

13. Gastrointestinal infections of *Salmonella*, *Campylobacter* and *Yersinia* in humans

In 2002 the crude case numbers of *Salmonella* and *Campylobacter* infections in humans had the same magnitude, the number of cases caused by *Yersinia* are by far lower (Table GI 1). Altogether, for salmonellosis the decreasing tendency observed over several years continued in 2002. For campylobacteriosis, after an increasing trend over several years, in 2002 for the first time an overall decrease by 5% was reported although in some countries the disease continued to increase. The number of the reporting countries for yersiniosis changed over the years. Compared to 2001, there is a slight increase if figures are compared from those countries where data are available for both years. The overall trend for the last 5 years is slightly decreasing.

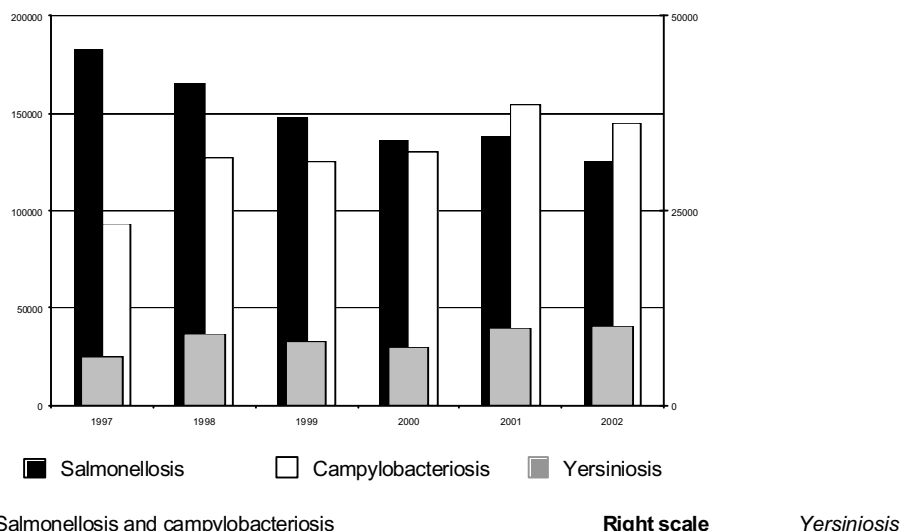
Table GI 1 Number of cases and reporting countries in the last six years

Year	Salmonellosis		Campylobacteriosis		Yersiniosis	
	Cases	Reporting countries	Cases	Reporting countries	Cases	Reporting countries
1997	220081	16	83792	12	5791	9
1998	191959	16	98009	11	9316	11
1999	167093	16	100126	12	8434	11
2000	151649	15	133860	13	7525	10
2001 ¹	159870	16	157547	12	10358	13
2002	145231	16	149287	13	10147	10

¹Change in the reporting system in Germany

In 2002, salmonellosis exceeded campylobacteriosis in Austria, Belgium, France, Germany and Spain. In contrast, campylobacteriosis was more frequently detected in Denmark, Finland, Sweden, The Netherlands, United Kingdom and Norway. In Figure GI 1 the overall trend in those countries is given, where figures are available for the last six years. In 2002, campylobacteriosis and salmonellosis are less frequent compared to 2001. In total, campylobacteriosis is more frequent than salmonellosis since 2000.

Figure GI 1 Comparison of the case numbers in humans caused by *Salmonella*, *Campylobacter* and *Yersinia* in 9 Member States¹ and Norway



¹ Austria, Belgium, Denmark, Finland, Germany, Ireland, Spain, Sweden and United Kingdom

However, it has to be kept in mind that to evaluate the importance of the public health risks besides the quantitative information (i.e. number of cases) the qualitative information (i.e. severity of cases, complications) has to be considered. As the latter data are not available, the public health importance of the gastrointestinal diseases can not be compared in this report.

Age distribution

10 regions from 8 countries provided information on the age distribution of salmonellosis, campylobacteriosis and yersiniosis. The patterns observed in 2002 are the same as in the previous year. Usually the infection rate of *Campylobacter* in the different age groups differs from that of *Salmonella*, in that campylobacteriosis affects also the adults besides the children less than 4 years. *Campylobacter* mainly affects the 15 to 44 years old persons with decreasing infection rates in humans over 45 years.

A comparison of the three causes of gastrointestinal infection is made in Figure GI 2.

Figure GI 2 Age distribution (incidence rate per 100 000 inhabitants of the age group)

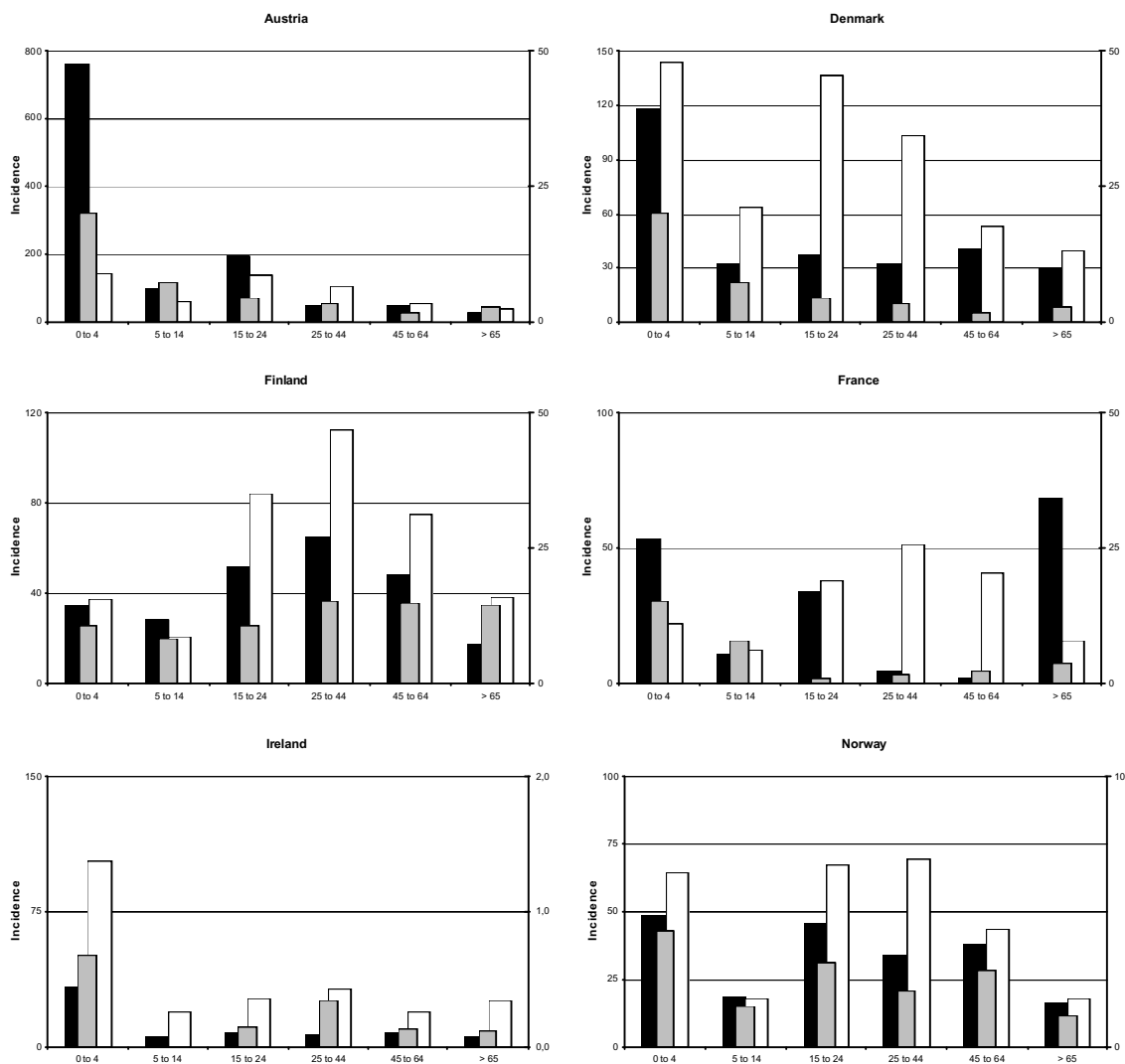


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