EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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CHLAMYDIA 2008

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Figure. 2. Use of urine as specimen material in chlamydia diagnostics, 2000-2008

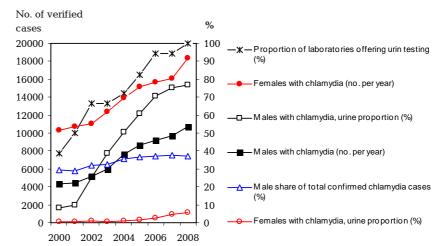
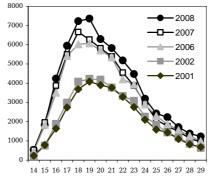


Figure 1. Incidence of laboratory-confirmed chlamydia per 10⁵ females aged 14-29 years, selected years from the period 2001-2008



methods, except for 13 which were detected by culture. Chlamydia was detected in urine in 9,227 cases, i.e. 33% of all cases (31% in 2007), Figure 2. Among positive urine specimens, 89% were from males (91% in 2007 and 94% in 2006). Urine was used for analysis in 77% of the male chlamydia cases (75% in 2007 and 70% in 2006). All laboratories reported positive findings in urine specimens. Rectal

chlamydia was detected in 81 males

Chlamydia in children

(37 in 2007).

Chlamydia was diagnosed in 277 children under the age of 15 years. Among these, 71 (26%) were under 1 year old, of whom 69 had conjunctivitis and two had chlamydia of the respiratory tract. Among 21 children under the age of 1 year with conjunctivitis, where the age was

stated in months, 19 were aged less than 1 month and two were 1 month old. Urogenital chlamydia was detected in one girl aged 12 years, 17 girls aged 13 years and 171 girls aged 14 years, and also in one 13-year-old and 15 14-year-old boys. The incidence among 10-14-year-old girls was 110 per 10⁵ in 2008 (111 in 2007), while the corresponding figure for boys was 9 per 10⁵ (12 in 2007).

Commentary

While the number of analyses was 6% higher in 2008 than in 2007, the number of cases diagnosed was 13% higher. This increase is probably not caused by improved methodologies. The real prevalence may have increased and awareness of the importance of being tested especially in connection with partner tracing - may have increased. It is likely that the improved possibilities of using urine as specimen material, (<u>Figure 2</u>), has induced an increased number of men to be examined. However, this trend seems to have levelled out as males have comprised a relatively stable proportion (35-37%) of all tested cases since 2005. The number of males with confirmed rectal chlamydia is increasing. When rectal chlamydia is found in a male, testing for lymphogranuloma venereum (LGV) should be considered, EPI-NEWS 20/08. (S. Hoffmann, DBMP)

According to the national laboratory notification system, there were 29,116 confirmed cases of chlamydia (oculogenital infection caused by Chlamydia trachomatis) in 2008, Table 1.

Table 1. Analyses and laboratory-confirmed chlamydia cases, 2001-2008. Percentage of positives in ()

Year	Analyses	Cases	(%)
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)
2008	338.150	29.116	(8.6)

A total of 83% of the males and 90% of the females were aged 15-29 years (unchanged from 2007), Table 2.

Table 2. Age-specific incidence of chlamydia for the 29,068 cases in whom both age and gender were stated, 2008

	Males		Fema			
Age	No.	/10 ⁵	No.	/10 ⁵		
<1	45	136	26	83		
1-4	1	1	0	0		
5-9	0	0	0	0		
10-14	16	9	189	110		
15-19	2.825	1.646	7.810	4.801		
20-24	4.202	2.719	6.315	4.231		
25-29	1.942	1.211	2.325	1.459		
30-34	820	444	955	521		
35-39	412	212	402	210		
40-44	253	116	184	87		
45-49	120	63	75	40		
50+	103	11	45	4		
Total	10.739	396	18.326	664		

The highest incidence among males was found among 21-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, among 18-year-olds in 2007, and among 19-year-olds in 2008, Figure 1. As in 2007, males constituted 37% of the diagnosed cases. This proportion has been steadily increasing from 23% in 1994 to 37% in 2006.

Diagnostics

A total of 92% of the positive specimens were submitted by GPs, 6% by hospitals. All cases were detected by DNA amplification

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2009 figures are preliminary)

Table 1	Week 19	Cum.	Cum.
A ATO C	2009	2009 1)	2008 1)
AIDS	0	10	13
Anthrax	0	0	0
Botulism	0	0	0
Cholera Cholera	0	0	0
Creutzfeldt-Jakob	1	6	1
Diphtheria	0	0	116
Food-borne diseases	3	137	116
of these, infected abroad	0	23	27
Gonorrhoea	6	186	123
Haemorrhagic fever	0	10	16
Hepatitis A	0 0	10 6	16
of these, infected abroad	-	_	<u>8</u> 5
Hepatitis B (acute)	0	9	
Hepatitis B (chronic) Hepatitis C (acute)	0	63	65
Hepatitis C (chronic)	3	_	138
HIV	0	124	88
		86	
Legionella pneumonia	$\begin{bmatrix} 2 \\ 0 \end{bmatrix}$	41	38
of these, infected abroad	0	6	13
Leprosy		_	
Leptospirosis Measles	0	9	6
Meningococcal disease	0	31	29
•		16	13
of these, group G	0 0	11	6
of these, group C	0	4	10
of these, unspec. + other	1	7	17
Mumps Neuroborreliosis	0	4	20
Ornithosis	0	0	1
Pertussis (children < 2 years)	1	43	39
Plague	0	0	0
Polio	0	0	0
Purulent meningitis	0	0	
Haemophilus influenzae	0	3	1
Listeria monocytogenes	0	2	1
Streptococcus pneumoniae	0	35	46
Other aethiology	0	6	14
Unknown aethiology	0	5	12
Under registration	5	16	
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	2	37	25
of these, infected abroad	0	31	22
Syphilis	5	99	37
Tetanus	0	0	0
Tuberculosis	6	143	147
Typhoid/paratyphoid fever	0	7	12
of these, infected abroad	0	4	10
Typhus exanthematicus	0	0	0
VTEC/HUS	2	36	47
of these, infected abroad	0	8	18
Cumulative number 2009 and in	_	_	

Cumulative number 2009 and in corresponding period 2008

Selected laboratory diagnosed infections

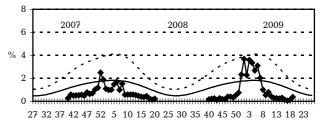
Number of specimens, isolates, and/or notifications received in SSI laboratories

eek 19 2009	Cum. 2009 ²⁾	Cum. 2008 ²⁾
		2000
6	57	48
2	148	131
0	34	27
2	114	104
1	20	16
0	28	44
2	59	50
2	77	64
2	39	43
0	13	4
4	61	44
7	561	500
eek 17 2009	Cum. 2009 ²⁾	Cum. 2008 ²⁾
9	228	173
18	509	580
5	77	90
18	300	197
15	214	255
8	75	95
3	38	39
5	47	26
3	73	98
	2 0 2 1 0 2 2 2 2 0 4 7 eeek 17 2009 9 18 5 18 15 8	2 148 0 34 2 114 1 20 0 28 2 59 2 77 2 39 0 13 4 61 7 561 eek 17 2009 2009 2) 9 228 18 509 5 77 18 300 15 214 8 75 3 38 5 47

²⁾ Cumulative number 2009 and in corresponding period 2008

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2007/2008/2009



Week no.

Sentinel:

-Sentinel -

Influenza consultations (as percentage of total consultations)

Basal curve ---- Alert threshold

Expected frequency of consultations Basal curve:

under non-epidemic conditions

Possible incipient epidemic Alert threshold:

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