EPI-NEWS

NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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NEW STRATEGY FOR HIV TESTING

No. 46, 2009

Health staff to actively recommend HIV testing to persons with increased infection risk

The National Board of Health recommends that patients with an increased risk of infection be offered and recommended HIV testing routinely when they come into contact with the healthcare system. Such encouragement should be more proactive than preciously and should exceed the situations in which patients ask to have the test performed themselves. Henceforth, health staff shall recommend HIV testing when GPs and hospitals are contacted by persons who belong to specific groups known to have an increased HIV risk.

The objective is the identification, guidance and treatment of as many HIV infectees as possible, in order to offer treatment as early as possible and also to achieve the prophylactic effects of guidance and antiviral therapy with a view to reducing infective pressure.

Nevertheless, HIV testing is still performed at the discretion of the individual patient. Physicians and nurses should obtain informed consent to perform HIV testing following the standard procedure for any other relevant blood samples. If a patient decides not to accept testing, such choice should be respected.

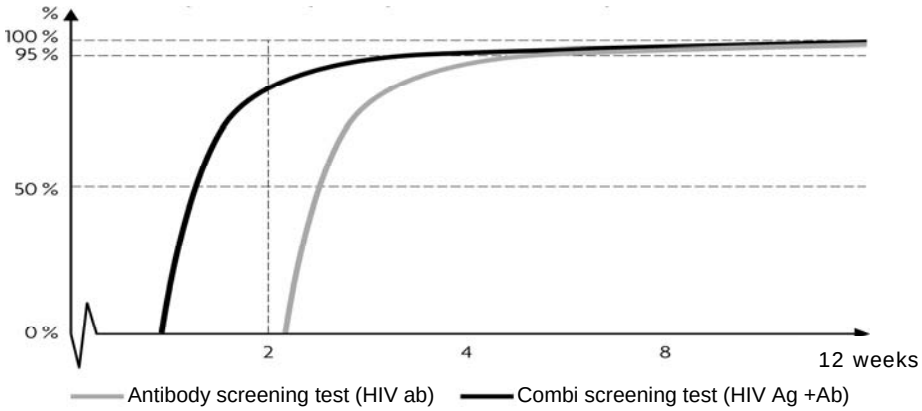
Health staff should recommend HIV testing when relevant according to a broad indication based on knowledge of the patient's background and previous contacts/diseases, and when information concerning risk behaviour is mentioned during consultation.

Physicians and nurses should openly and without prejudice inquire about possible risk factors when assessing if a patient belongs to the risk groups mentioned below.

Population groups in which identification of HIV infectees may be expected

- Men who have sex with men (MSM), and who do not consistently practice safe sex should be tested at least annually
- Patients tested for gonorrhoea and syphilis (and other sexually transmitted diseases, where relevant) should also be HIV-tested
- Persons from Africa, Asia, South America and Eastern Europe should be tested for HIV at their first contact with Danish health care, regardless of the cause motivating the contact
- Partners to HIV infectees
- Previous and current drug users
- All TB patients
- Anyone who has had sex with persons from high risk areas or has been stationed in such areas
- Patients with an unresolved or complex clinical picture should be tested for HIV, even when there is no known HIV exposure.

Figure 1. Probability that a negative test result is correct, when the sample is collected in the weeks following HIV exposure



When should patients be tested following a risk situation?

Patients should be offered testing whenever they contact the health care system. After risk situations, testing should not be postponed until a certain period has passed. Patients should be informed that the majority of persons who become infected will test positive even shortly after exposure. Where the so-called combination test (antibody and antigen) is employed, negative test results are reliable four weeks after exposure. If modern antibody tests are used, the corresponding interval is eight weeks, Figure 1.

In cases where the blood sample is HIV-negative four weeks after a strong infection risk situation, retesting after another two months is recommended.

(J. Fouchard, Nat. Board of Health)

EUROPEAN ANTIBIOTIC AWARENESS DAY

18 November 2009 will see the second celebration of the European Antibiotic Awareness Day. The Awareness Day is a joint European initiative which counts the participation of more than 27 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 is 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. Please see www.ssi.dk for further information on the European Antibiotic Awareness Day.

(A. M. Hammerum, N. Frimodt-Møller, Dept. of Antibiotic Resistance and Hospital Hygiene)

INFLUENZA EPIDEMIC

On the basis of the latest data from monitoring of influenza-like disease performed via the Danish emergency service and the diagnostic laboratories, it is assessed that Denmark is at the inception of an influenza A (H1N1)v epidemic.

The National Board of Health now only recommends influenza A (H1N1)v testing on suspicion of serious influenza disease requiring hospitalization as a differential diagnostic procedure, see www.sst.dk.

Swabbing of persons belonging to risk groups and of household-like contacts to risk group persons is no longer recommended.

Antiviral treatment should be given to risk group patients fulfilling the case definition, regardless of their vaccination status.

Tamiflu treatment of children below the age of one year may be initiated following assessment of a medical specialist.

Prophylactic antiviral treatment should only be given to risk group patients with confirmed or probable influenza exposure, and only if the affected patients have not initiated vaccination.

(Department of Epidemiology)

11 November 2009

Individually notifiable diseases

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

Table 1	Week 45 2009	Cum. 2009 [1]	Cum. 2008 [1]
AIDS	0	35	34
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	1
Creutzfeldt-Jakob	0	7	4
Diphtheria	0	0	0
Food-borne diseases	12	480	773
of these, infected abroad	1	86	130
Gonorrhoea	16	481	328
Haemorrhagic fever	0	0	0
Hepatitis A	0	30	45
of these, infected abroad	0	23	26
Hepatitis B (acute)	0	22	21
Hepatitis B (chronic)	0	145	155
Hepatitis C (acute)	0	15	6
Hepatitis C (chronic)	1	251	258
HIV	4	222	213
Legionella pneumonia	4	122	108
of these, infected abroad	0	29	39
Leprosy	0	0	0
Leptospirosis	0	0	5
Measles	0	9	10
Meningococcal disease	0	61	53
of these, group B	0	36	24
of these, group C	0	20	17
of these, unspec. + other	0	5	12
Mumps	0	13	24
Neuroborreliosis	1	45	51
Ornithosis	1	12	2
Pertussis (children < 2 years)	3	100	87
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	5	4
Listeria monocytogenes	0	5	1
Streptococcus pneumoniae	0	65	75
Other aethiology	0	9	18
Unknown aethiology	0	16	19
Under registration	1	19	-
Rabies	0	0	0
Rubella (congenital)	0	0	2
Rubella (during pregnancy)	0	0	0
Shigellosis	0	90	73
of these, infected abroad	0	73	59
Syphilis	2	243	119
Tetanus	0	0	2
Tuberculosis	6	314	318
Typhoid/paratyphoid fever	0	23	32
of these, infected abroad	0	20	26
Typhus exanthematicus	0	0	0
VTEC/HUS	6	138	131
of these, infected abroad	0	29	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 45 2009	Cum. 2009 [2]	Cum. 2008 [2]
Bordetella pertussis			
(all ages)	4	183	166
Gonococci	12	385	316
of these, females	5	102	66
of these, males	7	283	250
Listeria monocytogenes	3	77	43
Mycoplasma pneumoniae			
Resp. specimens [3]	1	71	70
Serum specimens [4]	4	107	71
Streptococci [5]			
Group A streptococci	0	125	121
Group B streptococci	1	111	111
Group C streptococci	0	32	20
Group G streptococci	0	148	112
S. pneumoniae	23	895	784
Table 3	**Week 43 2009**	**Cum. 2009 [2]**	**Cum. 2008 [2]**
MRSA	8	631	620
Pathogenic int. bacteria [6]			
Campylobacter	70	2914	2951
S. Enteritidis	11	561	570
S. Typhimurium	14	718	1748
Other zoon. salmonella	14	626	890
Yersinia enterocolitica	3	200	281
Verocytotoxin-producing E. coli	4	144	136
Enteropathogenic E. coli	11	189	175
Enterotoxigenic E. coli	4	273	354

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

[3] *Resp. specimens with positive PCR*

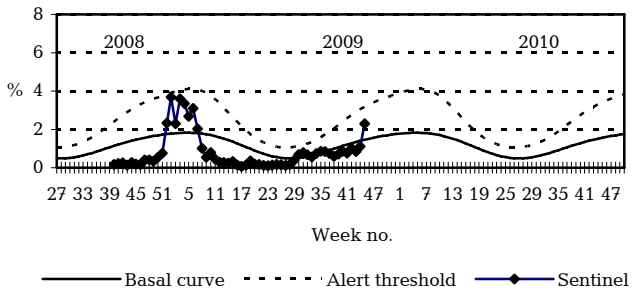
[4] *Serum specimens with pos. complement fixation test*

[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

11 November 2009