

Travel Medicine Breakaway session



*Guiding the Profession
Protecting the Public*

Travel risks in Tourist areas in Brazil

Dr Castineiras

NO ONE CAN BE REALLY HAPPY
IN LIFE IF NEVER VISITED BRAZIL.
SO, IT IS TIME TO MAKE PLANS
FOR A SAFE TRIP.



Brazil is the most popular destination in South America

- ▶ Multi-ethnic
- ▶ Has different Biomes
- ▶ Adventure and ecotourism is increasing
- ▶ Rio de Janeiro, Sao Paulo, Iguassu Falls, North West Coast, Amazon and Pantanol
- ▶ Crime and Violence – Avoid favelas!
- ▶ Accidents – Accepted alcohol level is 0% - has helped
- ▶ Experience most common travel related illnesses such as traveller's diarrhoea, hepatitis A
- ▶ Chaga's disease – oral transmission
- ▶ Ecotourism increasing risk to schistosomiasis, leishmaniasis, leptospirosis and rabies



Most significant

- ▶ Yellow fever, concerned about increase in urban transmission, increased areas, moving South.
 - ▶ Recommendation for all travellers to have the yellow fever vaccine, even if not a legal requirement. In first 3 months in 2018, 12 travellers to Brazil contracted yellow fever and 4 died. None had been vaccinated.
- ▶ Measles – vaccine coverage rate has decreased and there has been a measles epidemic in 2019.
- ▶ Malaria – greatest risk in the Amazon – 85% *P. vivax* 2015-6 there were outbreaks of *P. simium*
- ▶ Arboviruses – major increase in 2019 in zika, chikungunya and dengue fever (all 4 types present) and co-infection common
- ▶ Rickettsia – often severe
- ▶ Significant increase of STI, especially syphilis, in recent years, risk increased due to sex tourism

Travellers: yellow fever vaccine, hepatitis A vaccine, measles vaccine, malaria prophylaxis for certain areas, and polio booster due to concern regarding infections in Venezuela, their neighbouring country



Latest Rabies Guidelines – What it Means for the Traveller

Vivien Essel

- ▶ Fatal disease
- ▶ Endemic in 150 countries worldwide
- ▶ 50,000 – 70,000 preventable deaths worldwide annually
- ▶ 99% human rabies is due to dog rabies – VACCINATE ALL DOGS!
- ▶ In 2018 World Health Organization, amended the Guidelines
 - ▶ South Africa is adopting some of these amendments
 - ▶ We currently only have 1 vaccine available – Verorab
 - ▶ 2 rabies immunoglobulin products:
 - ▶ HRIG – Rabigam
 - ▶ ERIG – Equirab

Pre-exposure Prophylaxis

- Recommended for those at high or continued risk, such as vets, lab workers, and travellers to risk areas, especially where there is little access to medical care.
- Used to be 3 IM doses – days 0, 7 and 21-28 – problem for many travellers, as they only seek advice a few days before travel
- **Now, preferably ID. – 0.1ml at 2 sites on days 0 and 7, or**
- **IM, - days 0 and 7**

Benefits of ID:

Provides immunity equal to or higher than IM route

Cost saving and vaccine sparing

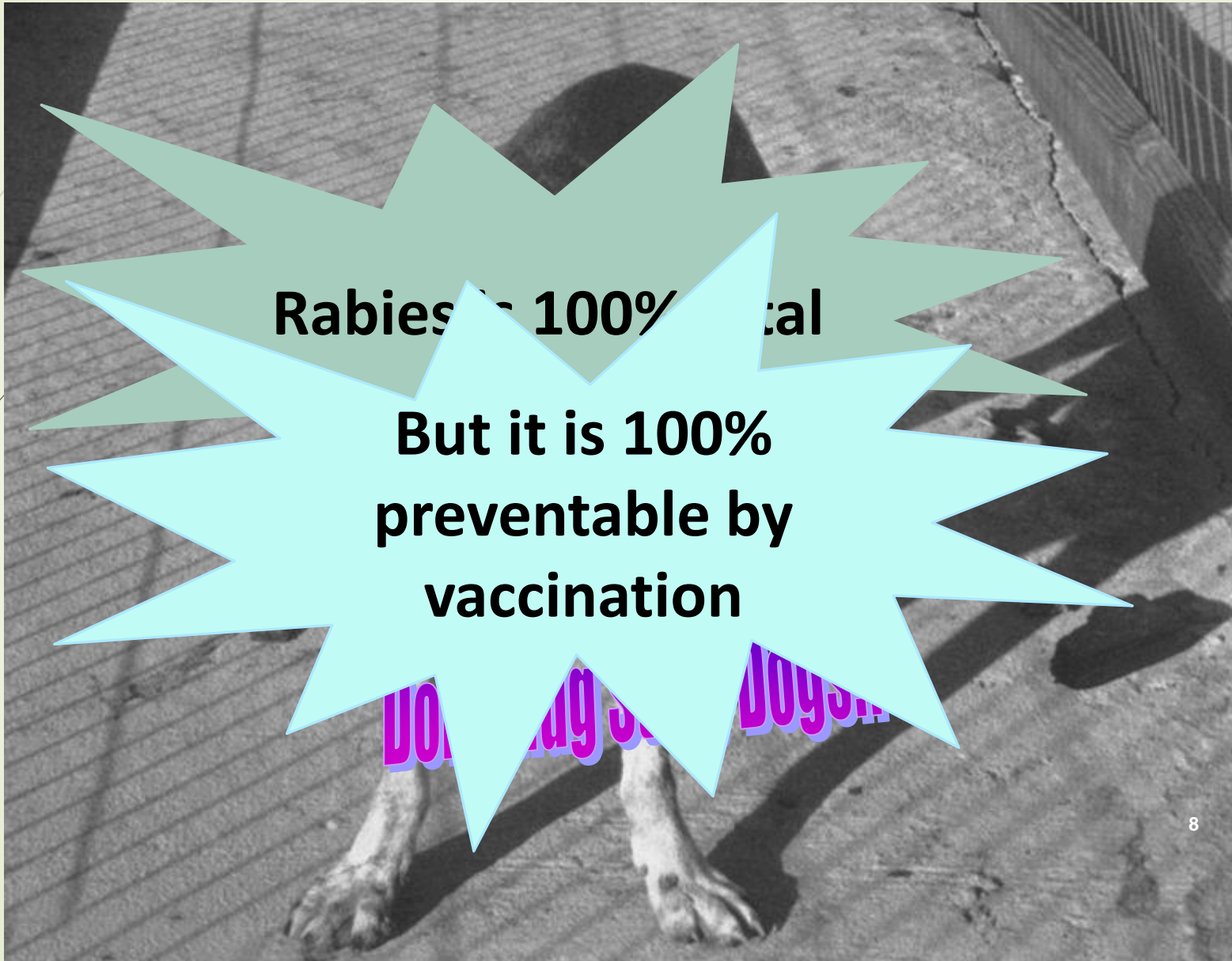
But: must be administered by trained staff, and need to vaccinate more than 1 person at a time

Postexposure prophylaxis

- ▶ South African recommendations have remained the same except:
- ▶ **Administering RIG:**
 - ▶ **Dose is either 20iu/kg or 40iu/kg, depending on product.**
 - ▶ In the past, we infiltrated as much as possible into wound and administered the remainder in the muscle (deltoid or upper thigh).
- ▶ **Now: infiltrate as much as possible into the wound. There is no benefit to administering the rest into the muscle.**
- ▶ This may be product saving!

Rabies

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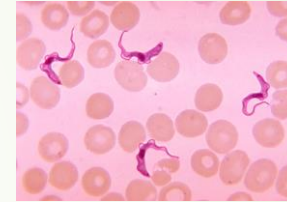
Trypanosomiasis - Case Studies and Overview

Evan Shoul and Lucille Blumberg

- ▶ East African Trypanosomiasis (EAT) is spread by the Tsetse fly and occurs mainly on safaris, in endemic game parks and on hunting trips in East Africa. A number of areas have been highlighted as risk areas
- ▶ Flies prefer to feed on animals, and animals, usually cattle are the reservoir – therefore won't be able to eliminate infection completely
- ▶ Occurs in short term travellers, causes an acute severe infection
- ▶ Symptoms mimic other infections, especially malaria
- ▶ 2 of the cases that were received in South Africa this year, were presented.
 - ▶ Both were successfully treated with Suramin and neither had CNS involvement

Summary

- Problems – delayed diagnosis, rapid progression, and disease severity
- Think EAT in a feverish traveller returning from East Africa with clinical features that resemble malaria, but malaria tests are negative
- Clinical clue: chancre
- Diagnosis – peripheral smear
- Treatment complex schedule with toxic drugs – suramin and melarsoprol, which are not easily available in some countries
- Assess for 2nd stage via lumbar puncture once peripheral blood is clear
- On next safari, leave black and blue clothes at home!





Good news!

- ▶ WHO has a control and surveillance program
 - ▶ Their goal is to eliminate HAT as a public health problem by 2020
- ▶ There is a need for a safe, effective and simple treatment
 - ▶ Fexinidazole has been approved for marketing in the DRC for West African trypanosomiasis
 - ▶ A non-randomised multicentre open-label clinical trial of fexinidazole safety and efficacy in EAT has just started.
 - ▶ **Fexinidazole is an oral drug taken once daily for 10 days**



2 flash presentations

- Uptake of yellow fever vaccines in private travel clinics
 - Implementation of NMC surveillance system in Mpumalanga
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