In Belgium

Invasive meningococcal disease in Belgium: 2004 update

In the year 2004, 157 cases of invasive meningococcal disease have been reported to the National Reference Laboratory at the IPH, representing a 31% decrease compared to 2003 and a 40% decrease compared to 2002. This decline is mostly attributable to the serogroup C, which peaked in 2001 with 179 cases and then gradually declined to 89 cases in 2002, 47 cases in 2003, and finally 21 cases in 2004 (figure 1). A decrease of the reported cases of serogroup B is also observed in 2004, when 124 cases have been reported, compared to a yearly average of 166 cases in 2000-2003.

In 2004, 10 deaths have been reported to the Reference Laboratory. The case fatality rate of serogroup C in 2004 is again significantly higher than the one of serogroup B.

Serogroup C immunization campaigns have been organized in Belgium and mainly implemented in 2002 - although it lasted from November 2001 to December 2004 in Vlaanderen. A major 90% drop of serogroup C disease has been observed in the age group the most targeted by the vaccination campaigns (1-5 years), from 48 cases in 2001 to only 5 in 2004 (figure 2). However, a significant 78% decrease has also been observed in the adults (20 years and more), from 55 cases in 2001 to 12 cases in 2004, even though this group has not been targeted by any vaccination campaign.
The serogroup C decline between 2001 and 2004 is remarkable and significant in both regions, but steeper in Vlaanderen (93% decrease from 135 to 10 cases) than in Wallonia (78% decrease from 37 to 8 cases). Indeed, the campaign in Vlaanderen has targeted wider age groups than in Wallonia and Brussels (1-18 years vs 1-5 years).

These results suggest that the vaccination campaigns have played an important role in this impressive decrease of meningococcal disease. However, the large decline in the adults indicates that other factors may have played a role, such as a natural decreasing trend of the disease. A significant serogroup C decrease has also been observed in 2003 in France, although any national campaign has been implemented.


### ELSEWHERE IN EUROPE

#### Increase in mumps in Ireland

Up to December 2004 (week 48), 284 mumps cases were notified to the Irish National Disease Surveillance Centre (NDSC). This is the greatest number of notifications since 1997. Currently, most (76%) cases are occurring among individuals aged between 15-19 or 20-24 years. Earlier in the year, only 38% occurred among these age groups. This sudden increase in mumps activity and shift in age distribution was the result of several concurrent outbreaks in higher education colleges throughout the country since November 2004.

Measles mumps rubella (MMR) vaccine was introduced into the Irish early childhood immunisation programme for children aged 12-15 months in 1988. In 1992, it was recommended for all school children aged 11-12 years of age. The birth cohorts most
affected by mumps in the current outbreak include those individuals who were probably only ever offered MMR vaccine in school, which is similar to the current situation in England and Wales. Source: Eurosurveillance Weekly (http://www.eurosurveillance.org).

**IN THE REST OF THE WORLD**

**Poliomyelitis outbreak in Sudan**

A current polio outbreak in the Sudan, caused by an imported type 1 poliovirus, continues to escalate. As of 6 January 2005, 105 cases have been confirmed since the first case was identified in Darfur in May 2004.

In addition, a Sudanese girl experienced onset of paralysis on 6 Nov 2004, 1 day after arriving in Saudi Arabia from the Sudan with her family. Although genetic data on the virus isolated from the case in Saudi Arabia are not yet available, almost all other viruses identified in 2004 in the Sudan are closely genetically related to polioviruses originating in northern Nigeria and Chad. The escalating outbreak in the Sudan and the polio case in Saudi Arabia further underline the high risk posed to polio-free areas by the continuing epidemic in west and central Africa.

The Sudan is continuing its intensification of polio immunization campaigns, with international support. The Government of Saudi Arabia is also implementing an emergency response to the importation, including heightened disease surveillance throughout the country, to ensure that any transmission of wild poliovirus in Saudi Arabia is identified and stopped rapidly.

The poliovirus is now endemic in only 6 countries, down from more than 125 when the Global Polio Eradication Initiative was launched in 1988. The 6 countries with indigenous wild poliovirus are: Nigeria, India, Pakistan, Niger, Afghanistan and Egypt. Since mid-2003, 13 countries have suffered importations of wild poliovirus linked to virus circulating in northern Nigeria. In 4 of these countries (Burkina Faso, Chad, Cote d'Ivoire and the Sudan), wild poliovirus transmission has been re-established, i.e. continued circulation for more than 6 months.


**Yellow fever in Guinea and Mali**

An outbreak of yellow fever in Guinea has been reported to the WHO. Six cases have been reported in the region of Faranah, in the north of the country, from 19 October to 28 November 2004 and have been laboratory confirmed by the WHO Collaborating Centre for Yellow Fever, the Institut Pasteur, Dakar, Senegal. The health authorities organized a yellow fever mass vaccination campaign in December 2004 to control the disease spread in this region. No additional cases have been reported so far.

In Mali, one laboratory confirmed of yellow fever in the district of Kita has been reported to the WHO. The 14-year old patient died on 12 November 2004. Source: WHO (http://www.who.int/csr/don/archive/year/2005/en/)