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NEW INFLUENZA A(H1N1) IN ICELAND

The first case of the new influenza A (H1N1) was diagnosed in Iceland on 23 May. The patient, a traveller coming from New York, caught an influenza-like illness (ILI) two days after arrival in Iceland. Six persons having close contact with the patient were suspected of being infected but that proved not to be the case.

The second case was diagnosed in Iceland on 9 June. The patient also arrived from USA and fell ill after arrival. His family and other close contacts in Iceland were observed in the following days. The third case was diagnosed on 10 June. The patient was the spouse of the second case and had been travelling with him from USA.

The fourth case diagnosed with the new influenza was a middle-aged woman. She was infected within the country, from the second or the third case.

The disease was not severe in any of the cases. They received antiviral treatment if the attending physician considered it appropriate. The policy in Iceland has been not to give prophylactic treatment but to observe those who has been exposed and only if symptoms emerge to consider antiviral treatment. The patients are advised to stay at home for seven days after symptoms have emerged. Contact-tracing among fellow passengers of the cases coming from USA was not carried out since the symptoms emerged after arrival.

Influenza preparedness

In spite of the cases being diagnosed with the new influenza in Iceland it was decided to continue to work according to the current alert phase of the preparedness plan. The reason was that the disease was relatively mild in most cases, both abroad and in Iceland. Regional epidemiologists were advised to heighten the surveillance effort in the health care service, report suspected cases immediately and take samples for laboratory diagnosis.

Epidemiologists and police commissioners from all over the country at a meeting on 25 May 2009.

The preparedness plan and the relevant epidemic measures were on the agenda at a meeting, held on 25 May for all regional epidemiologists and police commissioners from all over the country, with the Chief Epidemiologists and the National Commissioner of the Icelandic Police. After this meeting, representatives from the Chief Epidemiologist and the Department of Civil Protection of the National Commissioner of the Icelandic Police met with local people involved with the preparedness plan at fifteen meetings all across the country. The aim is to harmonise the response to the new influenza A(H1N1) countrywide.

On 11 June, WHO declared the state of influenza pandemic (phase 6). This meant that the preparedness in Iceland should

Framh. bls. 2

Fig. 1

Number with ILI and and number per 10.000 inhabitants by age in Iceland from 1 April – 30 June 2009

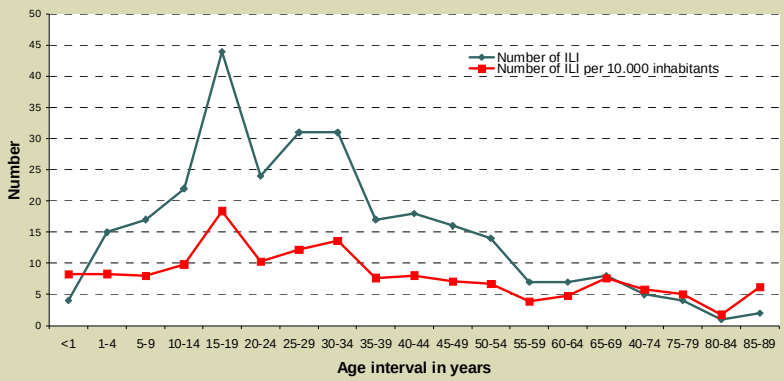
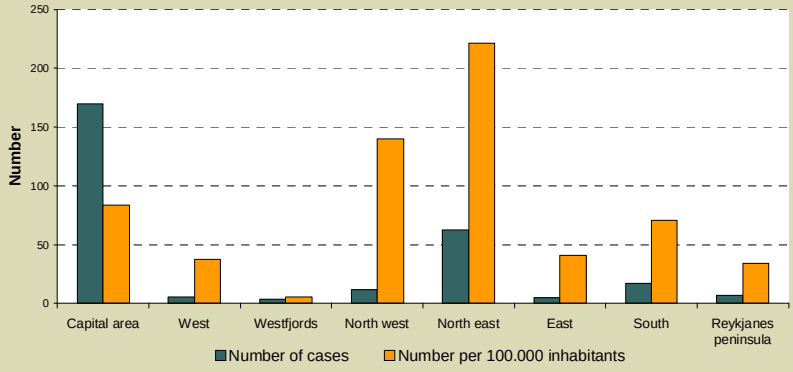


Fig. 2

Number with ILI and number by 100.000 inhabitants by region from 1 April – 30 June 2009



have been brought to the highest level of alert – the emergency level. In spite of this the Chief Epidemiologist and the National Commissioner of the Icelandic Police decided to carry on according to the danger level corresponding to WHO's phase 5, considering the relative mildness of the disease. This was in accordance with the understanding of the WHO.

Surveillance

Influenza was recently made subject to notification. Cases of influenza-like illness (ILI) and cases of laboratory confirmed influenza must now be reported to the Chief Epidemiologist with patient identity. There has been considerable progress in the registration of ILI, and ILI cases based on a physician's clinical evaluation are now reported automatically and electronically to the Chief Epidemiologist once a day by means of an Icelandic software system named Saga software that is used by all hospitals and primary health care centres in Iceland. Information on treatment with Tamiflu and Relenza is also reported through this channel. Physicians employed in these institutions no longer have to fill in the traditional paper-based registration form for reporting ILI, as the cases are reported automatically when the influenza diagnosis has been registered and the communication with the patient has been confirmed by the physician in the Saga software.

Several cases of ILI were reported during the spring but the number of cases has now declined. The number of females infected with ILI was higher than that of males, or 162 females compared with 125 males. ILI was most common in the age group 15–19 years of age, see figure 1. A possible explanation is the spread of influenza B, commonly seen in children and adolescents in late winter following illness caused by the influenza A virus.

Children can be assumed to have a higher incidence of ILI than these numbers indicate, since information on ILI only comes from physicians using the Saga software. Very few physicians in private practice use it, while many children seek medical care by pediatricians in private practice, especially in the capital area.

The highest number of cases with ILI was in the capital area, but when these number are correlated to the population size in different regions of Iceland, the highest number was in the Northeast, see figure 2.

Week 2009	Samples positive for	Samples positive for in-
15	2	0
16	1	2
17	0	0
18	2	8
19	3	4
20	1	2
21	4	0
22	0	1
23	2	2
24	3	1
25	2	3

Framh. bls. 3

In late April physicians were encouraged to increase sampling, something which is reflected in the increased number of samples sent to the Department of Virology at Landspitali University Hospital since the end of April, see figure 3. Sporadic cases of seasonal influenza A and influenza B were diagnosed at the Department of Virology during spring, see table, p. 2.

When the WHO raised its alertness phase to phase 4 at the end of April, the demand for antivirals for treatment of influenza increased greatly. This is clearly depicted in figure 4, which shows the number of Tamiflu and Relenza prescriptions registered in the Saga software during that time. According to the medicine register at the Directorate of Health, Tamiflu and Relenza were seldom prescribed prior to the end of April

Gudrun Sigmundsdottir

Haraldur Briem

Fig. 3 **Number with ILI, number of respiratory samples and samples positive for influenza at the department of virology at LUH**

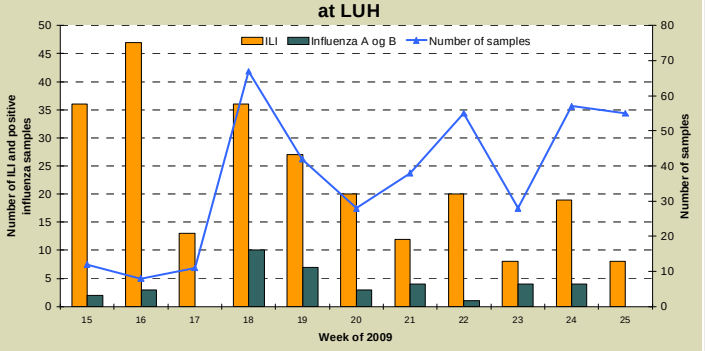
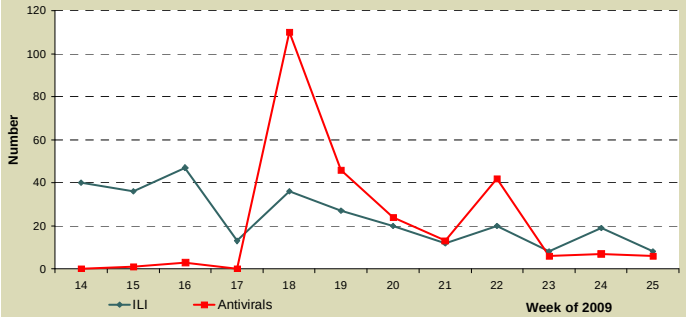


Fig. 4 **Number of antivirals prescribed and number of ILI registered in Saga from 1 April – 30 June 2009**



ADVICE TO TRAVELLERS — REMEMBER THE INFLUENZA

In the beginning of June, the Chief Epidemiologist published a brochure with advice to travellers on precautionary measures because of the new influenza currently spreading worldwide. The brochure was published in cooperation with the National Commissioner of the Icelandic Police, Department of Civil Defence

The name of the brochure is *Remember the Influenza – Advice for Travellers*. In a concise text the preparedness of international agencies and in Iceland is explained. Advice is also given on precautions while travelling, transmission routes are explained and how best to protect oneself from becoming infected.

The brochure was distributed to health care centres, travel agencies, airports and other places frequented by travellers on arrival and departure from the country.

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