

DIRECTORATE OF HEALTH Chief Epidemiologist for Iceland

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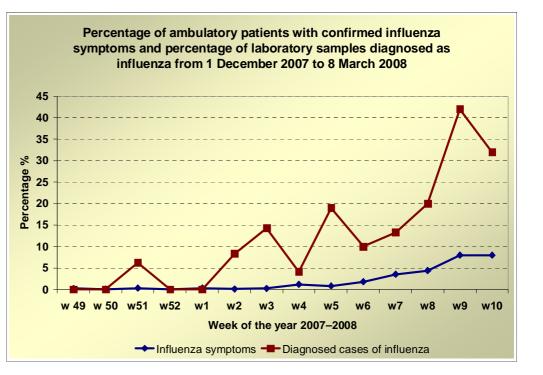
THE SEASONAL INFLUENZA DURING THE WINTER 2007-2008

The influenza during this past winter seems to have been mild and it arrived relatively late. This time, data on the weekly number of patients and the proportional number of patients with influenza-like symptoms from 1 December 2007 to 8 March 2008 (cf. figure below.) has been gathered from the ambulatory health care service of the capital area.

At the same time, the Department of Virology at Landspitali University Hospital has isolated influenza A from 13 patients and influenza B from 22. The influenza virus has been diagnosed with some regularity from the beginning of 2008, but the influenza does not seem to have had a significant impact on public health until the end of January 2008. However, it is too early to conclude that the seasonal influenza has peaked. Only subtype H1N1 of influenza A has been diagnosed so far. This is out of the ordinary because the subtype H3N2 is usually dominant in seasonal influenza.

A significant characteristic of this year's influenza activity is the relatively young age of the patients with confirmed influenza, their mean age being 25 years and 40% of them younger than 10 years. Only 14% of the patients were 60 years or older.

A possible explanation for this is that the H1N1 subtype and the influenza type B are usually rarer than the influenza A subtype H3N2, and younger people are therefore more likely to be susceptible to H1N1 and influenza B. Another possible explanation could be that more people than usual, aged 60 years and older, have been willing to accept influenza vaccination this season as is recommended.



SALMONELLOSIS AND CAMPYLO-BECTERIOSIS IN ICELAND IN 2007

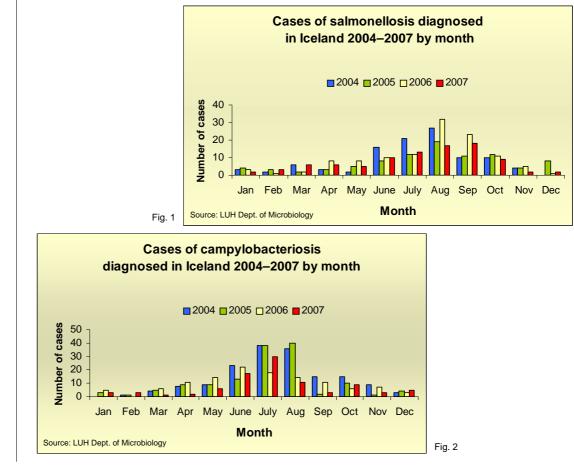
Salmonellosis

Ninety-three individuals were diagnosed with salmonellosis in Iceland in 2007 according to data from the Department of Microbiology at Landspitali University Hospital, which is a similar number compared to previous years (Figure 1). No outbreaks of the disease were detected last year. The most common *Salmonella* serotype was *S. enteritids*, altogether 50 cases, eight cases were caused by *S. typhimurium* and for several other serotypes only 1–2 cases were detected.

Only 16 out of the 93 cases are considered domestically acquired, 64 infections were acquired abroad and the country of infection is unknown for 13 cases. Most people acquire their infection in Spain, followed by Turkey. This, however, does not predict the risk of acquiring salmonellosis in these countries, but rather reflects the most popular destinations visited by Icelandic tourists. The number of cases is higher during the summer months, when travelling abroad is at a peak.

Campylobacteriosis

Altogether 93 individuals were diagnosed with campylobacteriosis according to data from the Department of Microbiology at Landspitali University Hospital (Figure 2). Forty-one, or less than half of the cases, were domestically acquired, 47 individuals were infected abroad and the country of infection was unknown for five cases. More people are infected in the summer, which can be explained by increased travelling abroad and, in addition, by an increased number of domestically acquired infections during the summer.



In 2007, 93 individuals were diagnosed with salmonellosis and campylobacteriosis, equally many with each disease.

The mean age of those diagnosed with influenza this season is 25 years, 40% of them younger than 10 years. Only 14% of the patients were 60 years or older.