IN BELGIUM

Meningococcal disease in Belgium: update

The IPH meningococcus reference laboratory reported 24 cases of meningococcal disease in April 2003, including 15 cases of serogroup B, 7 of serogroup C and one from serogroup W135. Data reported by the reference laboratory during the first 4 months of 2003 confirm the clear decrease of meningococcal C disease in Belgium, compared to similar periods in previous years (figure). Analysis per region however indicates that this decrease is only significant in Vlaanderen (figure).

The most plausible hypothesis to explain this decrease is the impact of the vaccination campaign that has been undertaken in Vlaanderen since November 2001 and that has been expanded in 2002 and 2003 to a larger age range (currently available to 1-6 years and 10-18 years). Further analysis, including per age group, needs to be undertaken to estimate the impact of the vaccination campaigns in the different regions. Sources: F. Carion, IPH Reference Laboratory (http://www.iph.fgov.be/Bacterio/mening.htm) and Informatie van de Vlaamse Overheid (http://www.wvc.vlaanderen.be/meningitis/vaccinaties/index.htm).

Severe Acute Respiratory Syndrome (SARS) in Belgium: update

The last suspect case reported in Brussels in a person coming back from China has tested negative with the PCR coronavirus test performed at the laboratory of virology of the KULeuven. No other aetiology has yet been found. The patient has fully recuperated.
Travel advices have not been modified: travellers are still advised to postpone all but essential travels to China (including Hong Kong SAR and Taiwan).

Since the number of calls related to SARS decreased, the SARS call centre will be closed. Questions related to travel will be answered directly by the Federal Public Service (FPS) of Foreign Affairs (02/501.81.11); medical questions can be addressed to the Health Warning Unit from the FPS Public Health (Cellule de Vigilance Sanitaire or Cel Medische Bewaking, 0476/605.605). A list of answers to “Frequently asked questions” (FAQ) is also to be found on the website of the FPS Public Health. Sources: IPH and FPS Public Health (http://www.health.fgov.be/).

**ELSEWHERE IN EUROPE**

**Avian influenza in Europe: update**

In the Netherlands, 2 new farms were diagnosed as infected with Influenza A H7N7 on May 16. This makes a total of 254 infected farms, of which 22 are from pet animals. There is still one highly suspected poultry farm in Kelpen. The existing restrictive measures related to poultry product transport and sales have been extended until 30 May 2003. In Belgium, the restrictive measures will be limited to the provinces of Antwerp and Limburg, from 27 May onwards. In Germany, the measures adopted by the European Commission have been confirmed and extended until 30 May 2003, with some new exceptions for transports within Germany. Source: Promed (http://www.promedmail.org)

**IN THE REST OF THE WORLD**

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

Up to May 21, WHO reported a cumulative total of 7919 cases of which 662 deaths. 66% of all probable cases occurred in China, 22% in Hong Kong, 5% in Taiwan and 3% in Singapore.

On May 14, Canada, Toronto has been removed of the WHO list of areas with local transmission as the last locally acquired case was reported on April 20. On May 20, the Philippines has been removed as well from same list. Areas with recent local transmission currently are Beijing, Guangdong, Hebei, Hong Kong, Hubei, Inner Mongolia, Jilin, Jiangsu, Shanxi, Shaanxi, Tianjin, Taipei (China) and Singapore.

A SARS meeting organized by the WHO on May 16-17 in Geneva concluded that no reports indicate that persons without symptoms have transmitted the disease, there is no evidence that SARS has an animal host or reservoir in the environment, the maximum incubation period is 10 days, the overall mortality is 14 to 15%, with wide variations according to age, sex, the presence of another disease and treatment protocols. It also recommended that persons with an acute febrile illness should no travel. Sources: WHO (http://www.who.int) and Promed (http://www.promedmail.org)