



INCREASE IN THE NUMBER OF LISTERIA CASES IN 2009

After remaining stable at 30-40 for a period of years, the number of notified listeriosis cases has increased every year as from 2003, barring 2008, [Figure 1](#). In 2009, a total of 97 cases were notified, i.e. 2-3 times the previous level.

Listeriosis is a food-borne disease caused by infection with *Listeria monocytogenes*. The bacterium occurs in many types of raw and processed foods including vegetables, smoked foods, meat and dairy products. The bacteria reproduce at fridge temperature, but perish when heated.

Listeriosis is typically seen in conjunction with sepsis with or without meningitis, while localised infections are rare.

The condition primarily affects persons above 60 years and immunodeficient individuals. Risk factors include, among others: Cancer, haematological conditions, diabetes, alcoholism, organ transplants and AIDS.

Furthermore, pregnant women are at risk, and *L. monocytogenes* infection may cause abortion/still birth or cases of congenital sepsis/meningitis. Frequently, these infants are seriously ill at birth, but have a good prognosis when receiving adequate therapy.

L. monocytogenes is susceptible to cephalosporins, but responds to ampicillin. For a more detailed description of listeriosis, please see EPI-NEWS 34/98 and 42-43/06.

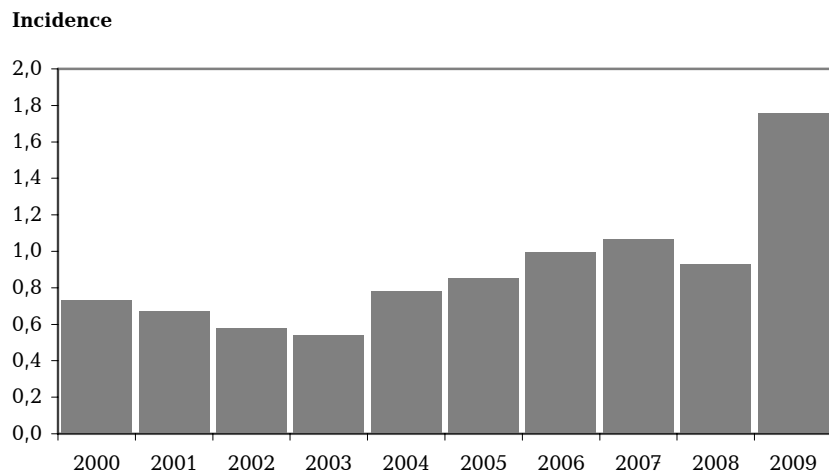
In Denmark listeriosis cases are notifiable via the laboratory notification system and strains of *L. monocytogenes* which have been isolated from patients are forwarded to Statens Serum Institut. To identify any outbreaks, methods of serology and molecular biology, including PFGE (pulsed field gel electrophoresis), is used for typing.

Commentary

The reason for the increased number of listeria cases observed in 2009 is unknown. A preliminary revision of patient data has not identified predisposing factors not already known. Apart from a single outbreak, EPI-NEWS 36/09, in which eight persons were diagnosed with listeriosis after ingesting pre-cooked food from a catering company, no outbreaks were detected in 2009.

In 2009, the clinical microbiology

Figure 1. Notified cases of listeriosis per 10⁵ per year, 2000-2009



departments have forwarded the isolated strains soon after bacteria growth, and it has therefore been possible to obtain timely typing results. This has been a great advantage in connection with the confirmation/dismissal of outbreak suspicion and also in the process of delimiting the patients forming part of the outbreak.

A number of other European countries have experienced increases in the number of patients with listeriosis.

(M. Kemp, Department for Microbiological Monitoring & Research, S. Ethelberg, Department of Epidemiology)

SALMONELLA CONCORD AMONG ADOPTED ETHIOPIAN CHILDREN

In Denmark, *Salmonella Concord* is normally a very rare salmonella serotype. It has been isolated 0 - 2 times annually during the latest 10-year-period. In 2009 the infection was observed in eight cases. All patients were adopted children from Ethiopia, seven of whom were infants. The salmonella isolates were all ESBL-producing and multiresistant with resistance to ampicillin, cefotaxime, ceftiofur, chloramphenicol, gentamicin, streptomycin, sulfamethoxazole, tetracycline and trimethoprim and had reduced sensitivity to ciprofloxacin. They were sensitive to apramycin and amoxicillin+clavulanate.

Commentary

International studies have previously shown that multiresistant *Salmonella Concord* commonly occurs among

children adopted from Ethiopia. The 2009 increase shows that this issue remains relevant. When assessing the state of health of adopted Ethiopian children upon arrival to Denmark, salmonella infection should therefore be considered and physicians should include the possibility of multi-resistance. (R. Hendriksen, DTU Food, K. Mølbak, S. Ethelberg, Department of Epidemiology)

SUPPLY SITUATION FOR JAPANESE ENCEPHALITIS VACCINE

Unfortunately, we have experienced production and supply problems for the Ixiaro® vaccine against Japanese encephalitis (JE) since the end of December 2009, and the JE vaccine has therefore not been available for all January orders. The next delivery of Ixiaro® is expected by the beginning of February, at which point all orders will be delivered.

(B. Neale, Sales and Business Development)

COUNSELLING OF THE GENERAL PUBLIC

The SSI continuously receives a number of enquiries from private citizens stating that their GP has referred them for counselling about travel vaccination or the like. SSI does not usually advise private citizens. The counselling should take place via the person's own GP or other healthcare staff who, in case of doubt or for more detailed questions, may contact the Institute. Further, on the SSI website www.ssi.dk, answers to many questions may be found.

(Department of Epidemiology)

Individually notifiable diseases

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

Table 1	Week 2 2010	Cum. 2010 ¹⁾	Cum. 2009 ¹⁾
AIDS	1	1	1
Cholera	0	0	0
Creutzfeldt-Jakob	0	2	0
Food-borne diseases of these, infected abroad	2 1	6 2	18 0
Gonorrhoea	8	21	27
Hepatitis A of these, infected abroad	1 0	2 0	0 0
Hepatitis B (acute)	0	1	0
Hepatitis B (chronic)	1	3	0
Hepatitis C (acute)	0	0	0
Hepatitis C (chronic)	9	13	0
HIV	4	7	21
Legionella pneumonia of these, infected abroad	4 0	7 1	4 0
Leptospirosis	0	0	0
Measles	0	0	3
Meningococcal disease of these, group B of these, group C of these, unspec. + other	2 0 1 0	5 0 1 0	6 3 0 0
Mumps	1	1	0
Neuroborreliosis	1	1	0
Ornithosis	0	0	0
Pertussis (children < 2 years)	3	3	5
Purulent meningitis			
Haemophilus influenzae	0	0	1
Listeria monocytogenes	0	0	0
Streptococcus pneumoniae	3	3	7
Other aetiology	0	0	0
Unknown aetiology	0	0	0
Under registration	0	0	1
Rubella (during pregnancy)	0	0	0
Rubella (congenital)	0	0	0
Shigellosis of these, infected abroad	3 2	4 3	7 7
Syphilis	5	13	8
Tetanus	0	0	0
Tuberculosis	7	11	21
Typhoid/paratyphoid fever of these, infected abroad	0 0	0 0	0 0
VTEC/HUS of these, infected abroad	4 1	7 1	3 0

Table 1, comments

In 2010, none of the following have been reported: Anthrax, botulism, cholera, diphtheria, haemorrhagic fever, leprosy, plague, polio, rabies, typhus exanthematicus

1) Cumulative no. 2010 and corresponding period 2009

Selected laboratory diagnosed infections

Number of specimens, isolates, and/or notifications received at Statens Serum Institut

Table 2	Week 2 2010	Cum. 2010 ²⁾	Cum. 2009 ²⁾
Bordetella pertussis (all ages)	2	3	5
Gonococci of these, females of these, males	18 4 14	33 7 26	9 1 8
Listeria monocytogenes	2	3	2
Mycoplasma pneumoniae Resp. specimens 3) Serum specimens 4)	3 12	6 17	5 3
Streptococci 5)			
Group A streptococci	4	11	15
Group B streptococci	0	2	3
Group C streptococci	1	3	1
Group G streptococci	2	17	5
S. pneumoniae	21	100	97

Table 3	Week 53 2009	Cum. 2009 ²⁾	Cum. 2008 ²⁾
MRSA	17	807	-
Pathogenic int. bacteria ⁶⁾			
Campylobacter	9	3288	3441
S. Enteritidis	2	601	637
S. Typhimurium	4	777	1992
Other zoon. salmonella	7	750	1015
Yersinia enterocolitica	0	225	330
Verocytotoxin-prod. E.coli	4	172	158
Enteropathogenic E. coli	3	223	215
Enterotoxigenic E. coli	2	343	417

Tables 2 & 3, comments

2) Cumulative no. 2010 and corresponding period 2009

3) Respiratory specimens with positive PCR

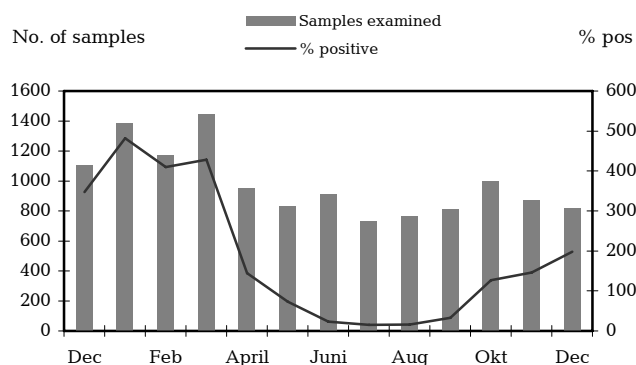
4) Serum specimens with pos. complement fixation test

5) Isolated in blood or spinal fluid

6) See also www.germ.dk

Norovirus 2008-2009

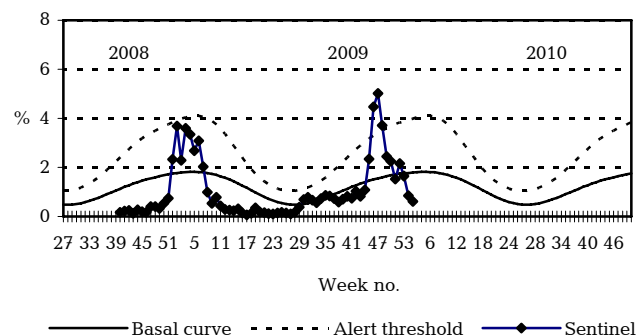
Examined samples and percent positive, Dec 08 - Dec 09



Samples from clinical microbiology departments at Odense University Hospital, Copenhagen University Hospital, and the Department of Virology, SSI

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