EPI-NEWS **NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES**

Editor: Susanne Samuelsson
Statens Serum Institut - 5 Artillerivej - 2300 Copenhagen S - Denmark
Tel: +45 3268 3268 - Fax: +45 3268 3874
www.ssi.dk - serum@ssi.dk - ISSN: 1396-4798

FOOD-BORNE DISEASES 1997-2000

No. 51, 2001

Food-borne diseases must be notified on form 1515 when the clinical diagnosis is combined with suspicion of a particular meal or foodstuff as the cause of the symptoms. The purpose of the notification is to allow investigation of the source of infection and thus prevent further cases from arising. It is therefore more important to notify promptly than to await an aetiological diagnosis.

Notified cases
In the period 1997-2000, 4,218 patients were notified with food-borne diseases, 3,658 (87%) of whom were infected in Denmark and 560 (13%) abroad, Table 1. Notification of cases that have arisen abroad is often irrelevant as tracing of the infection will not usually be undertaken.
It can be seen from Table 1 that at least 80% of cases of possible food-borne disease were only notified after an aetiological diagnosis was available. Thus it appears that only 13% (528/4,218) of the total were notified according to the recommended criteria.

Outbreaks
Outbreaks can be divided into household outbreaks, in which two or more cases arise within a household, or general outbreaks, which affect persons from more than one household. The number of notified outbreaks varied from year to year. Most outbreaks were only notified when an aetiological diagnosis of the symptoms was available, Table 2.

Time factor
The time factor is of great importance. The median time from the onset of illness to receipt of notification varied during the reported period from 8 to 17 days for cases in which the aetiological diagnosis was unstated. The median time varied from 16 to 20 days for cases in which the aetiological diagnosis was apparent from the notification, Table 3.

Table 2. No. of notified outbreaks of food-borne diseases, classified by whether or not aetiology was stated, 1997-2000

	General outbreaks				Household outbreaks			
Aetiology	1997	1998	1999	2000	1997	1998	1999	2000
Stated	40	70	73	35	36	17	53	29
Unstated	11	28	34	20	3	3	4	8
Total	51	98	107	55	39	20	57	37

Table 3. Median time (days) from onset of illness to receipt of notification by the Dept. of Epidemiology, classified by whether infection took place in Denmark or abroad and whether or not aetiology was stated, 1997-2000

Place of infection	Aetiology	1997	1998	1999	2000	Total
Denmark	Stated	17	17	16	17	17
	Unstated	10	9	8	14	10
Abroad	Stated	19	20	19	17	19
	Unstated	16	15	17	9	15

In addition, there is often a lapse of time before the patient seeks medical advice. These delays are significant if relevant food items are to be examined and patients are to remember what they ate at the relevant moment.

Comments
Physicians are urged not to await results of stool culture but to notify cases of food-borne disease as soon as they suspect that a particular foodstuff or meal is the cause of the patient's symptoms. The occurrence of pathogenic intestinal bacteria is surveyed by a statutory laboratory reporting system, EPI-NEWS 16/01. Form 1515 must be sent to both the Medical Office of Health and the Department of Epidemiology. Collation of individual notifications will allow the detection of any outbreaks. Any subsequent investigation will often be carried out in collaboration with the regional food authority and the Dept. of Clinical Microbiology.
(G. Høy, M. Galle, S. Samuelsson, Department of Epidemiology)

MALARIA FROM GAMBIA
Three serious cases of malaria imported from Gambia, including tourist areas, have been admitted to hospital within a week. None of the patients had taken adequate chemoprophylaxis. As undiagnosed malaria can be life-threatening, it should be remembered that:
- travellers to malaria endemic regions must be told to seek medical advice if signs of malaria appear;
- physicians examining patients with fever after travel in a malaria endemic region should immediately investigate for malaria;
- travellers to malaria endemic regions must be offered effective prophylaxis, EPI-NEWS 24a+b/01.
(J. Kurtzhals, Dept. of Clinical Microbiology, SSI, A.-M. Lebech, G. Kronborg, Dept. M, G. Gomme, Dept. of Clinical Microbiology, Copenhagen University Hospital)

Unless special circumstances arise, the next issue of EPI-NEWS will appear in week 2 of 2002. DEPARTMENT OF EPIDEMIOLOGY STAFF WISH READERS A MERRY CHRISTMAS AND HAPPY NEW YEAR.

19 December 2001

Table 1. No. of notified cases of food-borne diseases, classified by whether infection took place in Denmark or abroad and whether or not aetiology was stated, 1997-2000. Percentage in ( )

Place of infection	Aetiology	1997		1998		1999		2000		Total	
Denmark	Stated	1041	(87%)	834	(88%)	796	(87%)	489	(81%)	3160	(86%)
	Unstated	155	(13%)	112	(12%)	116	(13%)	115	(19%)	498	(14%)
	Total	1196		946		912		604		3658	
Abroad	Stated	103	(96%)	132	(91%)	134	(95%)	161	(96%)	530	(95%)
	Unstated	4	(4%)	13	(9%)	7	(5%)	6	(4%)	30	(5%)
	Total	107		145		141		167		560	
Total		1303		1091		1053		771		4218	

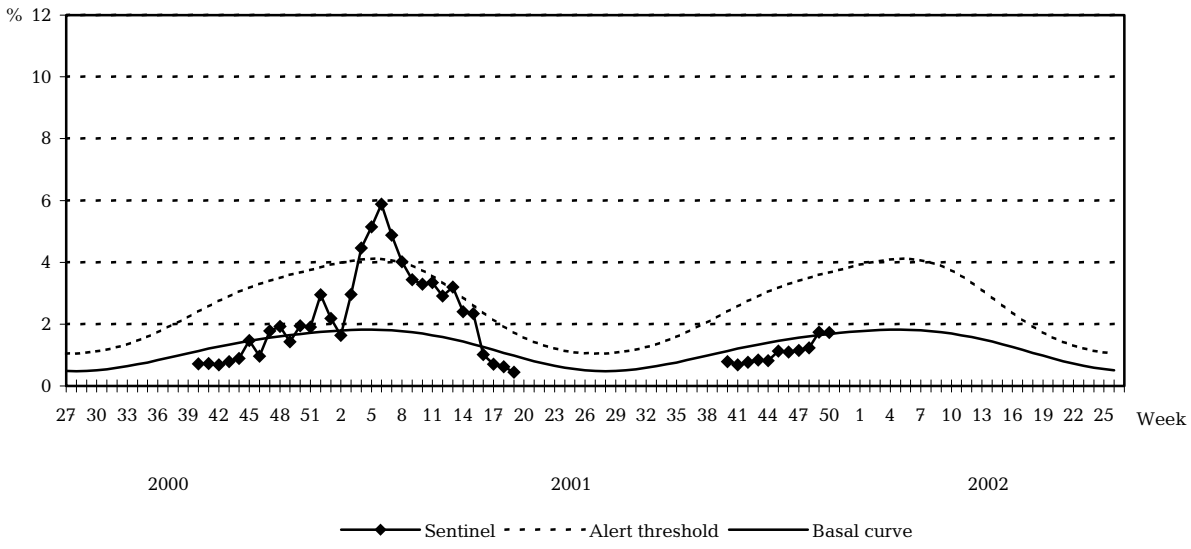
Patients with laboratory-diagnosed RSV or rotavirus infections, September-November 2001

September		October		November	
RSV	Rota	RSV	Rota	RSV	Rota
4	7	3	5	36	1

Reported from the following Clinical Microbiology Departments:
Aalborg Hospital (South), Aarhus Municipal Hospital, Herning Central Hospital, Hvidovre Hospital, Odense University Hospital, Slagelse Central Hospital, Viborg Hospital and the Dept. of Virology, Statens Serum Institut.

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

(Dept. of Epidemiology)