

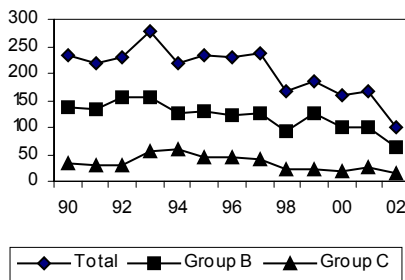


MENINGOCOCCAL DISEASE 2002

No. 16/17, 2003

In 2002, 99 cases of meningococcal disease (MD) were notified, which constitutes a decrease of 40% relative to 2001 (165 cases), [Fig. 1](#).

Fig. 1. Number of notified cases of meningococcal disease, 1990-2002



The incidence in 2002 is the lowest since 1980, when this surveillance commenced. In 37% of cases, a reminder was sent for written notification. Apart from Storstrøm County, the incidence of MD declined in all counties, [Table 1](#).

Table 1. Number of patients with meningococcal disease in 2002, by county and incidence per 10⁵. In () incidence in 2001

| County | Antal | Incidence |
|---------------|-----------|------------------|
| Munic. Cph. | 7 | 1,4 (3,0) |
| Munic. Frb. | 1 | 1,1 (0,0) |
| Copenhagen | 7 | 1,1 (1,8) |
| Frederiksborg | 5 | 1,3 (2,4) |
| Roskilde | 5 | 2,1 (2,6) |
| West Zealand | 5 | 1,7 (2,4) |
| Storstrøm | 8 | 3,1 (0,8) |
| Bornholm | 0 | 0,0 (0,0) |
| Funen | 11 | 2,3 (3,6) |
| South Jutland | 3 | 1,2 (3,9) |
| Ribe | 4 | 1,8 (3,1) |
| Vejle | 8 | 2,3 (4,0) |
| Ringkøbing | 7 | 2,6 (3,7) |
| Aarhus | 10 | 1,6 (2,5) |
| Viborg | 8 | 3,4 (7,7) |
| North Jutland | 8 | 1,6 (4,2) |
| Other | 2 | - |
| Total | 99 | 1,8 (3,1) |

The incidence was, as before, highest in the age group 0-2 years and the age group 14-17 years, [Table 2](#).

Of the 99 patients, 13 had meningitis, 39 septicaemia and 47 both meningitis and septicaemia as clinical manifestation. In addition, one patient had arthritis as the sole manifestation.

Sequels of the disease

A total of seven patients died (7%), [Table 2](#). All had septicaemia, with or without meningitis, as clinical mani-

Table 2. Number of notified patients with meningococcal disease, 2002, by age, serogroup B and C, M/F ratio, incidence per 10⁵ and number of deaths

| Age (years) | Gr. B | Gr. C | Total | M / F ratio | Incidence | Fatalities |
|--------------|-----------|-----------|-----------|-------------|------------|------------|
| < 1 | 8 | 0 | 11 | 1,2 | 16,8 | 0 |
| 1-2 | 11 | 2 | 17 | 1,8 | 12,6 | 2 |
| 3-6 | 5 | 1 | 8 | 1,0 | 2,9 | 0 |
| 7-13 | 7 | 1 | 10 | 2,3 | 2,1 | 0 |
| 14-17 | 15 | 4 | 22 | 1,4 | 9,5 | 0 |
| 18-29 | 4 | 3 | 8 | 0,6 | 1,0 | 1 |
| 30-39 | 1 | 1 | 2 | 0,0 | 0,2 | 0 |
| + 40 | 13 | 4 | 21 | 0,5 | 0,8 | 4 |
| I alt | 64 | 16 | 99 | 1,1 | 1,8 | 7 |

festation. Five of these had MD group B, one group C and one had clinical MD verified by positive microscopy. The mortality was 4% for those aged 1-39 years and 19% for those aged ≥ 40 years. For 12 patients, information was provided about sequelae: three developed hearing impairments, one tinnitus, two problems with their eyesight, three skin necrosis, and three developed reactive arthritis.

Diagnosis

In 86 (87%) of patients, meningococci were found on culture; the remaining 13 had clinical MD. In ten of these cases, there was a positive meningococcal antibody titre (MAT); in one case, there was positive microscopy; and for two patients the diagnosis was purely clinical.

In 85 of the culture-confirmed cases, sero-grouping was performed in the Neisseria Unit, SSI:

| | |
|----------------|----|
| Serogroup A | 0 |
| Serogroup B | 64 |
| Serogroup C | 16 |
| Serogroup W135 | 3 |
| Serogroup X | 1 |
| Serogroup Y | 1 |

None of the patients with MD group W135 had had foreign contact.

The number of cases with MD group C continues to decline. Age distribution is shown in [Table 2](#).

Clusters

Two secondary cases of MD were registered:

-Two children with mutual social contact became ill at an interval of two days, both group C.

-Two pupils at the same continuation school became ill at an interval of six days, both group C.

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

SARS - UPDATE

The cause of SARS – severe acute respiratory syndrome – has now been identified as a previously unknown coronavirus. In a monkey model, SARS virus isolated from patients was capable of causing lung disease, and an identical virus could also be found in the sick monkeys. Koch's third and fourth postulates are thus fulfilled. SARS now occurs in 25 countries, on six continents. On 22 April, WHO had received reports of 3,947 probable cases, including 229 (5,8%) deaths. There are no Danish cases. The continued increase is particularly due to cases from China and Hong Kong. No European country has reported more than seven cases, nor any deaths. This suggests that contingency plans are working, and that hygienic precautions can prevent local spread, EPI-NEWS 12/03. In order to protect themselves, health staff and other patients, all doctors should be aware of the risk of nosocomial transmission. The virus is transmitted primarily by contact or droplet spread. Transmission of virus excreted in the faeces can also contribute to spread.

Diagnostics

SSI is now performing PCR-based diagnosis of SARS virus from respiratory secretions and faeces. As the test is not 100% sensitive, SARS is still a diagnosis of exclusion. Suspected cases should therefore also be investigated for other respiratory pathogens, such as influenza and parainfluenza viruses, and for other causes of atypical pneumonia. Cases that fulfil the definition of SARS should be reported immediately by telephone to SSI, see www.ssi.dk.

(K. Mølbak, S. Samuelsson, Department of Epidemiology)

Patients with confirmed *Listeria monocytogenes* infection

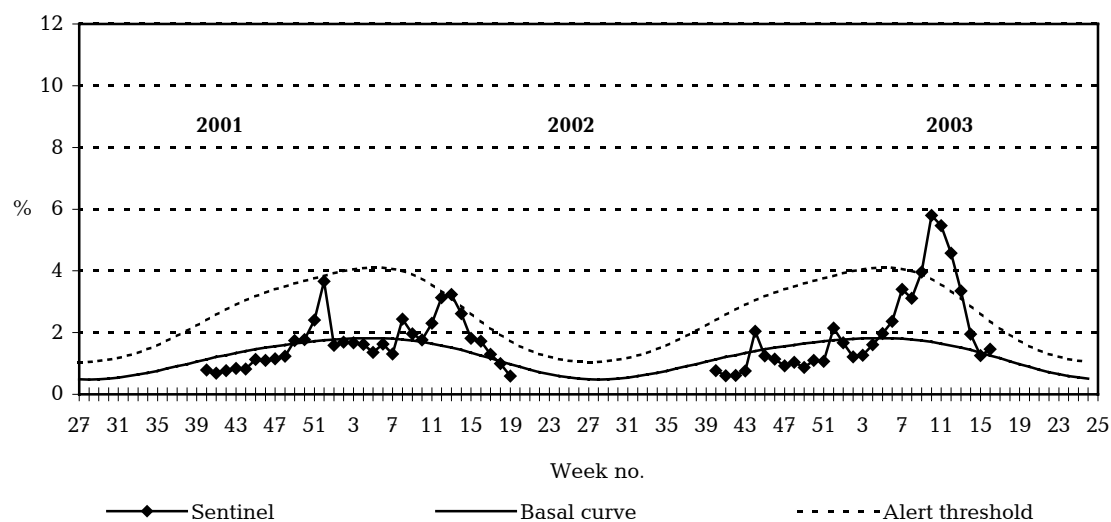
1st quarter of 2003 compared with the 1st quarter of 2002, and the total years of 2002

| | 1st quarter 2003 | 1st quarter 2002 | Total 2002 |
|------------------------|---------------------|---------------------|---------------|
| Mother/child infection | 1 | 2 | 2 |
| Septicaemia | 3 | 3 | 19 |
| Meningitis | 1 | - | 5 |
| Other | - | - | 3 |
| Total | 5 | 5 | 29 |

(Dept. of G-I Infections)

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)