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NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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CHILDHOOD VACCINATION PROGRAMME MODIFIED

As from 1 September 2003, the recommended vaccination at 5 years of age will include revaccination against pertussis. The vaccine is a trivalent DTP booster against diphtheria, tetanus and pertussis. It contains the same amount of diphtheria and tetanus vaccines as the DT booster, and half as much acellular whooping cough vaccine as the contents of DTaP-IPV/ActHib. The DTP booster cannot be used for primary vaccination. The booster replaces the DT booster recommended at 5 years of age and thus still only one vaccination must be administered. The account code for the National Health Insurance has remained unchanged.
Whooping cough occurs endemically in Denmark, with epidemics occurring every 3-5 years. The disease is particularly serious in infants, but also causes morbidity in older children and young people, possibly remaining unidentified. With primary vaccination, the child is well protected for some years, after which the protection fades. Older children who have received primary vaccination therefore risk getting whooping cough at a later stage and constitute an infection reservoir for younger, unprotected children. After revaccination with DTP booster, protection against diphtheria and tetanus lasts at least 10 years, EPI-NEWS 49/00. The duration of protection against pertussis is still unknown, but is presumably the same. As from 1 July 2004, the recommended vaccination at 5 years will be revised to include revaccination against polio, EPI-NEWS 24/03. At this time, the first children who have not received OPV will reach the age of 5 years. DTaP-IPV revaccination will be discussed in a later issue of EPI-NEWS.
(P. Andersen, Dept. of Epidemiology, M. Stellfeld, Medical Department)

FINAL CESSATION OF OPV

OPV will be omitted from the childhood vaccination programme as from 1 September 2003, and is no longer to be used, EPI-NEWS 24/03. The Department of Epidemiology has received a number of enquiries about children who have missed one or more OPV vaccinations, where the minimum interval of 3 months between two doses of OPV cannot be observed. Provided that the child has previously received three DTaP-IPV vaccinations, the following guidelines may be applied:
- the child has missed three OPV: IPV is given at the age of 5, possibly as DTaP-IPV revaccination (after 1 July 2004).
- the child has missed two doses of OPV: IPV is given at the age of 5, possibly as DTaP-IPV revaccination (after 1 July 2004).
- the child has missed one OPV: No further polio vaccinations are given.
(P. Andersen, Department of Epidemiology.)

BLOOD DONOR SCREENING 2002

In 2002, a total of 401,821 units of blood were screened, a slight increase over recent years. Two HIV-positive donors were found, table 1. These consisted of one multiple donor who was infected through unsafe sex with an unknown person, and one donor who had last donated blood prior to the introduction of screening in 1986. For the latter donor, the means of transmission was unknown. On subsequent retrospective investigation, no recipients were found to have been infected with HIV.

Table 1. Number of donors positive for HIV, HBsAg, anti-HCV and HTLV I/II 2002, plus number of donations. First-time donors in ( )

Number of donors		
positive for HIV	2	(0)
positive for HBsAg	18	(16)
positive for HCV	15	(8)
positive for HTLV I/II	2	(1)
Number of donations	401,821	

A total of 18 donors tested positive for HbsAg: 10 women and eight men. The median age was 40 years (20-58 years). Sixteen of these were first-time donors, one was a seroconverter, and one had last donated blood before screening was introduced in 1983. Eleven first-time donors were born or reared in a country where HBV infection occurs endemically, eight of these in Asia. On subsequent review for multiple donors, no recipients were found to have been infected with HBsAg.
A total of 15 donors were proven to have anti-HCV antibodies; nine women and six men. The median age was 48 years (24-57 years). Eight donors were first-time donors, five had donated blood before screening was introduced in 1991, and two were seroconverters. For several donors, information was provided about several possible means of transmission. Seven people had engaged in IV drug abuse, and in a further two cases, non-occupational needle-stick injuries were reported. Seven donors stated that they had been tattooed, six had been pierced, and of these, three had also had acupuncture. One donor had been bitten by a person while resident in an endemic area. For one person, the means of transmission was not stated. All first-time donors, as well as several categories of former donors who return to the donor pool, are screened for anti-HTLV I/II. A total of 39,923 donations were screened for HTLV I/II in 2002, and two people were found to be positive. One of the first-time donors came from an endemic area, and the other was a Danish-born man who had had homosexual contact with men from endemic areas over the course of several years.

Comments

The incidence of viral serological markers among Danish blood donors is still low and relatively constant.
(G. H. Kock-Hansen, E. Smith, Department of Epidemiology)

ORNITHOSIS 2001-2002

Ornithosis (parrot fever, psittacosis) is caused by infection with Chlamydia psittaci. In 2001 and 2002 there were 9 and 13 notified cases of ornithosis, respectively; 14 were men and 8 were women. The patients were aged between 6 and 70 (median 43 years). Eleven patients had been admitted in association with the infection. In five cases, the notification was not received until after a reminder letter had been sent.
The diagnosis was confirmed for 13 patients by detection of C. psittaci DNA in airways secretions by PCR. In three patients, the diagnosis was rendered possible on the basis of serological investigations, and in six patients the diagnosis of ornithosis could not be excluded, but was not probable.
A possible source of infection was stated for 18 people; five worked in the same poultry abattoir, ten were bird breeders, and three had had other contact with birds. In four cases, the source of infection was unknown. For a review of transmission, diagnosis, specimen- taking, clinical features and treatment, see EPI-NEWS 6/99.
(A. H. Christiansen, S. Samuelson, Department of Epidemiology)

Serum specimens postive for Mycoplasma pneumoniae by complement fixation test

2nd quarter of 2003 compared with 2nd quarter of 2002, and average for 2nd quarter of 1998-2002

	January	February	March
Positive specimens during 2nd quarter of 2003	26	18	21
Positive specimens during 2nd quarter of 2003	43	60	40
Positive specimens, average 2nd quarter, 1998-2002	47	47	43

(Dept. of Respiratory Infections, Meningitis and STIs)