



DIRECTORATE
OF HEALTH

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HIV INFECTION: LOW INCIDENCE IN ICELAND

Up until the end of 2004, a total of 176 cases of HIV infection had been reported to the State Epidemiologist in Iceland. Of these, 56 patients had been diagnosed with AIDS and 36 had died of the disease. In the year 2004, only five persons were diagnosed with an HIV infection. This is the lowest HIV incidence in the past 15 years.

In the first three months of this year two new cases of HIV infection have been reported. One may wonder whether the this reduction represents an actual decline in HIV incidence in Iceland.

The most comprehensive regular HIV screening is conducted among blood donors at the Landspítali – University Hospital Blood Bank, which examines approximately 2000 new donors each year. This group has been selected with respect to a minimum risk of infection. No statistics are available at this point on the number of people who come voluntarily for antibody testing, but presumably this number is not large. The detection of HIV infections thus relies primarily on the alertness of physicians to HIV in case of suspected infection as a result of risk behaviour or due to symptoms.

In the years 1986, 1990 and 1996, investigations into the prevalence of HIV infections were carried out among patients admitted to the Reykjavik City Hospital (Borgarspítalinn) for reasons other than HIV/AIDS. The prevalence of HIV infections was as follows:

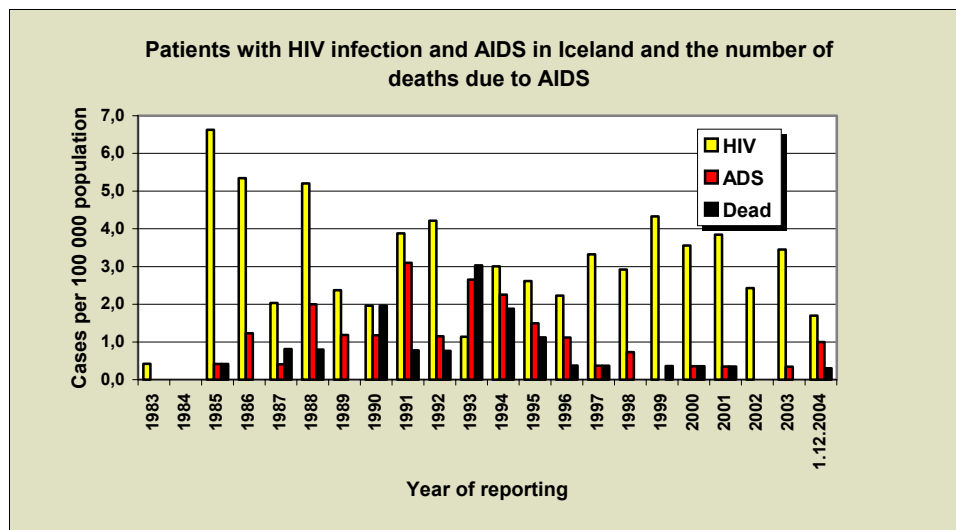
1986: 0.1% (1000 patients;
95% CI: 0–0.5%)

1990: 0.02% (4924 patients;
95% CI: 0–0.1%)

1996: 0% (1221 patients;
95% CI: 0–0.3%).

It is important to repeat this type of epidemiological study on HIV infection in order to confirm its low incidence in Iceland.

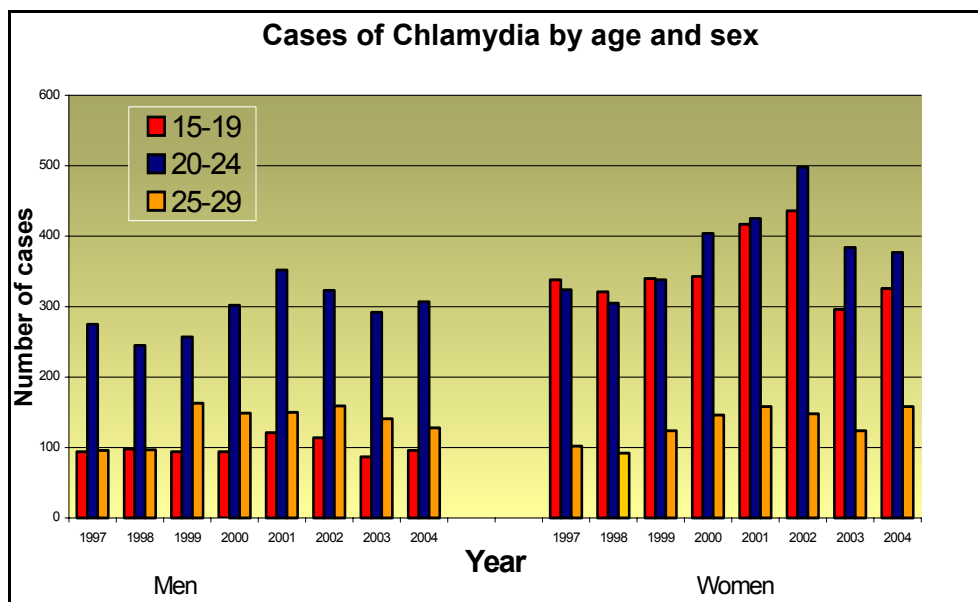
The AIDS epidemic is far from being on the decline in the world. There are numerous signs of renewed outbreaks of HIV infection among groups at risk in our neighbouring countries. It is therefore of great importance to maintain the good results in containing the spread of HIV infections that have been achieved in Iceland by means of vigorous preventive activities.



CHLAMYDIA IN ICELAND

Chlamydia is most prevalent among individuals in the age group 15–29 years.

A considerably larger number of 15–19-year old girls are diagnosed with chlamydia than are boys in the same age group.



Since 1997 cases of chlamydia infection in Iceland rose almost steadily until 2003, when chlamydia cases went down by 22% compared with the preceding year. The decrease seems to be most marked among 15–19-year old girls but there was also a considerable reduction in cases among women aged 20–24 years and 15–19-year old boys. In 2004, the number of chlamydia cases began to rise again, with a 6% increase compared with the previous year. This was felt in all age groups except among 20–24-year old women and men aged 25–29 years (cf. figure).

It is not fully understood what caused the reduction in cases in the year 2003; however, it is probably due to several interrelated factors. Extensive education on prevention was

provided in the country's secondary schools and, also, the number of samples sent for laboratory testing was somewhat smaller than the year before.

Chlamydia is most prevalent among individuals in the age group 15–29 years. A considerably larger number of 15–19-year old girls are diagnosed with chlamydia than are boys in the same age group, while the incidence among men aged 20–24 years rises considerably (cf. figure). The average age of diagnosis is 22 years for women and 24 years for men. There are no noticeable seasonal fluctuations in the number of confirmed chlamydia cases; their distribution remains even throughout the year.

Chlamydia is among those diseases that must be notified to the State Epidemiologist. However, the physician in charge of treatment is responsible for tracing the route of transmission.

	Number of cases	Pr. 100 thousand
1997	1586	585
1998	1550	566
1999	1687	609
2000	1819	647
2001	2122	744
2002	2088	726
2003	1638	566
2004	1735	593

INFLUENZA VACCINES FOR 2005—2006

WHO recommends that vaccines to be used in the 2005–2006 season in the northern hemisphere in the winter 2005–2006 contain the following (WHO Weekly Epidemiological Record, 2005, 80, 65–76):

an **A/New Caledonia/20/99(H1N1)**-like virus.

an **A/California/7/2004(H3N2)**-like virus.¹

a **B/Shanghai/361/2002**-like virus.²

Notification on influenza vaccinations for next autumn will be issued from the Directorate of Health in due course.

¹ Candidate vaccine viruses are being developed (see: <http://www.who.int/influenza>).

² The currently used vaccine viruses are : B/Shanghai/361/2002, B/Jiangsu/10/2003 and B/Jilin/20/2003