



BLOOD DONOR SCREENING 2007

In 2007, a total of 361,951 blood units were screened and 33,380 donor candidates were examined. The number of positive donors is presented in [Table 1](#).

Table 1. Number of donors who tested positive for HIV, HBsAg, HCV or HTLV I/II, 2007. First-time donors in ()

| Number of donors: | |
|--------------------|---------|
| HIV positive | 2 (1) |
| HBsAg positive | 11 (11) |
| HCV positive | 8 (7) |
| HTLV I/II positive | 1 (1) |

Two donors were HIV positives: a male and a female. One of these donors had been inactive for five years and was therefore considered a potential donor. Another donor tested positive four months after donating blood. At the subsequent look-back, one infected recipient corresponding to this donation was found.

A total of 11 persons tested positive for HBsAg: five females and six males. The median age was 30 years (range 19-58). All the persons were first-time donors, including nine persons born in countries with endemic hepatitis B. In two cases, the mode of infection was unknown.

A total of eight donors tested anti-HCV positive: seven females and one male. The median age was 38 years (range 19-57). Seven were first-time donors and one had donated blood previously; no infected recipients were found.

A possible mode of transmission was stated for four donors: Two were intravenous drug abusers and two had piercings or tattoos made.

Furthermore, all candidates for first-time donors and former donors returning to the donor pool are screened for HTLV I/II. One donor tested positive for HTLV I, the mode of transmission was unknown. (A.H. Christiansen, S. Cowan, Department of Epidemiology)

ANTIMICROBIAL BAROMETER

At the SSI homepage, www.ssi.dk, we recently launched an antimicrobial barometer.

The barometer is a visual tool which allows visitors to follow the development in the consumption of antibiotics in primary healthcare (GPs and medical specialists including nursing homes) in Denmark on a monthly basis.

The barometer has been developed in cooperation with the Danish Medicines Agency which supplies data on human antimicrobial consumption for each group of antibiotics stated as DDD/1000 inhabitants/day. DDD is short for Defined Daily Dose, which is a WHO-established standard daily dose for each antibiotic (the assumed average pharmaceutical dose when used for its main indication in an adult), which facilitates comparison of the consumption across time and space.

The aggregate antimicrobial consumption in primary healthcare is shown in the main graph "Antibakterielle midler til systemisk brug" (J01) (Systemic antibacterial agents). By clicking the pharmacological subgroups, users access graphs showing the aggregate consumption for the entire group and for each antibiotic (chemical agent) of the group. The barometer always displays the consumption corresponding to the latest 15-year period and is updated twice annually.

The barometer is the first of its kind to include detailed information on the antimicrobial consumption for a series of years while showing the actual consumption in an easily accessible format.

The barometer may be copied, provided the source is stated explicitly ("Antimicrobial Barometer, Statens Serum Institut and the Danish Medicines Agency"). (U.S. Jensen, A.M. Hammerum, N. Frimodt-Møller, National Centre for Antimicrobials & Infection Control)

EUROPEAN PILOT TRAINING PROGRAMME IN FIELD MICROBIOLOGY

Once again it is possible to apply for admission to a two-year European training programme for microbiologists, EPIET-FTM (Field Microbiology Training in collaboration with the European Programme for Intervention Epidemiology Training). The training is offered by the European Centre for Disease Prevention and Control (ECDC) and starts with a three week joint introduction course with the EPIET training programme, EPI-NEWS 4/08.

The actual laboratory training starts in mid-October 2008 and has the form of two 12-month placements in other European countries. Programme participants will achieve proficiency in performing independent laboratory assignments in connec-

tion with the surveillance and control of infectious diseases, tracing and management of outbreaks, applied research and communication, etc. Citizens of the EU, Iceland, Liechtenstein and Norway with proficiency in English are eligible applicants. Furthermore, participants are expected to have previous working experience in the field of microbiology, and an interest in field epidemiology. It is *on the job training*, i.e., participation in the study programme is remunerated.

Please find further information at: <http://ecdc.europa.eu/Recruitment/FMF.html>.

Deadline for application is 25 August 2008.

(Department of Epidemiology)

NEW PROVISIONS ON VACCINE SUBSIDIATION

With the publication of Act no. 319 of 30 April 2008 concerning amendment of the Health Act, the Danish Parliament decided to transfer the power to subsidize specific groups of persons in connection with the purchase of vaccines from the Danish Medicines Agency to the National Board of Health. Furthermore, it is no longer possible to apply for ad-hoc subsidies for vaccination purposes. Please see Section 158 of the Health Act (Sundhedslovens paragraf 158) for further information:

www.retsinfo.dk (Danish language). Provisions guiding the announcement and revocation of subsidies, including the information required when applying for a vaccine subsidy will be established as soon as possible.

To guard the interest of patients until such provisions are established, the National Board of Health has assessed a few vaccines and it ensures that they will not be unsubsidized in the intermediary period.

In order for the patient to qualify for a subsidy, the physician must mark the prescription "subsidy", declaring that the person is covered by the intermediary provision. As from 28 July 2008 the National Board of Health has decided to subsidize

- Pneumo Novum, 23 valent pneumococcal vaccine
- Engerix-B, hepatitis B vaccine

Please find a complete list of the risk groups covered by the subsidy at www.sst.dk.

(Danish National Board of Health)

Individually notifiable diseases

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

| Table 1 | Week 33 2008 | Cum. 2008 ¹⁾ | Cum. 2007 ¹⁾ |
|--------------------------------|-----------------|----------------------------|----------------------------|
| AIDS | 1 | 20 | 36 |
| Anthrax | 0 | 0 | 0 |
| Botulism | 0 | 0 | 0 |
| Cholera | 0 | 1 | 0 |
| Creutzfeldt-Jakob | 0 | 3 | 8 |
| Diphtheria | 0 | 0 | 0 |
| Food-borne diseases | 0 | 381 | 359 |
| of these, infected abroad | 0 | 63 | 66 |
| Gonorrhoea | 8 | 235 | 234 |
| Haemorrhagic fever | 0 | 0 | 0 |
| Hepatitis A | 1 | 25 | 17 |
| of these, infected abroad | 0 | 8 | 7 |
| Hepatitis B (acute) | 0 | 12 | 16 |
| Hepatitis B (chronic) | 0 | 111 | 187 |
| Hepatitis C (acute) | 0 | 6 | 4 |
| Hepatitis C (chronic) | 1 | 228 | 244 |
| HIV | 1 | 149 | 182 |
| Legionella pneumonia | 0 | 68 | 64 |
| of these, infected abroad | 0 | 19 | 16 |
| Leprosy | 0 | 0 | 0 |
| Leptospirosis | 0 | 3 | 7 |
| Measles | 0 | 7 | 1 |
| Meningococcal disease | 0 | 36 | 53 |
| of these, group B | 0 | 16 | 30 |
| of these, group C | 0 | 9 | 16 |
| of these, unspec. + other | 0 | 11 | 7 |
| Mumps | 0 | 20 | 3 |
| Neuroborreliosis | 0 | 24 | 51 |
| Ornithosis | 0 | 2 | 7 |
| Pertussis (children < 2 years) | 0 | 62 | 46 |
| Plague | 0 | 0 | 0 |
| Polio | 0 | 0 | 0 |
| Purulent meningitis | | | |
| Haemophilus influenzae | 0 | 2 | 2 |
| Listeria monocytogenes | 0 | 1 | 7 |
| Streptococcus pneumoniae | 0 | 59 | 80 |
| Other aethiology | 0 | 16 | 10 |
| Unknown aethiology | 0 | 15 | 12 |
| Under registration | 0 | 10 | - |
| Rabies | 0 | 0 | 0 |
| Rubella (congenital) | 0 | 1 | 0 |
| Rubella (during pregnancy) | 0 | 0 | 0 |
| Shigellosis | 0 | 43 | 38 |
| of these, infected abroad | 0 | 35 | 24 |
| Syphilis | 1 | 76 | 60 |
| Tetanus | 0 | 1 | 0 |
| Tuberculosis | 0 | 253 | 254 |
| Typhoid/paratyphoid fever | 0 | 19 | 12 |
| of these, infected abroad | 0 | 14 | 11 |
| Typhus exanthematicus | 0 | 0 | 2 |
| VTEC/HUS | 0 | 87 | 103 |
| of these, infected abroad | 0 | 30 | 30 |

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 33 2008 | Cum. 2008 ²⁾ | Cum. 2007 ²⁾ |
|--|-----------------|----------------------------|----------------------------|
| Bordetella pertussis (all ages) | 6 | 117 | 116 |
| Gonococci | 6 | 229 | 241 |
| of these, females | 1 | 47 | 37 |
| of these, males | 5 | 182 | 204 |
| Listeria monocytogenes | 1 | 33 | 33 |
| Mycoplasma pneumoniae | | | |
| Resp. specimens ³⁾ | 0 | 48 | 256 |
| Serum specimens ⁴⁾ | 0 | 59 | 303 |
| Streptococci ⁵⁾ | | | |
| Group A streptococci | 3 | 108 | 82 |
| Group B streptococci | 3 | 80 | 62 |
| Group C streptococci | 1 | 11 | 16 |
| Group G streptococci | 4 | 91 | 81 |
| S. pneumoniae | 6 | 650 | 710 |
| Table 3 | Week 31 2008 | Cum. 2008 ²⁾ | Cum. 2007 ²⁾ |
| MRSA | 13 | 258 | 354 |
| Pathogenic int. bacteria ⁶⁾ | | | |
| Campylobacter | 101 | 1674 | 2132 |
| S. Enteritidis | 31 | 236 | 279 |
| S. Typhimurium | 66 | 1080 | 178 |
| Other zoon. salmonella | 29 | 573 | 426 |
| Yersinia enterocolitica | 2 | 188 | 162 |
| Verocytotoxin- producing E. coli | 2 | 86 | 100 |
| Enteropathogenic E. coli | 8 | 89 | 101 |
| Enterotoxigenic E. coli | 9 | 199 | 134 |

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