IN BELGIUM

Gastro-enteritis outbreak in a school in Ganshoren

On 12 June 2003, 7 children of a school in Ganshoren became rapidly ill after eating their sandwiches. They all belong to the same kindergarten class. Onset of symptoms was observed around 1:30 PM and started around the same time for all 7 children (all within the same 30 minutes). The main symptom was severe vomiting; mild diarrhoea was observed in a few children and no fever was reported. Emergency services were called, 4 children received IV fluids on the spot and all 7 children were admitted to the hospital.

On 13 June, all children recovered and left the hospital. Preliminary information suggests a food borne intoxication, probably toxin-related due to the rapid onset. Epidemiological and laboratory investigations are under way, carried out in collaboration by the Brussels health inspection (CCC/GGC), the food health agency (AFSCA/FAAV), the IPH and the Pasteur Institute of Brussels. Food samples and samples of gastric fluids of four patients are currently being analyzed by the Pasteur Institute of Brussels, Unit Antibiotic Research; results are awaited in the near future. Sources: IPH and CCC/GGC. Follow up at the IPH: Dr E. van Cleemput.

Severe Acute Respiratory Syndrome (SARS) update

No new suspect or probable cases have been notified in Belgium in the last weeks. Travel advices have been completely lifted: since June 24, there is no advice to postpone travels to any geographical area. Source: Federal Service of Public Health (http://www.health.fgov.be/AGP/devices_alert/SARS/FR/SARS-frame_index.html or http://www.health.fgov.be/AGP/devices_alert/SARS/NL/SARS-frame_indexNL.html)

IN THE REST OF THE WORLD

Plague in Algeria

As of 23 June 2003, the Ministry of Health, Algeria has reported a total of 10 cases, including 1 death, of bubonic plague in a village close to Tafrroui, on the outskirts of Oran. Cases have been treated with antibiotics and preventive measures have been taken. The WHO is working with the Ministry of Health to provide rapid diagnostic tests and technical support. Source: WHO (http://www.who.int/csr/outbreaknetwork/en/) and Promed (http://www.promedmail.org). For more information on plague: http://www.who.int/inf-fs/en/fact267.html

Severe Acute Respiratory Syndrome (SARS) worldwide: update

Up to June 24 2003, a cumulative number of 8458 probable cases including 807 deaths have been reported by the WHO. The number of new probable cases is still decreasing.
Since June 18 only 11 new probable cases have been reported of which 4 in the US, 5 in Canada and 2 in Taiwan.

Areas with recent local transmission are limited to Toronto and Taiwan. WHO advices to postpone all but essential travel to certain areas have been completely lifted: on June 23 Hong Kong has been removed from the list and on June 24 Beijing as well.

June 19 marked the 100th day since WHO first alerted the world, on 12 March, on the SARS threat. The number of cases passed 4,000 on April 23 and then rapidly soared to 5,000 on April 28, 6,000 on May 2 and 7,000 on May 8, when cases were reported from 30 countries. During the peak of the global outbreak, near the beginning of May, more then 200 new cases were being reported daily. Detection of new infections subsequently slowed, passing 8,000 on May 22. During June, the number of new cases has gradually dwindled to the present daily handful. Although SARS is clearly coming under control, the need for continuous vigilance is now greater than ever. However, because of the many unanswered question, particularly concerning the origins of the virus and the contribution of environmental contamination to overall transmission, the WHO considers the need for at least a full year of surveillance to determine whether the disease has established endemicity and to ensure that no cases have spread, undetected, to countries with poor surveillance and reporting systems. If the disease has not become endemic, the next big hurdles will concern the questions of a possible animal reservoir and possible seasonal recurrence.

One of the most important questions for the future is whether SARS can be eliminated or eradicated from its new host. First, an effective intervention capable of interrupting transmission, ideally a vaccine, must be available. Second, easy to use diagnostic tools are needed with sufficient sensitivity and specificity. Finally, infections of humans must be essential to the life cycle of the causative agent. Existence of an animal reservoir greatly complicates eradication. Sources: WHO (http://www.who.int) and Promed (http://www.promedmail.org).