



Sexually transmitted diseases on the rise

As revealed in the graphs below on the number of cases of the most common sexually transmitted diseases (STDs) in Iceland they seem presently to be on the rise in the country, mainly syphilis and gonorrhoea. This is a trend observed both in Europe and North-America.

Looking for explanations, some of the main reasons suggested for this situation is shortage of funding for preventive measures as well as a change in attitude among men who have sex with men and are the ones most at risk for becoming infected with syphilis and HIV. In the beginning of the AIDS epidemic, in the early nineteen-eighties, emphasis was put on the use of condoms and the reduction of sexual partners. However, a slackening of these simple preventive measures seems to have occurred when powerful treatment against HIV infection became

available. In addition, it has been pointed out that many individuals who are not infected with HIV use the antiretroviral drugs as pre-exposure prophylaxis (PrEP) and many infected individuals select sexual partners of concordant HIV serostatus. Both these practises may have undermined the use of condoms, thus paving the way for other STDs such as syphilis and gonorrhoea.

The Chief Epidemiologist considers it important to draw attention to this development, especially among those belonging to groups at risk for these infections. Condoms should be widely available at a low price and screening for STDs must be ensured in maternal health care and among other exposed groups.

Syphilis

During the first five months of the year of 2016, 16 cases of syphilis were diagnosed in Iceland. This confirms the con-

siderable rise in syphilis during the last two years (Fig. 1). Among the 16 patients with syphilis 14 were males while two were females. During 2015, 27 patients were diagnosed with the disease, among them 24 males and three females. Most of the men had had sex with other men.

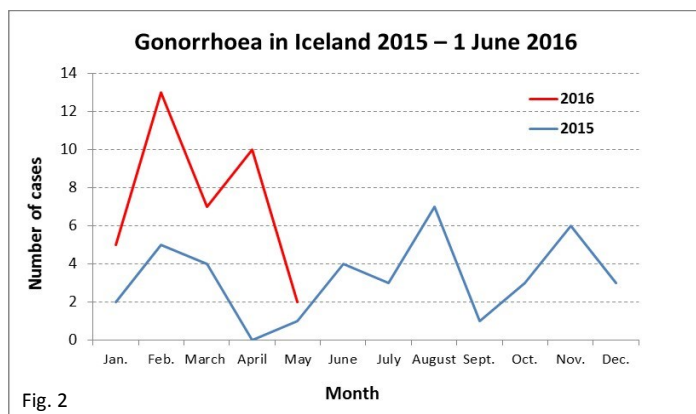
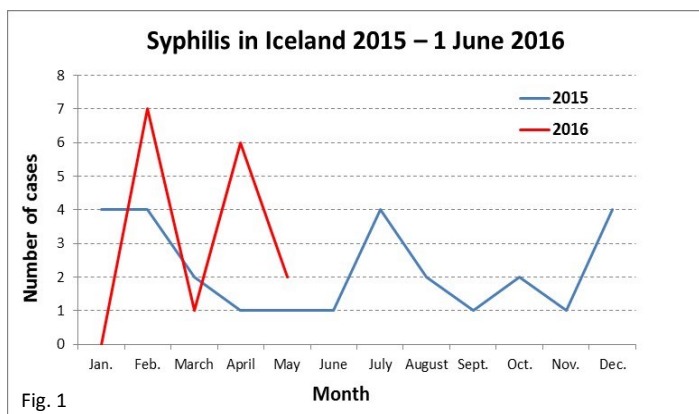
Gonorrhoea

During the first five months of this year, more gonorrhoea cases have been diagnosed than in the whole year of 2015 (Fig. 2). Most of them were males, or 86%.

Chlamydia

The numbers for chlamydia infections were similar during the first five months of the years 2015 and 2016 although unevenly distributed (Fig. 3). The sex

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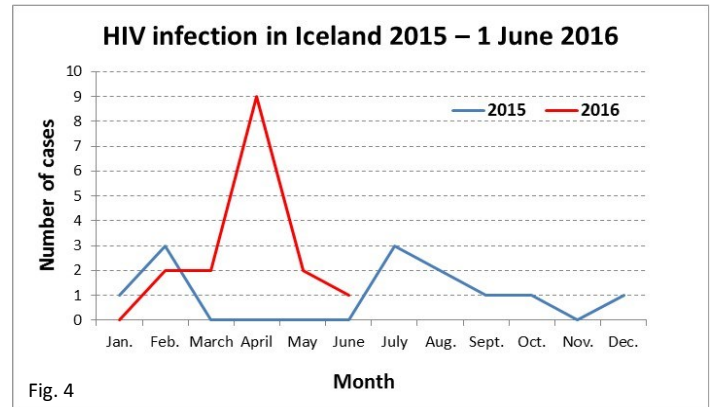
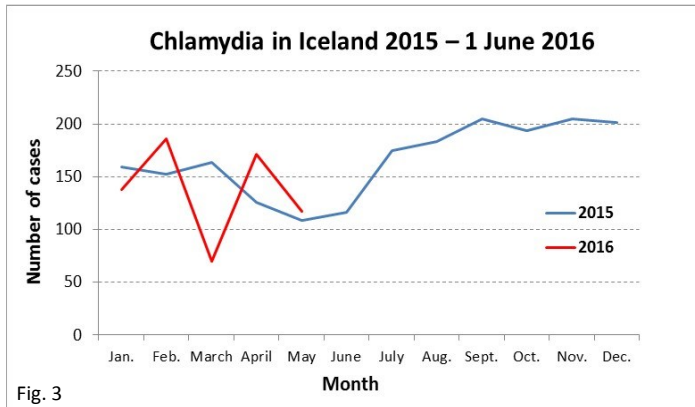


Fig. 3

Fig. 4

ratio was more even as compared with gonorrhoea. Of those diagnosed with chlamydia 43% were males.

HIV/AIDS

During the first five months of 2016, 16 individuals have been diagnosed with HIV infection, of whom three were diag-

nosed with AIDS. This is a higher number than diagnosed during the whole year 2015. The risk factors were connected to heterosexual transmission in six cases but homosexual transmission in three cases. Five males and two women had a history of intravenous substance use. Half of those diagnosed with HIV infection were of foreign

origin. The mean age of those diagnosed was rather high, or 44 years (24–50). The reasons for the infections varied. It is unusual to find so many diagnosed with AIDS, the final stage of the disease, which indicates that these patients had been carrying an undiscovered infection for a long time.

Mumps

In 2015, 77 patients were diagnosed with laboratory confirmed mumps. Most of those diagnosed with mumps were 20–35 years of age (mean age 27 years) and most of them were males (65%). The outbreak of mumps started in March 2015 and reached a peak in June that year.

Unvaccinated people born after 1980 were encouraged to get vaccinated against mumps. After the peak in June 2015 the outbreak faded out even though eight patients have been diagnosed with the disease in the first five months of 2016 (Fig. 5).

Of those diagnosed with the disease, 80% were unvaccinated while others

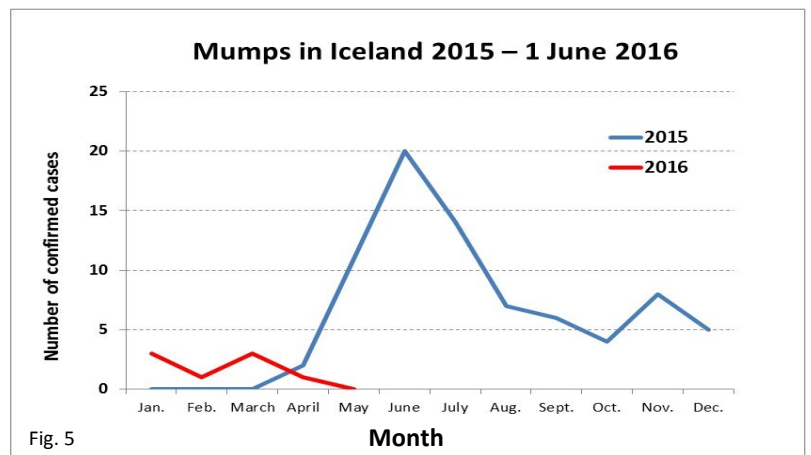


Fig. 5

had a history of one vaccination against mumps, which is in accordance with the evidence that the mumps vaccine provides less protection than the measles

and rubella vaccines, which are given together with the mumps component in the same syringe.



Preparedness plan for health threats in ports and vessels

A preparedness plan is being developed for health threats and communicable disease control in ports and vessels in view of the fact that cruise-ship arrivals to Iceland have been increasing considerably in the last few years. Forecasts also indicate further increase in cruise-ship arrivals to Icelandic ports. In 2015, 435 cruise ships visited the country carrying 290 thousand passengers. Since ships usually visit more than one port in Iceland some passengers are counted more than once. The website of the Reykjavik based [Associated Icelandic Ports](#) informs that as many as six cruise ships will be arriving in Reykjavik ports on 29 July this year with 4000 passengers and crew.

The preparedness plan for health threats in ports and vessels is edited by the Chief Epidemiologist and the Department of Civil Protection at the National Commissioner of Police in Iceland, the Icelandic Transport Authority, the Directorate of Customs, the Icelandic Coast Guard, the Environmental Agency of Iceland, and the Municipal Health Inspections. Other interested parties will be consulted. Iceland is divided into seven health security regions and the plan calls for a



The cruiser *Costa Fortuna* in Seydisfjörður port in the summer of 2015. Nearly 3000 passengers were on board. Source: www.austurfrett.is

port in every region that can cope with contamination threatening public health. The goal is to make the plan cover ports in the following places: Faxaflói (i.e. Reykjavik Port and other ports in Faxaflói bay), Grundarfjörður, Ísafjörður, Saudárkrókur, Akureyri,

Seydisfjörður, Eskifjörður, Reyðarfjörður, Thorlákshöfn, Westman Islands and Helgavík. The preparedness plan is produced in the standard format used by the civil protection authorities. The plan is expected to be finalised by the end of this year.