



DIRECTORATE
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Chief Epidemiologist for Iceland

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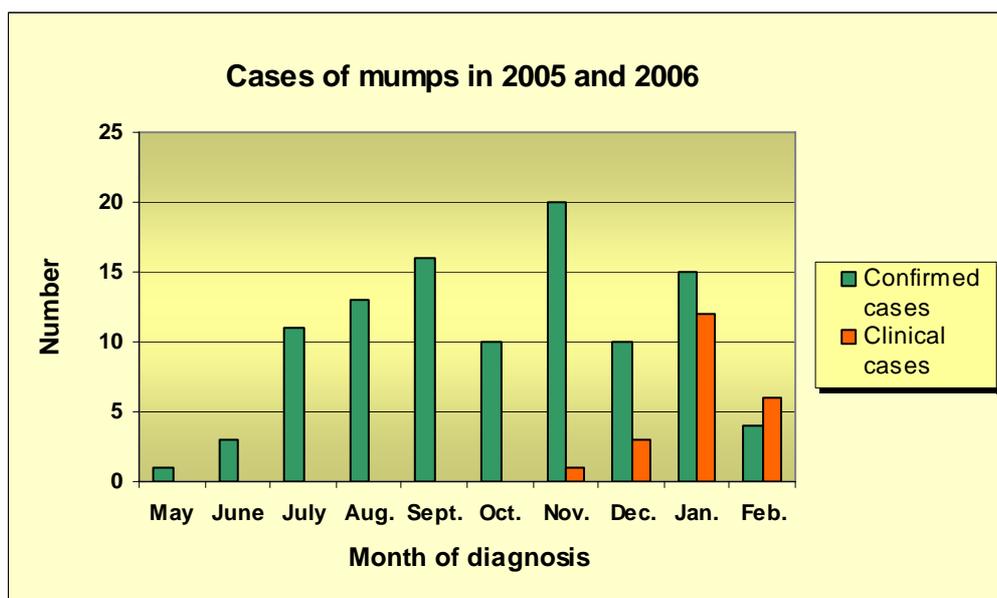
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UPDATE ON MUMPS OUTBREAK

In February 2006, four individuals in Iceland were serologically diagnosed with mumps, in addition to six unconfirmed cases that were notified. In three of the confirmed cases the patients were born in 1979, 1984 and 1985, which means that they had presumably not been vaccinated. The vaccination status of the fourth one,

born in 1988, is not known. It seems, therefore, that the mumps outbreak is subsiding after having been ongoing for ten months. Hopefully, the outbreak is coming to a close (fig. 1). Physicians are still encouraged to report cases of mumps to the Chief Epidemiologist, whether or not the diagnosis has been serologically confirmed.

Mynd 1



RESPIRATORY INFECTIONS

So far in 2006, relatively few cases of influenza A have been serologically diagnosed. However, towards the end of February there was an increase in the number of individuals diagnosed with influenza B by the Department of Virology

at the Landspítali – University Hospital (fig. 2). Similarly, the number of RSV (*respiratory syncytial virus*) infections was negligible until the end of February when the number of confirmed cases of RSV infections began to increase (fig 3). This corresponds to an

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The outbreak of mumps has been ongoing for ten months. Hopefully, the outbreak is now coming to a close.

increased load on the emergency unit of the Children's Hospital at the Landspítali – University Hospital (fig. 4). Other respiratory infections diagnosed in February 2006 were *adenovirus* infections (2) and *enterovirus* infections (2).

RSV can cause severe respiratory infections in infants that may lead to bronchitis, pneumonia and otitis media. Adenovirus infections can cause fever and respiratory

symptoms besides sometimes causing conjunctivitis in the eyes. Enterovirus infections may cause cold-like symptoms in children.

Even though the figures provided here by no means represent a true picture of the number of patients suffering from respiratory infections, in all probability they reflect the types of respiratory infections afflicting the population at this stage.

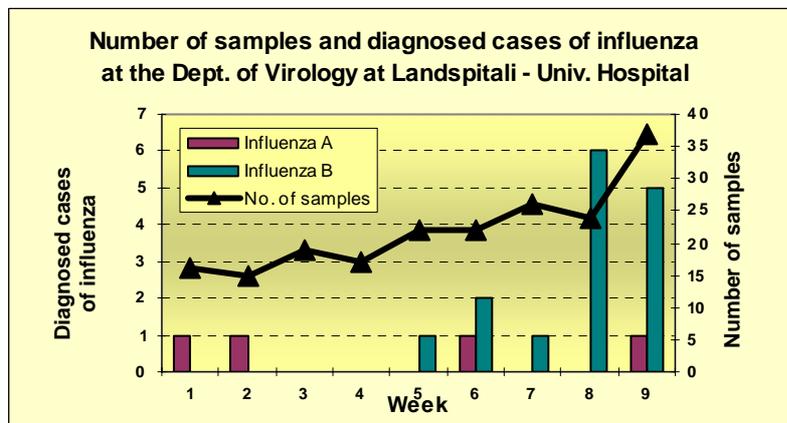


Figure 2

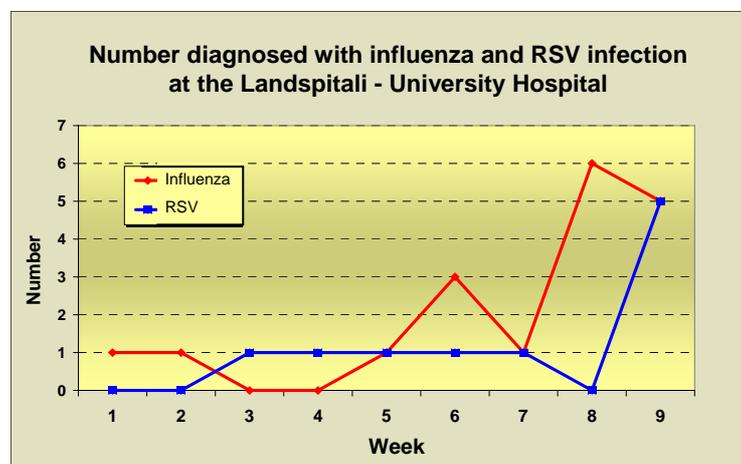


Figure 3

The increased load on the emergency unit of the Children's Hospital at the Landspítali – University Hospital towards the end of February reflects the increased number of RSV and influenza cases.

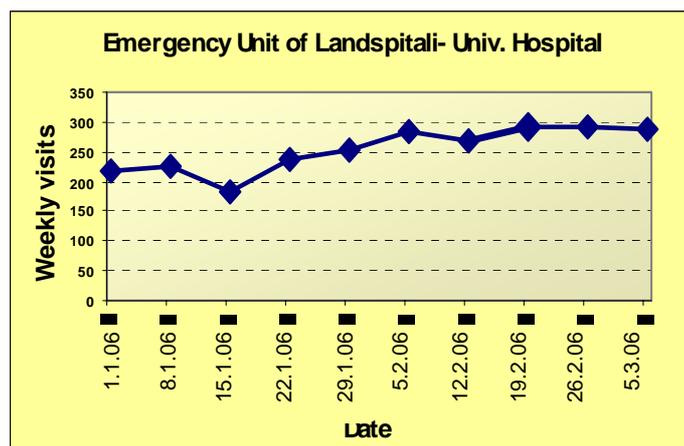


Figure 4