



DIRECTORATE
OF HEALTH

Chief Epidemiologist for Iceland

EPI-ICE

Volume 2. Issue 7- 8. July - August 2006.

CONTENTS:

Gonorrhoea cases still on the increase p. 1

Delay in delivery of influenza vaccines p. 2

Mumps outbreak is over p. 2

Editorial Board

Dr H. Briem,
Chief Epidemiologist
Ms A. St. Atladóttir
Ms G. Sigmundsdóttir
Ms S. Hauksdóttir
Mr TH. Guðnason

Editor

Ms J. M. Guðnadóttir

DIRECTORATE OF HEALTH
CHIEF EPIDEMIOLOGIST
FOR ICELAND

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

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

The contents of this newsletter may be reproduced provided that the source is quoted.

GONORRHOEA CASES STILL ON THE INCREASE

In the first seven months of this year 21 cases of gonorrhoea were notified to the Chief Epidemiologist for Iceland by the Department of Virology at the Landspítali University Hospital. In 2005, the total number of gonorrhoea cases was 19, a 50% increase over the year before. This year's number is thus already greater than the total for last year and the number is still rising. The majority of those infected are men. So far this year, 15 men and 6 women have been diagnosed with gonorrhoea, most of them in the age group 20–29 years.

The infection is in most cases diagnosed at the Clinic for Sexually Transmitted Infections at the Landspítali University Hospital (LUH), which is also responsible for treatment and contact tracing. Others who diagnose and treat the disease are gynaecologists and general practitioners. The majority of infections in the past two years appear to be of domestic origin. According to information from the STI clinic, the infection occurs mainly in a small group of individuals with a history of drug abuse although some of the patients do not belong to that group.

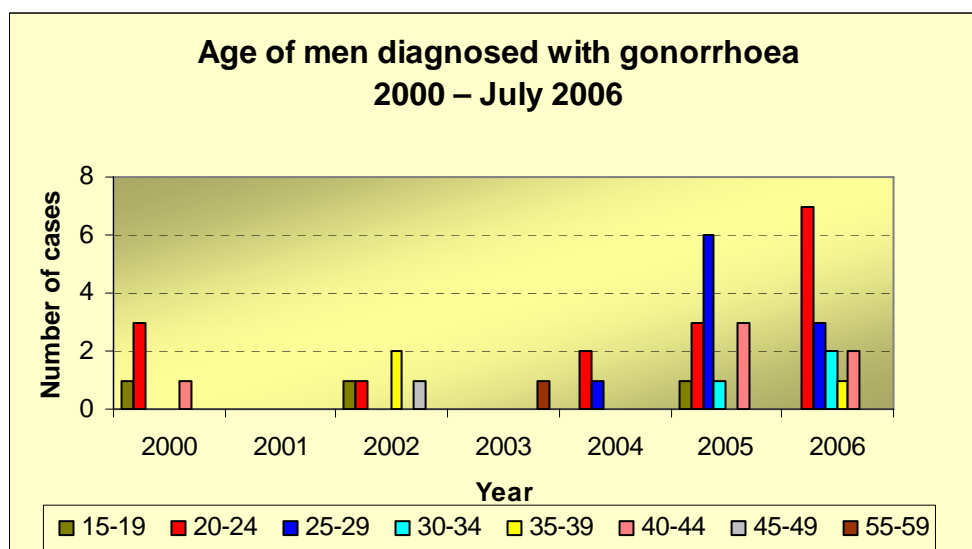
The bacteria causing the infection differ in antibiotic resistance, a fact that indicates different sources of infection. It is essential to provide a follow-up to treatment by means of bacterial culture in order to secure the results.

In the past decade sexually transmitted diseases have been on the increase in major cities in Europe. Outbreaks of syphilis, gonorrhoea, hepatitis A and *Lymphogranuloma venereum* have been observed, mostly among men who have sex with men. A large number of those infected in cities abroad are also HIV positive. It is a known fact that sexually transmitted diseases add to the risk of HIV transmission.

The main symptoms of gonorrhoea are abnormal vaginal/urethral discharge and dysuria. Infertility is a known complication of the disease, particularly among women.

A considerable proportion of those infected are asymptomatic, more often women than men. Gonorrhoea infection is most often transmitted by asymptomatic individuals who are unaware of their

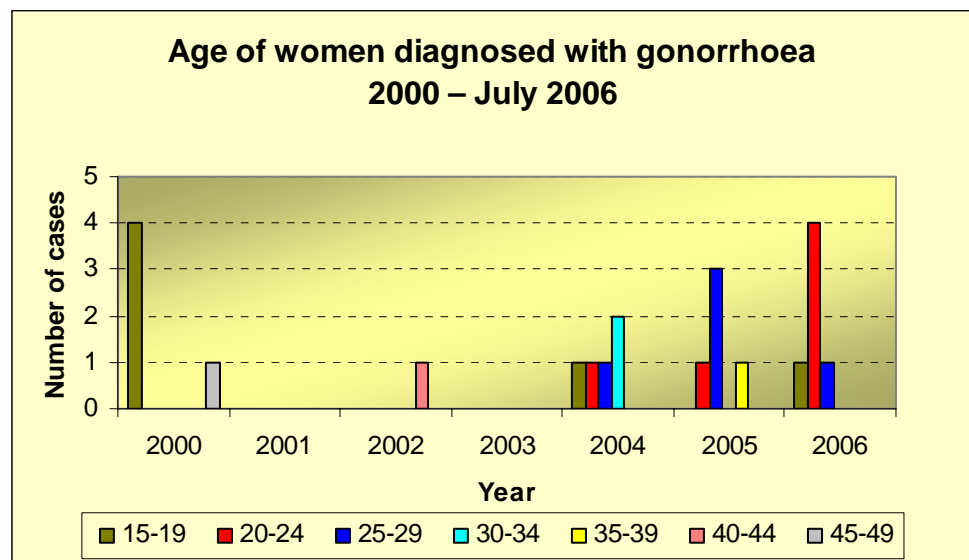
(Continued on page 2)



This year's number of gonorrhoea cases is already greater than the total for last year and the number is still rising.

infection. It is transmitted through vaginal sex but it should be pointed out that it can also be transmitted through oral and anal sex. Casual sex increases the likelihood of infection and should be avoided. Another effective means of preventing infection is the use of latex condoms.

The Chief Epidemiologist urges people to seek medical attention if there is any likelihood that they have been infected and/or when experiencing symptoms from the urinary organs and genitals. There is also reason to encourage physicians to be on the alert and to send samples for testing if there is any suspicion of an infection.



DELAY IN DELIVERY OF INFLUENZA VACCINES

The European Vaccine Manufacturers have issued a notification informing the Chief Epidemiologist of a possible delay in the delivery of vaccines against the annual influenza outbreak this coming winter. This delay is due to unforeseen difficulties in the production of the vaccines as a result of unsatisfactory output from the culture of influenza virus of strain H3N2, the use of

which has been recommended by WHO in the production of vaccines for the year 2006–2007.

For this reason it is to be expected that influenza vaccines will not be delivered in Iceland until the beginning of October. The Chief Epidemiologist will soon send a circular to physicians with further information on the subject.

The total number of serologically confirmed cases of mumps in the outbreak was 113, most of them among individuals aged 20–25 years.

MUMPS OUTBREAK IS OVER

As reported in earlier issues of EPI-ICE there was an outbreak of mumps in Iceland, lasting from the latter part of 2005 until the middle of 2006. The total number of serologically confirmed cases of mumps was 113, most of them among individuals aged 20–25 years.

Since May 2006, there has not been a single confirmed case of mumps and so it is safe to

assume that the outbreak has come to a close. The cause of this success is presumably the extensive coverage of the MMR vaccination campaign that was initiated towards the close of 2005 and directed at individuals born in the years 1981 through 1985.