EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

Editor: Peter Henrik Andersen
Dept. of Epidemiology
Statens Serum Institut • 5 Artillerivej • DK 2300 Copenhagen S

Tel.: +45 3268 3268 • Fax: +45 3268 3874
www.ssi.dk • epinews@ssi.dk • ISSN: 1396-4798

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RECTAL LYMPHOGRANULOMA VENEREUM IN COPENHAGEN

In October/November, SSI diagnosed eight cases of the rare, sexually transmitted disease lymphogranuloma venereum (LGV) among men who have sex with men (MSM).
LGV is caused by specific Chlamydia trachtomatis serotypes. Seven of the cases were HIV-positive. The last patient's HIV-status was unknown.
Since mid-2003, several European cities have reported a growing number of LGV cases among MSM, EPI-NEWS 7/05. Prior to October 2007, four isolated cases had been diagnosed in Denmark. The eight current cases may indicate that that the European LGV outbreak has now spread to Denmark. Physicians are advised to pay attention to this potential diagnosis.
The symptoms of rectal LGV include rectal pain and bloody/purulent rectal discharge. Rectal LGV may be misdiagnosed as inflammatory bowel disease which will delay correct diagnosis and treatment. The classic form of LGV presents as a non-tender sore on the external genitalia, followed by lymphadenitis of the groin and possibly bubo formation (lymphadenopathy of the groin).
The SSI has now initiated LGV testing of all C. trachomatis-positive rectal samples. Urethra/urine samples may test negative for C. trachomatis in cases with rectal LGV.
(S. Cowan, Dept. of Epidemiology, J.S. Jensen, S. Hoffmann, DBMP, M. Kiszka-Kanowitz, Hvidovre Hospital)

WORLD AIDS DAY 2007

1 December is World Aids Day. The UNAIDS annual report has recently been published. It estimates that 33.3 mio. people are living with HIV as 2007 comes to a close, while the year has seen 2.5 mio. newly infected HIV cases and 2.1 mio. patients have died from the disease.
The estimates are lower than the previous year, which, according to UNAIDS, is the result of improved calculation methods and a real decrease in the number of new infectees, particularly in Africa, which is the most seriously affected continent. However, a considerable increase has been observed in the number of HIV-infectees in Eastern Europe and Central Asia. In these areas, the epidemic spreads uncontrollably due to the absence of health policy initiatives such as free syringes for drug users, free HIV tests or medication.
In the Danish context, MSM remains the most severely affected group, EPI-NEWS 44/07. Currently, 2007 has seen 124 HIV notifications stating Denmark as the country of infection. Among these, 76 (61%) are MSM.
(S. Cowan, Dept. of Epidemiology)

SALMONELLA ENTERITIDIS OUTBREAK IN COPENHAGEN

In the final part of September 2007, Copenhagen saw several cases of acute gastroenteritis, all of which were associated with a private family celebration. A dessert containing two raw eggs had been served. A total of 10 of the 12 guests presented with severe diarrhoea, abdominal cramps and vomiting within 24 hours. The cases were notified to the SSI by phone and in writing within a period of two days from symptom onset, and the GP furthermore ensured testing of stool samples for enteropathogenic organisms.
The Food Inspectorate Region East was notified of the outbreak and sampled the remaining part of the dessert, which was still stored in a refrigerator. Furthermore, left-over eggs were tested. Salmonella Enteritidis phage type 21 was detected in the stool samples from eight patients and the same salmonella type was detected in the dessert sample. However, salmonella was not confirmed in any of the remaining 11 eggs from the original container.
As no other probable causes of infection were found, it was concluded that the eggs had caused the disease outbreak. The suspicious eggs were traced to a Danish distributor, who had imported them from a Latvian producer. The distributor voluntarily withdrew the remaining eggs from the batch and a warning was issued to the Latvian food authorities.

Commentary

The Danish salmonella epidemic peaked in 1997, EPI-NEWS 12/07. Then, Danish eggs were the primary cause of the salmonella infections and outbreaks were frequently caused by Danish eggs. Thanks to an effective salmonella action plan implemented in cooperation with Danish egg producers, outbreaks caused by infected raw eggs are now rare in Denmark.
The lacking detection of salmonella in the remaining eggs of the described outbreak is not surprising. The handling of raw eggs is frequently associated with bacterial growth, which may reach infectious doses in connection with subsequent consumption of the foods in which the eggs are used. Consequently, there is a persistent risk of infection from imported eggs.
The handling of the outbreak demonstrates the advantages of quick notification and efficient cooperation to establish the mode of infection and to prevent further spreading.
(L.S. Vestergaard, K. Mølbak, Dept. of Epidemiology, M. Lisby, Food Inspectorate Region East, J. Rasmussen, GP, Copenhagen)

VACCINATION OF PILGRIMS TRAVELLING TO SAUDI ARABIA

Vaccination with the tetravalent polysaccharide vaccine against meningococcal disease serogroup A+C+W135+Y is still required to obtain a visa for Saudi Arabia for anyone above the age of two years. Protection lasts three years. All travellers >2 years of age, including those who have been vaccinated against groups A+C within the last three years, should be vaccinated once at least 10 days before entry. Children aged 3-24 months should be A+C vaccinated twice at an interval of 3 months, and only protection against serogroup A can be expected.
(Department of Epidemiology)

PALUDRINE WITHDRAWAL

Paludrine (proguanil) will be withdrawn from the Danish market as from the beginning of December.
The drug may, however, be given if special authorisation from the Danish Medicines Agency is obtained.
Travellers to destinations where proguanil was formerly recommended as malaria prophylaxis in conjunction with chloroquine may, in future, be given Malarone, doxycycline or mefloquine, EPI-NEWS 24/06.
(Department of Epidemiology)

MMR 2 AT 4-YEAR EXAMINATION

As from 1 April 2008, the MMR vaccination should be administered in connection with the 4-year examination. Children above the age of four should still be vaccinated at 12 years of age. Consequently, during a transitional period of eight years, MMR 2 may be given at 4 years or at 12 years of age. Subsequently, i.e. as from 2016, vaccination at 12 years will cease. MMR 1 should still be administered when the child is 15 months old. More information will follow in one of the first EPI-NEWS editions of 2008.
(Department of Epidemiology)

28 November 2007

Individually notifiable diseases

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

Table 1	Week 47 2007	Cum. 2007 [1]	Cum. 2006 [1]
AIDS	0	44	40
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	4	11	18
Diphtheria	0	0	0
Food-borne diseases	7	576	526
of these, infected abroad	1	107	129
Gonorrhoea	4	327	394
Haemorrhagic fever	0	0	0
Hepatitis A	2	23	37
of these, infected abroad	0	10	19
Hepatitis B (acute)	3	28	19
Hepatitis B (chronic)	1	289	288
Hepatitis C (acute)	1	7	7
Hepatitis C (chronic)	2	540	426
HIV	8	287	218
Legionella pneumonia	3	114	112
of these, infected abroad	1	32	29
Leprosy	0	0	0
Leptospirosis	0	13	8
Measles	0	2	27
Meningococcal disease	0	62	77
of these, group B	0	35	39
of these, group C	0	19	18
of these, unspec. + other	0	8	20
Mumps	0	11	16
Neuroborreliosis	0	92	81
Ornithosis	1	9	11
Pertussis (children < 2 years)	0	74	45
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	2	4
Listeria monocytogenes	0	10	7
Streptococcus pneumoniae	1	93	80
Other aethiology	0	12	12
Unknown aethiology	0	13	18
Under registration	0	3	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	3	208	58
of these, infected abroad	2	47	48
Syphilis	1	90	64
Tetanus	0	2	2
Tuberculosis	4	360	344
Typhoid/paratyphoid fever	0	22	26
of these, infected abroad	0	21	24
Typhus exanthematicus	0	2	0
VTEC/HUS	5	149	129
of these, infected abroad	1	49	45

[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 47 2007	Cum. 2007 [2]	Cum. 2006 [2]
Bordetella pertussis (all ages)	5	197	201
Gonococci	6	316	388
of these, females	4	54	69
of these, males	2	262	319
Listeria monocytogenes	1	52	49
Mycoplasma pneumoniae			
Resp. specimens [3]	12	343	439
Serum specimens [4]	4	383	363
Streptococci [5]			
Group A streptococci	1	102	125
Group B streptococci	2	88	87
Group C streptococci	0	20	20
Group G streptococci	0	111	132
S. pneumoniae	19	925	853
Table 3	**Week 45 2007**	**Cum. 2007 [2]**	**Cum. 2006 [2]**
MRSA	45	591	-
Pathogenic int. bacteria [6]			
Campylobacter	67	3639	2834
S. Enteritidis	11	510	526
S. Typhimurium	4	324	372
Other zoon. salmonella	17	638	635
Yersinia enterocolitica	10	249	176
Verocytotoxin-producing E. coli	4	144	133
Enteropathogenic E. coli	2	169	246
Enterotoxigenic E. coli	5	274	209

[2] *Cumulative number 2007 and in corresponding period 2006*

[3] *Resp. specimens with positive PCR*

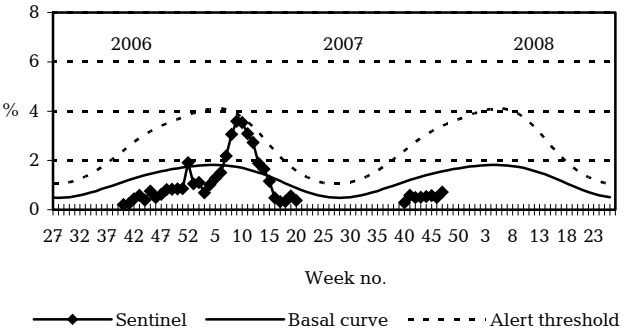
[4] *Serum specimens with pos. complement fixation test*

[5] *Isolated in blood or spinal fluid*

[6] *See also www.germ.dk*

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2006/2007/2008



Sentinel: Influenza consultations (as percentage of total consultations)

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

Alert threshold: Possible incipient epidemic

28 November 2007