Following an incubation period of a few hours to five days (usually 2 - 3 days), cholera typically presents with sudden onset of profuse, painless and watery diarrhoea, with flecks of mucus in the stool, with the appearance of ‘rice water’. Vomiting may occur, usually early in the illness. Majority of patients (95%) do not have a fever although children are more often febrile than adults. Profuse diarrhoea can quickly lead to life-threatening dehydration within a matter of hours. Travellers of any age from outbreak-affected areas, who develop symptoms of acute onset of watery diarrhoea with or without dehydration, must report to a healthcare facility immediately. The healthcare worker should be informed of the travel history.

Healthcare workers countrywide, especially those in Limpopo and Mzimbalanga provinces, bordering Mozambique and Zimbabwe, should be on high alert for suspected cholera cases. National guidelines for cholera are available on NICD website, www.nicd.ac.za

9 BEYOND OUR BORDERS

The ‘Beyond our Borders’ column focuses on selected and current international diseases that may affect South Africans travelling abroad. Numbers correspond to Figure 4 on page 11.

1. Lassa fever: Nigeria
From 1 January to 14 April 2019, a total of 2 217 suspected cases of Lassa fever have been reported from 21 states. Of these, 540 were confirmed positive, 15 probable and 1 662 negative. Since the onset of the 2019 outbreak, there have been 122 deaths in confirmed cases. Case fatality ratio in confirmed cases is 23%. A total of 17 healthcare workers in eight states has been infected since the onset of the outbreak.

Lassa fever is a viral haemorrhagic fever that is transmitted to humans via contact with food or household items contaminated with rodent urine or faeces. Person-to-person infections can occur, particularly in the hospital environment (nosocomial transmission) through direct contact with infected secretions (blood, saliva, urine, semen or vomitus) and mucus membranes or non-intact skin. There is currently no approved vaccine. Prevention of Lassa fever relies on community engagement and promoting hygienic conditions to discourage rodents from entering homes. Currently, a multisectoral team comprising the One Health National Rapid Response Teams, the Federal Ministry of Agriculture, and the Federal Ministry of Environment have been deployed to Taraba and Bauchi states to assist with public health control and response.

2. Leishmaniasis: Kenya
Twenty-seven people have been admitted at a Kenyan hospital following an outbreak of visceral leishmaniasis (kala-azar) in Marsabit. Leishmaniasis is caused by the protozoan Leishmania species parasites that are transmitted by the bite of infected female phlebotomine sandflies. There are three main forms of leishmaniasis, visceral (also known as kala-azar and the most serious form of the disease), cutaneous (the most common), and mucocutaneous. Kala-azar has an incubation period of between two weeks to six months with symptoms being fever, weight loss, anaemia, and swelling of the spleen and liver. The World Health Organization recommends early diagnosis and effective prompt treatment, vector control of sandflies, control of animal reservoir hosts, effective disease surveillance and social mobilisation.

3. Measles: New York, USA
In the month of April 2019, 23 new cases of measles have been reported in the state of New York, USA. Eighty-five percent of these cases have been in children. As of 18 April 2019, New York City reported 359 cases in Brooklyn and Queens since October 2018. Anti-vaccine groups in Orthodox Jewish communities are said to be at the crux of the measles outbreak.

Measles is an acute, highly contagious viral disease that has potential to lead to major epidemics. It usually presents in people with fever and maculopapular rash, cough, runny nose and/or red eyes. Measles vaccinations confer immunity from the disease. New York City has declared a public health emergency over the measles outbreak and ordered mandatory vaccinations in one Brooklyn neighbourhood for people who may have been exposed to the virus.

4. Influenza A(H1N1)pdm09: India
The state of Maharashtra, India, has recorded 1 320 influenza A(H1N1)pdm09 cases and 110 deaths between 1 January and 20 April 2019, compared to 10 cases and four deaths during the same period in 2018. Approximately 815 000 people were screened for influenza in the state, of which 247 patients are currently admitted to various hospitals, and eight patients are receiving ventilator support. According to the state’s health department officials, there has been a higher number of cases of influenza A(H1/N1)pdm09 in 2019 due to climatic changes in the region.

Symptoms include fever, cough, body ache, nasal secretions, headache, fatigue, diarrhoea, and weakness. The public health department has responded by having active awareness in all districts, improving public health surveillance and improving stock of medicines in all state hospitals and public health post centres.

Source: Promed (www.promed.org) and the World Health Organization (www.who.int)
Figure 4. Current outbreaks/events that may have implications for travellers. Numbers correspond to text above. The red dot is the approximate location of the outbreak or event.

10 WHO-AFRO: OUTBREAKS AND EMERGENCIES

Figure 5. The Weekly WHO Outbreak and Emergencies Bulletin focuses on selected public health emergencies occurring in the WHO African Region. The African Region WHO Health Emergencies Programme is currently monitoring 66 events. For more information see link below: https://apps.who.int/iris/bitstream/handle/10665/312048/OEW16-1521042019.pdf