

OUTBREAK OF EBOLA IN THE REPUBLIC OF CONGO

In December 2002, an increased mortality among gorillas and chimpanzees was observed in the Mbomo district of the Republic of Congo. Specimens from these animals showed that death was caused by infection with the Ebola virus, one of the viruses that can cause haemorrhagic fever in humans. In the beginning of January 2003, the question of whether acute haemorrhagic fever had broken out in the Republic of Congo was raised, and an international investigation team was sent to the Mbomo district to confirm or refute the suspicion. On 17 February 2003, ebola was verified in five specimens taken from patients from Kellé, where the vast majority of patients in the outbreak originated. As of 7 March, the WHO reported about 110 confirmed or probable cases of Ebola. Of these, 89 people have died, corresponding to a mortality of 81%. The most recent case was diagnosed on 3 March. A total of 240 contacts are under observation. International experts are present on site to assist in controlling the outbreak.

(E. Smith, Dept. of Epidemiology)

WORLD TB DAY 2003

On 24 March, the WHO observes World TB Day - this year with the slogan: "DOTS cured me - it will cure you too!" The 10th anniversary of the WHO's declaration of tuberculosis as a global emergency is to be commemorated at the same time. The global TB situation is still serious. It is estimated that 1/3 of the population of the world is infected with M. tuberculosis. Every year, about 8 million people develop clinical tuberculosis and about 2 million die of the disease, which is a higher number than ever. DOTS (Directly Observed Treatment, Short-course) is a treatment principle whereby the patient is observed while taking medicine, and where a treatment regime is applied for a fixed period, normally 6 months. The DOTS strategy also involves systematic surveillance of the treatment outcome. It is estimated that about 10 million TB patients have received DOTS treatment. As yet only about 30% of people worldwide are treated according to the DOTS principle. For the European WHO region, a "DOTS Expansion Plan to Stop TB in the European Region 2002-2006" has recently been drawn up.

The plan can be found at: www.who.dk/document/E77477.pdf. In Denmark, DOTS has not been routinely applied, as far as observation of the consumption of medicine is concerned. Since 2000, voluntary reporting of treatment outcome to the Department of Epidemiology has been conducted. Treatment results for the years 2000 and 2001 will be described in a later edition of EPI-NEWS.

(P. Andersen, Dept. of Epidemiology)

TWO HUMAN CASES OF BIRD INFLUENZA - HONG KONG

Two human cases of bird influenza H5N1 have been confirmed in Hong Kong. Both cases came from the same family, who at the time of onset of disease were on a visit in the Fujian province in southern China. An 8-year-old girl in the family became ill on 27 January 2003 and died on 4 February of an unknown respiratory tract infection. The father became ill on 7 February, was admitted to hospital in Hong Kong on 11 February and died on 17 February. A 9-year-old brother fell ill on 9 February, was admitted to hospital in Hong Kong on 12 February and is now recovered. Influenza virus A (H5N1) has been isolated from both the father and the brother. Genetic analyses of the virus have identified a bird influenza virus. It is thought that the infection probably took place directly from birds to humans. Person-to-person infection is unlikely and there is thus no basis for epidemic spread. The health authorities in Hong Kong and the WHO have intensified their surveillance of influenza among patients with influenza-like illness and atypical pneumonia. Influenza activity in the area has otherwise not been unusual for the last couple of weeks.

It is well known that bird influenza virus circulates in both wild birds and poultry flocks. Outbreaks in both bird populations are frequently reported.

Current knowledge suggests that the bird influenza virus is introduced to an area by wild birds, usually web-footed birds. Direct contact between wild birds and poultry is not necessary to introduce the virus to poultry, since the virus can spread via the faeces of infected birds. The virus can then be introduced to the flocks by several possible routes of infection. Surface water may also be polluted with influenza virus and is therefore also a potential source of

infection, if it is used as drinking water. Free-range poultry and poultry that has access to surface water is at particular risk of infection. Infection with bird influenza virus from birds to humans has only been seen on a few occasions. The exact route of infection is not yet known, but direct contact with poultry is a risk factor. Person-to-person transmission of these strains has never been seen. In recent years, three different subtypes of bird influenza have given rise to five outbreaks in humans. The most serious outbreak was in Hong Kong in 1997. A subtype of H5N1 was isolated from 18 patients, six of whom died. This subtype of H5N1 is genetically different from that which has now been isolated in 2003.

Intensive surveillance of both human and bird influenza virus is taking place, coordinated at both a European and a global level.

(S. Samuelsson, Dept. of Epidemiol.)

HEPATITIS A IN HOLSTEBRO

A total of 24 cases of hepatitis A have been notified from Holstebro between August 2002 and February 2003. The outbreak, which is now considered to be over, is being investigated in collaboration between the Medical Office of Health, Ringkøbing County and the Department of Epidemiology. In 2001, there were 63 notified cases of hepatitis A from the whole of Denmark. None originated from Ringkøbing County.

(K. Mølbak, Dept. of Epidemiology)

THE "BETTER HEALTH FOR MOTHER AND CHILD" PROJECT

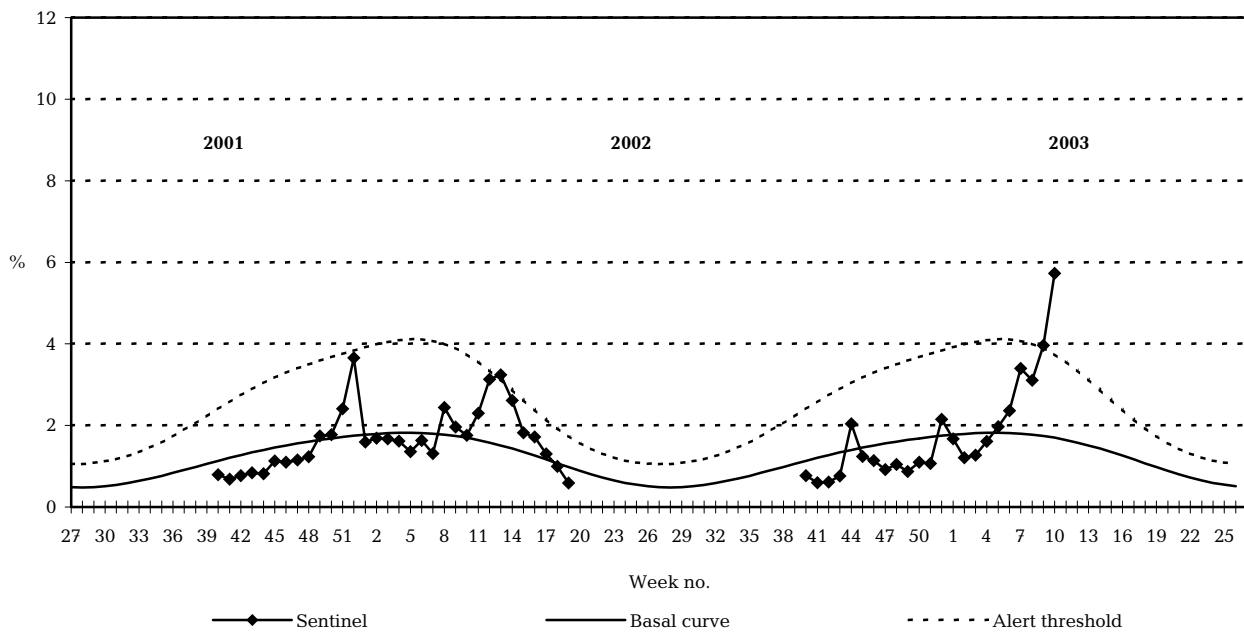
Recruitment to the "Better Health for Mother and Child" (BSMB) project ended in October 2002, and there are now 101,047 women in the cohort. The routine data collection will be complete when the last children reach the age of 18 months in December 2004. The last blood samples will be taken from general practice in March 2003, and from labour wards in June 2003.

We would like to take this opportunity to thank all those who have contributed to the project. BSMB is already supplying data to a wide range of research groups, both within Denmark and abroad. Our Web site can be found under "Research", "The biggest projects", on www.ssi.dk, or directly on www.bsmb.dk.

(J. Olsen, Dept. of Epidemiology Research)

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 2001/2002/2003



- Sentinel:** Influenza consultations as percentage of total consultations
Basal curve: Expected frequency of influenza consultations under non-epidemic conditions
Alert threshold: Possible incipient epidemic

(Dept. of Epidemiology)

Sentinel specimens received 2002/2003

Week	40-3	4	5	6	7	8	9	10
Specimens received, total no.	26	13	11	19	14	17	19	19
Influenza A								
Moscow/10/99 (H3)-like		2	4	2	1	2	2	
New Caledonia/20/99 (H1)-like			1					
Influenza A, not typed							2	2
Influenza B								
Hong/Kong/330/01-like		2	1	4	5	4	3	1
Influenza B, not typed							1	1

(Depts. of Epidemiology and Virology)