A vaccination unnecessary for this type of travel and destination. This outbreak again emphasises the importance for tourists to seek adequate pre-travel advice, preferably in an institution specialised in travel medicine. Travel agencies should incorporate comprehensive pre-travel advice, including immunisations, into their catalogues or refer travellers to a competent institution for individual advice.

Acknowledgements

The authors would like to thank all local, state and national level health departments contributing in the collaborative effort, EPIET and the EPIET fellows engaged, the laboratories involved, the Nigerian health authorities and a number of colleagues within the department of infectious disease epidemiology at the RKI. Corresponding investigators in the other countries affected were:

- Reinhold Strauss, Austria (Federal Ministry for Health and Women, General Directorate Public Health, Vienna),
- Yvonne Andersson, Sweden (Swedish Institute for Infectious Disease Control, Solna),
- Anne Mazda, Michael Howitz and Kåre Mølbak, Denmark (Statens Serum Institut, Department of Epidemiology, Copenhagen),
- Katrine Borgen and Mary Ward, the Netherlands (National Institute Public Health and Environment, Bilthoven),
- Geert Top, Belgium (Surveillance of Infectious Diseases, Health Inspectorate of Flanders, Brussels),
- Julia Granerod, UK (Health Protection Agency Centre for Infections, Immunisation Department, London),
- Andrea Mariano, Italy (Italian National Health Institute, Rome),
- Virginie Masserey, Switzerland (Federal Office of Public Health, Berne), and
- Elisabeth Couturier and Henriette de Valk, France (Institut de Veille Sanitaire, Saint-Maurice).

References


Chlamydia screening project starts in Nova Gorica, Slovenia

T Frelih
Institute of Public Health, Nova Gorica, Slovenia

Published online 9 June 2005 (http://www.eurosurveillance.org/ew/2005/050609.asp#3)

A pilot project to screen 1000 women aged between 18 and 30 years for genital chlamydia infection in the Nova Gorica region of Slovenia is underway.

In the first national survey of sexual lifestyles, attitude and health conducted in 1999-2001 in Slovenia, genital chlamydia prevalence was found to be 3.6% in the 25-34 age group and 4.1% in the 18-24 age group for both men and women [1]. For the Nova Gorica screening project, we are targeting women aged between 18-24 for both men and women [1]. For the Nova Gorica screening project, we are targeting women aged between 18-24 age group for both men and women [1]. For the Nova Gorica screening project, we are targeting women aged between 18-24 age group for both men and women [1]. At this stage, and with limited available resources for the pilot, we decided to focus on women, who are more vulnerable to longer term sequelae of untreated infections. Screening and treatment is the most effective way to minimise the prevalence and transmission of genital chlamydia and pelvic inflammatory disease.

In Slovenia, genital chlamydia testing of women is mainly done by gynaecologists at primary healthcare facilities (gynaecological dispensaries). Some testing is also done at hospital gynaecology departments. Men are tested by dermatovenerologists in primary healthcare facilities, and some at a hospital dermatovenerological clinic. Genitourinary medicine is not accessible without referral from either gynaecologists or general practitioners.

Genital chlamydia infection is a notifiable disease by law, with all cases reported anonymously using soundex coding since 2001 [2].

Chlamydia epidemiology in the Nova Gorica region

In the Nova Gorica Health Region of Slovenia (103 000 inhabitants) between 2000 and 2004, 715 specimens, the majority of which were endocervical, were tested for Chlamydia trachomatis. There were 132 positive tests (18.5%) (Figures 1 and 2).

![FIGURE 1](http://www.eurosurveillance.org/ew/2005/050609.asp#1)

**Chlamydia test samples taken by year and sex**

![FIGURE 2](http://www.eurosurveillance.org/ew/2005/050609.asp#4)

**Positive chlamydia samples by year and sex**
The screening project

The project first analysed current chlamydia epidemiology in the Region. With the participation of regional primary care level gynaecologists, 1000 female patients aged 18-30 years are being screened.

Because all women must register to use gynaecology services, there is precise information on the number of women within certain age categories. There are 4700 registered women aged 18-24 years and 4456 registered women aged 25-30 years. From this, we estimated that a sample of 1000 would be realistically achievable within the short time period that the project is running.

All women between the ages 18-30 years who consult gynaecologists in Nova Gorica region are being asked to participate in this project. If they agree, and give written informed consent, they are invited to provide a first void urine specimen for chlamydia testing. They are also asked to complete a short questionnaire on their social and demographic background and on their sexual behavioural [2].

On the basis of the FVU specimen test results, the prevalence of Chlamydia trachomatis urogenital infections in different age groups, and the sociodemographic and sexual behavioural risk factors for chlamydia urogenital infections can be estimated.

Diagnostic methods

Since 1986, direct fluorescent antibody (DFA) testing has been used to detect genital chlamydia infection in Nova Gorica. Project funding has obtained Mastercycler equipment which enables chlamydia detection by polymerase chain reaction (PCR); PCR is highly sensitive and is much more effective than DFA testing of individuals with asymptomatic infections.

Contribution to prevention work

Diagnosis, prevention and treatment of chlamydia require a multidisciplinary approach by health professionals. With the screening results, we aim to inform and promote screening of chlamydia infection among regional gynaecologists and affect public health policy on the issue.

Funding is provided through the Phare programme (http://europa.eu.int/comm/enlargement/pas/pha/pharesintro.html), and one of the conditions of Phare funding is collaboration between European countries. This project is a collaboration with the Azienda per I Servizi Sanitari n. 2 “Isontina” Gorizia and Comune di Gorizia – Servizi Sociali in Italy, and leaflets giving information on genital chlamydia infection (symptoms, transmission, diagnosis, treatment, follow-up, prevention and safe sex) have been produced in both Slovene and Italian. These leaflets will be distributed in gynaecological dispensaries, schools, and to the media in Nova Gorica, Slovenia and the Gorizia region in Italy, with the intention of raising chlamydia awareness in young people.

The project started in October 2004 and is due to finish by October 2005. We hope that our results will provide support for the introduction of nationwide chlamydia screening in Slovenia.

References


SURVEILLANCE OF FOODBorne DISEASE OUTBREAKS ASSOCIATED WITH CONSUMPTION OF EGGS AND EGG PRODUCtS: SPAIN, 2002 – 2003

P Soler Crespo 1, G Hernández 1, A Echeita 1, A Torres 1, P Ordóñez 1, A Aladueña 2

2. Centro Nacional de Microbiología, Instituto de Salud Carlos III, Madrid, Spain.

Published online 16 June 2005 (http://www.eurosurveillance.org/ew/2005/050616.asp#2)

Foodborne disease outbreaks are a public health problem for certain population groups in Spain, because of their magnitude and severity [1]. The foods implicated in these outbreaks tend to be prepared with raw shell eggs, and Salmonella serotype Enteritidis tends to be the causative agent. In Spain, foodborne outbreaks due to consumption of eggs and egg products have not declined since 1998 [2], despite the introduction of numerous prevention measures aimed at addressing this problem. Such measures include health education [3] and making it mandatory for food catering facilities that cook and/ or serve meals to replace raw shell eggs with pasteurised egg products when food is prepared without heat treatment and for immediate consumption [4].

There are a number of sources that provide information for surveillance of foodborne diseases and outbreaks in Spain. The Outbreak Reporting System (Sistema de Brotes) and the National Reference Laboratory of Spain are the most useful for outbreaks specifically linked to consumption of eggs or egg products. The Outbreak Reporting System collects epidemiological data from the regions of Spain [5]. The National Reference Laboratory shares data with other European countries via networks such as the International Surveillance Network for the Enteric Infections (Enter-net, http://www.hpa.org.uk/hpa/inter/enter-net_menu.htm).

For this study, we analysed data on reported foodborne outbreaks in Spain associated with the consumption of eggs and egg products, for the period 2002 – 2003 (the most recent complete years available for both sources).

Results

Outbreak Reporting System

In Spain, a median of 951 (range: 882-989) foodborne outbreaks were reported in the 10 years preceding the study. In 2002 and 2003, the equivalent figures were 971 and 1227 outbreaks, respectively.

Outbreaks associated with consumption of eggs and egg products accounted for 41% of all foodborne disease outbreaks (895/2198), with a total of 6991 cases including 1059 hospital admissions and 6 deaths (Table 1). Although the number of foodborne disease outbreaks reported in 2003 rose overall, the percentage of these due to consumption of eggs and egg products was not notably different from that registered the previous year (40% in 2003 versus 42% in 2002).

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of outbreaks</th>
<th>No. of cases in outbreaks</th>
<th>No. of community outbreaks</th>
<th>No. of household outbreaks</th>
<th>National Reference Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No. of outbreaks</td>
</tr>
<tr>
<td>2002</td>
<td>403</td>
<td>3003</td>
<td>145</td>
<td>232</td>
<td>23</td>
</tr>
<tr>
<td>2003</td>
<td>492</td>
<td>3988</td>
<td>191</td>
<td>281</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>895</td>
<td>6991</td>
<td>336</td>
<td>513</td>
<td>37</td>
</tr>
</tbody>
</table>

Table 3

Reported foodborne outbreaks and cases associated with consumption of eggs and egg products, Spain: 2002-2003