



Laboratory confirmed cases

2006 saw a total of 75 syphilis cases compared with 127 cases in 2005 and 151 in 2004. The figures include both early (duration <2 years) and late cases, [Table 1](#).

Table 1. Laboratory diagnosed syphilis cases, 2006

Diagnosis	M	F
Acquired, early	61	2
Acquired, late	9	3
Congenital	0	0
Total	70	5

Acquired syphilis

Cases of acquired syphilis were diagnosed in 11 of the 16 Danish counties. As previously, the bulk of cases were found in the Copenhagen Municipality, [Table 2](#).

Table 2. Acquired syphilis cases by county of diagnosis, 2006

County	M	F
Copenhagen Municip.	33	1
Frederiksberg Municip.	0	0
Copenhagen	17	2
Frederiksborg	0	0
Roskilde	0	0
West Zealand	2	0
Storstrom	1	0
Bornholm	0	0
Funen	1	0
South Jutland	1	0
Ribe	0	0
Vejle	4	1
Ringkoebing	0	0
Aarhus	5	1
Viborg	2	0
North Jutland	4	0
Total	70	5

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

Table 3. Acquired syphilis cases by place of diagnosis, 2006

Notified by	Lab.diagn. cases		Notified cases	
	No.	(%)	No.	(%)
GP	15	(20)	16	(16)
STI clinic	41	(55)	38	(62)
Other	19	(25)	22	(22)
Total	75	(100)	76	(100)

Age distribution is shown in [Table 4](#). No cases of congenital syphilis were notified during 2006.

Notified cases

2006 saw a total of 76 notified cases of syphilis, 72 (95%) males and 4 (5%) females. In four cases, the diagnosis was made without the participation of the SSI laboratory. Consequently, 96% of the laboratory diagnosed cases were notified, compared with 91% in 2005.

SYPHILIS 2006

Table 4. Laboratory diagnosed cases by age and sex, 2006

Age	Early		Late	
	M	F	M	F
15-19	1	0	0	0
20-24	8	0	0	1
25-29	7	0	1	0
30-39	23	1	3	1
40-49	15	1	2	1
50+	7	0	3	0
Total	61	2	9	3

Among males, 53 (74%) were Danish born, 18 (25%) immigrants, and in one case the country of origin was not stated. The median age for males was 37 years (range 19-76). Among males, 61 (85%) were infected via homosexual contact and eight (11%) via heterosexual contact. For three males, the mode of infection was not stated, [Table 5](#).

Table 5. Infection contacts and modes of transmission among males with syphilis, 2006

Infection contact	Homo-sexual		Hetero-sexual		Not stated
	No.	(%)	No.	(%)	
Steady ptn.	11	(18)	1	(13)	0
Casual ptn.	40	(66)	6	(75)	0
Not stated	10	(16)	1	(13)	3
Total	61	(100)	8	(100)	3

Among males infected via homosexual contact, 41 (67%) were infected in Denmark and 14 (23%) in other countries. Among males infected via heterosexual contact, two (25%) were infected in Denmark and five in other countries. For seven males, six homosexually and one heterosexually infected, the country of infection was not stated. One homosexually infected male was notified as a prostitute. All four female cases occurred among immigrants. Their median age was 34 years (range 23-45). Two were infected in Denmark and for two, country of infection was not stated. One was infected by a steady partner, one by a casual partner and in the remaining cases the source of infection was unknown. HIV status was stated on 62 (82%) of the notifications. A total of 26 syphilis cases occurred among HIV positive patients, all of whom were males, including 25 homosexually and one heterosexually infected. Among the homosexual HIV positive males, 18 were infected in Denmark and five in other countries. In two cases, country of infection was not stated. A total of 15 patients were infected by a casual partner, four by a steady partner, and in six cases the source of infection was not stated. Among the 14

notifications for which HIV status was not stated, eight were reported by STI clinics, three by GPs and three by other sources. All patients notified by infectious disease departments were tested for HIV. In 24 (32%) cases, it was stated that contact tracing would not be conducted. Among these, 13 were HIV positive.

Commentary

The decrease observed in the number of laboratory diagnosed syphilis cases, EPI-NEWS 17/06, continued in 2006, indicating that the syphilis outbreak among homosexual males, EPI-NEWS 16/04, is drawing to a close. Nevertheless, the level remains above that observed before the outbreak. Homosexual males account for a greater proportion of cases than before the outbreak and more of the homosexually infected males had concurrent HIV infections; 49% in 2006. Consequently, syphilis seems to serve as an indicator of unsafe sex among HIV positive homosexual males. This general trend was also reported from a number of other European countries. In eight of the 14 cases (60%) in which the HIV status was not stated, the notification was handled by an STI clinic. HIV testing is voluntary in Denmark, but it is essential that patients visiting STI clinics be offered an HIV test as the test holds a potential to break infection chains and trace contacts. In general practice it is also of importance that patients are offered a HIV test when being tested for syphilis. (N. Axelsen, Dept. of Clinical Biochemistry, A. Mazick, S. Cowan, Department of Epidemiology)

LYMPHOGRANULOMA VENEREUM

The Department of Epidemiology currently has knowledge of three lymphogranuloma venereum (LGV) cases diagnosed among males in Denmark during 2007. Epidemiological information concerning the three cases is not yet available, but at least one of the males was also HIV infected. LGV, which was previously extremely uncommon in Europe, has in recent years been reported among HIV infected homosexual males in several European cities, EPI-NEWS 7/05. Rectal LGV is easily misdiagnosed as inflammatory bowel disease; consequently physicians are advised to be aware of this differential diagnosis. (S. Cowan, Department of Epidemiology, J.S. Jensen, DBMP)

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2007 figures are preliminary)

Table 1	Week 17 2007	Cum. 2007 ¹⁾	Cum. 2006 ¹⁾
AIDS	5	19	14
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	3	4
Diphtheria	0	0	0
Food-borne diseases	7	157	112
of these, infected abroad	2	28	30
Gonorrhoea	10	120	145
Haemorrhagic fever	0	0	0
Hepatitis A	1	11	5
of these, infected abroad	0	4	1
Hepatitis B (acute)	0	7	9
Hepatitis B (chronic)	7	86	158
Hepatitis C (acute)	0	2	5
Hepatitis C (chronic)	9	99	251
HIV	6	96	72
Legionella pneumonia	2	30	23
of these, infected abroad	0	4	5
Leprosy	0	0	0
Leptospirosis	1	5	3
Measles	0	2	17
Meningococcal disease	0	13	33
of these, group B	0	6	18
of these, group C	0	6	6
of these, unspec. + other	0	1	9
Mumps	0	4	8
Neuroborreliosis	1	26	13
Ornithosis	0	1	6
Pertussis (children < 2 years)	0	28	22
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	1	1
Listeria monocytogenes	0	5	4
Streptococcus pneumoniae	0	29	33
Other aethiology	0	3	1
Unknown aethiology	0	3	9
Under registration	4	38	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	5	19	21
of these, infected abroad	4	11	19
Syphilis	2	30	24
Tetanus	0	0	0
Tuberculosis	7	124	125
Typhoid/paratyphoid fever	0	5	11
of these, infected abroad	0	5	11
Typhus exanthematicus	0	1	0
VTEC/HUS	5	55	37
of these, infected abroad	3	19	10

¹⁾ Cumulative number 2007 and in corresponding period 2006

Selected laboratory diagnosed infections

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

Table 2	Week 17 2007	Cum. 2007 ²⁾	Cum. 2006 ²⁾
Bordetella pertussis (all ages)	1	46	90
Gonococci	3	108	144
of these, females	0	15	28
of these, males	3	93	116
Listeria monocytogenes	0	17	10
Mycoplasma pneumoniae			
Resp. specimens ³⁾	2	221	207
Serum specimens ⁴⁾	13	249	173
Streptococci ⁵⁾			
Group A streptococci	1	52	61
Group B streptococci	0	31	36
Group C streptococci	0	7	7
Group G streptococci	3	43	43
S. pneumoniae	16	470	468
Table 3	Week 15 2007	Cum. 2007 ²⁾	Cum. 2006 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	30	627	469
S. Enteritidis	12	82	84
S. Typhimurium	4	83	77
Other zoon. salmonella	8	153	134
Yersinia enterocolitica	1	81	49
Verocytotoxin-producing E. coli	4	57	35
Enteropathogenic E. coli	2	43	59
Enterotoxigenic E. coli	2	39	55

²⁾ Cumulative number 2007 and in corresponding period 2006

³⁾ Resp. specimens with positive PCR

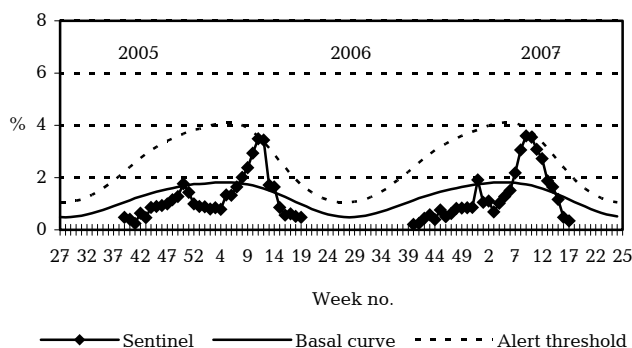
⁴⁾ Serum specimens with pos. complement fixation test

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