



In 2001, a total of 63 cases of acute hepatitis A were notified. Of these, 27 were female and 36 male. This statistic dropped by 22% from that in 2000, EPI-NEWS 45/01. [Table 1](#) shows the distribution by age group.

Table 1. Notified cases of hepatitis A, Danish-born and immigrants, respectively, distributed by age and incidence per 10⁵, 2001

Age (yrs)	Danish-born	Immigrants	Total	Incidence
0-9	2	25	27	(4.0)
10-19	1	15	16	(2.8)
20-29	4	1	5	(0.7)
30-39	3	3	6	(0.7)
40-49	4	1	5	(0.7)
50-59	2	0	2	(0.3)
60+	2	0	2	(0.2)
Total	18	45	63	(1.2)

The majority of the patients, 68%, were < 20 years of age and, as in the previous year, the occurrence was highest in the age group < 10 years. The incidence among immigrants was 11.4 per 10⁵ and 0.4 per 10⁵ among those born in Denmark. A total of 21 (33%) persons were hospitalised. Of the 14 immigrants admitted, 13 were < 15 years of age. One of the seven Danish-born admitted cases was < 15 years of age. The occurrence was highest in the Municipality of Copenhagen and Copenhagen County, [table 2](#).

Table 2. Notified cases of hepatitis A by county and incidence per 10⁵, 2001 and (2000)

County	No.	Incidence	
		2001	(2000)
Cph. Municip.	25	5.0	(4.4)
Frb. Municip.	1	1.1	(1.1)
Copenhagen	23	3.7	(1.5)
Frederiksborg	2	0.5	(1.6)
Roskilde	0	0	(3.5)
West Zealand	0	0	(2.0)
Storstrøm	2	0.8	(1.2)
Bornholm	0	0	(0.0)
Funen	4	0.8	(1.1)
South Jutland	0	0	(1.2)
Ribe	0	0	(1.3)
Vejle	2	0.6	(0.3)
Ringkøbing	0	0	(0.7)
Aarhus	4	0.6	(0.8)
Viborg	0	0	(0.4)
North Jutland	0	0	(1.2)
Total	63	1.2	(1.5)

Mode of infection

In 44 (70%) cases, the infection was acquired abroad, [table 3](#). A total of 19 (30%) persons were in-

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Table 3. Notified cases of hepatitis A, by mode of infection, 2001

	No.	%
Infected abroad	44	70
Member of household	2	3
Child in institution	7	11
Family not household	1	2
Unknown	9	14
Total	63	100

fectured in Denmark, with unknown modes of infection in nine cases. Six out of 18 Danish-born patients were infected abroad in four different countries, whereas 38 out of 45 immigrants were infected abroad in 13 different countries: 18 in Pakistan and six in Turkey. Among immigrants infected abroad, 34 (89%) were in the age group 0-19 years, of whom 19 (50%) were < 10 years old. Five Danish-born persons, one of them < 20 years old, and 12 immigrants, 10 of whom < 20 years of age, were unvaccinated or had never received immunoglobulin. In the remaining 46 cases, immunoprophylaxis status was not stated. Possible occupational infection was reported for two adults working in child-care institutions.

Outbreaks

Two institutional and two family outbreaks involving seven and five cases respectively were identified. Three of these outbreaks, involving ten children, could be related to primary infection abroad.

Comments

The number of notified cases of acute hepatitis A in 2001 was the lowest annual figure recorded to date. Of particular note was the rise in the proportion of affected immigrants from 32% to 71% over the previous year with a clear predominance of children and young people infected during stays abroad. In addition, imported infection is a cause of outbreaks in Denmark. Vaccination of children and young people with an immigrant background is thus still relevant before visits to their country of origin, and prior to travel to hepatitis A endemic countries, EPI-NEWS 35/2002.

Acute hepatitis A infection is notifiable on clinical grounds and detection of IgM antibodies or on clinical grounds and a serologically verified case in the patient's environment. (M. Søborg Nielsen, Department of Epidemiology)

PUERPERAL SEPSIS IN VIBORG

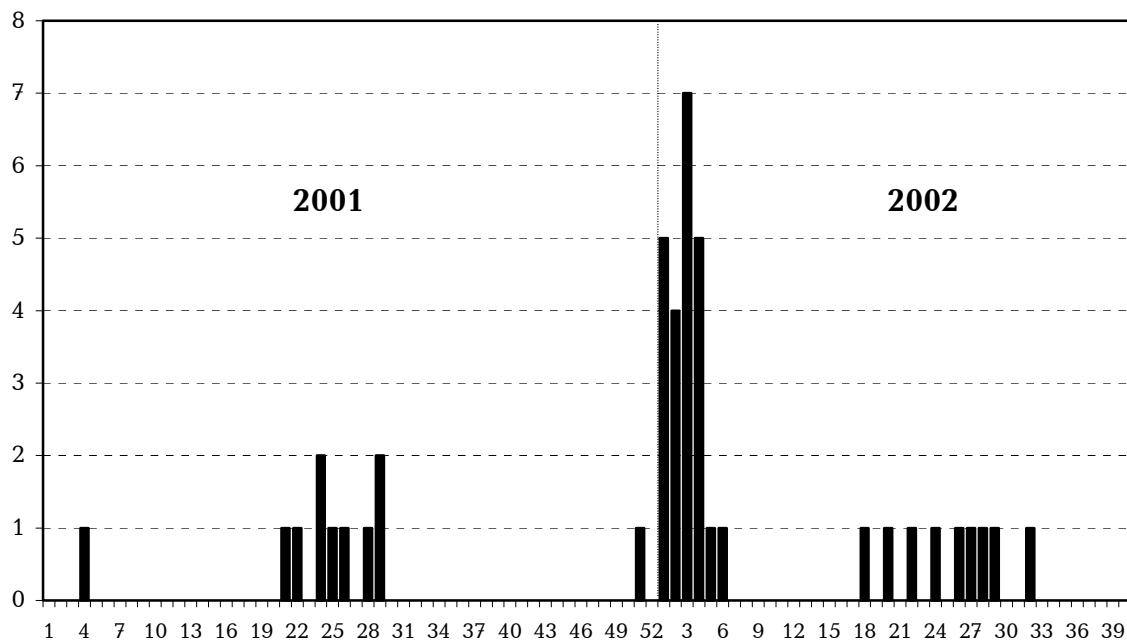
EPI-NEWS 50/98 described an outbreak involving 15 cases of group A Streptococcus postpartum infection (GASPPi) occurring in Viborg County in 1998. A health worker with infected atopic dermatitis was the source of the outbreak. Between January 1999 and July 2002, 16 cases of GASPPi were registered, representing 1.6 per 1,000 births. Eleven women were hospitalised suffering serious infection, with fever and tremor 1-7 days following delivery. Five had GAS identified in the blood. The GPs diagnosed five cases, all had local genital symptoms. Six different GAS T-types were identified. The cases occurred throughout the period and were unrelated, apart from two cases from Thisted and two from Viborg. In both places, GASPPi occurred simultaneously in the two women 2-3 days after giving birth on the same ward. Half of the women recalled that they, or somebody they knew, had had tonsillitis or scarlet fever in the months immediately preceding the delivery. Two also had infected atopic dermatitis. Despite penicillin treatment, approximately 50% of women with GASPPi had a protracted course of illness, with cervicitis, salpingitis, mastitis or tonsillitis. No patient died. The departments of clinical microbiology and obstetrics in Denmark recognised 0-10 cases of GASPPi in 2001. Several previously unrecognised cases were found on database review. During 2002, the Streptococcus Unit is performing a nation-wide prospective registration of GASPPi, based on the clinical microbiology departments' isolation of GAS.

Comments

General practitioners, obstetricians and microbiologists should consider the possibility of GASPPi in cases of fever or local genital symptoms in women in the post-partum period. The protracted course of illness demonstrates that penicillin combats GAS septicaemia but does not eradicate the GAS infection. Swabs and blood cultures should therefore be performed prior to antibiotic commencement. Swabs should be repeated a week after cessation of antibiotic therapy. The nosocomial cases emphasise the importance of regularly reviewing and observing precautions for good hygiene practice. (J. Prag, E. Petterson, A. Rosgaard, Viborg Hospital)

Patients notified with measles, per week

2001 - week 39, 2002



Patients notified with mumps, per week

2001 - week 39, 2002

