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

NOVEL INFLUENZA A (H1N1) – CLARIFICATION OF GUIDELINES

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The Danish strategy remains containment with a view to controlling the novel influenza A (H1N1).
The guidelines published 29 April 2009 by the Danish National Board of Health for GPs concerning influenza of a new subtype remains in force, but needs clarification. The guidelines are available at www.sst.dk.
The guideline appendix has been extended to include the phone numbers of all infectious disease departments, Medical Offices of Health (MOH) and pharmacies forming part of the preparedness plan.

Suspected cases
To avoid unnecessary testing and treatment, the disease definition should be fulfilled before initiating the special procedures applying to suspected cases of novel influenza A (H1N1): Consult infectious disease department, perform swab, initiate treatment and notify MOH by phone.
The disease definition for suspected cases is:
Suddenly occurring disease with fever > 38°C, airway symptoms, muscle pain AND
- stayed within 7 days in an area with local transmission of novel influenza A (H1N1), or
- close contact to other cases of novel influenza A (H1N1), or
- serious airway infection/unexplained death.

To sum up, cases should both have the clinical symptoms and have visited certain geographical areas or themselves have had close contact to a case.
Areas with possible local transmission of novel influenza A (H1N1) are shown in a map and table, which are updated daily, at www.ssi.dk.
Assessment of the diagnosis in relation to the disease definition should be performed in consultation with the local infectious medicine department regardless of whether the patient is admitted or isolated at home.
Identification of contacts and initiation of preventive treatment and other preventive measures are the domain of the medical officer of health.

Who should be swabbed?
Patients fulfilling the disease definition should be swabbed. Furthermore, household contacts should be swabbed if possible.

Where should samples be sent to?
The samples should be sent to the clinical microbiology department (CMD) - in accordance with any local agreements in the region - or to the SSI.
It is essential that the physicians involved are aware of any local agreements.
In the overwhelming majority of cases, the sample may be submitted by the quickest mailing category available.
Samples testing positive at the local CMD should be forwarded to the SSI for further testing.
If the region in question has not established clear agreements and communicated these to the involved physicians, the sample should be sent to the SSI.

Analyses at Statens Serum Institut
Currently, Statens Serum Institut performs analysis daily except on Sundays and holidays.
Outside opening hours, samples may be left in the acute sample mailbox at the SSI gate.
The mailbox is checked three times daily or more.

Analysis results
To ensure that any measures implemented, including isolation of suspected cases, may be cancelled quickly when negative test results are known, it is essential that results may be given on the following day and in no case later than 2 days after test results were known.
It is important that the test slip states the phone number of the physician ordering the test as well as the tested person's phone number.

Tamiflu® at Danish pharmacies
The Danish National Board of Health has ensured that a preparedness stock of Tamiflu® packages is available at the 11 24-hour manned pharmacies for treatment of suspected cases of novel influenza A (H1N1).
Tamiflu from the preparedness stock may be ordered by MOHs and GPs.
In addition to standard prescription information, the prescribing physician should state "Beredskab" (Danish for *Preparedness*) as the indication.
Drugs corresponding to such prescriptions will be handed out free of charge.

Pregnant women
It is important to inquire about pregnancy. Assessment if pregnant women should be offered antiviral medication is currently done by the MOH.

Travel recommendations
The Danish National Board of Health has lifted its recommendation to avoid travelling to Mexico.
This is in part motivated by improveed knowledge of the clinical picture and epidemiology of influenza A (H1N1), partly by the fact that the virus no longer primarily occurs in Mexico.
In general, it is recommended that travellers keep up to date on the situation in the country they are planning to visit and follow any recommendations issued by local national authorities and the World Health Organisation (WHO).
The WHO does not currently recommend travel restrictions but advises sick persons to postpone their journeys and anyone presenting with influenza symptoms after returning from travel activities to see a doctor.

WHO pandemic declaration
The Danish strategy will be maintained until a new strategy is announced, even if the WHO declares pandemic phase 6, EPI-NEWS 19/09. (Danish National Board of Health)

EXTENDED SURVEILLANCE
Due to the novel influenza virus A (H1N1) outbreaks, the sentinel surveillance of influenza in Denmark will be maintained beyond the normal influenza season. This surveillance is particularly important to assess the prevalence, type and resistance associated with the currently circulating viruses.
Furthermore, surveillance has now been extended to comprise sampling, emergency service physicians' monitoring of influenza-like disease and mortality.
Figures related to the three surveillance systems are presented at www.ssi.dk.

More sentinel physicians needed
GPs across the country and particularly in Jutland are encouraged to participate in the extended sentinel surveillance.
Participation consists in weekly reporting of the number of patients who have visited the surgery and taking of samples from patients fulfilling the influenza disease definition.
(Department of Epidemiology, SSI)

20 May 2009

Individually notifiable diseases

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

Table 1	Week 20 2009	Cum. 2009 [1]	Cum. 2008 [1]
AIDS	1	11	13
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	6	1
Diphtheria	0	0	0
Food-borne diseases	8	145	124
of these, infected abroad	2	27	27
Gonorrhoea	19	204	130
Haemorrhagic fever	0	0	0
Hepatitis A	0	10	16
of these, infected abroad	0	6	8
Hepatitis B (acute)	1	13	6
Hepatitis B (chronic)	3	74	69
Hepatitis C (acute)	0	0	4
Hepatitis C (chronic)	10	134	138
HIV	0	86	96
Legionella pneumonia	5	46	39
of these, infected abroad	0	6	13
Leprosy	0	0	0
Leptospirosis	0	0	2
Measles	0	9	6
Meningococcal disease	0	31	32
of these, group B	0	16	15
of these, group C	0	11	7
of these, unspec. + other	0	4	10
Mumps	1	8	18
Neuroborreliosis	0	4	20
Ornithosis	1	1	1
Pertussis (children < 2 years)	1	44	42
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	3	1
Listeria monocytogenes	0	2	1
Streptococcus pneumoniae	0	37	48
Other aethiology	0	7	15
Unknown aethiology	0	5	12
Under registration	4	17	-
Rabies	0	0	0
Rubella (congenital)	0	0	1
Rubella (during pregnancy)	0	0	0
Shigellosis	0	37	29
of these, infected abroad	0	31	25
Syphilis	5	103	37
Tetanus	0	0	0
Tuberculosis	6	149	155
Typhoid/paratyphoid fever	1	8	13
of these, infected abroad	1	5	11
Typhus exanthematicus	0	0	0
VTEC/HUS	6	42	47
of these, infected abroad	1	9	18

[1] *Cumulative number 2009 and in corresponding period 2008*

Selected laboratory diagnosed infections

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

Table 2	Week 20 2009	Cum. 2009 [2]	Cum. 2008 [2]
Bordetella pertussis (all ages)	6	63	49
Gonococci	10	158	138
of these, females	2	36	28
of these, males	8	122	110
Listeria monocytogenes	5	25	17
Mycoplasma pneumoniae			
Resp. specimens [3]	1	29	44
Serum specimens [4]	1	60	50
Streptococci [5]			
Group A streptococci	0	77	65
Group B streptococci	1	40	46
Group C streptococci	0	13	4
Group G streptococci	4	65	47
S. pneumoniae	18	579	523
Table 3	**Week 18 2009**	**Cum. 2009 [2]**	**Cum. 2008 [2]**
MRSA	12	240	183
Pathogenic int. bacteria [6]			
Campylobacter	41	556	616
S. Enteritidis	14	92	93
S. Typhimurium	18	319	226
Other zoon. salmonella	16	230	275
Yersinia enterocolitica	9	85	105
Verocytotoxin-producing E. coli	1	39	42
Enteropathogenic E. coli	1	48	27
Enterotoxigenic E. coli	9	83	102

[2] *Cumulative number 2009 and in corresponding period 2008*

[3] *Resp. specimens with positive PCR*

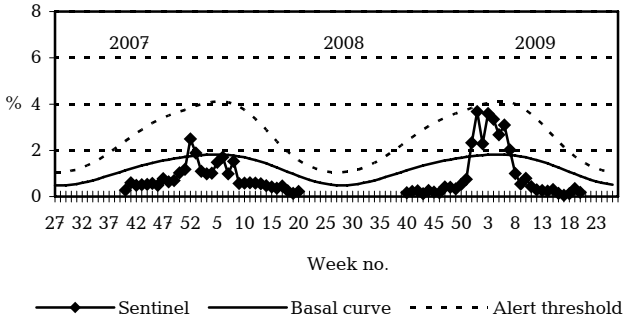
[4] *Serum specimens with pos. complement fixation test*

[5] *Isolated in blood or spinal fluid*

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

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 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

20 May 2009