# EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES



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## GONORRHOEA 2003



**Laboratory diagnosed cases**
According to the laboratory notification system, gonorrhoea was diagnosed in 258 patients in 2003, 227 males and 31 females, table 1. This represents a decline of 22% relative to 2002. A total of 47% of the cases among males were diagnosed in Copenhagen and Frederiksberg.

**Table 1. Patients with laboratory diagnosed gonorrhoea, by gender, 1997-2003**

| | Total | M | F | M/F ratio |
|---|---|---|---|---|
| 1997 | 189 | 154 | 35 | 4,4 |
| 1998 | 211 | 187 | 24 | 7,8 |
| 1999 | 334 | 291 | 43 | 6,8 |
| 2000 | 335 | 291 | 44 | 6,6 |
| 2001 | 309 | 259 | 50 | 5,2 |
| 2002 | 332 * | 278 | 53 | 5,2 |
| 2003 | 258 | 227 | 31 | 7,3 |

* Gender unknown for one patient

**Gonorrhoea in throat and rectum**
According to information from the diagnostic laboratories, 27% of the gonorrhoea patients had throat swabs performed, of which 1.4% were positive. A total of 29% of the gonorrhoea patients had rectal swabs taken, of which 22% were positive. Swabs from the rectum were performed more commonly in the sexually transmitted infection (STI) clinics than at general practitioners, table 2.

**Table 2. Rectum swabs taken among gonorrhoea patients in general practice and STI clinics, 2003**

| | M | F |
|---|---|---|
| General practice | | |
| Number | 147 | 17 |
| of these, swabbed | 7 % | 24 % |
| of these, positive | 55 % | 0 |
| STI clinics | | |
| Number | 65 | 8 |
| of these, swabbed | 77 % | 63 % |
| of these, positive | 14 % | 40 % |

**Resistant gonococci**
The proportion of penicillin-resistant gonococcus isolates increased to 34% after a decline from 40% in 1999 to 19% in 2002; 24% were penicillinase-producing. The frequency of fluoroquinolone resistance rose to 29% (20% in 2002), and a further 10% of the isolates showed reduced sensitivity. A total of 39% were resistant or had reduced sensitivity to both penicillin and fluoroquinolone; all were sensitive to ceftriaxone.

**Notified cases**
For many years, only approximately 45% of patients with culture-positive gonorrhoea were notified (Form 1510). At the beginning of 2002, the clinical microbiology departments were thus requested to send a reminder of the duty to notify when they issued positive culture results. This had only a fairly modest and transient effect. Consequently, since September 2003, we have issued a notification form to each clinician when receiving a gonococcus isolate for antibiotic resistance monitoring. Subsequently, the notification frequency increased to almost 90%, figure 1. In 2003, there were 185 notified cases of gonorrhoea, of which 165 were males (89%) and 20 females (11%). The notified cases constituted 72% of the laboratory diagnosed cases. The median age was 32 years (17-78) for males and 27 years (16-53) for females. A total of 40 (22%) of the cases were immigrants, 35 males and 5 females. The distribution by county is shown in table 3.

**Figure 1. Gonorrhoea in Denmark, January 2002-August 2004. Number of isolates and percentage clinically reported cases**

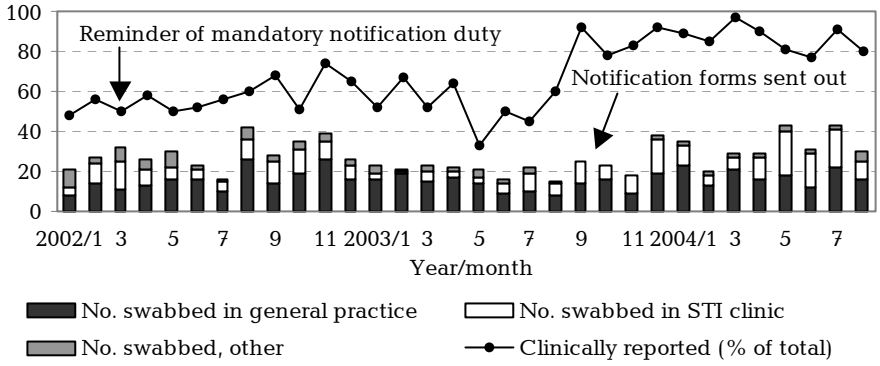



**Table 3. Notified cases of gonorrhoea, by county, 2003**

| County | Total | % |
|---|---|---|
| Copenhagen Municip. | 57 | 31 |
| Frederiksberg Municip. | 11 | 6 |
| Copenhagen County | 27 | 15 |
| Frederiksborg | 7 | 4 |
| Roskilde | 7 | 4 |
| West Zealand | 6 | 3 |
| Storstrøm | 3 | 2 |
| Bornholm | 2 | 1 |
| Funen | 13 | 7 |
| South Jutland | 3 | 2 |
| Ribe | 2 | 1 |
| Vejle | 2 | 1 |
| Ringkøbing | 2 | 1 |
| Aarhus | 22 | 12 |
| Viborg | 1 | 1 |
| North Jutland | 8 | 4 |
| Other/unknown | 12 | 5 |
| Total | 185 | 100 |

**Mode of transmission**
A total of 88 males (53%) were infected through heterosexual contact, and 69 (42%) through homosexual contact. In eight cases, mode of transmission was not stated. Denmark was the country of infection for a total of 58 (84%) of the homosexually infected males and 44 (50%) of the heterosexually infected males. Of the heterosexually infected males, 12 (14%) were infected in Thailand. Among females, 15 were infected by a steady partner. A total of 18 females were infected in Denmark. A total of eight cases (seven males and one female) were HIV-positive. Six males were Danish-born; all were infected through homosexual contact. The seventh male was an immigrant infected abroad by a prostitute. The HIV-positive female was infected in Africa by her former partner. Five of the eight cases were found by contact tracing.

**Comments**
In 2003, there were a somewhat lower number of laboratory diagnosed cases of gonorrhoea than in 2002. This tendency has not continued in 2004; at the moment, there are 50% more laboratory diagnosed cases than in the whole of 2003. Sending a notification form to the treating clinician produced a significant increase in reporting. A total of 22% of the notified cases were immigrants. This proportion is at the same level as in previous years. When rectal swabs were performed, the positive rate was generally high. Pharyngeal gonorrhoea was only diagnosed in few cases, which hardly represents the actual incidence. It is still important to take swabs from urethra, throat and rectum in both genders, and from the cervix in females. (U. Germer, S. Hoffmann, Department of Bacteriology, Mycology and Parasitology, A. Mazick, S. Cowan, Department of Epidemiology)

**VACCINATION OF PILGRIMS TO SAUDI ARABIA + MALARIA IN THE DOMINICAN REPUBLIC:**

See back page.

## Individually notifiable diseases

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

| Table 1 | Week 49 2004 | Cum. 2004 [1)] | Cum. 2003 [1)] |
|---|---|---|---|
| AIDS | 0 | 41 | 36 |
| Cholera | 0 | 1 | 0 |
| Creutzfeldt-Jakob | 0 | 8 | 7 |
| Food-borne diseases | 7 | 583 | 519 |
| of these, infected abroad | 0 | 105 | 115 |
| Gonorrhoea | 2 | 322 | 157 |
| Hepatitis A | 7 | 221 | 72 |
| of these, infected abroad | 0 | 64 | 37 |
| Hepatitis B (acute) | 1 | 38 | 40 |
| Hepatitis B (chronic) | 1 | 142 | 207 |
| Hepatitis C (acute) | 1 | 3 | 7 |
| Hepatitis C (chronic) | 2 | 253 | 358 |
| HIV | 3 | 298 | 249 |
| Legionella pneumonia | 0 | 98 | 84 |
| of these, infected abroad | 0 | 30 | 27 |
| Leptospirosis | 1 | 11 | 3 |
| Meningococcal disease | 0 | 78 | 98 |
| of these, group B | 0 | 44 | 51 |
| of these, group C | 0 | 11 | 21 |
| of these, unspec. + other | 0 | 23 | 26 |
| Mumps | 2 | 4 | 3 |
| Neuroborreliosis | 0 | 95 | 72 |
| Ornithosis | 0 | 6 | 13 |
| Pertussis (children < 2 years) | 6 | 215 | 114 |
| Purulent meningitis | | | |
| Haemophilus influenzae | 0 | 3 | 4 |
| Listeria monocytogenes | 0 | 1 | 1 |
| Streptococcus pneumoniae | 0 | 80 | 104 |
| Other aethiology | 0 | 7 | 5 |
| Unknown aethiology | 0 | 14 | 13 |
| Under registration | 6 | 29 | - |
| Shigellosis | 3 | 90 | 93 |
| of these, infected abroad | 2 | 74 | 76 |
| Syphilis | 0 | 116 | 64 |
| Tuberculosis | 9 | 416 | 391 |
| Typhoid/paratyphoid fever | 1 | 22 | 30 |
| of these, infected abroad | 1 | 20 | 24 |
| VTEC/HUS | 5 | 144 | 115 |
| of these, infected abroad | 2 | 32 | 28 |

| Table 1, notes |
|---|
| In 2004, none of the following cases were reported: Anthrax, botulism, diphtheria, haemorrhagic fever, leprosy, measles, plague, typhus, polio, rabies, rubella, tetanus. |
| *1) Cumulative no. 2004 and corresponding period 2003* |

| Table 2, notes |
|---|
| *2) Cumulative no. 2004 and corresponding period 2003* |
| *3) Respiratory 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* |

## Selected laboratory-diagnosed infections

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

| Tabel 2. | Week 49 2004 | Cum. 2004 [2)] | Cum. 2003 [2)] |
|---|---|---|---|
| Bordetella pertussis | | | |
| (all ages) | 43 | 997 | 508 |
| Gonococci | 20 | 403 | 236 |
| of these, females | 2 | 49 | 27 |
| of these, males | 18 | 354 | 209 |
| Listeria monocytogenes | 1 | 37 | 28 |
| Mycoplasma pneumoniae | | | |
| Resp. specimens *3)* | 67 | 570 | 187 |
| Serum specimens *4)* | 41 | 508 | 487 |
| Pathogenic int. bacteria *5)* | | | |
| Campylobacter | 92 | 3619 | 3381 |
| S. Enteritidis | 10 | 514 | 713 |
| S. Typhimurium | 14 | 447 | 425 |
| Other zoon. salmonella | 12 | 497 | 475 |
| Yersinia enterocolitica | 3 | 214 | 225 |
| Streptococci *6)* | | | |
| Group A streptococci | 1 | 110 | 132 |
| Group C streptococci | 1 | 22 | 20 |
| Group G streptococci | 3 | 98 | 111 |
| S. pneumoniae | 37 | 1147 | 1099 |

## Vaccination of pilgrims to Saudi Arabia

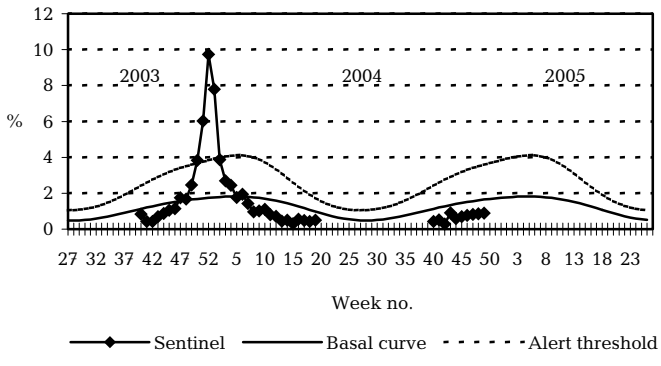
To obtain a visa for Saudi Arabia, vaccination with the tetravalent polysaccharide vaccine against meningococcal disease serogroups A+C+W135+Y is required. Protection lasts three years.
All travellers over the age of 2, incl. those who have been vaccinated against groups A+C within the last three years, should be vaccinated once at least 10 days before entry. Children aged 3-24 months should be vaccinated twice at an interval of 3 months, and only protection against serogroup A can be expected.

## Malaria in the Dominican Republic

In recent weeks, in several European countries, cases of the severe form of malaria, P. falciparum have been recorded among tourists returning from the Dominican Republic. All patients have been visiting the tourist area around Punta Cana in the province of Altagracia in the eastern part of the island. CDC has stated that there is also a risk of P. falciparum malaria in the province of Duarte in the north-eastern part of the island.
Until further notice, Danish travellers to the provinces mentioned above are advised to take chloroquine tablets as prophylaxis against malaria. Alternatively, Malarone tablets may be taken in the event of stays of a few days' duration. Protection against mosquitoes is also important. Finally, it is very important to contact a GP in the event of fever after having returned home, and to mention the stay in areas with malaria.

## Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2003/2004/2005




| | |
|---|---|
| Sentinel: | Influenza consultations (as percentage of total consultations) |
| Basal curve: | Expected frequency of consultations under non-epidemic conditions |
| Alert threshold: | Possible incipient epidemic |

8 December 2004