



Voluntary tuberculosis treatment surveillance has been operative in Denmark since 2000, EPI-NEWS 45/03, 49/04 and 50/05. After treatment is concluded, a standard form is sent to the Department of Epidemiology.

The spontaneous reporting rate has been low throughout the years, approximately 40%. Complete treatment outcome data for tuberculosis (TB) in Denmark has so far only been achieved thanks to extraordinary efforts to procure the remaining treatment forms.

Furthermore, TB treatment is prolonged, and normally has a minimum duration of six months. All of the above factors in conjunction have meant that tuberculosis treatment outcomes for patients notified with TB in 2004 have not been available until now.

Treatment outcome

The possible TB treatment outcomes are: 1. Cured; 2. Treatment completed; 3. Died; 4. Treatment failed; 5. Defaulter, i.e., eight or more consecutive weeks of non-treatment within six months.; 6. Transfer out i.e., patients leaving Denmark during treatment; 7. Other. The sum of 1. and 2. constitutes the outcome "Treatment success". The outcome "Cured" is used only for patients with culture-positive pulmonary TB, and requires a minimum of one negative control culture in the final stage of the treatment course.

The WHO global objective is treatment success in 85% of all new cases treated for culture-positive pulmonary TB. Treatment results for all types of TB patients and for patients with culture-positive pulmonary TB are shown by origin in [Table 1](#) and [Table 2](#).

In 2004, the proportion of successfully treated TB patients was 87% (366/387). Among patients with culture-positive TB, the corresponding proportion was 85% (178/210). A total of 5% died during treatment. An increased mortality among Danish patients (10%) may, as previously, be explained by their more advanced age profile. Treatment failure was only reported in one case. A total of 11 patients defaulted treatment, two Danes and nine immigrants. Sixteen patients transferred out of Denmark during treatment, one Dane and 15 immigrants.

Comment

For patients notified with TB in 2004,

TB TREATMENT 2004

Table 1. Treatment outcome for all tuberculosis patients, regardless of localisation, 2004

Treatment outcome	Danes	%	Immigrants	%
Cured	47	32	54	23
Completed	81	55	154	64
Treatment success	128	86	208	87
Died	15	10	6	3
Failure	1	1	0	0
Defaulter	2	1	9	4
Transfer out	1	1	15	6
Other/unknown	1	1	0	0
Total	148	100	239	100

Table 2. Treatment outcome for patients with culture-positive pulmonary tuberculosis, 2004

Treatment outcome	Danes	%	Immigrants	%
Cured	42	43	46	41
Completed	41	42	49	43
Treatment success	83	86	95	84
Died	9	9	4	4
Failure	1	1	0	0
Defaulter	2	2	5	4
Transfer out	1	1	8	7
Other/unknown	1	1	0	0
Total	97	100	113	100

the WHO treatment success criterion was achieved among Danes, and largely among immigrants. TB treatment surveillance, particularly of infectious patients, is an essential element of TB control and consequently, a response rate approaching 100% is desirable. Among the 424 patients notified with TB in 2005, 243 (57%) have not provided treatment forms at present.

In Denmark, TB treatment outcome reporting has previously been voluntary, but should be considered an integral part of TB surveillance. Including TB treatment outcome in the mandatory TB notification scheme should be considered.

A standard form for monitoring of TB treatment may be ordered by e-mail: rn@ssi.dk or phone: +45 3268 3744. (P.H. Andersen, Department of Epidemiology)

REDESIGNED EUVAC.NET WEBSITE

The EU network for surveillance of vaccine-preventable infectious dis-

eases, EUVAC.NET, has redesigned its website (www.euvac.net), making it more user-friendly. The website provides information on national childhood vaccination programmes of each of the 32 participating countries. The schedules are presented in a standardised format to facilitate comparisons. Furthermore, general overviews of MMR and whooping cough vaccination have been updated. Those of pneumococcus, meningococcus C and varicella vaccination are currently being prepared. The website also provides reports on surveillance activities, disease fact sheets, surveillance data from participating countries and news of the latest outbreaks.

(M. Muscat, S. Glismann, Department of Epidemiology)

EUROPEAN FIELD EPIDEMIOLOGY STUDY PROGRAMME

Once again it is possible to apply for admission to the two-year European training programme for epidemiologists, EPIET (European Programme for Intervention Epidemiology Training). The programme starts in September 2007 and is composed by a two-year placement in another European country. Programme participants will achieve proficiency in performing independent assignments in connection with the surveillance and control of infectious diseases, tracing and management of outbreaks, applied research and communication, etc.

Citizens of the EU, Switzerland and Norway with proficiency in English are eligible applicants. Furthermore, participants are expected to have previous working experience in the field of public health or epidemiology, and an interest in field epidemiology. It is on the job training, i.e., participation in the study programme is remunerated. For further information, please see www.epiet.org or contact Kåre Mølbak, Department of Epidemiology, SSI.

Deadline for application is 11 February 2007.

(Department of Epidemiology)

MUNICIPALITY ON FORM 1515

Until further notice, when filling in form 1515 for notification of infectious diseases etc, the notifying physician is requested to state the relevant municipality as of 1 January in the "County" field.

(Department of Epidemiology)

Individually notifiable diseases

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

Table 1	Week 2 2007	Cum. 2007 ¹⁾	Cum. 2006 ¹⁾
AIDS	3	3	5
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	1	2
Diphtheria	0	0	0
Food-borne diseases	7	14	25
of these, infected abroad	0	1	3
Gonorrhoea	4	9	15
Haemorrhagic fever	0	0	0
Hepatitis A	0	2	0
of these, infected abroad	0	2	0
Hepatitis B (acute)	0	0	1
Hepatitis B (chronic)	3	10	8
Hepatitis C (acute)	0	0	0
Hepatitis C (chronic)	5	10	7
HIV	3	7	6
Legionella pneumonia	2	3	4
of these, infected abroad	0	0	1
Leprosy	0	0	0
Leptospirosis	0	1	2
Measles	0	0	0
Meningococcal disease	0	0	4
of these, group B	0	0	3
of these, group C	0	0	0
of these, unspec. + other	0	0	1
Mumps	0	0	1
Neuroborreliosis	1	6	4
Ornithosis	0	0	1
Pertussis (children < 2 years)	3	5	5
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	0	0
Listeria monocytogenes	0	0	2
Streptococcus pneumoniae	0	0	4
Other aethiology	0	0	0
Unknown aethiology	0	0	3
Under registration	6	9	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	2	2	6
of these, infected abroad	0	0	6
Syphilis	6	8	6
Tetanus	0	0	0
Tuberculosis	4	10	12
Typhoid/paratyphoid fever	0	0	3
of these, infected abroad	0	0	3
Typhus exanthematicus	0	0	0
VTEC/HUS	1	1	6
of these, infected abroad	0	0	0

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 2 2007	Cum. 2007 ²⁾	Cum. 2006 ²⁾
Bordetella pertussis (all ages)	5	8	15
Gonococci	1	7	10
of these, females	1	1	1
of these, males	0	6	9
Listeria monocytogenes	1	3	3
Mycoplasma pneumoniae			
Resp. specimens ³⁾	32	55	44
Serum specimens ⁴⁾	18	28	28
Streptococci ⁵⁾			
Group A streptococci	3	8	8
Group B streptococci	3	4	7
Group C streptococci	0	1	3
Group G streptococci	3	4	9
S. pneumoniae	27	73	111
Table 3	Week 52 2006	Cum. 2006 ²⁾	Cum. 2005 ²⁾
Pathogenic int. bacteria ⁶⁾			
Campylobacter	21	3226	3668
S. Enteritidis	2	563	642
S. Typhimurium	3	411	561
Other zoon. salmonella	2	680	571
Yersinia enterocolitica	3	215	241
Verocytotoxin-producing E. coli	0	142	155
Enteropathogenic E. coli	2	272	267
Enterotoxigenic E. coli	1	244	377

²⁾ Cumulative number 2006 and in corresponding period 2005

³⁾ Resp. specimens with positive PCR

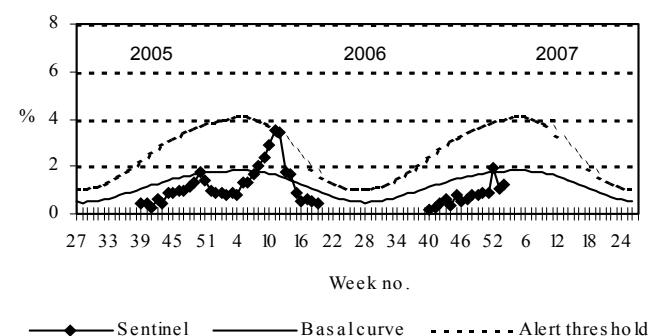
⁴⁾ Serum specimens with pos. complement fixation test

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