

5 BEYOND OUR BORDERS

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
1. Vector-borne diseases		
<p>Dengue fever</p> <p>Mexico and Central America</p> <p>Mexico, Costa Rica, Honduras, Panama</p> <p>South America</p> <p>Brazil</p> <p>Caribbean</p> <p>Dominican Republic</p> <p>Pacific</p> <p>Tonga</p>	<p>Ongoing transmission with new cases identified during December 2014 and early January 2015.</p> <p>An outbreak of dengue is now officially confirmed.</p>	<p>Dengue fever (like chikungunya) is a mosquito-borne viral infection transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day.</p> <p>Travellers should wear clothing which minimises skin exposure (i.e. long-sleeved shirts and long pants) during the day, and apply mosquito repellents to exposed skin or clothing.</p>
<p>Chikungunya</p> <p>Caribbean</p>	<p>Local transmission of chikungunya in the Americas was first reported in Saint Martin in December 2013. Since then, local and transmission of chikungunya is now being reported in many other Caribbean countries. As of 09 January 2015, ongoing transmission is reported from the following Caribbean countries: Anguilla, Antigua, Aruba, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, St Barthelemy, St Kitts, St Lucia, St Martin (French), St Maarten (Dutch), St Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, US Virgin Islands.</p>	

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1. Vector-borne diseases (continued)		
<p>Chikungunya (continued)</p> <p>South America</p> <p>Mexico</p> <p>Central America</p> <p>French Polynesia</p>	<p>Local transmission of chikungunya in South America was first reported in French Guiana in December 2013. Since then, local transmission of chikungunya is now being reported in many other South American countries. As of 09 January 2015, ongoing transmission is reported from the following South American countries: Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Suriname, and Venezuela.</p> <p>In October 2014, Mexico reported a locally transmitted chikungunya case for the first time. As of 02 January 2015, ongoing transmission is reported from the following states: Sonora, Sinaloa, Guerrero, Oaxaca and Chiapas.</p> <p>In June 2014, El Salvador reported locally transmitted cases for the first time in Central America. As of December 2014, ongoing transmission is reported from the following Central American countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.</p> <p>In October 2014, Tahiti reported locally transmitted cases for the first time in French Polynesia. Chikungunya cases have since been reported, with ongoing transmission, on other French Polynesian islands as well.</p>	<p>Chikungunya is a mosquito-borne viral infection transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day.</p> <p>The incubation period is usually 3-7 days (range 1-12 days), and the illness is characterised by an abrupt onset of fever and arthralgia. Arthralgia is usually bilateral and symmetrical and is often severe and debilitating. Other symptoms may accompany the fever and arthralgia, including: headache, myalgia, arthritis, conjunctivitis, nausea, vomiting, and nonspecific maculopapular rash.</p> <p>Laboratory findings can include lymphopenia, thrombocytopenia, elevated creatinine, and elevated hepatic transaminases.</p> <p>Most chikungunya infections are self-resolving, but rare complications include bullous skin lesions, uveitis, retinitis, myocarditis, hepatitis, nephritis, meningoencephalitis, Guillain-Barre syndrome, and haemorrhage.</p> <p>There is no specific antiviral therapy, and treatment is symptomatic.</p> <p>Travellers should wear clothing which minimises skin exposure (i.e. long-sleeved shirts and long pants) during the day, and apply mosquito repellents to exposed skin or clothing.</p>
2. Respiratory diseases		
<p>Influenza</p> <p>Europe</p>	<p>Increased influenza activity has continued to rise in the first two weeks of January across many northern and eastern European countries. Influenza A (H3N2) viruses predominate in most countries.</p>	

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2. Respiratory diseases (continued)		
<p>Avian influenza</p> <p>Egypt: avian influenza A (H5N1)</p> <p>China: avian influenza A (H7N9)</p>	<p>Since November 2014, Egypt has reported at least 18 new laboratory-confirmed human cases; as of 21 January 2015, additional suspected cases are under investigation.</p> <p>On 13 January 2015, China reported an additional 15 laboratory-confirmed cases including 3 deaths identified during December 2014.</p>	<p>Travellers to countries with known outbreaks of avian influenza should avoid exposure to poultry. Avoid poultry farms, entering areas where poultry may be slaughtered, avoid live bird markets, and avoid contact with any surfaces that may be contaminated with poultry faeces.</p>
<p>Cholera</p> <p>Africa</p> <p>Nigeria</p> <p>Democratic Republic of Congo</p> <p>India</p>	<p>A cholera outbreak has been confirmed in Rivers State. The outbreak was identified on 05 January 2015; as of 14 January 2015, 171 cases have been recorded.</p> <p>A cholera outbreak has been confirmed in South Kivu. The outbreak was identified on 10 January 2015; as of 13 January 2015, 14 cases including one death have been recorded.</p> <p>Current outbreaks are reported from Bayesia State in Gujarat, and from Narmada District in Gujarat.</p>	<p>Drink safe water (bottled water with an unbroken seal, boiled water or water treated with chlorine tablets). Strict washing of hands with soap and safe water must be practiced. Food must be well-cooked before eating. Peel fruit and vegetables before eating.</p>

References and additional reading:ProMED-Mail (www.promedmail.org)World Health Organization (www.who.int)Centers for Disease Control and Prevention (www.cdc.gov)

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