

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 and Malanje)</p> <p>Kenya (Mombasa)</p>	<p>Angola: On 13 May 2013, Angola Health Minister stated that of 275 suspected cases reported between 12 March and 9 April 2013, 197 have now been confirmed. 273 cases were reported from Luanda and 2 cases in the northern Malanje province. The WHO country representative for Angola stated that whilst dengue is endemic to the region, this the first time an epidemic of the disease has been recorded in Angola.</p> <p>Kenya: As of 26 April there have been 83 confirmed cases in Mombasa since January 2013. The last outbreak of dengue fever in Mombasa occurred in 1982.</p>	<p>Dengue viruses are transmitted by <i>Aedes</i> species mosquitoes, which usually bite during daytime. There are no available vaccines.</p> <p>Symptoms of dengue fever can include fever, headache, joint and muscle pain, rash, nausea and vomiting, and can take two weeks to develop after being bitten. Uncommon fatal complications include dengue haemorrhagic fever and dengue shock syndrome.</p> <p>When travelling to a dengue-risk area, use mosquito repellents containing DEET to avoid being bitten. Wear long-sleeved pants and shirts during the day and stay in well-ventilated (fan/air-conditioned) rooms where possible. Burning mosquito coils at night and sleeping under a mosquito net in a well-ventilated room is also helpful.</p>
<p><u>Typhoid fever</u></p> <p>Zambia (Central Province)</p> <p>Malawi (Blantyre)</p> <p>DR Congo (Kasai-Occidental Province)</p>	<p>Zambia: As of 9 May 2013, there have been 144 cases of suspected typhoid fever at the Chindwin barracks in Central Zambia. The outbreak is centred on newly built housing units, and the underground water source is being tested as a potential source for the disease.</p> <p>Malawi: As of 29 April 2013, thousands of typhoid fever cases have been diagnosed each month since January 2013 at Queen Elizabeth Central Hospital in Blantyre, in the Southern Region of the country.</p> <p>DR Congo: As of 3 May 2013, 1 092 cases of typhoid have been reported from the Kasai-Occidental Province with 48 deaths and 29 cases of intestinal perforation.</p>	<p>Typhoid is a bacterial disease transmitted via the faecal-oral route. It is a severe disease characterised by fever and abdominal pain. Typhoid is controlled through sanitation and hygiene measures.</p> <p>Travellers should ensure personal and food hygiene practices are followed and drinking water is properly treated. Vaccination against typhoid is available but not routinely indicated for travellers.</p>

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<u>Cholera</u>		
Angola (Cabinda)	Angola: As of 8 May 2013, 89 cases with 6 deaths are reported from the cholera outbreak in Cabinda. Since January 2013 there had been a total of 1 050 reported cholera cases, with 18 deaths in Angola as at 7 April 2013. Provinces most affected include Cunene (339), Uije (286), Luanda (170), and Benguela (149).	Cholera is a bacterial disease that can cause profuse diarrhoea and severe dehydration, and is most often spread through eating contaminated food or drinking contaminated water.
Burundi (Bujumbura and Cibitoke)	Burundi: As of 28 April 2013 there were 40 reported cases in the capital Bujumbura, and a further 12 cases reported in the north-west province of Cibitoke, on the border with Democratic Republic of Congo.	Travellers are urged to take precautions when consuming food and water, to utilise water purification tablets where needed, and practice good hand hygiene. Cholera vaccine is not routinely recommended for travellers.
DR Congo	DR Congo: There are currently cholera outbreaks in the east (South Kivu - 22 cases), and northeast (Ituri -7 cases) areas of the country. Media reports suggest that overall Katanga is the most effected province, with over 10 000 cases since the start of 2013, with 250 deaths.	
Uganda (Homia)	Uganda: As of 28 April 2013 there have been 56 cases and 3 deaths. The outbreak started mid-April at Runga Landing Site on Lake Albert, and has spread to Kababwa, Waki, and Kapaapi villages in Kigorobya Sub-county.	
<u>Poliomyelitis</u>		
Somalia	A 32-month-old child with flaccid paralysis was found to have wild type polio virus (WPV). This is the first identification of WPV in Somalia since 2007.	Polio is a vaccine-preventable virus spread by the faecal-oral route. Many infections will be asymptomatic but a small proportion may develop acute flaccid paralysis, which can lead to permanent paralysis of the limbs or death if respiratory muscles are involved. The infection can be prevented by administration of polio vaccine, either a live oral (OPV) vaccine or injected inactivated vaccine (IPV). WHO recommends that all travellers to and from polio infected areas, which also include Afghanistan, Nigeria and Pakistan, be fully vaccinated against polio.

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<p><u>Hepatitis A</u></p> <p>Ex-Egypt</p>	<p>Between November 2012 and 24 April 2013 a total of 80 cases of hepatitis A have been reported from several European countries, including: Denmark, Germany, the Netherlands, Norway, Sweden and United Kingdom. All had travelled to Egypt. Almost no cases had been vaccinated. Four Norway cases, six cases from the Netherlands and five cases from the UK have identical hepatitis A RNA sequences. An international investigation is underway to identify possible sources.</p>	<p>Hepatitis A is a vaccine-preventable viral disease that causes inflammation of the liver. It is often asymptomatic in children, but is more serious in adults. Malaise, nausea and fever can occur before developing jaundice. Recovery takes around 1 month. It is found all over the world, and is usually transmitted through contaminated food or water; undercooked shellfish or raw salads can also be a risk. Person-to-person transmission can occur in the setting of poor faecal hygiene practices.</p> <p>When visiting hepatitis A endemic areas travellers should observe careful food, water and personal hygiene precautions. Travellers to Egypt, and other highly endemic countries should receive the hepatitis A vaccination before travel.</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)
- Public Health England (<https://www.gov.uk/government/organisations/public-health-england>)
- National Travel Health Network and Centre (<http://www.nathnac.org>)

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