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FEWER NEEDLE PRICKS IN THE CHILDHOOD VACCINATION PROGRAMME

From 1 July 2002, a combination of the DTaP-IPV and ACT-Hib vaccines are released for use in the childhood vaccination programme for 3-, 5- and 12-month vaccinations. Based upon a clinical trial, the Danish Medicines Agency has approved the use of the combined pentavalent vaccine, DTaP-IPV/ACT-Hib, which thus replaces the two separate vaccines, DTaP-IPV and ACT-Hib. The child is subsequently vaccinated with one injection against all five diseases at the 3-, 5- and 12-month examinations, by which the total number of needle pricks in the childhood vaccination programme is reduced by three. The new combined vaccine has proven to cause fewer local reactions than the sum of local reactions on administration of the separate vaccines. The vaccine is supplied in a package with five syringes without needle, each containing liquid diphtheria, tetanus, pertussis and polio vaccines, plus five vials, each containing freeze-dried vaccine against *Haemophilus influenzae* type B. The content of one vial (ACT-Hib) is dissolved immediately before use in the content of one syringe (DTaP-IPV). The vial is carefully shaken, until the freeze-dried substance is completely dissolved. The mixed vaccine is drawn back into the syringe. The vaccine is administered intramuscularly. The recommended site of injection in infants is the anterolateral area of the upper part of the thigh, EPI-NEWS 16/99. Any surplus stock of DTaP-IPV and ACT-Hib should be used before the new vaccine is used. (A. E. Ottosen, Planning Office, P. Andersen, Dept. of Epidemiology, M. Stellfeld, Dept. of Medicine)

INFLUENZA 2001-2002

Sentinel surveillance of influenza was activated in week 40/01. Significantly more general practitioners have reported than previously. An average of 122 physicians have reported per week, compared with approx. 90 per week for the two previous seasons. The reports did not show influenza activity until the third week of 2002, when the first influenza virus was also isolated. The incidence was sporadic until week 15, after which no activity has been registered. Thus, there has been no influenza epidemic in Denmark.

Reporting for the season ended in week 19/02.

During the same period, the influenza laboratory has examined a total of 223 secretion specimens for influenza virus. Of these, 131 were sent in by the sentinel doctors as spot checks. The results are shown in Table 1.

Table 1. Isolated influenza virus, by sender and virus strain, the season 2001-2002

	Virus strain		
	A (H1N1)	A (H3N2)	B
Sentinel	0	25	0
Other	0	4	2
Total	0	29	2

The first A (H3N2) strain was isolated in week 3 and typed as A/Moscow/10/99-like virus, which was also true of the other A (H3N2) strains. The last Influenza A (H3N2) strain was isolated in week 13. Neither influenza A (H1N1) nor B strains were isolated in the sentinel specimens. In week 8, an influenza B virus was detected by PCR in a routine test. The strain was typed as B/Sichuan/379/99-like virus. In week 12, one further influenza B virus was isolated from a routine test. The influenza A and B strains that have circulated in Denmark during the current season have, as in the neighbouring countries, been very closely related to the strains that were used in the vaccine for 01/02.

Influenza A (H1N2) was isolated in Europe for the first time during this season. This virus was found in England, Scotland, Holland, Italy and France, mainly in children <15 years. The H component is very similar to that which is included in H1N1 strains hitherto, and the N component is very similar to that in the H3N2 strains. People who have been infected with the influenza A strains of recent years will have a certain immunity, just as people vaccinated with the vaccine for the season 01/02 would be protected against this new strain.

Vaccine 2002/2003

WHO decided in February 2002 that the vaccine composition for next season (02/03) will be as follows:
- A/New Caledonia/20/99(H1N1)-like
- A/Moscow/10/99(H3N2)-like
- B/Hong Kong/330/2001-like virus.
The two influenza A virus strains are unchanged, while the B strain is

new, because of changes in the virus. The vaccine will also provide protection against the new influenza A (H1N2) strain.

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MEASLES/MUMPS 2001

Measles is notifiable on clinical diagnosis plus detection of IgM antibodies or on contact with a laboratory-confirmed case. Notification was made of a total of 11 cases of measles in 2001, five boys and six girls, Table 2.

Table 2. No. of notified measles cases, by age, gender, diagnostics and admission status, 2001

Age (yrs)	M	F	Serology +	Admitted
<2	2	3	5	3
2-5	0	0	0	0
6-10	1	3	3	1
11-16	2	0	1	1
Total	5	6	9	5

There were two cases in the County of Funen, three in the County of North Jutland and six in the County of Frederiksborg. There was a temporal coincidence between the latter six as regards their incubation time, but any connection remains unknown. Four children are presumed to have been infected abroad. In the case of nine children, the diagnosis was verified serologically. Two were siblings of a verified case. One child had received an MMR vaccination, eight were unvaccinated, of whom two were ≤15 months, and for two children vaccination status was unknown. Five children were admitted to hospital because of measles. One child developed pneumonia in association with the infection.

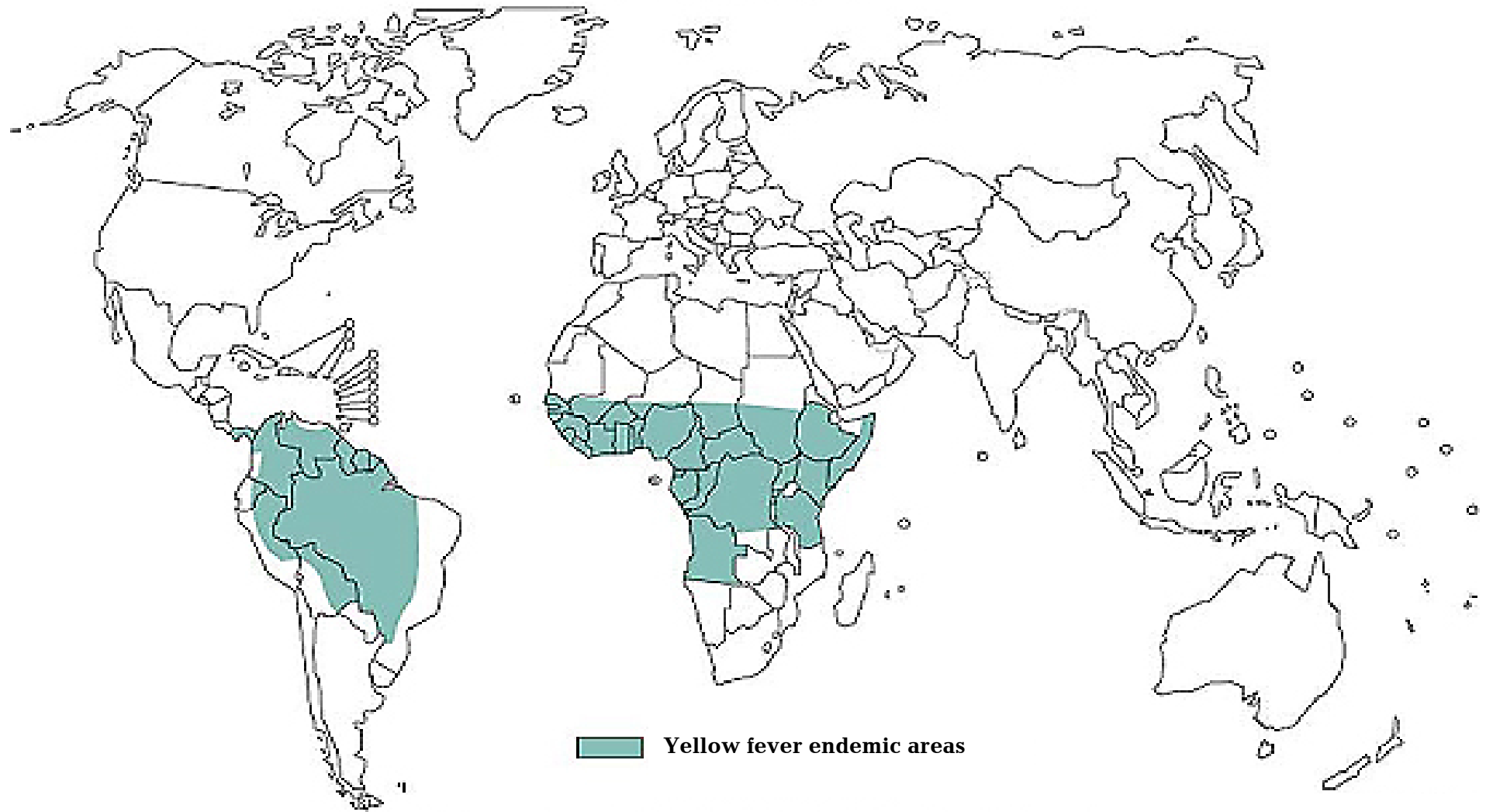
Parotitis epidemica, mumps, is notifiable on clinical diagnosis plus detection of IgM antibodies. A total of four cases of mumps were notified, three men and one woman, aged 7, 18, 20 and 61 years respectively. Two of these are presumed to have been infected abroad, and in two cases the source of infection was unknown. All were unvaccinated. One patient was admitted in connection with the infection.

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

YELLOW FEVER

See map overleaf.

YELLOW FEVER, 2001



Source: WHO, 2001