

6 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 12.

1. Middle East respiratory syndrome coronavirus (MERS-CoV): Saudi Arabia

Three new cases of MERS-CoV were reported between 2 and 27 Nov 2015 in the Kingdom of Saudi Arabia, including 2 deaths.

Until more is understood about MERS-CoV, people with diabetes, renal failure and chronic lung disease and immunocompromised persons are considered to be at high risk of severe disease from MERS-CoV infection. These people should avoid close contact with animals, particularly camels, and limit their exposure to health care facilities in Saudi Arabia where MERS-CoV infection has been reported.

There are no travel or trade restrictions to the Arabic peninsula, but travellers should be aware of MERS-CoV in affected countries. General hygiene measures, such as regular hand washing should be adhered to. People should avoid drinking raw camel milk or camel urine, or eating meat that has not been properly cooked.

2. Dengue: Malaysia

According to the World Health Organization, there were 2,286 cases of dengue reported in Malaysia from October 18-24, 2015. Travellers to Malaysia should protect themselves against mosquito bites to avoid getting dengue.

3. *Plasmodium knowlesi* malaria: Temburong National Park, Brunei

Two cases of *Plasmodium knowlesi* malaria were reported on 20 November 2015 at Temburong National Park, Brunei. None of the patients received malaria prophylaxis.

Although malaria prophylaxis for travellers is not routinely recommend, the recent report in suggests careful review of the current status of the disease in Brunei. Travellers should take regular precautionary measures to prevent mosquito bites.

4. Pertussis: Australia

More than 1 200 cases of pertussis were reported across western Sydney during 2015, with 200 cases reported in October 2015 alone. Regular

immunization is recommended to prevent whooping cough, with all children receiving immunisation in high school; however, immunity fades over time, and booster shots are often needed for adults. Travellers should keep their pertussis immunisation up to date and discuss a booster shot with their travel health provider prior to departure to Australia.

5. Zika Virus: Colombia and Brazil

Zika virus has been reported in high numbers from Colombia and Brazil. Other central and southern American countries fear the emergence of Zika, which is spread through *Aedes* mosquitoes. The mosquito vector is abundant in the Americas, and is actively transmitting dengue and chikungunya viruses.

Disease presents as fever, rash, joint pain and non-purulent conjunctivitis, similarly to chikungunya and dengue, though it is usually less severe. Zika virus infections were observed to be associated with cases of microcephaly and Guillain-Barre syndrome. If this is confirmed, Zika virus infections can no longer be considered as a benign febrile infection. Travellers are advised to avoid mosquito bites.

6. Measles: Democratic Republic of Congo

The World Health Organization continues to report measles cases from Katanga province, DRC. Over 30 000 cases have been reported since January 2015, and 428 children have died. Travellers are advised to ensure that they have received measles vaccine as a child, or to receive a booster.

7. Cholera: Tanzania, Mozambique

Over 10 412 cases and 159 deaths due to cholera have been reported from Tanzania. The WHO is assisting Tanzania with containment and treatment efforts. The majority of cases (44%) have occurred in Dar Es Salaam, but outlying provinces including Zanzibar (over 500 cases) have also been affected. Travellers are advised to observe appropriate hygiene measures. Cases of cholera continue to be reported from the northern provinces of

Mozambique. Over 800 cases have been reported, and 5 persons have died.

8. Updated country requirements for yellow fever vaccination.

Following the WHO declaration that yellow fever vaccine may be considered to have life-long

efficacy, certain countries have conformed, while others continue to require booster vaccinations after 10 years. Travellers should check with the destination country’s embassy or consulate before departure to confirm yellow fever vaccination requirements.

Source: Division of Public Health Surveillance and Response

References and additional reading:

ProMED-Mail (www.promedmail.org)



Figure 5. Current outbreaks that may have implications for travellers. Numbers correspond to text above. The red dot is the approximate location of the outbreak or event.