IN BELGIUM

Worldwide alert on Severe Acute Respiratory Syndrome (SARS): Belgian measures

Following the worldwide alert on Severe Acute Respiratory Syndrome (SARS) launched by the WHO on March 15 (see “In the rest of the world” below), the Belgian Ministry of Public Health has recommended a number of preventive measures to control its possible spread in Belgium. As this health problem concerns primarily travelers from South East Asia, airport services have received on Sunday 16 March detailed information and instructions on the management of suspect cases. An information sheet will also be distributed to travelers from South East Asia. Travel to Asia is not restricted but persons traveling to SAR Hong Kong, the Province of Guangdong of China, Vietnam or Singapore should be aware of the major symptoms of SARS, and of the need to report promptly to a physician in the event that they fall ill during their travel or after returning home. A letter has been sent on Sunday 16 March to all Belgian hospitals, with information on the disease and recommendations on protective measures, management and notification of cases. A new letter with updated information and recommendations will be sent to hospitals at the end of this week. General practitioners are also being informed through the medical press on case detection and protective measures. See WHO case definition below for the detection of suspect cases. Information to the general public and to health professionals is available on the Ministry of Public Health website (http://www.health.fgov.be/).

Case definition for SARS (updated 18/03). Source: WHO

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<th>Suspect</th>
<th>Probable</th>
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<td>A person presenting after 1 February 2003 with history of high fever (&gt;38°C) AND One or more respiratory symptoms including cough, shortness of breath, difficulty breathing AND one or more of the following: - close contact, within 10 days of onset of symptoms, with a person who has been diagnosed with SARS (i.e. having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids) - recent history of travel, within 10 days of onset of symptoms, to an area in which there are reported foci of SARS transmission.</td>
<td>A suspect case with chest x-ray findings of pneumonia or Respiratory Distress Syndrome OR A person with an unexplained respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of Respiratory Distress Syndrome without an identifiable cause.</td>
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Comments: In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhea.

http://www.who.int/csr/sars/casedefinition/en/
The European Commission (Health Directorate-General) has convoked member states to an extraordinary meeting on March 18 to discuss coordination of measures with reference to this severe acute respiratory syndrome.

Sources: WHO [http://www.who.int/csr/], IPH, Ministry of Public Health and Health Warning Unit from the Federal Public Service of Health. For further information, contact the press service of the Minister of Public Health (0476 24 87 40). For further scientific information: Dr R. Snacken (Fr) rene.snacken@minsoc.fed.be or Dr M. Van Ranst (NL) marc.vanranst@uz.kuleuven.ac.be.

**IN EUROPE**

Additional cases of conjunctivitis due to avian influenza in the Netherlands

Up to March 17, 31 patients have been suffering from conjunctivitis after having been involved in the culling of poultry flocks infected with avian influenza in the Netherlands. From these patients, 19 have been confirmed to be infected with the same virus as the one involved in the current avian influenza outbreak (influenza A/H7N7). In general, recovery seems complete. One case of human-to-human transmission has been reported. After further investigation and case finding, preliminary data suggest that 75 out of 1100 exposed persons have had eye complaints during the course of the epizootic.

These developments have led to additional special measures. Beginning March 15, the poultry-culling personnel are obliged to take anti-viral prophylaxis to prevent infection. The preparation will also be offered to people working or living on infected or suspected premises. To further decrease the risk to public health, it has been decided that the group of flu-vaccinated people will be enlarged to all residents and workers in plants situated within the protection-zone of 3 km around the infected premises. Source: Promed [http://www.promedmail.org](http://www.promedmail.org)

**IN THE REST OF THE WORLD**

Worldwide alert on Severe Acute Respiratory Syndrome (SARS)

As of 19 March 2003, the WHO has received reports of 264 suspected or probable cases and 9 deaths of Severe Acute Respiratory Syndrome (SARS), an atypical pneumonia of unclear etiology, since 26 February 2003. SARS was first recognized in Hanoi, Viet Nam and has then spread to other countries, causing a multi-state outbreak. WHO has received reports from 10 countries up to March 19: Canada, China, Germany, Singapore, Slovenia, Spain, Thailand, the United Kingdom, the United States of America and Viet Nam. Suspect cases have also been reported in other European countries by other channels.

The main symptoms and signs include high fever, cough, and shortness of breath or breathing difficulties. A proportion of patients with SARS develop severe pneumonia; some of them have needed ventilator support. The majority of cases were people who have had very close contact with other cases and over 90% of cases have occurred in health care workers. There is no evidence to date that the disease spreads through casual contact.
Preliminary findings suggest a viral cause. Research teams at two laboratories, in Germany and Hong Kong SAR, have detected particles of a virus from the Paramyxoviridae family in samples taken from SARS patients. This virus family includes many common, well-known agents associated with respiratory infections, such as respiratory syncytial virus, mumps and measles. However, firm conclusions about the causative agent are premature and further studies are needed.

Chinese authorities have issued a summary report on an outbreak of what may be the same or a related disease that began in Guangdong province in November and peaked in mid-February. The Chinese report, which includes data on more than 300 cases, is presently undergoing analysis.

WHO has stepped up several activities aimed at strengthening the international response. An international multicenter effort has been launched to identify the causative agent, involving 11 laboratories in 10 countries. Source and further information: WHO on http://www.who.int/