

Dear Traveller,

This month I greet you from the wonderful Steenkampsberge, between Dullstroom, Lydenburg (Mashashing) and Machadodorp. Even a travelling travel doctor deserves a break, even if it means having to travel there!

As a brace against the Highveld winter chill we look at a hot tropical disease Yellow Fever in this issue. You can also read more about Polio, which has still not been eradicated, despite the best efforts of the [Polio Eradication Campaign](#).

The Clinical Team at our Northcliff clinic were very excited when we had our first laboratory confirmed Novel A/H1N1 case last Friday - a traveller, not unexpectedly - from Australia.

The case was a further incentive to urge all our travellers to ensure that they are aware of influenza risk at their intended destinations and to have a seasonal influenza vaccine for good measure. Although a seasonal vaccination doesn't cover you from H1N1, it makes it easier to distinguish your seasonal flu symptoms from the BIG ONE.

Until next time, hamba kahle!

Dr Albie de Frey
 Medical Director
 Travel Doctor



BON VOYAGE

TRAVEL



DOCTOR

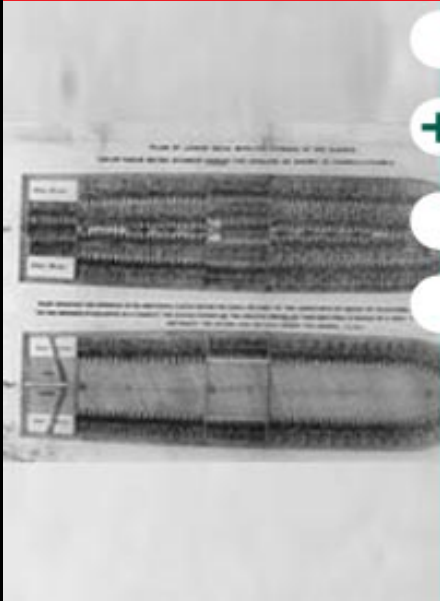
July 2009



Don't be jaundiced about Yellow Fever

Yellow Fever Vaccine requirements have been in the news again lately as we received reports of airlines at OR Thambo International Airport insisting on proof of Yellow Fever Vaccination for travellers to Argentina and Mozambique. Argentina has become a country affected by Yellow Fever, but neither South Africa nor Mozambique is Yellow Fever affected, as per the International Health Regulations (WHO). Yellow Fever Vaccination is therefore NOT a requirement for travel to or from Mozambique. Remote areas of Argentina - including the Iguassu Falls region - do carry a risk of Yellow Fever, but Buenos Aires does not. Airlines can NOT insist on proof of vaccination for travellers FROM the RSA TO Argentina, BUT they may do so for travellers FROM Argentina TO the RSA as our Port Health Authority will insist on proof of vaccination for ALL travellers from Argentina, irrespective of where in Argentina they had been. If you have any uncertainty about this, please contact our office for detailed information.

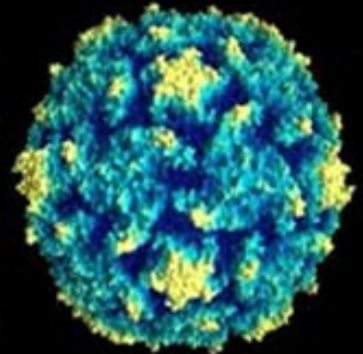
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Polio is preventable

Polio is a viral infection which travellers can come into contact with and which is preventable by means of vaccination. If infected, the results are quite different from Yellow Fever, but nevertheless life-threatening and life-changing.

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MALARIA: Low risk season is NOT no risk season

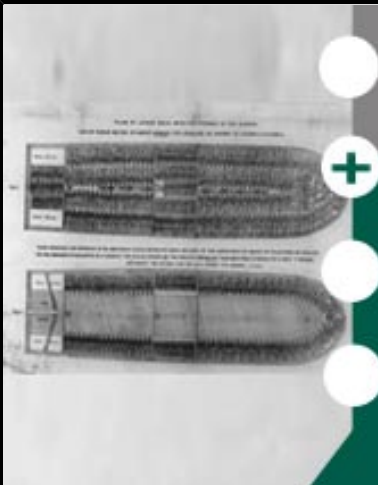
This article was placed in our newsletter of last month as well. We feel so strongly, and we have so much experience of non-compliant travellers who don't adhere to the "Malaria rules", that we felt it vital to place it again. Apologies to those readers who took it to heart last month – preaching to the converted...

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Bon Voyage is a monthly newsletter produced by The Hothouse Communications for Travel Doctor.

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Don't be jaundiced about Yellow Fever

Yellow Fever is a serious disease of public health significance as it may spread along with travellers of all sorts – from holidaymakers to refugees – across borders to previously unaffected regions. Vaccination is the single most important preventative measure, which is echoed by the World Health Organisation's strict guidelines on vaccinations for travellers to and from areas where Yellow Fever is prevalent.

In last month's newsletter we reminded you of the dangers of Yellow Fever and the fact that it is preventable, yet an estimated 30 000 people die from this disease each year.

Unfortunately this number is not very accurate as only a small number of cases are reported. Underreporting is often due to the fact that the disease mainly occurs in rural areas, often with poor health care infrastructure and diagnostic facilities. In addition, Yellow Fever MAY be a mild infection with a sub-clinical presentation, which means that the infected person does not report to healthcare providers.

During April this year, only one laboratory confirmed case of Yellow Fever was reported in, respectively, the Republic of the Congo (Brazzaville) and Liberia. This does not mean that there were only two cases; there would have been many more that have gone undetected. But it at least alerts one to the fact that Yellow Fever is a reality.

What is Yellow Fever?

Yellow Fever is a viral disease responsible for large epidemics in Africa and the Americas. The disease has been around for a long time – 400-year-old texts even make mention of Yellow Fever.

Yellow Fever spread from Africa to South America in a classic travellers' infectious disease tale: Slaves carried the virus in their blood. The water barrels on board the slave galleys harboured mosquito larvae that hatched during the sea voyage across the Atlantic, becoming infected during or shortly after the ocean crossing. The infected mosquitoes, in turn, infected the native and colonial populations of the destination countries, such as Brazil, which lead to massive outbreaks and thousands of deaths.

Cause and symptoms

Yellow Fever is caused by a virus transmitted by an infected *Aedes* mosquito and, in South America, *Haemogogus* mosquito. As these are day-time biting *mozzies*, it is important to cover up and apply a DEET-containing insect repellent at all times of the day and night!

Once infected, the incubation period is three to six days. The disease presents itself in two phases. The first, "acute", phase is normally characterised by fever, muscle pain (with prominent backache), headache, shivers, loss of appetite, nausea and/or vomiting. After three to four days most patients improve and their symptoms disappear.

The second, "toxic", phase affects approximately 15% of infections. During this phase, within 24 hours of phase One, fever reappears. The patient rapidly develops jaundice and complains of abdominal pain – due to liver involvement – and vomiting. (The "Yellow" in Yellow Fever comes from the jaundice that affects some patients.) Bleeding can occur from the mouth, nose, eyes and/or stomach. Once this happens, blood appears in the vomit and faeces. Half of patients in the "toxic phase" die within 10-14 days. The remainder recover without significant organ damage.

Yellow Fever is often confused with malaria, typhoid, poisoning and a number of other tropical diseases. Confirmation can only be made by a blood test.

Treatment

There is no specific treatment for Yellow Fever. Intensive supportive care may improve the outcome for seriously ill patients, but is rarely available in poorer, developing countries.

Prevention

Vaccination is the single most important measure for preventing Yellow Fever. The vaccine Stamaril®, produced by sanofi-aventis, is a safe and highly effective preventative measure.

Travellers should be vaccinated ten days prior to travel to Yellow Fever endemic areas to allow for the vaccine to provide adequate immunity.

A single dose of vaccine provides protection for ten years and probably for life. DO note, however, that the *Yellow Fever Vaccination Certificate is only valid for ten years as per the IHR.*

Vaccine safety

Over 300 million doses have been given and serious side effects are extremely rare.

The only travellers not vaccinated are children younger than nine months, pregnant women, some elderly and immune-compromised travellers. For the few travellers at potential risk of serious side-effects an experienced travel health advisor will weigh up the risk of infection against possible side effects of the vaccine to determine if a vaccine may be administered safely or whether the traveller should avoid travel to the affected area, or can travel with a waiver letter and meticulous mosquito bite avoidance measures in place.

Travellers with a good medical reason not to have the vaccine may obtain an exemption letter from the Travel Doctor. This letter should be presented to Port Health Authorities when asked for a Yellow Fever vaccination certificate. Unfortunately there is no guarantee that all border officials will accept the letter, putting the traveller at risk of being vaccinated under less than salubrious conditions.

INTERNATIONAL HEALTH REGULATIONS (IHR)

The disease is of public health significance as it may spread along with travellers of all sorts, from holidaymakers to refugees, across borders to previously unaffected regions.

Vaccination is a legal requirement supported by the International Health Regulations (IHR) of the World Health Organisation (WHO), which states:

Travellers from a Yellow Fever-affected country to a country that does not have proven Yellow Fever but in which the mosquitoes that may transmit the disease are present, are required to show proof of Yellow Fever vaccination to help curb the spread of the disease. A list of these countries can be obtained from our office or www.who.int.

Yellow Fever is on the increase

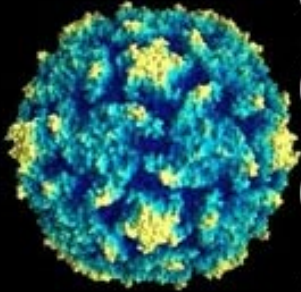
According to the WHO, Yellow Fever epidemics have increased over the last 20 years and more and more countries are reporting cases. Global warming and growing populations encroaching on the woods and jungles, the habitat of the primates that have traditionally harboured the disease, play a role in this.

Mosquito numbers and habitats are increasing. In both Africa and the Americas, there is a large susceptible, unvaccinated population. Changes in the world's environment, such as deforestation and urbanisation, have increased contact with the mosquito/virus. Widespread international travel could, likewise, spread the virus.

Travel Doctor can help

For vaccinations and advice on Yellow Fever vaccinations and other travel-related issues, visit your local Travel Doctor clinic.

To book your appointment online [click here](#) or call 011-888-5505 to enquire about the need for Yellow Fever vaccination at your destination. If you have been vaccinated previously, you can check the validity of your Yellow Fever vaccination by looking at the date on which you received the vaccine on your Yellow Fever Vaccination Certificate. You would have received the certificate at the time of vaccination. The vaccine is valid for ten years from the date of administration.



Polio is preventable

Polio is viral infection which travellers can come into contact with and which is preventable by means of vaccination. If infected, the results are quite different from yellow fever, but nevertheless life-threatening and life-changing.

Statistics from the Global Polio [Eradication Initiative](#) state that between January and mid-June this year a total of 552 polio cases had been reported worldwide, which is marginally less than the 599 for the same period last year. In 2008, a total of 1 652 cases were reported.

According to the World Health Organisation (WHO), polio cases have decreased by over 99% since 1988, from an estimated 350 000 cases in more than 125 endemic countries then, to 1 997 reported cases in 2006. However, travellers to Africa (and elsewhere) should be aware that Africa and parts of the Indian sub-continent are still polio hotspots with cases reported weekly in Uganda, Nigeria, Central African Republic, Sudan, Ivory Coast, Benin and Burkina Faso. Six new cases were reported in India and two in Afghanistan in the last week of May. These statistics serve to indicate that polio is still a reality.

As recently as 2006, Namibia (which is not an endemic polio country) reported as many as 34 confirmed polio cases, with seven reported deaths. This after a ten-year period in which the country was free from the virus. The virus was probably imported from Angola, which experienced a polio outbreak at around the same time. This situation highlighted the importance of national vaccination campaigns, and indeed childhood vaccines, in keeping a country polio-free.

Polio facts

Polio is a highly infectious disease caused by a virus. It enters the body in food or water contaminated with virus infected human excrement and then invades the nervous system, and can cause total paralysis in a matter of hours.

Symptoms

Initial symptoms are fever, fatigue, headache, vomiting, stiffness in the neck and pain in the limbs. One in 200 infections lead to irreversible paralysis (usually in the legs). Among those paralysed, five to ten percent die when their breathing muscles become immobilised.

People most at risk

Polio mainly affects children under five years of age but the virus doesn't check a person's age before infection.

Prevention

There is no cure for polio; it can only be prevented. Polio vaccine, given multiple times, can protect a child for life. The polio vaccine comes in two forms – an oral or injected vaccine. Children in Africa receive their Oral Polio Vaccine (OPV) as part of their Expanded Programme of Immunisation (EPI). Adults can receive an Injected Polio Vaccine (IPV) as a single dose, or it can be given in a combination form as a TdP. This vaccine provides immunity against Tetanus, Diphtheria and Polio.

All adult travellers, irrespective of destination, are encouraged to have at least one booster in adult life, assuming that they completed their childhood course of polio vaccine.

The oral polio vaccine carries a very small risk of vaccine-associated paralysis, as it contains a live virus, it is best from a public health point of view. The injected vaccine carries NO risk of vaccine-associated paralysis, not even in the immune compromised.

Please visit at www.traveldoctor.co.za for more information, or [click here](#) to book your appointment online, or call 011-888-5505.



MALARIA:

Low risk season **is NOT** no risk season

This article was placed in our newsletter of last month as well. We feel so strongly, and we have so much experience of non-compliant travellers who don't adhere to the "Malaria rules", that we felt it vital to place it again. Apologies to those readers who took it to heart last month – preaching to the converted...

The winter holidays are now with us and blessed are those that could escape to warmer regions than the chilly blue Highveld winter skies and wet Cape 'Green season'. Unfortunately winter 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 those still in malaria risk areas and those returning from such areas, remember that all 'flu-like illnesses are MALARIA until proven otherwise by a proper medical examination and reliable laboratory tests, such as a malaria smear, malaria rapid antigen test and full blood count. One negative set of tests never means you do not have malaria and the tests must be repeated until the diagnosis of malaria – or another disease – is proven.

If malaria is proven, uncomplicated malaria must be treated with Coartem® and complicated malaria with Quinine or, if available, injectable artesunate. ALL complicated malaria cases should be hospitalised, often in Intensive Care.

[Click here](#) for more information.