



DIRECTORATE
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Chief Epidemiologist for Iceland

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TUBERCULOSIS IN ICELAND IN 2007

So far this year three individuals have been diagnosed with tuberculosis (TB) in Iceland. Two of these cases gave reason to quite a substantive investigation for purposes of contact tracing. The figure below shows the number of TB cases detected in recent years in Iceland.

Domestic origin of transmission

In May last, an 84-year old male in a residential home for the elderly was diagnosed with active TB. Subsequently, a total of 157 individuals, who had been in contact with the patient, were examined for TB infection. The examination involved 93 health care workers, 39 relatives and 25 residents. The results indicate that no one had been infected with TB.

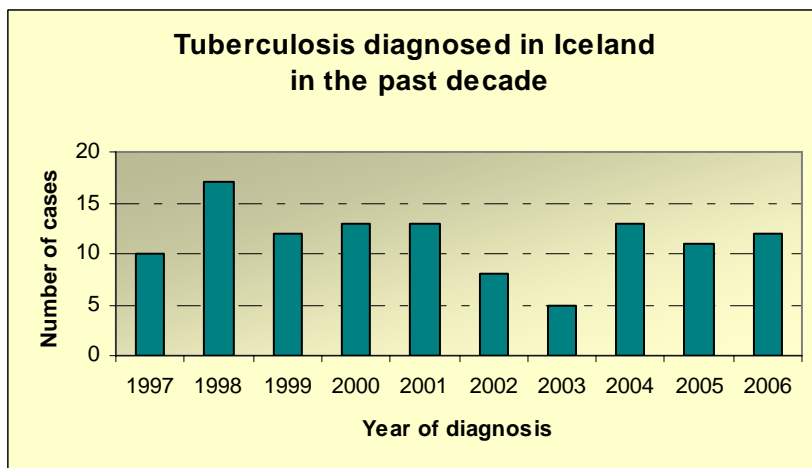
This particular case of TB is characteristic of present day TB among Icelanders. There was a TB epidemic in Iceland in the first part of the 20th century, which peaked in the nineteen thirties (see EPI-ICE, Dec. 2006). Approximately one in every ten infected by the TB bacterium becomes ill while those who do not get ill can be latent carriers of the infection for decades. When their immune system becomes weakened as a result of old age, the TB infection may break out and cause illness, as supposedly happened in this case.

An extensive investigation in the East of Iceland

The other incident involved a foreign worker at the Kárahnjúkar power station. Subsequently, an examination of 159 workers in the area, who had been in contact with the patient, was started. The investigation is still on-going and so far 68 employees have been examined, none of whom are believed to have been infected by the patient. Nevertheless, five of them tested positive for TB although they did not turn out to have lung TB. This is to be expected since in many foreign countries people are vaccinated against TB or they have been in contact with the TB bacterium in countries where the disease is endemic.

Of the other employees, those who remain in Iceland are still undergoing an examination as are the health care workers at the Regional Hospital at Neskaupsstaður in the East of Iceland where the patient stayed at the beginning of his illness. So far there are no indications that the patient has infected anyone.

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Approximately one in every ten infected by TB becomes ill, while those who do not can be latent carriers of the infection for decades.

The employee diagnosed with TB comes from an EEA country and therefore was not required to submit a health certificate on arrival in Iceland.

The Kárahnjúkar employee diagnosed with TB comes from a European Economic Area (EEA) country and therefore he was not required to submit a health certificate relating to a temporary residence and work permit on arrival in Iceland. This particular inci-

dent proves the importance of good health care services in the country for detecting serious infectious diseases as soon as any symptoms arise.

ANNUAL INFLUENZA VACCINATIONS IN THE WINTER 2007 TO 2008. A NEW ARRANGEMENT

The Chief Epidemiologist for Iceland has issued a tender for influenza vaccines to be used for the annual influenza season 2007–2008, based on provisions of Regulations No. 221/2001. Contracts have been signed on the purchase of 60.000 doses of the vaccines Fluarix® (GlaxoSmithKline) and Vaxigrip® (Sanofi Pasteur).

Health care institutions and other competent parties can purchase vaccines at Parlogis plc., which is responsible for their distribution. The delivery is free of charge from seller to buyer in the capital area (i.e. Reykjavik and the surrounding town communities) and to post offices and the relevant transport centres for buyers outside that area. Generally speaking, the seller is supposed to deliver the goods on the day the order is placed and no later than the next workday.

Vaccine free of charge for specified groups

Individuals 60 years and older or those belonging to specified groups at risk will get the vaccine free of charge. However, the health care institutions are permitted to charge a consultation fee for administering the vaccination, in accordance with a fee schedule issued by the Ministry of Health.

Health care institutions and other competent parties can have their costs due to the purchase of vaccines reimbursed from the Chief Epidemiologist in connection with vaccinations of those belonging to the above groups, on condition that they return reports containing the identification numbers of those vaccinated and diagnoses of those who belong to specified groups at risk.



This new arrangement has been adopted in an effort to ensure the access of people in Iceland to influenza vaccines as far as possible. It means a 15% increase in the quantity of available influenza vaccines as compared with that of the past few years. It is hoped that this will make it possible to increase the coverage of vaccinations among those 60 years and older and those belonging to specified groups at risk.