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

GENERAL HBV, HIV & SYPHILIS SCREENING OF PREGNANT WOMEN

No. 27-33, 2010

On 1 January 2010, general screening of pregnant women for HIV and syphilis was introduced as a supplement to the hepatitis B screening already in place, EPI-NEWS 42-43/07.
Routine examination is performed in connection with the first pregnancy examination at the GP.
The HIV and syphilis analyses are performed on the blood sample also used for hepatitis B testing and the same request form is used.
Screening is offered to all pregnant women. As is the case for other blood samples, the sample requires informed consent, and the pregnant woman is free to choose not to participate in the screening.

The general practitioner's tasks
The GP states the expected place of birth on the request form thus allowing the blood bank to inform the GP as well as the place of birth about the hepatitis B test result, as required.
On the pregnancy record, the GP states the examination date and whether the woman has chosen not to have any tests performed.
Negative test results are given to the pregnant women at the second pregnancy examination and the hepatitis B test result is entered into the pregnancy record.
In case of a positive hepatitis B test result, the GP shall ensure that the place of birth is informed hereof, so that the infant may receive specific immunoglobulin and the first hepatitis B vaccine at birth.
The results from the HIV and syphilis tests are forwarded to the GP who - for reasons of discretion - should not state these in the pregnancy record.
In case of a positive HIV and syphilis screening result, the GP ensures that the test result is confirmed (if needed after consultation with the blood bank).
This is particularly important in syphilis cases as the screening test gives rise to a considerable number of false positive results which may only be disconfirmed by specific serological testing.
Confirmation of positive results should immediately be passed on to the pregnant woman at a consultation.
It is the GP's responsibility to immediately refer the pregnant woman to a specialist department with a view to diagnosis, counselling, control and treatment of mother and child via the regional specialised units.
Furthermore, the GP shall ensure that a confirmed positive answer to the HIV and syphilis tests has reached the place of birth.
Confirmed positive results are notified in accordance with the standard procedure cf. Statutory Order on Physicians' Notification of Infectious Diseases.

Tasks of the birth place
It is recommended that maternity wards issue a local guideline based on that of the National Board of Health to ensure the establishment of routines for the handling of hepatitis B, syphilis and HIV test results and for the recording of test results in the medical records of the birth place.
If the selected place of birth is changed, the previous place of birth should forward any screening results to the new place of birth.
If a pregnant woman tests HBsAg-positive and the infant requires hepatitis B vaccination and specific immunoglobulin at birth, this shall be stated clearly in the record, EPI-NEWS 41/05.
Furthermore, the record should detail the involvement of specialised departments with regard to HIV and syphilis.
Pregnant women who have tested positive for any of the three infections shall be followed by an obstetric and an infectious diseases/ venereology department working in close collaboration.
The place of birth shall implement routines to ensure that the GP has referred any patients infected with HIV or syphilis to a specialised department, and that the patients are being followed by such department.
Any relevant treatments and agreements shall be entered into the medical record.
The Department of Epidemiology, Statens Serum Institut has prepared monitoring of the screening measure in cooperation with the blood banks.
The National Board of Health's guideline on the measure is available at www.sst.dk/hepatitis (Danish language)
(National Board of Health)

BLOOD DONOR SCREENING 2009
In 2009, a total of 356,383 blood units were screened and 35,887 candidate donors examined.
Candidate donors are first-time donors, i.e. donors who have not previously donated blood, and donors returning to donate blood after several years of absence. The number of positive donors is shown in Table 1.
Two donors tested positive for HIV: One female multiple donor. In this case, a subsequent look-back did not identify any infected recipients. The mode of infection was unknown. The second HIV positive donor was a male first-time donor who had had intercourse with an African woman.

Table 1. Donors who tested positive for HIV, HBV, HCV and HTLV I/II, 2009. First-time donors in ()

Number of donors:		
positive for HIV	2	(1)
positive for HBV	21	(20)
positive for HCV	8	(6)
positive for HTLV I/II	1	(1)

A total of 21 donors tested positive for hepatitis B: Seven females and 14 males. The median age was 31 years (range 19-66 years).
A total of 20 of the positives were first-time donors, among whom 15 were born in countries where hepatitis B occurs endemically. In four cases, the mode of infection was unknown.
One donor had shared shaving utensils with others. This person's infection was detected by nucleic acid amplification technique (NAT) testing, EPI-NEWS 2/10.
One multiple donor tested positive by NAT screening. The person's hepatitis B infection is considered to be low viremic inactive carrier state. Look-back identified no infected recipients.
A total of eight donors tested positive for hepatitis C, two females and six males. The median age was 37 years (range 25-46 years). A total of six of these were first-time donors. In four cases, the possible mode of infection was piercing, acupuncture or tattooing.
In two cases, the mode of infection was unknown. Two of the donors were multiple donors: One donor, who had had sexual contact with an infected person, was detected by NAT screening.
The other was either a false positive or had recovered from the infection.
All candidate donors are furthermore screened for HTLV I/II (Human T-lymphotropic virus). One donor tested positive for HTLV I, the mode of transmission was unknown.

Commentary
NAT screening was introduced on 1 January 2009 and the initial year with NAT has yielded three persons who only tested positive by NAT, two HBV cases and one HCV case.
(A.H. Christiansen, S. Cowan, Department of Epidemiology)

18 August 2010

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2010 figures are preliminary)

Table 1	Week 32 2010	Cum. 2010 [1]	Cum. 2009 [1]
AIDS	0	29	27
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	9	5
Diphtheria	0	0	0
Food-borne diseases	11	218	330
of these, infected abroad	4	50	56
Gonorrhoea	1	296	360
Haemorrhagic fever	0	0	0
Hepatitis A	2	29	14
of these, infected abroad	1	14	7
Hepatitis B (acute)	0	20	20
Hepatitis B (chronic)	10	130	116
Hepatitis C (acute)	0	2	4
Hepatitis C (chronic)	16	262	198
HIV	6	159	157
Legionella pneumonia	0	63	80
of these, infected abroad	0	13	14
Leprosy	0	0	0
Leptospirosis	0	0	0
Measles	0	3	9
Meningococcal disease	0	42	53
of these, group B	0	21	30
of these, group C	0	15	20
of these, unspec. + other	0	6	3
Mumps	2	21	10
Neuroborreliosis	0	14	12
Ornithosis	0	9	8
Pertussis (children < 2 years)	0	52	74
Plague	0	0	0
Polio	0	0	0
Purulent meningitis			
Haemophilus influenzae	0	1	5
Listeria monocytogenes	0	5	4
Streptococcus pneumoniae	0	54	61
Other aethiology	0	14	9
Unknown aethiology	0	16	15
Under registration	0	1	0
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	0	52	59
of these, infected abroad	0	38	46
Syphilis	18	262	162
Tetanus	0	0	0
Tuberculosis	0	238	225
Typhoid/paratyphoid fever	0	22	14
of these, infected abroad	0	20	12
Typhus exanthematicus	0	0	0
VTEC/HUS	0	86	75
of these, infected abroad	0	20	17

[1] *Cumulative number 2010 and in corresponding period 2009*

Selected laboratory diagnosed infections

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

Table 2	Week 32 2010	Cum. 2010 [3]	Cum. 2009 [3]
Bordetella pertussis			
(all ages)	17	116	133
Gonococci	10	257	277
of these, females	1	66	77
of these, males	9	191	200
Listeria monocytogenes	1	31	50
Mycoplasma pneumoniae			
Resp. specimens [3]	7	77	41
Serum specimens [4]	5	117	70
Streptococci [5]			
Group A streptococci	8	114	103
Group B streptococci	7	70	73
Group C streptococci	5	42	24
Group G streptococci	12	112	103
S. pneumoniae	15	674	740
Table 3	**Week 25 2010**	**Cum. 2010 [2]**	**Cum. 2009 [2]**
MRSA (NB: Week 30)	25	487	395
Pathogenic int. bacteria [6]			
Campylobacter	73	1237	1028
S. Enteritidis	6	124	200
S. Typhimurium	9	242	453
Other zoon. salmonella	6	297	316
Yersinia enterocolitica	5	109	121
Verocytotoxin-producing E. coli	2	75	57
Enteropathogenic E. coli	3	65	63
Enterotoxigenic E. coli	6	190	117

[2] *Cumulative number 2010 and in corresponding period 2009*

[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

The sentinel surveillance ended in week 20, 2010