



DIRECTORATE  
OF HEALTH

Chief Epidemiologist for Iceland

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## CHLAMYDIA AND GONORRHOEA IN ICELAND IN 2008

### Chlamydia

Altogether 1834 chlamydia cases were diagnosed in Iceland in 2008 (see table), a similar number as in recent years. The infection was most common in people between 15–29 years and was diagnosed more often in females than in males, see fig. 1.

According to the annual report of the [European Surveillance of Sexually Transmitted Infections](#) (ESSTI) for 2008 (No. 3), Iceland had the highest proportion of diagnosed cases compared with other European countries. Such a comparison, however, should be made with caution because there are things that may affect the number of diagnosed cases other than the real prevalence in the community. The infection is often asymptomatic and the number of samples sent for testing affects the total number of diagnosed cases. Similarities have been observed in other countries, e.g. a steep rise in the number of cases was reported in Sweden in the year 2007, according to ESSTI's annual report. This was explained by a higher number of samples for testing and improved diagnostic methods.

Most chlamydia testing in Iceland is done at the Department of Clinical Microbiology at the Landspítali University Hospital (LUH) but the analysis is also performed at the Regional Hospital in Akureyri. The total number of samples for chlamydia testing sent to the LUH department has remained fairly steady during the last several years, see fig. 2.

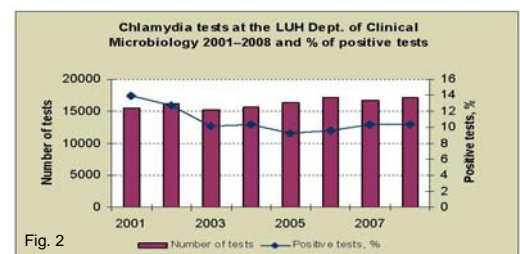
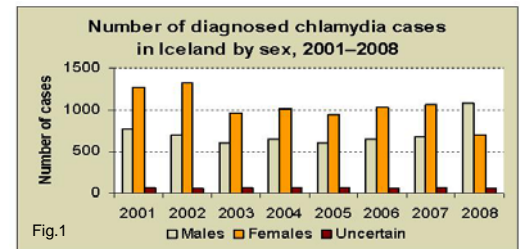
The main symptoms of chlamydia are discomfort and discharge but often the infec-

tion is asymptomatic, especially in women. Infertility in women is a serious complication of the infection.

### Gonorrhoea

In 2008, altogether 26 individuals were diagnosed with cultures positive for *Neisseria gonorrhoeae* at the LUH Department of Clinical Microbiology, whereof 12 were females and 14 were males, aged between 19–63 years (median age 28 years), see figure 3.

Gonorrhoea was rare in Iceland until 2005, when an increase in the number of cases



was observed, with 19 culture-verified cases of gonorrhoea. The following year, in 2006, the number of cases peaked, with 31 diagnosed cases.

Many of the strains were resistant to one or more antibiotics on sensitivity testing and there was a great variation in antibiotic sen-

Cont. p. 2

Chlamydia cases	2001	2002	2003	2004	2005	2006	2007	2008
Number of cases	2123	2088	1638	1736	1622	1729	1813	1834
Cases pr 100.000 inhab.	745	726	566	593	548	568	582	574

*In 2008, altogether 1834 chlamydia cases were diagnosed in Iceland and 26 cases of gonorrhoea.*

sitivity between the strains. Variation in sensitivity indicates different origins of infection, which were both domestic and foreign.

It is important to obtain a sample for culture if gonorrhoea is suspected in order to monitor antibiotic resistance in general and also to ensure effective antibiotic treatment. In addition, a new sample for culture must be obtained after discontinuation of antibiotic treatment to make sure the treatment was successful.

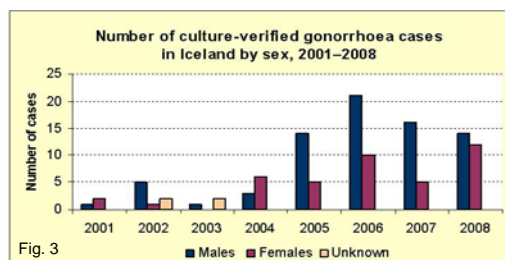


Fig. 3

Approximately half of the women infected are asymptomatic and it can be assumed that the infection is more common than these figures indicate. Males get symptoms more often but can recover without treatment and be infectious for weeks or months. The infection can be serious and cause infertility and it can also enter the blood stream and result in septic arthritis.

Sexually transmitted diseases are infections that can be serious or have serious complications. There is a constant need to remind people of their own responsibility to protect themselves and others against infection. The Chief Epidemiologist recently published a booklet (in Icelandic only) on sexually transmitted diseases with information on transmission routes, symptoms, treatment and prevention.

*Gudrun Sigmundsdottir*

## UNEXPLAINED FOOD INFECTION

On 24 February, a food-borne outbreak was detected in a restaurant located in Northwest Iceland, where 17 men had lunch and afternoon refreshment together. Nine of them got ill with diarrhoea and other symptoms, e.g. nausea, vomiting and fever. One man was admitted to hospital although the illness in general could not be considered serious. A thorough investigation was made to uncover the origin of the outbreak. The

food consumption for all 17 individuals was investigated and samples were obtained from some of the cases, but the results were all negative. The health inspector in the North West region investigated the restaurant and took samples from the water, which was found to be of good quality. No further illness has been detected and the outbreak appears to be over, but the cause of these symptoms remains unexplained.

*Gudrun Sigmundsdottir*

*Nine out of seventeen men dining together at a restaurant in Northwest Iceland got ill with an unexplained food infection.*

## DIAGNOSES AT THE LUH DEPARTMENT OF VIROLOGY IN FEBRUARY 2009

### I. Respiratory infections

In February 2009, RSV was diagnosed in 40% of all positive samples at the Department of Virology at the Landspítali University Hospital (LUH). Other viruses detected were influenza A (35% of cases, mainly H3), adenovirus, herpes simplex, and rhinovirus. Even though influenza continued to be diagnosed in February, numbers based on admissions at the ambulatory care facilities in Reykjavik suggest that the influenza epidemic may be slowing down. Information from a sentinel outpatient clinic in the

Capital Area shows a reduction of cases of influenza-like illness.

### II. Gastrointestinal infections

Three individuals were diagnosed with gastrointestinal infection due to norovirus in February 2009, which is a substantial decrease compared with January 2009. Other viruses detected were astrovirus, adenovirus and rotavirus.

*Thorolfur Gudnason*