

From the left hand seat

Looking out of my window I'm nearly blinded by the vibrant yellows, oranges and whites of the flowering Namaqualand Daisies in my garden – I should take a trip "om blomme te kyk" next year...

This month we highlight the confirmed animal Rabies (YES!) in Linden, a quiet Johannesburg suburb, and we address the practicalities of facing difficult border guards without your Yellow Fever card.

...And by the time you read this I am hopefully imbibing Inca culture while chewing thoughtfully on a cocoa leaf! More about that next month if I survive the Inca trail...

Healthy travels, and hamba kahle!

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BUSINESS HEALTH

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WORLDWIDE TRAVEL
MEDICAL CONSULTANTS



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[Read more...](#)

Sweating it out in West Africa

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Botswana: Attack in Paradise – and a stalwart to the rescue

Finding Africans who are not fond of the Great Outdoors is more difficult than picking up biltong at Loftus during the rugby season... Finding outdoor-lovers who do not speak fondly of Botswana and its great outdoors is even more difficult. Unfortunately the great plains of Botswana are not what they used to be. [Read more...](#)

Yellow Fever Vaccines

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Project of the Month Bellzone Guinea - Kalia

The BELLZONE Kalia project in Guinea, West Africa, is the most recent new project to be staffed by INHEMACO, managed by WTMC, and the first in partnership with NEWFIELDS. [Read more...](#)

Swine Flu

Now that we are in the midst of the novel H1N1 outbreak in South Africa - just at the end of our traditional influenza season - there is little to say about it. We knew that it would eventually reach our shores and we knew that there would be deaths associated with it; just as there are thousands of deaths annually related to the seasonal influenza... [Read more...](#)





Rabies in Linden?

YES!

World Rabies Day is on 28 September 2009.

Three weeks ago we had a stern reminder that one does not encounter all 'unusual' or exotic diseases when you travel - some come to you.

A perturbed couple from Linden, a quiet Johannesburg suburb just blocks away from our Northcliff offices, presented with an unsettling history. One of their two much-loved dogs that grew up in Linden and had never left the yard in four years, had fallen ill. After a harrowing couple of days and several visits to different veterinarians, the one pet died. They had now been contacted by the Veterinary Services at Onderstepoort with the very bad news that their dog had died of Rabies...

The one owner is a landscaper and several of her assistants had been looking after the ill animal. A couple of them had scratches on their hands and the ill animal had been salivating on them.

Rabies is a uniformly deadly but fascinating disease: The virus does not spread in the blood stream as most infectious agents do – it 'grows' up a nerve route from where it enters the victim. Once the virus reaches the brain, the patient becomes clinically ill. This may be days – even years – after the virus first entered the body. At the same time the virus then migrates via the cranial nerves to the salivary glands. The saliva of the by now severely ill animal or human is highly infectious with the virus – which, in turn, has found a way to reach the next victim and live on while the ill victim dies within days. A fascinating life cycle for the virus, but a dead-end for the unfortunate animal – or human – victim.

Prior to this case, rabies had not been diagnosed in an animal or human in Gauteng in many years, although several cases occurred in the rural areas of South Africa in the north and south of the country, and are on the increase.

At the time of writing we were still not sure how the Linden dog became infected. There are several options: the most obvious – and harrowing theory – being that he had been bitten by another rabid dog. However, there is no known exposure to such an animal and the dog had not been out of the garden.

This leaves us with a much more intriguing option: that it had been bitten by an infected meerkat. This is a much more romantic notion for a city slicker like the author and also less disconcerting from a public veterinary health point of view. It would be of much more concern if there are rabid stray dogs around town. (Jo'burgers, unlike Bloemfonteiners, do not keep strange creatures such as meerkats for pets – mostly because they are of no use in scaring off gangsters and other undesirables...!)

So what to do? Everyone that had been in contact with the deceased animal had to be vaccinated against rabies and also receive Rabies Immune Globulin (RIG) as they had never been vaccinated against rabies before.

If a person is travelling to an area where rabies is endemic and / or regularly works with animals (Veterinarians / game rangers / school teachers...) they should receive three rabies vaccines at spaced intervals. If they then get exposed they only need two booster vaccines.

If they had NOT received pre-exposure vaccine and there is a penetrating wound, the person has to receive two boosters AS

WELL AS RIG. The latter being scarce, hard to come by, and expensive.

Although rabies vaccine and RIG is theoretically available to anyone who has been exposed to a confirmed rabid animal in South Africa, this case proved that it is not an easy process, even in the largest city in the country. The first state hospital we phoned put the phone down in our ear – thank you, Colleague! – and the second one had the vaccine, but could not find the RIG after the patients had waded through reams of forms in Casualty.

The RIG came to light the next day but by then the patients sourced the vaccine and RIG from their own GP in the private sector.

Lest it be said that we are negative and cynical I hasten to add that we had excellent support from the team at the NICD and a rapid response by the State Veterinary Service with all the dogs in the neighbourhood being vaccinated free of charge within days of the incident.

Several international travel health authorities recommend that anyone – and particularly children – travelling to rabies endemic areas should be vaccinated. Children tend to interact with animals and do not always tell their parents. This unfortunate occurrence served as a stern reminder that we live in a rabies endemic area. Should you not consider having yourself or at least your child vaccinated?

... and if rabies vaccine and RIG is difficult to come by in Johannesburg, Mr Corporate Traveller, have you tried to find it in the middle of Guinea Bissau or Chad?

To discuss rabies pre-exposure vaccination we suggest you contact us on 011 888 5505 or book an appointment at www.wtmconline.com.



Sweating it out

in West Africa



Diecke aerial view.

Working in West Africa is not for the faint-hearted, as one of the WTMC Health Liaison Officers reports from Diecke, a typical rural border town situated about 15 minutes' drive from the St John's River which divides Liberia and Guinea in West Africa.

The area is hilly and, while deforestation has occurred on even ground to accommodate palm and rubber plantations, the hills offer virgin forest so dense that the routes up the hills have to be cleared (at times with machetes) to get to the spots earmarked for exploration drilling. The weather is hot and humid, but the daily rain brings some relief in the wet season. The heat and humidity increase substantially inside the forest.

This year so far about 53 exploration holes have been drilled in difficult terrain, 17 of which were helicopter-assisted drill moves. The drilling teams usually stay in town, while temporary fly camps are erected close to the drill pads that are too far out. In such cases, the fly camp equipment is flown in to the site by helicopter and the cook and the camp paramedic establish the new camp with the help of some local labourers.

Quick thinking and teamwork save a life

One day it was not to be: while walking up the hill in the forest, the cook suddenly collapsed, clutching his chest. Paramedic Johan de Villiers, a seasoned professional, knew immediately it was serious, but his medical kit had been flown in to the fly camp the previous day. He had no other option but to call the base paramedic, Eugene Botha, for assistance.

As soon as the incident was radioed in, an incident command post was established in the Geology Office by the Diecke Project Manager, Sarah Lomas.

Johan calmed and reassured the patient while Eugene made his way into the forest with extra hands to help him carry the medical equipment. The helicopter and the WTMC Medical Director were informed of the emergency and put on standby.



Communicating with WTMC Johannesburg via satellite phone from the deep forests of Guinea.

Eugene arrived on scene with the necessary medical equipment and the medical team started assessing the patient. The patient told the paramedics that his chest pain was less severe and that he felt he could walk out of the forest slowly. However, the ECG monitor and a quick, but thorough, clinical examination told the medics a different story and it was decided to carry him out of the forest after initial treatment and stabilisation.



Stabilising and treating the patient.

The preliminary diagnosis on scene was unstable *Angina Pectoris*. This condition occurs when the heart is deprived of oxygen due to a number of factors. In the case, it was precipitated by climbing the hill in hot and humid conditions. The ECG showed that the patient's heart was already irritated by the oxygen deprivation and any other form of activity might result in cardiac arrest.

The forest route on the side of the hill was narrow, very steep and slippery. Ropes had to be used in two places to get the patient safely down the steep hill and out of the forest. From there it was still a long stretch through marshes, streams and on flimsy bridges before arriving safely at the ambulance from where the patient was transported to the Diecke WTMC clinic. He was discharged from the clinic six hours after his ordeal began in the forest, and was referred to a cardiologist in Conakry.



Carrying the patient through the forest.

A wake-up call for everyone

This case serves as a reminder of how important it is to ensure that everyone working in remote and challenging environments is fit and healthy to work under the particular geographic and climatic conditions in the area.

Being fit for duty in the kitchen – even though that can be hot and hectic in itself – does not necessarily mean that one is fit for work in a tropical jungle, or acclimatised to do so, even if you were born there and lived in the tropics all your life... More so if you are a traveller or expatriate from a temperate zone.

Company managers should ensure that all employees and contractors are fit, not only from an occupational health point of view, but also for the physical, geographical and socio-political environment in which they work.

The WTMC Management team will be much obliged to discuss any concerns in this regard with you – please contact us on 011-888-5505 or via e-mail on info@wtmconline.com



Botswana: Attack in Paradise

– and a stalwart to the rescue

Finding Africans who are not fond of the Great Outdoors is more difficult than picking up biltong at Loftus during the rugby season... Finding outdoor-lovers who do not speak fondly of Botswana and its great outdoors is even more difficult. It is therefore with great concern and disappointment that we have to warn travellers that all is not as well on those great plains (as it used to be) following a brutal attack on two elderly travellers near Francistown recently.

The tourists stopped on a dirt road about eleven kilometres north of Francistown to cover their roof tent with a dust sheet when they were attacked by four men who appeared from nowhere. The couple were travelling with friends (who were in their own car) and the thugs had waited until the second vehicle disappeared from sight before attacking couple number one.

The elderly driver was beaten severely with a rod, his wife was attacked through the window of the vehicle, and they were robbed of their money, credit cards, passports, and other valuables. The attackers demanded the keys to the vehicle, but the driver tossed the keys into the veld. The bakkie's windows were smashed and the two travellers were left stranded by the roadside.

The two couples made their way to Francistown where the driver had to have sutures for his head wounds – done without local anaesthetic!

It was almost 23h00 when the victims managed to contact their son, one of our colleagues in Northcliff. His father was dazed and had a severe headache as well as a bruised abdomen and knees. He was particularly concerned about his father's head injuries – could The Travel Doctor do something about the situation?

We phoned a longstanding colleague and friend in Gaborone, Mr Patrick Proctor, Director of RescueOne, to ask if he could perhaps assist in any meaningful way.

Saint Sebastian, the patron saint of travellers must have been awake at that late hour for, as it turned out, Patrick and his emergency medical team were not only awake, but actually in Francistown! They were having a very late supper having just completed an aeromedical rescue mission for the Botswana Government. They were to overnight in Francistown to fly another patient to Maun the next morning, returning later the same day to Gaborone.

Patrick immediately sprang back into action placing the wellbeing of the patient ahead of his half finished hamburger. This is how we have come to know Patrick over many years of unselfish service to the residents and tourists of Botswana!

He found the bedraggled tourists in a guest house, where they had been well taken care of by sympathetic hosts, examined the patient(s) and reported back that although he shared our concern about a possible skull fracture and underlying blood clot, he thought that the patient was well enough to stay put overnight. (Fortunately, one of the other travellers was a retired doctor who could keep an eye on things).

There is no neurosurgical service in Francistown and the airport had closed down for the night - it would have been impossible to medevac the patient to Gaborone or Johannesburg by air, and road travel in Africa at night would put the patient and the rescuers at risk of more harm.

Early the next morning Patrick was out there again, re-assessing the patient before flying his own patient to Maun. Our patient was sore, but had a restful night. It was agreed that Patrick would return to Francistown at midday to make a final assessment of the patient's situation. If necessary, he would fly the patient to Gaborone or, if the patient's travel medical insurance agreed, back to South Africa as medical care is limited, even in the capital of Botswana. RescueOne would get one of their other paramedics to drive the vehicle to Gaborone if necessary.

In the interim the rest of the accosted party met with the Botswana Police, who took down statements and arranged emergency travel documents to allow the South Africans to return to South Africa sans passports.

As promised, Patrick was back on the phone to us by midday to report that the patient was looking and feeling much better and that, as tough South Africans do, insisted that he was well enough to drive back to South Africa - perhaps not a wise decision, but certainly headstrong and determined not to let this incident totally disrupt their holiday!

We waited with baited breath in Johannesburg to see the patient on his return, as we still had nagging concerns about his wellbeing – only to be informed that the four had enjoyed the winter landscape in Limpopo and the Northwest Province so much that they had decided – in true Voortrekker fashion – to stay on for a few days!

We are happy to report that they returned home safely another week later and would like to extend a very special 'Ke a leboga' to Patrick and his colleagues at RescueOne for their assistance to these fellow travellers.

From the side of the unfortunate victims, a heartfelt thanks to the residents of Francistown who were very helpful. The locals did acknowledge, however, that there is a problem with crime in the area, directly attributed to the current economic downturn, which obviously influences Botswana as well.

Lessons learnt? Never travel on your own or drop your guard in an unknown area. Always take out travel insurance especially when you are travelling by road and not flying. Make sure you have been vaccinated against Hepatitis B and your tetanus boosters are all up to date for those unforeseen cuts and bruises and resultant treatment in what may be less than salubrious medical surroundings!

For travel insurance and your vaccines, contact us at www.wtmconline.com or 011 888 5505 well before your departure date.



Yellow Fever Vaccines

Vaccination against Yellow Fever is the only vaccine required by law for travellers to and from Yellow Fever-affected countries.

We regularly receive information from South African travellers of (overzealous) border authorities insisting on a valid Yellow Fever card when entering or exiting Mozambique, Malawi, India and Zambia. These countries DO NOT require a Yellow Fever vaccine if travelling to or from South Africa.

[The Travel Doctor](#) can issue you with a letter confirming that the country in question is not a Yellow Fever affected area, indicating that a Yellow Fever vaccine is not required.

A waiver letter can be issued to persons who have a valid medical reason for not having a Yellow Fever vaccine and who have to travel to a Yellow Fever affected country.

The South African Society of Travel Medicine recently published the following recommendation for travel to Mozambique, which can be adopted as good advice for the other "problem countries" like Malawi, Zambia and India.

...the traveller must be advised that issuance of the waiver does not guarantee its acceptance by the destination country. To potentially improve the likelihood of acceptance of a waiver upon arrival the traveller must take the following additional measures before initiating travel.

- 1] Obtain specific advice from the Mozambican High Commission in Pretoria - Phone 012 4010300
- 2] Obtain documentation from the High Commission and retain this with the waiver.

The World Health Organisation (WHO) publishes a list of Yellow Fever affected countries with risk of yellow fever transmission

Africa			Central and South America
Angola ¹	Ethiopia ¹	Nigeria ¹	Argentina ²
Benin ¹	Gabon ¹	Rwanda ¹	Bolivia ²
Burkina Faso ¹	The Gambia ¹	Sierra Leone ¹	Brazil ²
Burundi ¹	Ghana ¹	São Tomé and Príncipe ¹	Colombia ¹
Cameroon ¹	Guinea ¹	Senegal ¹	Ecuador ²
Central African Republic ¹	Guinea-Bissau ¹	Somalia ¹	French Guiana ¹
Chad ²	Kenya ¹	Sudan ²	Guyana ¹
Congo, Republic of the	Liberia ¹	Tanzania ¹	Panama ²
Côte d'Ivoire ¹	Mali ²	Togo ¹	Paraguay ¹
Democratic Republic of the Congo ¹	Mauritania ²	Uganda ¹	Peru ²
Equatorial Guinea ¹	Niger ²		Suriname ¹
			Trinidad and Tobago ²
			Venezuela ²

¹Countries/areas where "a risk of yellow fever transmission is present," as defined by the World Health Organization, are

countries or areas where “yellow fever has been reported currently or in the past, plus vectors and animal reservoirs currently exist.

²Only a portion of the country has risk of yellow fever transmission.

Source: www.who.int