

## Laboratory confirmed cases

2005 saw a total of 127 confirmed syphilis cases, compared with 151 cases in 2004. The figures include both early (duration <2 years) and late cases, [Table 1](#).

**Table 1. Laboratory-diagnosed syphilis cases, 2005**

Diagnosis	M	F
Acquired, early	99	12
Acquired, late	13	3
Congenital	0	0
<b>Total</b>	<b>112</b>	<b>15</b>

## Acquired syphilis

Cases of acquired syphilis were confirmed in 13 of the 16 Danish counties. As in previous years, the majority of cases were found in the Municipality of Copenhagen (62%), [Table 2](#).

**Table 2. Acquired syphilis cases by place of diagnosis, 2005**

County	M	F
Copenhagen Municipality	70	9
Frederiksberg Municipalit	5	0
Copenhagen	17	0
Frederiksborg	4	0
Roskilde	0	0
West Zealand	0	0
Storstrom	0	1
Bornholm	1	0
Funen	2	3
South Jutland	2	0
Ribe	2	1
Vejle	2	0
Ringkobing	0	0
Aarhus	6	0
Viborg	0	1
North Jutland	1	0
<b>Total</b>	<b>112</b>	<b>15</b>

[Table 3](#) shows the distribution by place of diagnosis.

**Table 3. Acquired syphilis cases by place of diagnosis, 2005**

Notified by	Lab diagn. cases		Notified cases	
	No	(%)	No	(%)
GP	26	(20)	19	(16)
STI clinic	76	(60)	72	(62)
Other	25	(20)	25	(22)
<b>Total</b>	<b>127</b>	<b>(100)</b>	<b>116</b>	<b>(100)</b>

Age distribution is shown in [Table 4](#). No cases of congenital syphilis were confirmed during 2005.

## Notified cases

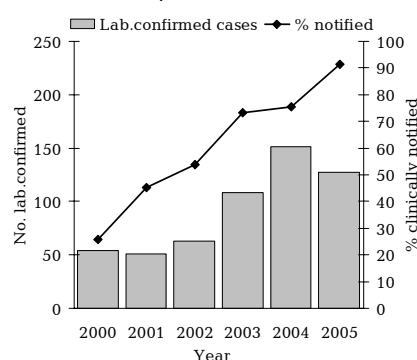
2005 saw a total of 116 notified cases of syphilis, 102 (88%) males and 14 (12%) females. This equals 91% of laboratory-confirmed cases; in 2004 the corresponding share was 75%, [Figure 1](#).

## SYPHILIS 2005

**Table 4. Acquired syphilis cases by age and sex, 2005**

Age	Early		Late	
	M	F	M	F
0-19	1	0	0	0
20-24	3	2	0	0
25-29	3	3	0	2
30-39	38	3	5	1
40-49	30	1	4	0
50+	24	3	4	0
<b>Total</b>	<b>99</b>	<b>12</b>	<b>13</b>	<b>3</b>

**Figure 1. Number of acquired syphilis cases and % clinically notified cases, 2000-2005**



Among males, 83 (81%) were Danish-born and 19 (19%) immigrants. The median age for males was 40 years (19-70). Among males, 76 (75%) were infected via homosexual contact and 18 (18%) via heterosexual contact. For eight males, the mode of infection was not stated, [Table 5](#).

**Table 5. Infection contacts among males with syphilis, 2005**

Infection contact	Homo-sexual		Hetero-sexual		Not stated	
	No.	(%)	No.	(%)	No.	(%)
Steady partn.	10	(13)	2	(11)	0	(0)
Casual partn.	52	(69)	7	(39)	2	(25)
Sex worker	0	(0)	5	(28)	0	(0)
Not stated	14	(18)	4	(22)	6	(75)
<b>Total</b>	<b>76</b>	<b>(100)</b>	<b>18</b>	<b>(100)</b>	<b>8</b>	<b>(100)</b>

Among males infected via homosexual contact, 50 (66%) were infected in Denmark and 12 (16%) in other countries, nine of these were infected in another European country. Among males infected via heterosexual contact, 20 (50%) were infected in Denmark and four in other countries. For a total of 14 homosexually infected and five heterosexually infected males, the country of infection was unknown. Among the 14 females, eight were Danish-born and six were immigrants; their median age was 28 years (20-53). All Danish-born females were infected in Denmark, three by a steady partner, three by a casual partner, and in two cases the source of infection was

not stated. Two of the six immigrant females were infected in Denmark, two in other countries, and for two the country of infection was not stated. Three of the six immigrant females were infected by a steady partner, one was a sex worker. HIV status was stated on 91 (78%) of notifications. A total of 34 syphilis cases occurred among HIV-positive patients, 32 males and two females. Among the HIV-positive males, 28 were infected by homosexual contact and three by heterosexual contact; in one case the source of infection was unknown. Among homosexual males, 21 were infected in Denmark and seven in other countries; 16 were infected by a casual partner, five by a steady partner. The source of infection was unknown in seven cases. One of the three heterosexual males was infected by a sex worker in Denmark. In a total of 33 (28%) cases, it was stated that contact tracing would not be conducted, and among these, 13 were HIV-positive.

## Comments

The incidence of laboratory-confirmed syphilis cases decreased somewhat compared with 2004, but remained above the level of previous years. Sending a notification form to the treating clinician caused reporting to rise. However, reporting figures should be interpreted with some caution as a few of the cases were confirmed by dark-field microscopy without serological testing, and other cases had not been infected within the previous two years. Late, acquired cases of syphilis are not notifiable. Homosexually infected males continued to constitute the majority of cases. As some of the cases were infected via unknown partners, contact tracing is not possible in all cases. On suspicion of syphilis, a blood sample should be sent for complete serological screening for syphilis. The screening should be repeated in the event of a negative result, as antibodies in some cases do not appear until some time into the primary stage. Treatment should be followed serologically, partially in order to be able to diagnose re-infection. For further advice and interpretation of serological results, please call: +45 3268 3248. (N. Axelsen, Dept. of Clinical Biochemistry, A. Mazick, S. Cowan, Department of Epidemiology).

## Individually notifiable diseases

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

Table 1	Week 16 2006	Cum. 2006 <sup>1)</sup>	Cum. 2005 <sup>1)</sup>
AIDS	1	14	22
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	6	2
Diphtheria	0	0	0
Foodborne diseases	6	108	91
of these, infected abroad	0	27	17
Gonorrhoea	4	130	183
Haemorrhagic fever	0	0	0
Hepatitis A	0	4	34
of these, infected abroad	0	1	8
Hepatitis B (acute)	3	8	17
Hepatitis B (chronic)	10	152	47
Hepatitis C (acute)	0	3	1
Hepatitis C (chronic)	8	242	92
HIV	3	67	103
Legionella pneumonia	1	21	18
of these, infected abroad	0	2	2
Leprosy	0	0	0
Leptospirosis	0	3	8
Measles	3	14	0
Meningococcal disease	0	24	38
of these, group B	0	14	22
of these, group C	0	2	6
of these, unspec. + other	0	8	10
Mumps	0	8	3
Neuroborreliosis	0	14	15
Ornithosis	1	6	7
Pertussis (children < 2 years)	0	20	68
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	1	0
Listeria monocytogenes	0	3	1
Streptococcus pneumoniae	0	18	49
Other aethiology	0	1	2
Unknown aethiology	0	5	7
Under registration	4	19	
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	0	21	32
of these, infected abroad	0	19	30
Syphilis	1	23	34
Tetanus	0	0	2
Tuberculosis	7	119	128
Typhoid/paratyphoid fever	1	11	11
of these, infected abroad	1	11	10
Typhus exanthematicus	0	0	0
VTEC/HUS	0	35	46
of these, infected abroad	0	10	20

<sup>1)</sup> Cumulative number 2006 and in corresponding period 2005

## Selected laboratory diagnosed infections

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

Table 2	Week 16 2006	Cum. 2006 <sup>2)</sup>	Cum. 2005 <sup>2)</sup>
Bordetella pertussis (all ages)	2	86	219
Gonococci	9	132	134
of these, females	1	28	19
of these, males	8	104	115
Listeria monocytogenes	3	9	10
Mycoplasma pneumoniae			
Resp. specimens <sup>3)</sup>	3	202	550
Serum specimens <sup>4)</sup>	3	169	421
Streptococci <sup>5)</sup>			
Group A streptococci	9	54	50
Group B streptococci	2	33	17
Group C streptococci	0	7	5
Group G streptococci	4	40	41
S. pneumoniae	28	439	492

Table 3	Week 14 2006	Cum. 2006 <sup>2)</sup>	Cum. 2005 <sup>2)</sup>
Pathogenic int. bacteria <sup>6)</sup>			
Campylobacter	18	439	500
S. Enteritidis	1	78	95
S. Typhimurium	2	66	83
Other zoon. salmonella	5	122	132
Yersinia enterocolitica	3	48	57
Verocytotoxin-producing E. coli	5	31	31
Enteropathogenic E. coli	3	58	59
Enterotoxigenic E. coli	3	51	66

<sup>2)</sup> Cumulative number 2006 and in corresponding period 2005

<sup>3)</sup> Resp. specimens with positive PCR

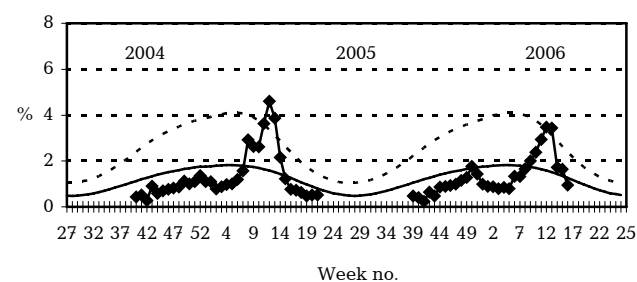
<sup>4)</sup> Serum specimens with pos. complement fixation test

<sup>5)</sup> Isolated in blood or spinal fluid

<sup>6)</sup> See also [www.germ.dk](http://www.germ.dk)

## Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2004/2005/2006



◆ Sentinel — Basal curve - - - Alert threshold

Sentinel: Influenza consultations (as percentage of total consultations)

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

Alert threshold: Possible incipient epidemic