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# TRAVEL MEDICINE

## TRAVELLING SOON?

### A Good Time for 'Shot' Update

"I want every vaccine available; I do not want to take any risks", is the one extreme some travellers present with to their travel medicine practitioners. "Just give me the mandatory shots that will allow me to reach my destination and nothing else", is the other extreme presentation.

The truth is that there is no single consistent answer as to which vaccinations should be advised

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to similar travellers going to the same destination. The best that we can offer is a risk assessment, taking into account a number of factors. These include the age, health, behaviour and previous vaccination status of the traveller, the mode of transport, as well as a thorough knowledge of the destination and the activities planned there.

Vaccines however should not be considered as a travel and destination specific issue only. The consultation can be an ideal time to revisit all childhood 'shots'

and update the current status. It has to be taken in to account that, in addition to access to clean water and antibiotics, vaccination has been an important contributor to decreasing mortality and morbidity in mankind over the last century and immeasurably increasing the quality of life. The aim is to protect the individual against diseases, prevent spread in communities, and ultimately eradicate it completely in certain cases. Smallpox does not occur anymore as it was a uniquely human pathogen and immunising enough of the world's population led to it being not transmissible anymore. Other diseases might have more than one host, carrier or have complex life cycles. Yellow fever is spread by mosquitoes and the virus infects other animals as well; immunising every human would not eliminate the disease as sylvatic (animal) transmission would still occur and the mosquitoes spreading it around.

Yes, most of us had a pertussis (whooping cough) vaccine as children. There is now growing evidence that a booster is



Countries can demand yellow fever vaccination as a condition of entry for travellers from at risk areas

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Some childhood diseases can be serious in adults too; a vaccine protecting against measles, mumps, rubella and varicella is now available

required in adulthood to stave off this often debilitating disease that is making a worldwide resurgence. What is even more apparent is the realisation that vaccinating adults against whooping cough has a cocooning protective effect on newborns who cannot mount an immune response against a potentially fatal disease in that age group. The adult pertussis booster is often combined with those for tetanus, diphtheria and polio in one single formulation. There was a resurgence of diphtheria in some of the former Soviet Union states a few years ago, the occasional case is still reported in South Africa, and the disease is endemic in India. Polio, though virtually eradicated in most parts of the world, still is endemic in Nigeria, Afghanistan, Ethiopia, Somalia and Pakistan. Evidence of polio shedding has recently been documented in Israel. A country like India prides itself for its efforts to eradicate polio transmission, and the country has recently implemented measures to ensure that travellers do not import the disease into the country.

Travelling to a first world country soon and assuming that common infections are not an issue? Think again! A frequent source of measles recently in the United States of America was imported not from impoverished third world countries with poor immunisation programmes but from European bastions of health implementation such as Switzerland. Measles is one of the most contagious diseases known to mankind, and needs more than ninety percent of the population to be immunised in order to effect herd immunity. This is the protection of the unimmunised in a community due to sufficient number being vaccinated to stop transmission of the pathogen. Measles complications such as encephalitis and severe pneumonia is more common in children under five and adults over twenty, and presently 330 deaths are caused by it daily worldwide despite a safe and highly effective vaccine being available.

Travelling to the United States soon? In April 2014 there was an outbreak of mumps in certain areas of that vast country. Except for the unsightly parotid gland enlargement leading to a bit of teasing, the disease is mostly self-limiting in children. Adults contracting mumps

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have a higher chance of suffering complications such as meningitis, orchitis and pancreatitis. Similarly rubella, though mostly causing mild symptoms in children, can have devastating effects on the foetus of a pregnant woman, especially in the first trimester. The CDC (Centre for Disease Control) warned unimmunised pregnant ladies from travelling to Japan and Poland in 2013 as there were outbreaks of rubella there.

Some parents in first world countries decided not to have their children vaccinated against common childhood diseases as they erroneously believed that an association between a particular vaccine and autism existed. A vaccine with a proven safety record exists that can even be used in vulnerable adults to protect them against measles, mumps and rubella. The components are live attenuated viruses and the indications and contra-indications have to be considered. A formulation which also includes varicella, to protect against chickenpox, is now available.

The list of available vaccines is constantly growing. Some, such as anthrax vaccine, will only have specific and rare indications. Others, such as the rabies vaccine, protects against a relatively rare but invariable fatal disease. Hepatitis A, normally considered a trivial disease in children, kills 2% of adults over the age of forty who contract it and in April 2014 an outbreak was reported in Norway, a first world country. A very effective vaccine exists. Recently a vaccine for protection against shingles has been launched in South Africa. SASTM sends out regular updates to all its members advising them of outbreaks and new developments, and members have access to information sites such as TRAVAX and SaNTHNet (South African National Travel Health Network). SASTM has collaborated with experts in the field to produce a book on travel vaccines as well as one titled 'Beyond Childhood Vaccination'. It would be safe to say that a consultation with a travel medicine practitioner is essential in order to adequately advise the future traveller not only about his

explorations, but also about the journey to optimal health. **11**



Not only travel vaccines are available at travel clinics; adult boosters for vaccine preventable diseases should be discussed