

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
<p><u>MERS-CoV</u></p> <p>Middle East: Jordan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). France, Germany, Tunisia and the United Kingdom</p>	<p>As of 7 September 2013, WHO has been informed of a total of 114 laboratory-confirmed cases of infection with MERS-CoV, including 54 deaths.</p>	<p>Infection prevention and control measures include good cough etiquette, avoiding contact with sick people, and frequent hand washing with soap and water or the use of an alcohol-based hand rub.</p> <p>Travellers should contact a medical practitioner if they develop acute respiratory symptoms upon return from a known risk area.</p>

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<p><u>Cholera in Africa</u></p> <p>New outbreaks: Guinea, Nigeria</p> <p>Ongoing outbreaks: Guinea-Bissau, Niger, Sierra Leone, Somalia, Congo DR</p>	<p>New outbreaks of cholera have been declared in Nigeria (Oyo State) and Guinea (Banfele locality), whilst ongoing cases are reported in other countries with established outbreaks (Guinea-Bissau, Niger, Sierra Leone, Somalia and Congo DR).</p>	<p>Drink and use safe water (bottled with unbroken seal, boiled, or treated with chlorine tablets). Wash hands with soap and safe water often. Eat hot well-cooked food, peel fruits and vegetables. Vaccines offer delayed and incomplete protection and are not routinely recommended.</p>
<p><u>Poliovirus (wild- type)</u></p> <p>Horn of Africa (Kenya, Somalia and Ethiopia)</p> <p>Israel, West Bank and Gaza</p>	<p>The outbreak of wild poliovirus type 1 (WPV1) in the Horn of Africa has spread into 2 new states of Somalia. As of 4 September 2013, 160 cases were reported in Somalia since April 2013, and 13 cases in Dadaab (Kenya) which hosts a major refugee camp home to Somalian nationals. One case has also been reported from the Somali region of Ethiopia.</p> <p>WPV1 has been detected in 27 sites in Israel and 1 site in West Bank. However, no case of paralytic polio has been reported in either Israel or the West Bank and Gaza to date.</p>	<p>Travellers are advised to ensure that they have completed the recommended age-appropriate polio vaccine series.</p> <p>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, and a third dose should be administered 6–12 months after the second.</p> <p>Vaccinated travellers to the area should receive a booster (ideally the inactivated polio vaccine (IPV) or alternatively oral polio vaccine (OPV) booster).</p>

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<p><u>West Nile virus</u> European Union (EU) and neighbouring countries: Croatia, Greece, Hungary, Italy, Romania, Bosnia & Herzegovina, Israel, Russian Federation, Serbia, Macedonia, Montenegro, Ukraine</p>	<p>As of 12 September, 139 cases of West Nile virus infection have been reported in the European Union, and 361 cases in neighbouring countries since the beginning of the 2013 season.</p>	<p>There is no vaccine or specific treatment for West Nile virus infection. Severe cases may require hospitalisation for intravenous fluid and symptomatic care.</p> <p>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. The burning of mosquito coils at night and sleeping under a mosquito net in a well-ventilated room are also helpful at preventing other infections transmitted through mosquito bites.</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)

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

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