

## 6 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
<b>1. <u>Vector-borne diseases</u></b>		
<p><b><u>Chikungunya</u></b></p> <p><u>Caribbean Basin:</u> St Martin Island, St Barthelemy, Martinique, Guadeloupe, French Guiana, Virgin Islands, St Maarten, Dominica, Anguilla, St Kitts and St Lucia</p>	<p>Chikungunya cases continue to be reported across the Caribbean Basin during March and April.</p>	
<p><b><u>Dengue fever</u></b></p> <p><u>Asia:</u> Malaysia, Sri Lanka, Mayotte Island</p> <p><u>Africa:</u> Ethiopia (Gode Zone), Nigeria, Tanzania (Dar es Salaam and Zanzibar)</p> <p><u>Americas:</u> Mexico, Brazil, Honduras, Panama</p> <p><u>Caribbean:</u> Dominican Republic</p>	<p>Numerous countries across Asia, Africa, the Americas and the Caribbean are reporting recent dengue fever cases, indicating ongoing dengue virus transmission.</p>	<p>Chikungunya, dengue fever and Zika are mosquito-borne viral infections transmitted by <i>Aedes</i> spp. mosquitoes, which bite mostly during the day.</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.</p>
<p><b><u>Zika virus</u></b></p> <p><u>Pacific:</u> French Polynesia</p>	<p>Since October 2013, &gt; 30 000 cases have been reported.</p>	

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<b>1. <u>Vector-borne diseases (continued)</u></b>		
<p><b><u>Lassa fever</u></b></p> <p><u>Nigeria</u></p>	<p>10 April 2014: 5 suspected cases and 1 confirmed case were reported.</p>	<p>Lassa fever virus is transmitted to humans through direct contact with urine and droppings of infected multi-mammate rats, which contaminate the environment and food items. Transmission can also occur through the inhalation of aerosolised infected rodent excreta. Person-to-person transmission is also important, being common in both village and healthcare settings, and occurs through direct contact with blood, tissue, secretions or excretions of an infected person; therefore, VHF isolation precautions are recommended for nursing patients with Lassa fever. The incubation period is 1-3 weeks; symptoms include fever, retrosternal pain, sore throat, back pain, cough, abdominal pain, vomiting, diarrhoea, facial swelling and mucosal bleeding. No vaccine is available.</p>
<p><b><u>Haemorrhagic fever with renal syndrome (HFRS)</u></b></p> <p><u>Russia</u> <u>Udmurita</u></p>	<p>09 April 2014: 67 confirmed cases were reported.</p>	<p>Haemorrhagic fever with renal syndrome (HFRS) is a group of clinically-similar illnesses caused by hantaviruses from the family <i>Bunyaviridae</i>. Hantaviruses are carried and transmitted by rodents. Humans become infected after exposure to aerosolised urine, droppings, or saliva of infected rodents or after exposure to dust from their nests. Supportive therapy is the mainstay of care. No vaccines are available.</p>
<b>2. <u>Water- and food-borne diseases</u></b>		
<p><b><u>Cholera</u></b></p> <p><u>Africa:</u> <u>Namibia; Zambia</u></p>	<p>Cases continue to be reported; outbreaks are ongoing.</p>	<p>Drink and use safe water (bottled water with an unbroken seal, boiled water or water treated with chlorine tablets). Wash hands with soap and safe water often. Eat hot well-cooked food, peel fruits and vegetables.</p>
<p><b><u>Hepatitis E</u></b></p> <p><u>Africa:</u> <u>Uganda (Karamoja District)</u></p>	<p>16 March 2014: Since mid-2013, approximately 1000 cases including 30 deaths (mostly pregnant women) were reported.</p>	<p>Hepatitis E virus is transmitted mainly through contaminated drinking water. Drink and use safe water (bottled water with an unbroken seal, boiled water or water treated with chlorine tablets). Wash hands with soap and safe water often. No vaccine is available.</p>

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<b>3. <u>Respiratory Diseases</u></b>		
<b><u>Influenza</u></b>  <u>Global</u>	Increased activity in North America (H1N1) and China (H1N1 and H3N2) is reported.	<p>Good hygiene and basic infection prevention practices can minimise risk of respiratory infections in travellers:</p> <ul style="list-style-type: none"> <li>• cough etiquette</li> <li>• avoiding contact with sick people</li> <li>• avoid handling of animals</li> <li>• frequent hand washing with soap and water or the use of an alcohol-based hand rub.</li> </ul> <p>Travellers should contact a medical practitioner if they develop acute respiratory symptoms upon return from a known risk area.</p>
<b><u>MERS-CoV</u></b>  <u>United Arab Emirates</u>	A cluster of 10 laboratory-confirmed cases was reported on 14 April 2014, among healthcare workers in contact with a previously laboratory-confirmed case from Abu Dhabi who died on 10 April 2014.	
<u>Global</u>	Globally, the total number of laboratory-confirmed cases from September 2012 to date is 238, including 92 deaths (CFR = 39%).	
<b><u>Avian influenza A (H7N9, H5N1 and H9N2 )</u></b>  <u>China</u> H7N9	Sporadic cases continue to be reported; the outbreak is ongoing.	
<b><u>Measles</u></b>  <u>Africa:</u> Angola, Chad, Ethiopia, Somalia  <u>Americas:</u> Canada, USA  <u>Asia:</u> Japan, Phillipines  <u>New Zealand</u>	Recent cases in ongoing outbreaks reported from numerous countries in Africa, the Americas, Asia and New Zealand.	

**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)). Last accessed 15 April 2014.

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