



DIRECTORATE
OF HEALTH

Chief Epidemiologist for Iceland

EPI-ICE

Volume 2. Issue 4. April 2006.

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PREPAREDNESS AND RESPONSE PLANS FOR AN INFLUENZA PANDEMIC

In recent years, work has been conducted under the auspices of the Chief Epidemiologist on a preparedness plan for a potential influenza pandemic. This plan is constantly being revised in accordance with recommendations from WHO and the European Centre for Disease Control and Prevention (ECDC). A Summary of the Pandemic Influenza Preparedness Plan of the Health Services (March 2006) was recently published on the web site of the Directorate of Health.

The Government of Iceland decided on 10 February 2006 to entrust to the National Commissioner of the Icelandic Police and the Chief Epidemiologist the formation of a steering group to define the assignments and functions of the co-operating parties and to introduce time

limits for civil protection operations regarding responses to the threat of a pandemic influenza.

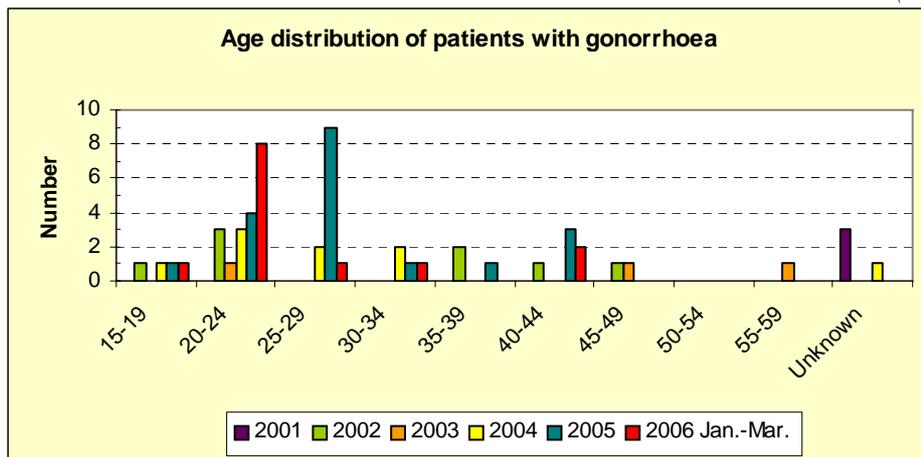
The steering group appoints a project management committee. A project manager has already been engaged to be in charge of operations and to implement the decisions of the the steering group. In addition, working groups are to be established with representatives from at least 30 institutions, federations and associations, whose assignment will be to work out a co-ordinated preparedness plan for a potential influenza pandemic in consultation with and under the direction of the steering group. The preparedness plan is supposed to be completed before June and a general exercise in responses to such a pandemic will be held in October 2006.

INCREASE IN GONORRHOEA CASES IN FIRST QUARTER OF 2006

At the Department of Microbiology of the Landspítali University Hospital (LUH) 13 cases of gonorrhoea have been diagnosed in the first quarter of this year, while the

total for last year was 19 cases, a fact that indicates a continuing rise in gonorrhoea in the country. The cases are of both domestic and foreign origin and the strains differ in

(Cont. p.2)



In the last 2 years men have constituted a majority of the patients, mostly men aged 20–29 years.

antibiotic resistance, which indicates different sources of infection.

There was also a large increase in the number of diagnosed cases between 2004 and 2005, a doubling between the two years. In the last 2 years men have constituted a majority of the patients, mostly men aged 20–29 years. Nearly all of the individuals diagnosed live in the capital area. Most of the cases are diagnosed at the Clinic for Sexually Transmitted Infections at the LUH, which is responsible for treatment and contact tracing.

An increase in cases of gonorrhoea and syphilis has been observed in many cities in other countries, particularly among men who have sex with men. It is not fully known whether the increase in Iceland originates in

this group, although the greater number of men among those diagnosed might be an indication thereof.

The main symptoms of gonorrhoea are dysuria and abnormal vaginal/urethral discharge. Approximately half of the women infected are asymptomatic whereas most of the men experience symptoms. Gonorrhoea can also be transmitted through oral and anal sex, which may result in either a sore throat or rectal discharge and pain, however, asymptomatic infections are common.

Untreated infections can lead to infertility and the bacteria can also invade the bloodstream and spread to other organs.

It is important that people are aware of this increase in gonorrhoea cases and protect themselves against infection.

MEASLES IN NEIGHBOURING COUNTRIES

In recent weeks and months measles have been diagnosed in Denmark and England. The cases in question include both children and adults, none of whom had been vaccinated against measles.

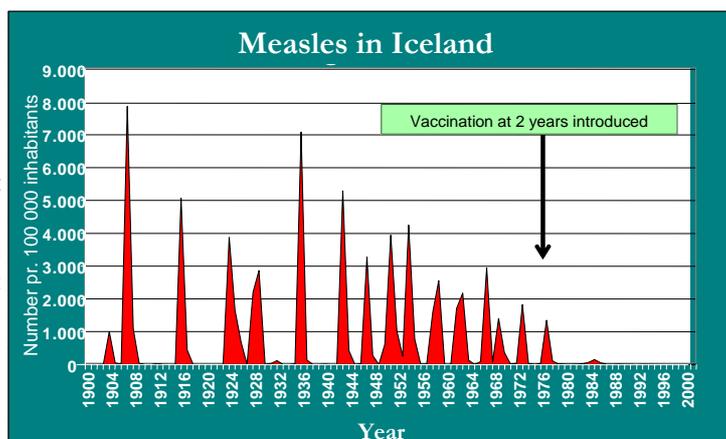
Measles can be a serious disease causing serious complications, such as meningo-encephalitis, pneumonia or death, in 10% of the cases while vaccination provides close to a perfect protection against the disease.

Should participation in vaccinations in Iceland decrease, however, it is almost certain that measles would also spread to this country. It is estimated that about 90% of all children in Iceland have been vaccinated against the disease, which at present is performed at the age of 18 months and 12 years (two vaccinations).

Vaccinations against measles

began in Iceland shortly after 1960 and in 1976 a vaccination programme for all children at two years of age was introduced. As shown in the figure below, the struggle against measles in Iceland has been very successful as a result of the extensive participation of the general public in the vaccination programme. Since 1997, there has not been a single case of measles in the country.

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MUMPS AND INFLUENZA UPDATE

In March, four patients born 1984–1986 were diagnosed with mumps. Obviously, the mumps outbreak, which has been ongoing for the past 11 months, is gradually subsiding.

Influenza seems to have reached a peak about the middle of March. This year the influenza proved to be mainly of strain B although there were also cases of influenza A (H3N2).