



CHRONIC HEPATITIS B 2004

No. 41, 2005

2004 saw a total of 124 notified cases of chronic hepatitis B virus (HBV) infection, 64 (52%) males and 60 (48%) females. The median age was 32 years (age distribution 2-66), [table 1](#).

Table 1. Notified cases of chronic HBV infection 2004, by age and sex

Age	M	F	Total
0-14	11	7	18
15-19	1	4	5
20-29	6	16	22
30-39	16	22	38
40-49	19	7	26
50+	11	4	15
Total	64	60	124

Distribution by county is presented in [table 2](#).

Table 2. Notified cases of chronic HBV infection 2004 and incidence per 10⁵ in 2004 and 2003, by county

County	No. 2004	Incidence per 10 ⁵ yearly	
		2004	2003
Cph. Municip.	17	3.4	6.4
Frb. Municip.	4	4.4	3.3
Copenhagen	22	3.6	3.6
Frederiksborg	15	4.0	7.3
Roskilde	3	1.3	3.8
West Zealand	1	0.3	0.3
Storstrøm	2	0.8	0.4
Bornholm	1	2.3	9.3
Funen	10	2.1	1.9
South Jutland	1	0.4	0.8
Ribe	2	0.9	0.4
Vejle	9	2.5	1.7
Ringkøbing	9	3.3	4.4
Aarhus	17	2.6	2.3
Viborg	6	2.6	3.4
North Jutland	5	1.0	-
Unknown	-	-	-
Total	124	2.3	2.8

Mode of infection and origin are presented in [table 3](#).

Most of the notified cases, 101 persons (81%), were immigrants, children of immigrants or adopted children originating from 33 different countries, including Turkey 23%, Vietnam 13%, Somalia 9%, Thailand 8% and the Philippines 6%. The rest were from 27 other countries situated in areas with intermediate or high incidence of HBV infection. A total of 23 (19%) of the notified cases were of Danish origin, of whom five were infected abroad.

Comments

Mother-to-child infection was the main cause of chronic HBV infection among persons of ethnic background other than Danish. For 27% of these,

Table 3. Notified cases of chronic HBV infection 2004, by mode of infection and origin

Mode of infection	Origin	
	Danish	Foreign
IV drug abuse	2	1
Sexual transmission	6	0
Mother-to-child	0	69
Blood transfusion	0	1
Close social contact	1	3
Other known	2	0
Tattooing/piercing	1	0
Unknown	11	27
Total	23	101

the mode of infection was stated as unknown, but most had probably been horizontally infected during childhood or via sexual contact with persons from their countries of origin. For persons of Danish origin, IV drug abuse was previously the most common mode of infection. Sexual transmission has now become the most significant mode of transmission. As of 1 April 2005, free hepatitis A and B vaccination have been introduced for IV drug abusers, as well as free hepatitis B vaccination for members of their households and steady sexual partners.

Perinatal infection in Denmark

Since mandatory notification of chronic HBV infection was introduced in 2000, there have been a total of 47 notified cases of perinatal infection in Denmark, including seven in 2004. The actual figure is probably higher, as HBV infection usually has a subclinical course in childhood and is only detected if the person is examined later in life.

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HEPATITIS B SCREENING OF PREGNANT WOMEN

General screening of pregnant women for HBV infection is being introduced from 1 November 2005, provisionally as a 2-year trial period, EPI-NEWS 25-32/05.

In the following passage, tasks concerning general GPs are discussed.

Testing of pregnant women

Testing for HBV infection will be linked to the routine testing for blood type and irregular antibodies at the first antenatal check-up with the woman's own GP. The same blood specimen and request form are used. As previously, the GP is to submit the blood test to the local blood

bank, where from 1 November 2005 it will also be tested for HBsAg, unless a note is made on the request form that testing is not required. Concerning number of vials of blood submitted, etc., please consult local agreements with the blood banks. Testing is conducted after informed consent and may be refused by the pregnant woman.

Results to the obstetric unit

The general practitioner is to ensure that results of investigations for HBsAg are entered in the antenatal records and brought to the obstetric unit. Both positive and negative results are to be included in the antenatal records. In case of a positive screening test for HBsAg, the blood bank will usually have a confirmatory test performed. In some counties, the blood bank will inform both the general practitioner and the obstetric unit directly of the positive finding. Please consult local agreements.

Results to the pregnant women

If the pregnant woman is HBsAg negative: The result is given routinely at the second antenatal check-up. *If the pregnant woman is HBsAg positive:* The pregnant woman is informed and referred to a specialist unit for assessment of the need for treatment and further information. In addition, testing of the pregnant woman's household for HBV infection is initiated and follow-up vaccinations are given in accordance with the guidelines for the prophylaxis of viral hepatitis. In addition, notification is made on form 1515 to the Department of Epidemiology, SSI, and to the Medical Office of Health.

Vaccination of neonates

1st hepatitis B vaccination and specific immunoglobulin are given at birth.

The general practitioner gives the second hepatitis B vaccination when the child is 1 month old at the 5-week check-up.

3rd and 4th hepatitis B vaccination are given when the child is 2 and 12 months old, respectively.

The hepatitis B vaccine may be requisitioned free of charge from SSI. The National Board of Health will issue guidelines for the trial period as soon as possible.

(National Board of Health)

12 October 2005

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2005 figures are preliminary)

Table 1	Week 40 2005	Cum. 2005 ¹⁾	Cum. 2004 ¹⁾
AIDS	2	47	35
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	1
Creutzfeldt-Jakob	0	2	7
Diphtheria	0	0	0
Food-borne diseases	18	425	494
of these, infected abroad	4	105	80
Gonorrhoea	10	398	261
Haemorrhagic fever	0	0	0
Hepatitis A	0	51	179
of these, infected abroad	0	17	51
Hepatitis B (acute)	0	29	31
Hepatitis B (chronic)	5	109	107
Hepatitis C (acute)	0	1	2
Hepatitis C (chronic)	4	250	246
HIV	5	224	236
Legionella pneumonia	8	90	80
of these, infected abroad	5	33	24
Leprosy	0	0	0
Leptospirosis	0	9	4
Measles	0	2	0
Meningococcal disease	0	70	77
of these, group B	0	35	42
of these, group C	0	18	11
of these, unspec. + other	0	17	24
Mumps	0	7	1
Neuroborreliosis	3	65	91
Ornithosis	0	17	5
Pertussis (children < 2 years)	3	125	170
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	1	3
Listeria monocytogenes	0	1	2
Streptococcus pneumoniae	0	85	81
Other aethiology	0	12	6
Unknown aethiology	0	11	12
Under registration	6	25	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	3	86	61
of these, infected abroad	2	68	50
Syphilis	3	106	107
Tetanus	0	2	0
Tuberculosis	6	348	331
Typhoid/paratyphoid fever	1	30	20
of these, infected abroad	1	28	18
Typhus exanthematicus	0	0	0
VTEC/HUS	6	129	117
of these, infected abroad	3	46	22

¹⁾ Cumulative number 2005 and in corresponding period 2004

Selected laboratory diagnosed infections

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

Table 2	Week 40 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Bordetella pertussis (all ages)	10	408	745
Gonococci	7	351	292
of these, females	0	36	37
of these, males	7	315	255
Listeria monocytogenes	1	30	29
Mycoplasma pneumoniae			
Resp. specimens ³⁾	19	740	154
Serum specimens ⁴⁾	10	606	294
Streptococci ⁵⁾			
Group A streptococci	0	88	100
Group B streptococci	5	62	63
Group C streptococci	0	19	18
Group G streptococci	0	94	84
S. pneumoniae	7	861	935
Table 3	Week 38 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	81	2771	2824
S. Enteritidis	26	493	388
S. Typhimurium	9	408	372
Other zoon. salmonella	12	442	380
Yersinia enterocolitica	7	177	166

²⁾ Cumulative number 2005 and in corresponding period 2004

³⁾ Resp. specimens with positive PCR

⁴⁾ Serum specimens with pos. complement fixation test

⁵⁾ Isolated in blood or spinal fluid

⁶⁾ See also www.germ.dk