

## 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><b><u>MERS-CoV</u></b></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 17 October 2013, the total number of cases of Middle East respiratory syndrome coronavirus (MERS-CoV) reported globally by the World Health Organization (WHO) is 139, including 60 deaths.</p> <p>The most recent laboratory-confirmed cases were reported from Qatar and Hafar Al-Batin, Medina and Riyadh regions in Saudi Arabia.</p> <p>No cases of MERS-CoV have been reported outside of the Middle East since May 2013.</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>
<p><b><u>Dengue fever</u></b></p> <p>Africa: Kenya (Mombasa)</p> <p>Angola (Luanda Province)</p>	<p>Dengue fever is considered to be endemic to many countries in all regions of Africa, but surveillance is poor and the disease under diagnosed. In 2013, dengue fever has been reported in Mombasa (Kenya) and in Angola.</p> <p>As of 04 October 2013, 1 200 confirmed cases have been reported in Angola with 11 deaths. The majority of cases were reported in the capital city, Luanda.</p> <p>At least 90 dengue cases have also been associated with travel to Angola.</p>	<p>Dengue fever is a mosquito-borne viral infection transmitted by the <i>Aedes</i> mosquito species. Dengue fever symptoms can take up to two weeks to develop from being bitten, and the symptoms include: sudden onset of fever, headache, pain behind the eyes, joint and muscle pain, rash, nausea and vomiting.</p> <p>Severe or complicated dengue fever is uncommon but can occur in the form of dengue haemorrhagic fever and dengue shock syndrome. This is more common in the young and elderly.</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>

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<p><b><u>Cholera</u></b></p> <p>Mexico (Mexico City, Mexico State and Hidalgo State)</p> <p>Cuba (Camaguey, Granma, Guantanamo, Havana, Santiago de Cuba)</p>	<p>As of 04 October 2013, a total of 81 cases has been reported: 77 cases with 1 death in Hidalgo state, 2 cases in Mexico City and 2 cases in Mexico State.</p> <p>As of 01 October 2013, 678 confirmed cases have been reported, including 3 deaths. Among the confirmed cases are 12 persons who had travelled to Cuba from other countries. The outbreak has been ongoing in Cuba since July 2012.</p>	<p>Drink and use safe water (bottled with unbroken seal, boiled or treated with chlorine tablet).</p> <p>Wash hands with soap and safe water often. Eat hot well-cooked food, peel fruits and vegetables.</p> <p>Use latrines or bury faeces.</p> <p>Vaccines offer delayed and incomplete protection and should therefore not be used as a substitute for infection prevention and control measures.</p>
<p><b><u>Rubella</u></b></p> <p>Poland</p> <p>Japan</p>	<p>As of 01 October 2013, 36 751 cases of rubella have been reported. The entire country is affected.</p> <p>As of 01 October 2013, 14 033 cases of rubella have been reported, with the highest numbers in Osaka and Tokyo Metropolis Prefectures.</p>	<p>Travellers are advised to protect themselves from rubella by being up-to-date on their rubella vaccine. Pregnant women who are not protected against rubella either through vaccination or previous rubella infection should avoid traveling to countries during an outbreak. This is especially important during the first 20 weeks of pregnancy.</p>
<p><b><u>Chikungunya</u></b></p> <p>Philippines (Bataan Province)</p>	<p>As of 02 October 2013, 100 cases have been reported. Officials have declared an outbreak in the town of Mariveles, Bataan Province.</p>	<p>Chikungunya is a mosquito-borne viral infection transmitted by <i>Aedes</i> mosquito species, which bite mostly during the day. The disease shares some clinical signs with dengue; however, the joint pain is often debilitating. Complications are uncommon but the disease can cause death in the elderly. Onset of illness occurs usually between 4 and 8 days, but can range from 2 to 12 days.</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>

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<p><b><u>Polio (wild-type)</u></b></p> <p>South Sudan (Aweil South County, Iktotos County)</p> <p>Kenya, Somalia (Mogadishu)</p> <p>Ethiopia</p> <p>Nigeria</p> <p>Afghanistan (Eastern Region)</p> <p>Pakistan (Federally Administered Tribal Area)</p> <p>Israel, West Bank and Gaza</p>	<p>On 30 September 2013, a polio outbreak was declared. As of 09 October 2013, there have been 3 confirmed cases of wild poliovirus type 1 (WPV1) in children who experienced onset of paralysis in August 2013. Two were from Aweil South County, near the border with Sudan, and the other was from Iktotos County, close to the border with Kenya and Uganda.</p> <p>As of 09 October 2013, 175 cases were reported in Somalia, and 14 cases in Dadaab (Kenya) which hosts a major refugee camp home to Somalian nationals.</p> <p>As of 09 October 2013, 4 cases were reported.</p> <p>As of 09 October 2013, 49 cases were reported.</p> <p>As of 09 October 2013, 6 cases were reported.</p> <p>As of 09 October 2013, 39 cases were reported.</p> <p>As of 09 October 2013, no case of paralytic polio has been reported in either Israel or West Bank and Gaza. However, environmental surveillance has detected WPV1 in 27 sites in Israel, 2 sites in West Bank and 1 site in the Gaza Strip. This suggests that the virus is circulating in the environment and anyone who has not been vaccinated is at risk of contracting the disease.</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>

### **References and additional reading:**

ProMED-Mail ([www.promedmail.org](http://www.promedmail.org))

World Health Organization ([www.who.int](http://www.who.int))

Centers for Disease Control and Prevention ([www.cdc.gov](http://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