EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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No. 51, 2004

SOUNDEX CODE ON THE HIV NOTIFICATION FORM

From 1 January 2005, the introduction of Soundex coding will improve the Danish HIV surveillance. At the same time, form 4001-6 for reporting HIV antibody-positive persons has been revised, with a few additional questions. Soundex ("sound index") is a name code that consists of the first letter in the surname followed by three digits that are determined by the consonants in the name. The system was created in 1918 and is used for purposes including censuses in the United States and genealogical research. In the United Kingdom, HIV notifications have been Soundex-coded since 1989. A Soundex code covers a group of names, and a particular name cannot be decoded from a Soundex code. The Soundex code is generated by the laboratories that carry out confirmatory HIV investigations.

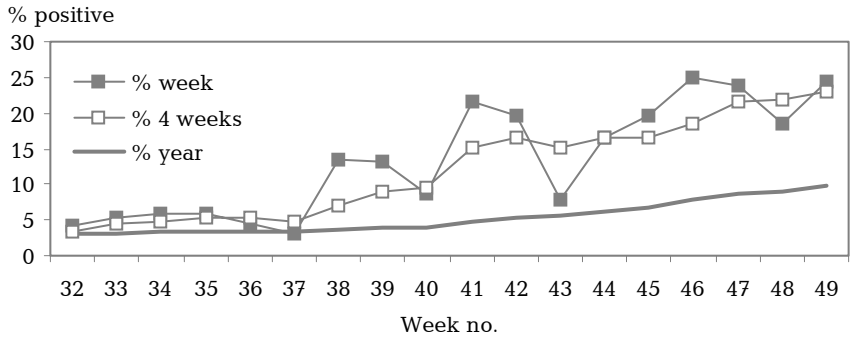
Objective

HIV infection became notifiable in Denmark in August 1990. Notification should be made of all positive HIV tests, and even though the notification shows whether the person has previously been tested positive, the database of HIV notifications probably contains a number of double registrations, since the notifications are anonymous. With date of birth and Soundex code added to the HIV notifications, it will in future be possible to identify almost all of the possible double registrations.
In addition to increased data quality, the new coding will provide a better opportunity to follow the disease, e.g. when the HIV notifications are linked with the AIDS register.
After the introduction of combination treatment, AIDS has become a rare diagnosis, and the AIDS register today has less significance in epidemiological surveillance. With date of birth and Soundex code, the HIV register will eventually be able to replace the AIDS register.
AIDS is still individually notifiable on form 1515.

Comments

The quality of the epidemiological surveillance still depends on the HIV notification form 4001-6 being completed as fully as possible.
From a Soundex code, it is not possible to retrace a particular named patient. The data are thus non-attributable.
Furthermore, it is still possible to be tested anonymously. In these cases, a date of birth and Soundex code cannot be added to the notifications, and they will be registered without these data. Further information about Soundex coding of HIV notifications, including a Soundex converter, can be found on www. hiv-soundex.dk and on www.ssi.dk under "surveillance".
(M. Howitz, S. Cowan, Department of Epidemiology)

Figure 1. Tests positive for Mycoplasma pneumoniae by PCR performed at SSI, in percentages, 2 August - 5 December, 2004



EPIDEMIC OF MYCOPLASMA PNEUMONIAE

In EPI-NEWS 42/43/04, an increase in number of tests positive for Mycoplasma pneumoniae (M. pneumoniae) by PCR was described. In the subsequent weeks, a further increase has occurred, both in absolute numbers and as a percentage of specimens investigated. In the weeks from 8 November to 5 December, the mean positive percentage has been 23, figure 1. Since the week commencing 13 September, there have been 454 positive specimens, while there were 58 positive specimens in the same period in 2003. This calculation is not based on nationwide data, since SSI does not receive specimens for M. pneumoniae PCR from all the counties in the country.
M. pneumoniae infection occurs epidemically at intervals of 3-7 years. The last nation-wide epidemic was in the autumn of 1998/99, EPI-NEWS 46/98. The high incidence of positive specimens is regarded as an expression of a current epidemic of M. pneumoniae, and it is estimated that this will continue for another 2–4 months. M. pneumoniae can be detected by PCR in the acute phase of the disease. Throat swabs or secretions from the airways can be used for this. A single specimen for PCR is usually adequate.
For further information about clinical presentation and recommendations regarding diagnostics and treatment, see EPI-NEWS 42/43/04.
(S. Uldum, Department of Mycology, Bacteriology and Parasitology)

EUROPEAN TRAINING PROGRAMME FOR EPIDEMIOLOGISTS

It is again possible to apply for admission to a two-year European training programme for epidemiologists, EPIET (European Programme for Intervention Epidemiology Training). The programme commences in September 2005 and takes place during a two-year placement in another European country.
During the programme, skills will be gained in carrying out independent assignments in connection with surveillance and monitoring of infectious diseases, outbreak tracing and management, applied research and communication, etc.
Applicants must be citizens of the EU, Switzerland or Norway and have some experience in public health and the epidemiology of infectious diseases. The applicant is expected to be interested in field epidemiology, and good language skills in English and another EU language are required. During the programme, the student will receive a salary from national funds or funds from the EU programme. Further information is available on www.epiet.org, or by contacting the Department of Epidemiology, SSI. Deadline for applications is 31 January 2005.
(Department of Epidemiology)

NEW STAFF MEMBERS

From 1 November 2004, four new members of staff have been appointed to the Department of Epidemiology: Katja Qureshi, registrar, Tyra Grove Krause, locum for staff specialist, Mark Muscat, doctor, and Gerhard Falkenhorst, doctor and EPIET fellow.
(Department of Epidemiology)

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI. Figures for 2004 are preliminary

Table 1	Week 50 2004	Cum. 2004 [1)]	Cum. 2003 [1)]
AIDS	1	42	38
Cholera	0	1	0
Creutzfeldt-Jakob	0	8	7
Food-borne diseases	13	596	534
of these, infected abroad	3	108	115
Gonorrhoea	6	328	160
Hepatitis A	2	223	74
of these, infected abroad	1	65	39
Hepatitis B (acute)	1	39	42
Hepatitis B (chronic)	2	144	212
Hepatitis C (acute)	0	3	7
Hepatitis C (chronic)	3	256	365
HIV	10	310	252
Legionella pneumonia	3	101	87
of these, infected abroad	0	30	27
Leptospirosis	2	13	4
Meningococcal disease	1	81	98
of these, group B	1	46	51
of these, group C	0	11	21
of these, unspec. + other	0	24	26
Mumps	2	6	3
Neuroborreliosis	1	96	74
Ornithosis	0	6	14
Pertussis (children < 2 years)	2	217	114
Purulent meningitis			
Haemophilus influenzae	0	3	4
Listeria monocytogenes	0	1	1
Streptococcus pneumoniae	0	80	105
Other aethiology	0	8	5
Unknown aethiology	0	15	13
Under registration	4	28	-
Shigellosis	1	91	94
of these, infected abroad	1	75	77
Syphilis	1	117	67
Tuberculosis	4	420	394
Typhoid/paratyphoid fever	0	22	30
of these, infected abroad	0	20	24
VTEC/HUS	1	145	117
of these, infected abroad	1	33	29

Table 1, notes
In 2004, none of the following cases were reported: Anthrax, botulism, diphtheria, haemorrhagic fever, leprosy, measles, plague, polio, rabies, rubella, tetanus, typhus.
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

Patients with laboratory diagnosed chlamydia by gender and county, 3rd quarter 2004

	2004			2003
County	M	F	Total	Total
Cph. & Frb. Municipalities	415	625	1040	1029
Copenhagen	179	367	548 *)	509
Frederiksborg	115	197	314 *)	263
Roskilde	70	182	252	155
West Zealand	93	185	278	276
Storstrøm	60	142	202	143
Bornholm	3	15	18	19
Funen	129	297	426	450
South Jutland	69	175	244	237
Ribe	75	129	205 *)	185
Vejle	133	239	372	325
Ringkøbing	64	133	197	183
Aarhus	273	512	786 *)	610
Viborg	73	151	225 *)	202
North Jutland	176	380	556	462
Whole country	1927	3729	5663	5048

**) Gender unknown in a few cases*

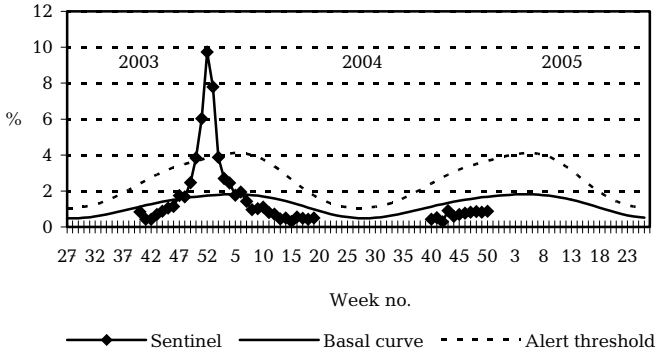
Selected laboratory-diagnosed infections

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

Tabel 2.	Week 50 2004	Cum. 2004 [2)]	Cum. 2003 [2)]
Bordetella pertussis			
(all ages)	34	1031	525
Gonococci	3	406	247
of these, females	0	49	30
of these, males	3	357	217
Listeria monocytogenes	2	39	28
Mycoplasma pneumoniae			
Resp. specimens *3)*	60	630	193
Serum specimens *4)*	23	531	493
Pathogenic int. bacteria *5)*			
Campylobacter	38	3606	3452
S. Enteritidis	10	527	720
S. Typhimurium	9	448	431
Other zoon. salmonella	9	504	486
Yersinia enterocolitica	4	219	232
Streptococci *6)*			
Group A streptococci	1	111	135
Group C streptococci	0	22	20
Group G streptococci	2	100	112
S. pneumoniae	36	1183	1134

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

15 December 2004