

Poliomyelitis Surveillance in Belgium

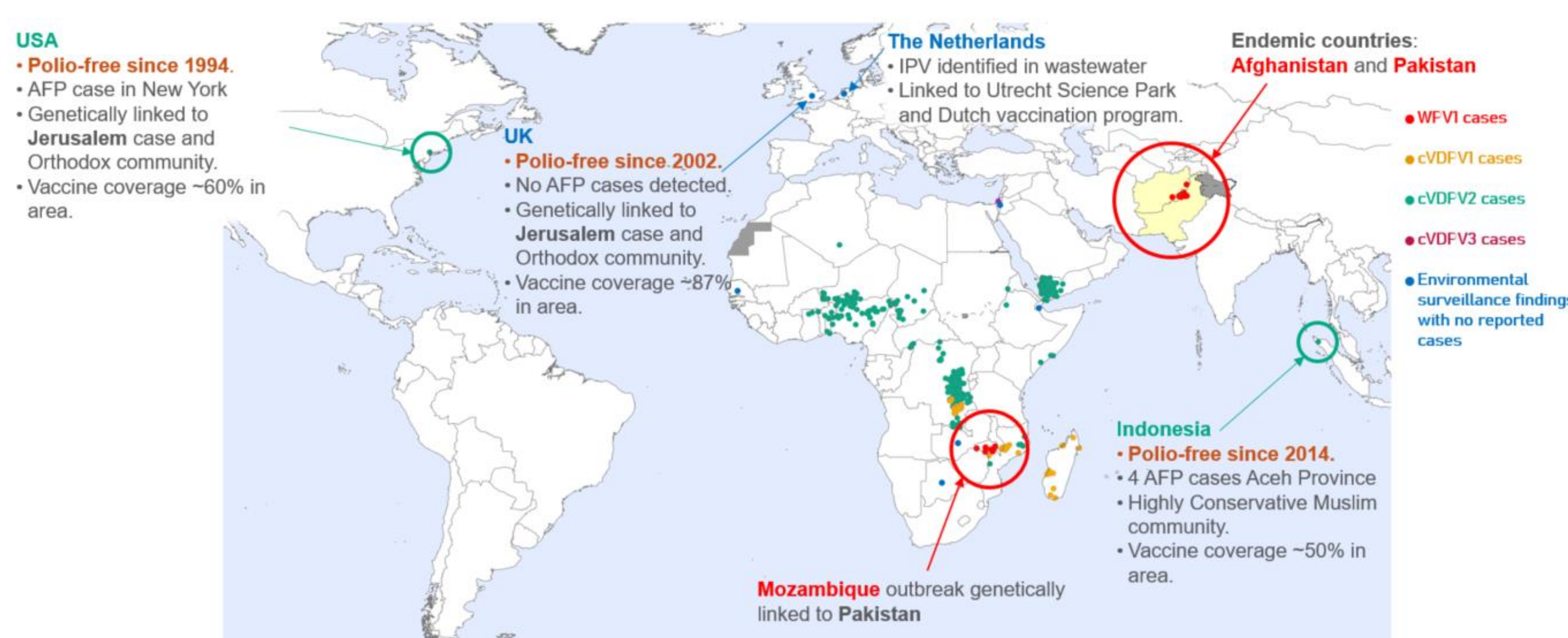
Kimberley Hansford¹, Ilse Peeters¹, Laura Cornelissen¹

¹Epidémiologie des Maladies Infectieuses, Sciensano.

Belgium has been **polio-free since 2002**.

However, Belgium is classified as an intermediate-risk of transmission for poliomyelitis according to WHO because of insufficiencies in surveillance systems.

International Situation 2022



- Global eradication target – 2026.
- Current risk of reintroduction of polio into **polio-free regions**.
- Acute flaccid paralysis (AFP) surveillance primarily recommended as **gold standard**.
- Enterovirus and environmental surveillance recommended as supplementary.

Key Messages

Worsening trend in reporting of AFP cases.

Greater awareness of AFP surveillance is required, as is **optimization of registration systems**.

Poor surveillance systems make Belgium an **'intermediate risk'** for transmission of poliomyelitis.

Surveillance in Belgium

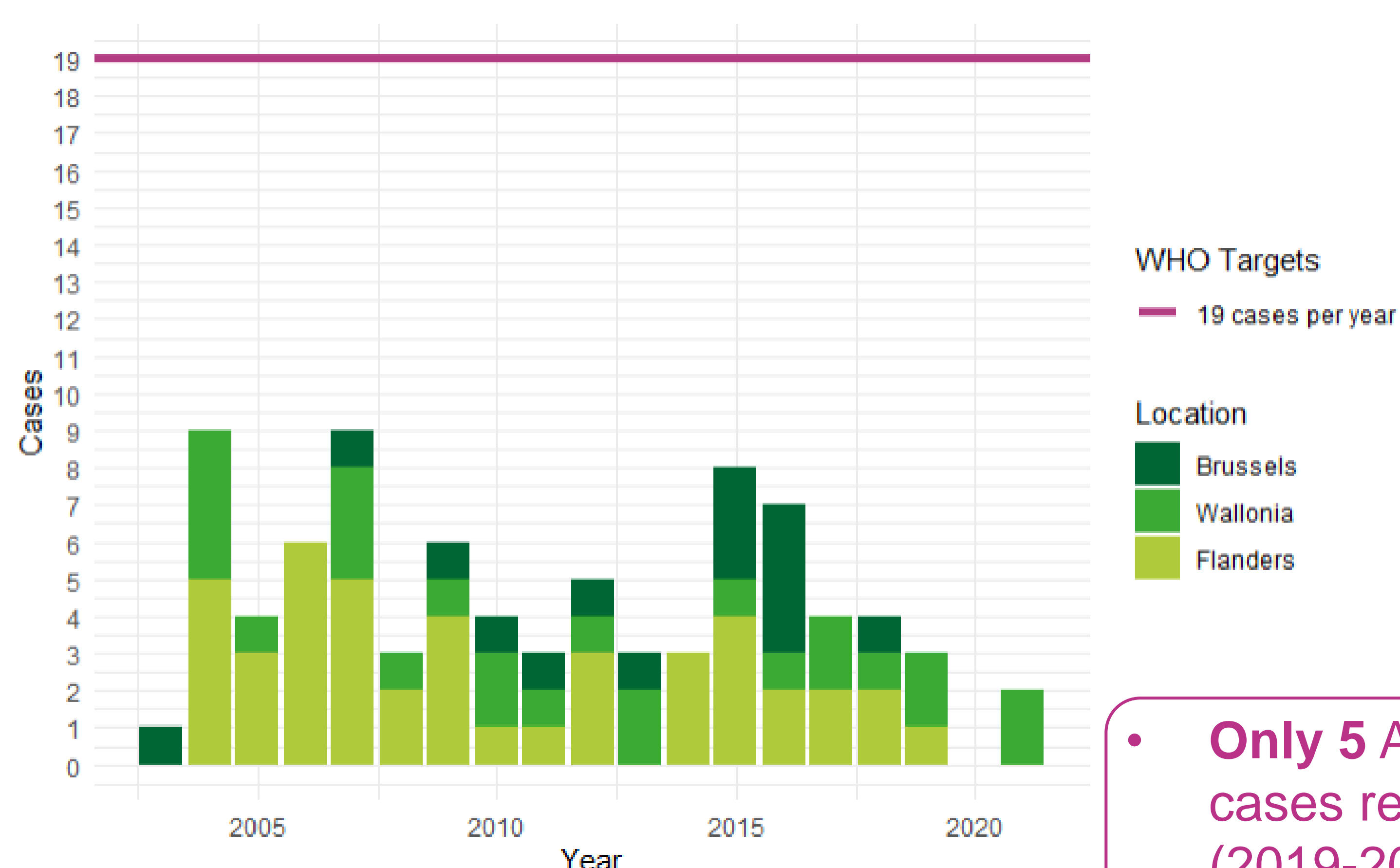
- Acute flaccid paralysis (AFP) surveillance **only**, no environmental surveillance.
- Notification of **all** AFP cases <15 year olds, regardless of cause, is **mandatory** across Belgium.
- Cases should be reported via mandatory notification.
- Additional surveillance voluntarily notified via PediSurv.

Study Objective

Evaluate AFP surveillance in Belgium in relation to WHO standards

Results

- 82 AFP cases** reported (2003-2021)
- Only 2 cases** had the required polio-surveillance microbiological workup



Number of cases of AFP declared in Belgium from 2003 to 2021. Flanders = 44 cases (52%), Wallonia = 25 cases (30%), Brussels = 15 cases (18,0%) (Sources : obligatory notification and 'PediSurv')

Methods

- All reported AFP cases in <15 year olds from 2003 to 2021 were analysed.
- WHO targets are defined as able to capture 1/100 000 cases of **non-polio** AFP in <15 year olds (**19 cases/year in Belgium**).

Conclusions

AFP surveillance in Belgium **does not meet WHO standards**.

To reduce the risk of polio being reintroduced into Belgium, it is necessary to **improve the current surveillance systems**.

Greater awareness of AFP surveillance is required.

Options for improvement include **supplementary enterovirus and environmental surveillance**.

REFERENCES

<https://polioeradication.org/polio-today/>
https://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/poliomyelitis_standards/en/