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MEASLES OUTBREAK IN NORTH JUTLAND

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Since the introduction of MMR vaccination, measles has been a seldom occurrence in Denmark, and prior to the current outbreak, the last outbreak was registered in 1998, EPI-NEWS 9/01. At the end of December 2001, an outbreak started in North Jutland County, where a 9-year-old Danish child (the index case) was admitted to the children's ward, Aalborg Hospital North. The patient became infected during a holiday in the Philippines. Until the end of January 2002, 11 further cases of measles have been confirmed, the most recent in a patient with a rash from 24 January. The patients have the following age distribution:

< 2 years:	4 patients
2-5 years:	1 patient
6-10 years:	7 patients

The patients are spread geographically across most of North Jutland County. In 10 of the total of 12 patients, morbilli IgM has been demonstrated; the remaining two patients had classic clinical symptoms of measles, and are both siblings of a patient with serologically verified infection.

Vaccination status

Eight of the patients were unvaccinated. For three of the patients, vaccination status was unsure or unknown. One patient had received MMR 1.

Transmission

Four of the patients had direct contact with the index case, and two had direct contact with one secondary case. For the remaining five patients, means of transmission is uncertain or unknown. However, it is known that four of these were simultaneously admitted or seen as outpatients in the children's department, Aalborg Hospital North.

(H. Hamburger, MOH, North Jutland County, A. H. Christiansen, Dept. of Epidemiology)

COMMENTS

The current outbreak emphasises the fact that the measles virus is highly infectious. Arising from the most recently diagnosed case within the last week, further cases cannot be precluded. Measles has an incubation period of 8-11 days to the catarrhal stage and 13-14 days to rash. The infectious period is from one day be-

fore the catarrhal stage to four days after the appearance of rash.

Prophylaxis

The MMR vaccine is recommended as prophylaxis for children who have been exposed to infection within 72 hours. In the event of outbreak of measles, vaccination of children ≥ 12 months is recommended. The vaccine can be used even though the child has previously had mumps and/or rubella. Human normal immunoglobulin can be used as prophylaxis or to weaken the disease in patients aged >4 months, who are susceptible to infection and have been exposed within six days. Dose in compliance with instructions enclosed for the preparation used. Vaccination is performed no earlier than three months after administration of immunoglobulin.

Surveillance

Clinical cases of measles should be notified on form 1515, when there is positive serology or information about contact with serologically verified cases in the surroundings. It is important as far as possible to take blood samples for antibody determination. On suspicion of outbreak, report by telephone is welcome. (S. Glismann, Dept. of Epidemiology)

NEWSLETTERS ON THE INTERNET

Just as EPI-NEWS can be read on www.ssi.dk, equivalent newsletters from other countries can be found in on-line format, e.g. the following: www.smittskyddsinstitutet.se: Sweden has recently launched a weekly newsletter, EPI-aktuellt, with Swedish and international news about infectious diseases.

www.folkehelsa.no: The Norwegian newsletter, MSIS-rapport, is also published weekly, with reports about surveillance of infectious diseases, etc.

www.phls.co.uk/publications: Communicable Disease Report (CDR) is issued weekly with news about infectious diseases in England and Wales, as well as internationally.

www.epinorth.org: Epi-North deals with infectious diseases in the Scandinavian and Baltic countries, plus North-West Russia. The latest edition was published in January 2002 and deals with topics including tubercu-

losis in Russian prisons, hepatitis C in haemodialysis patients and the occurrence of infectious diseases in the new countries of the former Soviet Union. The newsletter is published quarterly by a network of 12 institutions in nine countries.

www.eurosurveillance.org: Eurosurveillance is an EU project and is published in two editions: a weekly and a monthly. The newsletter deals with topics such as data from national institutions and European surveillance networks, as well as outbreak tracing and information about health policy concerning surveillance and control of infectious diseases in Europe.

www.cdc.gov: Morbidity and Mortality Weekly Report (MMWR) deals with the occurrence and prevention of infectious diseases both in the United States and internationally.

www.who.int/wer: The Weekly Epidemiological Record (WER) is published by WHO to provide information about occurrence and outbreaks of infectious diseases worldwide. (Department of Epidemiology)

INFLUENZA SURVEILLANCE

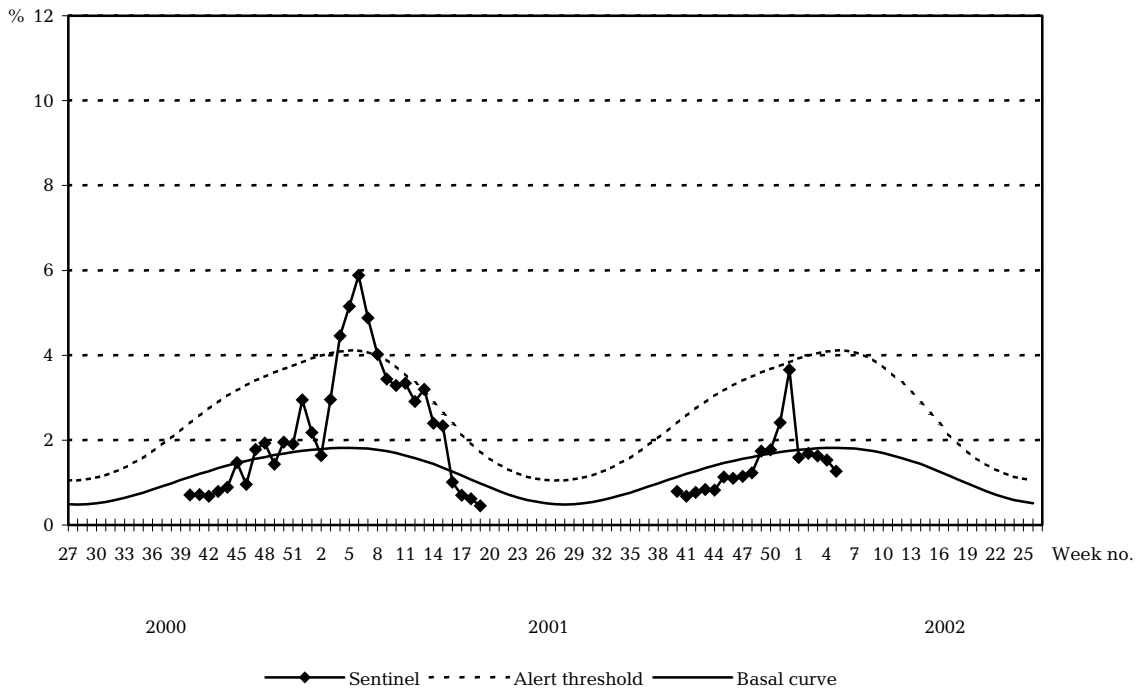
Reports from general practitioners to the sentinel surveillance system started in week 40. The result of the reports has been available on the back page of EPI-NEWS and will now also be published on the Institute's website each week. Influenza activity in Denmark has so far been very low for the season, see overleaf. The first Influenza A virus was confirmed in the week 3, with a further case in the week 4, both cases occurring in children from Zealand. Both isolates are typed as A/Moscow/10/99 (H3N2)-like virus, which is also included in this year's vaccine. Increasing influenza activity is now being reported from several countries in Europe.

France and Spain are reporting widespread activity, and Belgium and Switzerland increasing activity. Influenza A(H3N2) is prevalent in most countries, but A(H1N1) and B virus have also been isolated. The other isolates that have been characterised are all included in this year's vaccine. The situation in Europe can be followed on www.eiss.org.

(S. Samuelsson, Dept. of Epidemiol., P. C. Grauballe, Dept. of Virology)

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)