

Dear Traveller,

The year 2009 is just about to slip into the annals of history. Our intended newsletter for October became November and now it is December... Never mind global warming - I am becoming more and more concerned about time seemingly speeding by faster and faster every year.

2009 was a bit like a Congolese 'highway' for all of us; somewhat rough and rutted, yet passing through beautiful jungles - if we made the time to look up and around us at the marvellous world we have the privilege to live in.

A continent and now months away, we survived Peru, the Amazon, and Inca trail with only minor traveller's trots (not to be confused with *bors-uitsteek-trots!*), which could also have been altitude sickness, hampering us for a day or so. I will share our impressions of this wonderful encounter on the South American continent early in the new year by which time I hope to have recovered the photos I lost during a disastrous IT 'upgrade' at our office!

In stead, we share some thoughts on preparations for the **Dusi Canoe Marathon** that takes place early in the New Year.

With the wonderful - and, at times, somewhat violent - start-of-season rains we've had in large parts of our beautiful country, the risk of contracting malaria when visiting malaria areas has increased considerably. Two travellers to the Kruger were recently diagnosed with malaria by the **Travel Doctor Pretoria**. To remind you of the do's, read our insert on **malaria**.

**Measles** and **Pertussis** are once again highlighted in this edition, even though we reported on both diseases in great detail earlier this year. This is because of the measles outbreak in (especially Gauteng), and the launch of a new acellular vaccine towards the prevention of pertussis (whooping cough, or *kinkhoes*) in young and old.

Finally, we would like to wish all our fellow travellers a safe and healthy Festive Season as we all pause to reflect on the greatest Traveller ever, from heaven to earth, so that we may all travel through life knowing that we are not alone.

Safe travels and hamba kahle,



**Dr Albie de Frey**  
Medical Director  
Travel Doctor

BON VOYAGE

TRAVEL



DOCTOR

December 2009



### Malaria season is upon us

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**[Read more...](#)**

### Do's and don'ts for the DUSI

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[Read more...](#)



### Measles on the increase

According to the National Institute for Communicable Diseases, the number of measles cases in South Africa has increased considerably during 2009, with 2 414 reported cases by November 2009. Gauteng accounts for 90% of these cases, of which 80% were from the Tshwane district.

[Read more...](#)

For **The Travel Doctor's** recommendations for measles vaccinations, [click here.](#)



### Pertussis - Whooping cough - Kinkhoes Now an Adult Vaccine!

Pertussis is one of those "typical childhood diseases" that is not typical at all and certainly does not affect children only.

[Read more...](#)



Bon Voyage is a monthly newsletter produced by The Hothouse Communications for Travel Doctor.  
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# Malaria season is upon us

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Travellers to areas adjacent to the Kruger and Northern KwaZulu-Natal would be wise to avoid mosquito exposure and, in selected cases, may want to consider prophylaxis, since the mosquitoes can't read maps and don't know they are not supposed to fly over the lines drawn on a piece of paper!

**The map** shows the malaria risk areas of South Africa, as provided by the Department of Health. Great strides have been made in the eradication of malaria in these areas. This is especially evident if one compares this map to a map of the same area of a few years ago.

Unfortunately South Africa's malaria areas are influenced by the eradication programmes (or lack thereof) of our neighbouring states. A country like Zimbabwe has had a definite influence on the prevalence of malaria in Limpopo province due to a breakdown of the health and prevention programmes of that country.

## Malawi

Speaking of the north, our NICD recently announced the 'discovery' of a new mosquito species in the "Land by the Lake", also known as "The Warm Heart of Africa" or, to mundane and unsentimental types, Malawi.

It is yet to be seen what impact this discovery by our own motley, but dedicated, crew of scientists have on our views of malaria on the continent - we simply mention it to remind our travellers that we still have some very bright and dedicated scientists in our midst and are happy to have them! *Doe zo voort!*

## Mozambique

Mozambique is a popular destination for many of our summer holiday travellers - this country has made great strides in the curbing of malaria, especially in the far south, but travellers should remain wary of the disease, avoid mosquito bites at all times, and take appropriate chemoprophylaxis.

As regular readers of our newsletters, the mantra of malaria prevention should ring familiar by now.

- Do not get bitten
- Seek early treatment
- Take the Pill

You can read all about malaria and its prevention and treatment on [www.traveldoctor.co.za](http://www.traveldoctor.co.za)

While brushing up on your knowledge of malaria, you can make an [online booking](#) with **The Travel Doctor** to see one of our travel health consultants to obtain your prophylaxis as well as other relevant travel vaccines to keep you healthy during the upcoming year-end holidays. *Alternatively, you can make an appointment telephonically at any of one of our clinics on 0861 300 911, or on 011 214 9030.*



## Do's and don'ts for the DUSI

The **Travel Doctor** has been receiving regular requests for advice regarding the prevention of waterborne illness in participants in the forthcoming **Dusi Canoe Marathon**. It is one of the great athletic events in the country and takes place shortly after the December holiday festivities. One of the first concerns raised surrounds the presence of *E coli* in the water. What is the meaning of *E coli* in the water?

*Escherichia coli* is a group of bacteria that occurs in all human bowel content, but does not necessarily cause illness. It is a common cause of traveller's diarrhoea as it is found everywhere in the environment but differs ever so slightly from place to place. When we encounter a 'new' sub-group our bowels take a little while to re-settle - with a bout of self limiting diarrhoea as indicator ("Traveller's diarrhoea"). Its presence in water is therefore an indicator that the water has been contaminated with human faeces. If there is *E coli* in the water, there are sure to be other bacteria, viruses and parasites in the water as well. The actual *E coli* count is therefore of less importance.

Ideally there should be NO *E coli* in a water body intended for human consumption - which the Dusi is not - but the WHO have determined that a count of up to a certain level is acceptable as a very low dose of *E coli* (and, more importantly, the other waterborne bacteria and viruses that may accompany it) will not cause illness and may be acceptable, for example in water accessed by humans but NOT for drinking purposes.

### Is it okay to swallow the water?

Another question raised is whether it is "okay" to swallow the water? We would not take chances or bargain on this as a high count is indicative of heavy faecal contamination. The contamination comes from the run-off water from villages next to the river and even from the 'formal' sewage plants of towns that leak unprocessed or poorly processed sewage into the Dusi...

The reason one does not necessarily get sick is because you may be lucky - the bacteria is not 'evenly' distributed in the river and you may swallow a mouthful of 'cleaner' river. Your natural defences, such as the acid in your stomach, may kill the bacteria that you do ingest. Someone with less stomach acid or taking anti-acids for peptic ulcer disease will be MORE likely to get ill from a smaller load of bacteria - as would the immune-suppressed, such as people on chemotherapy or living with AIDS.

So every time you swallow water you run a constant risk of getting ill - not with 'just' short-term diarrhoea and/or vomiting, but also with more serious diseases, such as cholera that may lead to rapid dehydration and death; typhoid that may lead to bowel perforation, septicaemia and death and Hepatitis A that causes jaundice with ill health for up to six weeks in otherwise healthy individuals.

So, apart from not paddling at all, what should one be doing to decrease your chances of getting sick?

### Preventative measures

#### Clean water is a basic right

First of all, why not contact your local politicians and insist on the basic human right to clean, safe water we are all entitled to: This is not a selfish move on the part of canoeists, because cleaning up the river by providing safe drinking water, well designed, engineered and maintained toilets, and plumbing and well managed sewage plants to the inhabitants of the towns and villages along the Dusi will benefit the local residents ALL year round and not just for the duration of the Dusi. Cleaning up the river is in the interest of ALL South Africans and is the responsibility of our politicians who should be empowering well-trained and experienced engineers to do so - poor sanitation is a political and engineering dilemma - not one of health care!

### Try not to capsiz...

While waiting impatiently for our leaders to get their act together, paddlers should practice to paddle well so that they don't swallow water :) even when they are having fun shooting rapids, they should refrain from screaming with an open mouth and more so if they capsiz... in spite of practicing hard NOT to do so...

### Protect through timely vaccination

You could protect yourself against at least SOME of the more serious illnesses through timely vaccination:

- **Hepatitis A (Jaundice / Geelsug)** is endemic and common throughout Africa and the rest of the developing world and well worth being vaccinated against UNLESS you have had the illness in which case the good news is that you will be immune for life. Persons who grow up under poor socio-economic conditions often contract the illness as toddlers in which case the disease may be mild or go unnoticed. Recovering from Hepatitis A confers life-long immunity. South Africans who grew up under better socio-economic conditions would not have been exposed to Hepatitis A: They run a risk of becoming infected at a later stage in life - as teenagers or adults. The older one is when you contract the virus, the more ill you become - and MAY even run the risk of death. There is no treatment for the disease and you will have to stay away from rich food and - horrors for most paddlers! - BEER for weeks! A single vaccine two weeks before the Dusi will protect you for up to 12 months - but a booster six to twelve months later will protect you for life: a good investment.

- **Typhoid** was mentioned before: Although it can be treated with antibiotics, it is potentially life-threatening especially if one develops a bowel perforation. One also runs the risk of ending up with the bug settling in your gall bladder which means you become a carrier and potential source of infection to others, especially close household contacts.

A single vaccine provides reasonable protection for up to three years. Any person who develops a fever and change in bowel habit - not necessarily diarrhoea - in the days following the event should see a doctor as a matter of urgency and mention their participation in the Dusi. Other symptoms include headache, abdominal discomfort, change of mood, a dry cough, and a rash.

- **Cholera** has been feared by individuals and communities throughout the world and ages. It is caused by a bacterium and causes acute illness with massive diarrhoea ("Rice water"), dehydration, electrolyte disturbance and rapid death in the untreated.

Prevention is the first line of defence and rapid rehydration is the mainstay of treatment. There is an oral vaccine available of which the use in general travellers is debateable but it may well have an indication in Dusi enthusiasts. Two doses are needed, a few days apart, and it confers reasonable immunity against cholera for up to a year and may also provide some protection against traveller's diarrhoea.

- **Tetanus** is NOT a waterborne disease: The spores are found in soil all over the world with higher concentrations in manure, of which there is plenty along the river banks in rural areas.

Paddlers will be exposed to the spores when they carry their canoes along stretches of the river and accidentally scratch themselves. Exposure through open wounds can, in fact, occur in much less exotic places than the banks of the Dusi - such as your very own back yard and EVERYONE should ensure that they receive a booster every five to ten years and certainly after an open wound, if they had not been vaccinated in the last five to ten years. (Tetanus vaccine is part of the routine childhood vaccinations in South Africa, but adults should receive a booster as mentioned. In stead of getting just a tetanus booster you may want to cover yourself with the brand-new quadrivalent vaccine now available in South Africa for the first time: It provides cover for Tetanus, Polio (which is making an unwelcome resurgence on the global infectious diseases scene), Diphtheria and Pertussis / Whooping cough. All four these diseases are part of the childhood immunisation programme, but outbreaks elsewhere in the world have proven in recent years that immunity wanes with time and we should all receive a one-time booster in adulthood. Preparing for the Dusi may be a good time to do so.

- **Influenza** is not a disease associated with water sport, per se, but it is spread through close contact in crowds. The Dusi race does not take place during the annual influenza season, but participants and supporters from abroad may bring the northern hemisphere influenza strains along and cause local spread. With the good news fresh off the press that the next seasonal influenza vaccine will include the Novel H1N1 / Swine flu virus strain, getting an annual flu jab has just become an even better proposition for athletes who are keen to prevent downtime due to ill health.

### Washing hands

Last, but not least: '**WASHING HANDS**' is the new sexy in curbing the spread of infectious diseases, boosted by the concerns surrounding the Swine 'flu. If you do not have soap and clean water on hand, waterless hand sterilisers come in really handy - especially after nature calls in the wild and before food preparation and eating. The cleaners come in convenient small containers that would last the duration of the three-day event and are available from **The Travel Doctor**.

**Bilharzia** is a definite risk in all persons who mess around in boats - or just near them - as infestation with this worm can take place even when standing in shallow water. It comes with the territory, but may cause serious long-term illness and could eventually lead to liver failure and even bladder cancer.

Avoid bilharzia infested water if at all possible but if not, towelling down hard immediately after leaving the water may reduce the chances of cercaria penetrating the skin successfully. Water sports enthusiasts should keep on the lookout for the obvious signs of bilharzia, such as blood in the urine (Haematuria) but also the less obvious, such as tiredness, abdominal discomfort, and a change in bowel habits. Make sure to see a doctor that knows the disease, how to diagnose and treat it effectively.

If you have any further questions or concerns please contact **The Travel Doctor** on [www.traveldoctor.co.za](http://www.traveldoctor.co.za) or 0861 300 911.

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# Measles on the increase

According to the National Institute for Communicable Diseases (NICD), the number of measles cases in South Africa has increased considerably during 2009, with 2 414 reported cases by November 2009.

Gauteng accounts for 90% of these cases, of which 80% were from the Tshwane district. Unfortunately the outbreak is not limited to our neighbours north of the Jukskei River: cases have also been reported from ALL other provinces, with KwaZulu-Natal and Northwest reporting the most.

The ages of the patients ranged from two months to 54 years with the average being 12 years of age.

The current measles outbreak initiated in the Pretoria area, spreading to Johannesburg. Patients include children attending crèches, public and private schools.

Measles remains a common disease in many parts of the world. According to the World Health Organization (WHO), more than 20 million people worldwide are affected by measles each year. It is the leading cause of vaccine-preventable deaths among young children. Measles outbreaks are common in many areas, including Europe - the most recent country affected being Austria - take note all those skiers heading for Tirol and the Alps!

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# recommendations for vaccinations

## The Travel Doctor's recommendations for measles vaccinations

Our recommendation for the vaccination of persons (mostly adults and teenagers not covered by the Department of Health campaign in Gauteng) is as follows, pending any further guidelines from the DoH and NICD:

### Persons who should consider having a measles vaccine or, even better, a measles / mumps / rubella (MMR) vaccine:

- Anyone who has never had measles and has never been vaccinated against measles, providing they have no valid contra-indication.
- Anyone who had measles as a baby or child and has never had a measles vaccine.
- Anyone who has either had the disease and / or the vaccine and are concerned that they may have lost their immunity over time for whatever reason
- Anyone who is uncertain about their immune status and will be travelling to a destination with limited medical facilities where falling ill with measles will be a major concern due to lack of adequate medical care.
- Anyone who is uncertain about their immune status and will be travelling to a remote destination with limited medical facilities where introducing measles may overwhelm the locally available medical infra-structure and / or cause serious business interruption - e.g. a remote exploration or construction site
- Anyone with uncertain immune status who cannot afford to be off sick from work with measles for any period of time.
- Anyone with uncertain immune status who cannot afford to fall ill with measles at risk of missing a major sporting event or cultural performance.
- Anyone who inadvertently has contact with a measles case and is uncertain of their immune status may be protected by a vaccine given within 72 hours of contact with the case.

### Noteworthy:

- Having a vaccine if one is, in fact, still partially or fully immune does NOT have any major consequences.
- Making use of this opportunity to update / catch up on mumps and rubella vaccine is a good idea, especially for young men or women (mumps and rubella are NOT part of the standard childhood immunisation programme and both diseases can have serious consequences in young adults.
- The vaccine IS CONTRA-INDICATED in pregnancy and those with SEVERE immune suppression.
- It is possible to do a blood test to check on measles immunity prior to vaccination.
- Persons travelling TO South Africa on business should ensure that they are immune through either previous clinical measles illness OR up to date with their MMR / Measles vaccine
- Persons that have been in close contact with a confirmed measles case and are uncertain about their immune status must NOT travel to projects in remote sites or where there are limited medical facilities (SSA).

## ADVICE FOR HOUSEHOLD CONTACTS OF MEASLES VICTIMS

The NICD recommends that all household contacts of patients - excluding pregnant women - should receive a measles vaccination within 72 hours of contact. This may provide some protection against the infection.

Measles is one of the most highly contagious infectious diseases. It is spread by contact with an infected person and through coughing and sneezing. Measles virus can remain active and contagious for up to two hours in the air or on surfaces.

People with measles usually have a rash, high fever, cough, runny nose, and red, watery eyes. Some people who become sick with measles also get an ear infection, diarrhoea, or a serious lung infection, such as pneumonia. Although it is rare, measles can become severe enough to cause swelling of the brain (encephalitis) and even death. Measles can cause especially severe disease in infants and in people who are malnourished or who have weakened immune systems from a medical condition (such as a result of HIV infection, leukaemia, lymphoma, or cancer) or from certain drugs or therapies.

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## Pertussis - Whooping cough - Kinkhoes Now a vaccine for adults too!

Pertussis is one of those "typical childhood diseases" that is not typical at all and certainly does not affect children only. Doctors of my generation passed through medical school blissfully under the impression that medical science had all but conquered infectious disease and that childhood vaccination had put major childhood diseases, such as pertussis and measles, to rest, so to speak. We were proven wrong on both accounts.

Better laboratory support has proven that many a chronic cough ascribed to an unknown cause, allergy or a touch of asthma can be laboratory confirmed to be due to pertussis - in children AND adults.

Pertussis was often not included in the differential diagnosis of cough simply because it could not be tested for. It may still be difficult to access the diagnostics involved in pertussis in everyday practice, but studies abroad have now shown without a doubt that *Bordetella pertussis* is indeed the culprit in many of these patients.

It is also true that near universal vaccination of babies and young children changed the profile of the disease globally - in stead of the illness presenting in young children, these are now protected to a large extent but when they reach adulthood and middle age waning immunity may make them once again susceptible to the bug that causes it.

With the recent launch of a new vaccine by *sanofipasteur* - with fewer side-effects than the previous one available in South Africa - there is now very little reason why ANYONE should run the risk of sitting with a "Hundred-day cough" and sometimes more severe complications. A simple one-time booster in adolescence and adulthood may indeed relegate the disease to the history books - at least for this lifetime.

Better news still is that the vaccine is combined with a Tetanus, Diphtheria (Witseerkeel) and Polio vaccine giving you literally a whole lot more bang for your buck - and in this instance, only the slight discomfort a single jab may cause. (Ask your Travel Doctor about the difference between the Td-iP vaccine and the Tdap-IPV / Adacel-Quadra").

Polio eradication is having as bad a year as the global economy, with cases recurring in many countries that had been polio free for years. Having a single adult booster provides protection for life and, as it is a killed viral vaccine, there is NO risk of vaccine related disease.

Read more about it and while we are battling measles in the streets and you are considering a visit to Travel Doctor to address the measles issue, you may as well save on fuel and get both boosters. (You can boost your immunity for SIX diseases with a SINGLE trip to the doctor - good value for money in tough times!)

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