EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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SARS – STATUS REPORT

As of 3 June, 8398 cases of SARS including 772 deaths had been reported to the World Health Organization. The infection is still spreading locally in Toronto, Hong Kong, Taiwan and a number of Chinese provinces, including, Beijing and Guangdong. In Europe, there have been very few SARS cases, and none in Denmark. New epidemiological data confirms that the incubation period is a maximum of 10 days, and that only symptomatic patients are infective. The most common means of transmission is through close contact with a patient who sneezes or coughs. A virus that is very closely related to SARS coronavirus has just been detected in wild animals, including civet cats and raccoons. These animals are sold at markets in Southern China and may be the natural reservoir of the virus. As of 31 May 2003, SARS was included as a general hazardous illness on List A under the Epidemic Act. SARS will soon be included in the Danish National Board of Health's statutory order on physicians' notification of infectious diseases, etc. SARS should be notified by telephone from an infectious diseases ward to the local Medical Officer of Health and subsequently in writing on form 1515 to the Medical Officer of Health and the Department of Epidemiology.

Precautions

In the absence of a vaccine and specific treatment, breaking the chain of infection presents the only opportunity to prevent spread of infection. This is achieved by rapid identification and isolation, in an infectious diseases ward, of a SARS-infected individual. It is crucial that hospital staff protect themselves adequately against contact and airborne transmission. The use of gloves, gown, protective glasses, headgear and mask with filter for bacteria and viruses normally provides sufficient protection. Until the patient has been assessed by an infectious diseases specialist and isolated, all contact should as far as possible, take place by telephone. The patient should under no circumstances spend time in waiting rooms. As a minimum, health staff should wear gloves and surgical masks, and subsequently wash their hands thoroughly. The patient should also be provided with a surgical mask. The tracing of close contacts is the responsibility of the Medical Officers of Health. If the index patient has probable or suspected SARS and is part of a known chain of infection, close contacts will come under what is known as active surveillance. This means that these contacts should measure their temperature daily, stay at home, i.e. not go to work or to school/day-care centre. They will be contacted daily by the Medical Officer of Health. These three activities will limit the number of possible contacts with each suspected case of illness. Experience from Hanoi, Toronto, Singapore and Hong Kong in particular shows that such measures are effective. For other contacts, for example work colleagues, there are no limitations on their daily activities. Limitation of travel activity from affected areas also contributes to reducing international spread. The National Board of Health no longer advises against unnecessary journeys to Hong Kong and Guangdong. The Danish travel restrictions currently cover only Taiwan, Beijing, Hebei, Inner Mongolia, Shanxi and Tianjin. In general, there are no precautions for healthy people coming to Denmark from affected areas. Up-to-date information on SARS can be found on www.ssi.dk.
(S. Samuelsson, K. Mølbak, Department of Epidemiology)

INFLUENZA 2002-2003

Sentinel surveillance of influenza was activated in week 40, 2002. On average, 123 doctors have submitted weekly reports. This very satisfactory high level reporting is similar to that during the last season. The reports did not show influenza activity before week 4, 2003. Activity rose steadily thereafter with peak activity in week 10, corresponding to a possible epidemic. Influenza activity since then fell week by week and stopped after week 15. Reports were received up to and including week 20. During the same period, the influenza laboratory has examined 496 secretion specimens for influenza virus. Of these, 198 were submitted by the sentinel doctors as spot checks. Positive findings are shown in table 1. The first A (H3N2) strain was isolated in week 3 and typed as A/Moscow/10/99-like virus, as was the case with the other A (H3N2) strains. The last A (H3N2) strain was isolated in week 14. As in the previous season, two influenza A (H1N2) strains were found. The first influenza B strain was isolated in week 4 and typed as B/Hong Kong/330/01-like virus, as was the case with the other B strains. Influenza B virus was predominantly isolated from children and young adults, the last strain being isolated in week 13. Detection of influenza B virus was prevalent at the start of the season. The influenza A and B strains circulating in Denmark have, as in our neighbour countries, been very closely related to the strains that were used in the vaccine for the 02/03 season. Influenza A (H1N2) was isolated in Europe for the first time in the last season. The H component is very similar to that which has appeared in H1N1 strains hitherto, and the N-component is very much like that seen in the H3N2 strains. Individuals who have been infected with the influenza A strains in recent years will have a certain degree of immunity. Similarly, those vaccinated with the vaccine for the season 02/03 would be protected against A (H1N2) strains.

Table 1. No. of isolated influenza viruses, by submitter and virus strain, season 2002-2003

	Virus strain			
	A (H1N2)	A (H1N?)	A (H3N2)	B
Sentinel	2	1	39	27
Other	0	0	17	4
Total	2	1	56	31

Influenza vaccine 2003/2004

In March, the WHO decided that the vaccine composition for next season (03/04) will be as follows:
- A/New Caledonia/20/99(H1N1)-like
- A/Moscow/10/99/(H3N2)-like
- B/Hong Kong/330/2001-like virus.

Thus, all virus strains are unchanged. The vaccine will also protect against influenza A (H1N2) strains.
(S. Samuelsson, Dept. of Epidemiology, P. Grauballe, Influenza Laboratory)

ON-CALL DUTY FOR MEDICAL OFFICERS OF HEALTH

An on-call rota has been established for the Medical Officers of Health. Notification of infectious diseases by telephone during working hours should be made to the local Medical Office of Health Health. Outside of working hours, please phone:
- 70 22 02 68 east of the Great Belt
- 70 22 02 69 west of the Great Belt.

(Danish National Board of Health)

Streptococci isolated from blood and CSF from infected patients

1st quarter of 2003 compared with 1st quarters of 2002 and 2001, respectively

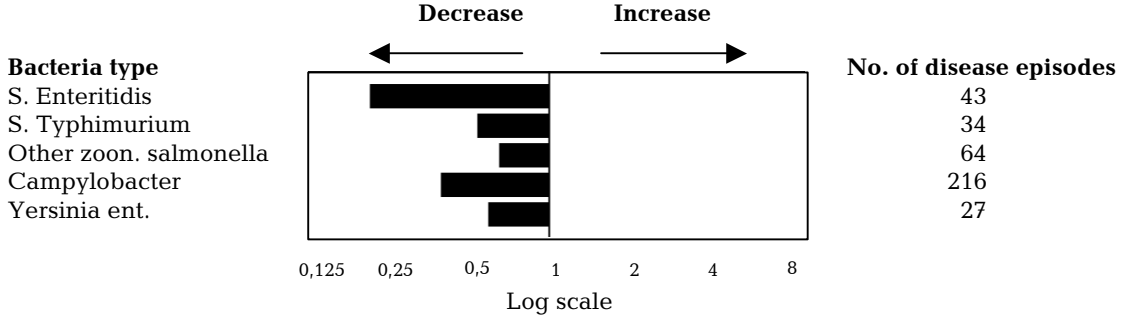
		1st quarter 2003				1st quarter	
		< 2 yrs	2-59 yrs	60+ yrs	Total	2000	2001
January	S. pneumoniae	3	39	73	115	123	96
	Gr. A strep.	-	4	8	12	11	8
	Gr. C strep.	-	-	3	3	2	1
	Gr. G strep.	-	-	15	15	4	7
February	S. pneumoniae	8	54	80	142	121	110
	Gr. A strep.	-	4	7	11	11	13
	Gr. C strep.	-	-	1	1	-	1
	Gr. G strep.	-	5	9	14	16	5
March	S. pneumoniae	9	79	106	194	115	146
	Gr. A strep.	1	11	8	20	23	5
	Gr. C strep.	-	-	1	1	3	1
	Gr. G strep.	-	2	5	7	8	9
1st quarter	S. pneumoniae	20	172	259	451	359	352
	Gr. A strep.	1	19	23	43	45	26
	Gr. C strep.	-	-	5	5	5	3
	Gr. G strep.	-	7	29	36	28	21

(Dept. of Respiratory Infections, Meningitis and STIs)

Patients with positive cultures of pathogenic intestinal bacteria, March - April 2003

	S. Enteritidis		S. Typhimurium		Other zoon. salmonella		Campylobacter		Yersinia ent.	
County	Jan	Feb	Jan	Feb	Jan	Feb	Jan	Feb	Jan	Feb
Copenhagen Munic.	-	1	2	1	8	3	29	8	2	1
Frederiksberg Munic.	-	-	-	-	-	-	-	2	-	-
Copenhagen	2	-	-	-	4	8	14	8	2	2
Frederiksborg	-	5	-	2	2	-	9	18	-	1
Roskilde	-	-	-	-	1	1	5	6	1	-
West Zealand	-	1	-	-	1	2	4	2	3	-
Storstrøm	2	2	-	2	2	1	2	5	1	1
Bornholm	-	-	-	-	-	-	1	-	1	-
Funen	4	2	-	2	1	6	12	4	1	1
South Jutland	-	-	-	-	-	1	5	4	-	1
Ribe	1	4	2	1	2	1	6	7	3	-
Vejle	1	3	1	-	2	4	5	7	-	-
Ringkøbing	2	-	-	-	2	1	5	3	1	1
Aarhus	3	5	3	6	-	7	6	10	-	2
Viborg	1	1	-	1	1	1	6	-	-	-
North Jutland	2	1	7	4	-	2	10	13	2	-
DK, Mar/Apr 2003	18	25	15	19	26	38	119	97	17	10
DK, Mar/Apr 2002	69	46	28	18	43	32	242	214	24	17

Barometer for pathogenic intestinal bacteria, March - April 2003



The barometer shows number of disease episodes in the two relevant months compared with the average of 15 two-month periods in the last five years. Further surveillance data may be obtained at www.germ.dk.

(Dept. of G-I Infections)