Psittacosis in Vlaanderen

Up to December 31 2002, the sentinel laboratories reported 22 cases of *Chlamydia psittaci* (psittacosis) for the whole year 2002, compared to an average of 12 cases in the previous three years (figure 1). These 22 cases must be considered as probable cases and most diagnoses are based on a positive immunofluorescence or a high serological titre (clinical information is needed to confirm psittacosis). A pneumonia syndrome is however reported for 6 of them. The average age of patients is 55 years and 57% of cases are males. The geographical distribution is as following: 17 cases in Vlaanderen (74%), 3 cases in Wallonie and 2 cases in Brussels. This higher proportion in Vlaanderen may be the result of an over-representation, due to a better detection of the disease and the high coverage of one sentinel laboratory near Antwerpen. Six cases reside in the same postcode area in Mechelen arrondissement. Further investigation is needed to assess whether there exist a common source linked with domestic bird activities.

This disease, also ornithosis or Parott fever, presents more often as non-specific, influenza-like infection. Severe pneumonia, endocarditis and encephalitis are not uncommon. Many infections are probably not diagnosed. Infection is by inhalation of desiccated secretions of infected birds, and the main persons at risk are those having frequent contacts with domestic birds. Prevention consists mainly in the control of potentially infected birds. Effective treatment is with antibiotics of the tetracycline group, given for 10-14 days. Psittacosis is a notifiable disease in the three regions of Belgium.

---

**Figure 1: Distribution of *C. psittaci* per year, 1995-2002**

Data from IPH Sentinel Laboratory Network
IN EUROPE

Ricin alert in the United Kingdom

On 7 January 2003 the Police and English health authorities informed the public that seven people had been arrested in London on 5 January for terrorism. Material has been found on the same day in a residential premises tested positive for the presence of ricin poison. A letter was sent the same day to all members of the National Health Service.

Exposure to ricin may be via ingestion, inhalation or injection. The onset of symptoms may be delayed for several hours after exposure, and can include irritation, gastroenteritis, conjunctivitis, respiratory symptoms, seizures, fluid loss leading to tachycardia, allergic reactions etc. The early stages of ricin intoxication are difficult to distinguish from those of some infections. Treatment is symptomatic and supportive only. Ricin is considered to be one of the chemical warfare options available to bioterrorists if used in aerosols or injected. Source: Eurosurveillance weekly, Vol 7, issue 2, http://www.eurosurveillance.org/ew/index-02.asp. Further information is available on the UK government website: http://www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0008

Norovirus infections in the United Kingdom

In England & Wales, the number of confirmed cases of norovirus infection doubled over the last 12 months to reach their highest ever level. There were 3029 confirmed reports of norovirus infection during the first 10 months of 2002, according to the Public Health Laboratory Service [PHLS]. This compares with 1604 during 2001 and is higher than the previous peak year (1996) when 2437 cases were confirmed. The PHLS also noted that most of the extra cases last year were among the elderly: 68 percent of all cases were in people aged 65 or over. Since 1992, more than 3/4 of norovirus outbreaks reported to the PHLS occurred either in hospitals or residential homes. The virus is easily spread through the air when people are sick, through contaminated toilets or in food and drink.

According to the PHLS, the rise in the number of confirmed cases did not necessarily mean that incidence of the disease had increased. Increased awareness of the virus and better diagnostic methods could also be factors in the rising number of confirmed cases. Source: http://www.promedmail.org

IN THE REST OF THE WORLD

Pertussis in Afghanistan

As of January 8, WHO has reported 115 cases and 17 deaths from pertussis in Khwahan district, northeastern Afghanistan. A team consisting of health workers from the Afghan Ministry of Health, WHO and the Aga Khan Development Network have been flown to the field on an Afghan Ministry of Defense helicopter. Extra supplies of erythromycin,
vaccines, and vaccination equipment will be sent by the UN. Source: WHO