



The Infection Control Day 23 October 2015

The Infection Control Day was held for the first time on 23 October 2015. The regional and local epidemiologists (RLEs) met to discuss laws and regulations concerning infection control as well as the authority of the Chief Epidemiologist (CE) and the legal status of the regional and local epidemiologists who play an important role in infection control in the country. Other topics discussed in some detail include the interaction between the CE and RLEs, information exchange, reporting methods and working procedures. Continuing education and in-service training of the RLEs was also discussed. The early warning and response system of the CE



Fig. 1

The above picture shows the majority of the participants in the Infection Control Day, held for the first time in Reykjavik on 23 October 2015.

and a planned exercise on response to a serious threat at Keflavik International Airport were examined as well as the pandemic influenza preparedness plan.

Excercise of the preparedness plan for Keflavik International Airport

On 11 November 2015, an exercise was held at Keflavik International Airport which was based on a preparedness plan signed in the summer of 2015 (*Epi-Ice*, October 2015). All stakeholders in the preparedness plan were invited to participate. Response to the invitation was positive from all units and 50 individuals participated in the exercise. The scenario of the exercise was presented as a serious and potentially very contagious pneumonia on board an incoming

flight requesting a priority landing at the airport. An exercise of this kind has not taken place before. This was a command-centre exercise where events were define on paper. The command unit at the airport was activated as well as the on-scene command and part of the command centre of the Department of Civil Protection at the National Commissioner of the Icelandic Police.

The day of the exercise began with an information meeting. The preparedness

plan for serious infectious-disease events at Keflavik International Airport was presented with a call for a common understanding. After the information meeting, a three-hour exercise took place with high-speed sequence of events. Supervisors and advisors came from the Landspítali National University Hospital, Directorate of Health, and the Department of Civil Protection at the National Commissioner of the Icelandic Police. All parties involved agreed that

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Editorial board

Thorolfur Guðnason, Chief Epidemiologist
Asa St. Atladóttir
Guðrun Sigmundsdóttir
Iris Marelsdóttir
Jonina M. Guðnadóttir

Editor

Haraldur Briem, Special Advisor

Directorate of Health Chief Epidemiologist for Iceland

Barónsstíg 47
101 Reykjavík
Tel: +354 5101900
Fax: +354 5101920
E-mail: mottaka@landlaeknir.is
www.landlaeknir.is



the exercise was successful and produced some valuable results.

The preparedness plan for Keflavik International Airport has been updated in accordance with the lessons learned from the exercise and the second edition of the plan has been published on the websites of the Directorate of Health and the Department of Civil Protection at the National Commissioner of the Icelandic Police.

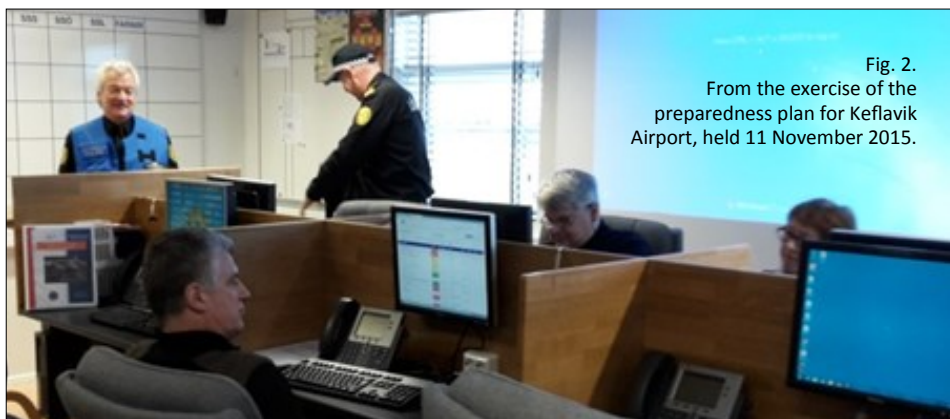


Fig. 2.
From the exercise of the preparedness plan for Keflavik Airport, held 11 November 2015.

Epidemics in 2015

Treatment effort for hepatitis C

As previously stated (*Epi-Ice*, October 2015) the Icelandic health authorities accepted last October to enter into an agreement with the drug company Gilead on a collaborative project to eliminate hepatitis C from Iceland. According to law, the Ministry of Welfare has asked the Chief Epidemiologist to supervise the project while Landspítali University Hospital will be in charge of its implementation, allocating personnel, facilities and diagnostic facility. Accordingly, the hospital signed a contract to this effect with Gilead in January 2016.

The CE has signed agreements with Landspítali University Hospital and other partners concerning information from the Registry on Notifiable Diseases and other register-based information. The aim is to treat everyone in the country infected with hepatitis C virus so that the chain of transmission can be broken and the disease thus eliminated from society.

Syphilis in Iceland 2015

The increase in the incidence of syphilis observed in 2014 continued in 2015. In 2015, 27 individuals were diagnosed with the disease, 24 males and three females (figure 3). The mode of trans-

mission indicated that the risk factor was in most cases men having sex with men. One pregnant woman was diagnosed with syphilis, which may be harmful to the foetus if not treated.

Chlamydia and gonorrhoea 2015

In 2015 chlamydia was diagnosed in 1718 cases. Of these, 60% were females. This is a similar number as diagnosed in the preceding years. In 2015, gonorrhoea was diagnosed in 37 cases, of which 78% were males.

HIV/AIDS in Iceland 2015

HIV infection was reported in 13 cases in 2015. Of these, eleven were males and two were females. Two of the cases were diagnosed with AIDS, the final stage of the disease. No one died due to the disease in 2015. The risk factor for infection was homosexual sex in six cases and heterosexual sex in seven cases.

No cases were related to intravenous drug use. Ten of the 13 individuals diagnosed were immigrants while three were Icelandic citizens. Increasingly, immigrants have been diagnosed abroad and have already started drug therapy before coming to the country (fig. 4, p. 3).

Outbreak of mumps in Iceland 2015

After vaccination against mumps was introduced in the national childhood vaccination programme in 1989, the disease was eliminated from Iceland with only a few exceptions (fig. 5, p. 3). An outbreak that started in May 2005 culminated in December that year with 85 individuals infected, most of them 20–24 years of age. A vaccination campaign was launched encouraging all those born in 1981–1985 who had not already been vaccinated to have a vaccination. In the following years the disease almost disappeared. Suddenly, in 2015, mumps was diagnosed again in 58 cases. Of these, 48 were unvaccinated (83%). The mean age of the individuals diagnosed was 28 years and most of them were born in 1983–1986. Vaccinated people may get the dis-

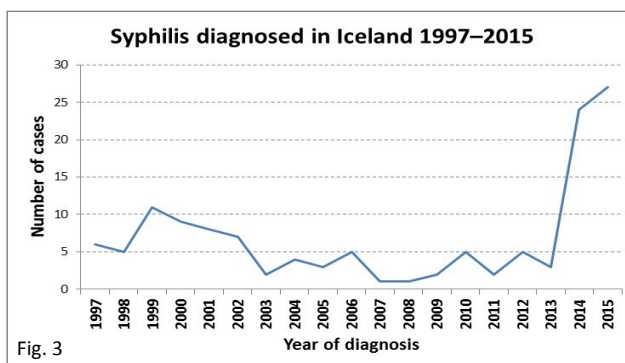
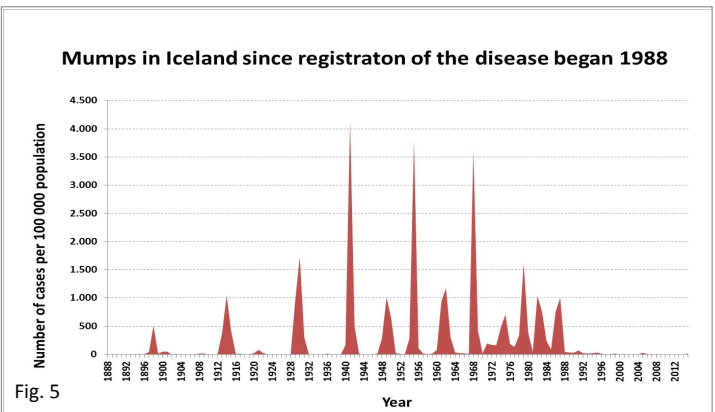
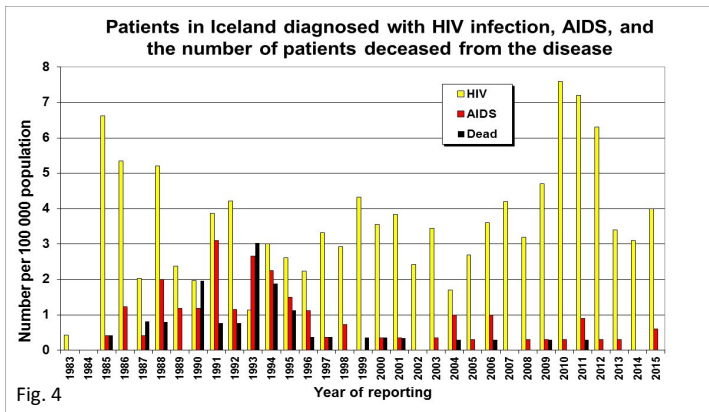


Fig. 3



ease but vaccination remains the only viable option to reduce the disease burden and eliminate the disease. The Chief Epidemiologist has recommended that all individuals born after 1980 who are not vaccinated or have not had the disease should be vaccinated.

Demand for vaccination against Influenza

Every year the Chief Epidemiologist purchases 60,000 doses of vaccine against seasonal influenza which is intended for all individuals over 60 years of age and other individuals at special risk. The amount of vaccine purchased is based on the experience of its usage over the past years. In 2015, all the purchased vaccine had been used by mid-December 2015. Therefore, 5,000 extra doses of the vaccine were ordered, ready to be used in the beginning of 2016. The seasonal influenza of 2015–2016 was rather late to appear in Iceland.

Lessons learned from the Ebola epidemic 2014–2015

The Health Security Committee of the EU held a meeting on 12–14 October 2015 in Luxembourg to review the response to the Ebola epidemic in West-Africa and the lessons learned. The meeting was comprehensive and participants were divided into four working-groups. Representatives from the Chief Epidemiologist and Landspítali University Hospital attended the meeting on behalf of Iceland. The following topics were discussed:

1. Coordination and the importance of good cooperation between institutions when an incidence occurs that is a public health cross-border threat
2. Information sharing on diagnostics, infection control and treatment.
3. The best methods for communicating information to the public when a threat is imminent.
4. Epidemiology and preventive measures to contain an imminent outbreak or epidemic.

The results from the meeting have been communicated to the health authorities.

At the end of December 2015, the 8th meeting of the IHR Emergency Committee gave a Statement regarding the Ebola outbreak in West Africa and the achievements gained. The last case was noted in Guinea on 21 October 2015, in Sierra Leone on 8 August 2015 and in Liberia on 20 March 2015.

However, between March and November 2015, as many as ten new outbreaks had occurred as a result of a re-introduction of Ebola virus from the convalescent population, based on epidemiologic investigations and genetic sequencing data. The most recent such outbreak occurred in Liberia, with 3 cases reported between 19 and 20 November 2015. Although the Ebola epidemic has been contained in West-Africa this is a reminder that caution is needed as well as continued support to the affected countries.