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ADAPTION TO THE DANISH VACCINATION PROGRAMME

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DTP and OPV

Most non-European countries' vaccination programmes are based on DTP (diphtheria, tetanus and pertussis vaccination) and OPV (oral polio vaccine) given simultaneously. Vaccination is often started early and vaccination intervals may be short. In some cases there may be doubts as to whether vaccines have been correctly stored. Against this background it is recommended that a child who has started a vaccination programme abroad should be given a total of 4 DTP and polio vaccinations in the primary vaccination series, as well as 1 revaccination against diphtheria, tetanus and polio. Revaccination is recommended 4-5 years after the end of primary vaccination, usually at the age of 5 years. When planning the individual child's vaccination programme, only vaccinations for which satisfactory documentary or verbal evidence is available should be taken into account. All vaccine components are considered separately, even if they are given as part of a combined vaccine.

Uncertain vaccination status

Children under 5 years

Children for whom definite information about prior vaccination is lacking are started afresh in the Danish childhood vaccination programme, using the same intervals, i.e. 2 months between the 1st and 2nd and at least 6 months between the 2nd and 3rd vaccinations. If strong local reactions appear, antibody determination is recommended as specified below.

Children aged 5 years or more

Most older children will have had the recommended vaccinations. To test whether primary vaccination has been adequate, it is recommended to give 1 dT revaccination and 1 IPV vaccination and then determine antibodies against diphtheria and tetanus after 1 month.

Antibody levels < 0.1 IU/ml for either diphtheria or tetanus suggest that the child may not have had primary vaccination. 3 DTaP-IPV vaccinations should therefore be given at the same intervals as in the Danish childhood vaccination programme. The DTaP-IPV vaccine can also be used for older children.

Antibody levels ≥ 0.1 IU/ml for both diphtheria and tetanus imply that the child has had primary vaccination. The duration of protection depends

on the current antibody levels, EPI-NEWS 7/99. It is recommended to give the child 1 further IPV revaccination after some years in case only 3 OPV doses were given.

Reliable vaccination status

The child is vaccinated as described below for the individual vaccines.

DTP

Missing DTP vaccinations are supplemented with DTaP-IPV vaccinations as recommended below for children vaccinated with:

DTP x 1: 3 doses of DTaP-IPV at the same intervals as in the Danish childhood vaccination programme;
DTP x 2: 2 doses of DTaP-IPV at an interval of at least 6 months;
DTP x 3: 1 dose of DTaP-IPV at least 6 months after the last DTP dose.

Revaccination with dT is recommended 4-5 years after primary vaccination has been completed, usually at the age of 5 years.

OPV/IPV

OPV and IPV (inactivated poliovirus) provide equivalent immunity against polio. Only OPV vaccinations given after the age of 6 weeks are counted. IPV can be given as a monocomponent vaccine, but can usually be given as part of DTaP-IPV in primary vaccination. OPV is supplemented with IPV as recommended below for children vaccinated with:

OPV x 1: 3 doses of IPV at the same intervals as for DTaP-IPV;
OPV x 2: 2 doses of IPV at an interval of at least 6 months;

OPV x 3: 1 dose of IPV at least 6 months after the previous polio vaccinations;

OPV x 4: revaccination.

Revaccination with IPV is given 4-5 years after the end of primary vaccination, usually at the age of 5 years.

Hib

All prior Hib vaccinations are counted no matter when they were given. As children gradually acquire natural immunity, the number of doses can be reduced with increasing age.

Children under 5 months who have not been Hib-vaccinated are given 3 vaccinations at the usual intervals.

Children aged 5-12 months who have not been Hib-vaccinated are given 2 doses at 2 months' interval.

Children aged 1-5 years who have not been Hib-vaccinated are given only 1 vaccination.

Children ≥ 6 years usually have natural immunity and should not be vaccinated. However, Hib vaccination is recommended for splenectomized children up to the age of 15 years.

MMR

Vaccinations given before the age of 12 months are not counted. If the child has only been vaccinated against one of the illnesses (usually measles), the usual 2 vaccinations are given.

Hepatitis B

Many countries include hepatitis B in their childhood vaccination programme. Children who have started hepatitis B-vaccination should complete the course if there are persons with chronic hepatitis B in the household. Individual subsidy can be applied for from the Danish Medicines Agency. It may be prudent to complete the vaccination in other cases, but the parents have to meet the full cost. Children born to women with chronic hepatitis B can be vaccinated free of charge at birth and at 1, 2 and 12 months of age, EPI-NEWS 46/01.

BCG

Some children have been BCG-vaccinated. No further BCG vaccination is given, EPI-NEWS 11/00.

(A. H. Christiansen, P. Andersen, Department of Epidemiology, A.-M. Plesner, M. Stellfeld, Department of Medicine)

STATUS: "BETTER HEALTH FOR MOTHER AND CHILD"

Just over 85,000 pregnant women have now been included. By the summer of 2002 a further 15,000 or so pregnant women should be recruited. The Danish Epidemiology Science Centre, which is collecting the data, is closing in February 2004. By then the last interviews must be completed, and the data documented, evaluated and handed over to the National Board of Health. Although the data are not yet complete, analyses already include 1) medicines in pregnancy, 2) fever and risk of abortion, 3) prenatal risk factors for colic, and 4) alcohol as a risk factor for reduced fertility. A large number of additional analyses are planned.

(J. Olsen, The Danish Epidemiology Science Centre)

12 December 2001

Patients with selected individually notifiable diseases

Notifications received July-September 2001 compared with the equivalent period of 2000

County	AIDS		Hepatitis A		Meningococcal disease		Tuberculosis	
	2001	2000	2001	2000	2001	2000	2001	2000
Copenhagen Municip.	2	3	11	5	5	4	25	29
Frederiksberg Municip.	1	-	-	-	-	1	3	5
Copenhagen County	5	4	12	2	2	6	15	18
Frederiksborg	-	1	1	-	-	3	10	4
Roskilde	1	-	-	-	1	2	-	3
West Zealand	-	-	-	2	-	2	3	4
Storstrøm	-	1	-	1	1	-	7	5
Bornholm	-	-	-	-	-	-	1	-
Funen	2	-	2	2	-	1	8	12
South Jutland	-	-	-	1	2	-	-	2
Ribe	-	-	-	-	1	2	7	3
Vejle	1	-	-	-	3	4	3	5
Ringkøbing	1	-	-	2	1	1	3	10
Aarhus	2	1	-	-	1	3	17	17
Viborg	1	1	-	-	1	2	6	2
North Jutland	2	-	-	-	3	2	11	10
Other	-	2	-	-	-	-	1	3
Total	18	13	26	15	21	33	120	132

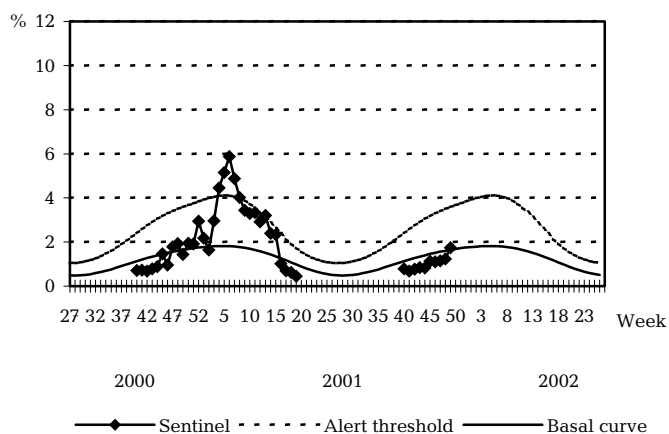
Patients with other individually notifiable diseases

Notifications received during July-September 2001 and 2000, whole country

	July-September	
	2001	2000
Bacterial meningitis	27	32
Hepatitis B	39	40
Hepatitis C	28	77
Hepatitis B+C	3	2
Legionellosis	44	22
Measles	8	5
Mumps	4	14
Paratyphoid fever	3	4
Psittacosis	3	4
Shigellosis	44	44
Typhoid fever	6	9
Whooping cough < 2 yr	53	45

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 2000/2001/2002



Sentinel: Influenza consultations as % of total consultations

Basal curve: Expected frequency of influenza consultations under non-epidemic conditions

Alert threshold: Possible incipient epidemic