



SURVEILLANCE DATA ON SSI.DK

Updated Danish surveillance data are now available at the SSI website under "Overvågning i tal og grafer". The following link provides direct access to the data: www.ssi.dk/data (Danish language). Selected categories of surveillance data from the Clinical Notification System as well as the Laboratory Surveillance System have been pooled into a single database which is available via the website. The diseases presented are shown in [Table 1](#).

Table 1. Diseases published at www.ssi.dk/data, "Overvågning i tal og grafer", 2011

Clinically notified diseases	Laboratory-notified diseases
Aids	Campylobacteriosis
Botulism	Salmonellosis
Hepatitis A	Shigellosis
Hepatitis B	Yersiniosis
Hepatitis C	VTEC infection
H. influenzae meningitis	Chlamydia infection
Legionella pneumonia	Listeriosis
Leptospirosis	
Measles	
Meningococcal disease	
Mumps	
Neuroborreliosis	
Ornithosis	
Whooping cough	
Pneumococcal meningitis	
Other meningitis	
Rubella	
Shigellosis	
Tetanus	
Tuberculosis	
Typhoid/para-typh. typhoid fever	
VTEC/HUS	

Data may be displayed summarised by year or month, sex, age group, region or municipality and - depending on the condition - a number of additional categories, e.g. subtype or share of patients infected during travels abroad. Similarly, on the basis of the above-mentioned categories, it is possible to filter and present data by a specific patient group. Users decide if data should be presented as bar charts, pie charts or tables. Furthermore, data can be exported into Excel. Additional functions and surveillance data are being prepared, including vaccination data, which are expected to be available by early 2012. (S. Ethelberg, Department of Epidemiology, R.G. Bode, Department of Digital Communications)

SANDFLY FEVER VIRUS MENINGITIS AFTER STAY IN TUSCANY

In the Mediterranean, sandfly fever virus may be transmitted to humans via sandfly bites. Sandfly fever virus is a phlebovirus of the Bunyavirus family. The serotypes Tuscany virus and Naples virus are neurotropic and among the more common causes of viral meningitis in the Mediterranean area, e.g. Italy, Spain, Portugal, Cyprus, Greece and France, where the sandfly (*Plebotomus*) is endemic. The seroprevalence is high in central Italy (about 77% among foresters) and > 80% of aseptic meningitis cases in Tuscany are caused by the virus. The majority of cases occur in hot summer months. A considerable part of the infections are asymptomatic or only cause brief fever, but in severe meningitis cases coma, hydrocephalus or paralysis may occur. Typical signs of sandfly fever virus meningitis are sudden-onset headache and photophobia following sandfly bites in the Mediterranean area. The majority of cases also present with fever (76-97%), stiffness of the neck and back, and headaches which may persist for several weeks. No antiviral treatment or vaccine exist.

Case story

A 47-year-old male who had recently returned from a two-week holiday in Tuscany was admitted to an infectious medicine department following two days of sudden-onset headache, photophobia and sensation of fever following insect bites. The patient was sub-febrile, without stiffness of the neck and back and his level of consciousness was normal. Prior to the vacation in Italy he had been bitten by ticks on Bornholm and consequently TBE was also suspected. In the cerebrospinal fluid an increased white blood cell count was determined, mainly mononuclear, and increased protein. Phlebovirus L segment was detected at the SSI by PCR and sequencing detected Tuscany virus. This was confirmed by Tuscany virus-specific real-time RT PCR. Serology approximately two weeks after disease onset was IgM and IgG positive for Tuscany virus and Naples virus antibodies. Serology was negative for Sicilian sandfly virus antibodies and TBE antibodies. The patient recovered spontaneously and was discharged after a week with persisting headache.

Commentary

Sandfly fever virus meningitis was diagnosed in one previous case in a Danish tourist (2010).

Sandfly phlebovirus testing (Tuscany, Naples, Sicilian) is performed at Statens Serum Institut by specific PCR and serology (IgM, IgG.)

There is, however, no way of distinguishing between antibodies to Tuscany and Naples virus with any certainty ("serotype Tuscany/Naples"). The diagnosis should be considered in Danish tourists who have returned from endemic countries with meningitis symptoms.

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MEASLES OUTBREAK ENDED

The nation-wide measles outbreak which started in January of 2011, EPI-NEWS 6/11 has now ended. The last affected patients were symptomatic in week 22. In the Danish outbreak a total of 81 cases were detected, including 74 laboratory-confirmed cases. The majority of cases were found in the Capital Region (56) and in Region Zealand, but cases were also found in Region South Denmark (1), Region North Jutland (1) and in the Central Jutland Region (1). All typed viruses (36) barring one were type D4, which currently circulates in Europe; one imported virus was type D8, which normally circulates in India and Nepal, but which has recently been detected in several European countries.

In the beginning of August another two cases were detected, both were travel-associated and linked to Spain and France, respectively. The outbreak was the largest in the past 15 years, EPI-NEWS 24/11, and reflects that too many children and young adults are unvaccinated.

The MMR vaccination is provided free of charge to persons below 18 years of age, but there is, in principle, no upper age limit for MMR vaccination. On 25 August, the Danish Ministry of the Interior and Health issued a press statement that MMR vaccination will be offered free of charge to all non-immune adults. However, the initiation time for this offer has yet to be determined.

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OUTBREAK OF WEST NILE FEVER AND MALARIA IN GREECE

Travellers should use mosquito repellents. For more information, see www.ssi.dk/rejsjer (Danish language).