Meningococcal disease update

In the first semester of 2004, the National Meningococcal Reference Centre has reported a total of 87 cases of meningococcal invasive disease, compared with 135 and 153 in the first semester of 2003 and 2002 respectively (figure 1).

The number of serogroup C cases reported in the first semester 2004 (N=16) indicates a 53% decrease compared to the same period of 2003, and a 84% decrease compared to the first semester of 2001, period in which the disease presented its highest incidence. But the serogroup B is also slightly decreasing, reporting a total of 66 cases (77% of all serogroups) in January-June 2004, compared to 95 and 80 in the first semester of 2003 and 2002 respectively (figure 1).

The serogroup C is decreasing on a roughly similar pattern in the two major regions (Vlaanderen and Wallonie) compared to 2003, with the number of cases being halved in one-year period. But the highest drop is observed in Vlaanderen between 2001 and 2004 (90% decrease, from 72 to 7), see figure 2.

The most likely hypothesis to explain the impressive serogroup C drop in these last 3 years is the impact of the vaccination campaigns. The sharper decrease is observed in the under 20 year age olds in Vlanderen (- 96% between the first semester 2001 and 2004, from 54 to 2 cases), a region which is immunizing the entire 1-18 year age cohort before the end of 2004. In Wallonie, where the campaign has only targeted the 1-5 year olds, a
71% decrease is observed in the 0-20 years, from 17 in 2001 to 5 in 2004. The incidence in adults, which has shown a sharp decrease in 2001-2003, has remained stable in 2004 (N=9 in 2003 to N=8 in 2004).

However, the serogroup B decrease should call the attention on any possible changes in the proportion of samples sent by the peripheral laboratories. A capture - recapture study is under way to assess the coverage of meningococcal cases by the Reference Laboratory and its evolution over time.

![Figure 2: Meningococcal disease serogroup C first semesters 2000-2004, per region](image)


**IN EUROPE**

**Norovirus outbreak at a jamboree in The Netherlands**

A norovirus outbreak in a summer camp of scouts in the Netherlands has affected approximately 250 people (scouts and staff members) out of 4500 attendants. Two children were ill before the start of the camp on 26 July.

In general, symptoms were mild with most of the people experiencing vomiting and diarrhea; however, 42 patients were admitted in a local hospital for rehydration. Hygienic measures have been implemented in order to contain the outbreak. The regional Public Health Service (GGD Hart voor Brabant) has been involved in managing the outbreak. The presence of norovirus was confirmed in vomit samples at the National Institute of Public Health using a standard RT-PCR protocol. Fecal samples are currently under investigation. Since 2 children, one from Scotland and one from the Netherlands, reported ill before joining the summer camp, they might represent the index cases.
Studies are underway to determine if the outbreak was caused by one or more norovirus variants originating from one or both of these children.

The national jamboree campsite hosted over 3700 participants (11-17 years of age) and about 800 staff members. Besides a large number of Dutch participants, about 1000 scouts came from 31 other countries such as Belgium, Great Britain, Germany, Ukraine, Serbia, Kosovo, Turkey, the USA, Australia, Hong Kong, Indonesia, Pakistan, Algeria, Tunis, Nigeria and Kenya. The jamboree ended 5 Aug 2004. Source: Promed (www.promedmail.org).

**IN THE REST OF THE WORLD**

**Fatal cases of avian influenza in Viet Nam**

On 12 August 2004, the Ministry of Health in Viet Nam has confirmed that three recent deaths from influenza-like illness in Viet Nam were caused by infection with avian influenza. Two cases were coming from the northern Ha Tay province, a 4-year-old boy, who died on 2 August, and an 11-month-old girl, who died on 4 August. The case in the southern Hau Giang province was a 25-year-old woman, who died on 6 August. Specimens from this patient have now tested positive for the H5N1 strain of avian influenza. Initial tests of the two other patients have identified the virus as belonging to the H5 subtype. Further testing is needed to determine whether the virus belongs to the same H5N1 strain that caused 22 cases, with 15 deaths, in Viet Nam and 12 cases, with 8 deaths, in Thailand earlier this year. Specimens were taken from household contacts of confirmed cases. All contacts remain healthy so far. To date, H5N1 is the only strain of the H5 subtype known to jump directly from infected poultry to cause illness in humans.

These are the first officially reported cases of avian influenza in Viet Nam since February 2004. Earlier this year, outbreaks of highly pathogenic H5N1 avian influenza in poultry in 57 of the country’s 64 provinces were reported, resulting in the death or destruction of more than 43 million poultry. After a period of quiescence, Viet Nam reported fresh outbreaks in poultry in July in several provinces of the country. Outbreaks were also reported in July in China, Indonesia, and Thailand.

The confirmation of these latest human cases underscores the risk of virus transmission to humans from infected poultry. This risk will continue as long as outbreaks are occurring in poultry. Of greatest concern is the risk that continuing transmission of the virus to humans will give avian and influenza viruses an opportunity to exchange genes, potentially giving rise to a new virus with pandemic potential. Source: WHO (http://www.who.int/csr/don/2004_08_12/en/).

**Dengue spreading in South East Asia**

The WHO Regional Office in India issued a dengue alert on 29 July 2004, with cases of dengue fever being reported from Bangladesh, Bhutan, Indonesia, and Sri Lanka. Dengue fever is extending to new areas, such as Bhutan. Bhutan has reported dengue fever cases for the first time in July 2004 with 1565 suspected cases in its southern regions near the border with India. No deaths have been reported so far in the country. In Bangladesh, 698 cases, with 3 deaths, have been reported up until 21 July 2004. In Sri Lanka, 9062 cases, including 59 deaths, have been reported.
The WHO is cautioning neighboring countries to be on alert to strengthen disease surveillance, particularly along the border districts. Source: Promed (www.promedmail.org).

**Hepatitis E in Sudan**

Between 22 May and 30 July 2004, a total of 625 cases and 22 deaths from acute jaundice syndrome were reported from health clinics in the Greater Darfur region in Sudan. Hepatitis E virus (HEV) was confirmed by ELISA in 23 samples tested at the NAMRU-3 laboratory in Cairo, Egypt. Suspected hepatitis cases have been reported from East, North and West Darfur, but the highest incidence to date has been recorded in Morni camp for displaced persons in West Darfur.

From a preliminary analysis of epidemiological data from the Morni camp, a total of 149 cases and 8 deaths have been reported. 70% of the cases are female and the mean age is 24 years. Of the 8 deaths reported, 6 of them have occurred in pregnant women.

Hepatitis E virus is a waterborne disease usually transmitted by faecally contaminated water that can provoke major outbreaks in settings with poor sanitation. Refugees and displaced persons residing in overcrowded camps are at highest risk of disease. Case fatality rates can vary from 1 to 4%, but may be as high as 20% in pregnant women who are more susceptible to severe forms of the disease.

This outbreak is a consequence of the inadequate and unsafe water supply and poor sanitary conditions the Darfur population has experienced during this crisis. UN agencies, health authorities and nongovernmental organizations are working to increase the quality and quantity of water supply. Measures to improve sanitation include health promotion activities, safe handling of food, safe disposal of excreta and distribution of soap. Source: Promed (www.promedmail.org).