



Measles

Measles were confirmed in Iceland in a nine-month-old child on 20 March this year. The child, who had stayed with its family in Thailand, arrived in Iceland on 2 March and fell ill on 14 March with fever, rash and respiratory symptoms. The child was unvaccinated because of its young age and did not need to be admitted to the Children's Hospital at Landspítali University Hospital (LUH).

About 200 people had been in contact with the child during the illness period. Employees at the Children's Hospital at

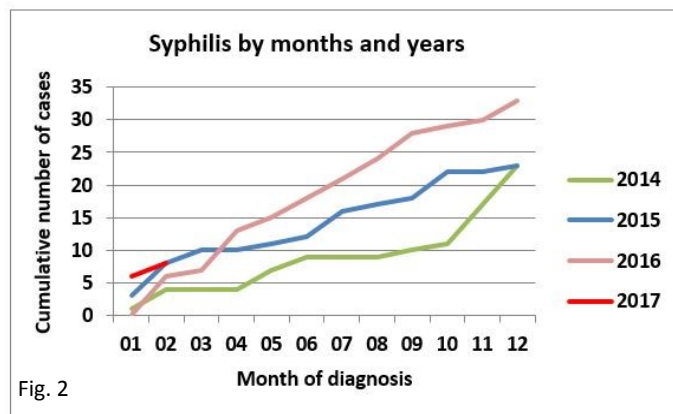
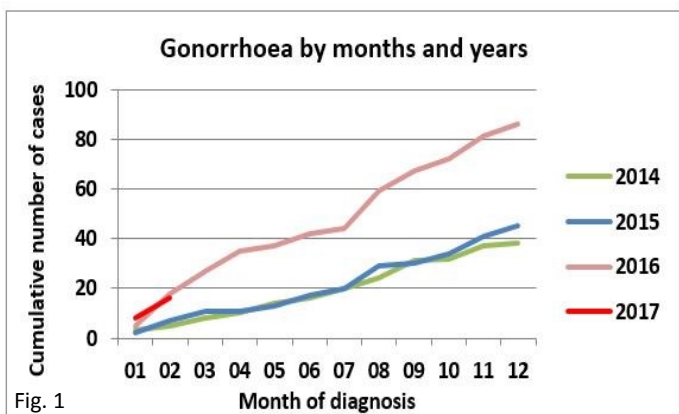
LUH, the Primary Health Care of the Capital Area, the Akureyri Health Care Centre in the north and several other health care centres in the country contacted all these people to inform them of the situation and give guidance concerning the ongoing monitoring. The majority of these individuals had already been vaccinated but those unvaccinated were offered a vaccination, which nearly all accepted.

The infected child had a twin brother who also came down with measles two

weeks after his brother fell ill. Because the twin brother was also unvaccinated, this was not an unexpected event.

This is the first time in about a quarter of a century that measles have been transmitted in Iceland. Both children are doing well and were kept in isolation at home. When incidents like this take place, occasional cases of measles in susceptible individuals are to be expected but the herd immunity created by the childhood vaccination programme should prevent a measles epidemic.

Sexually transmitted diseases



Gonorrhoea and syphilis

The sharp increase in gonorrhoea and syphilis in the past three years does not

seem to be on the decline, to judge by figures for the first two months of 2017, cf. Fig. 1 and 2 that show cumulative

number of cases by months and years.

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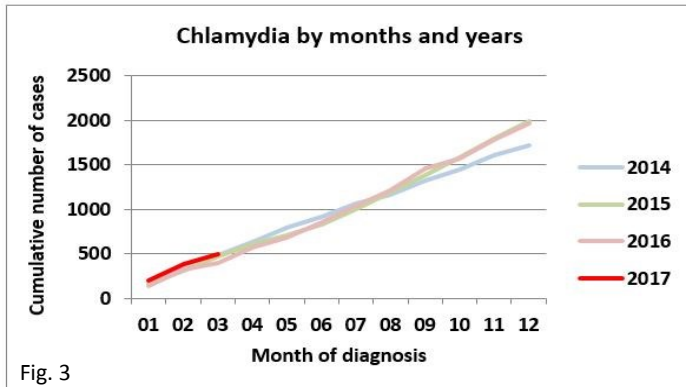


Fig. 3

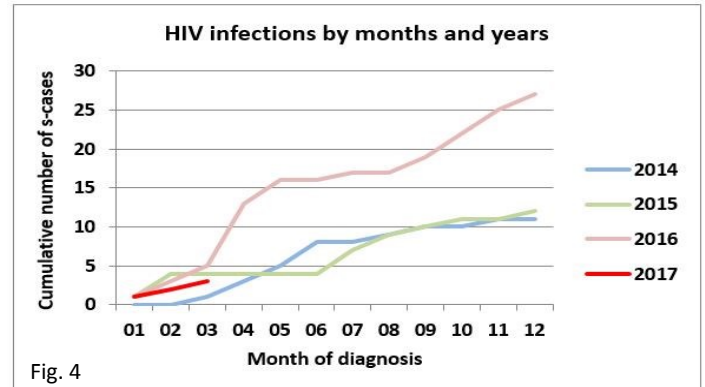


Fig. 4

Chlamydia

Chlamydia infections remain the most common sexually transmitted disease in Iceland. There does not appear to have been any change in this regard during the first three months of 2017, cf. Fig. 3 that shows chlamydia cases by months and years.

HIV infections

As previously stated HIV infections were diagnosed in an unusually high number of people in 2016. It is still too early to predict the outcome in 2017, cf Fig. 4.

Health authorities respond to the spread of STDs

On 16 March this year, the Minister of Health appointed a working group to tackle the spread of sexually transmitted diseases (STDs) and HIV/AIDS in the country. The working group shall, among other things, call for advice from HIV-Iceland and the Association of '78

as well as people working for STD prevention in schools. The working group has been requested to deliver its recommendations to the Minister of Health no later than 1 June 2017.

Shigellosis

Dysentery or *dysentaria bacillaris* was first recorded in the Public Health Records of the Directorate of Health in the last century. In the years 1930 and 1940, an unusually high number of cases of dysentery was recorded. In those years, it says in the records, a clear distinction was probably not made between common gastroenteritis and dysentery caused by *Shigella flexneri*,

thus causing the frequency of the disease to be overestimated in that period.

Presently, shigellosis is rarely diagnosed in Iceland. Two cases were diagnosed in 2014 and one in 2015, all infected abroad. In March 2017, shigellosis was detected in two unrelated individuals. One of them had fallen ill while travelling in Asia. The other person was

probably infected in Iceland. He was not aware of others close to him becoming ill with symptoms of the disease and it was not possible to trace the source of the infection.

Seasonal influenza during the winter 2016–2017

The seasonal influenza began in January 2017. It was dominated by influenza AH3N2, found in 98% of the analyzed strains, while the remaining 2% were of the B type.

The influenza peaked in mid-February 2017. As shown in Figure 5, the number of cases reached medium epidemic intensity. The reason for this is possibly a very good public participation in influenza vaccination in the autumn of 2016.

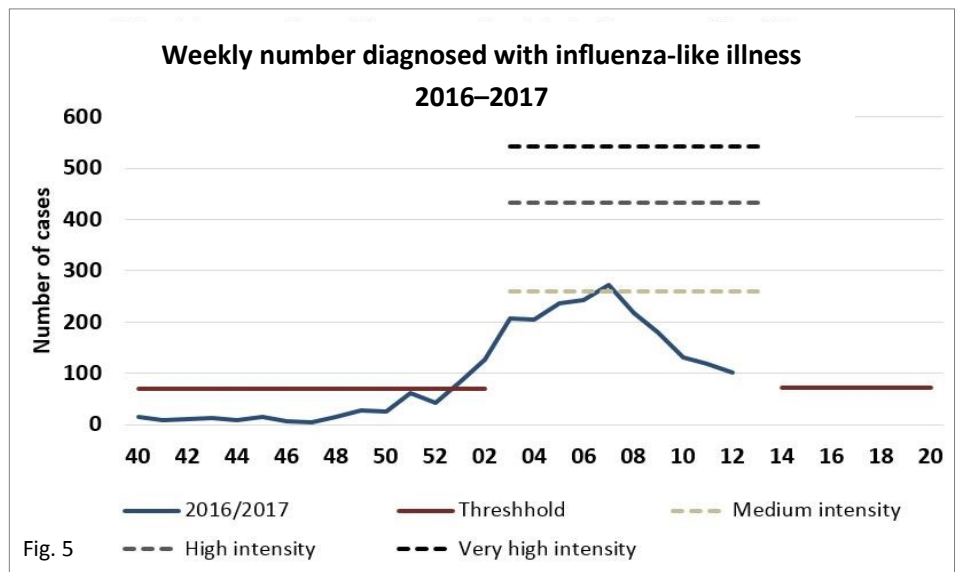


Fig. 5

National Preparedness Plan for Health Threats in Ports and Vessels

The National Preparedness Plan for Health Threats in Ports and Vessels was signed and issued on 31 January 2017. The plan includes ten ports that have been designated as quarantine ports. The aim of the plan is to clarify the procedures to be taken on suspicion of incidents which may cause risk for public health on board a ship or in port.

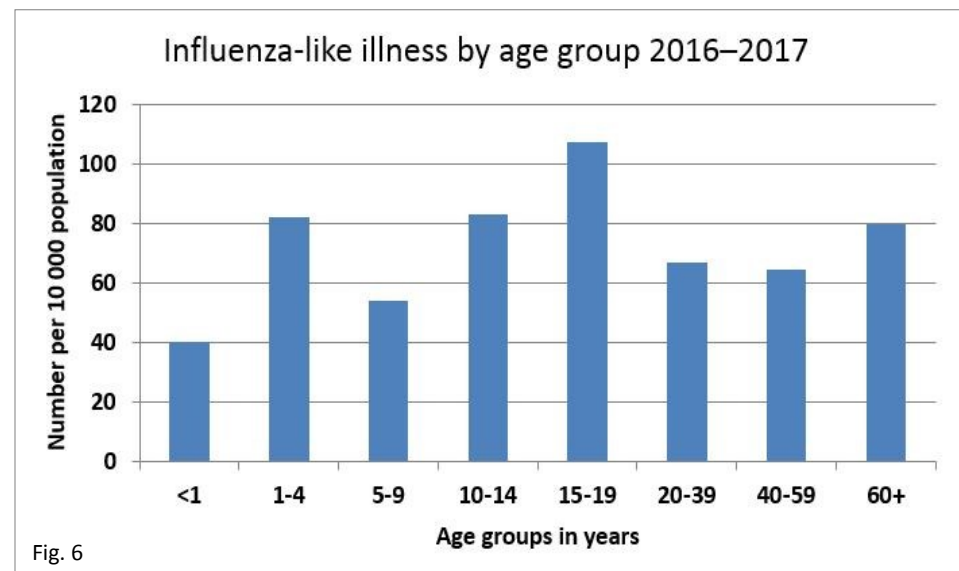


Fig. 6

The implementation process involved, among other things, visits to the designated quarantine ports and presentations of the plan to the emergency services within each Region for Containment of Communicable Diseases. The plan was introduced during the period 20 February to 21 March. A total of ten meetings involving 154 people were

held in the following towns: Reykjanesbaer, Thorlakhshofn, the Westman Islands, Grundarfjordur, Saudarkrokur, Akureyri, Seydisfjordur, Reydarfjordur and Isafjordur, in addition to the city of Reykjavik. Following an introduction of

the plan, the participants were presented with three scenarios of incidents related to cruisers and asked to submit suggestions for immediate action by the authorities, based on the plan. *The National Preparedness Plan for Health Threats in Ports and Vessels* is only published electronically and is accessible at the websites of the Directorate of Health and the Civil Protection of the National Commissioner of Police.



The responders attending the meeting in the town of Isafjordur on 21 March 2017.

Pollution from a silicon metal factory in Helguvirk

Due to the different experiences of the residents of Reykjanesbaer, a town near Helguvirk, as well as public debate in recent weeks concerning the health effects of pollution from a silicon metal factory in Helguvirk, the Chief Epidemiologist and the Environment Agency of Iceland issued a joint declaration on the effects of pollution from the factory on 10 March. The declaration stated that doctors of the Sudurnes Hospital and Health Centre had been consulted as well as the Administration of Occupational Safety and Health in Iceland when evaluating the health effects of the pollution. According to information from these parties, they had been unable to identify any specific or widespread symptoms in residents in the vicinity of the plant or in factory workers. Few individuals have visited the local health care clinic because of such symptoms. Furthermore, an increase in registered symptoms of the residents in the area or increased drug sales could not be observed in the databases of the Directorate of Health. This information, however, does not exclude potential health effects on the local population.

Residents in the vicinity of the silicon metal factory experiencing health symptoms that they believe to be caused by pollution from the factory have been urged to seek medical attention at the Sudurnes Hospital and Health Centre in order to facilitate better mapping of the health effects that may result from the pollution.

In the first five months of the factory's operation, arsenic concentrations in the atmosphere in the vicinity of the plant were measured at 6–7 ng/m³ while the maximum allowable concentration based on an annual average is 6 ng/m³. At a meeting on 10 March, the governmental Collaborative Committee on Environmental Health Security (SSUS) discussed whether and to what extent negative health effects could be expected among the residents in the vicinity of the silicon metal factory. The Chief Epidemiologist is chairman of the Committee and other members attending the meeting represent the Environment Agency, Food and Veterinary Authority and the Radiation Safety Authority. Also attending were representatives from the Administration of Occupational Safety and an expert in

toxicology from the University of Iceland.

The conclusion of the meeting was that in view of the results of international studies and guidelines by international organisations, the concentration of arsenic in the vicinity of the silicon plant in Helguvirk is far below the level considered to cause acute health effects. However, if pollution from the factory continues for several years at a similar or higher level than at present, an increased risk of adverse health effects can be expected although it is impossible to claim with any certainty how great such an increased risk would be.



Photo: United Silicon in Helguvirk