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

INFLUENZA A (H1N1)v VACCINATION IN GENERAL PRACTICE

No. 41, 2009

The National Board of Health recommends that three groups receive influenza A (H1N1)v vaccination, see www.sst.dk (Danish language)
1. Persons at risk of serious disease due to influenza A (H1N1)v
2. Health and nursing staff
3. Persons holding key community positions.
As vaccines are supplied over the course of several weeks, it has been decided to start by the vaccination of risk patients (group 1) aged 3-64 years and, subsequently, risk patients ≥ 65 years.

Persons at special risk (group 1)
Vaccination of group 1 will primarily be performed in general practice.
The group comprises patients ≥ 3 years of age with:
- Pulmonary disease such as COLD, asthma with chronic obstruction and hard-to-control asthma, cystic fibrosis, sarcoidosis, pulmonary fibrosis and other pulmonary conditions, particularly if pulmonary function is reduced or repeated pulmonary infections are in play
- Cardiovascular diseases, particularly severe coronary conditions, cardiac insufficiency, severe cardiac valve conditions (but not high blood pressure with no accompanying conditions)
Diseases of the blood, particularly haemoglobinopaties
- Diabetes 1 or 2, particularly with concurrent complicating cardiac or renal conditions or in association with weakened general condition due to late diabetic sequelae – or hard-to-control diabetes
- Congenital or acquired immune deficiencies, including HIV-infected persons and pharmacologically immunosuppressed persons
- Neuromuscular conditions affecting respiration or causing reduced capacity to cough
- Chronic liver or renal failure (recommended GFR < 30 ml/min)
- Severely obese persons (recommended BMI > 40)
- Other diseases which, according to the physician's assessment, pose a serious health risk in conjunction with influenza.
When considering vaccination, the physician should take into consideration individual factors, e.g. patients who are prone to frequent and serious bronchial infections.
In special cases, household members of severely immunosuppressed persons may be vaccinated.
Pregnant women with the above mentioned chronic diseases are also recommended vaccination according to individual assessment, even in the first trimester. Other pregnant women may be offered vaccination if the physician deems this necessary.
If no special circumstances apply, the National Board of Health does not recommend vaccination of pregnant women.
It has yet to be finally decided if children aged 6 months to 3 years with the above mentioned chronic diseases should be vaccinated. However, a marketing authorisation has been issued, permitting the use of the vaccine from the age of 6 months.
Healthy elderly persons are rarely affected by influenza A (H1N1)v, but rather by seasonal influenza and they should therefore receive vaccination against seasonal influenza, but not against A (H1N1)v.
(Danish National Board of Health)

HANDLING OF THE VACCINE
The vaccine used, Pandemrix®, has been approved for administration in two doses at a minimum 3-week interval.
Adults and children >10 years. Two 0.5 ml doses administered intramuscularly.
Children aged 3-9 years. Two 0,25 ml doses administered intramuscularly.
The vaccine may be administered concurrently with seasonal influenza vaccine, EPI-NEWS 39/09, but to different extremities, also see summary of product characteristics.
The vaccine is free of charge and may only be given to the groups to which it is recommended. It comes in bags containing five capped vials with adjuvant and another five capped vials with antigen. The bags should be stored refrigerated at 2-8 °C. When stored correctly and before opening, the stability is 24 months.
When mixing the two vials, they should be at room temperature. After mixing, a capped vial contains 10 adult doses.
After mixing, the vaccine should be used within 24 hours and should not be stored above 25 °C.
Further information on the practical handling of the vaccine is supplied with the vials.

Planning and ordering
In the period 12-21 October, vaccines for risk group patients associated with the individual medical practice may be ordered. It is the responsibility of the physician to estimate the number of risk patients in the two age groups (3-64 years and ≥ 65 years, respectively) and to order the vaccines, initially for the first dose. To ensure an adequate supply of vaccines for everyone, it is essential that no more vaccines than those needed for the risk group patients are ordered. Due to the supply situation and the short 24-hour durability after mixing, physicians are encouraged to plan vaccinations carefully by scheduling consultations with risk group patients at short intervals. Thereby, any waste of vaccines may be minimized.
In week 41, SSI will send a letter to all practices concerning the ordering procedure.

Supply
On the basis of information from the manufacturer, up-to-date information on supply will be available at www.ssi.dk (Danish language). It is expected that risk group vaccines may be supplied as follows:
- Week 45: Vaccines for risk group patients < 65 years
- Week 49: Vaccines for the vaccination of risk group patients ≥ 65 years
- Week 49: A number of vaccines will be supplied with a view to initiating the second vaccination of risk group patients < 65 years.
SSI will supply a kit with syringes and needles for the vaccinations. These will be distributed separately with standard mail. It is expected that syringes and needles for the first vaccination of risk group patients will be distributed in weeks 44/45.

Notification of vaccinations
Vaccination of group 1 will be registered as the physician settles his account with the region in question. To monitor vaccinations, such notification should be done on a weekly basis or more frequently (and no later than on Sunday of every week) and should state the vaccination code. Information on the relevant codes will follow. Batch numbers should be stated in the medical record.
Vaccinations of health staff and persons in key community positions (groups 2 and 3) should be registered via a web-based user interface. Information on the web-based registration will be conveyed via EPI-NEWS and www.ssi.dk (Danish language)
(S. Glismann, K. Mølbak, Dept. of Epidemiology, N. Thulstrup, Vaccine Division)

7 October 2009

Individually notifiable diseases

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

Table 1	Week 40 2009	Cum. 2009 [1]	Cum. 2008 [1]
AIDS	0	29	29
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	1
Creutzfeldt-Jakob	0	9	5
Diphtheria	0	0	0
Food-borne diseases	13	424	656
of these, infected abroad	4	77	113
Gonorrhoea	6	422	295
Haemorrhagic fever	0	0	0
Hepatitis A	0	29	36
of these, infected abroad	0	22	22
Hepatitis B (acute)	0	20	19
Hepatitis B (chronic)	0	124	145
Hepatitis C (acute)	0	13	6
Hepatitis C (chronic)	11	224	258
HIV	3	193	189
Legionella pneumonia	4	105	98
of these, infected abroad	0	25	36
Leprosy	0	0	0
Leptospirosis	0	0	2
Measles	0	9	10
Meningococcal disease	0	54	46
of these, group B	0	30	21
of these, group C	0	19	14
of these, unspec. + other	0	5	11
Mumps	1	11	22
Neuroborreliosis	4	34	43
Ornithosis	0	10	2
Pertussis (children < 2 years)	2	88	82
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	5	3
Listeria monocytogenes	0	4	1
Streptococcus pneumoniae	0	61	71
Other aethiology	0	9	17
Unknown aethiology	0	12	17
Under registration	1	22	-
Rabies	0	0	0
Rubella (congenital)	0	0	2
Rubella (during pregnancy)	0	0	0
Shigellosis	3	84	63
of these, infected abroad	1	67	51
Syphilis	0	212	102
Tetanus	0	0	2
Tuberculosis	7	285	290
Typhoid/paratyphoid fever	0	20	28
of these, infected abroad	0	17	22
Typhus exanthematicus	0	0	0
VTEC/HUS	3	114	115
of these, infected abroad	0	29	38

[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 40 2009	Cum. 2009 [2]	Cum. 2008 [2]
Bordetella pertussis			
(all ages)	2	170	151
Gonococci	7	335	279
of these, females	1	92	57
of these, males	6	243	222
Listeria monocytogenes	2	65	40
Mycoplasma pneumoniae			
Resp. specimens [3]	2	52	64
Serum specimens [4]	2	88	65
Streptococci [5]			
Group A streptococci	6	119	115
Group B streptococci	6	94	99
Group C streptococci	1	30	15
Group G streptococci	0	134	102
S. pneumoniae	14	798	717

Table 3	Week 38 2009	Cum. 2009 [2]	Cum. 2008 [2]
MRSA	13	542	510
Pathogenic int. bacteria [6]			
Campylobacter	70	2456	2552
S. Enteritidis	9	446	471
S. Typhimurium	9	665	1555
Other zoon. salmonella	7	521	782
Yersinia enterocolitica	2	176	247
Verocytotoxin-producing E. coli	4	115	118
Enteropathogenic E. coli	6	164	142
Enterotoxigenic E. coli	0	237	307

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

[3] *Resp. specimens with positive PCR*

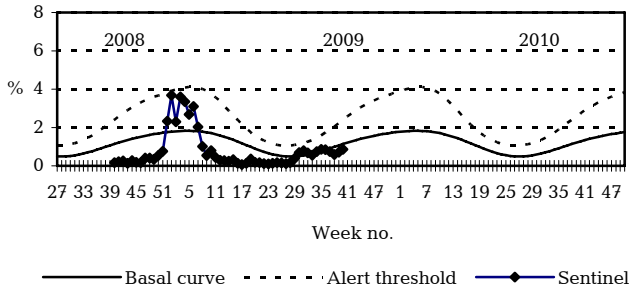
[4] *Serum specimens with pos. complement fixation test*

[5] *Isolated in blood or spinal fluid*

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

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2008/2009/2010



Sentinel:	Influenza consultations (as percentage of total consultations)
Basal curve:	Expected frequency of consultations under non-epidemic conditions
Alert threshold:	Possible incipient epidemic

7 October 2009