

From the left hand seat

Dear Travellers

Welcome to the fourth edition of our electronic newsletter. This past month has 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 bird 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.

To date only eight cases have been confirmed in Africa - all of them in Egypt, but that is not to say that this won't change. We need to be vigilant and as prepared as can be to cope with this new virus – or any other that may show up as The Next Big Thing.

We at WTMC are ready and able to assist all our clients in reviewing their pandemic planning and have already been in discussions with several of them.

Introductions this month include WTMC's Chief Operating Officer, Pierre du Toit, our project in Gabon, where we provide medical services, as well as another of our associates, Nexus.

We hope you find the information useful and educational. Please feel free to ask us for more information on any of the subjects raised.

Healthy travels

Dr Albie de Frey
Medical Director
WTMC

BUSINESS HEALTH

JUNE 2009



WORLDWIDE TRAVEL
MEDICAL CONSULTANTS



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Disease focus – Influenza A(H1N1) virus

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Project of the month Franceville, Gabon

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Who's Who

Pierre du Toit – WTMC Chief Operating Officer

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.

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Associates – Nexus Medical

WTMC has known and dealt with Mike Emmerich for some years and even as recently as last month he provided on-site training to a client's specific requirements. Mike has been involved in the Emergency Medicine, Aviation Medicine and the Community Medicine field for over 23 years.

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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.



Disease focus

– Influenza A(H1N1) virus

News of the outbreak of swine flu, which has subsequently been named the Influenza A(H1N1), took the media world by storm in April. We look at the disease in more detail.

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 US has reported 13 217 laboratory confirmed human cases, including 27 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 chances 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 well 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, visit <http://www.who.int/csr/disease/swineflu/en/>



Yellow fever and malaria, the bad and the good

In the next issue of *Business Health* 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 up and pay attention.

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. 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, upon return to an urban area, serve as a source of infection for *Aedes aegypti*, the main [urban] transmitter of yellow fever [virus] and urban vector of dengue [virus].

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.

A number of factors have contributed to the decline in malaria cases and deaths on the continent:

- Better diagnosis – thanks to the advent of Malaria Rapid Diagnostic Kits
- Massive funding by, amongst others, the Bill Gates Foundation
- The efforts of the WHO's Roll Back Malaria Programme and, not in the least,
- The financial and managerial inputs from multi-national exploration, mining and construction companies during the last few years.

Malaria vector / mosquito control and clinical malaria treatment improved vastly and thousands of insecticide-impregnated bed nets have been distributed. All these factors contribute to a real decline in several countries.

Which is NOT to say that there is ANY room for complacency: malaria STILL kills 280 000 people a year – mainly in Africa. As we were about to put this issue to bed, one of our sister companies had two patients in ICU in Johannesburg who had contracted malaria in Madagascar and Zambia respectively. (We have not had any malaria patients in hospital for YEARS before these two cases!)

Stick to the ground rules:

1. Do not get bitten
2. Seek early, effective treatment
3. Take "The Pill" – either Doxycycline, Mefloquine or Malanil / Malarone®



Project of the month

Franceville, Gabon

Gabon is located in west central Africa and this is where the brand new iNHEMACO/WTMC clinic is located. It serves one of the fastest growing exploration projects with a population of around 50 local employees and 30 expatriates on site, and continues to grow.

Gabon occupies a special place in the hearts of nostalgically inclined travel health practitioners as this is where Dr Albert Schweitzer built his still famous hospital at Lambarene on the banks of the Ogooué River.

Visiting the wood and thatch stilted cottage on the banks of the mighty river amounts to a mini-pilgrimage. The highlight of the visit is seeing the battered piano-forte on which the doctor played, often late at night and although it is a composition for organ, one can imagine him hammering out the Toccata and Fugue he made famous. One is filled with admiration for what was achieved here in the truly tropical jungle of Gabon in an age long before jet travel and 4x4 vehicles...

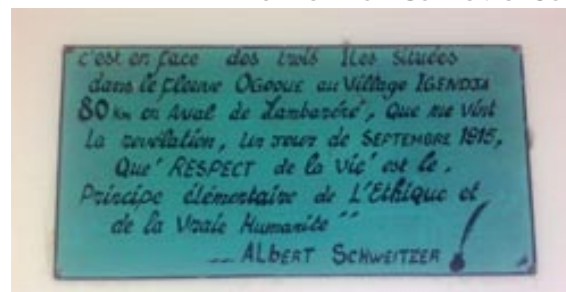
Click on photos to enlarge.



Schweitzer Grave



River view from Schweitzer Cottage



The capital and largest city is Libreville. Franceville is the second largest city in Gabon and the location of one of our remote site projects.

Being a country rich in natural minerals, a number of exploration and mining companies are active in the country and our client has been actively involved in a Manganese project for the last two years.

The iNHEMACO/WTMC clinic is brand new. The project personnel occupied a local hotel until recently, when they moved to a newly renovated apartment block. The clinic is situated in the main office building on the ground floor for easy access in emergencies, and has a dedicated driver and response vehicle, assisting greatly in responding timeously to emergency situations. It serves a population of around 50 local employees and 30 expatriates on site. The clinic provides primary health care, blood pressure screening, sugar level screening, HIV education and general health and hygiene education.

Education on and screening for malaria is a very important function and the clinic is fully equipped to manage acute life threatening medical emergencies. Unlike many of our less fortunate clinics, it even has a sick bay should it become necessary to monitor a patient in a controlled environment.

All medical services are provided very ably by the Health Liaison Officer (HLO), Sr Liezel van Zyl, who is supported via phone/fax/email/skype by our medical personnel in Johannesburg.

Our clinic serves one of the fastest growing exploration projects, and patient visits have risen drastically since the beginning of the project to about 30 patients per month as the population on site keeps growing. About 90% of these cases include common colds, muscle spasms and malaria screening. Although Gabon is a high risk county for malaria, the clinic has been very fortunate, to date, with only two confirmed cases of malaria last year. Both of these cases were from the local population. No expatriates have been infected to date.

There is a very strict policy on the management of malaria in force. Because of the high risk, all personnel undergoing pre-travel medical exams and all personnel (local and expatriates) on site are constantly reminded of the dangers of malaria and the importance of preventative measures.

If required in case of an emergency, a patient can be stabilised at the Amiso Bongo Hospital in Franceville under the watchful eye of the HLO. If the situation calls for evacuation to South Africa this is arranged in conjunction with our medical personnel in Johannesburg and the client's appointed aero-medical evacuation company.

Please contact us on pa@wtmconline.com or visit us at www.wtmconline.com for more information on the services we provide.

Some photos of the iNHEMACO / WTMC clinic at Franceville, Gabon



The entrance to the iNHEMACO / WTMC clinic at Franceville, Gabon.



The iNHEMACO / WTMC clinic at Franceville, Gabon.



Emergency exercise in progress.



Who's Who

Pierre du Toit – WTMC Chief Operating Officer

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@wtmconline.com