In Belgium

Meningococcal disease in Belgium: update

In the month of October 2003, the IPH Meningococcal Reference Laboratory has reported 17 cases of meningococcal disease, including 14 from serogroup B (87% of typed strains) and 2 from serogroup C (13%) – one was not typable. The serogroup C cases were aged 13 months and 18 years. Nine cases have been reported in Vlaanderen, 7 in Wallonie and 1 in Brussels. No death has been reported.

The low number of serogroup C reported in October confirms the falling slope already reported in the first months of 2003 and in 2002. In January-October 2003, 41 serogroup C cases have been reported and represent only 45% of the average reported in 1999-2002 for the same period (N=92). Even when excluding the 2001 serogroup C peak, the number reported in 2003 so far remains significantly lower than in 1999-2002 (average =71).

Serogroup B amounts to 136 cases and represents 75% of typed strains in January-October 2003. This proportion, although higher than observed in the previous 4 years, is similar those reported in the period preceding the serogroup C increase (before 1999). Evolution of serogroup B per month (figure) indicates that its seasonal evolution has been relatively stable in the last 4 years.
ELSEWHERE IN EUROPE

Influenza A among children in the UK

Three sudden deaths in young children aged between 2 and 8 years in central and southern Scotland have been attributed to influenza A infection since early September. In England sudden deaths with confirmed influenza A infection in 2 children aged 18 months and 11 years were reported from the same hospital in October. Characterization of the influenza A viruses from 2 of the deaths in Scotland and also the 2 in England have confirmed the strain as A/Fujian/411/2002 (H3N2)-like. No underlying risk factors have been identified so far for any of the reported deaths in Scotland or England.

Clinical indicators of influenza activity are rising in England and Northern Ireland and are now above baseline levels in Scotland. The rate for influenza-like illness in England is highest in the 0 to 4 year age group. Current information suggests that the UK is moving into the influenza season.

Young children are particularly susceptible to influenza, because most have little or no history of exposure to influenza viruses and have limited protective immunity. The relatively low levels of influenza activity that have been seen in the UK in recent years may also have contributed to this. In a small percentage of children, particularly the very young, illness may be severe.

In recent years, most cases of influenza in Britain have been caused by an A/Panama/2007/99-like strain of virus. The current influenza vaccine is designed to protect against this strain but is also considered to offer some protection against A/Fujian/411/2002 (H3N2)-like strains and good protection against other strains that may also circulate. Source: Promed http://www.promedmail.org.


IN THE REST OF THE WORLD

Dengue fever in India

From 1 June to 9 November 2003, 2185 laboratory confirmed cases of dengue fever have been reported in Delhi and surrounding areas. Additional information is being sought to determine possible cases of dengue hemorrhagic fever. Circulating dengue virus serotypes DEN-3 and 2 have been reported to be associated with this outbreak. The outbreak is ongoing and vector control measures have been intensified. Source: WHO http://www.who.int/csr/don/2003_11_12/en/