Meningococcal disease update

In the month of September 2003, the IPH Meningococcal Reference Laboratory has reported 18 cases of meningococcal disease (including one death): 12 cases have been reported in Vlaanderen, 5 in Wallonie and 1 in Brussels. Distribution per serogroup indicates 13 cases from serogroup B, a single case of serogroup C - which was fatal - one case from serogroup W135 and one from serogroup Y. The fatal serogroup C case was reported in a 7-months baby from Vlaanderen.

The number of serogroup C cases reported in the first 9 months of 2003 (N=39) dropped significantly, by more than 50%, when compared to the average reported in the previous 4 years during the same period (N=85), see figure. The highest drop is reported in Vlaanderen (-68%, significant) while Wallonie shows a 20% decrease (statistically non-significant). The small number of cases in Brussels does not allow to draw conclusions.

The figure below indicates that the drop in serogroup C, initiated in 2002, is expanding in 2003. In Vlaanderen it even reaches levels that represent the half of the numbers of cases reported before the 2001 peak (1999-2000). Such result is not yet observed in Wallonie.

The most likely hypothesis to explain this decrease is the impact of the vaccination campaigns, especially in Vlaanderen where the campaign started earlier (November 2001 vs March 2002 in Wallonie) and is still ongoing to target the entire 1-18 years age cohort.
However, the role of a natural decline in the incidence of serogroup C disease should be assessed by comparing incidence drops in both immunized and non-immunized cohorts: indeed, analysis per age group also shows an important decrease in the age group above 20 years - a cohort that has not been immunized. Data on vaccinal status are also required to assess the impact of possible herd immunity on non-immunized groups but are rarely available at the level of reference laboratory.

Vaccination of children using a conjugate C vaccine (currently the Neisvac-C) is still undergoing in Belgium. In Vlaanderen, the entire 1-18 years cohort is being immunized through medical practices and through school health services in a gradual scheme. In the rest of the country, all children of 12-15 months are being routinely offered the vaccine while receiving the measles, mumps and rubella immunization.


**ELSEWHERE IN EUROPE**

**Confirmation of locally contracted West Nile Virus infection in France**

Health experts stated that the first cases of human infection by West Nile virus seen in France for 40 years had originated in the country and had not been contracted abroad. A case reported on 6 Oct 2003 concerned a man who had visited Spain during the 2- to 14-day incubation period. After being treated in hospital, the patient, who lives in the south of France, was able to go home. Health authorities now report that in August 2003 the man's wife showed symptoms of a benign form of the illness, which is spread by mosquitoes. Unlike her husband she had not left her home during the incubation period. These new elements "confirm the hypothesis of a locally-based infection ... and therefore of the circulation of the virus at the end of the summer period in the northeast region of the Department of the Var." Source: Promed http://www.promedmail.org

**Cryptosporidiasis in Scotland (UK)**

In the past month more than 160 confirmed samples of cryptosporidium infection have been reported to the country's main infectious disease centre, more than 3 times the number in the same period in previous years.

Earlier in 2003, many Scottish tourists returning from holidays in Majorca went down with symptoms of cryptosporidium infection, which is associated with contaminated water. There has also been an outbreak linked to a Glasgow swimming pool. However, the Scottish Centre for Infection and Environmental Health (SCIEH) said neither of those problems was large enough to explain the massive recent rise.
Cryptosporidiasis causes diarrhoea, abdominal cramps, and fever. Up to 60 cases have been identified in the worst-affected regions, such as Lothian. No common cause has been identified so far. Source: Promed http://www.promedmail.org

**IN THE REST OF THE WORLD**

**Yellow fever in Africa and Latin America**

In Latin America, 25 new laboratory-confirmed cases have been reported to the Pan American Health Organization (PAHO) between the 10 September 2003 up to October 10. The cumulative number of cases for the year 2003 is 209, with 96 deaths. This is the highest number of cases reported in the Region since 1998.

The countries that have reported new cases are: Peru (7), Colombia (3), and Venezuela (15). The outbreak on the Colombian-Venezuelan border is still active despite the mass vaccination efforts being carried out in affected areas. Source: Promed http://www.promedmail.org