IN BELGIUM

Syphilis in Belgium: update

In 2001, an increase of active syphilis cases has been observed in Belgium, particularly in Antwerp. Reports of clinicians to the Antwerp health inspection increased largely and a retrospective study undertaken by the IPH in the network of sentinel laboratories revealed a 3.5-fold increase in the number of laboratory-diagnosed cases, from the first trimester 2000 to the same period in 2001. In order to monitor this alarming rise, the IPH network of sentinel laboratories has included active syphilis in its routine surveillance, from October 2001 onwards. Cases of active syphilis have been defined as a RPR or VDRL > 1:4 and a positive treponemal test (TPHA or FTA).

On the 124 laboratories involved in the network in 2002, 12 of them have reported cases of active syphilis. For the whole year 2002, 114 syphilis cases have been reported, of whom 91% were male (figure 1). 45% of cases were resident of the Antwerp province (N=51). No significant increase over time can be observed during this period.

Another surveillance system developed by the IPH, a sentinel network of clinicians (gynaecologists, dermatologists, urologists, GPs and STD clinics), is collecting STD data during 4 months per year. This system reported an increase in clinical syphilis from

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October 2000 - January 2001 (N=4) to October 2001 – January 2002 (N=16), exclusively among males. This increase was largely attributed to infections occurring in men having sex with men (77% of diagnosed cases in October 2001 – January 2002).  

Source: IPH sentinel laboratory network and IPH STD sentinel network. Follow up at the IPH: G. Hanquet and A. Sasse. Further information on syphilis in Belgium will be available in the next number of the “Epidemiologisch Bulletin van de Vlaamse Gemeenschap”, to be published soon (Nr 43, 2003/1).

**Severe Acute Respiratory Syndrome: update of measures in Belgium**

Following new developments regarding the Severe Acute Respiratory Syndrome (SARS), an update on the situation and recommendations has been sent to all Belgian hospitals on March 21. A letter has also been sent to all general practitioners on the same day. Suspect and probable cases (see case definition in previous issue) must be notified to the health inspectors of the Belgian Communities and to the Health Warning Unit from the Federal Public Service of Health. Information to the general public and to health professionals is available on the Ministry of Public Health website (http://www.health.fgov.be/). See further information on SARS below, under “In the rest of the world”. Source: Ministry of Public Health and IPH.

## IN THE REST OF THE WORLD

**Severe Acute Respiratory Syndrome (SARS) worldwide: update**

As of March 26, 1323 suspect and probable cases of SARS, including 49 deaths, have been reported to the WHO. This number includes 792 cases of the province of Guangdong in China (cases previously not taken into WHO SARS reporting) and 531 from other areas, including 18 deaths. European countries reporting cases are France (1), Germany (4), Italy (3), Ireland (2), Switzerland (2) and United Kingdom (3). No local transmission has been described in Europe. The number of cases reported in Hong Kong severely increased in the last days.

The etiological agent is still unclear. A laboratory in a new network set up on 17 Mar 2003 by the WHO has succeeded in growing, in cell culture, an infectious agent that might be the cause of severe acute respiratory syndrome (SARS). WHO cautions, however, that the number of patients in the test was small and more work needs to be done. This infectious agent resembles the morphology of a Paramyxovirus. Scientists cannot, however, be certain about the identity of the virus, which may indeed be a new Paramyxovirus or another virus with a similar morphology. The Hong Kong scientists have devised a basic test, relying on the technique of neutralizing antibodies from patients. On the other side, CDC announced on 24 Mar 2003 that laboratory analysis had identified a previously unrecognized coronavirus in patients with suspected or probable SARS. Information is so far insufficient to determine what roles these 2 viruses might

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play in the etiology of SARS. Sources: Promed http://www.promedmail.org and WHO http://www.who.int

Wild poliovirus type 2 reference strains isolated in India

Wild poliovirus type 2 (wP2) circulation has not been detected globally since October 1999. In mid-December 2002, wP2 isolation was reported from a stool specimen collected on 24 Nov 2002 from a case of acute flaccid paralysis (AFP) in Western Uttar Pradesh, India. Since then, an additional 4 wP2 were reported from AFP cases in the same region and one from Gujarat. A joint Government of India and WHO investigation has been initiated to determine the source of the viruses in the specimens. Concurrent with this investigation, plans will be developed to assess and strengthen laboratory containment procedures in India. Already planned large-scale immunization rounds in northern India will be carried out in April and June, following the national immunization rounds in January and February, as part of polio eradication activities in India. Source: Promed http://www.promedmail.org