



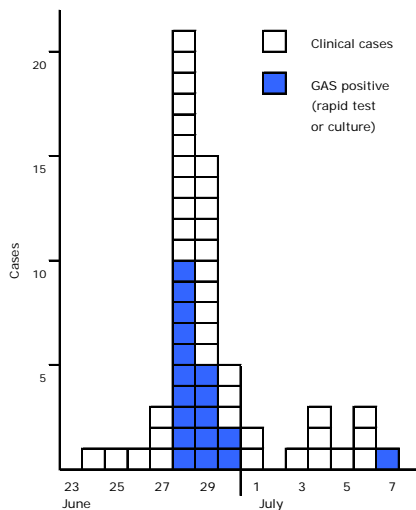
## A FOODBORNE GROUP A STREPTOCOCCUS OUTBREAK

In June 2006, several employees of 16 companies housed in the same office building became ill with acute sore throat. Fifteen patients were found positive for group A streptococci (GAS) by rapid test. As the building's shared canteen was a possible source of transmission, the food control authority was informed, and the outbreak was investigated in collaboration with SSI.

### Epidemiological investigation

Among the ~1000 employees in the office building, at least 140 presented with symptoms compatible with throat inflammation. A retrospective cohort study of 640 employees of the two largest companies showed that employees who had eaten in the canteen on 26 June had a 4.8 times higher risk of infection than employees who had not. Among 191 responders, 62 met the case definition. The epidemic curve indicated a point source on 26 or 27 June and subsequent person-to-person transmission, [Figure 1](#).

**Figure 1. Number of throat inflammations with known date of symptom onset**



An additional study among canteen users showed that cold pasta was the only food item significantly associated with an increased disease risk.

### Microbiological investigation

All canteen employees and selected patients had throat swabs performed. GAS isolates cultured from three patients and from the chef who had prepared the pasta displayed identical PFGE patterns, M- and T- types.

Swabs from kitchen utensils and surfaces proved negative for streptococcus. Foodstuffs from the time of the outbreak were no longer available.

### Comments

Cold pasta served in the shared office building canteen was identified as the probable outbreak source. The pasta was probably contaminated by the chef who was an asymptomatic carrier. Foodborne transmission of GAS is uncommon, but should be considered in connection with GAS outbreaks. The most recent Danish foodborne GAS outbreak was reported in 1995, when a pasta salad was the suspected source of infection, EPI-NEWS 25/95. (G. Falkenhorst, J. Bagdonaite, K. Mølbak, Dept. of Epidemiology, L. Lambertsen, K.E.P. Olsen, DBMP, M. Lisby, S. B. Madsen, Food Inspectorate, Region East)

### RABIES EXPOSURE

An 18-month-old girl was admitted to hospital following a bat bite. The girl had been playing on her own at a terrace when she suddenly started crying. Her mother found a bat on one of the girl's hands. The bat was destroyed and the wound cleansed thoroughly with water and soap. The girl was referred to the nearest paediatric ward on suspicion of rabies exposure.

On arrival at the hospital, a pin-prick-like wound was found on the girl's right hand. Human rabies immunoglobulin (HRIG) was administered and rabies vaccination initiated. The destroyed bat was not suited for investigation. Subsequently, rabies was found in four of nine bats at the family farm.

### Rabies prophylaxis after exposure

After possible rabies exposure, an HRIG injection and rabies vaccination are given, EPI-NEWS 13/04. HRIG is given concurrently with or within eight days after the initial vaccination. In connection with bat bites, a total of six (as opposed to the habitual five) vaccinations are given on days: 0, 3, 7, 14, 28 and 90 as a particularly high level of antibodies is required, EPI-NEWS 35/99.

Prophylactic treatment following possible exposure should be discussed with the Department of Epidemiology, SSI; outside of normal opening hours, the SSI micro-

biologist on call should be contacted. On indication to treat following possible exposure to rabies, the HRIG and rabies vaccine are ordered from SSI at the expense of the National Health Service.

### Comments

Usually bat bites are the only indication for prophylactic treatment following rabies exposure in Denmark.

It is essential to use protective gear when handling bats. After a bite, when possible, the bat should be examined for rabies following a veterinary's assessment. It should be stressed that rabies has not been detected in persons who have received prophylactic treatment following exposure in connection with bat bites in Denmark. (L. Bohr, Paediatric Ward, Hospital of Storstroem County, Nykøbing F., A. H. Christiansen, S. Cowan, Dept. of Epidemiology)

### TULARAEMIA CASE

This year, as the previous year, saw a case of tick-borne tularaemia (rabbit fever) on Bornholm. One week after a wood tick bite, a 41-year-old previously healthy male presented a dark and sharply demarcated wound at the site of the bite. Furthermore, he had considerable swelling of the regional lymph nodes, fever, and malaise. On clinical suspicion of tularaemia, high dose ciprofloxacin treatment was initiated. The diagnosis was confirmed ten days after the onset of symptoms by detection of Francisella tularensis antibodies.

Another two cases of tularaemia have been found in 2006 in a married couple from North Sealand who fell ill after skinning a hare. 2005 saw a total of three Danish tularaemia cases. This occurrence confirms that tularaemia may be contracted in several Danish locations. The diagnosis should be considered in connection with wounds and lymphadenopathy, muscle pain and unexplained fever following tick bites or contact with rodents or other wild animals. Please refer to EPI-NEWS 38/03, 40/05 and www.ssi.dk for further information about tularaemia. (N. J. Nielsen, general practice, Rønne, S. Villumsen, DBMP, SSI)

13 September 2006

## Individually notifiable diseases

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

Table 1	Week 36 2006	Cum. 2006 <sup>1)</sup>	Cum. 2005 <sup>1)</sup>
AIDS	0	31	41
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	2	17	2
Diphtheria	0	0	0
Foodborne diseases of these, infected abroad	11 0	370 86	355 81
Gonorrhoea	12	313	365
Haemorrhagic fever	0	0	0
Hepatitis A of these, infected abroad	2 1	22 10	43 13
Hepatitis B (acute)	2	14	26
Hepatitis B (chronic)	8	243	98
Hepatitis C (acute)	0	6	1
Hepatitis C (chronic)	4	366	231
HIV	6	160	195
Legionella pneumonia of these, infected abroad	7 0	83 20	72 23
Leprosy	0	0	0
Leptospirosis	0	6	10
Measles	0	27	2
Meningococcal disease of these, group B of these, group C of these, unspec. + other	0 0 0 0	50 24 10 16	75 37 19 18
Mumps	0	12	6
Neuroborreliosis	6	40	50
Ornithosis	0	8	15
Pertussis (children < 2 years)	0	34	115
Plague	0	0	0
Polio	0	0	0
Purulent meningitis Haemophilus influenzae Listeria monocytogenes Streptococcus pneumoniae Other aethiology Unknown aethiology Under registration	0 0 0 0 0 1	1 6 60 5 13 25	1 1 86 13 13 -
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis of these, infected abroad	0 0	41 36	75 61
Syphilis	0	51	89
Tetanus	0	2	2
Tuberculosis	8	281	305
Typhoid/paratyphoid fever of these, infected abroad	1 1	21 20	28 26
Typhus exanthematicus	0	0	0
VTEC/HUS of these, infected abroad	1 0	96 32	116 39

<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 36 2006	Cum. 2006 <sup>2)</sup>	Cum. 2005 <sup>2)</sup>
Bordetella pertussis (all ages)	4	141	372
Gonococci of these, females of these, males	17 2 15	312 55 257	319 31 288
Listeria monocytogenes	0	35	25
Mycoplasma pneumoniae Resp. specimens <sup>3)</sup> Serum specimens <sup>4)</sup>	10 5	292 258	667 566
Streptococci <sup>5)</sup> Group A streptococci Group B streptococci Group C streptococci Group G streptococci S. pneumoniae	1 3 1 3 7	111 70 16 104 705	83 54 19 87 803
Table 3	Week 34 2006	Cum. 2006 <sup>2)</sup>	Cum. 2005 <sup>2)</sup>
Pathogenic int. bacteria <sup>6)</sup> Campylobacter S. Enteritidis S. Typhimurium Other zoon. salmonella Yersinia enterocolitica Verocytotoxin- producing E. coli Enteropathogenic E. coli Enterotoxigenic E. coli	108 22 12 18 4 1 14 13	1916 371 249 403 118 96 176 169	2371 409 358 366 154 103 170 242

<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)

## Patients with laboratory confirmed RS and rotavirus

1st half-year 2006 compared with 1st half-year 2005

	RS virus		Rotavirus	
	2006	2005	2006	2005
January	167	369	28	67
February	129	266	30	116
March	277	111	73	152
April	102	28	66	111
May	10	11	49	56
June	0	4	29	29
Total	685	789	275	531

Notifications from the following clinical microbiological departments: Herning Hospital, Hvidovre Hospital, Slagelse Hospital, Viborg Hospital, Aalborg Hospital South, Aarhus Hospital, Department of Virology, SSI