



Sexually transmitted diseases in 2016

In last year's issues of Epi-Ice the increase in the number of cases diagnosed with sexually transmitted diseases (STDs) in recent years was highlighted, especially that of syphilis and gonorrhoea. The number of patients diagnosed with chlamydia, however, has been rather constant for the last three years.

Syphilis

In 2016, syphilis was diagnosed in 33 patients whereas 23 cases were diagnosed each year in 2014 and 2015, see Fig. 1. Of those diagnosed with the disease in 2016, 88% were men who have sex with men as in previous years. The mean age of those infected was 39 years (age range 20–61 years).

Gonorrhoea

During the last three years, confirmed cases of gonorrhoea have been steadily increasing. In 2016, 86 patients were diagnosed, a doubling of cases diagnosed in previous years, see Fig 2. There was an almost steady increase in cases month by month in 2016 as compared with the same months in 2014 and 2015. The mean age of those diagnosed in 2016 was 24 years (age range 15–55) for both sexes with males in great majority as before (75%). In 2016, 11 strains of *Neisseria gonorrhoea* were resistant to ciprofloxacin and three were resistant to azithromycin.

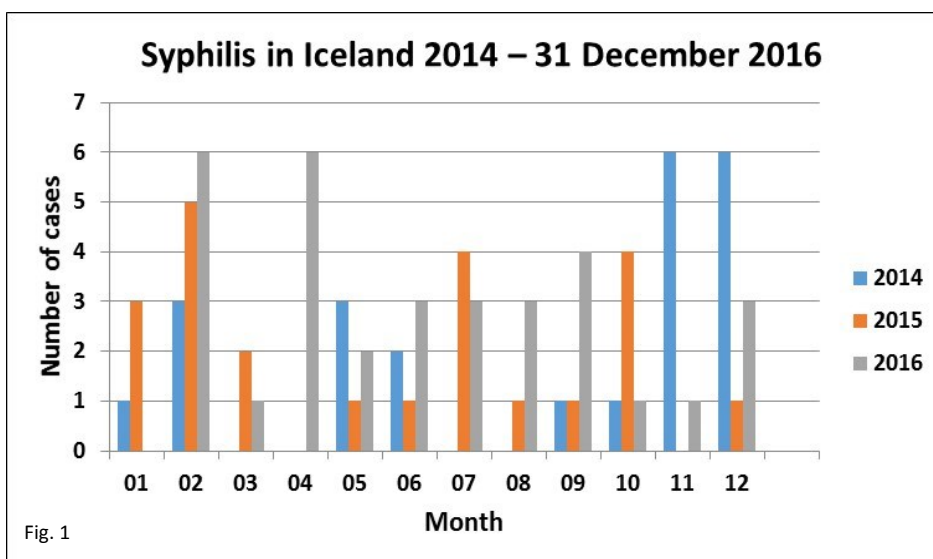


Fig. 1

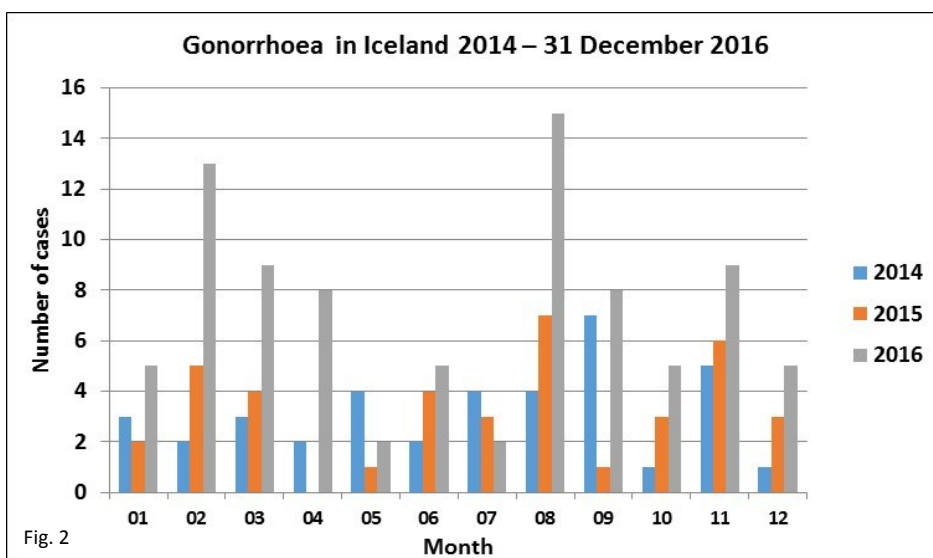


Fig. 2

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Multiresistant *Neisseria gonorrhoea* has not been diagnosed in Iceland as of yet while such resistance is a problem in many other countries.

Chlamydia

Chlamydia is the most common STD in Iceland with approximately 2000 cases diagnosed per year. The monthly number diagnosed with chlamydia in 2016 was similar to the numbers diagnosed in 2014 and 2015, see Fig. 3. The gender ratio has remained similar during these years with women making up 60% of those diagnosed with the disease.

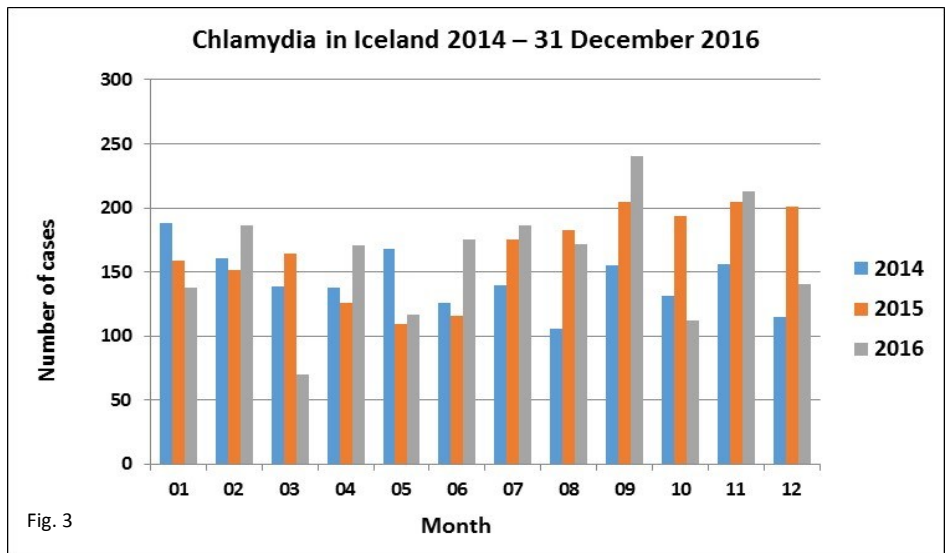


Fig. 3

HIV infection

In 2016, an unusually high number of patients was diagnosed with HIV infection, or 27 patients, which is twice the number diagnosed during 2014 or 2015, see Fig. 4. Among those diagnosed, 20 were males and seven were females. Fourteen had Icelandic citizenship and 13 were foreigners. The origin of infection was traced to Iceland in 13 cases and to countries overseas in 14 cases. Among those diagnosed, the transmission was by homosexual contact in seven cases (35%), by heterosexual contact in seven cases (35%) and by intravenous drug use in six cases (30%). Unusually many, or six patients, were diagnosed with AIDS, which is the final stage of the disease. Furthermore, three of the patients had an advanced HIV infection that had gone unnoticed for a long time, a fact that is a cause for concern.

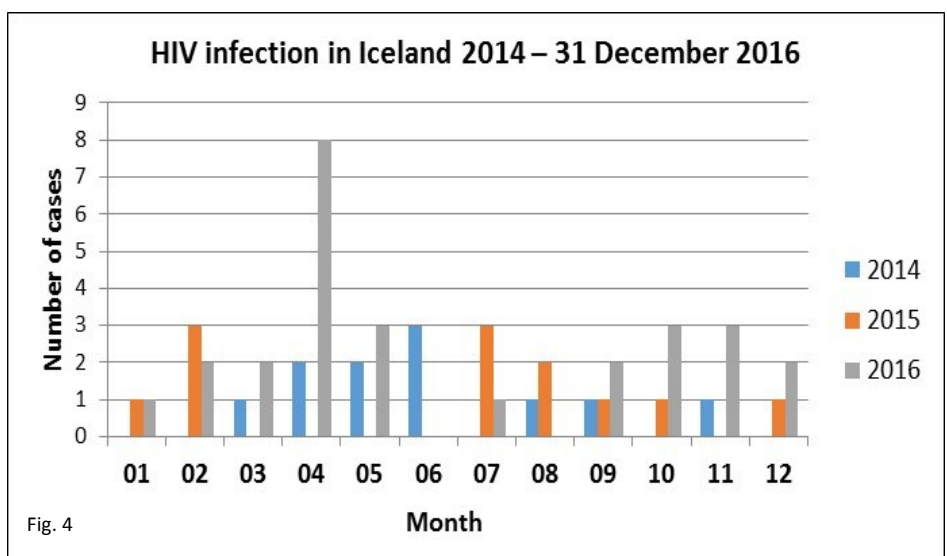


Fig. 4

The response of the Chief Epidemiologist

The Chief Epidemiologist considers it important to undertake several public measures against STDs and HIV infection in order to contain these diseases. He has proposed an increased cooperation between the Ministry of Welfare

and the Chief Epidemiologist on one hand and the health care services, the school system and NGOs such as HIV-Iceland and the National Queer Organization of Iceland (*Samtökin 78*) on the other hand. Furthermore he has suggested that a special task force should be established to give advice on response measures.



ECDC inspection of the Icelandic preparedness plan for pandemic influenza

During 9–11 November 2016, a committee on behalf of the European Centre for Disease Prevention and Control (ECDC) visited Iceland to inspect the activities of the Chief Epidemiologist as regards pandemic influenza preparedness plans in Iceland. The committee consisted of seven experts.

The experts examined the national pandemic influenza preparedness and response plan which was published for the second time in 2016. They met with representatives of institutions and companies that have an active role in Icelandic pandemic preparedness plans. These representatives came from the health care services, water and energy distribution companies, education sector and financial institutions. Also, a representative from the Farmers Association attended the meeting and ex-

plained their preparedness measures and the importance of native farmers for domestic food supply. A representative from the Icelandic Tourist Board attended the meeting to clarify the importance of good communication to suppliers of tourist services.

The committee visited the Command Centre of the Civil Protection of the National Commissioner of Police and had a discussion with the crew on duty, among them representatives from the National University Hospital, the ambulance service, civil protection, the National Coast Guard, the Road Administration, the ICE-SAR, the Red Cross and a journalist from the National Radio. The committee also visited the Health Care Institution of South Iceland in the town Selfoss and was given an overview of how vaccinations against the coming seasonal influenza will be carried out.

The experts paid a visit to Keflavik International Airport where they met representatives from ISAVIA Ltd (the airports and air navigation service operator in the Icelandic air traffic control area) and other employees of the airport.

The purpose of the visit was to inspect the influenza preparedness measures at the borders of the country and the services available in case the preparedness plan of the airport has to be activated. Lines of communications were discussed as well as the important role of the Sudurnes Hospital and Health Centre in providing service for all travellers visiting the airport. The ECDC will deliver a final report which will be distributed to all relevant partners before further steps are taken regarding the pandemic influenza preparedness and response plan.



A photo from the visit to the Health Care Institution of South Iceland in Selfoss. The photo shows Chloe Sellwood from England, Markku Kuusi from Finland, Karoline Bragstad from Norway, María José Sierra Moros from Spain and also Rene Snacken, Svetla Tsolova and Andreu Würz, all from ECDC. Others in the photo are Hjörtur Kristjánsson, Regional Epidemiologist in South Iceland, Þórólfur Guðnason, Chief Epidemiologist, Guðrún Sigmundsdóttir, Head of Department, Project Managers Ása St. Atladóttir and Íris Marelsdóttir and Júlíana Héðinsdóttir, assistant to Chief Epidemiologist.



Guidelines on hand washing and hand hygiene in five languages

The Chief Epidemiologist has issued new updated guidelines on hand washing and hand hygiene with alcohol, the most important infection control measure available. For effectiveness it is im-

portant to carry the hand washing and hand hygiene out in the correct manner. The guidelines have been translated into four of the most common foreign languages spoken in Ice-

land, English, Polish, Thai, and Lithuanian. The guidelines in English can be accessed on the website of the Directorate of Health, see: [Hand washing – hand hygiene](#)

Hand washing – hand hygiene

Repeat each step of the hand washing procedure at least five times



1 Rub hands palm to palm



2 Rub right palm over left dorsum and vice versa



3 Rub thoroughly between all fingers



4 Rub fingertips and fingernails of both hands together thoroughly



5 Rub thumb of each hand thoroughly



6 Rub each palm thoroughly