IN BELGIUM

Imported malaria in Belgium

In the first semester of 2003, 118 cases of imported plasmodium infections have been reported in Belgium by the IPH sentinel laboratory network – which covers around 55% of Belgian microbiology laboratories. The geographical distribution of the residence of cases is as following: 68% in Vlaanderen (N=65), 26% in Wallonia and 17% in Brussels. Eighty of these cases (68%) have been detected by the Institute of Tropical Medicine (ITM) in Antwerp, which is the National Reference Laboratory for plasmodium. In total, 23 laboratories in Belgium have detected at least one case in 2003.

This number of cases is stable compared to previous years. In 2002, 299 cases have been reported during the whole year, including 106 in the first semester. Every year, around 300-400 cases are detected, with more than 80% of known origin of infection being in Africa. Analysis of the plasmodium species, which is reported for 60-70% of the cases, reveals that the majority of infections is due to Plasmodium falciparum.

These data highlights the need for travellers to protect themselves against malaria when travelling to endemic countries. Useful advises are to be found on the ITM website (travel health) at http://www.itg.be/itg/Site/redirect.asp?FD=General&L=E&FP=generalpage.asp?wpid=31&miid=34

Source: IPH sentinel laboratories. Further details on malaria can be found in the 2002 sentinel laboratories annual report: http://www.iph.fgov.be/epidemio/epifr/plabfr/plabanfr/g11frlv.pdf (French) and http://www.iph.fgov.be/epidemio/epinl/plabnl/plabannl/g11nllv.pdf (Dutch)

ELSEWHERE IN EUROPE

The European Commission proposes a European Centre for Disease Prevention and Control

On July 23, the European Commission adopted a proposal to create a European Centre for Disease Prevention and Control. The Commission wants to substantially reinforce the means to control communicable diseases effectively in Europe. The structure of the existing EU network on communicable diseases, managed by the Commission and based on ad hoc cooperation between Member States since 1991, is simply not efficient enough to protect the EU’s citizens sufficiently against threats to their health posed by communicable diseases, including the possibility of the deliberate release of infectious agents (“bio-terrorism”). On 6 May this year, Health Ministers recognised the need to strengthen the EU’s preparedness to deal with disease outbreaks. The new Centre will
mobilise and significantly reinforce the synergies between the existing national centres for disease control. The ECDC will also enable better planning. It will have a small core staff and an extended network of contacts in Member States' public health institutes and academia. By pooling expertise around Europe it will be able to provide authoritative scientific advice on serious health threats, recommend control measures, allow quick mobilisation of intervention teams and thus enable a rapid and effective EU-wide response. After approval by the European Parliament and the Council, the ECDC could be operational as an independent European agency in 2005. Source and further details: European Commission at http://www.europa.eu.int/rapid/start/cgi/guesten.ksh?p_action.gettxt=gt&doc=IP/03/1091[0]RAPID&lg=EN&display=

**IN THE REST OF THE WORLD**

**Cholera in Monrovia, Liberia**

International Organizations are concerned about cholera outbreak in refugees from Sierra Leone affected by the conflict in Liberia. In the period 30 May - 29 June 2003, the WHO has reported 1280 cases of cholera in Monrovia, including 15 deaths. 350 new cases have been reported during the period 30 June - 6 July. The security situation still makes it difficult to obtain exact numbers of cases and deaths. Nongovernmental organizations, including MERLIN and Médecins sans Frontières have established diarrhoeal units at centres for internally displaced people in the city. Sources: Promed http://www.promedmail.org and WHO http://www.who.int/en/.