



NEW GUIDELINE AND BROCHURES ON THE CHILDHOOD VACCINATION PROGRAMME

The National Board of Health has published a new "Guideline on free vaccination against certain communicable diseases" (no. 81 of 15 December 2008), comprising the free vaccinations included in the childhood vaccination programme and is available at www.sst.dk (Danish language).

The guideline, which was issued on 1 January 2009, concomitantly with the introduction of HPV vaccination for girls aged 12 years, presents the current programme, [Table 1](#).

The guideline furthermore describes the provisions on notification of secondary effects and injuries following vaccination. Even though the HPV vaccine used in the programme (Gardasil®), had been authorised for a period exceeding 2 years when the programme was initiated, physicians are encouraged to notify all secondary effects possibly associated with the vaccine to the Danish Medicines Agency until further notice.

Girls who receive the HPV vaccination should be given the brochure "Free HPV vaccination against cervical cancer". The brochure and a personal letter were sent to girls born in 1993-1996 by the National Board of Health. As HPV is now a routine vaccination for all 12-year-old girls, the National Board of Health will no longer send out personal letters and brochures.

The HPV brochure and the updated brochures "The childhood vaccination programme in Denmark 2009" and "Preventive child examinations and vaccinations 2009" are available from Schultz distribution, phone: 0045 70 26 26 36 and from the National Board of Health ordering service: www.sundhed.schultz.dk. HPV vaccination should be registered on an SSI vaccination card.

The vaccination may be entered on any blank page of the card or on a pre-printed HPV vaccination insert. If the previous card is not available, the new updated SSI vaccination card should be used, see below.

The provision on hepatitis B vaccination of neonates has been transferred to "Statutory order on free hepatitis vaccination for especially exposed groups of persons".
(National Board of Health)

NEW SSI VACCINATION CARD

The SSI has updated its vaccination cards to ensure consistency with the current programme, [Table 1](#).

Table 1. The Danish childhood vaccination programme, 1 January 2009

	Diphtheria	Tetanus	Whooping cough	Polio	Hib infection	Pneumococcal disease	Measles	Mumps	Rubella	Cerv. cancer (HPV)
3 mths	I	I	I	I	I	I				
5 mths	II	II	II	II	II	II				
12 mths	III	III	III	III	III	III				
15 mths							I	I	I	
4 yrs							II ¹⁾	II ¹⁾	II ¹⁾	
5 yrs	IV	IV	IV	IV						
12 yrs							II ¹⁾	II ¹⁾	II ¹⁾	
Girls, 12 yrs										I,II,III ²⁾
Women, ≥18 yrs									I ³⁾	

¹⁾ Since 1 April 2008 the second measles, mumps and rubella (MMR) vaccination has been given at the age of 4 years. Children older than 4 years receive the second vaccination at 12 years of age.

²⁾ Girls born after 31 December 1992. The standard intervals are 2 months between the first and second and four months between the second and third. The third vaccination shall be given before the patient turns 15 years old, and before the end of 2010 for birth years 1993, 1994 and 1995. The HPV vaccination may be given concomitantly with the MMR vaccination.

³⁾ The vaccine may be offered in the form of MMR vaccination.

The cards are freely available. To order, please call 0045 32 68 31 11, e-mail to ordre@ssi.dk or fill in Form 6. (SSI Vaccine Division)

TULARAEMIA 2000-2008

Tularaemia is a zoonosis caused by the bacterium *Francisella tularensis*. In Europe only a lowly virulent variant of the bacterium, variant B, occurs. The bacterium is endemic in rodents in Norway, Sweden and Finland, while Denmark is generally considered a low-endemic area. In Denmark, infection has only been described in connection with direct handling of infected animals or through tick bites, but the infection can be transferred in a number of ways, EPI-NEWS 18/00.

In the 2000-2008 period, the SSI has tested a total of 436 samples for tularaemia and detected 18 patients with a titre > 100. The annual occurrence was 0-4 cases. Patients' age ranged from 9 to 84 years.

Cases occurred across most of Denmark, but tularaemia tests are performed more frequently and more positives are detected on Bornholm than in the rest of the country.

Symptoms

Tularaemia symptoms are highly dependant on the route of inoculation, EPI-NEWS 18/00. In Denmark, the majority of cases are exposed via tick bites, and tularaemia is most frequently observed in the ulceroglandular form. At the time of diagnosis, the patient has commonly endured a prolonged period with symptoms including extensive fatigue and peri-

odic fever, particularly at night. Frequently, distinct localised lymphadenopathy is observed, and many cases have a necrotic, unhealing wound below the lymph node. Tularaemia can be effectively treated with antibiotics.

Diagnosis

On clinical suspicion of tularaemia, the diagnosis may be confirmed by detection of an increased level of *Francisella tularensis* antibodies or by direct detection of the bacterium by PCR. The bacterium may also be cultured, but this requires special growth conditions. Detection of specific *F. tularensis* antibodies is performed by agglutination test, and a single titre > 100 indicates infection. However, two samples should be performed at a two-week interval. Since 2003, SSI has performed specific PCI on relevant sampling material (wound swabs, blood or lymph node biopsy). Serological test and specific PCR analysis for tularaemia is performed by the DBMP, SSI.

Commentary

In spite of an increasing number of cases compared with a previous period, EPI-NEWS 23/01, it is estimated that tularaemia remains underdiagnosed in Denmark. The diagnosis should be considered in patients with unexplained fever, lymphadenitis and wounds after outdoor activities in Denmark.

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