



# NATIONAL COMMISSIONER OF THE ICELANDIC POLICE

DEPARTMENT OF CIVIL  
PROTECTION AND EMERGENCY  
MANAGEMENT



Applies to: The media, [almannavarnir.is](http://almannavarnir.is), Administration and Chief Epidemiologist's contacts.

## STATUS REPORT

Date: 26.03.2020

Time: 16:30

Location: Coordination Centre / Directorate of Health / Chief Epidemiologist

Emergency / Distress Phase: COVID-19

### Event description

Every effort is being made to distribute information and advice to the public, to public bodies and to companies. All instructions can be found on the [Directorate of Health](http://Directorate of Health) website, the [National Commissioner of the Icelandic Police](http://National Commissioner of the Icelandic Police) website and the [covid.is](http://covid.is) information website.

## Advice regarding Covid-19

Ways to get advice from nurses:

### Serious illness:

- Phone the 1700 number outside working hours
- Call your health-care centre during working hours

### Lesser illness:

- Communication through My Pages on Heilsuvera.is
- Net chat on heilsuvera.is - 8:00–22:00h

The Medical Hotline (Læknavaktin) and Heilsuvera are under a great deal of strain. We urge everyone to read the information available on the above-mentioned websites.

The number of infected persons in Iceland is now 802. 720 are in isolation, which means that 82 have recuperated. There are 459 domestic infections. 90 cases have unknown origin. 12,615 tests have been taken, of which 889 were taken over the last 24 hours. Two persons diagnosed with COVID-19 have passed away. According to data from the National Hospital, 17 patients have been admitted with COVID-19 infections, 3 are in intensive care, all in respirators. 747 individuals are under medical surveillance by the COVID-19 outpatient ward at the National Hospital. 82 individuals have recuperated and 15 have been discharged from the hospital.

Press conference no. 26, March 26<sup>th</sup> 2020

Participating in the meeting were Chief Epidemiologist Þórólfur Guðnason, Director of Health Alma D. Möller, Thor Aspelund, professor of bio-statistics at the University of Iceland, and Chief Superintendent of Police Víðir Reynisson, who led the meeting.

Dr. Möller appealed to health professionals to be careful, both inside and outside their workplaces. She informed the

meeting that a staff member at the Landakot hospital had been diagnosed with the coronavirus. One case of infection had also been detected at the “Hringur” children’s Hospital. As a result, the “Rjodrid” convalescent facility at the National Hospital’s maternity ward had been closed, to protect the facility and the people who have been using the service.

**Dr. Guðnason** informed at about 50% of new corona virus cases are coming from individuals already in isolation, which means that the measures and the methodology is working. The predictive model developed by experts at the University of Iceland, Directorate of Health and the National Hospital shows that the average increase in infections in Iceland is still among the lowest in Europe. This encourages us to continue with the measures undertaken, such as ban on gatherings and self-isolation/quarantine. Dr. Gudnason encouraged the public to continue to follow the rules and guidance – all of them will decrease the number of infections, protect vulnerable groups and decrease the intensity on health services. Dr. Gudnason expressed his confidence that these measures will show results and that the society as a whole could be successful against the outbreak. He also talked specifically about people working in the service sector; that workers there follow the issued guidelines to prevent infections – and noted that it is the employers’ responsibility to ensure that the rules are followed. Dr. Gudnason also reiterated that measures taken to prevent infections are not aimed at creating herd-immunity in the population. This concept comes from academic knowledge of immunizations and that it is too early to think about things like these. The goal is, however, to decrease infections over time, but that only by decreasing the number of infections, the outbreak would come to an end – we need to flatten the famous curve, said Dr. Gudnaon.

He also informed the meeting that viral swabs had been found at the National Hospital, and also that a delivery of such swabs had arrived in Iceland.

**Professor Thor Aspelund** introduced the results of the predictive model, that has been designed to track the evolution of the outbreak. He said that the model and the methodology is accepted among epidemiologists, but also said that the results should be taken with caution – as the model is mathematical. Further information about the model and the results are available at [www.covid.hi.is](http://www.covid.hi.is) where all underlying data is to be found. The model is now based on the status as of March 25, 669 active infections (all infections, less individuals who have recuperated), persons admitted to hospitals and persons in intensive care. He said active infections will reach an apex and then start on downward curve – that is a realistic development seen in other outbreaks. The model tries to project likely progress over the next three weeks and the results should be able to help and guide the response by civil defence and health authorities. Experts at the National Hospital are members of the team developing the model. A special team there tracks the flow of patients through the hospital and that knowledge is useful for the model, said Professor Aspelund. The goal is to develop knowledge of the likely strain on the health care system at any given point in time, and to be able to predict what will happen in the near future. We also need an assessment on when the outbreak reaches its apex, but also when we can expect society to regain normalcy. Will that be after Easter? Will the summer be as we expect? The model is based on logarithmic progress of the outbreak and takes notice of the progress in other countries. Even though the outbreak develops differently between countries, its progress is comparable everywhere. This allows us to use data from other countries to predict the progress here. Professor Aspelund pointed to fluctuations in the three forecasts already made public. The first one was high, the second one low, and the third was in between. He said that this was to be expected in the science, but that these fluctuations would decrease as the outbreak progresses. The model will be updated 2 or 3 times every week but will not be published every time. The worst-case scenario was done relatively quickly and more stringent measures were taken. The latest results of the model suggest that this was the right decision – and that supports the continuation of these measures. Professor Aspelund explained that late measures – or no measures at all, would mean an uncontrollable logarithmical increase in infections. That progress starts out relatively slowly, but increases very fast – as has been seen for example in New York state in the US. The goal here in Iceland has been to constrain the increase, i.e. lower the curve – and that has been successful. This is why the increase here in Iceland has been constrained. We still have one of the lowest rate in Europe, when it comes to average increase of infections. At the same time we, along with the Faroese, take the most tests, proportionally. The test results here in Iceland show that the age variations among infected individuals is advantageous – because most of the infected cases are in younger age-groups, whereas in other countries, more people in older age groups have been infected and have fallen seriously ill. If more older people get infected, that will lead to more strain on the health care system. Professor Aspelund said that infections will likely remain in accordance with the demographic age-groups. The current version of

the model predicts that the apex of the outbreak will happen shortly before Easter, just like in Italy. Together, we can slow the rate of the outbreak and reduce infections between age-groups said Professor Aspelund.

## Information sharing

### The website [www.covid.is](http://www.covid.is)

The website contains information about the COVID-19 disease, possible impact on various population groups, mitigation and response guidelines, and measures taken by authorities in Iceland due to the disease. Furthermore, it comprises statistical information obtained from the database at midnight and published around 13:00 following day. The website is in constant development and its content is regularly updated. Information on the website is available in several languages, including English, Polish, Arabic and Spanish.

### Upcoming:

- Press conferences will be held every day at 14:03 GMT.
- The next COVID-19 coordination meeting will be held on Friday 27. March at 9:00h.

### Consultation process and various information

- **All Icelandic residents** who have been abroad and are returning home on 19 March or later will have to go into quarantine for 14 days.  
What [you need to know about Coronavirus – COVID-19](#)
- Press release from the Minister of Health: [Stricter measures enforced in Iceland: Ban on gatherings of more than 20 people](#)
- [Strict measures to contain the spread of COVID-19 in Iceland](#)
- [Regional solidarity stressed at Nordic and NB8 conference call](#)
- All those who are currently in quarantine can now enter their information at the heilsuvera.is website and receive a certificate attesting thereto. The certificates are free of charge. Please note that in order to register information at heilsuvera.is, you need to have an electronic certificate.
- Defined [areas with risk of infection](#)
- [Information posters](#)
- The Ministry of Industries and Innovation, along with MAST and the Icelandic Veterinary Association have set up a reserve team of veterinarians to render veterinary services
- [Information for travellers](#)
- Guiding criteria on how to interpret the advertisements regarding the limiting of public gatherings due to the epidemic and limitations of school activities with regard to sports and leisure activities for children, young people and adults.
- Schools, preschools and sports clubs have made detailed plans for the next several days and weeks, in order to follow the Minister of Health's instructions on limiting school activities and gatherings. An English translation is under way.
- [Icelandic government announce a response package to the COVID – 19 crisis](#)
- The government passed a Bill on the right to unemployment compensation benefits to make up for reduced working hours due to a temporary slowing down of companies' economic activities.
- It will be possible to send in applications for unemployment compensation benefits to make up for reduced working hours due to a temporary slowing down of companies' economic activities, at the [Directorate of Labour's website](#). This is a temporary situation that will hopefully only last a short time. It is important to maintain the employment relationship in order not to lose knowledge. Instructions on the website are in Icelandic, English and Polish. Questions and answers can also be found on the website. General applications for

unemployment benefits on the website have also been simplified. Answering services in Polish are available from 13:00 to 15:00h and there is a calculator on the website where you can calculate the reduced work percentage and get an estimate of income. Work is going on both through the internet and over the telephone. Contractors and the self-employed can apply through “My pages”. A certificate of reduced operating activities from Iceland Revenue and Customs must be turned in.

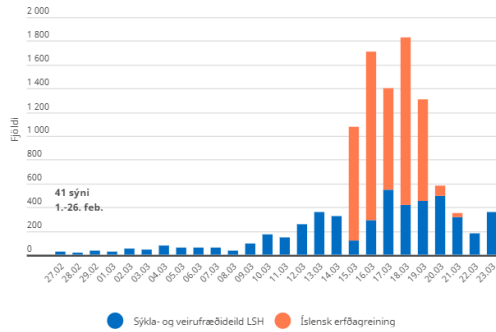
- **Heilsuvera.** More and more people have been contacting health-care workers through the heilsuvera.is website, where it is possible to sign in with electronic identification certificates and communicate with health-care workers. Heilsuvera received a total of 805 inquiries through its net chat yesterday.
- The Heilsuvera website now includes **registration of quarantining via electronic certificate**. It can also issue quarantine certificates. [How does quarantine work](#). Those who do not have an electronic certificate must use other means of contact. See more information in the news item. A translation into English and Polish is under way.
- See [the Director of Health’s orders to cease elective surgeries](#) in order to make it possible to care for COVID-19 patients as well as render all other necessary health-care services.
- Information regarding the outcome of sampling by deCODE Genetics can be accessed through the Heilsuvera website under the “Samskipti” menu. Sign-in is by electronic certificate.
- [Instructions for home- based quarantine](#)
- The University of Iceland’s statistical predictions are published on the website [www.covid.hi.is](http://www.covid.hi.is)



### COVID-19 á Íslandi - Tölfræði

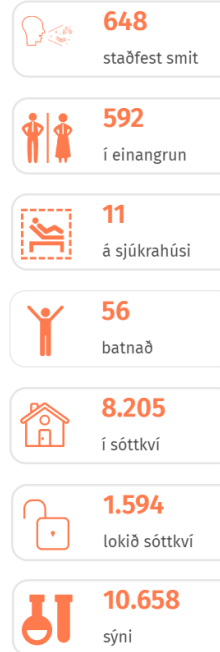
- Upplýsingar á síðunni eru sóttar úr gagnagrunni á miðnætti.

#### Fjöldi sýna eftir dögum

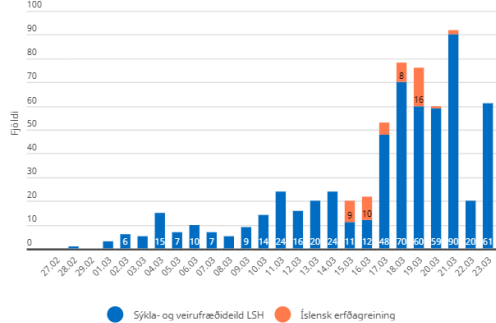


Download data

#### Heildartölur



#### Fjöldi smitaðra eftir dögum



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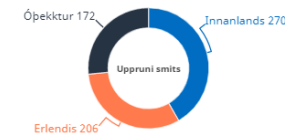
Af þeim sem greint hafa með Covid-19 á Íslandi eru tvö látin.

#### Fjöldi smitaðra eftir kyni



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#### Uppruni smits



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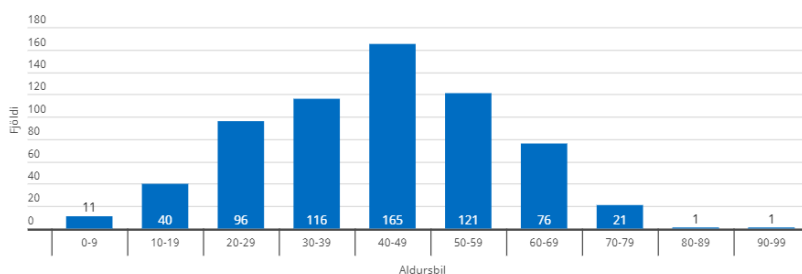
#### Smit / sóttkví eftir landshlutum



	Smit	Sóttkví
Höfuðborgarsvæði	509	4740
Suðurnes	30	420
Suðurland	74	963
Austurland	1	117
Norðurland eystra	8	356
Norðurland vestra	14	396
Vestfirðir	1	201
Vesturland	4	249
Óstaðsett	7	760
Útlönd	0	3

Download data

#### Fjöldi smitaðra eftir aldri



## Coronavirus – Global spread

According to Johns Hopkins, **495,086 individual cases** of COVID-19 have been confirmed today and **22,295 individuals** have died. **119,978 individuals** have already recovered from the illness. There has been a boom in the distribution of the virus throughout Europe. The ECDC has raised its risk assessment to a risk of a moderate to high threat to public health. Cf. the European Centre for Disease Prevention and Control (ECDC) website for information on the development in each country. Cf. the ECDC risk assessment.

### The Ministry for Foreign Affairs' Consular Service

During the period from March 14 to March 25, the Foreign Ministry's Consular Services processed nearly 3500 inquiries over telephone, email and through social media. Information was regularly sent to the nearly 11.000 individuals abroad who had registered on the Foreign Ministry's homepage.

Of the ca. 11.000 individuals, about 7000 are thought to have returned to Iceland, and that about 4000 are still abroad. Of the 4000 still abroad, we estimate that 890 are planning their return in the next 2 weeks. About 2500 have not announced a date of return, so it is reasonable to assume that many plan to stay abroad.

The Consular Service is working closely with the other Nordic Consular Services to monitor the availability of flights to the Nordic countries so as to be able to render assistance to any residents of the Nordic countries who are at risk of being stranded, especially in more distant countries.