

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>Dengue fever</u></p> <p>Angola (Luanda; Malanje Provinces)</p> <p>Tanzania (Dar es Salaam)</p> <p>South East Asia: Laos, Thailand (Chiang Rai, Lampang Provinces) Cambodia, Malaysia, Singapore, Vietnam, Phillipines (Iloilo; Eastern Visayas Region)</p> <p>South America Mexico, Bolivia, Columbia, Ecuador, Paraguay and Peru</p>	<p>As of 24 June 2013, 657 confirmed cases including 10 fatalities have been reported.</p> <p>As of 1 July 2013, an increase in number of cases and deaths has been reported in Tanzania.</p> <p>An increase in number of cases has been noted in South East Asia, with some countries reporting up to a 10 and 16 times increase in infection rates as well as significant increases in deaths as compared to 2012.</p> <p>Dengue fever is endemic in many South American countries and pockets of outbreaks have been reported in 2013.</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. 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 pants and shirts 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>
<p><u>Chikungunya</u></p> <p>Philippines (South Cotabato; Cotabato)</p>	<p>As of 1 July 2013, 215 cases were diagnosed in South Cotabato. Officials want to declare a state of emergency to access extra funds for treatment and control measures.</p>	<p>Chikungunya is a mosquito-borne viral infection transmitted by <i>Aedes</i> mosquito species, which bite mostly during the day.</p> <p>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 pants and shirts 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>Polio (WPV1) Somalia (Banadir, Lower Shabelle Province)</p> <p>Kenya (Dadaab)</p>	<p>As of 1 July 2013, 41 cases have been reported in Somalia, and 7 cases in Dadaab, Kenya, which hosts a major refugee camp which includes people from Somalia.</p>	<p>Polio is an infectious disease caused by a virus that invades the nervous system and can cause total paralysis in a matter of hours. The disease affects mainly children <5 years of age.</p> <p>Symptoms include fever, fatigue, headache, vomiting, neck stiffness and pain in the limbs.</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; a third dose should be administered 6–12 months after the second.</p> <p>Vaccinated travellers to the area should receive a booster (ideally, inactivated polio vaccine, IPV) or alternatively oral polio vaccine (OPV) booster.</p>
<p>Yellow Fever</p> <p>Chad, Cote d'Ivoire, Democratic Republic of Congo, Nigeria, Republic of Congo, Sudan, Togo, Niger and Ethiopia</p>	<p>As of 1 July 2013, 62 cases including 19 deaths were reported in the Democratic Republic of Congo (DRC). An emergency mass vaccination campaign has been launched with the aim of reaching more than 500 000 people.</p> <p>In Ethiopia, 130 cases have been reported in the following regions: South Omo, and the Southern Nations Nationalities and Peoples' region (SNNPR). An emergency mass vaccination campaign was also launched in 10 June 2013.</p>	<p>Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. The first, acute, phase usually causes fever, muscle pain with prominent backache, headache, shivers, loss of appetite, and nausea or vomiting. Most patients improve and their symptoms disappear after 3 to 4 days. However, 15% of patients enter a second, more toxic phase within 24 hours of the initial remission. High fever returns and several body systems are affected including liver failure and jaundice. Up to 50% of severely affected persons without supportive treatment will die from yellow fever.</p> <p>There is no specific treatment for yellow fever. Treatment is symptomatic. For travellers to yellow fever risk areas, it is recommended for the unvaccinated or those whose vaccination status is unknown that they receive yellow fever vaccination 10 days prior to departure. Vaccine is contraindicated in pregnant women, infants <9 months, individuals with egg allergies, and certain immunosuppressed individuals (including HIV infected persons with CD4<200/mm³).</p>

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<p><u>Avian influenza A [H7N9]</u></p> <p>China</p>	<p>As of 5 July 2013, a total of 133 cases of H7N9 has been reported to the WHO from China (132 from China's National Health Family and Commission, and 1 from Taipei Centers for Disease Control) including 43 deaths.</p>	<p>The World Health Organization (WHO) does not advise special screening at points of entry with regard to this event, nor does it currently recommend any travel or trade restrictions. There is currently no evidence of sustained human to human transmission. More information on H7N9 can be accessed at: http://who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html.</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)

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