



DIRECTORATE  
OF HEALTH

Chief Epidemiologist for Iceland

# EPI-ICE

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## MEASLES IN EUROPE

Almost 4,000 individuals were diagnosed with measles in Europe in 2007. In the first quarter of 2008, however, approximately 1,300 individuals have been diagnosed with the disease so the number of confirmed measles cases this year will probably exceed that of preceding years.

Most of the cases have been diagnosed in Switzerland, Germany, Spain, Rumania, the U.K. and Ireland, countries where large groups of people are unvaccinated.

Measles is a serious disease with a mortality rate of 5–10% in some countries, while those who survive may suffer serious complications following the infection.

Measles have not been diagnosed in Iceland for almost 20 years, thanks to an extensive child vaccination programme in the country.

The above news from Europe serves as a useful reminder to Icelanders not to allow any relaxation in childhood vaccination as this would create a risk of a measles outbreak with unforeseen consequences.

Children in Iceland are vaccinated against measles (MMR vaccine) at the age of 18 months and 12 years.

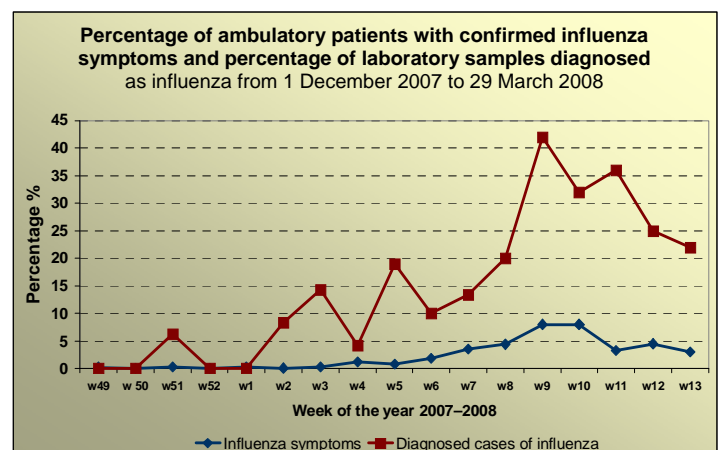


## THIS WINTER'S INFLUENZA OUTBREAK ON THE DECREASE

The influenza outbreak of this winter has reached its peak and is now subsiding (see picture). In the past three weeks there has been an increase in the average age of the influenza patients from 25 to 46 years. In the same period, the majority of the cases were diagnosed as influenza A, subtype H3N1, whereas in the beginning of the outbreak the only influenza A subtype isolated was H1N1. Influenza A and B were diagnosed in equally great numbers.

This winter's outbreak has involved three different influenza strains, which may explain complaints of re-

peated influenza symptoms from many patients. However, it should be noted that the vaccine against influenza gives protection against all three strains.



*The increase in measles cases in Europe is a reminder not to allow any relaxation in childhood vaccination in Iceland as this would create a risk of a measles outbreak.*

## NO CASES OF SYPHILIS IN ICELAND IN 2007

Nobody was diagnosed with syphilis in Iceland in the year 2007. In recent years only a few sporadic cases of syphilis have been diagnosed each year, nearly all of them acquired abroad. The domestic spread of syphilis in Iceland thus appears to be very limited, while syphilis and other sexually transmitted diseases (STD) have increased rapidly in foreign cities and men who have sex with men are a particular risk group in this respect.

Even though no cases were diagnosed last year it does not indicate an actual decline in the incidence of syphilis, but is rather a sign of a slight variation that can be considered within the normal range.

The number of diagnosed cases of gonorrhoea has been rising in recent years as described in the January issue of Epi-Ice. Gonorrhoea is a more common STD than syphilis and possibly reflects changes in sexual behaviour at an earlier stage than syphilis does, and it is probable that an increased risk behaviour is the reason for the increase in the number of gonorrhoea cases.

The conditions for transmission of syphilis and other STDs thus appears to have increased, especially in view of the increased number of syphilis cases in foreign cities and the steadily increasing desire of Icelanders for travel. The Chief Epidemiologist therefore urges people to take care.

*The average age of influenza patients increased from 25 to 46 years in the last three weeks of March.*

## LEGIONELLOSIS IN 2007

Altogether 12 individuals (11 males, one female) were diagnosed with legionellosis in Iceland last year according to information from the Department of Clinical Microbiology at Landspítali University Hospital, quite many compared with previous years. Further investigation has revealed different origins of infection, in four cases the country of infection was considered to be Iceland, two were infected in Spain, one in USA, the Netherlands, Sweden and Estonia respectively, while information on country of infection was lacking for two cases.

No connection was found between those infected in Iceland; several months passed between the infections and two different *Legionella* species were identified. No outbreaks were observed although the number of cases was quite high.

The infections were diagnosed with polymerase chain reaction (PCR) on respiratory tract samples and/or by identification of

*Legionella pneumophila* antigen in urine. In nine cases *Legionella pneumophila* was identified, seven of these belonging to serogroup 1, which is most commonly identified as the cause of infection. Three individuals were diagnosed with *Legionella* species according to PCR from respiratory tract samples. The individuals with *Legionella pneumophila* were between 42–65 years of age but those with *Legionella* species were younger, or 4–27 years.

The *Legionella* bacteria cause Legionnaire's disease which is a serious illness that can lead to death. Legionnaire's disease does not transmit from person to person but has its origin in the environment. The bacteria thrive in humidity and outbreaks are often traced to air-conditioning and other aerosole producing equipment in people's environment. It is therefore important to be alert to an increased number of cases in order to investigate possible outbreaks and prevent further illness through preventive measures.