



ACUTE AND CHRONIC HEPATITIS B 2007

No. 46, 2008

ACUTE HEPATITIS B 2007

2007 saw 24 notifications of acute hepatitis B virus (HBV) infection, including 15 males and 9 females, [Table 1](#).

Table 1. Notified cases of acute HBV infection by age and sex, 2007

Age (yrs)	M	F	Total
0-9	1	0	1
10-19	1	3	4
20-29	3	3	6
30-39	4	1	5
40-49	3	1	4
50+	3	1	4
Total	15	9	24

The median age was 32 years (range 7-77 years). Among the notified patients, 18 (75%) were Danish-born, and six were immigrants. The incidence was 0.4 per 10⁵. A total of 14 (58%) patients were infected in Denmark, of whom 11 were Danish-born and three were immigrants. Four were infected by sexual contact, two by close social contact, two by drug use, one by piercing, and in five cases the mode of infection was unknown. Ten (42%) were infected abroad, seven of whom were Danish-born. Six were infected by sexual contact and in four cases, the mode of infection was unknown.

CHRONIC HEPATITIS B 2007

In 2007, a total of 251 cases of chronic HBV infection were notified, [Table 2](#).

Table 2. Notified cases of chronic HBV infection and incidence per 10⁵ by part of country, 2007

Area	No.	Incidence
Copenhagen City	77	11.9
Copenhagen subs.	32	6.4
Northern Zealand	12	2.7
Bornholm	2	4.6
Eastern Zealand	7	3.0
W & S Zealand	18	3.1
Funen	25	5.2
Southern Jutland	27	3.8
Western Jutland	4	0.9
Eastern Jutland	33	4.1
Northern Jutland	8	1.4
Unknown	6	-
Total	251	4.6

A total of 109 (43%) were male and 142 (57%) were female, [Table 3](#). The median age was 37 years for males (range 2-85 years) and 30 years for females (range 1-78 years). Among the 251 notifications, 34 (14%) were of Danish origin. The

Table 3. Notified cases of chronic HBV infection in 2007 by age group and sex, and incidence per 10⁵

Age (yrs)	M	F	Total	Incidence
0-9	4	6	10	1.5
10-19	7	4	11	1.6
20-29	21	53	74	11.9
30-39	29	58	87	11.5
40-49	30	13	43	5.3
50-59	7	4	11	1.5
60+	11	4	15	1.2
Total	109	142	251	4.6

remaining 217 (86%) were of non-Danish origin. The group counted a total of 53 nationalities, including 104 (48%) from Asia, 37 (17%) from Africa, 25 (15%) from Europe, 25 (11%) from Turkey, 19 (9%) from MENA countries (the Middle East and North Africa), three from Greenland, two from Oceania and two from Central America. The mode of infection by origin is shown in [Table 4](#).

Table 4. Notified cases of chronic HBV infection by mode of infection and origin, 2007

Mode of infection	Origin	
	DK	Foreign
IV drug abuse	11	0
Sexual transmission	7	8
Mother-to-child	4	124
Hospital system	6	4
Close social contact	0	2
Tattooing/piercing	0	1
Unkn./other known	6	78
Total	34	217

Among the notified cases which were presumably infected through contact with the hospital system, four Danish-born were infected in Denmark prior to the introduction of blood product screening in 1991, while two Danish-born and four foreigners were infected in hospital systems abroad.

Four adult Danish-born females were notified as infected by their mother at birth. Twelve children of mothers of foreign origin were infected at birth in Denmark prior to the introduction of general HBV screening of pregnant women in 2005, EPI-NEWS 41/05.

Commentary

The many notifications in age group 20-39 years reflect HBV positive pregnant women and their partners who were diagnosed in consequence of the general HBV screening of

pregnant women, EPI-NEWS 18/06. Only fourteen of those notified with acute HBV infection had been infected in Denmark, demonstrating that the HBV infection risk in Denmark remains very limited. Increased attention to notification of patients with chronic HBV infection who attend specialised departments has resulted in a higher number of notifications. In Denmark, hepatitis vaccination is free for specific risk groups, EPI-NEWS 33/06.

(K.M. Harder, S. Cowan, Dept. of Epidemiology)

EUROPEAN ANTIBIOTIC AWARENESS DAY

The 18th of November 2008 will see the first celebration of the European Antibiotic Awareness Day. The day is a joint European initiative which counts the participation of 29 countries. The initiative originated from the European Centre for Disease Prevention and Control (ECDC) in cooperation with the World Health Organisation (WHO). The European Antibiotic Awareness Day will be an annual event aimed at directing attention to incorrect use of antibiotics and dissemination of information concerning the responsible and appropriate use of antibiotics. Internationally, there is currently a considerable overconsumption of antibiotics. One consequence of the excessive consumption is the development of antibiotic-resistant bacteria.

In 2008, the overall objective of the European Antibiotic Awareness Day is to spread the message that we all share responsibility for the unnecessary use of antibiotics. Consequently, antibiotics should not be used in the treatment of virus infections such as colds and influenza. The other European countries will also focus on the need for patients to see their GP before taking antibiotics.

In Denmark, the consumption of antibiotics is rising in general practices as well as at hospitals. Even though the antibiotics consumption is lower than in many other countries, it is essential to inform of the proper and sensible use of antibiotics; such information should reach patients as well as GPs, specialists and hospital nurses and physicians. See also www.ssi.dk (Danish language). (A.M. Hammerum, U.S. Jensen, L. Skjøt-Rasmussen, N. Frimodt-Møller, Dept. of Antibiotic Resistance and Hospital Hygiene)

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Individually notifiable diseases

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

Table 1	Week 45 2008	Cum. 2008 ¹⁾	Cum. 2007 ¹⁾
AIDS	0	32	44
Cholera	0	1	0
Creutzfeldt-Jakob	0	3	8
Food-borne diseases	31	777	561
of these, infected abroad	3	127	106
Gonorrhoea	7	333	312
Hepatitis A	2	46	21
of these, infected abroad	0	23	10
Hepatitis B (acute)	0	21	25
Hepatitis B (chronic)	4	153	285
Hepatitis C (acute)	0	6	6
Hepatitis C (chronic)	14	401	533
HIV	0	214	266
Legionella pneumonia	1	108	107
of these, infected abroad	0	37	29
Leptospirosis	0	5	12
Measles	0	10	2
Meningococcal disease	0	46	63
of these, group B	0	19	34
of these, group C	0	15	19
of these, unspec. + other	0	12	10
Mumps	0	24	8
Neuroborreliosis	0	52	90
Ornithosis	1	3	8
Pertussis (children < 2 years)	0	87	71
Purulent meningitis			
Haemophilus influenzae	0	3	2
Listeria monocytogenes	0	1	10
Streptococcus pneumoniae	1	75	90
Other aetiology	0	19	11
Unknown aetiology	0	19	14
Under registration	2	9	-
Rubella (during pregnancy)	0	2	0
Rubella (congenital)	0	0	0
Shigellosis	2	70	204
of these, infected abroad	1	57	44
Syphilis	4	123	83
Tetanus	0	1	2
Tuberculosis	1	333	340
Typhoid/paratyphoid fever	0	30	20
of these, infected abroad	0	24	19
VTEC/HUS	4	133	141
of these, infected abroad	1	45	48

Table 1, comments

In 2008, none of the following have been reported: Anthrax, botulism, cholera, diphtheria, haemorrhagic fever, leprosy, plague, polio, rabies, typhus exanthematicus

1) Cumulative no. 2008 and corresponding period 2007

Selected laboratory diagnosed infections

Number of specimens, isolates, and/or notifications received at Statens Serum Institut

Table 2	Week 45 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
Bordetella pertussis (all ages)	3	166	186
Gonococci	9	316	306
of these, females	1	66	47
of these, males	8	250	259
Listeria monocytogenes	2	43	50
Mycoplasma pneumoniae			
Resp. specimens ³⁾	1	70	323
Serum specimens ⁴⁾	3	71	373
Streptococci ⁵⁾			
Group A streptococci	1	121	99
Group B streptococci	0	111	86
Group C streptococci	2	20	20
Group G streptococci	0	112	108
S. pneumoniae	14	784	888

Table 3	Week 43 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
MRSA	14	620	527
Pathogenic int. bacteria ⁶⁾			
Campylobacter	94	2938	3517
S. Enteritidis	21	570	492
S. Typhimurium	40	1746	304
Other zoon. salmonella	17	881	634
Yersinia enterocolitica	6	279	229
Verocytotoxin-prod. E.coli	4	137	137
Enteropathogenic E. coli	7	175	158
Enterotoxigenic E. coli	15	355	263

Tables 2 & 3, comments

2) Cumulative no. 2008 and corresponding period 2007

3) Respiratory specimens with positive PCR

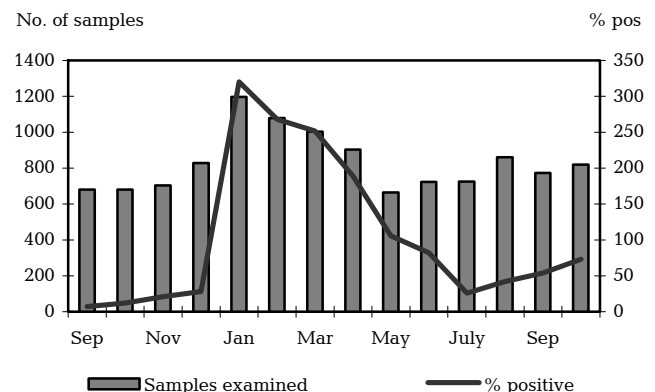
4) Serum specimens with pos. complement fixation test

5) Isolated in blood or spinal fluid

6) See also www.germ.dk

Norovirus 2007-2008

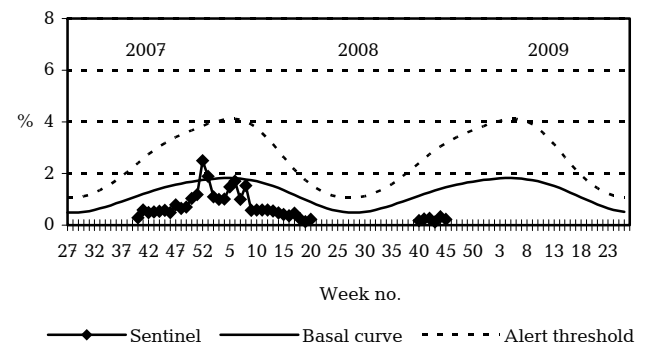
Examined samples and percent positive, Sept 07- Oct 08



Samples from clinical microbiology departments at Odense University Hospital, Copenhagen University Hospital, and the Department of Virology, SSI

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2007/2008/2009



Sentinel: Influenza consultations (as percentage of total consultations)

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

Alert threshold: Possible incipient epidemic