Meningococcal disease update

In the month of January 2003, 19 cases of meningococcal disease have been reported by the IPH reference laboratory, including 6 from serogroup C and 13 from serogroup B. Ten cases have been reported in Wallonie residents (3 serogroup C) and 8 cases have been reported in Vlaanderen residents (2 serogroup C). One case of serogroup C has been reported in Brussels.

On February 6, the Flemish Minister of Health Mieke Vogels declared in a press release that the number of meningococcal disease serogroup C in Vlaanderen decreased by 50% due to the vaccination, from 134 reported cases in 2001 to 61 in 2002. Around 400,000 children and adolescents of Vlaanderen belonging to the age groups 1-5 years and 13-17 years have been vaccinated in 2001 and 2002 through the campaign organized by the Flemish Community. Immunization of other age groups is planned in 2003 and 2004 to cover the entire cohort 1-18 years before the end of 2004.

Analysis of serogroup C cases per age groups however suggests that the natural tendency of the disease in Belgium has been to decrease in 2002: the number of cases among adults (above 20 years) has decreased by 47% from 2001 (N=55) to 2002 (N=29) although this age group has not been targeted by immunization (figure 1) – and herd immunity is not considered to be significant for meningococcal vaccination.

![Figure 1: Meningococcal serogroup C in Belgium Distribution of cases per age group](image)
In Vlaanderen, a higher decrease is observed: a 58% drop is reported in the number of serogroup C cases in those above 20 years (from N=40 in 2001 to N=17 in 2002). However a greater and steeper drop (- 68%) is observed in the age group the most targeted by the campaign, the 1-4 years (from N=31 in 2001 to N=10 in 2002) and the incidence reached in 2002 is below the one observed in 1999 and 2000. In conclusion, the significant decrease of serogroup C cases observed in Belgium seems to be due to the conjunction of the vaccination campaign and a natural decreasing evolution. Further research is needed to disentangle the relative impact of the campaign and the suggested natural evolution. *Note that figures by age group may slightly differ from reports from the Reference Laboratory due to different age calculation methods.* Sources: F. Carion, IPH Reference Laboratory Center and the press release of Minister Vogels (http://www.miekevogels.be/actueel.asp?id=118)

**IN EUROPE**

**Imported case of Lassa fever in United Kingdom**

A case of Lassa fever has been confirmed in a British soldier returned from Sierra Leone, West Africa by virological tests performed at the Enteric, Respiratory and Neurological Virus Laboratory at the Central Public Health Laboratory, London, United Kingdom. He is currently being treated at the high security infectious diseases unit in London. Since 1970, there have been at least 16 cases of Lassa fever imported into Europe or North America; in none of these has onward transmission to another person been reported. Source: WHO, http://www.who.int/csr/don/2003_02_10a/en/ and Promed http://www.promedmail.org

**IN THE REST OF THE WORLD**

**Meningococcal disease in Burkina Faso**

In the week of 26 January - 2 February 2003, the Burkina Faso Ministry of Health has reported 369 cases of meningococcal disease including 58 deaths in the country. Of the 53 districts in Burkina Faso, 4 districts have reached the epidemic threshold. Of a total of 28 specimens collected in 3 districts, the National Public Health Laboratory has confirmed *Neisseria meningitidis* serogroup W135 in 10 samples, *Streptococcus pneumoniae* in 8 and *Haemophilus influenzae* type b in 4. WHO with its partners is working to provide Burkina Faso with the trivalent vaccine recently made available. This vaccine, which covers *Neisseria meningitidis* serogroups A, C and W135, will be used to respond to the needs of countries in the African meningitis belt. Source: WHO http://www.who.int/csr/don/2003_02_07/en/

**Outbreak of skin infections in jails**

A painful skin infection not treatable with most common antibiotics is spreading through the Los Angeles County jail system, affecting more than 1000 inmates in the last year and causing at least 57 hospitalizations. Health officials believe that the outbreak of drug-resistant *Staphylococcus aureus*, is the largest of its kind in any of the nation's
correctional systems. By comparison, a similar outbreak in Mississippi prisons in 1999-2000 infected 59 inmates.

For months, the Los Angeles infections were misdiagnosed as spider bites and jail officials brought in exterminators. The infection causes boils, deep skin abscesses and widespread surrounding inflammation. Most of the 57 inmates hospitalized in the first 8 months of 2002 had aggressive skin infections that required intravenous antibiotics or the surgical removal of tissue. Source: Promed [http://www.promedmail.org](http://www.promedmail.org).