

TUBERCULOSIS TREATMENT 2002

No. 49, 2004

Central surveillance of tuberculosis treatment in Denmark was established on a voluntary basis in 2000. After the end of treatment, a standard form is sent to the Department of Epidemiology. Treatment results for patients notified in 2000 and 2001 have previously been reported, EPI-NEWS 45/03.

After a reminder was sent, a total of 402 treatment forms were received, representing 94% (402/427) of notified cases of TB in 2002.

There was only minor regional variation. Reporting for one county was 76%, for two counties 82 and 88%, respectively, for one county 90% and for the remaining 12 counties at least 93%. In six counties, reporting was 100%, but these constituted only 12% (52/427) of the notified cases. TB treatment is prolonged, normally at least six months. This, and the fact that the primary response rate has continued to be low, has meant that treatment outcome results for 2002 have not been available until now.

Treatment outcome

The possible outcomes of TB treatment are: 1) Cured, 2) Treatment completed, 3) Died, 4) Treatment failure, 5) Defaulter, 6) Transfer out (patients who leave Denmark during the treatment), 7) Other/unknown. The sum of 1) and 2) constitutes the outcome "Treatment success".

The outcome "Cured" is used only for patients with culture-positive pulmonary TB and requires two negative control cultures. For this group of patients, the requirements for the outcome "Treatment completed" differ from patients with culture-negative pulmonary TB and all other forms of TB, as there must be at least one negative control culture. Treatment results for all types of TB patients and for patients with microscopy-positive pulmonary TB distributed by origin are shown in [table 1](#) and [table 2](#).

The proportion of all TB patients who were treated with success was 80%. For patients with microscopy-positive pulmonary TB, this proportion was 78%.

A total of 25 (6%) patients, 22 Danes and three immigrants, died during treatment. The higher mortality among Danish patients can be explained by these being older.

Treatment failure was only reported

Table 1. Treatment outcome for all TB patients, by origin, 2002

Treatment outcome	Danes	%	Immi-grants	%	Total	%
Cured	48	31	73	27	121	28
Treatment completed	75	48	147	54	222	52
Treatment success	123	79	220	81	343	80
Died	22	14	3	1	25	6
Treatment failure	1	1	0	0	1	0
Defaulter	3	2	14	5	17	4
Transfer out	1	1	13	5	14	3
Other/unknown	5	3	22	8	27	6
Total	155	100	272	100	427	100

Table 2. Treatment outcome for patients with microscopy-positive pulmonary TB, by origin, 2002

Treatment outcome	Danes	%	Immi-grants	%	Total	%
Cured	32	43	26	36	58	40
Treatment completed	28	38	28	39	56	38
Treatment success	60	81	54	75	114	78
Died	11	15	2	3	13	9
Treatment failure	1	1	0	0	1	1
Defaulter	0	0	5	7	5	3
Transfer out	1	1	4	6	5	3
Other/unknown	1	1	7	10	8	6
Total	74	100	72	100	146	100

in one case. A total of five patients defaulted the treatment (for more than eight consecutive weeks in the course of six months). A total of 14 patients left the country during treatment.

Comments

WHO's global objective is that at least 85% of patients with microscopy-positive pulmonary TB be successfully treated. This goal has not been reached for Denmark in 2002. The figure for treatment success is lower than for the previous two years, EPI-NEWS 45/03, but cannot be directly compared, because the result for these years was calculated exclusively on the basis of treatment forms received. This gave a possible overestimation of the actual treatment success. For 2002, the response rate is very high, and 25 forms that have not been received are so far recorded as treatment outcome "Unknown". Attempts will still be made to acquire the missing data.

(P. H. Andersen, Department of Epidemiology)

WORLD AIDS DAY

1 December is World AIDS Day, and the focus this year is on HIV-positive females. The United Nations estimates that women constitute close to

half of the world's 37.2 million HIV-positive adults aged 15-49 years; in the countries south of the Sahara, the corresponding figure is close to 60%. The proportion of women is also rising in Asia and Eastern Europe. There are several reasons for the increased transmission among women. The risk of transmission from man to woman during sexual intercourse is twice as high as that from woman to man. Women in many countries have difficulty in protecting themselves against sexual transmission of HIV because of the existing power structures. This may involve sexual violence, difficulty in demanding that the husband wear a condom and, last but not least, that many women find it necessary to pay with sex for goods, access to school, money or basic necessities, which is a widespread practice, particularly south of the Sahara. In southern Africa, 75% of HIV-positive people in the age group 15-24 years are women. In 2003 in Denmark, there were 68 notified cases of HIV infection in women over 15 years. Of these, 18 were infected in Denmark. None of them was younger than 25 years of age.

(M. Howitz, S. Cowan, Department of Epidemiology)

Individually notifiable diseases

No. of notifications received in the Department of Epidemiology, SSI. Figures for 2004 are preliminary

Table 1	Week 48 2004	Cum. 2004 ¹⁾	Cum. 2003 ¹⁾
AIDS	0	41	35
Anthrax	0	0	0
Botulism	0	0	1
Cholera	0	1	0
Creutzfeldt-Jakob	0	8	7
Diphtheria	0	0	0
Food-borne diseases	10	577	510
of these, infected abroad	3	102	113
Gonorrhoea	5	320	151
Haemorrhagic fever	0	0	0
Hepatitis A	1	214	71
of these, infected abroad	1	64	37
Hepatitis B (acute)	0	37	40
Hepatitis B (chronic)	7	141	200
Hepatitis C (acute)	0	2	7
Hepatitis C (chronic)	9	251	344
HIV	9	295	238
Legionella pneumonia	3	98	82
of these, infected abroad	1	29	26
Leprosy	0	0	0
Leptospirosis	0	10	3
Measles	0	0	0
Meningococcal disease	0	76	95
of these, group B	0	43	49
of these, group C	0	11	21
of these, unspec. + other	0	22	25
Mumps	0	2	3
Neuroborreliosis	2	95	69
Ornithosis	0	6	13
Pertussis (children < 2 years)	2	209	112
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	3	4
Listeria monocytogenes	0	1	1
Streptococcus pneumoniae	0	79	101
Other aethiology	0	6	4
Unknown aethiology	0	13	13
Under registration	7	28	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	5	88	93
of these, infected abroad	2	70	76
Syphilis	2	116	64
Tetanus	0	0	0
Tuberculosis	7	408	385
Typhoid/paratyphoid fever	0	21	30
of these, infected abroad	0	19	24
Typhus	0	0	0
VTEC/HUS	3	139	112
of these, infected abroad	1	28	28

¹⁾ Cumulative number 2004 and corresponding period 2003

Selected laboratory-diagnosed infections

Number of specimens, isolates, and/or notifications received in SSI laboratories

Table 2	Week 48 2004	Cum. 2004 ²⁾	Cum. 2003 ²⁾
Bordetella pertussis (all ages)	26	954	483
Gonococci	12	383	229
of these, females	2	47	27
of these, males	10	336	202
Listeria monocytogenes	2	38	26
Mycoplasma pneumoniae			
Resp. specimens ³⁾	44	503	182
Serum specimens ⁴⁾	22	467	476
Pathogenic int. bacteria ⁵⁾			
Campylobacter	22	3457	3304
S. Enteritidis	5	501	705
S. Typhimurium	3	422	420
Other zoon. salmonella	7	480	461
Yersinia enterocolitica	2	209	221
Streptococci ⁶⁾			
Group A streptococci	2	109	131
Group C streptococci	0	21	20
Group G streptococci	1	95	111
S. pneumoniae	27	1110	1076

²⁾ Cumulative number 2004 and corresponding period 2003

³⁾ Resp. specimens with positive PCR

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

⁵⁾ See also www.germ.dk

⁶⁾ Isolated in blood or spinal fluid

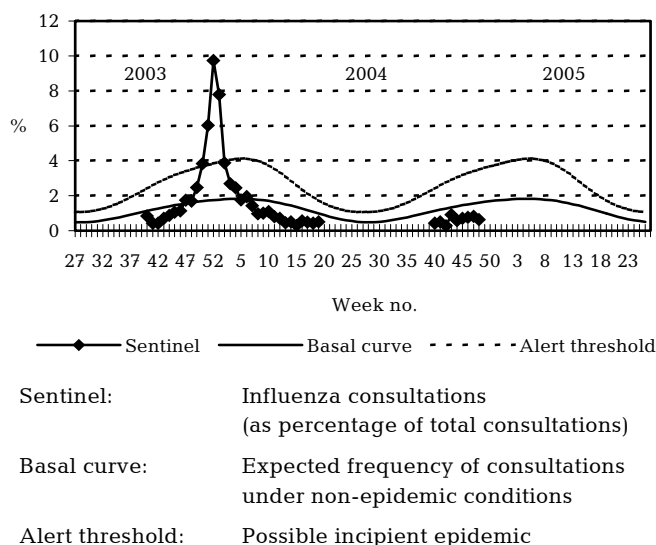
Mycoplasma pneumoniae epidemic

The large number of positive tests, [table 2](#), has increased further since week 41, 2004 (EPI-NEWS 42/43-2004).

The incidence is thus considered to be at an epidemic level. For further information, please visit www.ssi.dk.

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2003/2004/2005



1 December 2004