

6 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		
Malaria India (Karnataka)	As of 07 August 2014: 4 000 laboratory-confirmed cases between January and July 2014.	Prevention of mosquito bites is the best method to prevent malaria. Travellers should wear long-sleeved shirts and long pants during the dusk and evening, and stay in well-ventilated (fan/air-conditioned) rooms where possible; use mosquito repellents containing DEET to reduce the risk of being bitten.
Crimean-Congo haemorrhagic fever Pakistan (Kazakhstan)	As of 7 August 2014: 28 suspected cases since the beginning of 2014 and 2 confirmed deaths.	Crimean-Congo haemorrhagic fever is transmitted to people from ticks and livestock animals. Human-to-human transmission can occur from contact with blood and body fluids of infected persons. Avoid tick bites by wearing long-sleeved shirts, long pants, and light-coloured clothing to deter ticks.
Georgia (Shida Kartli region)	As of 18 August 2014: 13 confirmed cases and 2 deaths.	
Chikungunya <u>North America</u> Canada	As of 15 August 2014: 8 confirmed cases, no death.	Chikungunya and dengue fever are mosquito-borne viral infections transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day. Travellers should wear long-sleeved shirts and long pants during the day and stay in well-ventilated (fan/air-conditioned) rooms.
United States of America	As of 15 August 2014: 482 confirmed cases, no death.	
<u>Caribbean</u> On-going transmission	As of 08 August 2014: 5 421 cases across 8 Latin and 11 non-Latin Caribbean countries, 32 deaths across the 8 Latin Caribbean countries.	
<u>Central America</u> Costa Rica El Salvador Nicaragua Panama	As of 8 August 2014: 1 case, no death 8 cases, no death 2 cases, no death 13 cases, no death	
<u>Andean</u> Bolivia Colombia Peru Venezuela	As of 15 August 2014: 3 cases, no death 1 case, no death 2 cases, no death 94 cases, no death	
Philippines Samoa	As of 17 August 2014: >100 cases As of 11 August 2014: 8 confirmed cases, 96 suspected cases.	

Disease & countries	Comments	Advice to travellers
1. Vector-borne diseases (continued)		
Dengue fever Cuba (National)	As of 12 August 2014: >1 800, 1 death.	Chikungunya and dengue fever are mosquito-borne viral infections transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day. Travellers should wear long-sleeved shirts and long pants during the day and stay in well-ventilated (fan/air-conditioned) rooms.
<u>South America</u> Brazil (Espirito Santo)	As of 7 August 2014: 20 205 cases, 11 deaths.	
Peru (National)	As of 21 June 2014: 11 139 cases , 19 confirmed deaths, 3 suspected deaths.	
Venezuela (National)	As of 3 August 2014: 1 573 probable cases, 3 serious cases.	
<u>Asia</u> Philippines (Caraga region Mindanao)	As of 10 August 2014: >3 000 cases, >12 deaths.	
Malaysia (Penang State)	As of 7 August 2014:1 116 cases, 5 deaths.	
Myanmar (Yongon)	As of 12 August 2014: >1 200 cases, between January to July 2014, mostly children 12 deaths.	
India (Pune Maharashtra State)	As of 6 August 2014: 3 deaths, with more virulent types 2,3.	
Pakistan (Swat district)	10 August 2014 : 62 cases reported.	
2. Food- and water-borne diseases		
Cholera <u>Africa:</u> Cameroon (Far North Region)	As of 6 August 2014: 1 400 cases, 75 deaths.	Drink safe water (bottled water with an unbroken seal, boiled water or water treated with chlorine tablets). Always wash hands with soap and safe water before preparing food and eating. Food must be well-cooked before eating. Peel fruit and vegetables before eating.
Nigeria (Plateau State)	As of 6 August 2014: 40 suspected cases, 2 deaths.	
Ghana (Accra)	As of 5 August 2014: 121 cases across 6 districts.	
<u>Central America</u> <u>Mexico</u> (Hidalgo state)	As of 4 August 2014: 3 confirmed cases since June 2014, no deaths.	

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3. Respiratory diseases		
MERS-CoV <u>Global</u>	<p>As of 23 July 2014: 837 laboratory-confirmed cases, 291 deaths.</p> <p>To date, all reported cases have been linked to countries in the Middle East region, with the majority of cases reported from Saudi Arabia. Other countries in the region with laboratory-confirmed cases include Jordan, Yemen, United Arab Emirates (UAE), Qatar, Oman, Kuwait, Lebanon and Iran. Countries with travel-associated cases include United Kingdom (UK), Tunisia, Egypt, Greece, Germany, Italy, Malaysia, Philippines, Algeria, and the United States of America (USA).</p>	<p>Good hygiene and basic infection prevention practices can minimise risk of respiratory infections in travellers:</p> <ul style="list-style-type: none"> • cough etiquette • avoiding contact with sick people • avoid handling of animals • frequent hand washing with soap and water or the use of an alcohol-based hand rub. <p>Travellers with diabetes, chronic lung disease and immunocompromised states are at risk of infection and should avoid contact with animals if possible. Strict hand washing must be followed after touching animals. Avoid raw camel milk or undercooked camel meat at all times.</p> <p>Travellers should contact a medical practitioner if they develop acute respiratory symptoms upon return from a known risk area.</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)

Last accessed: 19 August 2014

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