IN BELGIUM

Hepatitis A
In 2003 (January to July), 156 cases of hepatitis A have been reported by the sentinel labs of the I.P.H. 27 cases have been reported in the Charleroi district (17.3%), 24 in Antwerp (15.4%) and 38 in Brussels (24.4%). We note a slight increase in Charleroi, 27 cases in 2003 compared to 9 cases in 2002 and 6 cases in 2001. In the year 2002 a total of 236 cases were reported. There is no difference in distribution between males and females. The age distribution is described in the following table:

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>12.5</td>
<td>11.8</td>
</tr>
<tr>
<td>6-12</td>
<td>20.3</td>
<td>19.6</td>
</tr>
<tr>
<td>13-25</td>
<td>15.5</td>
<td>19.0</td>
</tr>
<tr>
<td>26-65</td>
<td>42.2</td>
<td>43.1</td>
</tr>
<tr>
<td>&gt;=66</td>
<td>9.5</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Hepatitis A is caused by the Hepatitis A virus (HAV), classified as a Hepatovirus, member of the family Picornaviridae. It causes a liver infection. The incubation period is about 30 days. The infection is often asymptomatic (within 50 to 80% of children under 5 and up to 20% within children over 5 years). There is no chronic infection, however, about 15% of people infected will have prolonged or relapsing symptoms over a 6 to 9 months period. HAV is found in the stool of persons with HAV. Transmission is by feco-oral way. The best way of prevention is vaccination. A combined vaccine of Hepatitis A and B exists. Basic hygiene is very important as well: always wash your hands with soap and water after using the bathroom, changing a diaper and before preparing and eating food.


IN EUROPE

Diphtheria in Russia
19 cases of diphtheria have been registered in Omsk so far in 2003 and 11 of them are children. 3 people died from diphtheria, and about half of the infected were not vaccinated. A diphtheria epidemic began in 1990 in Russia and spread to all of the remaining New Independent States (NIS) of the former Soviet Union by the end of 1994. More than 150 000 cases and 5000 deaths have been reported from the NIS in 1990-1998. Widespread immunization campaigns since 1994 have largely controlled the epidemic, although over 2700 cases were still reported in 1998. A risk of diphtheria infection remains in all countries of the former Soviet Union. Cases of diphtheria have continued to be reported rarely in tourists and travellers to the NIS.
Proof of diphtheria immunity is not required for international travel. However, the Advisory Committee on Immunization Practices (ACIP) recommends that travellers to areas where diphtheria is occurring should be up to date for diphtheria immunization. Infection with Corynebacterium diphtheriae can occur in the immunized individual (assuming these children were in fact immunized). Certainly if the vaccine is inadequately handled (for example, freezing the vial), immunogenicity will be diminished. The ultimate aim in vaccination with diphtheria toxoid is the prevention of mortality by neutralization of circulating toxin through the production of antitoxin. Indeed, epidemiological studies of outbreaks have shown that immunization does not prevent pharyngeal colonization with the organism but does reduce the incidence of and morbidity and mortality from diphtheria.”


**IN THE REST OF THE WORLD**

**Japanese encephalitis**
According to the Nepalese Health Ministry, 69 people have died in Nepal this year from Japanese encephalitis, an inflammation of the brain caused by a virus transmitted by mosquitoes. A total of 330 people have sought treatment for encephalitis. The disease is prevalent during the monsoon season.
In India, the Health Minister said that as of 4 August 2003 there had been 639 cases of encephalitis in the country this year, including 275 deaths.
Despite the availability of effective vaccines, Japanese encephalitis continues to be a serious disease problem throughout many tropical areas of Asia. Japanese encephalitis virus is maintained in a cycle involving culicine mosquitoes and water birds. The virus is transmitted to humans by the culicine mosquitoes, which breed in rice fields. Pigs can be amplifying hosts in suitable environments. Mortality in most outbreaks is below 10 percent, but children are particularly at risk and mortality in them may reach 30 percent.
Sources: [http://www.promedmail.org](http://www.promedmail.org).

**Brucellosis outbreak in Thailand**
About 40 people, of which 2 confirmed, in Ratchaburi province, Thailand are believed to have been infected by a bacterial disease, brucellosis, from exposure to unpasteurized goat milk. Livestock officials have killed more than 250 infected animals and were carrying out further tests on livestock. Brucellosis has been spreading in the western province since early September 2003. The bacteria are usually passed among animals such as goats and cattle. Humans can be infected through contact with the animals or by consuming their contaminated products.
Source: [http://www.promedmail.com](http://www.promedmail.com)

**West Nile virus**
The Centre for Disease Control and Prevention in Atlanta now considers West Nile virus to be a permanent part of the environment in the United States. It first arrived in New York City in 1999 and has steadily spread westward to 44 states in 2002. During the reporting week of Thursday 28 August to Wednesday 3 September 2003, a total of 414 human cases of WNV infection were reported from 22 states, including 16 fatal cases from 8 states. During 2003 (up to September 9), a total of 2874 human cases of WNV infection have been reported and 53 fatal cases.
West Nile virus is also present in Canada. As of Wednesday 9 September 2003, there have been a total of 212 probable and 20 confirmed cases of human infection in Canada. No deaths have been reported.

West Nile was first isolated in 1937 and has been known to occur in West Asia, Africa, and the Middle East as well as the United States and Canada.

West Nile virus (WNV) is a potentially serious illness. WNV affects the central nervous system. Symptoms vary. Approximately 80 percent of people who are infected with WNV will not show any symptoms at all. Up to 20 percent of the people who become infected will display mild symptoms, including fever, headache, and body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. Symptoms typically last a few days. About one in 150 people infected with WNV will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.

WNV is spread by the bite of an infected mosquito. Mosquitoes are WNV carriers that become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite. In a very small number of cases, WNV also has spread through blood transfusions, organ transplants, breastfeeding and even during pregnancy from mother to baby.

People can help stop the spread of West Nile virus by getting rid of mosquito breeding areas found on their property. People should also protect themselves from mosquito bites by using repellents and protective clothing. In the US blood is systematically screened for WNV in case of donations.


**SARS: animal reservoir**

A joint team of specialists from the Chinese government, the World Health Organization and the United Nations Food and Agriculture Organization, went to China to investigate the animal reservoir of the SARS corona virus. They could not identify the animal reservoir yet. Among the measures recommended by the joint team of specialists include the strengthening of regulations in the farming, trading, and consumption of wildlife. More serological monitoring of the SARS corona virus is needed both in animals and humans, as well as continued in-depth human studies of SARS index cases. Determining how SARS first breached the species barrier is crucial to controlling it. While it is still unknown whether SARS will return, WHO is continuing to work closely with the Chinese government to design and implement a strategy using hospitals as early detection centres of SARS. WHO is also collaborating with the Chinese Ministry of Health to strengthen infection control in health care settings.

Source: [http://www.who.int/csr/sars](http://www.who.int/csr/sars).

**New SARS case in Singapore**

On September 8 a 27 year old patient of the Singapore General hospital tested positive for SARS (PCR and serology). A second PCR test on September 9 was also positive. He became sick on August 26. The patient is currently isolated at the communicable disease center. Although the patient is not really corresponding at the new case definition of the WHO (issued on August 14) since his RX thorax is negative, he is
treated as a probable SARS case. He has no travel history to previously SARS affected areas or no contact with SARS patients. He worked on west Nile virus at a microbiology lab in the National University of Singapore and did some work at the environment Health Institute laboratory. This raises the possibility that there has been an occupational exposure in the lab. But, investigations are ongoing to establish the source of infection. His contacts have largely been followed up and all of them are well. As a precautionary measure, the MOH has served home quarantine orders on his close contacts. The Ministry of Health assessment is that this case was a low public health risk as the patient was picked up and isolated early. Also WHO stated that the Singapore case is mild, isolated and has not produced secondary cases, and therefore is not regarded as a public health concern.

Typhoid fever in Tajikistan
At least 500 people have contracted typhoid in Dushanbe, the capital, according to media reports, with 3 reported fatalities.
The Ministry of Health revealed that 1700 medical personnel were working to protect the population of Dushanbe from the disease. Health officials also said the outbreak likely began in the Bokhtar district 2 months ago, with contaminated water the suspected cause. The last major outbreak of typhoid in Tajikistan, which occurred in 1997, was blamed on a lack of clean drinking water. The outbreak sickened 8901 people and killed 95 over a 6-month period. Conditions have changed little since then. Most of the city districts are short of water; and tap water often contains plenty of sediment.
Source: http://www.promedmail.org

Leishmaniasis in Afghanistan
The Dutch non-governmental organization HealthNet International (HNI) has carried out a cutaneous leishmaniasis (CL) prevalence survey in the city of Faizabad, Badakshan province, Afghanistan, which showed that 152/1832 (8.3 percent) of surveyed people had CL lesions. Based on Faizabad population estimates of 65 000 people and observed CL prevalence, it is estimated that there are approximately 5400 CL cases in Faizabad. It was also shown that 142/1832 (7.8 percent) of surveyed people had CL scars. Recent data on the burden of CL in Afghanistan has only been available for Kabul city, where studies carried out by HNI have reported an estimated 67 500 cases. In 2002, the WHO estimated 200 000 cases of cutaneous Leishmaniasis in Kabul alone.
In Afghanistan, the majority of CL cases are caused by L. tropica, which is transmitted anthroponotically by the sandfly Phlebotomus sergenti. Though non-fatal, CL can have devastating effects on local communities due to its clinical symptoms, i.e., large and/or multiple disfiguring lesions, which can lead to social ostracism of affected individuals.