



According to the national laboratory notification system, there were 25,795 confirmed cases of chlamydia (oculogenital infection caused by *Chlamydia trachomatis*) in 2007. This corresponds to an annual incidence of 474 per 10⁵ (458 per 10⁵ in 2006). A total of 317,776 analyses were performed, and chlamydia was detected in 8.1% of those tested. From 2000 to 2006, about 270,000-325,000 analyses were performed annually. The share of positives increased in the period, [Table 1](#).

Table 1. Analyses and laboratory confirmed chlamydia cases, 2000-2007. Percentage of positives in ()

Year	Analyses	Cases	(%)
2000	268,471	14,735	(5.5)
2001	280,694	15,150	(5.4)
2002	275,447	16,203	(5.9)
2003	268,008	18,406	(6.9)
2004	296,979	21,624	(7.3)
2005	316,119	23,854	(7.5)
2006	324,660	24,866	(7.7)
2007	317,776	25,795	(8.1)

A total of 83% of the males and 90% of the females were aged 15-29 years (82% and 89%, respectively, in 2006), [Table 2](#).

Table 2. Age specific incidence of chlamydia for the 25,762 cases in which both age and gender was stated, 2007

Age	Males		Females	
	No.	Per 10 ⁵	No.	Per 10 ⁵
<1	22	66	30	95
1-4	0	0	0	0
5-9	0	0	1	1
10-14	21	12	191	111
15-19	2,461	1,484	6,866	4,372
20-24	3,775	2,508	5,613	3,852
25-29	1,804	1,112	1,987	1,230
30-34	783	414	795	423
35-39	405	205	327	170
40-44	203	94	180	86
45-49	96	51	59	32
50+	90	10	53	5
Total	9,660	358	16,102	586

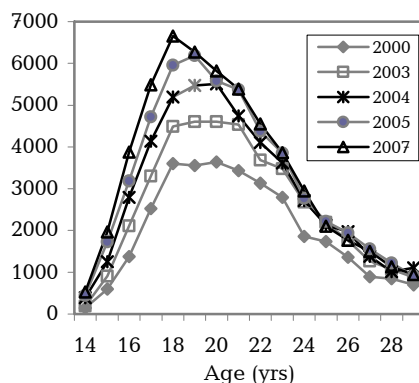
In the period 2000-2007, the highest incidence among males was observed among 20-22 year-olds. For females, the highest incidence was found among 19-20 year-olds in 2000-2004, among 19 year-olds in 2005 and 2006, and among 18 year-olds in 2007, [Figure 1](#).

As in 2006, males constituted 37% of the diagnosed cases. This proportion has increased steadily from 23% in 1994 to 36% in 2005.

As previously, the 2007 chlamydia reporting was performed by the diagnosing laboratories situated in the

CHLAMYDIA 2007

Figure 1. Incidence of laboratory confirmed chlamydia per 10⁵, females 14-29 years, selected years from the period 2000-2007



former counties. The M/F ratio of the incidence was highest in the Greater Copenhagen Area. The national M/F ratio was 0.61 (0.60 in 2006), [Table 3](#).

Table 3. Laboratory confirmed chlamydia incidence per 10⁵ by county and gender, and M/F ratio, 2007

County	No. per 10 ⁵		M/F ratio
	M	F	
Cph. & Frb. municipalities	614	794	0.77
Copenhagen	308	487	0.63
Frederiksborg	267	463	0.58
Roskilde	251	445	0.56
West Zealand	262	504	0.52
Storstroem	284	524	0.54
Bornholm	352	535	0.66
Funen	314	555	0.57
South Jutland	298	533	0.56
Ribe	346	557	0.62
Vejle	340	587	0.58
Ringkoebing	324	499	0.65
Aarhus	417	693	0.60
Viborg	293	548	0.53
North Jutland	402	698	0.58
Total	358	586	0.61

Diagnostics

All cases were detected by DNA amplification methods, except for 20 cases detected by culture.

Chlamydia was detected in urine samples in 7,921 cases, i.e. 31% of all cases (27% in 2006). Male samples constituted 91% of the positive urine samples (94% in 2006 and 96% in 2005). Urine was used as sample material in 75% of the male chlamydia cases (70% in 2006 and 60% in 2005). Just as in 2006, one laboratory did not report positive urine sample findings. Rectal chlamydia was detected in 37 males, including 29 in Copenhagen and Frederiksborg Municipalities and eight in the County of Aarhus.

Chlamydia in children

Chlamydia was detected in 266 children under the age of 15 years. Among these, 53 (20%) were under 1 year old, of whom 48 had conjunctivitis and for five the swab site was not stated. Among 17 children under the age of 1 year with conjunctivitis, where the age was stated in months, 14 were aged less than one month and one was two months old. Urogenital chlamydia was detected in one girl aged 12 years, 18 girls aged 13 years, and 160 girls aged 14, and in one 11-year-old, three 13-year-old and 17 14-year-old boys. Among girls aged 10-14 years the period 2000-2003 saw 40 detected cases annually per 10⁵. The incidence has increased to 111 per 10⁵ in 2007. Among boys the incidence increased from about 3 per 10⁵ in the period 2000-2004 to 12 per 10⁵ in 2007.

Commentary

The number of analyses was 2% lower in 2007 than in 2006, but the number of cases detected was 4% higher. The increased chlamydia incidence among the tested cases may be due to an increased analysis activity in high prevalence age groups. The age-specific incidences of laboratory confirmed chlamydia has followed an increasing trend in the period 2000-2007, except for children below the age of 10, males above 50 and females above 45 years of age. The increase among young teenagers comprises relatively few cases and may be due to early sexual debut or to increased sampling activity in this age group. Urine samples constituted an increased share of the positive tests, but it is not known if urine samples also constitute an increasing share of all samples tested. (S. Hoffmann, DBMP)

LYMFOGRANULOMA VENEREUM

All rectal samples tested positive for chlamydia at the SSI are tested for *C. trachomatis* genotypes, which may cause lymphogranuloma venereum (LGV), EPI-NEWS 48/07. From October 2007 to April 2008, 17 cases of rectal LGV and two cases of inguinal LGV were detected in males. In 11 cases in ten males, the HIV status was known: all were positive. Rectal LGV may be mistaken for inflammatory bowel disease. Physicians are advised to pay attention to this differential diagnosis. (J.S. Jensen, S. Hoffmann, DBMP)

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2008 figures are preliminary)

Table 1	Week 19 2008	Cum. 2008 ¹⁾	Cum. 2007 ¹⁾
AIDS	1	12	24
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	3	3
Diphtheria	0	0	0
Food-borne diseases	5	114	175
of these, infected abroad	0	26	34
Gonorrhoea	3	124	134
Haemorrhagic fever	0	0	0
Hepatitis A	0	16	11
of these, infected abroad	0	6	5
Hepatitis B (acute)	0	5	9
Hepatitis B (chronic)	3	60	99
Hepatitis C (acute)	0	4	2
Hepatitis C (chronic)	5	137	105
HIV	3	90	109
Legionella pneumonia	2	38	30
of these, infected abroad	0	12	4
Leprosy	0	0	0
Leptospirosis	0	2	6
Measles	0	6	1
Meningococcal disease	0	22	30
of these, group B	0	10	15
of these, group C	0	4	9
of these, unspec. + other	0	8	6
Mumps	0	17	3
Neuroborreliosis	1	20	26
Ornithosis	0	1	1
Pertussis (children < 2 years)	3	39	27
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	0	1
Listeria monocytogenes	0	1	5
Streptococcus pneumoniae	0	36	47
Other aethiology	0	12	6
Unknown aethiology	0	8	9
Under registration	10	25	-
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	0	24	21
of these, infected abroad	0	21	12
Syphilis	1	36	35
Tetanus	0	0	0
Tuberculosis	11	152	137
Typhoid/paratyphoid fever	0	12	4
of these, infected abroad	0	10	4
Typhus exanthematicus	0	0	2
VTEC/HUS	6	48	59
of these, infected abroad	2	18	22

¹⁾ Cumulative number 2008 and in corresponding period 2007

Selected laboratory diagnosed infections

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

Table 2	Week 19 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
Bordetella pertussis (all ages)	5	48	50
Gonococci	9	131	125
of these, females	3	27	18
of these, males	6	104	107
Listeria monocytogenes	0	15	20
Mycoplasma pneumoniae			
Resp. specimens ³⁾	3	44	223
Serum specimens ⁴⁾	2	50	252
Streptococci ⁵⁾			
Group A streptococci	3	64	57
Group B streptococci	4	43	34
Group C streptococci	0	4	8
Group G streptococci	5	44	44
S. pneumoniae	31	500	512
Table 3	Week 17 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
MRSA	7	173	-
Pathogenic int. bacteria ⁶⁾			
Campylobacter	34	570	743
S. Enteritidis	3	87	113
S. Typhimurium	21	183	93
Other zoon. salmonella	9	247	197
Yersinia enterocolitica	9	88	99
Verocytotoxin- producing E. coli	2	40	58
Enteropathogenic E. coli	2	28	43
Enterotoxigenic E. coli	6	97	52

²⁾ Cumulative number 2008 and in corresponding period 2007

³⁾ Resp. specimens with positive PCR

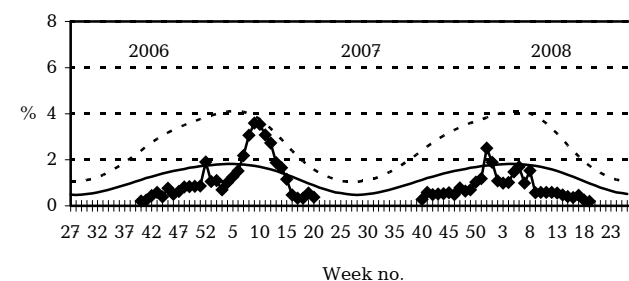
⁴⁾ Serum specimens with pos. complement fixation test

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 — Basal curve - - - Alert threshold

Sentinel: Influenza consultations
(as percentage of total consultations)

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

Alert threshold: Possible incipient epidemic

14 May 2008