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SALMONELLA IN ICELAND

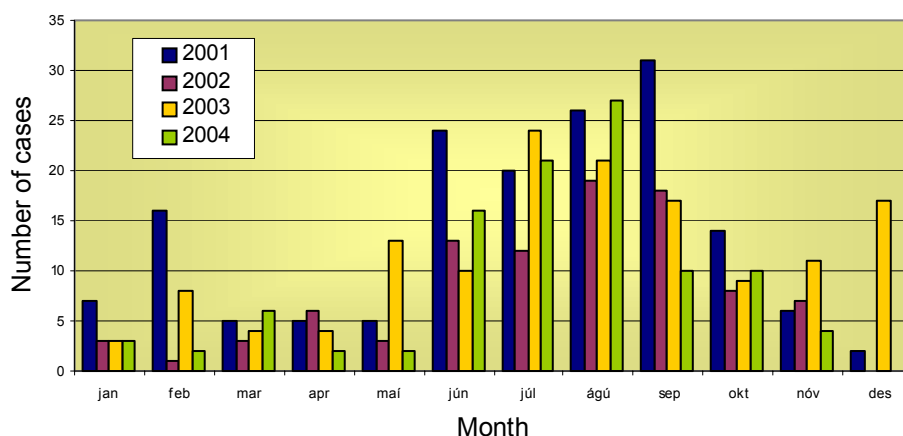
In 2004, a total of 103 cases of salmonella, diagnosed in Iceland, were reported to the State Epidemiologist. The majority of these cases could be traced to travels by Icelanders to other countries. Most had been infected in Spain and Portugal. It must be kept in mind, however, that these countries are extremely popular travel resorts among Icelanders and that a large number of Icelanders visit these two countries every year. Most of the cases were diagnosed during the summer, in connection with summer holidays in southern countries.

Every year sporadic cases of domestic salmonella infection will occur. These domestic strains respond well to antibiotics. In 2004, 31 of the reported cases (30%) were of domestic origin. Out of these sixteen were due to *S. enteritidis* and eight people were infected with *S. typhimurium*. This was a somewhat larger number of *S. enteritidis* cases than the

previous year when eight individuals became infected with *S. enteritidis*. A huge effort has been made to detect the source of transmission but without any success at finding a common factor that might provide information on a possible risk of transmission.

No outbreaks were detected in Iceland in 2004 whereas towards the end of 2003 an outbreak due to *S. typhimurium* occurred among senior citizens in Reykjavík. The strain involved proved to be resistant to both ampicillin and chloramphenicol. A total of nineteen individuals were diagnosed with the bacterium. The infection was traced to a catering service that supplied the individuals concerned with food. The origin of the transmission could never be detected. However, through cooperation between the catering staff and the Reykjavik City Environmental Health and Protection Office the infection was successfully contained.

Cases of salmonella reported to the State Epidemiologist
by month and year



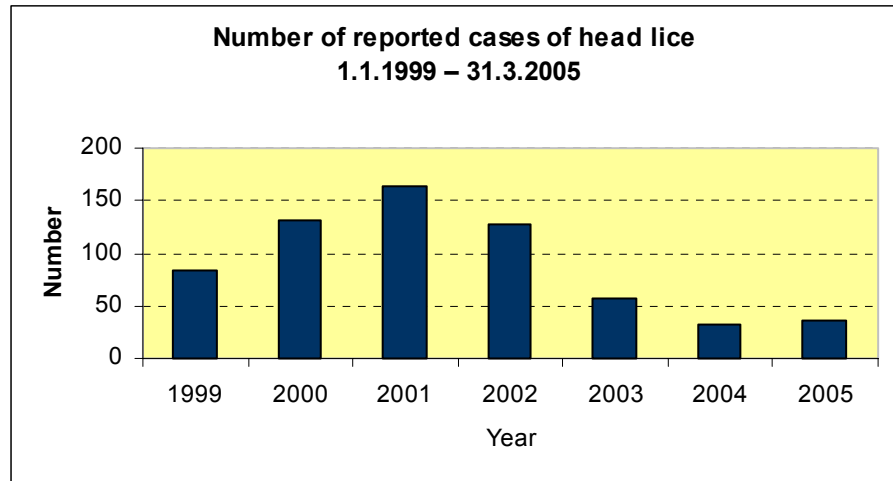
Head lice are most common among school children in the age group 3–12 years but anyone can become infested.

To treat head lice apply an insecticidal product to the hair two times and comb the hair with a lice comb.

HEAD LICE – HAS THERE BEEN AN ACTUAL INCREASE?

The discovery of head lice is always a cause of great unease and strong reactions, even though the head louse is not believed to be a carrier of any diseases. A sizeable amount of money is spent by many families on various kinds of insecticidal products for

schools recently. However, reports on these cases have not been received in spite of the fact that since 1999 it has been obligatory to report the number of cases of head lice to the State Epidemiologist. In the past few years the annual number of reported head



treatment and in some cases there has even been a question of barring children from attending school or daycare if they have been diagnosed with lice.

Head lice are most common among school children in the age group 3–12 years but anyone can become infested. One out of three of those infested will develop an itch in the course of time. Apart from the itch, head lice do not cause any symptoms.

During the past winter the State Epidemiologist has received a number of inquiries as well as accounts of numerous and persistent cases of head lice. This might be interpreted as an indication that cases of head lice have been widespread in Icelandic

lice cases has ranged from 32 to 164 cases (cf. figures).

Head lice infestation has been on the rise in western countries. In order to successfully treat an infestation by head lice an insecticidal product should be applied to the hair two times, with an interval of seven days, while simultaneously combing the hair with a lice comb.

With the increased use of insecticidal products, head lice have developed a resistance against the most commonly used materials. It is therefore considered of great importance to emphasise, both to health professionals and to the general public, the use of the correct products, as

well as the combing with a lice comb. For this reason guidelines on the detection and treatment of head lice have been prepared at the instigation of the State Epidemiologist. These guidelines are accessible on the website of the Directorate of Health, www.landlaeknir.is (in Icelandic only).

