BEYOND OUR BORDERS: INFECTIOUS DISEASE RISKS FOR TRAVELLERS

The 'Beyond our Borders' column focuses on selected and current international diseases that may affect South Africans travelling abroad.

Disease & countries	Comments	Advice to travellers
Avian Influenza H7N9 China (Shanghai, Jiangsu, Anhui, Zhejiang, Beijing, Henan)	To date, WHO has been informed of a total of 132 laboratory-confirmed cases, including 39 deaths.	H7N9 is a type of influenza usually seen in animals; it is the first time this virus has been noted to cause disease in humans. Symptoms include high fever, cough, and shortness of breath. There is currently no vaccine available against avian influenza H7N9. Travellers to China are advised to seek healthcare should they become ill whilst in China or shortly after their return.
Dengue fever Angola (Luanda; Malanje)	As of 17 May 2013, 301 cases of dengue including one death have been recorded in Angola since the outbreak was announced on 12 March 2013. 10 cases have been identified in Portugal, South Africa, Israel, and Canada among travellers who recently returned from Angola.	Dengue viruses are transmitted by <i>Aedes</i> species mosquitoes, which usually bite during daytime. Symptoms of dengue fever include fever, headache, joint and muscle pain, rash, nausea and vomiting and can take two weeks to develop after being bitten. Uncommon fatal complications include dengue haemorrhagic fever and dengue shock syndrome. There are no available vaccines. When travelling to a dengue-risk area, use mosquito repellents containing DEET to avoid being bitten. Wear long-sleeved pants and shirts during the day and stay in well-ventilated (fan/air-conditioned) rooms where possible. Burning mosquito coils at night and sleeping under a mosquito net in a well-ventilated room is also helpful.

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Chikungunya India (Hukkeri Taluk)	As of 1 June 2013, 8 suspected cases of chikungunya were reported from 4 villages of Hukkeri Taluk. District health officials have taken all precautionary measures to control the disease.	Chikungunya is a viral disease that is spread by mosquito species that can also transmit other mosquito-borne viruses, including dengue. The disease shares some clinical signs with dengue, however, the joint pain is often debilitating. Complications are uncommon but the disease can cause death in the elderly. Onset of illness occurs usually between 4 and 8 days but can range from 2 to 12 days. There are no available vaccines. Travellers to chikungunya-risk areas are advised to avoid being bitten by mosquitoes.
Polio (wild-type) Kenya (Dadaab complex, the world's largest refugee camp) Somalia (Mogadishu)	As of 5 June 2013, nine cases of polio have been recorded in Kenya and Somalia. Intensive vaccination campaigns to contain the polio outbreak are continuing in both countries.	Polio is an infectious disease caused by a virus that invades the nervous system and can cause total paralysis in a matter of hours. The disease affects mainly children <5 years of age. Symptoms include fever, fatigue, headache, vomiting, neck stiffness and pain in the limbs. Travellers are advised to ensure that they have completed the recommended age-appropriate polio vaccine series. It is recommended for the unvaccinated, incompletely vaccinated, or those whose vaccination status is unknown that they receive 2 doses of IPV administered at an interval of 4–8 weeks; a third dose should be administered 6–12 months after the second.

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Yellow fever Chad, Cote d'Ivoire, Democratic Republic of Congo, Nigeria, Republic of Congo, Sudan, Togo, Niger and Ethiopia	In February 2013, NaTHNaC [National Travel Health Network and Centre] reported on confirmed cases of yellow fever in Chad, Cote d'Ivoire, Democratic Republic of Congo (DRC), Nigeria, Republic of Congo, Sudan, and Togo. On 5 April 2013, a case of yellow fever was reported from Niger. On 7 May 2013, 6 cases of yellow fever were reported in Ethiopia. In the DRC, a total of 6 cases dating back to March 2013 has been confirmed in 3 health zones in Kasai-Oriental province. Following extended epidemiological investigations into the cases, an additional 51 suspected cases with 19 deaths were identified, signaling the presence of a huge yellow fever outbreak in the province. Yellow fever occurs sporadically in rural areas of the DRC. Cases occurred in 2008, 2010, and 2012. The Ministry of Health of the Democratic Republic of Congo is launching an emergency mass vaccination campaign against yellow fever from 20 June 2013.	Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. The first "acute" phase usually causes fever, muscle pain with prominent backache, headache, shivers, loss of appetite, and nausea or vomiting. Most patients improve and their symptoms disappear after 3 to 4 days. However, 15% of patients enter a second, more toxic phase within 24 hours of the initial remission. High fever returns and several body systems are affected including liver failure and jaundice. Up to 50% of severely affected persons without treatment will die from yellow fever. There is no specific treatment for yellow fever. Treatment is symptomatic. For travellers to yellow fever risk areas, it is recommended for the unvaccinated or those whose vaccination status is unknown that they receive yellow fever vaccination 10 days prior to departure. Vaccine is contraindicated in pregnant women, infants <9 months, individuals with egg allergies, and certain immunosuppressed individuals (including HIV infected persons with CD4<200/mm³).

References and additional reading:

ProMED-Mail (www.promedmail.org)

World Health Organization (www.who.int)

Centers for Disease Control and Prevention (www.cdc.gov)

Global Polio Eradication Initiative (http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx)

Last accessed: 18 June 2013.

Source: Division of Public Health Surveillance and Response, NICD-NHLS