



DIRECTORATE
OF HEALTH

Chief Epidemiologist for Iceland

EPI-ICE

Volume 2. Issue 10. October 2006.

CONTENTS:

Changes in the National Vaccination Programme as of 1 Jan. 2007 **p. 1**

Contracts on emergency stockpiles of protective equipment **p. 2**

Editorial Board

Dr H. Briem,
Chief Epidemiologist
Ms A. St. Atladottir
Ms G. Sigmundsdottir
Ms S. Hauksdottir
Mr TH. Gudnason

Editor
Ms J. M. Gudnadottir

DIRECTORATE OF HEALTH
CHIEF EPIDEMIOLOGIST
FOR ICELAND

Austurströnd 5
170 Seltjarnarnes
Tel: +354 510 1900
Fax: +354 510 1920

E-mail: mottaka@landlaeknir.is
Website: www.landlaeknir.is

The contents of this newsletter may be reproduced provided that the source is quoted.

CHANGES IN THE NATIONAL CHILDHOOD VACCINATION PROGRAMME AS OF 1 JANUARY 2007

A tender for vaccines used in the National Childhood Vaccination Programme was last issued in 1999 and since the year 2000 the present vaccination programme has remained largely unchanged. According to the 1999 tender documents, a tender for vaccination programme vaccines is supposed to be issued every few years, therefore a new tender is due.

Last summer a tender for these vaccines was issued in Iceland and on 1 January 2007 a new arrangement of the immunisation programme will enter into force.

The following changes will be made to the National Childhood Vaccination Programme as of 1 January 2007:

- Many of the vaccines will have new names even though their contents and efficacy will remain practically unchanged.
- There will be no thiomersal in the pentavalent vaccine to be used for vaccinating children at the ages of three, five and twelve months. Pentavac, the vaccine used up until now, however, does contain traces of thiomersal.

- A pertussis booster vaccination will be introduced at 14 years of age, when one injection containing dTaP, IPV (Boosterix Polio) will be administered. This is done in order to maintain immunity against pertussis in the society, minimize the risk of pertussis infection among the elderly and to prevent its transmission to young children.

As of 1 January 2007, the organisation of the National Childhood Vaccination Programme will be as shown in the table below.

The primary health-care service is encouraged to obtain supplies of the older vaccines (Pentavac, diTekiBooster, Diftavax and Imovax Polio) before the close of 2006 and to finish the supplies currently available in Iceland in the first months of 2007.

As of 1 January 2007, it will only be possible to order the new vaccines (from Parlogis) in accordance with the vaccination scheme below.

Age	Contents	Name	Producer
3, 5, 12 months	DTaP, Hib, IPV	Infanrix Polio Hib	GSK
6, 8 months	MCC	NeisVac-C	Baxter
18 months, 12 yrs.	MMR	Priorix	GSK
5 years	dTaP	Boosterix	GSK
14 years	dTaP, IPV	Boosterix Polio	GSK

CONTRACTS ON EMERGENCY STOCKPILES OF PROTECTIVE EQUIPMENT

Earlier this year a group of specialists was appointed to outline specifications concerning a tender for personal protective equipment for use in an influenza pandemic. The group was composed of representatives from the Agricultural Authority in Iceland, the University of Iceland Institute for Experimental Pathology, the Landspítali University Hospital and the Chief Epidemiologist for Iceland.

Subsequent to the tender, contracts have been signed with nine importers on the purchase and stockpiling of, among other things, 630,000 isolation gowns, particulate respirators, safety goggles and protective

aprons. This protective equipment is intended for use by health-care workers and others who provide care for patients suffering from influenza or by people working with animals infected by avian influenza, e.g. birds.

Medical gloves were not a part of the tender in question since a framework contract on medical gloves is already in force. It is expected that a tender for medical gloves will be issued when the current contracts expire next year.

The Chief Epidemiologist is responsible for monitoring these emergency stocks and will be in charge of their allocation in accordance with a special evaluation procedure when needed. At present, guidelines on the allocation are being prepared.

Contracts have been signed with nine importers on the purchase and stockpiling of 630,000 isolation gowns, particulate respirators, safety goggles and protective aprons.



When appropriate, personal protective equipment, covering the body from head to toe, is used. In an influenza pandemic, however, health-care workers will only rarely need such extensive protection.



Personal protective equipment is intended for use by those caring for patients suffering from influenza and by people working with animals infected by avian influenza, e.g. birds.



In an influenza pandemic the most important thing is to protect oneself against aerosol transmission. Particulate respirators, as shown on the left, can be used by people taking care of influenza patients. Under certain circumstances it may also be advisable to protect the whole face with a face shield or use safety goggles, as shown in the pictures on the right.