AND MEASLES

From December 1999 the Department of Epidemiology has coordinated a joint project between the surveillance institutions of all 15 EU countries together with Switzerland, Norway and Iceland. This is the EUVAC-NET, EPI-NEWS 46/98 and 3/00. The purpose is to set up and run a joint surveillance network for those infectious diseases that can be prevented by vaccination. Apart from coordination activities, the Department of Epidemiology has chiefly been active in the surveillance of measles. During the first phase of the project (to June 2001) a network of epidemiologists was established in the participating countries and collaboration was initiated with WHO EURO on the strategy for eliminating measles in the respective countries. An inquiry showed that measles surveillance differs widely between the 18 countries. The reasons for this are multifarious, but differences in the

organization of health care services seem to play an important part in this. The inquiry also showed that all 18 countries are running a 2-dose MMR vaccination programme and that the tendency is towards an individually based surveillance in most of the countries. This has enabled variables for a prototype database to be defined. This database has been set up and is currently being evaluated with data from 1998 and 1999.

The EU Commission has approved an extension of the EUVAC-NET project, so far until 2003. Until then, activities will be especially focused on updating databases and data processing, establishing interactive access to the data via the Internet, and developing the surveillance systems in close collaboration with the participating countries.

(S. Glismann, Dept. of Epidemiology)

PSITTACOSIS 2000

Psittacosis is caused by infection with *Chlamydia psittaci*. Modes of transmission, diagnosis, specimen taking, clinical features and treatment were dealt with in EPI-NEWS 6/99. In 2000, 31 patients were notified with psittacosis, 20 men and 11 women. The patients were aged from 10 to 78 years, median age 46 years. 20 (65%) of the patients were admitted to hospital and at least one died in connection with the illness. For 19 of the patients the diagnosis was confirmed by demonstrating *C. psittaci* DNA in airways secretions by PCR. In 8 patients the diagnosis was supported by serological tests. In 4 cases the diagnosis of psittacosis was assessed as possible, but not very likely. Nine cases (29%) were only notified after a reminder had been sent.

Sources of infection

Presumed sources of infection were stated for 19 patients (61%). Five had been in contact with a canary, budgerigar or parakeet, while 3 had had contact with pigeons, 5 with domestic fowl and 6 with birds of unstated species. There were 3 cases of occupational exposure, all from the same fowl slaughterhouse, EPI-NEWS 17/00.

(A. H. Christiansen, S. Samuelsson, Department of Epidemiology)

Monthly no. of serum specimens positive for Mycoplasma pneumoniae by complement fixation test, Statens Serum Institut

1st quarter 2001

	January	February	March
Positive specimens during current period	60	44	41
Positive specimens during same period of previous year	122	81	48
Average for same period of the previous 5 years	148	87	61

2nd quarter 2001

	April	May	June
Positive specimens during current period	31	26	38
Positive specimens during same period of previous year	39	33	21
Average for same period of the previous 5 years	51	43	40

(Dept. of Respiratory Infections, Meningitis and STIs)
