IN BELGIUM

A vaccine for tick-borne encephalitis now available in pharmacies

During this summer, many people planning to travel to Central and Eastern Europe have called the Scientific Institute of Public Health to ask advices on tick-borne encephalitis (TBE). TBE is caused by a flavivirus and is usually transmitted to humans by the bite of a tick but transmission of the virus can also occur by consumption of raw diary products. After an incubation period lasting 7-14 days, the disease manifests as a febrile illness often followed 1 to 3 days later by neurological symptoms. Case fatality rate ranges from 1 to 5%.

The endemic area for TBE spreads from the Rhine to the Urals, from Scandanavia to Italy and Greece. Transmission is seasonal and occurs in spring and summer, particularly in rural areas. A rise in TBE incidence has been observed in last decades in some regions, more recently in Switzerland, Sweden and Finland.

Preventive measures include protection against tick bites and vaccination. Several vaccines against TBE are available in Europe. Up to August 2003, none was marketed in Belgium and travellers could only be vaccinated in some accredited travel clinics (for instance at the Institute of Tropical Medicine in Antwerp) – those clinics import the vaccine from another European country. Since early August, the vaccine FSME-immun produced by Baxter can be ordered at Belgian pharmacies. FSME-immun immunization schedule consists in 3 doses (second dose after 3 weeks to 3 months, third dose after 1 year). In July 2003, Baxter has sent information on the disease and its vaccine to Belgian physicians. Vaccination is usually recommended to travellers who plan to have outdoor activities such as walking, hiking and jogging in infested areas. Recent advice from the Belgian centre of pharmacotherapeutic information does not recommend systematic vaccination of all travellers to endemic countries but only to those planning to stay outdoor overnight (on http://www.cbip.be/ in French or http://www.bcfi.be/ in Dutch).

TBE vaccination does not protect against other diseases transmitted by infested ticks, such as Lyme disease. An IPH information sheet on Lyme disease contains advices on protective measures against tick bites and is available on http://www.iph.fgov.be/epidemio/epien/plaben/info_lyme_fr.htm (French) or http://www.iph.fgov.be/epidemio/epien/plaben/info_lyme_nl.htm (Dutch).

In Belgium, testing for TBE is performed at the Research Laboratory for Vector-borne Diseases, Queen Astrid Military Hospital, Brussels. Contacts: paul.heyman@smd.be, http://www.smd.be/rlvbd/.

**ELSEWHERE IN EUROPE**

**Legionellosis in France**

Thirty cases of legionellosis and 3 deaths have been reported by health officials from Hérault district, Montpellier up to August 18. Onset on 26 of these cases ranged between July 24 and August 3. Two of these cases, one from Italy and one from Holland, were reported through the European Working Group for Legionella Infections (EWGLI). Preliminary data indicate that the majority of cases reside, work or have a history of recent travel to Montpellier. Epidemiological and environmental investigations have been conducted with the support of Institut de Veille Sanitaire, Paris, and have identified the presence of legionella in several cooling towers in the centre of Montpellier. Disinfection measures have been taken and analysis is ongoing to identify the source of the outbreak. Source: Promed and WHO. Further details on the Institut de Veille Sanitaire website on [http://www.invs.sante.fr/display/?doc=presse/2003/le_point_sur/legionellose_140803](http://www.invs.sante.fr/display/?doc=presse/2003/le_point_sur/legionellose_140803)

**Outbreak of Tularamia in Sweden**

Between 1 July and 11 August, 109 cases of tularemia (*Francisella tularensis*) were notified to the Swedish Institute of Infectious Diseases (SMI). 60% of cases are men and most of the cases have been people of active working age. Typically, most cases are clustered tightly by geography. The ulceroglandular form of the disease dominates, with most cases reporting a mosquito or tick bite at the site of the ulcer and subsequent lymphadenopathy. This year, a few clusters with respiratory disease probably due to inhalational exposure have also been reported. These cases are typically in farmers, with onset of disease within a few days of working with hay. Similar inhalational exposure of farmers has been reported in previous outbreaks in Sweden and Finland. Depending on the route of exposure, tularemia may also present in the oculoglandular and oropharyngeal forms. The early start of tularemia notifications together with the rapid increase in number of notifications during the first weeks suggest an epidemic year in Sweden. Despite the proximity of some of the affected areas to the Norwegian border, no cases had been notified in Norway by 11 August. In Finland, dozens of cases have been reported from the areas affected during the 2000 epidemic. Source: Eurosurveillance Weekly, Volume 7, Issue 33, at [http://www.eurosurveillance.org/ew/2003/030814.asp](http://www.eurosurveillance.org/ew/2003/030814.asp)

**IN THE REST OF THE WORLD**

**Diphtheria outbreak in a camp of displaced people in Southern Afghanistan**

The residents of Zhare Dasht camp in Kandahar province in Afghanistan are facing an outbreak of diphtheria. Information on the first cases in Zhare Dasht emerged on 14 July 2003. Up to 2 August, 40 cases of diphtheria have been clinically diagnosed, including 50% laboratory-confirmed. Three children died. 85% of the affected patients are between 5 and 18 years old. All cases except one have a history of no vaccination. Medecins sans Frontieres-Holland (MSF-H) started a vaccination campaign to cover everyone above 5 years, in addition to its routine immunization services for under 5 years. Antibiotic prophylaxis is administered to close contacts of diphtheria patients to try and further prevent spread of the disease. Sources: Promed and MSF-H.