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CONTENTS:

Outbreak of mumps in Iceland p. 1

Gonorrhea on the increase p. 2

Salmonella among tourists returning to Iceland P.3.

DIRECTORATE OF HEALTH
STATE EPIDEMIOLOGIST

Austurströnd 5
170 Seltjarnarnes
Tel: +354 510 1900
Fax: +354 510 1920

E-mail: mottaka@landlaeknir.is
Website: www.landlaeknir.is

OUTBREAK OF MUMPS IN ICELAND DURING THE SUMMER 2005

As described in the latest issue of Epi-Ice[1], three patients were diagnosed with mumps in Iceland in May and June 2005. The index case came from England towards the end of May, which presumably is related to the fact that the UK has experienced temporary problems with MMR vaccination cover in recent years.

The outbreak of mumps seems to have culminated in late July and the beginning of August 2005 (Fig. 1). Until 1 September, 24 cases had been serologically confirmed, the majority in the age group 20–25 years (Fig. 2). This age group escaped vaccination against mumps because universal vaccination with MMR in Iceland did not begin until 1989 among children 18 months of age. In 1994 it was decided to repeat the vaccination among all nine-year-old children. From 1 January 2000 all children have been vaccinated against mumps at 18 months of age with revaccination at 12 years (MMR).

When vaccination against mumps started the disease disappeared as an epidemic and consequently natural infection disappeared as well. It is assumed that those who are older than the age group presently infected by mumps are naturally protected with antibodies since the last big epidemic of mumps in Iceland occurred in 1987.

The present outbreak of mumps is likely to be limited. There are indications that the outbreak has already culminated and will fade away in the coming months. There is no outbreak in the vaccinated population.

Mumps is a nominally notifiable disease and each case must be investigated and confirmed by laboratory methods. This is done for the purpose of evaluating the vaccination programme.

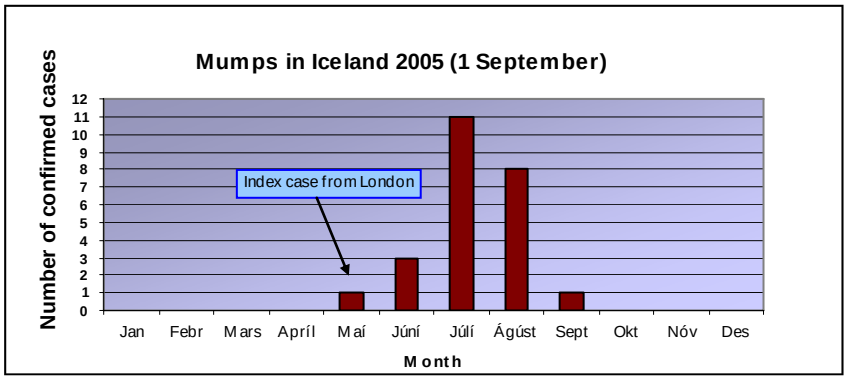

Fig. 1

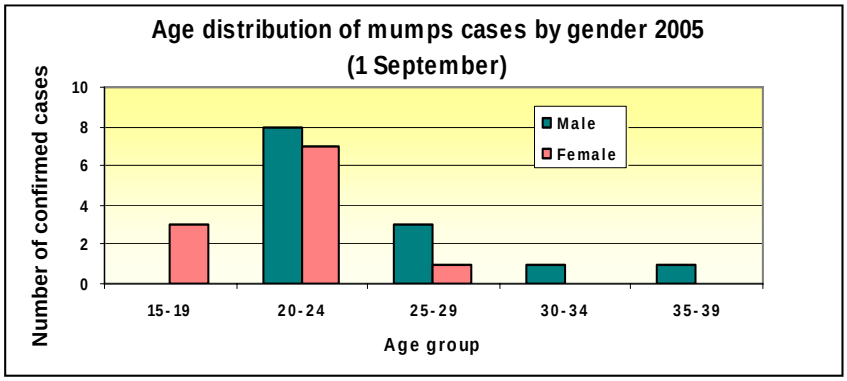

Fig. 2

[1] Epi Ice 2005; 6: 1

GONORRHOEA ON THE INCREASE

From the beginning of June to the end of August, 13 cases of gonorrhoea have been confirmed compared with only two cases in the first five months of the year.

In the last three months the number of diagnosed cases of gonorrhoea has increased. From the beginning of June to the end of August, 13 cases have been confirmed compared with only two cases in the first five months of the year 2005. In recent years only 2–10 cases have been diagnosed each year.

At least four different strains of *Neisseria gonorrhoea* seem to be in circulation.

The strains have different antimicrobial sensitivity, indicating different sources of infection. In 11 of 15 cases the strains have different sensitivities to antimicrobials or have reduced sensitivity to penicillin. The mean age of those with gonococcal infections is 30 years (range 19–48 years), 11 are males and 4 are females.

Gonorrhoea has been a rare disease in Iceland for many years. In many countries there has been an increase of the incidence of the disease in large cities, mainly among men who have sex with men.

It is important to point out that people should be careful and pay the doctor a visit if an infection is suspected. Doctors should also keep in mind the possibility of gonorrhoea when a patient presents him-/herself with uro-genital infection, and should take appropriate samples for microbiologic diagnosis and investigation for antimicrobial resistance.

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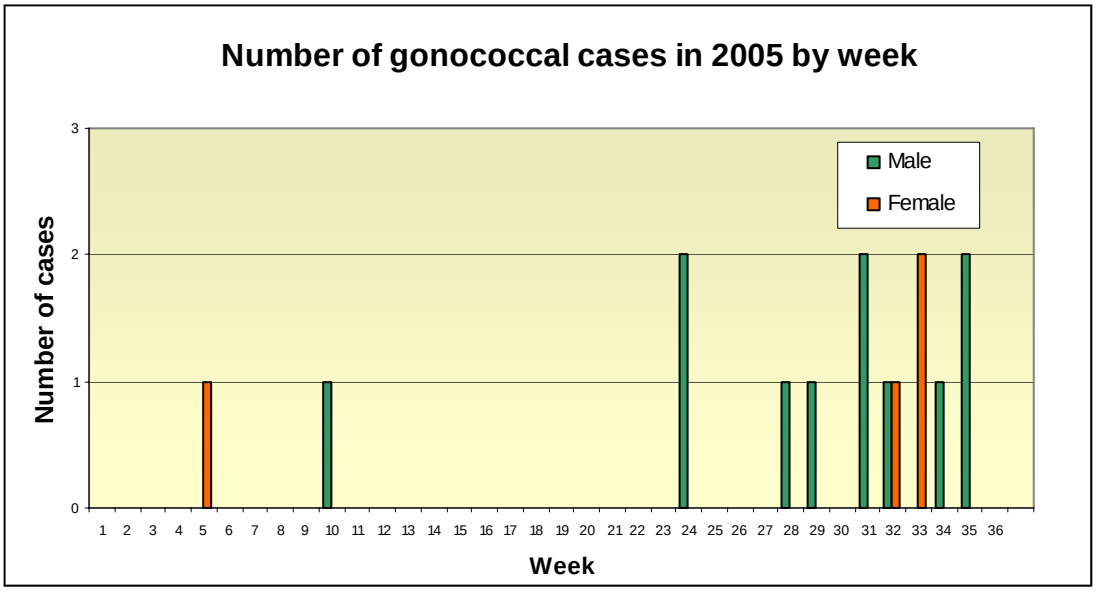

SALMONELLA AMONG TOURISTS RETURNING TO ICELAND

Altogether six cases of Salmonella enteritidis were diagnosed among individuals returning from Crete on 8 August.

In the beginning of August 2005 an increased number of *Salmonella* cases were noted among Icelandic tourists returning to Iceland from the island of Crete. Altogether six cases of *Salmonella enteritidis* were diagnosed amongst individuals returning home on 8 August, after having spent 1–2 weeks on the island. The onset of symptoms was between 8 and 13 August. The individuals infected had stayed at four different hotels. Apart from a married couple there was no connection between the individuals conserned. Further inquiries showed that all six individuals had gone on a cruise that lasted over 20 hours, to the island of Santorini, some on 4 August and others on 6 August. On board the cruiser a breakfast had been served and later during the day a buffet.

The incubation time, assuming the origin of infection was on board the cruiser, was 2–7 days, which is comparable to the known incubation time for *Salmonella* infections. For a case control study nine healthy individuals, who had stayed on Crete during the same period of time, were contacted. Only one of the healthy controls had gone to Santorini. It therefore seems likely that the source of infection was on board the cruiser.

Tourists aboard the cruiser headed for Santorini were of many nationalities and consequently the infection could have spread to other countries. Therefore the EU Early Warning and Response System was notified. The state Epidemiologist for Iceland was also in direct contact with the Infectious Disease Control Authorities on Crete.

No further cases of *Salmonella* infection have been diagnosed among travellers returning from Crete after 8 August 2005.