



DIRECTORATE
OF HEALTH

State Epidemiologist

EPI-ICE

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CONTENTS:

EPI-ICE	p. 1
The influenza this season	p. 1
WHO resolution on pandemic influenza	p. 2
RSV-infections	p. 2

Editorial Board
Dr H. Briem,
State Epidemiologist
Ms A. Atladottir
Ms G. Sigmundsdottir
Ms S. Hauksdottir
Mr Th. Gudnason

Editor
Ms J. M. Gudnadottir

**DIRECTORATE OF HEALTH
STATE EPIDEMIOLOGIST**

Austurströnd 5
170 Seltjarnarnes
Tel: +354 510 1900
Fax: +354 510 1920

E-mail: mottaka@landlaeknir.is
Website: www.landlaeknir.is

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EPI-ICE – A NEW WEB PUBLICATION

The State Epidemiologist is now launching the first issue of the newsletter EPI-ICE, a web publication from the Directorate of Health. It will be published once a month from now on, in Icelandic and English. It will cover the latest news in communicable disease control and prevention in Iceland.

The English version of the newsletter is published to answer a widely felt demand from abroad for information on subjects relating to disease outbreaks and infectious

diseases in Iceland. Communicable disease control is by nature an international undertaking and it is therefore of great importance to meet this demand. The website of the Directorate of Health will continue, as before, to publish news items containing announcements, directives etc, as the occasion may call for.

Staff members of the division of the State Epidemiologist will supply material for the newsletter; the editor is J. M. Gudnadottir.

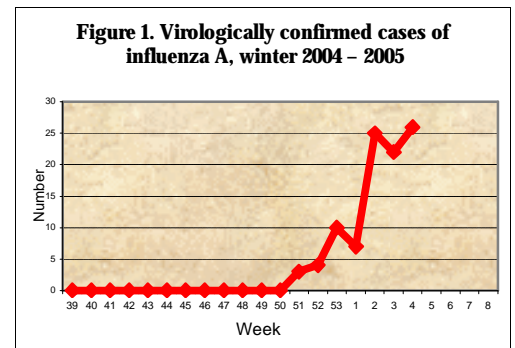
INFLUENZA DURING THE WINTER SEASON 2004 – 2005

This winter the annual influenza outbreak began in the middle of December 2004 and spread with increasing intensity in January 2005 according to laboratory diagnoses performed by the Department of Virology of the Landspítali University Hospital (figure 1).

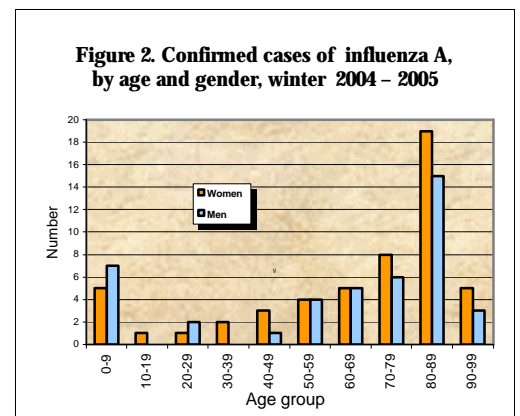
This season's influenza viruses are almost exclusively influenza A viruses, antigenically characterised as subtype H3. The influenza seems mostly to affect the oldest age groups although there is also some activity among children (figure 2).

It has been brought to the attention of the State Epidemiologist that this winter the influenza activity has caused an unusually heavy strain on the staff of health care institutions and residents of nursing homes and homes for the elderly have been severely hit in January of this year.

It is interesting to compare the present influenza activity with that of last winter (2003—2004) when influenza broke out unusually early, in October 2003, mainly among young people. The influenza viruses isolated that season belonged mainly to influenza A, subtype H1. Because of the



early influenza outbreak in autumn 2003, people responded early and an unusually large number of people had their influenza



(Cont. p. 2)

As before, vaccination remains the best protection against influenza.

This year's outbreak seems to be causing more severe RSV symptoms among otherwise healthy children than last year.

vaccinations already in October. In late winter 2004 there was some minor influenza activity, this time caused by influenza A viruses, subtype H3.

It is possible that the minor outbreak of influenza (H3) in the winter of 2003–2004 contributed to the intensity of this season's H3 influenza activity.

As before, vaccination remains the best protection against influenza. The vaccine used this winter provides protection against the type of influenza that has been circulating. It must be kept in mind,

however, that vaccinations only provide full protection in about 70% of cases in the older age groups although they presumably alleviate the symptoms of the illness.

Antiviral drugs for the treatment of influenza are available. If they are to be of any help they must be taken as quickly as possible after influenza-like symptoms have been observed and no later than two days after the onset of an influenza-like illness.

WHO RESOLUTION ON PANDEMIC INFLUENZA

At the instigation of the USA, the WHO Executive Board adopted a resolution* at its meeting in Geneva on 24 January 2005, encouraging all member states to implement national plans for preparedness and response to the threat of pandemic influenza with a focus on limiting the health impact and economic and social disruption that would follow such a pandemic, which is believed to be a possible threat.

The resolution also calls for the strengthening of the relations of national health authorities with other domestic authorities, e.g. agricultural authorities, to facilitate a coordinated response to avian influenza. Member states are also urged to

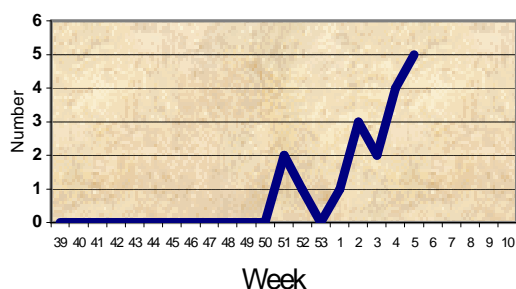
develop domestic production of influenza vaccine or work with neighbouring states to establish emergency stockpiles of influenza drugs.

At present, Icelandic authorities are working on a revised strategy of preparedness and response to a pandemic influenza. An evaluation is under way to examine the advantages of our present capacity to respond to a pandemic, in case no vaccines were available in the initial stages. The preparedness and response strategy is being prepared in cooperation with WHO, the European Union and the other Nordic countries.

* http://www.who.int/gb/ebwha/pdf_files/EB115/B115_R16-en.pdf

RSV-INFECTIONS IN THE WINTER SEASON 2004–2005

Figure 3. Virologically confirmed cases of RSV-infections, winter 2004–2005



The annual outbreak of RSV infections began in the middle of December 2004 (figure 3). The number of reported cases, however, did not rise substantially until late January and beginning of February, by which time the influenza activity seemed to be subsiding.

In any outbreak of RSV at least 50% of all children aged 0–12 months are expected to

get an RSV infection. This is also the group most severely affected by the disease.

Older children, teenagers and adults also get infected by RSV but their symptoms are usually in the form of a mild cold. The infection may have serious effects on children with underlying heart and lung diseases or immunity deficiency.

This year's outbreak seems to be causing more severe symptoms among otherwise healthy children than that of last year, and a number of children have been hospitalized recently because of RSV infections.