



DIRECTORATE
OF HEALTH

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EPI-ICE

Volume 1. Issue 10. November 2005.

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for an influenza
pandemic

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PREPARING FOR AN INFLUENZA PANDEMIC

Earlier this year, the WHO Department of Communicable Disease Surveillance and Response published the *WHO global influenza preparedness plan*, a revised edition of the 1999 version that had been the reference for Icelandic preparedness planning. The main changes involve a redefinition of the levels of alert relating to a new strain of an influenza virus that may pose a threat to human health on a global scale. The continued work this year on a preparedness plan for Iceland has taken these changes by WHO into account.

Main objectives of national preparedness are:

- To prevent a pandemic from reaching Iceland, if possible.
- To contain or delay its spread within the country, as far as possible.
- To treat and care for those affected.
- To protect those who diagnose and treat patients.
- To protect society's infrastructure and those individuals carrying out vital activities.

Government Resolution

In the spring of 2005, the Icelandic government established a committee, made up of the Permanent Secretaries of the Ministry of Health and Social Security and the Ministry of Justice and Ecclesiastical Affairs. Their assignment was to assess the status of preparedness in the country, relating to a possible influenza pandemic, and to present proposals for action.

On October 7th 2005, the Government approved a proposal, submitted by the

Minister of Health and Social Security and the Minister of Justice and Ecclesiastical Affairs regarding a response to a possible influenza pandemic.

According to the Government resolution, the development of risk assessment and preparedness plans in other countries, by the European Union and at the WHO, are to be carefully monitored, and subsequent



adjustments made to the national preparedness plans if needed. This will primarily be the responsibility of the Ministry of Health and Social Security, the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police. The collaboration between the Icelandic Veterinary Services and the Chief Epidemiologist will be increased as regards infections that can be transmitted from animals to humans.

Issues concerning medicines, information, rehearsals and communication were also emphasised. It was decided that the above-mentioned ministerial committee should continue working, in order to monitor the development of preparedness plans and assess the costs involved.

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Statutory provisions and division of responsibility

Icelandic statutes provide for response to epidemics and events posing a threat to public health. Provisions regarding the organization and coordination of preparedness and response to an influenza pandemic are found in Section IV of the Communicable Diseases Act, No. 19/1997, Article 3 of the Health Services Act, No. 97/1990, and the Civil Protection Act, No. 94/1962, with subsequent amendments.



Post mortem inspection of a bird flu victim

Communicable Disease Control

- The chief management of Communicable Disease Control, including influenza pandemic preparedness, is in the hands of the Minister of Health.
- The Chief Epidemiologist is responsible for communicable disease measures, including influenza pandemic preparedness.
- The National Committee on Communicable Diseases acts as an advisory body to the health authorities on measures intended to prevent the spread of communicable diseases.
- The Medical Director of Health monitors performance and work conditions of health care workers, health care institutions and communicable disease control measures in an influenza pandemic.

The Civil Protection Department

- Chief management of civil protection is in the hands of the Minister of Justice. This includes measures to keep society's infrastructure operative as well as support of official communicable disease control measures. The National Commissioner of the Icelandic Police is in charge of the Civil Protection Department by authority of the Minister of Justice.
- The Civil Protection Council advises the Government on issues of civil protection and, in an emergency situation, is to work with the National Commissioner of the Icelandic Police.

Special measures regarding medicines

The most important interventions to effectively contain the spread of an influenza pandemic are vaccines and anti-viral drugs. It is a fact that there will be a shortage of vaccines in the beginning of such a pandemic because of the limited production capacity of the pharmaceutical industry. For this reason the Ministers of Health of the Nordic Countries made a proposal last June calling for an investigation into the possibilities of starting the production of influenza vaccines within the Nordic Countries. A committee of specialists has been working on this investigation and is expected to deliver its proposals to the Ministers by the middle of November this year.

There are drugs that can reduce the duration of illness and the symptoms of the disease if administered correctly. In 2004, the Icelandic Government authorised the purchase of a considerable amount of the anti-viral drugs Tamiflu and Relenza. This year, additional supplies of Tamiflu have been purchased, which can be used for treatment and prevention of influenza. The stockpile of influenza drugs in the country is now sufficient to treat one third of the population, a proportion which ranks as one of the highest among other countries. Further purchases of anti-viral drugs are under consideration. Should there be an outbreak of an influenza pandemic, the influenza drugs will be distributed to health care institutions and primary health care centres which will be in charge of dispensing the drugs.



The Government resolution called for the enactment of statutes providing for the possibility of emergency measures regarding drug production. It included a proposal on starting production of intravenous (IV) solutions in Iceland, as is done in most, if not all, of our neighbouring countries. It also proposed that the security stockpiles of IV solutions and other necessary drugs in the country should at all times be equivalent to that which constitutes at least three month's use.

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