Influenza increases in Belgium

The IPH-based National Influenza Centre is reporting an increase of influenza activity in Belgium, based on the number of virus isolated in his laboratory and the proportion of influenza-like illnesses and acute respiratory infections reported by a sentinel physician network. In the week 46 and 47, the proportion of influenza-like illnesses (on the total number of visits) reported by the sentinel physicians clearly increased to reach around 2.5%, as did the proportion of acute respiratory infections (see full details on the website http://www.iph.fgov.be/flu). The number of isolated influenza strains also increased significantly from week 46 (N=8) to week 47 (N=21, p<0.001), see figure.

However, the epidemic threshold has not yet been reached.

On the 39 influenza cases confirmed by the National Influenza Centre since the beginning of this season up to week 47, all were caused by influenza A virus. Typing of virus isolates is still under way but the last typed strains (during weeks 43-44) revealed type A (H3N2). Most provinces are affected. On the 39 cases, 10% have been isolated in the 0-14 years old (N=4), 64% in the 15-40 years old and 26% above 40 years old. The 4 cases among children were reported in the last week (week 47) and are aged between 7 and 14 years. However, these figures are not representative of the general population since reporting physicians do not include paediatricians and do not cover equally all age groups.
In other European countries, the H3N2 virus is the predominant strain circulating, with 80% of the virus isolates characterized so far being H3N2 A/Fujian/411/2002-like (see below under Elsewhere in Europe). These viruses are related to one of the 3 strains included in the 2003-2004 vaccine distributed in Belgium (strain called A/ Panama/2007/99 (H3N2)), which is expected to provide valuable protection against infection with these A/Fujian/411/2002 (H3N2)-like viruses.


Source and follow up: F. Yane, IPH National Influenza Centre. Weekly reports on influenza epidemiology in Belgium are available on the IPH website: http://www.iph.fgov.be/flu

**ELSEWHERE IN EUROPE**

**Widespread influenza activity in Western Europe**

Influenza activity continued to rise in Europe, especially in the western part where widespread activity was reported. The H3N2 virus remained the predominant influenza virus circulating in Europe. Eighty-six percent of the virus isolates characterized so far were H3N2 A/Fujian/411/2002-like.

In addition to Ireland, Scotland, and Spain, England and Portugal are the fourth and fifth networks reporting widespread influenza activity this season, indicating that influenza activity was above the baseline level in all regions. The other networks reported local (France, Northern Ireland, and Norway), sporadic (Belgium, Czech Republic, and Switzerland), or no activity (the remaining nine networks).

The new variant A/Fujian/411/2002 (H3N2) is likely to become the predominant virus circulating in Europe. Several networks report highest incidence rates in the younger age groups. However, so far, networks have not reported unusual high mortality or more severe morbidity as is normally seen during an influenza epidemic.

Influenza vaccination remains the most important intervention to limit influenza infection with either influenza A(H1), A(H3) or B strains that are currently circulating in the northern hemisphere. The A/Fujian/411/2002 (H3N2)-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. On the evidence available, this vaccine is expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses. Source and further information on EISS: http://www.eiss.org/index.cgi.

**Meningococcal serogroup A meningitis increases in Moscow**

A rise in the number of cases of meningococcal meningitis has been reported in Moscow. By the end of October 2003, 268 cases (including 22 deaths) have been reported, mostly in children, which is approximately twice the average number of cases reported in previous periods. Many of the cases have been reported at the end of the summer and in
early autumn while the usual seasonal increase is in February and March. Meningococcal serogroup A has been identified in 90% of the strains isolated. Disease was registered in all suburbs of Moscow. The city health authorities in Moscow have initiated a mass vaccination campaign targeting children from 3 months to 9 years.

Cases of meningococcal serogroup A infection are rare in the European Union, and it is uncommon to even have infections associated with travel to those endemic areas where serogroup A is most frequent, such as the meningitis belt in Africa. It is therefore not anticipated that many cases will be imported from Russia into the EU.

In Belgium, the last case of meningococcal serogroup A disease has been reported in 1995 in a child.


**IN THE REST OF THE WORLD**

**Ebola haemorrhagic fever in the Republic of the Congo: Update**

As of 21 November 2003 the Ministry of Health of the Republic of the Congo has reported a total of 24 cases, including 12 deaths, of Ebola haemorrhagic fever in Mbomo and Mbandza villages located in Cuvette Ouest Department. International organizations have been working closely with the Ministry of Health and with Médecins sans Frontières in Mbomo district. They are supporting case management, monitoring the situation and carrying out social mobilization activities with communities in the region.


**Hepatitis A outbreak associated with onions at a restaurant, Pennsylvania, US.**

The Pennsylvania Department of Health and CDC are investigating an outbreak of hepatitis A among patrons of a restaurant in Monaca, Pennsylvania. As of 20 Nov 2003, approximately 555 persons with hepatitis A have been identified, including at least 13 restaurant food service workers and 75 residents of 6 other states who dined at the same restaurant. 3 persons have died. Preliminary analysis of viral RNA obtained from 3 patrons who had hepatitis A indicated that all 3 viruses were identical. Preliminary analysis of a case-control study implicated green onions as the source of the outbreak. The restaurant has been closed. Outbreaks of other enteric pathogens linked to green onions have been reported. FDA advised consumers concerned about the possibility of getting hepatitis A from green onions to cook green onions thoroughly before eating and to ask about use of green onions in prepared foods. Sources: Promed (http://www.promedmail.org) and CDC (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm52d1121a1.htm)