

# Epidemiology and surveillance of meningococcal disease in Iceland

Thorolfur Gudnason MD<sup>1</sup>, Hjordis Hardardottir MD<sup>2</sup>, Haraldur Briem MD and State Epidemiologist<sup>1</sup>  
<sup>1</sup>Center for Infectious Disease Control, <sup>2</sup>Department of Microbiology Landspítali-University Hospital

## Background

Iceland has been producing statistics on invasive meningococcal disease since 1940. Outlined here are the methods used to ascertain number of cases and conclusions that can be drawn from the pattern of incidence. MenC vaccine was introduced in 2002 and coverage is approximately 95%

## Methods

*Invasive meningococcal disease includes meningitis, septicemia and septic arthritis.*

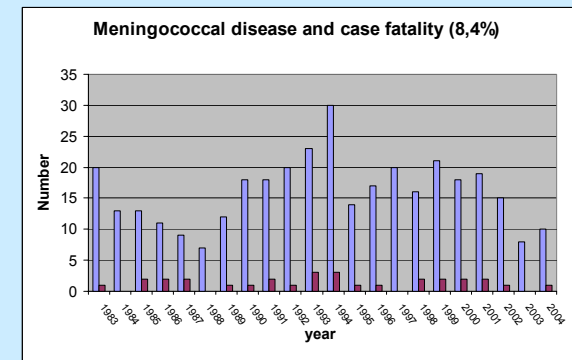
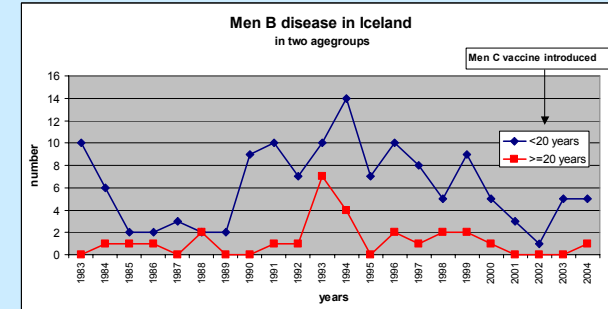
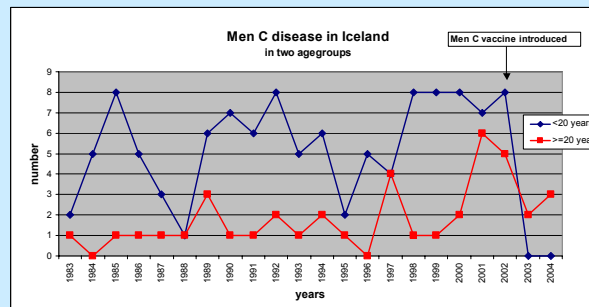
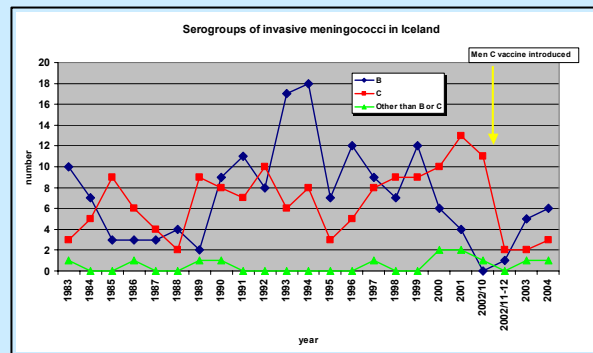
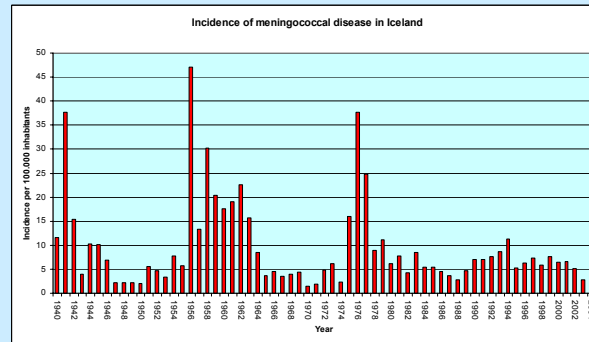
*In Iceland notification of invasive meningococcal disease is compulsory both clinically and laboratory on a national level. Information on each case includes personal identifiers, date of the disease and clinical outcome.*

*Only laboratory confirmed cases are included in the data reported.*

*Laboratory confirmation is based on one or more of the following identification methods of specimen from sterile sites: positive culture, positive PCR, latex agglutination and/or positive gram stain.*

*In October 2002 Men C vaccination (NeisVac C®) campaign was initiated in individuals <20 years of age and introduced in the National Childhood Vaccination program at 6 and 8 months of age (two doses).*

## Results



## Conclusions

The incidence of meningococcal disease has been high in Iceland with case fatality ratio of 8,4%.

Men C vaccination in Iceland has been successful

No change in epidemiology of Men B disease has been noted following the introduction of Men C vaccination