The Icelandic Health Care System

- Communicable Disease Control and Hepatitis Surveillance -

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Vital statistics (2011)

- Population: 319,000
  - 0-9 y: 14%
  - 10-19 y: 14%
  - 20-64 y: 60%
  - 65+: 12%

- Total fertility rate: 2.2

- Life expectancy:
  - men: 79.9 yrs
  - women: 83.6 yrs

- Perinatal mortality rate: 2.7
Economy of Iceland (2010)

• Iceland's GDP per capita ranked 13th of EU countries
• More than half of Iceland's GNP comes from communications, trade, and service industries and tourism
• Less dependent on fishing than before
• Aluminum smelting and ferrosilicon production is important
• Unemployment 7.6%
The Icelandic health care system

- Hospitals owned and run by the state
  - No payment by patients
- Primary care delivered from HCC, run by the state
  - Minimal payments by patients
- Specialists outside hospitals are private practitioners paid by the patients and the state
- Comprehensive
- Financed by taxation and by patients
- Most nursing homes and rehab. clinics are private
- Dentists are private practitioners
Health Care Centres
58 HCCs

- 38 Health Care Centres H2 (At least 2 doctors)
- 18 Health Care Centres H1 (One doctor)
- 28 Health Care Centre H 0 (affiliated to H1 or H2)
Hospitals

- Landspitali University Hospital, Reykjavik
  - 1000 beds

- Akureyri
  - 200 beds

- Akranes
  - 75 beds

- 17 other small institutions around the country
  - 600 beds all together
Real health care expenditure 2010 (% of GDP)
Health care expenditure 1980 – 2010
% of GDP

- Total health care expenditure
- Governmental sector
- Private sector
Communicable Disease Control

- Ministry of Health and Welfare
- The National Committee on Communicable Diseases
- Center for Health Security and Infectious Disease Control
  - Chief Epidemiologist
The National Committee on Communicable Diseases

- Advisory body – policy making
  - Appointed by the Minister of Health and Welfare
  - Creates policy on measures against communicable diseases
  - Advises on measures against communicable diseases
• **Chief Epidemiologist**
  
  – Surveillance and monitoring
    - Communicable diseases, radio-nuclear substances, chemical agents and unexpected events.
    - Keeps registers of communicable diseases, national vaccinations and antimicrobial consumption.
  
  – Response
    - Acts on the responsibility of the Minister of Health.
    - Coordinates official and public measures against communicable diseases and other health threats.
    - Supervises and organizes communicable disease control, prevention and immunizations.
    - Provides information and advice to health care workers and the public.
The reporting system

- **Notifiable Diseases**
  - Communicable diseases, diseases caused by toxic chemicals and radio-nuclear substances
  - No personal identifiers.
  - Aggregate numbers

- **Reportable Diseases**
  - Communicable diseases, diseases caused by toxic chemicals and radio-nuclear substances
  - Personal identifiers.

- **Central Registers**
  - Reportable diseases
  - Notifiable diseases
  - National Vaccinations (personal identifiers)
  - Antibiotic prescriptions (no personal identifiers)
Hepatitis Surveillance

- Reportable Diseases
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - (hepatitis D and E)
Reporting on Reportable diseases

Chief Epidemiologist

Health Care Centres

Hospitals

Private doctors

Laboratories
Hepatitis Surveillance

- Passive surveillance (acute/chronic)
- Active surveillance (chronic)
Hepatitis Surveillance

• Passive surveillance
  – Disease reporting
    • Hepatitis A (acute)
    • Hepatitis B (acute/chronic)
    • Hepatitis C (acute/chronic)
    • (hepatitis D and E)
Hepatitis Surveillance

- **Active surveillance (chronic)**
  - Hepatitis B
    - Immigrants
    - Pregnancy
    - Blood donors
    - Drug abusers
  - Hepatitis C
    - Blood donors
    - Drug abusers
    - Immigrant children
    - Pregnancy