



## DTaP-IPV/Hib VACCINATION COVERAGE

No. 9, 2010

Vaccination coverage was calculated on 30 November 2009 on the basis of person-identifiable data from the national childhood vaccination database. The reported coverage is a minimal estimate as only vaccinations performed in Denmark and by GPs are included.

### Method of calculation

The so-called code method was used to calculate vaccination coverage, EPI-NEWS 6/10. In the two previous reports on primary DTap-IPV/Hib vaccination coverage, EPI-NEWS 8/07 and 37/08, another calculation method was employed. Consequently, coverage is not directly comparable to previous reports. For some birth cohorts, vaccination was expected not to have been concluded at the set calculation date. For the birth cohort 2009, this is the case for DTap-IPV/HIB 2 and 3, for the 2008 cohort, DTap-IPV/HIB 3, and DTap-IPV revaccination for the 2004 cohort.

Vaccination coverage for each vaccine is shown by birth year in [Table 1](#) and [Table 2](#).

### DTaP-IPV/Hib 1, 2 & 3

In the birth cohorts 2001-2008, 85-91% had received the first, 86-91% the second and 86-90% the third DTap-IPV/Hib vaccine. Coverage has followed a slightly declining trend as from 2001 with 2006 marking the lowest coverage recorded. As from 2007, the coverage of all three vaccinations has followed a slightly increasing trend, with the proviso that vaccination has not been completed for all birth cohorts.

### DTaP-IPV revaccination

The vaccination coverage for birth cohorts 1995-2002 was 80-84%; the highest coverage corresponds to cohorts 1997 and 1998. Since birth cohort 1999, a relatively low, but stable coverage of 80-81% has been observed.

### Regional coverage

DTaP-IPV/Hib 3 coverage for birth cohorts 2006-2008 and DTap-IPV revaccination coverage for birth cohorts 2002-2004 were generally lower in Copenhagen City, i.e. the municipalities of Copenhagen and Frederiksberg, than in the remaining parts of Denmark, [Table 3](#).

### Commentary

As from birth cohort 2007, a slightly increasing trend has been recorded for DTap-IPV/Hib vaccinations per-

**Table 1. Vaccination coverage percentages for primary DTap-IPV/Hib vaccination in birth cohorts 2001-2009**

Vaccine	2009*	2008**	2007	2006	2005	2004	2003	2002	2001
DTaP-IPV/Hib 1	91	90	88	85	86	87	88	88	89
DTaP-IPV/Hib 2	88	91	89	86	88	88	88	89	91
DTaP-IPV/Hib 3		74	89	87	86	88	88	89	90

\*) Including children born before 1 June

\*\*) Including children 11 months of age

**Table 2. Vaccination coverage percentages for DTap-IPV/Hib revaccination in birth cohorts 1995-2004**

Vaccine	2004*	2003	2002	2001	2000	1999	1998	1997	1996	1995
DTaP-IPV/Hib rev	58	81	81	81	80	81	84	84	82	81

\*) Including children under 5 years of age at time of reporting

**Table 3. DTap-IPV 3 vaccination coverage for birth cohorts 2006-2008 and DTap-IPV revaccination for birth cohorts 2002-2004, by part of country**

Area	DTaP-IPV 3			DTaP-IPV 3-re		
	2008*	2007	2006	2004**	2003	2002
Cph. City	71	87	85	52	79	79
Cph. Suburbs	73	89	86	56	81	81
North Zealand	74	88	87	57	82	82
Bornholm	76	91	90	59	84	83
East Zeal.	75	90	89	58	83	85
W&S Zealand	73	88	88	56	79	81
Funen	74	89	84	56	82	80
S Jutland	75	89	83	60	82	78
W Jutland	75	91	89	60	83	82
E Jutland	76	90	89	61	83	84
N Jutland	75	89	88	58	81	82
Total	74	89	87	58	81	81

\*) Including children 11 months of age

\*\*) Including children < 5 yrs at time of reporting

formed at 3, 5 and 12 months. The increase is small and it should be taken into account that vaccination has not been completed in the affected birth cohorts. The increase coincides with the introduction of the 7-valent conjugate pneumococcal vaccine to the Danish childhood vaccination programme, EPI-NEWS 7-8/10. It is conceivable that the increased attention created by the introduction has contributed to a generalised increase in the coverage of the childhood vaccination programme. The coverage of DTap-IPV revaccination has not increased, but maintains a stable level corresponding to revaccination of 4 in every 5 children by the age of 5 years. Even though coverage is a minimal estimate, the share receiving DTap-IPV revaccination is less than optimal.

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### PANDEMIC VACCINE TO NON-RISK GROUP PERSONS

Excess pandemic vaccines are now offered to healthy citizens who have not previously been offered the vaccine. Vaccines may be ordered free of charge from Statens Serum Institut. Vaccination notification is still compulsory, EPI-NEWS 45/09. General practitioners may report vaccinations using service code 8934, which is not remunerated by the Regions. Alternatively, vaccinations should be reported via the Danish Vaccination Register at [www.ssi.dk](http://www.ssi.dk) (Danish language).

### THE MICROBIOLOGICAL 24-HOUR SERVICE AT SSI HAS BEEN DISCONTINUED

As from 1 March 2010, the microbiological 24-hour service at SSI was discontinued.

The opening hours of the Clinical Microbiology Department are working days 8.00-15.30 and Fridays 8.00-15.00. In the opening hours, a microbiologist is available via SSI's main phone number +45 32 68 32 68 and also +45 20 16 19 93. The counselling service is no longer available outside normal opening hours.

Health staff may contact the on-call physician of the Department of Epidemiology outside normal working hours for queries concerning indication for and dispensing of vaccines for post exposure prophylaxis and antisera on phone.: +45 41 31 74 04.

In case of an acute biological event, the physician on call at to Center for Biosecurity and Biopreparedness (CBB) should be contacted by phone: +45 32 68 81 27.

(Statens Serum Institut)

## Individually notifiable diseases

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

Table 1	Week 8 2010	Cum. 2010 <sup>1)</sup>	Cum. 2009 <sup>1)</sup>
AIDS	0	13	5
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	5	0
Diphtheria	0	0	0
Food-borne diseases	2	41	61
of these, infected abroad	1	13	5
Gonorrhoea	5	106	98
Haemorrhagic fever	0	0	0
Hepatitis A	0	8	6
of these, infected abroad	0	1	4
Hepatitis B (acute)	0	6	1
Hepatitis B (chronic)	1	24	6
Hepatitis C (acute)	0	0	1
Hepatitis C (chronic)	2	57	32
HIV	3	37	53
Legionella pneumonia	4	21	17
of these, infected abroad	1	4	0
Leprosy	0	0	0
Leptospirosis	0	0	0
Measles	0	0	8
Meningococcal disease	4	16	22
of these, group B	0	0	8
of these, group C	0	4	2
of these, unspec. + other	0	0	0
Mumps	0	2	2
Neuroborreliosis	0	4	2
Ornithosis	0	0	0
Pertussis (children < 2 years)	3	13	9
Plague	0	0	0
Polio	0	0	0
Pneum. disease, invasive (IPD) <sup>2)</sup>	1	30	29
Purulent meningitis			
Haemophilus influenzae	0	0	2
Listeria monocytogenes	0	2	2
Other aethiology	0	3	2
Unknown aethiology	0	0	1
Under registration	0	0	0
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis	1	16	17
of these, infected abroad	0	11	17
Syphilis	3	50	44
Tetanus	0	0	0
Tuberculosis	4	55	68
Typhoid/paratyphoid fever	0	7	3
of these, infected abroad	0	5	0
Typhus exanthematicus	0	0	0
VTEC/HUS	2	23	18
of these, infected abroad	0	2	5

<sup>1)</sup> Cumulative number 2010 and in corresponding period 2009

<sup>2)</sup> Meningitis, all age groups, invasive pneumococcal disease < 5 years

## Selected laboratory diagnosed infections

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

Table 2	Week 8 2010	Cum. 2010 <sup>3)</sup>	Cum. 2009 <sup>3)</sup>
Bordetella pertussis (all ages)	2	29	21
Gonococci	5	87	62
of these, females	1	23	12
of these, males	4	64	50
Listeria monocytogenes	0	7	12
Mycoplasma pneumoniae			
Resp. specimens <sup>3)</sup>	0	20	17
Serum specimens <sup>4)</sup>	4	55	27
Streptococci <sup>5)</sup>			
Group A streptococci	0	36	40
Group B streptococci	2	19	14
Group C streptococci	1	5	5
Group G streptococci	0	26	23
S. pneumoniae	18	228	286
Table 3	Week 6 2010	Cum. 2009 <sup>3)</sup>	Cum. 2008 <sup>3)</sup>
MRSA	11	59	96
Pathogenic int. bacteria <sup>6)</sup>			
Campylobacter	38	251	162
S. Enteritidis	8	33	27
S. Typhimurium	5	37	128
Other zoon. salmonella	13	63	69
Yersinia enterocolitica	2	14	18
Verocytotoxin-producing E. coli	5	16	10
Enteropathogenic E. coli	4	21	16
Enterotoxigenic E. coli	11	65	16

<sup>3)</sup> Cumulative number 2010 and in corresponding period 2009

<sup>4)</sup> Resp. specimens with positive PCR

<sup>5)</sup> Serum specimens with pos. complement fixation test

<sup>6)</sup> Isolated in blood or spinal fluid

<sup>7)</sup> See also [www.germ.dk](http://www.germ.dk)

## Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2008/2009/2010

