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OF HEALTH

Chief Epidemiologist for Iceland

EPI-ICE

Volume 2. Issue 1. January 2006

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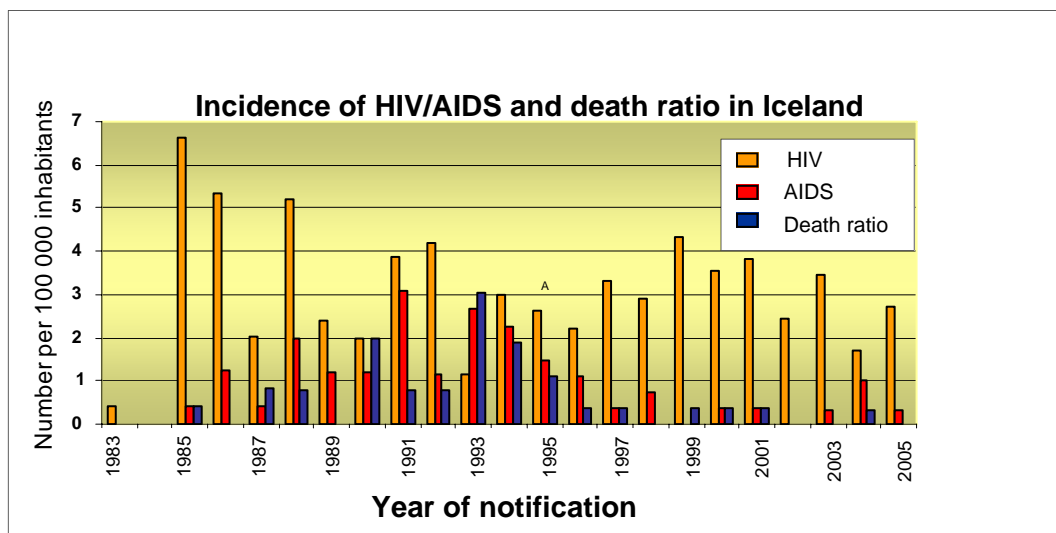
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HIV INFECTION IN ICELAND 2005

In the year 2005 eight persons were diagnosed with HIV infection in Iceland, making a total of 184 from the beginning. This is in accordance with the development of recent years, which indicates a limited spread of HIV infection in the country. Five of the individuals diagnosed last year were men and three were women. The transmission categories of HIV infection remained unchanged. It is

believed that five of the infected were heterosexual and three were homosexual men. Towards the close of the year AIDS was diagnosed in one individual not previously known to have contracted HIV. No intravenous drug addict was diagnosed with HIV infection in 2005.

The figure shows the incidence of HIV infection and AIDS since 1983 as well the death ratio from the disease.



MUMPS OUTBREAK APPEARS TO BE SUBSIDING

As reported in the latest issue of EPI-ICE, twenty cases of mumps were diagnosed in November 2005, the month when the epidemic was at its peak.¹

Since the majority of those infected were people aged 20–24 years and the outbreak appeared to be on the rise, the Chief Epidemiologist decided in December 2005 to encourage all Icelanders born in the years 1981 to 1985 to have an MMR vaccination if they had not had such a vaccination before.¹ Those not supposed to be vac-

nated are pregnant women and individuals with a severely impaired immune system.

Many reacted quickly to this recommendation and a large number of people has since been vaccinated, although an exact figure is not available at this time.

In December 2005, ten cases of mumps were confirmed (see figure), a promising

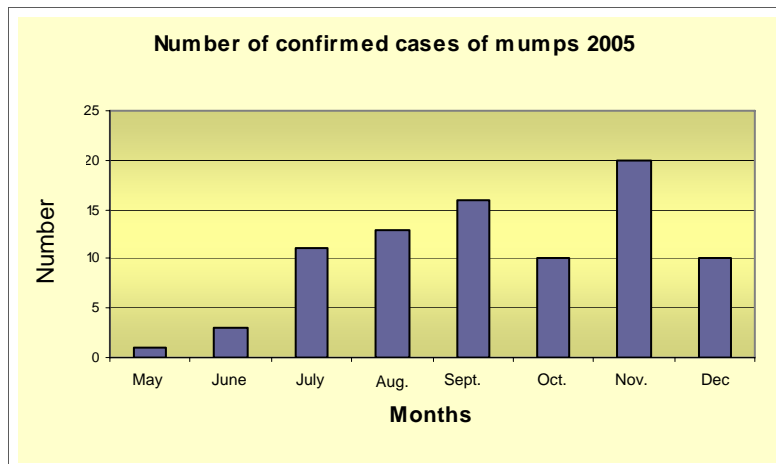
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The primary health care service in Iceland as well as the general public deserve a praise for reacting so quickly and efficiently.

sign that the vaccination effort has been successful.

The primary health care service in Iceland as well as the general public deserve a praise for reacting so quickly and efficiently.

It should be noted that individuals born after 1985 were to have an MMR vaccination at the age of 18 months and/or 9 years. If they for some reason missed out on the vaccination they are now entitled to be vaccinated free of charge.



¹ EPI - ICE 2005; 11:1

Only six individuals have been diagnosed with group C meningococcal infection since the campaign started three years ago.

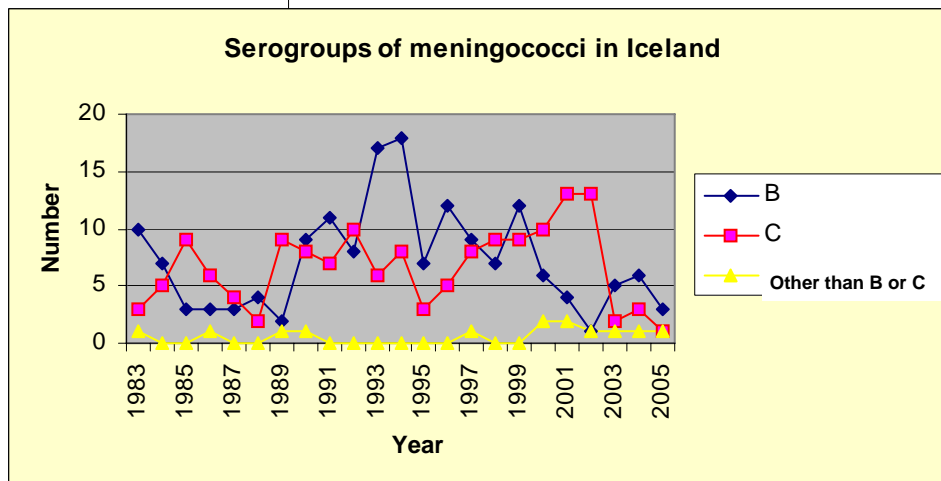
SUCCESSFUL VACCINATION AGAINST GROUP C MENINGOCOCCAL INFECTION IN ICELAND

Meningococci are bacteria that can cause life-threatening blood infection (septicaemia) and meningitis. Meningococcal infections have been more frequent in Iceland than in other European countries for reasons unknown.

Meningococcal bacteria can be classified into several subgroups (serogroups), of which subgroups B and C have most frequently caused disease in Iceland. During the years 1983 to 2002 (20 years), a total of 147 individuals were diagnosed with group C meningococcal infection in Iceland (see figure), out

of whom 14 died, mostly children and adolescents.

In October 2002, a vaccination campaign was launched against group C meningococcal infection with the aim of vaccinating all individuals 20 years and younger. At the same time the vaccination was included in the National Childhood Vaccination Programme, for children at six and eight months (two vaccinations). The campaign was very successful and by mid year 2003 close to 90% of the population, 20 years and younger, had been vaccinated.



As seen in the figure only six individuals have been diagnosed with group C meningococcal infection since the campaign started three years ago. All of those infected were over 20 years of age and none of them died. As expected the vaccination has not had any effect on infections caused by other meningococcal subgroups.

It can be concluded that the vaccination campaign in Iceland against group C meningococcal infections has been very successful. Hopefully, effective vaccines against group B meningococcal infection will emerge as well in the near future.