



### **BELGIUM (BEL)**

PROVISIONAL DATA
Population: 10.1 million (1994)
Area: 305 123 km<sup>2</sup>



The designations and the presentation of material on this map of the Member States of the WHO European Region (as at 31 July 1997) do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines represent approximate border lines for which there may not yet be full agreement.

#### 1. General Information

Belgium is a federal state which consists of 3 communities and 3 regions. Based on language and culture, Belgium can be divided into 3 communities: the Flemish Community, the French Community and the German Community. The Communities have the responsibility towards control of infectious diseases. Each has its own Ministry (Ministry of *respective* Community, Administration of Public Health). In Brussels, where the Flemish Community and the French Community both share the responsibility, a Community Commission manages the control of infectious diseases.

The country is also divided into 3 regions which have also responsibility towards Public Health in their tasks of environmental and zoonotic disease control. Again, each has its own Ministry. The Flemish Community and the Flemish Region then integrated their administrations into one.

#### **Contacts**

Scientific Institute of Public Health - Louis Pasteur (IPH) - http://www.iph.fgov.be.

Dr. G. Thiers Director Scientific Institute of Public Health - Louis Pasteur (IPH) 14 J. Wytsmanstreet B-1050 Brussels

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### Flamish Community:

Dr. Dirk De Wolf Afdelingshoofd PSG Ministerie v/d Vlaamse Gemeenschap, Administratie Gezondheidszorg Markiesstraat 1 1000 Brussel tel +32 2 553 3509 Fax +32 2 507 3635

#### French Community:

Dr W. Brunson

Directeur Général de la Santé, Administration de la Communauté Française de Belgique Bd. Léopold II, 44

1080 Bruxelles

Tel: +32 2 413 26 02 Fax: +32 2 413 26 13

Brussels

Dr L. Van Calster Commission Communautaire Commune, (COCOM) Rue Champs de Mars, 25 1050 Bruxelles

Tel: +32 2 552 0136 Fax +32 2 502 5905

### 1.1 Statutory Notification Systems

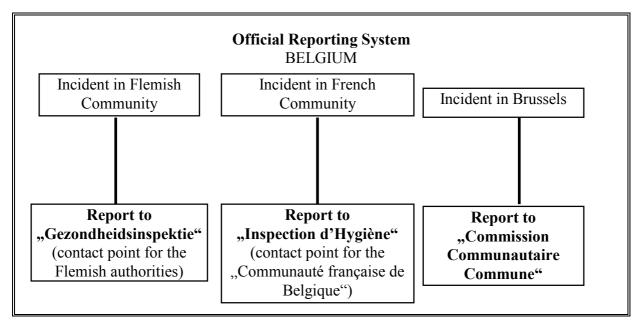
### Table BE 1

Legal Framework	Ministries of Health for each community are responsible for introducing changes				
	in the statutory notification system.				
Levels of	At Federal level the Ministry for Public Health is responsible for:				
responsibility	Inspection of drugs and food products				
	Control of imported diseases				
	Etc.				
	Governments at Community level are responsible for:				
	Prevention				
	Social and environmental-hygienic aspects of health				
	Etc.				
	The administration of these Community governments has per province a "health				
	inspector" in charge of surveillance and control of infectious diseases. The tasks				
	are:				
	Registration of notified cases of infectious diseases				
	Co-ordination and follow-up of control measures				
	Investigation and follow-up of outbreaks				
	Vaccination policy and its implementation				
	Governments at Regional level are responsible for:				
	Environmental and zoonotic disease control				
	Water quality and control of waterborne diseases				
	In Flanders, the Community and Regional authority are "merged", the health				
	inspector is the authority responsible for the common tasks. In Brussels, a				
	separate authority (the Community Commission) carries the responsibility. Since				
	the German Community is quite small, the tasks prevention and control of				

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	notifiable diseases are executed by the French Community.
Notifiable Diseases	In the Flemish Community 37 diseases are notifiable and case definitions are in
	use for most of them. In Brussels and the French Community 42 diseases are
	notifiable. All of them have case definitions. No financial incentives are given
	for notifying physicians.
Levels of reporting	Local level for reporting –Local Health Department, at the level of the province,
	under the supervision of the health inspector. Usually at the level of the province
	with an average population size of 900,000 (250,000 – 1,600,000)
Public Health Action	The responsability for case management is held by the notifier. Control
	measures including contact tracing and outbreak investigation is generally the
	responsability of the Public Health Service, primarily on local level, with
	support from the administration at the central (community) level. If requested,
	support can also be provided by the IPH.
Data dissemination	In Flanders an epidemiological bulletin, the <i>Epidemiologisch Bulletin van de</i>
	Vlaamse Gemenschap is published ( <a href="http://www.wvc.vlaanderen.">http://www.wvc.vlaanderen.</a> be). It contains
	tables with notification data. In addition an annual report is disseminated. In the
	French Community, the Direction Général de la Santé publishes data on a
	monthly basis in the Revelé mensuel de maladies transmissibles At the IPH, the
	monthly data from sentinel laboratories are accessible via internet
	(http://www.iph.fgov.be/epidemio/epinl/plabnl/index.htm).

Figure BE 1



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### 2. Statutory notification

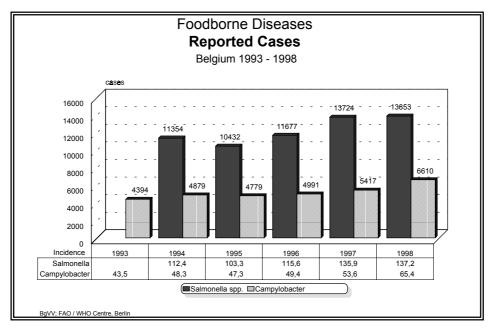
Table BE 2

Statutory notification of communicable diseases

BELGIUM/Brussels, Flemish Community, French Community 1993 - 1998

Agent	1993	1994	1995	1996	1997	1998
Salmonella						
S.Enteritidis		5721	5028	5998	8036	8599
Incidence rate		56.6	49.8	59.4	79.6	85.1
S. Hadar		406	408	580	643	435
Incidence rate		4.0	4.0	5.7	6.4	4.3
S. Typhimurium		3433	3451	3395	3184	3069
Incidence rate		34.0	34.2	33.6	31.5	30.4
Other Salm spp		1794	1545	1704	1861	1750
Incidence rate		17.8	15.3	16.9	18.4	17.3
Shigella		-	-	-	200	280
Incidence rate		-	-	_	2.0	2.8
Campylobacter	4394	4879	4779	4991	5417	6610
Incidence rate	43.5	48.3	47.3	49.4	53.6	65.4
E.coli (VTEC+ETEC)	-	-	-	53	32	37
Incidence rate	-	-	-	0.5	0.3	0.4
Cryptosporidium	202	355	737	413	603	833
Incidence rate	2.0	3.5	7.3	4.1	6.0	8.2
E.histolytica	207	-	260	256	289	294
Incidence rate	2.0	-	2.6	2.5	2.9	2.9
Hepatitis A	-	707	555	565	465	517
Incidence rate	-	7.0	5.5	5.6	4.6	5.1
Listeria	36	32	38	50	45	42
Incidence rate	0.4	0.3	0.4	0.5	0.4	0.4
Giardia	1379	1588	1784	1663	1557	1899
Incidence rate	13.7	15.7	17.7	16.5	15.4	18.8
Y.enterocolitica	803	751	634	589	492	440
Incidence rate	8.0	7.4	6.3	5.8	4.9	4.4

Figure BE 2



### 3. Epidemiologically investigated incidents

#### 3.1 Salmonellosis

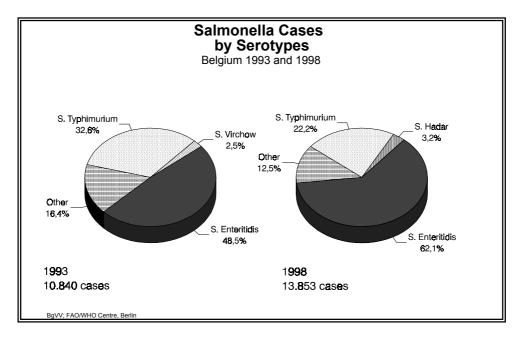
Table BE 3

### **Salmonella cases by serotypes** BELGIUM 1993 - 1998

Serotypes	1993	1994	1995	1996*	1997	1998
	(n=10.840)	(n=11.354)	(n=10.430)	(n=11.677)	(n=13.724)	(n=13.853)
S. Enteritidis	48.5%	50.5 %	47.8 %	51.2 %	58.2 %	62.1%
S. Typhimurium	32.6 %	30.3 %	33.7 %	29.3 %	23.5 %	22.2%
S. Virchow	2.5 %	2.7 %	2.3 %	1.5 %	0.8 %	0.8%
S.agona		0.4%	0.3%	0.2%	0.3 %	0.2%
S. infantis	1.5 %	1.3 %	1.6 %	2.2 %	1.9 %	1.2%
S. Hadar	1.4 %	3.6 %	3.9 %	5.0 %	4.7 %	3.2%
S.Bovismorbi- ficans				1.1 %	1.1 %	1.1%
S.Derby		1.0 %	1.0 %	1.0 %	1.1 %	1.1%
S.Brandenburg	1.4 %	1.8 %	2.2 %	1.8 %	2.1 %	1.9%
Others	12.1%	8.4%	7.2%	6.7 %	6.3 %	6.2%

<sup>\*</sup> Isolates received from all medical laboratories

Figure BE 3



### 4. Epidemiological investigated outbreaks

### 4.1 Causative agents

Table BE 4

## **Foodborne disease outbreaks by causative agents** BELGIUM/ Flemish Community 1995 – 1998

		1995	5	1996	í	1997		1998	3	<u>To</u> 1995 -	
Causative Agents	O.*	С	.** O.*	C	C.** O.	* C	.** O.*	C	.** O.	ķ (	C.**
Salmonella spp S.Enteritidis		5 14	87 823	23 31	126 >377	14 88	44 582	24 33	235 331	66 166	492 >2113
S. Typhimurium St. aureus + B. cereus		2	7 13	-	-	11 7	28 128	3 2	10 8	16 10	45 149
Sighella sonnei Campylobacter		1	- 10	-	-	2 2	7 5	1 7	40 14	3 10	47 29
Unknown TOTAL		3 <b>26</b>	148 1088	<u>-</u> 54	503	124	- 794	70	638	3 274	148 >3023

<sup>\*</sup> outbreaks

<sup>\*\*</sup> cases in outbreaks

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#### 4.2 Incriminated foods

Table BE 5

Foodborne disease outbreaks by incriminated foods and causative agents
BELGIUM/Flemish Community 1995-1998

Food	Campylobact.	Salmonella	Staph.aureus+ Bac. cereus	Agent unknown		<u>tal</u> - 1998
				_	No.	%
Cheese	-	2	-	7	9	2.5
Milk	-	-	-	19	19	5.4
Meat, meat products	1	9	1	20	31	8.8
Poultry	2	4	2	11	19	<i>5.4</i>
Egg, egg products Salads, dressings,	-	45	-	49	94	26.6
mayonnaise Fish, shellfish/	-	7	-	-	7	2.0
shellfish products	2	-	-	4	6	1.7
Soup, sauce	-	1	-	-	1	0.3
Pudding, mousse	-	2	-	-	2	0.6
Ice-cream	-	7	-	-	7	2.0
Various foods	-	31	1	-	32	9.0
Unknown	2	95	3	27	127	35.9
TOTAL	7	203	7	137	354	100.0

Figure BE 4

