



DIRECTORATE
OF HEALTH

Chief Epidemiologist for Iceland

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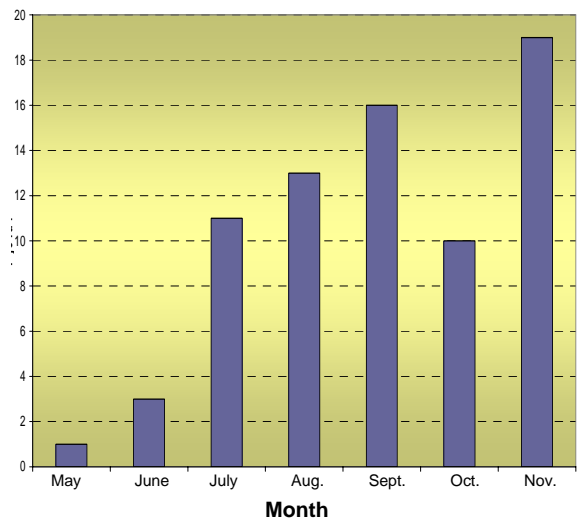
MUMPS CASES ARE STILL ON THE INCREASE

Earlier issues of EPI-ICE this year have included reports on diagnoses of mumps in Iceland in 2005 ^{1,2}. It was believed that the epidemic had peaked in July and August and would subside in the second half of this year. It is now becoming evident, however, that this is not the case, cf. Figure 1 below. Those contracting the disease at present are mainly individuals born between 1981 and 1985 (see Figure 2), who are the ones who missed out on the MMR vaccination introduced for 18-month-old children in 1989 and for nine-year-olds in 1984.

Since the mumps outbreak appears, if anything, to be on the increase, and because there have been reports of serious complications, the Chief Epidemiologist for Iceland has decided to encourage all Icelanders born in the years 1981 up to and including 1985 to have an MMR vaccination. The individuals in question can go to the nearest health care centre where they will receive the vaccination free of charge in the same manner as in the case of children's vaccinations. It should be noted that side effects following an MMR vaccination are negligible.³

It should also be noted that if there is any suspicion of mumps a serological test needs to be conducted in order to confirm diagnosis. All confirmed cases must be reported to the Chief Epidemiologist.

Fig. 1. Mumps cases diagnosed in 2005

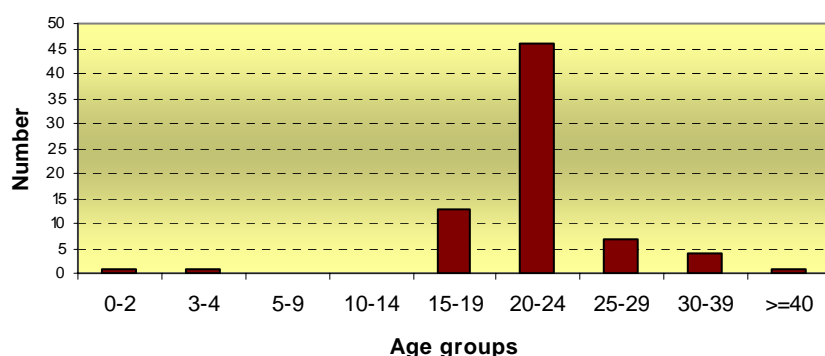


¹ Epi- Ice 2005; 6:1

² Epi- Ice 2005; 7- 8:1

³ <http://www.landlaeknir.is/template1.asp?pageid=286>

Fig. 2. Mumps cases by age, May–November 2005



The objective of the EU in staging these exercises was to test the implementation of preparedness plans.

The cooperation between national institutions was exemplary and all operations during the exercises were performed in a professional manner.

TABLE-TOP EXERCISES IN RESPONSES TO PANDEMICS

This autumn the European Union (EU) sponsored two table-top exercises, in response to a smallpox pandemic on the one hand and an influenza pandemic on the other. The exercises, each lasting two days, took place in October and November. The first exercise was a kind of a preparation for the second one, in which an influenza pandemic was staged. The participants included the 25 EU member states, as well as Iceland, Norway and Switzerland, the European Commission, the European Centre for Disease Prevention and Control,

Communicable disease responses in Iceland were tested in conjunction with the European exercise. The exercise took place in the Joint Rescue Coordination Centre in Reykjavik under the command of the Chief Epidemiologist for Iceland and the Civil Protection Department of the National Commissioner of the Icelandic Police, in accordance with government resolutions on responses to this kind of emergency. Participants in the exercise included representatives from the Directorate of Health, the Icelandic Coast Guard, the



From the November exercise on responses to an influenza pandemic.

the European Medicines Agency, pharmaceutical companies and vaccine producers.

The exercises were controlled from the headquarters of the Health Protection Agency (HPA) in Porton Down in the UK. The objective of the EU in staging these exercises was to test the implementation of preparedness plans, to improve the coordination and interaction of the preparedness plans of the participating countries, to explore the accessibility and possibilities for response measures, and finally to examine the role of the European Commission in the event of an influenza pandemic.

Icelandic Civil Aviation Administration, the Icelandic Red Cross and the Icelandic Road Administration. In addition, the Minister and the Permanent Secretary of the Ministry Health and Social Security were involved, as well as regional communicable disease control physicians and managers from the Landspítali - University Hospital in Reykjavik and the FSA Regional Hospital in Akureyri. Finally, other physicians and companies involved in preparedness planning took part in the

exercise as did the National Committee on Communicable Diseases and the Civil Protection Council.

Those in charge of the exercises in Iceland agreed that the exercises had been successful. The cooperation between national institutions was exemplary and all operations during the exercises were performed in a professional manner. Nevertheless, the exercises revealed various aspects that call for a closer examination. It is safe to assume that the experience gained in the two exercises will prove useful in the development of preparedness plans for both an influenza pandemic as well as other comparable threats to public health in Iceland and in the European Union.