

Dear Corporate 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.

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 our colleagues at the
Travel Doctor Pretoria.

Malaria season is also due in the countries to the north of us where a number of our projects are situated. Sadly we have yet again had a case - in Zambia - where a stroke patient was misdiagnosed with malaria because he was complaining of headache... To remind you of the do's and don'ts of REAL malaria, 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 / kinkhoes) in young and old. The ongoing, niggling outbreaks of vaccine preventable 'childhood disease' impact on individuals and business alike.

We received an enthusiastic report from our Zambia project following a snake handling course on site. If you, like me, have Old Testamentic feelings about legless creatures, [read on](#) for your conversion...

Finally, we would like to wish all our colleagues and clients 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 Advisor
Worldwide Travel Medical Consultants

BUSINESS HEALTH

December 2009



WORLDWIDE TRAVEL
MEDICAL CONSULTANTS



Snakes alive

Ms Christine van Wyk, Health Liaison Officer on an iNHEMACO Project, writes: "At the Zambia BHPB IOCG Mumbwa project area, it became clear that snakes were more of an issue than originally thought. During the months of September and October, on average we were removing one snake per week from the camp site..."

[Read more...](#)

Malaria season is upon us

The first rains of the new season have fallen and that means the start of the malaria season in all endemic areas. In South Africa this means travellers to the Kruger National Park and the far northern reaches of KwaZulu-Natal must avoid mosquito bites and should seriously consider taking malaria prophylaxis. Travellers to areas adjacent to the KNP and Northern KZN 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.

[Read more...](#)

[Click here to download the malaria map](#)



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...](#)

[Click here](#) for more about measles.

For WTMC'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...](#)

[Click here](#) for more on pertussis.



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Snakes alive

Ms Christine van Wyk, Health Liaison Officer on an iNHEMACO Project, writes: "At the Zambia BHPB IOCG Mumbwa project area, it became clear that snakes were more of an issue than originally thought. During the months of September and October, on average we were removing one snake per week from the camp site..."

It was for this reason that the HSEC team members took the initiative to develop special skills in some of our camp dwellers as far as the handling of snakes and the treating of snakebites, and to obtain better 'fit for purpose' tools and equipment.

A herpetologist with decades of experience in snake handling and venom milking for anti-venom production was contracted to visit the camp earlier this year. The training at the Kitumba Camp began with a theory component covering topics including snake identification, signs and symptoms of envenomation, first aid for snake bites and the use of anti-venom. The presentation contained a lot of material and terms never heard of before but a striking - no pun intended - presentation ensured a lasting impression on everyone on the course.

As the training progressed into the day, some of the eyes in the small audience grew bigger and a palpably tense atmosphere developed. All of us knew by now how dangerous and venomous these creatures were.... and that we still had to handle them during the practical component.

I was pleasantly surprised when we wrote the test on the theory. This was one course where the students' learning abilities were extended and your certificate hard earned.

Later in the afternoon with the sun a bit lower, we commenced the practical phase. The instructor's calm nature and clear instruction set the scene as the first Puff Adder came out. Slowly but surely everything we were taught started to fall into place: Where is the head? (The sharp end!). Tire the slithering animal by raking it towards you... stay out of striking distance!

We quickly learnt how to use the hook to rake and hook the snake and that it is very easy to control it if you have the right equipment to capture the snake. [Yeah sure, Christine! Catch ME first! (Ed.)]

The less intimidating species were handled first and as the test subject's confidence grew, the big guns started to come out: Our session ended on a high adrenalin screech when Mike threw out a 2,7 metre Black Mamba. This big boy didn't disappoint at all; he absolutely lived up to his reputation, being lightning fast and displaying his black-as-coal mouth in a dance that said only one thing... "I'm powerful, fast and can leave a lasting impression if you don't respect me".

We all went quiet under the tangible aura surrounding this creature. The instructor handled the Mamba first and then gave each of us a chance to hook and tail him....oh, what an experience!



This was proof that if you apply the basic rules and use the appropriate tools all snakes can be removed safely without having to destroy some of the most fascinating creatures that share our earth.

Truly a life changing experience..."

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Malaria season is upon us

The first rains of the new season have fallen and that means the start of the malaria season in all endemic areas. The map below shows the malaria risk areas of South Africa, as provided by the Department of Health.



Click on image to enlarge.

Great strides have been made in the eradication of malaria in these areas. This is especially evident if one compares the map below 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. 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 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 in your ears by now.

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

You can read all about Malaria, the disease, prevention and treatment thereof, on www.wtmonline.com

While brushing up on your knowledge of malaria you can make an [online booking](#) with us 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. (Infectious diseases don't take breaks!) Alternatively, you can ring us on 011 214 9030.

[Click here](#) to download the malaria map.

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Measles

Measles is potentially deadly and completely vaccine preventable.

Many WTMC clients live and work in West Africa:

According to Burkina Faso's Ministry of Health, more than 19 000 cases of measles, a sharp increase over the average number of measles cases usually recorded, have been reported across the country since late January 2009. The disease is likely to spread across West Africa as borders are porous and vaccine coverage may be incomplete.

Measles, is however, not restricted to developing countries. Over the last 12 months, more than 8 145 measles cases have been reported in the European Union. Six western countries – Austria, Germany, Italy, Spain, Switzerland and the UK – and Israel accounted for 86% of them. Japan is a highly industrialised country, but has had poor coverage and therefore a high incidence of measles for many years.

The WHO, UNICEF and other partner organisations recently held European Immunisation Week, an annual region-wide campaign.

At the time of writing this article, there was concern about an outbreak in the Pretoria area. Unconfirmed reports indicated that from 11 March to date, six laboratory confirmed cases and three epidemiologically linked cases have been confirmed. Ages of the cases range between five months to **34 years of age**. Some children attend crèches and private and public schools in and around Pretoria. Both adults of 34 years and 26 years of age have children that have also contracted measles.

If you are unsure if you've had all your childhood vaccinations, we would highly recommend you visit the WTMC travel health centre in Northcliff for a MMR (mumps, measles, rubella) and varicella (Chickenpox) vaccine prior to your departure to the host country where you work. Your Tetanus / Diphtheria Polio vaccine should, of course, also be up to date!

Make your appointment online [here](#) or call 0861 300 911.

Measles - The Facts

Measles is a highly contagious, serious disease caused by a virus.

It remains a leading cause of death among young children globally, despite the availability of a safe and effective vaccine. An estimated 197 000 people died from measles in 2007, mostly children under the age of five.

Signs and Symptoms

The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts four to seven days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage.

After several days, a rash erupts, usually on the face and upper neck. Over about three days, the rash spreads, eventually reaching the hands and feet. The rash lasts for five to six days and then fades. The rash occurs, on average, 14 days after

exposure to the virus. A person is infectious from four days before the rash erupts until four days after.

Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases, which accounts for a significant part of the adult population in southern Africa.

Complications associated with measles cause most deaths. These complications are more common in children under the age of five or **adults over the age of 20**. The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and related dehydration, ear infections, or severe respiratory infections such as pneumonia. A high percentage of measles cases result in death among populations with high levels of malnutrition and a lack of adequate health care.

The good news is that people who recover from measles are immune for the rest of their lives.

Who is at risk?

Unvaccinated young children are at highest risk of measles and its complications, including death. Any non-immune person (who has not been vaccinated or has not previously recovered from the disease) can become infected.

Measles outbreaks can be particularly deadly in countries experiencing or recovering from a natural disaster or conflict. Damage to health infrastructure and services interrupts routine immunisation, and overcrowding in residential camps greatly increases the risk of infection. Likewise, complacency in communities that have not been affected in recent decades poses a risk.

Transmission

The highly contagious virus is spread by coughing and sneezing, close personal contact, or direct contact with infected nasal or throat secretions.

Treatment

Severe complications from measles can be avoided through supportive care that ensures good nutrition, adequate fluid intake and treatment of dehydration with oral rehydration solution. Antibiotics should be prescribed to treat eye and ear infections and pneumonia.

All children in developing countries diagnosed with measles should receive two doses of vitamin A supplements to prevent eye damage and blindness.

Prevention

Routine measles vaccination for children, combined with mass immunisation campaigns in countries with high case and death rates, are key public health strategies to reduce global measles deaths. Adults who have not been vaccinated or had the disease should also consider vaccinations.

In South Africa the measles vaccine is incorporated with rubella and mumps vaccines in the private sector.



recommendations for vaccinations

WTMC'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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