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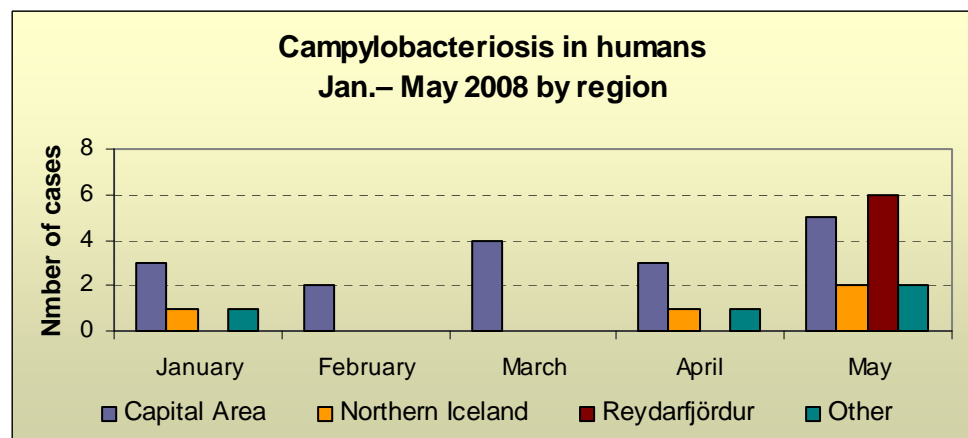
CAMPYLOBACTERIOSIS IN EASTERN ICELAND

During the first five months of this year 30 cases of campylobacteriosis in humans were reported by the Department of Microbiology, Landspítali University Hospital, to the Chief Epidemiologist. Of these, 11 patients became infected in Iceland, eight in Spain, two in the Dominican Republic and Italy, one in Morocco and Algeria while information on the origin of infection from five patients was missing.

Most of those infected, or 16 patients, are living in the Reykjavik Capital Area, four in Northern Iceland, four were living in different locations in Iceland but unexpectedly six patients were from the village

of Reydarfjörður in Eastern Iceland (see fig.). The cases in Reydarfjörður were not linked to any travel.

The origin of the infection is unknown in spite of a thorough outbreak investigation undertaken by health officials and physicians in Eastern Iceland. At present, the outbreak in Reydarfjörður appears to be over. Regular seasonal variation in the incidence of campylobacteriosis is well known, with an increase in incidence in the summertime. Good hygiene and the appropriate treatment of food items are important to avoid infection in humans.



SALMONELLOSIS IN THE CAPITAL AREA

In the beginning of June this year, four patients were diagnosed with domestically acquired infections due to *Salmonella poona* or *farmsen*. All four of the cases are linked to a residential home for the elderly in the Reykjavik Capital Area, two of whom were employees and two were residents. Infections due to this type of salmonella are rare and such domestic cases have never been diagnosed in Iceland before.

According to the Early Warning Response System of ECDC in Stockholm, *S. poona* has been reported in a number of countries

in Europe in April and May this year, a total of 30 to 40 cases. It is not known whether this is the same strain in all of the countries but further investigation of the strains is underway. It now seems that new cases are decreasing and that the outbreak is fading away.

The institutes for communicable diseases in those countries where cases have been diagnosed are working together on solving the outbreak in collaboration with the ECDC, which coordinates the activities.

INVESTIGATION ON INDIVIDUALS DIAGNOSED WITH MUMPS 2005–2006

Six patients living in the village of Reydarfjörður were diagnosed with campylobacteriosis in May.

As previously reported in the March and July–August issues of EPI-ICE 2006, 113 individuals were diagnosed with mumps during a one-year period in 2005–2006. Berglind S. Kristjánsdóttir, a medical student at the University of Iceland, recently published the results of her study on the symptoms and sequelae of the infection and estimated previous MMR vaccination of the infected individuals.

The results reveal that 16% of the men had orchitis, which can cause infertility, 40% had severe headache indicating meningoencephalitis, 6% had subjective unconfirmed hearing loss and the average loss of working days was 11 days.

It was estimated that in view of their age 27% should have had at least one MMR vaccination during childhood but their immune status could not be confirmed.

The results show that MMR vaccination of 18-month old children, which was launched in 1989, has been very effective and has almost eliminated mumps in Iceland.

It is important to keep good coverage of MMR vaccination in Iceland in order to prevent potential serious epidemics of mumps.

IMMUNITY AGAINST VACCINE-PREVENTABLE DISEASES AMONG IMMIGRANT CHILDREN IN ICELAND

For many years immigrant children have been subjected to a routine health check-up at the Children's Hospital of Iceland, including evaluation of previous childhood vaccinations. Erna Sigmundsdóttir, a medical student at the University of Iceland, did a study on the immune status regarding vaccine-preventable diseases among 2–14-year old children immigrating to Iceland in 2005–2008.

Her results reveal that previous vaccinations were poorly documented and many children were susceptible to mumps, measles and rubella. However, all were immune against tetanus, indicating good vaccination coverage of DTP.

In order to prevent outbreaks of vaccine-preventable diseases it is important to monitor closely the immune status among immigrant children and offer vaccination to susceptible individuals according to official guidelines.

The results reveal that previous vaccinations were poorly documented and many children were susceptible to mumps, measles and rubella.



It is important to monitor closely the immune status of immigrant children in Iceland.