



WITHDRAWAL OF RABIES VACCINE - UPDATE

In a press release of 6 April 2004, the company Aventis Pasteur MSD announced that non-inactivated Pitman-Moore virus had been found in a single batch of the rabies vaccine Rabies-Imovax. The batch in question had not been distributed, but as a precautionary measure, Aventis Pasteur MSD chose to recall rabies vaccine that had been produced in the same period. In Denmark, this involved batch X0253-2 which had been dispatched in the period between 18 December 2003 and 2 April 2004.

In addition to the withdrawal of the above-mentioned batch, Aventis Pasteur MSD recommended that all persons who had received one or more vaccines from batch X0253-2 should be vaccinated, so that a total of five rabies vaccinations were given. In certain cases, human rabies immunoglobulin should also be given.

SSI wrote to 124 customers who had received rabies vaccines from batch X0253-2. The customers were to report how many vaccines they had received and to return unused vaccines. Furthermore, they should contact persons who had been vaccinated with the withdrawn vaccine and ensure that they were vaccinated in accordance with the recommendations.

On 21 April, reminder letters were sent to 60 customers who had not responded to the first letter. On 11 May 2004, a registered letter was sent to the few customers who still had not responded to previous letters. After this, all customers had contacted SSI.

In the period in question, 1,684 vaccines from the batch were dispatched. Of these, 636 doses were returned.

Almost 600 persons who had received one or more doses of the withdrawn vaccine were registered. To date, 1,256 rabies vaccines have been used for revaccination. There are still patients overseas whom it has not been possible to contact and who should be vaccinated after they return home. Rabies prophylaxis is discussed in EPI-NEWS 13/04.

(Department of Epidemiology, Department of Quality Assurance, Planning Division)

SUPPLY OF RABIES VACCINE

There are at present only a few

producers of rabies vaccine in Europe. The consequence of the recall discussed has thus been that it has not been possible to acquire sufficient vaccine to cover needs in Europe for a period.

SSI currently has a limited stock which is reserved primarily for treatment after exposure. The Institute expects to receive a large delivery of the Rabivac vaccine manufactured by Chiron Behring in the course of September. The vaccine is registered in a series of European countries apart from Denmark and will be delivered in accordance with an exception clause in the Danish Medicines Act.

Furthermore, SSI expects to receive Rabies-Imovax manufactured by Aventis Pasteur MSD within a short period of time.

The supply situation in Europe is expected to be normalised by the middle of 2005 at the earliest.

(A. E. Ottosen, Planning Division)

RABIES IN SOUTHERN FRANCE

The French health authorities have reported one case of rabies in a dog in the Bordeaux area. The dog, which is now dead, was illegally imported from Morocco to Spain. The dog had contact with a significant number of humans and with other dogs. It is known that some humans were bitten, and the French health authorities have identified several persons who are now being treated because of the risk of infection. No Danish citizen is known to have been in contact with the dog.

The dog was infective in the period 2-21 August 2004, when it went on walks in the centre of the city of Bordeaux, particularly around the river and in the botanical gardens. The dog also visited other places in the area. Further information is available on the British website:

www.hpa.org.uk and the French website: www.invs.sante.fr.

Apart from the above cases, France is still considered to be free of classic rabies virus. Thus, persons or dogs that have been bitten by other dogs in France do not need treatment for rabies.

(S. Glismann, Department of Epidemiology)

BLOOD DONOR SCREENING 2003

In 2003, a total of 393,840 units of blood were screened, [table 1](#). On screening, no donor was found to be HIV-positive.

Table 1. Donors positive for HIV, HbsAg, HCV and HTLV I/II, 2003. First-time donors in ()

Number of donors:		
pos for HIV	0	
pos for HBsAg	13	(10)
pos for HCV	12	(10)
pos for HTLV I/II	0	

Thirteen persons were found to be positive for HbsAg, eight males and five females. The median age was 37 years (21-60). Ten persons were first-time donors, one was a seroconverter, and two had last given blood before screening was introduced in 1983. At least four first-time donors were born in Asia. On subsequent look-back at the seroconverter, no recipients were found to be infected with HbsAg.

A total of 12 donors were found to have anti-HCV antibodies; five males and seven females. The median age was 42 years (27-53). Ten were first-time donors, one had donated blood before screening for HCV was introduced in 1991, and one was a seroconverter.

In eight cases, it was stated that the donor had received a tattoo or acupuncture, or undergone piercing. All first-time donors and former donors, who return to the donor corps, are screened for HTLV I/II. A total of 33,496 donors were screened for HTLV I/II in 2003, and none was found to be positive.

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

HEPATITIS A CASES, EGYPT

In the period 9 August-7 September 2004, the Department of Epidemiology has received a total of 10 notifications of hepatitis A among tourists travelling to Hurgada by the Red Sea in Egypt. The Danish patients stayed in Egypt in the period between 24 June and 29 July 2004.

Nine of the cases stayed at the same hotel, but at different periods.

In addition to this, there were 221 notified cases in Germany in the same period, where most were associated with the same hotel.

Vaccination against hepatitis A is still recommended for travellers to Egypt and other areas with a high incidence of hepatitis A, EPI-NEWS 21/22a+b/04.

(M. Howitz, Department of Epidemiology)

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, Statens Serum Institut. Figures for 2004 are preliminary.

Table 1	Week 36 2004	Cum. 2004 ¹⁾	Cum. 2003 ¹⁾
AIDS	1	32	20
Anthrax	0	0	0
Botulism	0	0	1
Cholera	0	1	0
Creutzfeldt-Jakob	0	7	5
Diphtheria	0	0	0
Food-borne diseases	17	398	357
of these, infected abroad	3	61	76
Gonorrhoea	4	233	97
Haemorrhagic fever	0	0	0
Hepatitis A	13	152	47
of these, infected abroad	7	44	18
Hepatitis B (acute)	0	26	36
Hepatitis B (chronic)	2	109	132
Hepatitis C (acute)	0	0	5
Hepatitis C (chronic)	4	183	185
HIV	4	208	162
Legionella pneumonia	4	60	57
of these, infected abroad	2	16	15
Leprosy	0	0	0
Leptospirosis	0	1	2
Measles	0	0	0
Meningococcal disease	1	57	78
of these, group B	1	36	44
of these, group C	0	6	17
of these, unspec. + other	0	15	17
Mumps	0	2	2
Neuroborreliosis	2	51	19
Ornithosis	0	4	6
Pertussis (children < 2 years)	8	130	84
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	2	2
Listeria monocytogenes	0	1	1
Streptococcus pneumoniae	2	70	77
Other aethiology	0	5	2
Unknown aethiology	0	11	11
Under registration	0	20	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	1	50	67
of these, infected abroad	0	37	57
Syphilis	0	100	37
Tetanus	0	0	0
Tuberculosis	11	324	289
Typhoid/paratyphoid fever	1	12	19
of these, infected abroad	1	10	12
Typhus	0	0	0
VTEC/HUS	3	96	75
of these, infected abroad	1	17	17

¹⁾ Cumulative number of cases notified in 2004 and in the corresponding period of 2003

Selected laboratory-diagnosed infections

Number of specimens, isolates, and/or notifications received at Statens Serum Institut.

Table 2	Week 36 2004	Cum. 2004 ²⁾	Cum. 2003 ²⁾
Bordetella pertussis (all ages)	35	624	376
Gonococci	5	255	169
of these, females	0	34	23
of these, males	5	221	146
Listeria monocytogenes	0	28	21
Mycoplasma pneumoniae			
Resp. specimens ³⁾	3	113	124
Serum specimens ⁴⁾	7	252	358
Streptococci ⁵⁾			
Group A streptococci	4	94	113
Group C streptococci	2	16	15
Group G streptococci	5	76	87
S. pneumoniae	11	888	830
Table 3	Week 35 2004	Cum. 2004 ²⁾	Cum. 2003 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	167	2467	2309
S. Enteritidis	20	346	486
S. Typhimurium	20	308	308
Other zoon. salmonella	13	327	357
Yersinia enterocolitica	3	146	158

²⁾ Cumulative number in 2004 and in the corresponding period of 2003

³⁾ Resp. specimens with positive PCR

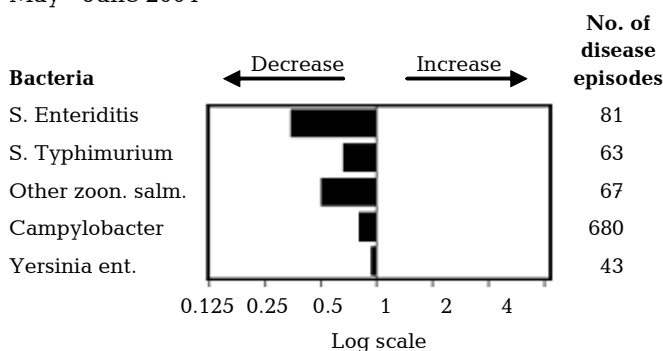
⁴⁾ Serum specimens with pos. complement fixation test, MPT

⁵⁾ Isolated in blood or spinal fluid

⁶⁾ See also www.germ.dk

Barometer for pathogenic intestinal bacteria

May - June 2004



The barometer shows the number of disease episodes in the two relevant months, compared with the average of 15 two-months periods in the last five years.

Further surveillance data may be obtained from www.germ.dk