



DIRECTORATE
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Chief Epidemiologist for Iceland

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SALMONELLOSIS 2005–2006

In 2006, 108 cases of salmonellosis were diagnosed at the Department of Clinical Microbiology at Landspítali University Hospital, a similar number as in recent years (see fig.). No outbreaks of the infections were detected last year. In the year 2000, however, there was an outbreak of salmonellosis caused by the consumption of Iceberg salad, which explains the increase in cases that year.

The number of domestic cases was more or less similar in the years 2005 and 2006, according to data from the Dept. of Clinical Microbiology on country of infection. For infections acquired abroad, the country of infection varied quite extensively, however (see table). In 2005, most cases of salmonellosis originated in Spain, whereas in 2006 the number of cases from Spain decreased considerably. The difference in numbers is even greater for tourists returning from Bulgaria. Not a single person was diagnosed with salmonellosis in 2005 after travelling to Bulgaria, while 23 cases were diagnosed in 2006 among Icelandic tourists returning from there.

There is a simple explanation for this; in 2005 there were no organised tours to Bulgaria from Iceland while the following

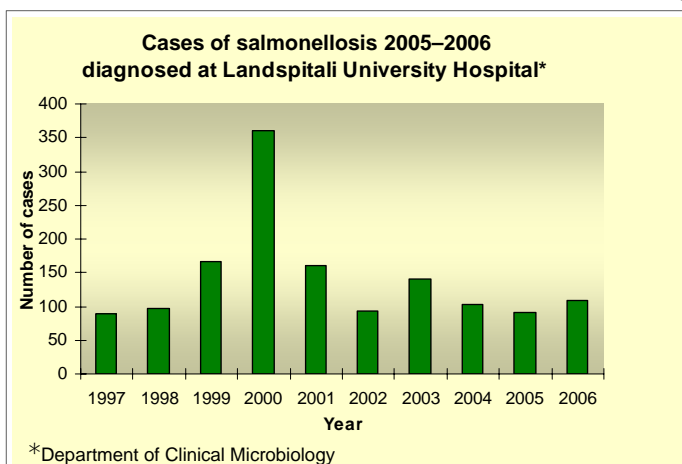
Table. Origin of salmonellosis by country

	2005	2006
Unknown	7	17
Bulgaria	0	23
Cuba	4	2
Spain	33	23
Greece	11	1
Iceland	9	13
Portugal	4	1
Thailand	3	3
Turkey	1	5
Total	72	88

In addition to the 8 countries listed above, 39 cases originated in 23 other countries, each of them with only 1–2 cases per year.

year two Icelandic travel agencies offered tours to the country. In addition, there were reports from other European countries of an increased number of case of salmonellosis among tourists returning from Bulgaria in the second half of 2006.

It is not surprising that so many Icelanders contracted an infection in Spain, since it has many popular resorts that are frequented all year round. It is thus impossible to draw any conclusions about the risk of infection in a particular country by considering only the number of cases originating there. In order to form an idea of the risk of infection in each country one must have information on the total number of Icelandic tourists travelling there, which is not available. The figures in the table above show only the number of cases originating in each country while they reveal nothing about the risk of contracting the infection.



CHANGES IN THE NATIONAL CHILDHOOD VACCINATION PROGRAMME AS OF 1 JAN. 2007

In 2006, 108 cases of salmonellosis were diagnosed at the Department of Clinical Microbiology at Landspítali University Hospital, a similar number as in recent years.

As reported in the October 2006 issue of EPI-ICE, changes in the National Vaccination Programme in Iceland took effect on 1 January 2007.

The main changes involve the use of new brand names on one hand and a pertussis booster dose on the other.

In more detail, the changes are as follows:



The new vaccination certificate, adopted on 1 January.

- Infanrix Polio Hib replaces Pentavac.
- Boosterix replaces diTeKiBooster.
- A pertussis booster dose has been introduced at 14 years of age, which means that Boosterix Polio will be administered instead of Diftavax and Imovax Polio.

NeisVac C and Priorix will remain unchanged.

As of 1 January 2007, the National Childhood Vaccination Programme will be as shown in the table below:

Age	Contents	Name	Producer
3, 5 and 12 months.	DTaP, Hib, IPV	Infanrix Polio Hib	GSK
6 and 8 months.	MCC	NeisVac-C	Baxter
18 months and 12 years	MMR	Priorix	GSK
5 years	dTaP	Boosterix	GSK
14 years	dTaP, IPV	Boosterix Polio	GSK

The primary health-care service is encouraged to use whatever supplies of the older vaccines (Pentavac and diTeKiBooster) available before starting the use of the new vaccines.

As of 1 January 2007, it will only be possible to order the new vaccines from Parlogis in accordance with the schedule above.

In connection with these changes the Chief Epidemiologist recently published updated editions of two pamphlets on vaccinations as well as a new vaccination certificate. The first pamphlet, *A Summary of the National Childhood Vaccination Programme*, is intended primarily for health care workers and is a web publication only. The other pamphlet is entitled *Information on Childhood Vaccinations for Parents and Legal Guardians*, published both in print and on the web. It is distributed to parents during regular infant examinations and at health care centres.

The web site of the Directorate of Health, www.landlaeknir.is, has more detailed information and guidelines on vaccinations in Icelandic.

In connection with these changes the Chief Epidemiologist recently published updated editions of two pamphlets on vaccinations as well as a new vaccination certificate.