EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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OUTBREAK OF HEPATITIS A

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A review of notifications to the Department of Epidemiology has shown a cluster of cases of hepatitis A acquired in Denmark among men ≥ 18 years old. In 2004, there have been 28 notified cases among men so far: 13 from the City of Copenhagen, five from the City of Frederiksberg, two from Copenhagen County, three from Aarhus County and one from the counties of Frederiksborg, Storstrøm, Funen, Viborg and North Jutland, respectively. Of 20 patients from Greater Copenhagen, at least 16 are men who have sex with men (MSM). In addition, at least five Swedish men have been infected with hepatitis A in Copenhagen. In 2003, there were a total of eight notified cases of hepatitis A acquired in Denmark among men ≥ 18 years, of whom only one was from Greater Copenhagen. On this basis, there is currently an outbreak of hepatitis A, primarily among MSM in Greater Copenhagen. Because of missing or delayed notifications, a full overview of the outbreak has not yet been achieved. The outbreak should be seen in the light of the fact that an increased incidence of syphilis has also been observed among MSM, particularly in Copenhagen, EPI-NEWS 15/16-2004. A possible association between these two outbreaks has not yet been established.

Information to health personnel
Unrecognised sexually transmitted infections occur relatively frequently in parts of the MSM community. It is therefore recommended to also investigate for sexually transmitted infections (STI) on suspicion of hepatitis A among MSM. Conversely, investigation for hepatitis A should be considered on suspicion of STI among MSM. Doctors are encouraged to immediately notify cases of hepatitis A on form 1515. The notification should include a statement of supposed mode of transmission, including circumstances of infection, source of infection, whether the case is part of an outbreak, and any preventive measures in the form of active or passive immune prophylaxis. Close contacts of infected cases, primarily household members and sexual partners, should receive immunoglobulin or hepatitis A vaccine as quickly as possible. Non-immune MSM who do not live in a monogamous relationship should receive vaccination against hepatitis A. This may be given in combination with hepatitis B vaccination. Hepatitis A vaccination is not subject to Health Service subsidy.

Information to the population
It is important that all in the MSM environment be made aware of this outbreak and of routes of infection and opportunities to prevent further spread. The concentration of virus in faeces, and thus infectivity, is highest in a 14-day period before jaundice. Oral-anal sex and other contact with the anal area are associated with a particular risk of infection. Infection may also occur via contaminated hands – and thus through social contact of non-sexual nature - as well as by secondarily contaminated foodstuffs. At the start of May, Danish HIV/AIDS organisations will launch a nationwide information campaign about sexually transmitted diseases, which will also include hepatitis A.

Comments
Outbreaks of hepatitis A among MSM have formerly been reported from places including saunas in Copenhagen and from abroad. The most recently described outbreak in Denmark was in 1991, EPI-NEWS 45/91. In the last five years, the annual median number of notified cases of hepatitis A acquired in Denmark among men ≥ 18 years was only eight (range 6 to 11). Studies have established risk factors for infection with hepatitis A among MSM. Examples of these risk factors are recent anonymous sexual partners, oral-anal sex or digital-anal sex, as well as visits to certain bars or saunas. Social contact of a non-sexual nature and secondarily contaminated foodstuffs may also contribute to infection. In the current outbreak, no particular risk factors have been found so far, and as the group of individuals at-risk cannot be delimited, vaccination is recommended.
(K. Mølbak, Dept. of Epidemiology)

FOX TAPEWORM
Infection with Echinococcus multilocularis, the fox tapeworm, is rare among humans. In the spring of 2004, the first human case of E. multilocularis was reported in Denmark. The patient, who died, was probably infected abroad. The incubation time is 5-15 years and the disease occurs most often in older people. For further information about symptoms and treatment, see EPI-NEWS 5/00. In 2000, the first definite case among foxes in Scandinavia was found in a fox killed by traffic in the Danish village of Taastrup, EPI-NEWS 5/00. In Greater Copenhagen, three infected foxes have now been found among approximately 350 investigated. Otherwise, the prevalence is highest in Switzerland and southern Germany, where up to 60% of foxes are infected. In northern Germany, approximately 1% of foxes are carriers. Fox tapeworm can also be found in dogs and cats, but research performed at the Royal Veterinary and Agricultural University (RVAU) in 2003 has shown that the tapeworm's eggs do not mature in cats, for which reason cats do not spread the infection. The parasite is usually transferred between foxes and mice. The fox excretes parasite eggs with faeces. The mouse ingests the eggs with its food and the eggs develop into larvae, which penetrate the mucous membrane of the intestine and are carried with the blood to the mouse's liver. New foxes can be infected when they eat infected mice.

Prophylaxis
The risk of infection can be limited by avoiding attracting foxes to the immediate environment, particularly by not feeding foxes and by ensuring that refuse and kitchen compost are covered or kept at a height where the fox cannot reach it. Sandboxes may be covered at night. Vegetables from the kitchen garden should be washed thoroughly, particularly those that are eaten raw, e.g. berries and lettuce. Hunters should wash their hands thoroughly after handling foxes.
(S. Samuelsson, Dept. of Epidemiology, C. Kapel, Danish Centre for Experimental Parasitology, RVAU)

SARS OUTBREAK IN CHINA
The Chinese authorities and WHO are providing information about an outbreak of SARS where the source of infection with great probability is a virological institute in Beijing. A total of eight cases of suspected or confirmed SARS have been registered; two researchers, hospital staff, other patients and family members. Six patients are from Beijing and two from the province of Anhui. The cases are still under investigation. The situation is assessed as potentially serious, as many people may have been exposed to infection. Close to 1000 persons who have had contact with the patients are under observation. There are no restrictions for travellers to China.
(K. Mølbak, Dept. of Epidemiology)

28 April 2004

Serum specimens postive for Mycoplasma pneumoniae by complement fixation test

1st quarter of 2004 compared with 1st quarter of 2003, and average for 1st quarter of 1999-2003

	January	February	March
Positive specimens during 1st quarter of 2004	47	36	52
Positive specimens during 1st quarter of 2003	107	60	63
Positive specimens, average 1st quarter of 1999-2003	136	88	63

(DBMP)

Patients with laboratory-diagnosed RSV and rotavirus infections

1st quarter of 2004 compared with 1st quarter of 200

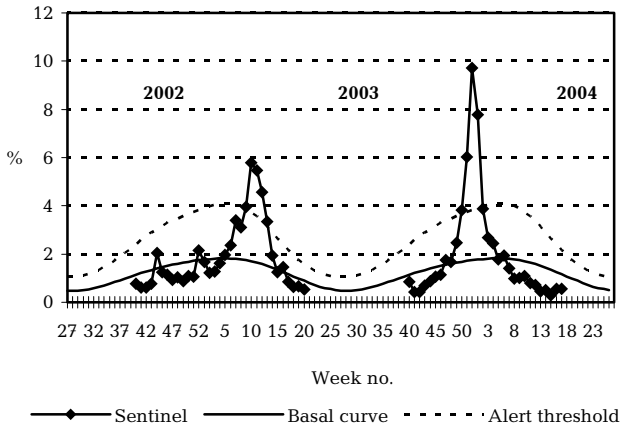
	RSV		Rota	
	2004	2003	2004	2003
January	72	575	7	90
February	112	376	47	132
March	190	129	64	145
Total	374	1080	118	367

Reported from the following Clinical Microbiology departments:

Aalborg Hospital (South), Aarhus Municipal Hospita Herning Hospital, Hvidovre Hospital, Odense University Hospital, Slagelse Hospital, Viborg Hospital, Dept. of Virology, Statens Serum Institut.

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2002/2003/2004



Sentinel: Influenza consultations as percentage of total consultations

Basal curve: Expected frequency of influenza consu tations under non-epidemic conditions

Alert threshold: Possible incipient epidemic

(Dept. of Epidemiology)