

KL591

Amsterdam /Johannesburg

2 dae na 1 JUNIE 2009

Meneer

Ek is drie weke weg van die huis af.

Ek is 'n bietjie moeg - en 'n bietjie dronk (Twee glase Domaine de Deux Roches 2007, een glas Casa Silva uit Chile en een glas Portugese Port).

Ek is oorweldigend dankbaar vir die GROOT voorreg om baie te mag reis - reg oor die wêreld maar veral in Afrika.

Ek prys die Skepper van hemel en aarde oor 'n wonderlike wêreld - 'n groen geseënde Europa en 'n dorre bar Noord-Afrika.

Ek is verwonderd oor die wonder om te mag vlieg –

en verwond oor die prys wat my medereisigers betaal het:

*Is dit net 'n wolk oor die Middellandse See of die geeste van my reisgenote op AF 447?*

BUT THESE ARE THEY THAT FORSAKE THE LORD;

FOR YE SHALL GO OUT WITH JOY...

(Palissander 15 Hope Faith Life Love)

Groete  
'n Reisgenoot

NS: Die voorgereg "Tonijntompouce Beukenhof" was voortreflik.

Die Sahara verdwyn onder 'n wit wolk. Turbulensie...

(Haydn: Sieben Letzten Worte Unseres Erlösers am Kreutze )





### 14 June – World Blood Donor Day

June is Blood Donor Month with the main event taking place on 14 June – labelled as World Blood Donor Day and celebrated worldwide. The focus of Blood Donor Month 2009 will be on young people. [More..](#)

### Influenza A(H1N1) virus

The past few weeks have seen interesting developments in the field of travel health in the guise of the swine flu outbreak, first identified in Mexico and the USA and subsequently named the Influenza A(H1N1). It just proved once again that life is full of surprises. [More...](#)



### The bad news about Yellow Fever

In the next issue of this newsletter we will cover Yellow Fever in more detail. For now, we would like to highlight the latest statistics of reported Yellow Fever cases provided by the International Society for Infectious Diseases/Pro-Med, which are good reason to sit upright. [More...](#)



### And the good news... on Malaria

The GOOD News from the International Society of Travel Medicine Conference held in the wonderfully 'real' city of Budapest in May 2009 is that there is very real evidence that malaria is actually on the decline in many countries in Africa. This is no reason for complacency in travellers on the continent, but it does prove that not all is bleak and hopeless on this continent often portrayed as such. [More...](#)



### Malaria: LOW risk season is not NO risk season

The winter holidays are fast approaching and many South Africans will be heading for warmer regions in an attempt to escape the chilly blue Highveld winter skies and wet Cape 'green season'. The Travel Doctor would like to remind all our travellers preparing to depart for winter warmth that this warmth often signals the presence of mosquitoes, and therefore the potential for endemic malaria. [More..](#)



### Who's Who Pierre du Toit – Director, Travel Doctor

Born in Natal, raised and educated in Gauteng, Pierre du Toit is the cog in the wheel without which the Travel Doctor would not be the company it is today. [More...](#)



### What's in a word?

Today the terms *inoculation*, *vaccination* and *immunisation* are used more or less interchangeably. We try to shed some light on the matter... [More..](#)



Bon Voyage is a monthly newsletter produced by The Hothouse Communications for Travel Doctor.  
0861 300 911 [www.traveldoctor.co.za](http://www.traveldoctor.co.za)

[+ SUBSCRIBE](#) + [UNSUBSCRIBE](#) +



# 14 June – World Blood Donor Day

June is Blood Donor Month with the main event taking place on 14 June – labelled as World Blood Donor Day and celebrated worldwide. The focus of Blood Donor Month 2009 will be on young people.

14 June is the day to recognize the millions of people who save lives and improve the health of others by donating blood. The day highlights the need to regularly give blood to prevent shortages in hospitals and clinics, particularly in developing countries where quantities are very limited. Out of 80 countries with low blood donation rates (fewer than 10 donations per thousand people), 79 are developing nations.

The annual event focuses on motivating more people to become blood donors.



# Influenza A(H1N1) virus

The past few weeks have seen interesting developments in the field of travel health in the guise of the swine flu outbreak, first identified in Mexico and the USA and subsequently named the Influenza A(H1N1).

It just proved once again that life is full of surprises – for years medical scientists have been avid Ornithologists, keeping a beady eye on birds in the Far East as the supposed source of the next pandemic. Only to be caught red handed by Spanish oinking pigs in the West! At the point of writing this, it would seem that the pandemic is not as serious as it first appeared to be, but it does serve as an excellent (pig?) prod to spurn all of us into action to dust off our pandemic planning that has been on the back burner since the avian influenza hype subsided somewhat.

As at 10 June 2009, 74 countries had officially reported 27 737 cases of influenza A(H1N1) infection, including 141 deaths. The virus officially reached Japan - and made life a lot more exciting (at least for cruise liners) in laid-back Oz...

Mexico has reported 5 717 laboratory confirmed human cases of infection, including 106 deaths. The United States had reported 10 053 laboratory confirmed human cases, including 17 deaths. To date only eight laboratory confirmed human cases have been reported in Africa – in Egypt. No deaths.

## How do people become infected with influenza A(H1N1)?

When infected people cough or sneeze, infected droplets get on their hands, drop onto surfaces, or are dispersed into the air. Another person can breathe in contaminated air, or touch infected hands or surfaces, and be exposed. To prevent spread, people should cover their mouth and nose with a tissue when coughing, and wash their hands regularly.

## What are the signs and symptoms of infection?

Early signs of influenza A(H1N1) are flu-like, including fever, cough, headache, muscle and joint pain, sore throat and runny nose, and sometimes vomiting or diarrhoea.

*REMEMBER: If you are returning from a malaria area, any flu-like symptoms as described above are **Malaria** until proven otherwise!*

## Why are we so worried about this pandemic possibility when thousands die every year from seasonal epidemics?

Seasonal epidemics occur every year and we are able to reduce the chance of infection with seasonal vaccines. A pandemic is a worldwide epidemic. It is caused by a 'new' virus to which the population has no immunity.

## Is an effective vaccine already available against the new influenza A(H1N1) virus?

No, but work is already under way to develop such a vaccine. Influenza vaccines generally contain a dead or weakened form of a circulating virus. The vaccine prepares the body's immune system to defend against a true infection. For the vaccine to protect as effectively as possible, the virus in it should match the circulating "wild-type" virus relatively closely. Since this H1N1 virus is new, there is no vaccine currently available made with this particular virus. Making a completely new influenza vaccine can take five to six months.

## Will currently available seasonal vaccine confer protection against influenza A(H1N1)?

The best scientific evidence available today is incomplete, but suggests that seasonal vaccines will confer little or no

protection against influenza A(H1N1).

For comprehensive information including statistics, please go to <http://www.who.int/csr/disease/swineflu/en/>



# The bad... Yellow Fever

In the next issue of this newsletter we will cover Yellow Fever in more detail. For now, we would like to highlight the latest statistics of reported Yellow Fever cases provided by the International Society for Infectious Diseases/Pro-Med, which are good reason to sit upright.

According to the Brazilian Ministry of Health, yellow fever is progressing to the south and south east of Brazil and the number of fatalities caused by the disease has increased four-fold in these states.

Traditionally endemic in northern and west-central states, yellow fever has been reported in only two states since the beginning of 2009, i.e. Sao Paulo and Rio Grande do Sul. In these two states, 43 people were infected and 16 died as a consequence of the disease.

In the whole of 2008, these two states together accounted for only four yellow fever deaths. Before that, the last death in Sao Paulo had been recorded in 2000. Up until then, in Rio Grande do Sul no yellow fever deaths had occurred after 1990.

Environmentalists explain the advance of yellow fever in other regions of Sao Paulo as the result of deforestation, mainly near springs, which is the habitat of the *Haemagogus* mosquito. Once a person is infected in a forested area, that person can, on return to an urbanised area, serve as a source of infection for *Aedes aegypti*, the main [urban] transmitter of yellow fever [virus] and urban vector of dengue [virus].

Yellow fever is a viral disease, found in tropical regions of Africa and the Americas. It principally affects humans and monkeys, and is transmitted via the bite of *Aedes* mosquitoes. It can produce devastating outbreaks, which can be prevented and controlled by mass vaccination campaigns.

There is no specific treatment for yellow fever. Vaccination is highly recommended as a preventive measure for travellers to, and people living in, endemic countries.



# Malaria: LOW risk season is not NO risk season



The winter holidays are fast approaching and many South Africans will be heading for warmer regions in an attempt to escape the chilly blue Highveld winter skies and wet Cape 'green season'. The Travel Doctor would like to remind all our travellers preparing to depart for winter warmth that this warmth often signals the presence of mosquitoes, and therefore the potential for endemic malaria.

Although the cooler dry winter season in southern Africa reduces the risk for malaria considerably, LOW risk does NOT mean NO risk.

Stick to the three basic rules: DO NOT GET BITTEN; SEEK EARLY DIAGNOSIS AND TREATMENT FOR ANY 'FLU LIKE ILLNESS' (as it may be malaria); TAKE 'THE PILL'.

Some areas may have a very low risk of malaria at this time of the year, such as our wonderful Kruger National Park for which malaria prophylaxis is NOT recommended between May and September, BUT if you are going camping and/or fall in the category of 'HIGH RISK TRAVELLERS' you may still want to consider taking malaria prophylaxis: Mefloquine [Mefliam® / Lariam®]; Doxycycline or Malanil® / Malarone®.

For more information on malaria, visit <http://www.traveldoctor.co.za/information.asp?ID=01>



# Who's Who

## Pierre du Toit – Director, Travel Doctor

Born in Natal, raised and educated in Gauteng, Pierre du Toit is the cog in the wheel without which WTMC would not be the company it is today.

While still studying for his degree in marketing at UJ, Pierre's first position was as manager at his father's filling station, where part of his scope was to implement new systems and processes. He might have cost his father a lot of money in repeated subjects at varsity, but in the end he saved him even more when the newly implemented systems and processes caught the accountant, who had been filching money from the company, red handed.

After completing his studies, Pierre went to London where he earned his keep with web development. London was right up his alley with all the history and various traditions all around him, especially the tradition of pub lunches and dinners...

Soon after his return to South Africa he met our MD, Albie de Frey, who made him an offer he could refuse, but fortunately, didn't!

Pierre was our accountant and general dogsbody, now he is our IT sorter-outer, he's our legal eagle, he's Albie's listening ear, he deals with difficult HR issues, difficult clients and difficult bank managers. Pierre is a Chief and Operator in the widest sense of the word... and since becoming a very proud father – even wider!

You are welcome to contact Pierre at any time with queries, questions, comments and complaints. Complements go to the boss directly! Pierre's e-mail address: [p.dutoit@traveldoctor.co.za](mailto:p.dutoit@traveldoctor.co.za)



# What's in a word?

Today the terms *inoculation*, *vaccination* and *immunisation* are used more or less interchangeably. We try to shed some light on the matter...

**Vaccination** is the administration of antigenic material (the vaccine) to produce immunity to a disease. Vaccines can prevent or reduce the impact of infection by an **infectious agent**. Vaccination is considered to be the most effective and cost-effective method of preventing infectious diseases.

A vaccine consists of a live, but weakened, pathogen (bacteria or virus), killed or inactivated forms of these pathogens, or purified biological sub-units of the organism such as proteins.

Smallpox was the first disease people tried to prevent by purposely inoculating themselves with a related but less aggressive form of the infection . cow pox. This distinguishes it from inoculation which uses unweakened live pathogens, although in common usage either is used to refer to an immunisation . the process by which an individual's immune system becomes fortified against an agent.

**Inoculation** is the placement of something to where it will grow or reproduce, and is most commonly used in respect of the introduction of a serum, vaccine, or antigenic substance into the body of a human or animal, especially to produce or boost immunity to a specific disease.