EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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RISING INFLUENZA ACTIVITY

In Europe there have already been reports of increasing influenza activity, including reports from Ireland, England, Scotland and Spain. In Denmark, the level of influenza activity is still low. In places including England, Ireland, Northern Ireland, Norway and Portugal, influenza A (H3N2)/Fujian/411/2002-like virus has been found in circulation. This strain was also the prevalent virus that circulated in Australia and New Zealand during the influenza season July-September, where the level of activity was relatively high. Fujian virus is not identical to, but resembles the A/Moscow-like virus that is included in this season's vaccine. This relationship is explained by genetic drift. The vaccine also provides protection against the Fujian strain, however, at a generally lower level. In England, A/Moscow is circulating at the same time as the new A/Fujian virus. Since September 2003, the Department of Virology has genotyped 23 influenza A isolates from the 2002/03 season. These are all H3N2 and closest to the Fujian strain. A closer phylogenetic investigation of four isolates from Copenhagen University Hospital and one from the Faroe Islands from September/October 2003 shows that they are almost identical to each other and in the HA gene resemble the Fujian strain more than the Moscow strain. This is confirmed by the serological typing of the HA protein from virus isolated from these patients. On the other hand, the other surface protein NA from the patients is genetically just as different from Fujian as from the Moscow strain. This shows that last season there already was some circulation of Fujian virus, and so a significant proportion of the population may have a certain residual immunity to this virus. Influenza vaccination is still the best way to prevent influenza. The risk of an early and relatively large outbreak of influenza this year emphasises the importance of vaccination. It is still possible to be vaccinated and it is particularly important that persons over 65 years and those, including children, who belong to one of the risk groups, be vaccinated, EPI-NEWS 39/03. The spread of influenza virus and its significance for the incidence of illness is monitored nationally and internationally.
(S. Samuelsson, Department of Epidemiology, P. C. Grauballe, K. Bragsted, A. Fomsgaard, Dept. of Virology)

NEW NOTIFICATION FORM OF HIV-POSITIVE PERSONS

In order to optimise surveillance of the HIV development in Denmark, the form used for the compulsory notification of HIV-positive persons, National Board of Health form 4001-4, is being modified. The new form is designated 4001-5. The change consists of the addition of two items:
1. the patient's CD4 cell count and
2. the patient's HIV-1 RNA level (viral load).
The question about having received factor preparations has been omitted.

Consequences for the work procedure

The patient's CD4 cell count and HIV-1 RNA level will usually not be available at the same time as the result of the HIV test. The notifying doctor can either wait submitting the notification until all test results are available or submit the notification and subsequently inform the Department of Epidemiology of the test results when these are available. If the doctor chooses the latter option, it is necessary to keep the serial no. of the HIV notification form together with the patient's medical records, as notification is anonymous. Otherwise, it will not be possible to link test results with the notification form. If the notifying doctor is, for example, a GP who is referring the patient to an infectious diseases ward, it is practical to let the HIV notification form follow the patient and let the infectious diseases ward handle the notification. Alternatively, the ward can be informed of the serial number of the submitted form. (S. Cowan, E. Smith, Dept. of Epidemiology)

SPREAD OF HIV INFECTION IN DENMARK AND SWEDEN

On the basis of the last few months' media coverage of HIV prevention, comparing Denmark with Sweden, the Department of Epidemiology has performed analyses for the period 1995-2002 in the two countries.
In Denmark, information is collected on whether a newly diagnosed HIV-positive person also has AIDS, whereas in Sweden the number of newly diagnosed HIV infections is compared with the number of persons who are diagnosed with AIDS a maximum of three months after HIV infection is diagnosed.

AIDS trend 1995-2002

The trend for notified AIDS patients in Denmark and Sweden in general, and for men who have sex with men (MSM), shows a significantly higher incidence in Denmark than in Sweden, by a factor of 1.8 in 1995, 1.9 in 1999 and 1.3 in 2002. In both countries, a substantial proportion of the notified AIDS patients are MSM, but with slight, declining trend; in 1995, the proportion of MSM in Denmark was 57%, and in Sweden 48%, in 2002 the proportions were 33% and 31%, respectively.

HIV trend 1995-2002

In both countries, about one-third of notified newly detected HIV infected persons were MSM. However, in Sweden, this proportion has been 25% for the last couple of years.
In Denmark, more new HIV infections per 10^5 of population have been detected than in Sweden, by a factor of 2.0 in 1995, 2.2 in 1999 and 1.6 in 2002. On average, 14.4% of all notified newly detected HIV-positive persons in Denmark also had AIDS, this also applied for MSM (14.2%). In Sweden, these proportions were 13.5% and 16.3%, respectively.
In the most recent years, there has been a minor decline in both countries, the proportions in Sweden declining from 14.0% in 1995-1996 to 11.5% in 2001-2002, and in Denmark from 17.3% to 14.4% for the same time periods. The same trend has been seen among MSM in both countries.

Comments

The incidence of both AIDS and newly diagnosed HIV is still about twice as high in Denmark as in Sweden. Nevertheless, the development trends have been almost identical in the two countries, despite different prevention policies.
(E. Smith, Dept. of Epidemiology)

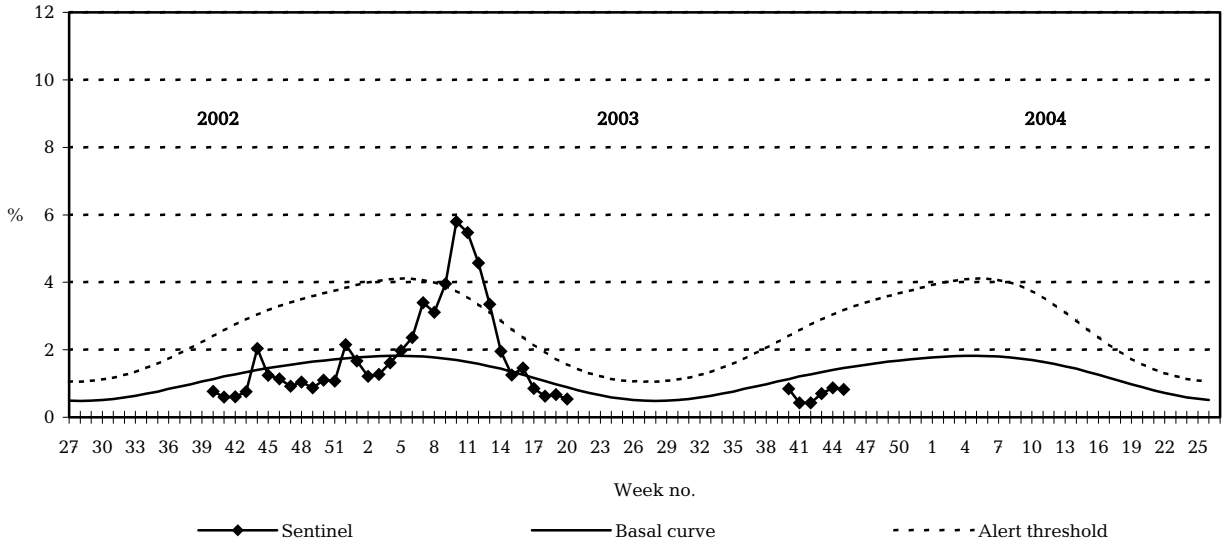
VACCINATION OF PILGRIMS TRAVELLING TO SAUDI ARABIA

Vaccination with the tetravalent polysaccharide vaccine against meningococcal disease serogroup A+C+W135+Y is required to obtain a visa for Saudi Arabia. Protection lasts three years. All travellers over the age of 2, including those who have been vaccinated against groups A+C within the last three years, should be vaccinated once, no later than 10 days before arrival. Children aged 3-24 months should be vaccinated twice, and protection can only be expected against serogroup A.
(Department of Epidemiology)

12 November 2003

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 2002/2003/2004



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)

Secretion specimens received from the sentinel surveillance

	2003									2004																		
Week no.	44	45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
No. received	0	5																											
Influenza A																													
A, not typed																													
A/H3																													
A/H1																													
Influenza B																													

(Depts. of Epidemiology & Virology)