



DIRECTORATE
OF HEALTH

Chief Epidemiologist for Iceland

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EPIDEMIC INTELLIGENCE

According to law, the Chief Epidemiologist keeps a register on epidemic diseases with the purpose of monitoring infectious diseases. With a new amendment to the Communicable Diseases Act that entered into force in 2007, the scope of the Act was broadened and the task of the Chief Epidemiologist is now also to detect emerging health threats in general. This task, which could be termed *epidemic intelligence*, is intended to detect early potential threat to health, confirm it and assess with respect to responses to that threat. Epidemic intelligence includes traditional surveillance on infectious diseases but also unconventional methods such as monitoring attendance rates at emergency wards and outpatient health services, investigate rumours as well as death rates.

A monitoring system for attendance rates at the emergency wards of Landspítali University Hospital (LUH) in Reykjavik is being developed. These are the emergency unit of the LUH Children's Hospital (Fig. 1), the general emergency ward in Fossvogur (Fig. 2), and the specialised emergency ward for chest and abdominal diseases on Hringbraut (Fig. 3). The monitoring period under examination was from 9 September to 10 November for the years 2007 and 2008.

There was a certain increase in attendance rates at the emergency unit for children in 2008 as compared to 2007. No significant change was observed in the attendance rate at the general emergency ward in these two years. However, there was a significant increase of the attendance rate at the specialised emergency ward during the period from 6 October to 20 October 2008. A high number of persons with suspected cardiac problems was detected. It seems likely that the financial disaster and the Icelandic bank crisis that hit Iceland

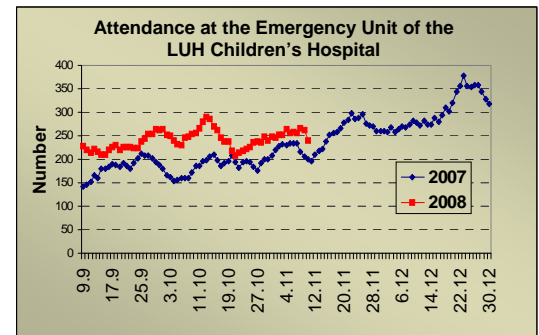


Fig. 1. Attendance at the Emergency Unit of the LUH Children's Hospital.

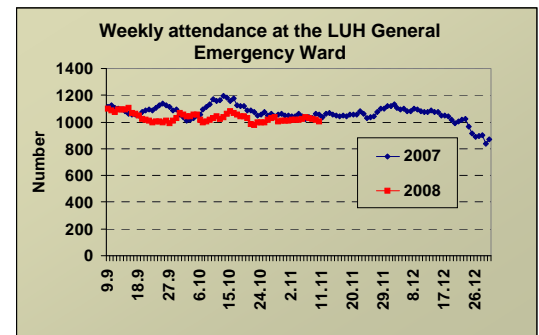


Fig. 2. Weekly attendance at the LUH General Emergency Ward, Fossvogur.

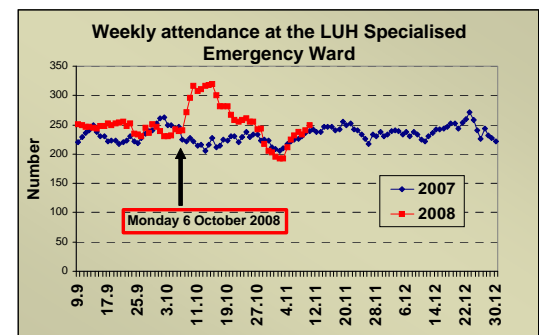


Fig. 3. Weekly attendance at the LUH Specialised Emergency Ward, Hringbraut.

on 6 October 2008 might play a part in this high attendance rate. This is under investigation by specialists at the emergency wards of LUH.

Haraldur Briem

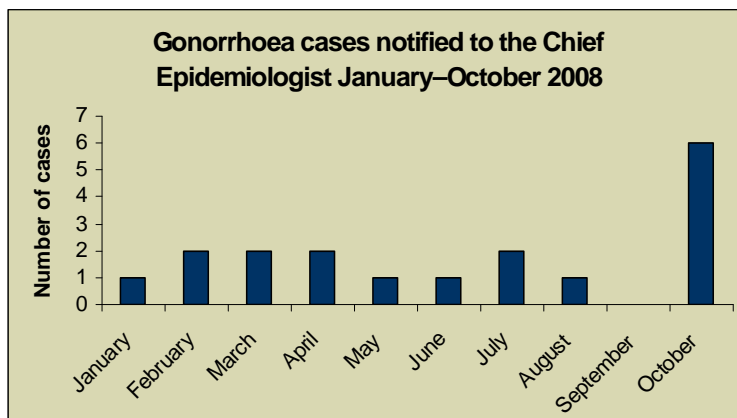
GONORRHOEA CASES IN ICELAND UNTIL CLOSE OF OCTOBER 2008

The origin of the gonorrhoea infection is both domestic and from other countries.

Altogether eighteen individuals were diagnosed with gonorrhoea according to notifications sent to the Chief Epidemiologist during January–October 2008, six females and twelve males. All cases are culture verified. The individuals are between 19–51 years of age, thirteen of them domiciled in the Capital Area

and five elsewhere in the country. The origin of infection is both domestic and from other countries, and both hetero- and homosexuals were infected.

In October an increase occurred in the number of cases diagnosed as compared with previous months of the year, with six cases of gonorrhoea detected during that month alone. The antimicrobial sensitivity of the bacteria is variable, which indicates that different strains of *N. gonorrhoeae* are causing the infections. The conclusion, therefore, is that there is not a common source of infection but a different one in each case.



Gonorrhoea is caused by *N. gonorrhoeae*, which is sexually transmitted on mucosal contact. The bacteria can therefore cause genital infections but also infect the anal and oral mucosa. Asymptomatic carriage is well known. The infection can cause infertility and also spread to other sites in the body. Gonorrhoea can be treated with antibiotics but antibiotic resistance is common.

The Chief Epidemiologist urges people to be careful and use condoms during casual sex.

Gudrun Sigmundsdottir

It seems likely that the financial crisis that hit Iceland on 6 October played a part in the high attendance rate at the LUH specialised emergency ward from 6 to 20 October 2008.

DIAGNOSES AT THE LUH DEPARTMENT OF VIROLOGY IN AUTUMN 2008

Respiratory infections

In October 2008, adenoviruses were detected in one third of positive respiratory samples. Other viruses detected were: CMV, enterovirus, herpes simplex, parainfluenza-1 and rhinovirus. All the samples were from children.

In the beginning of November, two children were diagnosed with RSV and therefore the annual RSV epidemic can be expected to start soon.

Gastrointestinal infections

Thirty-one individuals (children and adults) had a noroviral infection (calicivirus) confirmed in October 2008. Therefore it is expected that norovirus is the main cause of the frequent gastrointestinal illnesses seen in October 2008.

Thorolfur Gudnason