#### Chief Epidemiologist for Iceland



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# THE NOVEL INFLUENZA A(H1N1) (SWINE INFLUENZA)

The national Committee on Communicable Diseases held a meeting on 22 April 2009 discussing, among other things, information from the United States that swine influenza had been diagnosed in two children in Southern California and Texas in the beginning of April. The children were not epidemiologically linked but one of the children had probably been infected from his/her mother. It was of interest that these children had no connection with pigs. It was also noted the swine influenza had been known for 50 years, giving similar symptoms as seasonal influenza but human-to-human transmission was rare.

Early in the morning of 24 April, an Icelandic mother to a young woman studying in Mexico City contacted the Chief Epidemiologist asking why all schools in the Mexican capital were closing because of an unidentified serious epidemic. No information was available at that time on international outbreak warning systems but an hour later all warning systems informed that swine influenza was being detected in California and Texas with mild symptoms and a serious outbreak of influenza with high case fatality ratio had been detected in Mexico.

#### First response

The Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police invited to a press conference on 28 April where they announced that the Icelandic pandemic preparedness plan had been activated in accordance with the risk level. Also, information on the novel virus A (H1N1), originally called swine influenza, as well as advice to the general public was



A health care centre was opened on 29 April 2009 in the arrival hall at Keflavik International Airport offering medical examination to passengers with possible symptoms of influenza-like illness.

given on the web sites of the institutions concerned (<u>www.landlaeknir.is</u>, <u>www.influensa.is</u> and www.almannayarnir.is).

The original response was to monitor travellers arriving in Iceland from the US and



Information cards were distributed to all passengers with an alert for influenza-like illness and advice on how to contact the health-care system.

To begin with,

news releases on

the spread of

influenza A(H1N1)

and preparedness

measures by the

health authorities

were issued

every day.

Mexico. Information cards were distributed to all passengers with an alert for influenzalike illness (ILI) and advice on how to contact the health-care system.

In cooperation with aviation authorities, protective masks with user instructions were distributed in aircraft on international flights for use by passengers with ILI. A health care centre was opened in the arrival hall at Keflavik International Airport offering medical examination for ILI. All health care personnel were informed on sampling and antiviral treatment.

Physicians were encouraged to send samples from patients with ILI for laboratory diagnosis and initiate antiviral treatment if symptoms were severe. Prophylactic treatment was not recommended. Neither was antiviral treatment without consultation with a physician. Antivirals for influenza are stockpiled for more than 30% of the Icelandic popula-



Maps showing which countries have been hit by influenza A(H1N1) are attached to press releases on the number of confirmed cases.

#### Communication with the general public

Clear and precise information to the general public in mass media was emphasised. A public relations company was contracted to take care of press releases. At the same time, new educational material in Icelandic was published on the web site www.influensa.is as well as information and news in English.

#### Preparedness in Iceland

Travel restrictions for outbound flights from Iceland were deemed unnecessary. Nevertheless, the Chief Epidemiologist recommended that all unnecessary travel to Mexico should be postponed. Instructions on hand washing and hygienic care when coughing and sneezing were issued as well as advice against mass gatherings. Patients with symptoms were instructed to stay at home. Face masks were not recommended in public places.

On 29 April, the WHO increased the pandemic alert level from level 4 to level 5. All member states were requested to respond accordingly to the novel influenza. This increased alert level did not affect the Icelandic pandemic alert level since it included both alert levels of WHO.

In accordance with the Icelandic preparedness plan, distribution of antivirals to health care institutions was initiated. Personal protective equipment for health-care personnel and other emergency personnel was also distributed to containment regions in the country in case of need.

#### Public measures

A ministerial response group was appointed and it was decided that every ministry should be prepared to respond in case of a severe pandemic in order to minimize operational damage. Foreign embassy personnel were informed that they were included in the Icelandic pandemic response and would be treated like Icelandic citizens.

A meeting of the National Civil Protection and Security Committee to discuss the preparedness for the pandemic influenza was planned. The task of this committee is to formulate government policy in civil protection, defense and security issues. The Prime Minister is the chairman of this committee while the Minister of Justice is in charge of its operation.

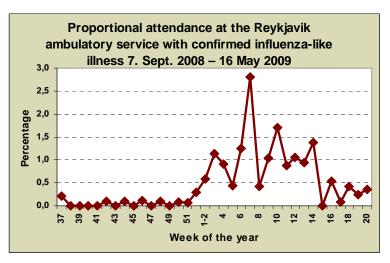
Icelandic authorities have carefully assessed many key elements of the national influenza pandemic preparedness plan. Among other things, stockpiles of food, oil, essential drugs and other essential goods are being evaluated.

Iceland has made an advance-purchase agreement with GlaxoSmithKline for vaccines up to 300.000 doses. Hopefully, these

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On 20 May 2009, 10.215 confirmed cases of influenza A(H1N1 had been reported in 42 countries.



vaccines will arrive before a serious epidemic comes to the country.

#### Current position

On 15 May, the travel advice to avoid unnecessary travel to Mexico was lifted. This action was taken in collaboration with authorities in other Nordic countries. The health care centre in the arrival hall at Keflavik

International Airport was closed but arriving passengers were given the opportunity to call an emergency number in case of need. The preparedness level has been unchanged since it was set.

The assessment of the Chief Epidemiologist is that the novel influenza A(H1N1) currently spreading around the globe could be the first wave of a pandemic. It is to be expected

that the pandemic will slow down during the summertime in the northern hemisphere but in the fall, a second wave of the pandemic may emerge with unclear consequences. Therefore, the Department of Civil Protection and the Chief Epidemiologist must continue their work on the preparedness plan in order to improve it and learn from the experience already gained.

Haraldur Briem

### DIAGNOSES AT THE LUH DEPARTMENT OF VIROLOGY IN APRIL 2009

On 15 May, the travel advice to avoid unnecessary travel to Mexico was lifted.

#### I. Respiratory infections

In April, influenza was diagnosed in more than half of all positive samples at the Virology Department of the University Hospital of Iceland. The majority of these were influenza B cases but a few patients were diagnosed with influenza A(H3). No one was diagnosed with the new influenza A(H1N1)

Other viruses diagnosed were: parainfluenza, RSV, rhinoviruses and enteroviruses.

#### II. Gastrointestinal infections

Viruses diagnosed in faecal samples were: rotavirus, astrovirus and norovirus.

#### III. Influenza diagnoses

During the period 27 April to 13 May, 19 patients were diagnosed with influenza. Thirteen of those had influenza B, two had influenza A(H3) and four had other types of influenza A. No one was diagnosed with the new influenza A(H1N1) (swine influenza).

There is still some seasonal influenza activity in Iceland, which is in accordance the number of patients diagnosed with influenza-like illness at the Reykjavik ambulatory service (fig. above).

Thorolfur Gudnason