

## 9 BEYOND OUR BORDERS

The 'Beyond our Borders' column focuses on selected and current international diseases that may affect South Africans travelling abroad. Numbers correspond to Figure 5 on page 14.

### 1. Avian influenza (H7N9 and H5N6) - China

China reported 11 laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including four deaths, to WHO on 17 May 2016. From 5-9<sup>th</sup> May, China reported three new human A (H5N6) virus infections. No human-to-human transmission has been documented. All cases have had exposure to live poultry or slaughtered poultry market and live poultry, while one reported a history of selling pork at a market. WHO advise that travellers to countries where outbreaks have been reported should avoid contact with live poultry markets, poultry farms, contact with surfaces that may be contaminated with animal faeces, and avoid entering poultry slaughter areas. No special screening at entry points, travel or trade restrictions are currently recommended by WHO. However, for travelling or returning individuals who develops symptoms of severe acute respiratory infections (SARI) while travelling, or soon after returning, a diagnosis of avian influenza virus should be considered. Countries are encouraged to continue with influenza surveillance strengthening, including SARI surveillance to detect unusual pattern under the IHR (2005) human infections reporting.

### 2. MERS-CoV – Qatar and Saudi Arabia

A single case of MERS-CoV has been reported from Qatar in a patient who reported frequent exposure to dromedaries as part of his work. Four cases in Saudi Arabia were identified from 30 April to 5 May 2016. Two cases were reported from Riyadh city, of which one was an asymptomatic contact identified during contact tracing. One case each was reported from Hofuf and Hail cities respectively. Of the four cases, a single case who had reported frequent contact and consumption of dromedaries' raw milk, resulted in a fatality. Since September 2012, 1 733 laboratory-confirmed cases of MERS-CoV with 628 deaths were reported globally (case fatality rate: 36.2%). People should avoid contact with camels and camel products such as unpasteurised camel milk, camel urine or improperly cooked camel meat.

### 3. Anthrax – Bangladesh

On 17 May 2016, 40 cases of human anthrax infections were reported from one village at Ullapara upazila, Sirajganj. This is the second such incident with 87 people infected to date, from three upazilas (Shahjadpur, Kamarkhand and Sirajganj).

It appears that the infections occurred when sick animals were slaughtered, the meat sold, and consumed. A vaccination program for animals in the affected villages was initiated. Persons should avoid slaughtering sick animals and consuming meat from sick animals.

### 4. Cholera – Asia

**India:** A total of 25 cholera cases was reported in Jaipur, Rajasthan State, India, and more than 100 cases in Uttar Pradesh State in May 2016.

### 5. Measles – Pakistan

Following the diagnosis of measles in over 500 children over April and May 2016 in Karachi, Pakistan, the health department has planned to vaccinate over 1.1 million children between the age of 6 months and 5 years.

### 6. Cholera – Malawi and Kenya

An estimated 266 cases of cholera with 13 deaths were reported within a two-month period from the northern districts of Malawi (Karonga and Rumphi). Two cholera outbreaks were reported in Kenya from the Narok and Mandera areas. At Norak Boys High School, 11 students were admitted to hospital for treatment following severe diarrhoea and vomiting. In the Mandera County outbreak, 320 cases and five deaths were reported. Food inspection and good hygiene practices were emphasised to prevent further spread.

### 7. Lassa fever – Nigeria

Since January 2016, the Nigerian Federal Ministry of Health has reported 657 suspected Lassa fever cases (63 lab-confirmed) and 75 deaths. In the same period in 2015, 101 suspected cases (8 laboratory confirmed) with three deaths were reported. The reason for the increased number of cases and increased fatality rate this season is unknown.

### 8. Yellow fever - Angola – see page 2

### 9. Zika virus – Cape Verde – see page 4

**Source:** Division of Public Health, Surveillance and Response, NICD-NHLS (outbreak@nicd.ac.za)



**Figure 6.** Current outbreaks that may have implications for travellers. Number correspond to text above. The red dot is the approximate location of the outbreak or event