

AVIAN INFLUENZA: STATUS

Avian influenza virus A (H5N1) is still circulating among poultry in Asia and has spread to Europe, where the virus has been detected in birds in Croatia, Russia, Romania and Turkey. Information about the incidence among poultry can be seen on www.foedevarestyrelsen.dk. The outbreak has previously been discussed in EPI-NEWS 10/05.

Incidence in humans

In Asia, there are still cases of disease in humans as a result of infection with avian influenza virus A (H5N1). Most recently, there have also been confirmed cases in China, [table 1](#).

Table 1. Number of cases of human infection with influenza virus A H5N1, as of 29/11/2005.

Source: WHO

Country	Cases	Deaths
Vietnam	93	42
Thailand	21	13
Indonesia	12	7
Cambodia	4	4
China	3	2
Total	133	68

Compared to the very large number of persons who have been exposed to infection from poultry in Asia, only a few have become ill. The mortality has been high (52%) among the confirmed cases, which have mainly been younger and previously well persons. Avian influenza virus A (H5N1) has to date not mutated to be able to cause transmission from person to person. In a few cases, it has not been possible to exclude such transmission, nor has it been possible to confirm it. There are currently no restrictions for travellers to Asia or other countries with an incidence of avian influenza. However, contact with poultry should be avoided, e.g. at markets and the like, where live birds are sold. There is no risk associated with eating poultry which has been thoroughly boiled or roasted. (S. Glismann, Department of Epidemiology)

THE GLOBAL POLIO SITUATION

It has been the objective of the WHO that the last case of polio should occur in 2005. Even though the number of countries with endemic incidence of polio has been reduced from 125 countries in 1988 to just five, there has been spread in 2004 and 2005 to a series of countries that have previ-

ously been declared polio-free or where there have been no cases of polio for some years, EPI-NEWS 22/05. Thus, the WHO goal cannot be achieved in 2005. In 2003/2004, polio spread from Nigeria to a series of countries in West and Central Africa. After large vaccination campaigns, the disease is again under control, and in these countries, there have been no new cases of polio since June 2005. In 2005, there have been outbreaks after polio was imported into Yemen (476), Indonesia (295), Somalia (42), Ethiopia (18), Angola (9), Mali (3), Eritrea (1), Cameroon (1) and Nepal (1). In two countries, Sudan (26) and Chad (1), transmission has been re-established (new cases over a period of more than six months). The five countries where polio occurs endemically are: Nigeria (576), India (48), Pakistan (21), Niger (6) and Afghanistan (4). The figures in parentheses state the number of cases of polio as of 22 November 2005. Egypt was declared polio-free in 2005.

Polio in Denmark?

There have been no cases of polio in Denmark for almost 30 years, and the polio vaccination programme still has good coverage. Since 2001, Statens Serum Institut has systematically monitored the incidence of enteroviruses, to which group poliovirus belongs, EPI-NEWS 20/01. In this period, there have been no isolated cases of wild polio virus from patients in Denmark. Until the last child in the world with polio has been found, there is a risk of outbreaks of polio in all polio-free countries. It is thus important that all Danish children still be vaccinated against polio. Similarly, it is important that travellers to areas where polio still occurs are fully vaccinated.

(P. H. Andersen, Department of Epidemiology)

YELLOW FEVER OUTBREAKS IN AFRICA

In the course of the last month, the WHO has reported outbreaks of yellow fever in four African countries: Sudan, Mali, Guinea and Senegal. Most recently, a large outbreak in Sudan has been reported. Until 27 November, there were 530 cases in several different areas in South Kordofan State, and of these, 131 had died. Until 22 November, there were reports on 53 suspected cases and 23 deaths in Mali, primarily in the district of Bafoulabé in the region of

Kayes. At the start of November, there were reports of nine suspected cases in Guinea, spread throughout the regions of Boké, Kankan, N'Zérékoré and Faranah, as well as the city of Conakry. At the end of October, there were reports of two fatal verified cases in the district of Goudiri in Senegal. In Sudan, Mali and Senegal, large vaccination campaigns have been planned or conducted. All travellers to areas of endemic yellow fever in Africa and South America should be vaccinated against yellow fever, EPI-NEWS 23a+b/05. In each country, there may be a requirement for vaccination against yellow fever.

(P. H. Andersen, Department of Epidemiology)

WORLD AIDS DAY 2005

1 December is World Aids Day. The theme this year is "Stop AIDS - Keep the promise". This is a message directed towards governments, organisations and private individuals to keep both the economic obligations and the practical engagement in the work to eradicate AIDS. According to UNAIDS, 37.2 million adults and 2.2 million children were living with HIV at the end of 2004. The same year, 4.9 million people were infected with HIV. In Denmark, the HIV burden is still greatest among homosexual men. Among infected persons in this group, there has been a declining proportion in the younger age groups from the middle of the 1990s to 2000. Since 2000, this trend has reversed, and the provisional calculation for 2005 shows that 25% of Danish men infected through homosexual contact were under 30 years of age.

(S. Cowan, Dept. of Epidemiology)

VACCINATION OF PILGRIMS TO SAUDI ARABIA

In order to get a visa, vaccination with the tetravalent polysaccharide vaccine against meningococcal disease serogroup A+C+W135+Y is required. Protection lasts 3 years. All travellers over 2 years of age, including those who have been vaccinated against group A+C within the last three years, should be vaccinated once, no later than 10 days before arrival. Children aged 3-24 months should be vaccinated twice at an interval of three months, and only protection against serogroup A can be expected.

(Department of Epidemiology)

30 November 2005

Individually notifiable diseases

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

Table 1	Week 47 2005	Cum. 2005 ¹⁾	Cum. 2004 ¹⁾
AIDS	1	52	41
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	1
Creutzfeldt-Jakob	0	2	8
Diphtheria	0	0	0
Food-borne diseases	17	526	578
of these, infected abroad	2	125	105
Gonorrhoea	14	452	320
Haemorrhagic fever	0	0	0
Hepatitis A	1	63	217
of these, infected abroad	1	21	60
Hepatitis B (acute)	0	31	38
Hepatitis B (chronic)	1	130	132
Hepatitis C (acute)	0	1	5
Hepatitis C (chronic)	1	284	286
HIV	7	242	274
Legionella pneumonia	3	106	98
of these, infected abroad	1	43	32
Leprosy	0	0	0
Leptospirosis	0	9	10
Measles	0	2	0
Meningococcal disease	0	80	87
of these, group B	0	38	49
of these, group C	0	21	12
of these, unspec. + other	0	20	26
Mumps	0	7	2
Neuroborreliosis	3	85	116
Ornithosis	0	19	6
Pertussis (children < 2 years)	1	137	211
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	2	4
Listeria monocytogenes	0	2	2
Streptococcus pneumoniae	0	97	93
Other aethiology	0	15	8
Unknown aethiology	0	15	15
Under registration	2	13	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	0	98	90
of these, infected abroad	0	78	76
Syphilis	4	117	116
Tetanus	0	2	0
Tuberculosis	4	399	370
Typhoid/paratyphoid fever	0	32	21
of these, infected abroad	0	30	19
Typhus exanthematicus	0	1	0
VTEC/HUS	2	138	140
of these, infected abroad	1	48	32

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 47 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Bordetella pertussis (all ages)	10	456	928
Gonococci	10	410	371
of these, females	0	43	45
of these, males	10	367	326
Listeria monocytogenes	2	37	36
Mycoplasma pneumoniae			
Resp. specimens ³⁾	62	948	459
Serum specimens ⁴⁾	28	727	452
Streptococci ⁵⁾			
Group A streptococci	0	92	107
Group B streptococci	0	72	79
Group C streptococci	0	24	21
Group G streptococci	0	106	94
S. pneumoniae	18	973	1083
Table 3	Week 45 2005	Cum. 2005 ²⁾	Cum. 2004 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	82	3380	3380
S. Enteritidis	16	598	481
S. Typhimurium	13	502	410
Other zoon. salmonella	6	508	462
Yersinia enterocolitica	3	213	202

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

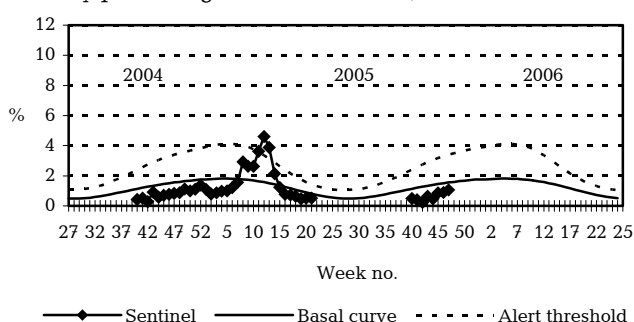
⁶⁾ See also www.germ.dk

Tularaemia

In 2005, three cases of tularaemia (rabbit fever) have been detected after tick bites on Bornholm, EPI-NEWS 40/05.

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2004/2005/2006



Sentinel: Influenza consultations (as percentage of total consultations)

Basal curve: Expected frequency of consultations under non-epidemic conditions

Alert threshold: Possible incipient epidemic