



DIRECTORATE
OF HEALTH

State Epidemiologist

EPI-ICE

Volume 1. Issue 2. March 2005

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INFLUENZA AND RSV IN THE WINTER 2004 – 2005

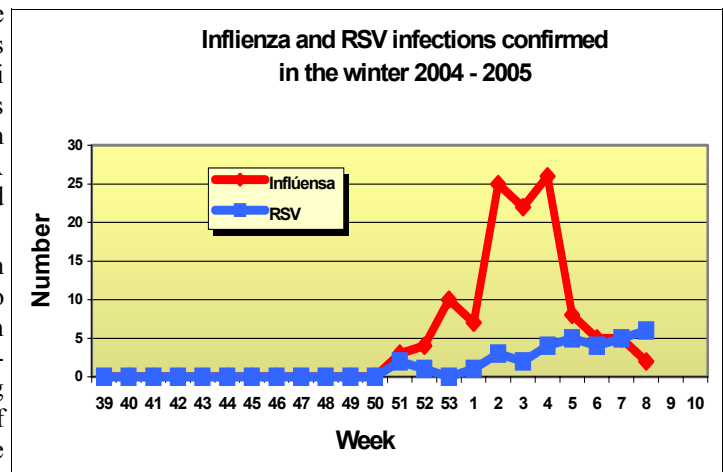
As reported in the first issue of EPI-ICE, the influenza outbreak this winter has resulted in an unusually heavy strain on the Icelandic health services. The influenza peaked towards the end of January but has been subsiding rapidly since then.

On the other hand, RSV (*Respiratory syncytial virus*) gathered momentum in February and has been causing a heavy load on hospitals and other health-care institutions. The emergency unit of the Children's Hospital at the Landspítali University Hospital received visits from over 1.000 children each month in January and February. A large portion of these children had influenza or RSV infection.

A great number of children infected by RSV were admitted to the Children's Hospital in February and a special intensive-care unit for very ill, young children was opened because of the infection. Nine children were admitted to this unit and of these,

three had heart and lung machine treatment. It is generally accepted that this year's RSV outbreak is one of the most severe in Iceland in recent years.

Even though the RSV outbreak seems to be somewhat decreasing, it is expected to cause a continued load on the health services in the next few weeks.



MRSA INFECTIONS ON THE INCREASE

Recently, an unusually high number of individuals has been diagnosed with infection by MRSA (*Methicillin-resistant Staphylococcus aureus*). In the first two months of this year, the bacteria has been confirmed in nine individuals, a number already exceeding last year's total.

Most cases have occurred among patients and staff of the Landspítali – University Hospital. Strainotyping has shown that the infections are caused by different strains, which indicates that the infections stem from a variety of origins.

In the last decade only a few cases of MRSA were detected in Iceland, sporadic ones each

year. Since the year 2000, the incidence has been on the rise, reaching a peak in 2002 (figure p. 2). The individuals concerned are either diagnosed because of clinical infections or they are carriers without symptoms, usually discovered during an MRSA search in the environment of a formerly infected individual. Most cases are diagnosed at Landspítali University Hospital, but MRSA cases have also occurred at smaller hospitals outside Reykjavík and in nursing homes and residential homes for the elderly.

By taking severe measures the spread of the bacteria in health care institutions has up until now been prevented in Iceland.

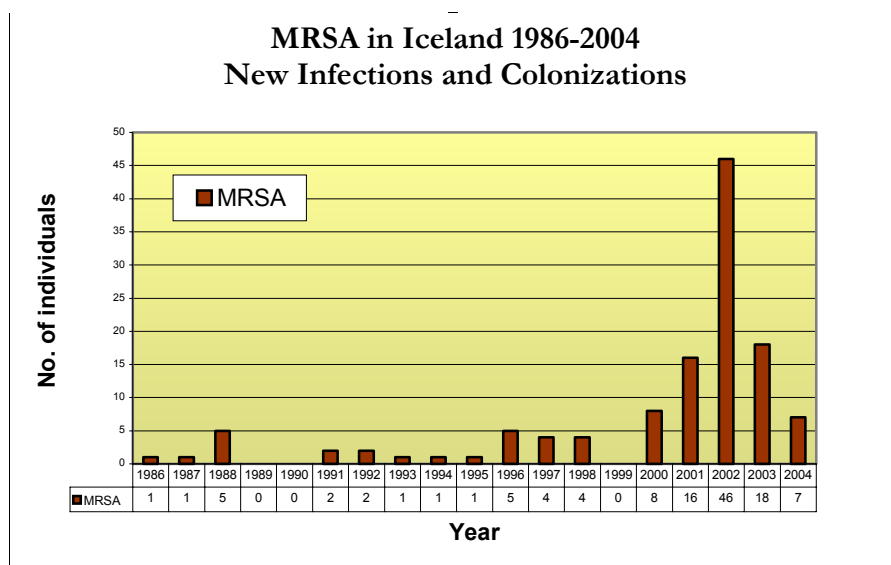
Infection control is fundamental in preventing the MRSA infection from spreading.

The most probable route of MRSA transmission to Iceland is through individuals coming from hospitals abroad. A search for MRSA is therefore conducted among staff members who have recently been working abroad and among patients who have been transferred to hospitals in Iceland from hospitals in other countries.

It is important to continue the fight against MRSA. Infection control is fundamental in

preventing the infection from spreading. Hand decontamination, either with soap and water or alcohol-based disinfectants, is a simple and effective measure to interrupt the main route of transmission inside hospitals.

Under Icelandic law, MRSA is a notifiable disease, to be reported without personal identification to the State Epidemiologist.



Young children are more susceptible to giardiasis than adults.

GIARDIASIS IN ICELAND SINCE YEAR 2000

In March 2001 giardiasis was made a notifiable disease for the purpose of obtaining more knowledge of the origin of infection. Giardiasis is caused by an infection with a protozoan parasite, *Giardia lamblia*. The most prominent symptom of the disease is diarrhea. In a persistent infection the symptoms include chronic fatigue, abdominal pain with flatulence and bad smelling stools. Most often, however,

the infection is asymptomatic and children can be carriers of the infection for months.

In the past few years incidence of *Giardia lamblia* infections has been rising in Iceland, cf. table, without any satisfactory explanation. Most cases are domestic, originating in the town of Akranes, as well as the capital Reykjavik and

surrounding communities. Only sporadic cases have been confirmed in other parts of the country.

Young children are more susceptible to giardiasis than adults, the highest number of cases being in the age group 0–4 years. The disease is also easily transmitted within families, among siblings and parents of young children. This explains an increased incidence among individuals in the age group 25–40 years.

In the years 2002–2004 the State Epidemiologist conducted a study to investigate various risk factors for *Giardia lamblia* infections, but none were identified. Many of the youngest children affected attended day care but so does the majority of Icelandic children. In some cases there was a person-to-person transmission at the day care facility. However, there is no evidence that this is always the origin of infection in the youngest age group. It is important to obtain more knowledge of the origin of *Giardia lamblia* infections in this country.

Giardiasis: number and incidence		
2000	Number of cases	47
	pr. 100.000 pop.	16.7
2001	Number of cases	33
	pr. 100.000 pop.	11.6
2002	Number of cases	57
	pr. 100.000 pop.	19.8
2003	Number of cases	55
	pr. 100.000 pop.	19
2004	Number of cases	85
	pr. 100.000 pop.	29.1