EPI-NEWS
NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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MENINGOCOCCAL DISEASE 2005

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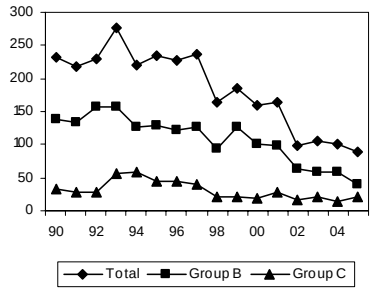
In 2005, a total of 89 cases of meningococcal disease (MD) were notified, Figure 1.

Figure 1. Notified cases of meningococcal disease, 1990-2005



A reminder for written notification was sent in 28 (31%) cases. Among the 89 patients, 24 had meningitis, 27 septicaemia, and 38 both meningitis and septicaemia as clinical manifestation. Table 1 shows distribution.

Table 1. Notified cases of meningococcal disease in 2005 by county and incidence per 10^5. 2004 incidence in ( )

County	Number	Incidence	
Cph. Mun.	7	1,4	(1,6)
Frb. Mun.	0	-	-
Copenhagen	13	2,1	(0,8)
Frederiksborg	7	1,9	(1,3)
Roskilde	3	1,3	(0,8)
West Zealand	4	1,3	(2,0)
Storstroem	4	1,5	(2,3)
Bornholm	0	0,0	(4,6)
Funen	9	1,9	(2,5)
South Jutland	2	0,8	(1,2)
Ribe	6	2,7	(1,8)
Vejle	8	2,2	(2,5)
Ringkoebing	4	1,5	(2,5)
Aarhus	8	1,2	(1,8)
Viborg	4	1,7	(3,0)
North Jutland	7	1,4	(2,2)
Other	3	-	-
Total	89	1,6	(1,9)

As previously, the incidence was highest in children < 2 years and in adolescents aged 14-17 years, Table 2.

Sequelae of the disease
Three (3%) of the patients died, Table 2. They all had septicaemia, with or without meningitis as clinical manifestation. One had serogroup B meningococci, another serogroup C, and the third patient had W135 meningococci.
Eleven patients were reported to have experienced sequelae: four suffered hearing impairment, four developed skin necroses, one had extremities amputated following necroses, one developed reactive arthritis and another abducens paralysis.

Table 2. Notified cases of meningococcal disease in 2005 by age, serogroups B and C, M/F ratio, incidence per 10^5 and number of deaths

Age (years)	Gr. B	Gr. C	Total	M / F ratio	Incidence	Deaths
< 1	8	1	14	2,5	21,5	0
1-2	8	2	12	0,5	9,2	0
3-6	5	4	10	0,7	3,7	0
7-13	3	1	11	2,7	2,3	0
14-17	4	5	13	1,2	5,3	0
18-29	5	3	9	1,3	1,2	1
30-39	1	1	3	2,0	0,4	0
+ 40	6	4	17	0,3	0,6	2
Total	40	21	89	1,0	1,6	3

Diagnosis
In 68 (76%) patients meningococci were verified by culture, in two by PCR and in one by counterimmuno-electrophoresis (CIE). The remaining 18 patients had clinical MD; 14 of whom had positive meningococcal antibody titre (MAT), one had positive microscopy of spinal fluid, and in two cases the diagnosis was solely clinical.
In 67 of the 68 culture-verified and one of the CIE-verified cases, the serological group was determined at the SSI reference laboratory: 40 serogroup B, 21 C, four W135, two A and one Y.
One group A case was imported from New Delhi, India, during a major MD outbreak in April-May 2005. The other group A case was found in a child, one of whose family members had recently returned from Morocco. None of the five patients with MD W135 or Y had had foreign contact.

Clusters
One MD cluster was registered, as two pupils from the same form were admitted at a five-day interval, both with group C MD.

Comments
The number of MD cases has been declining steadily since the late1990s and is now at its lowest level since notification requirements were introduced in 1980. There is no indication that the decrease is caused by non-notification, as the SSI reference laboratory has been receiving fewer isolates as well. The decrease has mainly been recorded in serogroup B.
For more information on the distribution of responsibility and secondary prophylaxis in connection with cases of meningococcal disease, see EPI NEWS 15/05. (M. Howitz, P. Valentiner-Branth, K. Mølbak, Department of Epidemiology).

WORLD TB DAY 2006
On 24 March, the WHO and the Stop TB Partnership will once again draw attention to the international fight against tuberculosis by celebrating the yearly "World TB Day". On that date, 124 years will have passed since the German Robert Koch discovered the tubercle bacillus.
The Stop TB Partnership is a diverse interest organisation counting among its participants countries as well as private and public contributors and international partners, including the WHO. The long term goal of the Stop TB Partnership is to eliminate TB as a global health problem by 2050 at the latest. The organisation has recently published "The Global Plan to Stop TB 2006-2015". The 2015 objective of the plan is to reduce TB deaths and prevalences by 50% relative to 1990 levels. You will find the plan at www.stoptb.org.
This year's "World TB Day" focuses on the plan's subtitle: "Actions for Life: towards a world free of tuberculosis" and the ten key words: act, commit, treat, advocate, reach, invest, achieve, innovate, collaborate and hope.
Last week, the WHO launched a new six-point strategy in support of "The Global Plan to Stop TB 2006-2015". The strategy builds on the WHO's treatment strategy (DOTS), which has been employed with great success in a number of countries with a high TB incidence since 1995. Please find the strategy at www.who.int.
On 16-17 October 2006, the WHO Regional Office for Europe in Copenhagen will host a ministerial forum on tuberculosis.
An estimated annual of 8 million new cases of TB are recorded worldwide, and the disease causes an estimated 1.7 million deaths annually.
(P. H. Andersen, Department of Epidemiology)

22 March 2006

Individually notifiable diseases
Number of notifications received in the Department of Epidemiology, SSI (2006 figures are preliminary)

Table 1	Week 11 2006	Cum. 2006 [1)]	Cum. 2005 [1)]
AIDS	0	9	19
Creutzfeldt-Jakob	2	6	1
Food-borne diseases	5	85	71
of these, infected abroad	0	19	13
Gonorrhoea	19	98	140
Hepatitis A	0	3	27
of these, infected abroad	0	0	7
Hepatitis B (acute)	0	4	14
Hepatitis B (chronic)	40	131	37
Hepatitis C (acute)	0	1	1
Hepatitis C (chronic)	75	196	70
HIV	6	45	78
Legionella pneumonia	0	15	16
of these, infected abroad	0	2	2
Leptospirosis	0	3	5
Measles	2	9	0
Meningococcal disease	1	14	22
of these, group B	1	9	14
of these, group C	0	0	2
of these, unspec. + other	0	5	6
Mumps	0	8	2
Neuroborreliosis	0	13	15
Ornithosis	0	4	4
Pertussis (children < 2 years)	2	17	59
Purulent meningitis			
Haemophilus influenzae	0	1	0
Listeria monocytogenes	0	2	1
Streptococcus pneumoniae	0	13	37
Other aethiology	0	1	0
Unknown aethiology	0	3	3
Under registration	4	23	-
Shigellosis	1	18	26
of these, infected abroad	1	16	24
Syphilis	1	17	17
Tetanus	0	0	2
Tuberculosis	4	80	91
Typhoid/paratyphoid fever	0	7	6
of these, infected abroad	0	7	5
VTEC/HUS	2	23	32
of these, infected abroad	1	8	17

Selected laboratory diagnosed infections
Number of specimens, isolates, and/or notifications received at Statens Serum Institut

Table 2	Week 11 2006	Cum. 2006 [2)]	Cum. 2005 [2)]
Bordetella pertussis			
(all ages)	5	62	183
Gonococci	11	90	105
of these, females	5	20	17
of these, males	6	70	88
Listeria monocytogenes	1	6	7
Mycoplasma pneumoniae			
Resp. specimens *3)*	5	184	509
Serum specimens *4)*	10	137	355
Streptococci *5)*			
Group A streptococci	2	36	38
Group B streptococci	3	24	11
Group C streptococci	0	6	5
Group G streptococci	4	28	33
S. pneumoniae	18	312	334
Table 3	**Week 9 2006**	**Cum. 2006 [2)]**	**Cum. 2005 [2)]**
Pathogenic int. bacteria [6)]			
Campylobacter	22	286	394
S. Enteritidis	3	47	56
S. Typhimurium	4	49	63
Other zoon. salmonella	10	83	82
Yersinia enterocolitica	3	28	37
Verocytotoxin-prod. E.coli	1	16	19
Enteropathogenic E. coli	3	40	40
Enterotoxigenic E. coli	8	36	31

Table 1, notes
In 2006, none of the following cases have been reported: anthrax, botulism, cholera, diphtheria, haemorrhagic fever, leprosy, plague, polio, rabies, rubella, typhus exanthematicus
1) Cumulative no. 2006 and corresponding period 2005

Tables 2 & 3, notes
2) Cumulative no. 2006 and corresponding period 2005
3) Respiratory 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

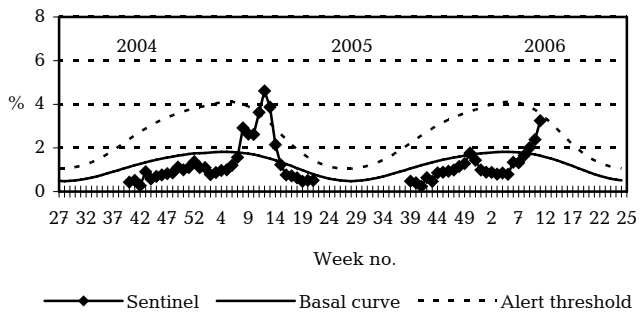
Chronic hepatitis B and chronic hepatitis C
During week 11, department of Epidemiology has again received 34 notifications of chronic hepatitis B and 68 notifications of chronic hepatitis C from one department. The majority of the notifications are from previous years, and there is no question of an outbreak.

Patients with laboratory diagnosed chlamydia by gender and county, 4th quarter 2005

	2005			2004
County	M	F	Total	Total
Cph. & Frb. Municip.	483	666	1.151 *)	1.113
Copenhagen	245	392	640 *)	587
Frederiksborg	96	212	308	313
Roskilde	80	155	235	228
West Zealand	111	220	331	259
Storstrøm	87	169	256	183
Bornholm	11	27	38	28
Funen	192	369	561	490
South Jutland	87	170	257	268
Ribe	104	160	264	274
Vejle	143	246	389	337
Ringkøbing	117	157	274	227
Aarhus	327	540	868 *)	786
Viborg	80	138	218	174
North Jutland	223	370	594 *)	531
Whole country	2386	3991	6.384	5.798

**) Gender unknown in a few cases*

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

22 March 2006