



NOTIFICATION OF PANDEMIC VACCINATION

No. 45, 2009

The National Board of Health (NBH) recommends influenza A (H1N1)v vaccination for three groups of persons, also 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.

Notification of any administered influenza A(H1N1)v vaccinations is statutory. Notification facilitates the monitoring of the vaccination programme in specific target groups. Furthermore, monitoring and assessment of the vaccine's efficacy and possible side effects are improved.

Legal basis

The executive order on physicians' electronic notification of influenza A (H1N1)v came into force on 1 November 2009.

In pursuance of the order, physicians providing influenza A (H1N1)v vaccination shall notify these vaccinations electronically on a weekly basis.

Notification by general practitioners

General practitioners vaccinate group 1 persons. Vaccination will be recorded when the physician reports his or her invoices via the regional service registration scheme. To ensure efficient monitoring, GP notification should be performed weekly for the duration of the period during which pandemic vaccination is performed. The following codes should be used for regional notification:

- 8926: In-surgery vaccination of chronically ill persons.
- 8927: Home visit vaccinations of chronically ill persons.
- 8928: Vaccination of healthy and pregnant women in their 2nd and 3rd trimester.
- 8929: Vaccination of chronically ill pregnant women in trimesters 1-3.
- 8930: Vaccination of the surgery's health staff.
- 8931: Vaccination of persons holding key community positions.
- 8932: Vaccination of household contacts to the severely immunosuppressed individuals.

If a GP agrees to vaccinate group 2 and/or 3 persons, such vaccinations should be notified using codes 8930 and 8931, respectively, or via www.ssi.dk as described for other physicians in the next section. Lot. no. (or batch no.) of either the entire

vaccine or of the antigen shall always be recorded. The lot. no. of the entire vaccine is stated on the grey plastic bag in which the vaccine is supplied and the antigen lot no. is printed on the large vial containing the antigen.

Other physicians' notification

Pandemic vaccines given to groups 2 and 3 by other physicians should be notified to a vaccination registry via a webbased user interface, which will be launched in week 46 at the website of Statens Serum Institut, www.ssi.dk (Danish language). At the site, you will also find a user guide and a link to the vaccination registry receiving the notification:

1. Physicians log on to the vaccination registry using the SSI client number used when ordering pandemic vaccines.
2. Enter the lot. no. (also batch no.) of the entire vaccine or of the antigen, and the physician's civil registration (CPR) number.
3. Select vaccination date and dose.
4. Enter the citizen's CPR no. and register the vaccination.

When vaccines are administered on the same date with the same lot. no., each notification should only include the citizen's CPR number. Be sure to check that lot numbers are, in fact, identical. Physicians may delegate vaccination notification to other health professionals. Such persons log on as physicians do, see description above.

You only have access to vaccination information you have entered personally and information entered by the health professionals you have given access. A health professional may perform the registration for several physicians and in such case he or she will have access to these physicians' and their assistants' vaccination notifications.

Reports may be downloaded or printed for the physician's local record of notifications performed. It is always possible to retrieve individual information vaccination on persons you or your assistants have registered. Any queries concerning notification of pandemic vaccination should be forwarded to the Department of Epidemiology.

(Department of Epidemiology)

CLARIFICATION CONCERNING PANDEMIC VACCINATION

The executive order on free influenza A (H1N1)v vaccination to spe-

cific groups of persons came into force on 1 November; it specifies which risk groups are entitled to vaccination.

The order's groups are also listed in the NBH's recommendations of 23 October, which detail the following adjustments to the previous recommendations:

- Chronically ill children may be vaccinated from the age of six months.
- All healthy, pregnant women in their 2nd and 3rd trimesters may be offered vaccination, if they so desire.
- Healthy persons, e.g. health staff and household contacts, should only receive one vaccination.

Vaccination of risk groups

According to the executive order, all patients forming part of the overall categories of "pulmonary diseases", "cardiovascular diseases", "diabetes", etc., are eligible for vaccination. From a professional medical perspective, however, the patient groups mentioned in the order's examples (e.g. COLD, severe coronary disease, diabetes with complications) have the greatest risk of serious influenza disease – as is the case for seasonal influenza. In the context of the pandemic, the NBH has decided not to be excessively restrictive. Therefore, the scope is broader than usual.

Vaccination of pregnant women

It is important that chronically ill pregnant women be vaccinated, regardless of pregnancy stage. Healthy pregnant women also have a (slightly) increased risk of serious disease, a risk which increases towards the end of the pregnancy. Consequently, healthy pregnant women in their second or third trimester may now also be vaccinated if they so wish. The Danish Medicines Agency assesses that the vaccine is not associated with risk of foetal malformation.

Vaccine prioritization

Vaccination of the chronically ill below 65 years of age should be given priority as this group has the greatest risk of serious disease. Healthy pregnant women should also be included in the initial vaccination round. Any remaining vaccines may be employed for vaccination of chronically ill patients older than 65 years.

(National Board of Health)

4 November 2009

Individually notifiable diseases

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

Table 1	Week 44 2009	Cum. 2009 ¹⁾	Cum. 2008 ¹⁾
AIDS	3	35	34
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	1
Creutzfeldt-Jakob	0	8	4
Diphtheria	0	0	0
Food-borne diseases of these, infected abroad	9 3	468 85	747 126
Gonorrhoea	3	465	321
Haemorrhagic fever	0	0	0
Hepatitis A of these, infected abroad	0 0	30 23	44 26
Hepatitis B (acute)	0	22	21
Hepatitis B (chronic)	0	145	150
Hepatitis C (acute)	2	15	6
Hepatitis C (chronic)	1	250	258
HIV	5	211	209
Legionella pneumonia of these, infected abroad	5 0	118 29	107 38
Leprosy	0	0	0
Leptospirosis	0	0	5
Measles	0	9	10
Meningococcal disease of these, group B of these, group C of these, unspec. + other	0 0 0 0	61 36 20 5	52 24 16 12
Mumps	0	13	24
Neuroborreliosis	1	44	51
Ornithosis	0	11	2
Pertussis (children < 2 years)	1	97	87
Plague	0	0	0
Polio	0	0	0
Purulent meningitis Haemophilus influenzae Listeria monocytogenes Streptococcus pneumoniae Other aethiology Unknown aethiology Under registration	0 0 1 0 0 0 2	5 5 65 9 16 18	4 1 75 18 19 -
Rabies	0	0	0
Rubella (congenital)	0	0	2
Rubella (during pregnancy)	0	0	0
Shigellosis of these, infected abroad	0 0	90 73	68 56
Syphilis	9	241	117
Tetanus	0	0	2
Tuberculosis	6	308	317
Typhoid/paratyphoid fever of these, infected abroad	1 1	23 20	30 24
Typhus exanthematicus	0	0	0
VTEC/HUS of these, infected abroad	4 0	132 29	130 45

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 44 2009	Cum. 2009 ²⁾	Cum. 2008 ²⁾
Bordetella pertussis (all ages)	2	179	163
Gonococci of these, females of these, males	15 2 13	373 97 276	307 65 242
Listeria monocytogenes	3	74	41
Mycoplasma pneumoniae Resp. specimens ³⁾ Serum specimens ⁴⁾	6 6	70 103	69 68
Streptococci ⁵⁾ Group A streptococci Group B streptococci Group C streptococci Group G streptococci S. pneumoniae	1 7 1 8 21	125 110 32 148 872	120 111 18 112 770
Table 3	Week 42 2009	Cum. 2009 ²⁾	Cum. 2008 ²⁾
MRSA	17	623	606
Pathogenic int. bacteria ⁶⁾ Campylobacter S. Enteritidis S. Typhimurium Other zoon. salmonella Yersinia enterocolitica Verocytotoxin- producing E. coli Enteropathogenic E. coli Enterotoxigenic E. coli	80 7 10 18 2 5 5 5	2844 550 704 611 197 140 178 269	2845 549 1708 873 273 132 168 339

²⁾ Cumulative number 2009 and in corresponding period 2008

³⁾ Resp. specimens with positive PCR

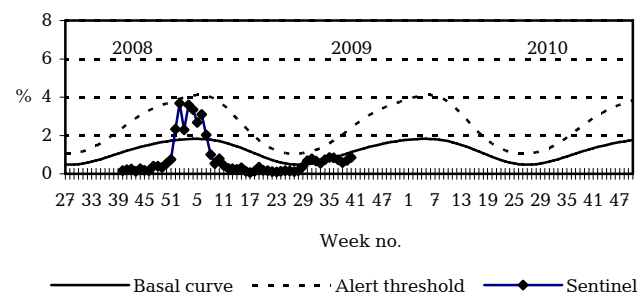
⁴⁾ Serum specimens with pos. complement fixation test

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

4 November 2009