



ACUTE AND CHRONIC HEPATITIS B 2005

No. 41, 2006

Acute hepatitis B 2005

2005 saw 28 notifications of acute hepatitis B virus (HBV) infection, [Table 1](#).

Table 1. Notified cases of acute HBV infection 2005 and incidence per 10⁵ in 2004 and 2005, by county

County	No.	Incidence per 10 ⁵ p.a.	
		2005	2004
Cph. Municip.	5	1.0	1.6
Frb. Municip.	0	-	2.2
Copenhagen	5	0.8	1.1
Frederiksborg	1	0.3	1.3
Roskilde	1	0.4	0.4
West Zealand	0	-	0.3
Storstrøm	0	-	0.8
Bornholm	0	-	-
Funen	2	0.4	0.2
South Jutland	1	0.4	0.4
Ribe	1	0.4	0.9
Vejle	3	0.8	1.4
Ringkøbing	0	-	0.4
Aarhus	4	0.6	0.9
Viborg	0	-	-
North Jutland	4	0.8	-
Unknown	1	-	-
Total	28	0.5	0.8

A total of 20 (71%) of the cases were male and eight (29%) were female, [Table 2](#). The median age was 33 years (12-72).

Table 2. Notified cases of acute HBV infection 2005, by age and sex, and incidence per 10⁵

Age (yrs)	M	F	Total	Incidence
0-9	0	0	0	-
10-19	0	2	2	0.3
20-29	7	2	9	1.4
30-39	6	1	7	0.9
40-49	3	2	5	0.6
50-59	1	1	2	0.3
60+	3	0	3	0.3
Total	20	8	28	0.5

Among the notified patients, 20 (71%) were Danish-born, and eight (29%) were immigrants. Sixteen patients were infected in Denmark, of whom 12 were Danish-born and four were immigrants. Eleven were infected by sexual contact, four via shared syringes, and one through close social contact with a family member.

Among the notified patients, 12 (43%) were infected abroad, eight (29%) of whom were Danish-born. Among the eight Danish-born, five were infected by sexual contact (including three in Thailand), and in three cases, the mode of infection

was unknown. Four immigrants were infected in their countries of origin, three by close social contact, and one by sexual contact.

Chronic hepatitis B 2005

In 2005, a total of 139 cases of chronic HBV infection were notified, [Table 3](#).

Table 3. Notified cases of chronic HBV infection 2005 and incidence per 10⁵ in 2004 and 2005, by county

County	No.	Incidence per 10 ⁵ p.a.	
		2005	2004
Cph. Municip.	24	4.8	3.8
Frb. Municip.	3	3.3	4.4
Copenhagen	19	3.1	3.7
Frederiksborg	23	6.1	4.0
Roskilde	7	2.9	1.7
West Zealand	4	1.3	0.3
Storstrøm	0	-	1.1
Bornholm	2	4.7	2.3
Funen	8	1.7	2.1
South Jutland	3	1.2	0.4
Ribe	5	2.2	1.8
Vejle	13	3.6	3.7
Ringkøbing	2	0.7	3.3
Aarhus	12	1.8	2.6
Viborg	7	3.0	3.0
North Jutland	5	1.0	1.2
Unknown	2	-	-
Total	139	2.6	2.5

A total of 63 (45%) were male and 76 (55%) were female, [Table 4](#).

Table 4. Notified cases of chronic HBV infection 2005 by age and sex, and incidence per 10⁵

Age (yrs)	M	F	Total	Incidence
0-9	3	5	8	1.2
10-19	9	10	19	2.9
20-29	9	24	33	5.2
30-39	21	19	40	5.0
40-49	10	10	20	2.6
50-59	8	5	13	1.7
60+	3	3	6	0.5
Total	63	76	139	2.6

The median age was 30 years (0-75); 35 years (0-67) for males and 29 years (0-75) for females.

Among the notified patients, 17 (12%) were born in Denmark and 122 (88%) were immigrants from a 39 different countries. Among the immigrants, 62 (45%) were Asian, 23 (17%) African, 16 (12%) Turkish, 15 (12%) were from other European countries, four from the Middle East, one from Greenland and one from South America.

The mode of infection by country of

origin and country of infection is shown in [Table 5](#).

Table 5. Notified cases of chronic HBV infection 2005, by mode of infection, origin and country of infection

Mode of infection	Origin			
	Danish		Foreign	
	Country of infection			
	DK	Abroad	DK	Abroad
IV drug use	7	0	1	1
sexually	4	0	0	2
Mother-to-child	0	0	14	78
Close social contact	0	0	4	5
Unknown	4	2	2	15
Total	15	2	21	101

A total of 14 persons of non-Danish origin were infected perinatally in Denmark, six of whom were infected within the last 15 years. Twelve adoptees were infected at birth in their countries of origin.

Commentary

In 2005, the majority of the notified cases of acute or chronic HBV infection were found among persons from known HBV risk groups. However, no cases of probable infection from work-related activities, tattooing/piercing or from receiving blood products were notified.

It is essential to inform travellers of the risk of infection by sexual contact during stays abroad. Due to the risk of horizontal transmission, children in contact with other children during stays in developing countries should receive HBV vaccination, EPI-NEWS 8/00.

A number of HBV infections are notified with considerable delay relative to the time of diagnosis. In 2005, for instance, a minimum of 20 female cases were only notified after a reminder was forwarded in connection with the general screening for HBV infection of all pregnant women, EPI-NEWS 18/06.

Doctors are recommended to notify any cases of HBV infection as soon as possible after diagnosis.

On 1 August 2006, a new statutory order concerning the free vaccination against viral hepatitis for groups who are particularly exposed to risk came into force, EPI-NEWS 33/06. (K. Qureshi, 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 40 2006	Cum. 2006 ¹⁾	Cum. 2005 ¹⁾
AIDS	0	32	49
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	19	2
Diphtheria	0	0	0
Food-borne diseases	13	423	427
of these, infected abroad	4	105	105
Gonorrhoea	5	337	398
Haemorrhagic fever	0	0	0
Hepatitis A	0	28	49
of these, infected abroad	0	16	17
Hepatitis B (acute)	0	15	29
Hepatitis B (chronic)	5	255	109
Hepatitis C (acute)	0	6	1
Hepatitis C (chronic)	4	385	250
HIV	3	176	207
Legionella pneumonia	3	98	92
of these, infected abroad	0	28	37
Leprosy	0	0	0
Leptospirosis	0	8	10
Measles	0	28	2
Meningococcal disease	0	55	78
of these, group B	0	26	38
of these, group C	0	10	19
of these, unspec. + other	0	19	19
Mumps	2	16	7
Neuroborreliosis	1	57	67
Ornithosis	0	9	17
Pertussis (children < 2 years)	0	37	126
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	1	1
Listeria monocytogenes	0	6	2
Streptococcus pneumoniae	0	66	93
Other aethiology	0	7	13
Unknown aethiology	0	17	14
Under registration	1	19	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	1	47	86
of these, infected abroad	1	41	68
Syphilis	0	54	104
Tetanus	0	2	2
Tuberculosis	4	307	344
Typhoid/paratyphoid fever	0	24	30
of these, infected abroad	0	21	28
Typhus exanthematicus	0	0	0
VTEC/HUS	1	108	131
of these, infected abroad	1	36	46

¹⁾ 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 40 2006	Cum. 2006 ²⁾	Cum. 2005 ²⁾
Bordetella pertussis (all ages)	8	161	408
Gonococci	6	329	351
of these, females	2	59	36
of these, males	4	270	315
Listeria monocytogenes	1	37	30
Mycoplasma pneumoniae			
Resp. specimens ³⁾	12	319	740
Serum specimens ⁴⁾	6	282	606
Streptococci ⁵⁾			
Group A streptococci	1	118	88
Group B streptococci	3	76	62
Group C streptococci	1	19	19
Group G streptococci	3	112	94
S. pneumoniae	12	755	861

Table 3	Week 38 2006	Cum. 2006 ²⁾	Cum. 2005 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	57	2338	2775
S. Enteritidis	20	463	489
S. Typhimurium	10	295	408
Other zoon. salmonella	19	510	442
Yersinia enterocolitica	9	135	177
Verocytotoxin-producing E. coli	5	112	121
Enteropathogenic E. coli	8	209	205
Enterotoxigenic E. coli	2	186	279

²⁾ Cumulative number 2006 and in corresponding period 2005

³⁾ Resp. specimens with positive PCR

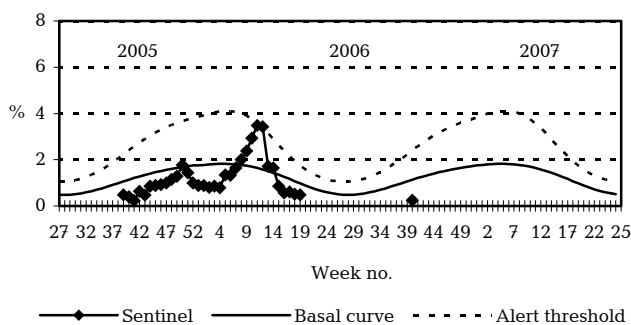
⁴⁾ Serum specimens with pos. complement fixation test

⁵⁾ Isolated in blood or spinal fluid

⁶⁾ See also www.germ.dk

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2005/2006/2007



◆ Sentinel: Influenza consultations (as percentage of total consultations)
 — Basal curve: Expected frequency of consultations under non-epidemic conditions
 - - - Alert threshold: Possible incipient epidemic