**IN BELGIUM**

**Belgian authorities are warning about a rabies alert in France**

On 28 August 2004, the Public Federal Service of Public Health has issued a press release concerning a rabies alert in the Bordeaux region in France.

The Paris Pasteur Institute has confirmed the diagnosis of rabies in a dog from Bordeaux on 26 August 2004. The dog, a 4-month-old female, was neither officially registered nor vaccinated against rabies and had been imported illegally into France from Morocco. The dog started to show a change in behavior on 17 August, when she became increasingly agitated and bit her owner. She later also bit an attending veterinarian, two employees of the French society for the protection of animals, 2 joggers and another dog. The condition of the rabid dog deteriorated rapidly and she died on 21 August. Regional and national alerts were issued and the EU member states were alerted through the Early Warning and Response System on 27 August.

The period at risk of transmission - during which the dog was considered as infectious - was defined as the 15 days preceding her change of behavior until her death, starting on 2 August and ending on 21 August. During that period, the dog has been in contact with many people and animals in the southwest of France and has bitten several persons that are being currently traced. Between 2 and 21 August, the dog and her owner walked around the Bordeaux city centre. The dog also came into contact with people and other animals during trips and festivals in places in Dordogne, Lot and Garonne et Gironde. These festivals attract thousands of visitors from France and abroad. Details about visited places and dog pictures are available at the French Health Ministry website ([http://www.sante.gouv.fr/htm/actu/31_040827.htm](http://www.sante.gouv.fr/htm/actu/31_040827.htm)).

Any person who could have been in contact with a dog matching the description, in a place and period compatible with exposure to the infected animal, must contact his medical doctor. Any owner of an animal who has been exposed to that dog should contact his veterinarian if there is any doubt about the rabies vaccination status of his animal.

In Belgium, the rabies service (IPH, Pasteur Institute department, Brussels) is the national reference centre for rabies. They perform rabies diagnosis in humans and animals, epidemiological control, preventive vaccination and anti-rabies treatment in humans. There has been no indigenously acquired human rabies case in Belgium since 1922. Out of four imported cases, three were from Zaire (in 1973, 1988 and 1990) and one from Rwanda in 1981. The last rabies animal case that has been indigenously acquired was reported in 1999 in the Bastogne area in a bovine. In 2001, after extensive control measures and in the absence of cases of rabies identified in animals since 1999, the World Organisation for Animal Health (OIE) has declared Belgium free of rabies. It is therefore essential to identify all potentially exposed persons and animals to prevent any occurrence of human rabies in Belgium.
Rabies is a viral disease that is always fatal if the patient is not rapidly treated. The virus is transmitted by saliva (through bites, scratches or mucosal contact) during the infectious period. Management of rabies in Belgium consists in the post-exposure prophylaxis of persons exposed to possible infection (by bite, scratch, licking of the skin and mucous membrane) by a possible infected animal, i.e. an unknown or a rabid animal in a foreign country where canine rabies is enzootic. Every year, around 100 persons receive post-exposure rabies prophylaxis at the Pasteur Institute. Rabies post-exposure prophylaxis guidelines are published on the Pasteur Institute website on http://www.pasteur.be/ravacfr.htm (French) or http://www.pasteur.be/ravacnl.htm (Dutch).

The Pasteur Institute also reminds that there is currently no reason to take more precautions than usual, except for persons corresponding to the above mentioned criteria. Their rabies service can provide further information at 02/373 31 24 or 02/373 31 11 (source: http://www.pasteur.be/casrage.htm).


**IN EUROPE**

**Rabies alert in France**

Health authorities in France have notified a case of rabies in a dog with multiple opportunities to transmit the disease to humans and other animals (see above). After the alert was communicated in France, as of 31 August, about 300 people had contacted health services, and 47, all French, had been referred to an anti-rabies centre. Nineteen of these people were vaccinated. Six other people who were reported to have been bitten by the infected dog were vaccinated.

The last case of indigenous human rabies in France occurred in 1924, and human cases of imported rabies are rare, with only 20 cases identified between 1970 and 2003 (90% of them from Africa). In 2001, France was declared free of rabies in terrestrial animals by the World Organisation for Animal Health (OIE). Source: Eurosurveillance http://www.eurosurveillance.org/ew/2004/040902.asp.

**Cases of travel-associated hepatitis A in Germany: international alert**

An outbreak of hepatitis A has been detected among tourists returning to Germany from holidays in Egypt. The patients stayed at a particular hotel by the Red Sea. Interviews with German tourists have determined that people from Russia, Italy, France, United Kingdom, Austria, Switzerland, Denmark and Sweden stayed at the same hotel.

As of 8 September 2004, 219 cases of hepatitis A have been reported in German tourists who stayed at that hotel from mid-June to mid-August 2004. There is laboratory confirmation for 203 of these cases. A further 49 cases linked with this hotel have been reported in other countries. The Robert Koch-Institut (Germany) is in close contact with Egyptian authorities and the hotel itself, where several measures have been taken to prevent further transmission and detect the source of the infection. The Robert Koch-
Institut would like to hear about any cases of hepatitis A that could be related to this outbreak.

Egypt is a country where there is a high endemic risk of hepatitis A infection. The source of infection is still under investigation.


**IN THE REST OF THE WORLD**

**Hepatitis E in Sudan and Chad**

In Sudan, between 22 May and 27 August, a total of 3753 cases and 55 deaths of suspected hepatitis E was reported from health clinics in the Greater Darfur region. Laboratory confirmation by PCR was carried out by the Naval Medical Research Unit 3 on a number of specimen. There is a slight decrease in the total number of cases reported from South and West Darfur, whilst cases in North Darfur have increased slightly. Existing resources remain insufficient to cover the basic water and sanitation needs of the displaced populations in Darfur. Additional efforts are still needed improve access to safe, clean water and better sanitation in the camps in order to stop spread and reduce the number of new infections.

Between 26 June and 2 September a total of 1077 cases and 35 deaths (case fatality rate 3.2%) of suspected hepatitis E has also been reported from the refugees camps of Goz Amer and Goz Abal and from a few neighboring communities in Chad.

Hepatitis E is a waterborne disease usually transmitted by 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.


**A death from avian influenza in Thailand**

Thailand's Ministry of Health reported today one recent human death caused by avian influenza A (H5N1). The case was an 18-year-old male, who had been exposed to sick chickens. He was from Prachinburi Province in eastern Thailand, a region which earlier this year experienced confirmed H5N1 outbreaks in poultry. He was admitted to hospital on 5 September and died from acute respiratory distress on 8 September. Specimens were tested by the National Institute of Health, Thailand and were found to be positive for influenza A (H5N1) by PCR. Experts from the Ministries of Agriculture and Public Health are currently in the field investigating the source of infection. Since January 2004, altogether 39 human cases have been reported from Viet Nam and Thailand. Of these cases, 28 have been fatal. Source: WHO http://www.who.int/csr/don/2004_09_09/en/ and http://www.who.int/csr/don/2004_09_07/en/