

4 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. <u>Zoonotic diseases</u>		
Anthrax Zimbabwe	Mashonaland West Province and Karoi: as of 15 January 2014, a total of 6 people have been hospitalised and 33 treated and discharged after they ate cattle carcasses infected with anthrax.	Travellers are at minimal risk for contracting anthrax since cases have been limited to persons having direct contact with or consuming infected animals.
2. <u>Vector-borne diseases</u>		
Chikungunya Philippines (Bataan Province)	Since October 2013, 100 cases have been reported. Officials have declared an outbreak in the town of Mariveles, Bataan Province	Chikungunya and dengue fever are mosquito-borne viral infections transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day.
Caribbean (British Virgin Islands)	As of 13 January 2014, 3 cases were confirmed in St Martin.	
Dengue fever Americas: Panama, Paraguay, Venezuela Pacific: Fiji, French Polynesia Asia: Pakistan, Philippines, Cambodia, Singapore	Cases of dengue fever continue to be reported or are increasing in several countries in the Americas, Asia and the Pacific.	
		Travellers should wear long-sleeved shirts and long pants during the day and stay in well-ventilated (fan/air-conditioned) rooms where possible; use mosquito repellents containing DEET to avoid being bitten.

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3. <u>Water- and food-borne diseases</u>		
<p><u>Cholera</u> Africa: Namibia (Kunene Region)</p> <p>Nigeria (Kano State)</p>	<p>As of 6 January 2014, 107 cases including 7 deaths had been reported. The outbreak started in November 2013.</p> <p>The cholera outbreak which began in November 2013 is ongoing.</p>	<p>Drink and use safe water (bottled water with an unbroken seal, boiled water or water treated with chlorine tablets).</p> <p>Wash hands with soap and safe water often. Eat hot well-cooked food, peel fruits and vegetables.</p> <p>Vaccines offer delayed and incomplete protection and should therefore not be used as a substitute for good hygiene and infection prevention practice.</p>
<p><u>Typhoid fever</u> Zimbabwe</p>	<p>Latest report: 28 cases reported countrywide, 13 of these in Harare.</p>	<p>Wash hands with soap and safe water often. Eat hot well-cooked food.</p> <p>Vaccines offer delayed and incomplete protection and should therefore not be used as a substitute for good hygiene and food safety practice.</p>
4. <u>Respiratory viruses</u>		
<p><u>Influenza</u> North America</p> <p>China</p> <p>Globally</p>	<p>Activity has increased over recent weeks. Influenza A (H1N1) pdm09 has been the predominant subtype detected.</p> <p>Activity has been increasing with influenza (H1N1) pdm09, A (H3N2) and influenza B co-circulating.</p> <p>Activity remained low for the rest of the northern hemisphere as well as the southern hemisphere. In countries of tropical areas variable influenza activity has been reported.</p>	<p>Northern hemisphere-formulation influenza vaccines are not available in South Africa.</p>

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4. <u>Respiratory viruses (continued)</u>		
<p><u>MERS-CoV</u> Middle East: Jordan, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE).</p> <p>Europe: France, Germany, Italy, United Kingdom</p> <p>Africa: Tunisia</p>	<p>Middle East respiratory syndrome coronavirus (MERS-CoV) infection was first reported in Saudi Arabia in 2012. Most confirmed cases of MERS-CoV infection developed severe acute respiratory illness.</p> <p>At present, the route of transmission to humans and types of exposures that result in infection are not known.</p> <p>Since April 2012, a total of 178 laboratory-confirmed cases, including 76 deaths has been reported. All cases have a link to the Middle East, either through travel to the region or exposure to a patient who acquired infection in the region.</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 should contact a medical practitioner if they develop acute respiratory symptoms upon return from a known risk area.</p>
<p><u>Avian influenza A (H7N9)</u> China</p>	<p>Human cases were first reported in March 2013, and sporadic cases continue to occur. According to the World Health Organization, 147 confirmed human cases including 47 deaths have been reported. No cases outside of China have been reported. All cases reported exposure to poultry. No evidence of sustained human-to-human transmission has been found.</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: 21 January 2013

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

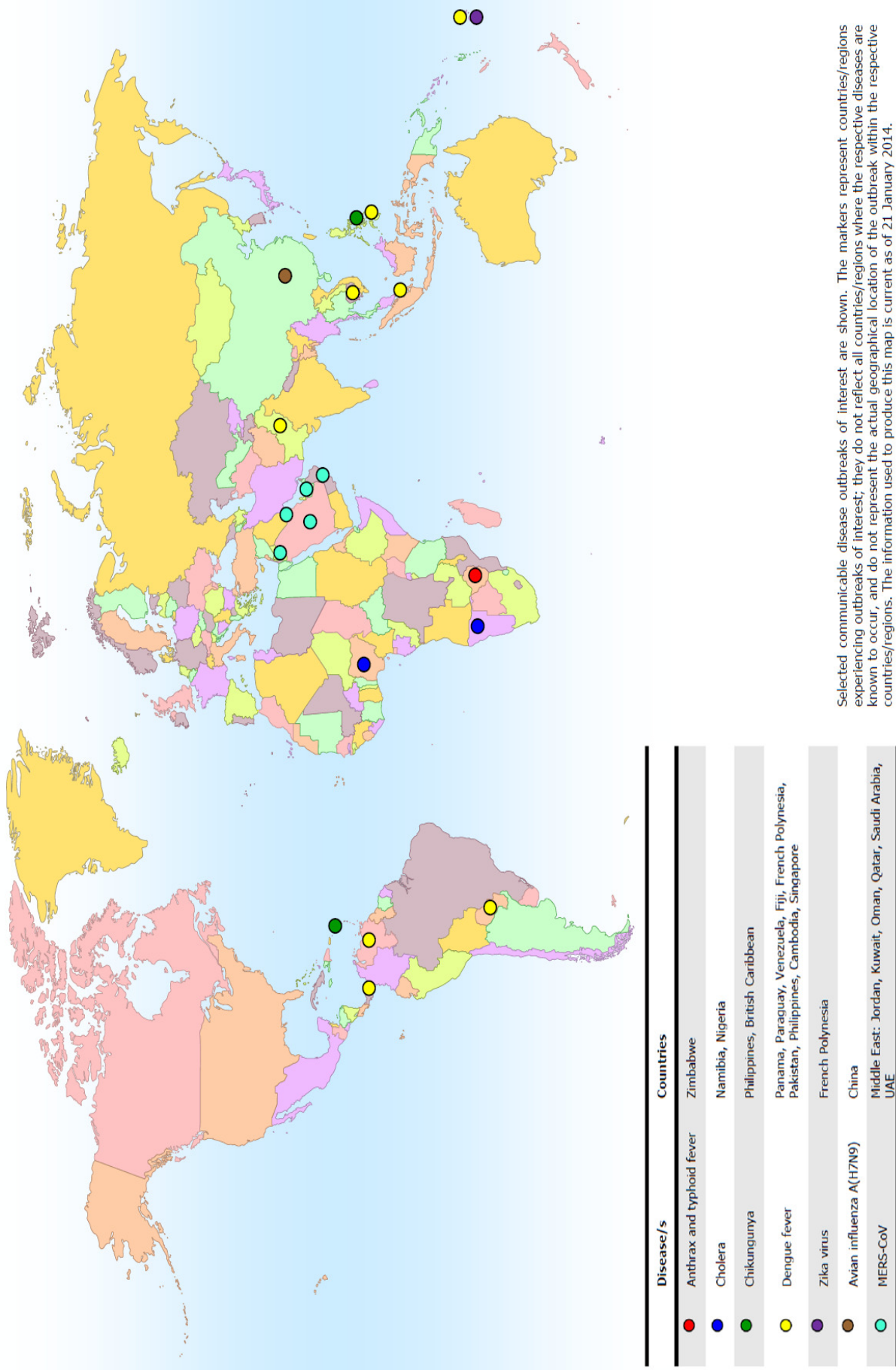


Figure 7. Selected communicable disease outbreaks that may affect South Africans travelling abroad, as at 21 January 2014.