

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 6 on page 10.

1. Yellow fever in Angola and DRC

As of 16 November 2016, no new cases of yellow fever have been identified for the last four months. The outbreak, which started in Angola in December 2015, led to 962 confirmed cases across both countries, and over 7300 suspected cases. The last confirmed case in Angola was 23 June 2016, and in DRC was 12 July 2016. In the first 6 months of 2016 over 19 million doses of yellow fever vaccine were administered by government and humanitarian agencies.

2. Lassa fever in Nigeria

Epidemiological data on Lassa fever in Nigeria as at 7 October 2016 reveals 841 suspected Lassa fever cases with 83 lab-confirmed, and 98 deaths (case-fatality rate 11.65%) from 137 local government areas (28 states) were reported, compared with 228 suspected cases with 11 lab-confirmed and six deaths (case fatality rate 2.63%) from 21 local government areas (11 states) at the same period in 2015.

3. Cholera in the AFRO region

In addition to cases in Zimbabwe, and as of 16 November, cholera has recently been reported from Yemen (WHO reports (4 825 suspected and 89 confirmed cases), South Sudan (International Organisation for Migration reports 78 suspected and five confirmed cases) and Ghana (172 suspected cases).

4. Avian influenza

WHO reports (as of 17 November 2016) infections due to avian influenza A (H5N8) in the following countries in both Europe and Asia amongst wild birds and/or domestic poultry: Austria, Croatia, Denmark, Germany, Hungary, India, Israel, Netherlands, Poland, Russian Federation and Switzerland. Many of these recent detections were

associated with mortality in wild birds. Further spread along the migratory route of wild birds is likely, and introduction into other countries could occur. Human infection with avian influenza A (H5N8) virus cannot be excluded, although the likelihood is low and generally occurs in individuals exposed to sick or dead infected birds (or their environments).

5. MERS-CoV in Saudi

As of 17 Nov 2016 the Saudi Arabia Ministry of Health reports three newly confirmed cases, amongst adult, non-health care workers. As of 19 November 2016, there has been a total of 1 481 laboratory-confirmed cases of MERS-CoV infection, including 617 deaths (case fatality rate 41.6%), 854 recoveries, and 10 currently active cases.

6. Acute flaccid myelitis (AFM) cases in North America

As of September 2016 the Centers for Disease Control, Atlanta, reports 89 confirmed cases of AFM in 33 states. In addition, five new suspected cases of AFM were investigated by local health officials in states of Arizona (n=2), Navajo county, and Washington state (n=3) during the month of November 2016. The cause of these cases remains unclear, through the symptoms (a sudden weakness in one or more arms or legs, along with loss of muscle tone and decreased or absent reflexes) are in keeping with a number of viral infections including non-polio enteroviruses, adenoviruses, and West Nile virus.

Source: Division of Public Health Surveillance and Response, NICD-NHLS, from Promed (www.promed.org)



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