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EIGHT CASES OF E. COLI INFECTION

Eight cases of *Escherichia coli* O157 (PT8 VT1 +2) were diagnosed at the Department of Microbiology at Landspítali University Hospital between September 28th and October 13th. The onset of the infection, which is of domestic origin, occurred in the period September 23rd to October 7th. The individuals in question are of all ages (2–61 years) and reside in various parts of the country, three in the capital area, two in northern Iceland, one in the East and two in the Westman Islands.

A trawling questionnaire on the patients' food consumption and travels prior to the onset of the illness was used but the source of the infection has not yet been detected. The infection appears to be subsiding, but the outbreak investigation is still ongoing. Information is gathered on possible similar outbreaks in other European countries. The extensive distribution of food products all over Europe entails a risk of simultaneous outbreaks of food-borne infections in many countries, a fact that makes the cooperation of European countries all the more important for finding a common solution to the case.



The main route of transmission of *E. coli* bacteria is through contaminated food and water. Food-borne infections are most often associated with cattle products but also with other foods that have come into contact with polluted water or other environmental contaminants.

A main symptom of *E. coli* infection is diarrhoea, often with bloody stools. A serious complication, called haemolytic uremic syndrome (HUS), may cause kidney failure and a reduction of platelets that may lead to haemorrhages. HUS occurs most often in children under the age of 10 years (5–10%).

VISIT BY REPRESENTATIVES FROM ECDC

According to a request from EU Commissioner Markos Kyprianous, The European Centre for Disease Prevention and Control (ECDC), has undertaken a survey of preparedness plans for an influenza pandemic in all European Union member states as well as Iceland, Norway and Lichtenstein. ECDC representatives paid a visit to Ice-

land on 9–11 October for the purpose of conducting an analysis of Iceland's preparedness plans against an influenza pandemic. A report on these surveys is expected later this fall.

The ECDC visitors were Professor Johan Giesecke, Chief Scientist and Head of

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The report praised in particular the cooperation between the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police.



Scientific Advice Unit, Dr. Ines Steffens, editor of *Eurosurveillance*, Health Communication Unit, and Dr. Patricia Santa Olalla form the Spanish Ministry of Health. They met with representatives from the Chief Epidemiologist for Iceland, from the Civil Protection Department of the National Commissioner of the Icelandic Police, the Agricultural Authority in Iceland, the Virology Laboratory of the Landspítali University Hospital, the communicable disease control physicians in the capital area and in the town of Selfoss as well as representatives for the Reykjavik Metropolitan Police and the Selfoss Police.

The Icelandic representatives gave reports on the preparedness plans for an influenza pandemic in humans and avian influenza and the work being performed in that connec-

tion.

At the close of the visit there was a meeting with the Icelandic Minister of Health, the Permanent Secretary of the Ministry of Health and those of the Ministry's staff who have been working on the preparedness issues.

At the meeting, the ECDC representatives presented a preliminary report on the Icelandic preparedness plans, in which they praised a number of things, in particular the cooperation between the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police. Similarly, they praised the great emphasis put on cooperation with other ministries, institutions, companies and organisations in Iceland.

However, they pointed out that the dissemination of information in the event of a pandemic, especially to the public, required greater attention. Furthermore, communication with local communicable disease control physicians and the relevant police authorities needed to be strengthened.

PURCHASE OF H5N1 PRE-PANDEMIC VACCINE

The source of the E. coli infection has not yet been detected.

As reported in the May 2007 issue of EPI-ICE, Iceland has signed a contract with GSK, securing 300.000 doses of influenza pandemic vaccine.

The health authorities in Iceland as in other countries are concerned that the next influenza pandemic may be caused by H5N1, the virus that has been causing serious infections in birds in recent years. The infection has in a few cases been transmitted to humans with serious consequences but transmission between humans has rarely been confirmed.

Vaccine producers have started producing vaccines against H5N1 for use in humans which seem to be effective and safe.

On the 18th of October 2007, the Icelandic health authorities signed a contract with GSK on a purchase of 10.000 doses of an H5N1 pre-pandemic vaccine which will be delivered in December 2007. The contract is valid for three years and secures a purchase of additional doses of the vaccine, should the Icelandic health authorities decide to do so.