Report showing the wide range of animals in Thailand linked to Rabies

https://wahis.woah.org/#/in-review/7084?reportId=182370

How often do we all fall into the trap of considering that rabies is really just a dog related disease and that contact with other animals really is of much less significance. True as it may be that for humans contracting rabies from dogs is definitely the most important source and hugely to the top of that list but other warm blooded animals can also be a problem and must not be forgotten. Personally I receive more reports from our patients who have encountered the quizzative and hungry monkey but as always it is essential that any mammal contact is reported and risk factors discussed as a matter of urgency.

Rabies suspected as dog attacks other animals and three individuals in Ho Chi Minh

https://news.tuoitre.vn/suspected-rabid-dog-attacks-3-people-kills-4-puppies-in-ho-chi-minh-city-103260420154231023.htm

This report from Ho Chi Minh (southern Vietnam) relates to a very angry dog who bit three individuals, killed four puppies and attacked many other dogs. Now clearly that all adds up to a colossal rabies risk not only to the three unfortunate individuals but also to all those in contact with the seven or eight other dogs which were attacked and could now themselves be infected and may not present symptoms for many weeks.

Rabies Vaccine – is it really worth the cost seeing as further vaccine is always still recommended?

All major international bodies involved in the care of the international traveller would without doubt support the pre-exposure cover vaccine against this horrific and disastrous disease. The challenge for those of us involved in providing care for our travelling patients is that the weight of cost becomes the overarching concern and none of us (yes, us included!) believe that we personally are going to be the one exposed!

So, our patients may understandably ask, is the vaccine against rabies different to the other vaccines used in travel medicine and also what is its actual benefit at the end of the day? Fundamentally (remember these are just ‘snippets’ so be kind to the rather simplistic approach taken below!) this specific vaccine is given to train the immune system how to create circulating antibodies which provide immune protection against the disease. In the majority of individuals those ‘circulating antibodies’ will remain active for quite a few years and provide excellent protection. However the problem is that a small percentage of our patients who are given the full course of rabies vaccine initially learn and produce those protective antibodies but then, far too quickly, that ‘immune memory’ fades and the antibodies drop out of circulation so that this individual is not safe if they are exposed. That’s the bad news.

Nevertheless the good news is that with further rabies vaccine cover their immune system springs back into action and protective antibodies are again found to be circulating and covering against the disease. Yes the antibodies will reduce again after a period of time but that burst of immune memory stimulating antibody production should be sufficient to protect this individual against that specific exposure. Also, hugely positive, this person will not need the rapid passive protection provided by Rabies Immune Globulin (which is very difficult to find overseas and also usually woefully expensive). So, having the correct recommended pre-exposure vaccine cover against rabies is of course an investment but hugely beneficial if exposed especially as the initial immune memory achieved through that primary course never needs to be repeated - unless the individual is exposed. The immune memory system (as well as all memory functions) is quite remarkable in that once learnt it is capable to retrieving that information very rapidly in the future should the need arise. Brilliant craftsmanship eh!

21yo exchange student (from Australia) contracts and dies of Meningococcal Meningitis in Austria

https://7news.com.au/news/south-australia-health-issues-warning-after-adelaide-chefs-nephew-dies-from-meningococcal-b-in-europe-c-22183612

All the news reports of Meningococcal Meningitis over these past weeks has reawakened memories from 20 years ago when this horrific disease rode uncontrolled through many regions within Western Europe. Fortunately with the advance in vaccines we now have excellent protection against many of the differing serotypes although cover against the B version is still well below what would be needed to reduce the risk of widespread infection. In this specific report this Australian student had just returned to Austria after a visit to his home in Australia to continue his studies. He died of overwhelming Meningococcal disease within four hours of his initial symptoms.

Further increase in cases of Meningitis in southern region of Vietnam

https://vnexpress.net/ca-mac-nao-mo-cau-phia-nam-tang-manh-5065644.html

Just a further reminder of some of the hot-spots for this airborne disease and to remind our patients of the risks associated with crowded local transport or sporting activities as well as the coughing and sneezing from fellow traveller at airports!

Over 90 cases of Diphtheria recorded in Australia so far in 2026

https://www.medicalrepublic.com.au/diphtheria-case-numbers-already-double-that-of-2025/125073

Perhaps regarded as a somewhat ancient disease but our database currently has 211 reports of diphtheria outbreaks (both cutaneous and the pharyngeal variety) with reports from South Africa, Bangladesh, Somalia, Yemen, Nigeria, Sudan, Mali, Mauritania as well as Pakistan and Czech Republic. This current outbreak in Australia should remind us all that if seeing a patient with a peculiar skin lesion or a miserably sore throat should at the very least awaken the possibility of diphtheria bubbling through our grey cells to expand that essential differential diagnosis.

Update on Chikungunya situation in Guatemala
https://boletinaldia.sld.cu/aldia/2026/04/10/confirman-en-guatemala-primer-caso-de-chikungunya-tras-una-decada/
Over the next few months, as climate changes develop within the Central American and Caribbean regions so too will the preponderance of mosquitoes with all their inherent problems. The risk of contracting malaria remains minimal (just not zero in case you are seeing returning travellers with fever etc!) but unfortunately other mosquito laden problems can cause misery. Apart from the serious sickness side (Dengue, Chikungunya etc) you also have Zika (and now Oropouche too) and the risks of creating a genetic abnormality for any conceived offspring. The risk may be small but the worry is huge and those of us advising patients going to these regions need to ensure that this is correctly put before the patient so that they understand the issues. One point to remember is that local population statistics may not only be very limited but also can too easily be misleading. Those living within these regions will frequently have already been exposed and built up protective antibodies so it appears that the disease has just about gone away. However that is not true, it is just that the local population has built up those protective antibodies so the only ones really at risk now are our travellers coming from a no-risk region of the world!

Boars & wild pigs in Malaga (Spain) shown to have Hepatitis E presenting a risk for meat consumption
https://www.surinenglish.com/lifestyle/health/hepatitis-found-wild-boar-study-reveals-disease-20260420104127-nt.html
Hepatitis A & Hepatitis E are somewhat similar in clinical presentation and they are both transmitted through contaminated food and water. This report from Spain may ruin our travellers hopes and expectations if they are planning to consume sausages and pate which came from an unfortunate Hepatitis E infected animal!

Food poisoning outbreak at funeral in Limpopo region of South Africa linked to 70 being hospitalised
https://iol.co.za/news/south-africa/2026-04-21-limpopo-food-poisoning-six-dead-over-70-hospitalised-after-eating-at-a-funeral/
We have previously mentioned that eating at mass gatherings anywhere in the world presents risks purely down to food preparation and storage as well as maintenance of the preparation services to ensure correct procedures are maintained. As any who provide a family Christmas or Thanksgiving meal know getting food correctly prepared and served (hot and steaming!) is a considerable strain. In all these situations being somewhat picky about your food choices will be a sensible approach and sometimes even having a backup supply of snacks to keep you going can be a worthwhile option rather that eating unwisely.

Transmission of MERS from camels to humans identified in Somalia
https://www.earth.com/news/first-signs-of-mers-transmission-from-camels-to-humans-detected-in-somalia/
MERS (Middle East Respiratory Syndrome) first hit the news back in 2012 in Saudi Arabia and Jordan. Since then it has spread to over 20 countries and with a high mortality (30% to 40%) far exceeding what we have recently seen with COVID-19 (~8% to 10%) or SARS (~8%) so there is no doubt this is a miserable disease and transmissible from person to person so healthcare staff do need to be especially careful. It is recognised that camels play a part in the transmission of MERS and on that basis WHO recommended back in 2016 that we should advice our patients that, no matter how pleased you are with the experience of sitting on the back of one of these beasts, you should not to kiss the camel!

Significant mortality (50%) associated with recent Rickettsial infections in Baja California (Mexico)
https://ksdy50.com/alerta-sanitaria-en-baja-california-rickettsia-registra-letalidad-del-50-en-2026/
Second only to mosquitoes, tick-borne diseases are one of the biggest risk factors for our patients. They can be involved in the transmission of a number of bacterial diseases (eg Borreliosis, Anaplasma, Ehrlichiosis, Rickettsia) and viruses (Tick Borne Encephalitis, Powassan virus, Heartland virus). This particular report relates to the risks associated with one of the Rickettsial diseases beautifully named Rocky Mountain Spotted Fever where the name describes the main symptoms but perhaps does not emphasise the seriousness of the resulting illness. If the diagnosis is not rapidly considered and treatment is delayed (awaiting laboratory confirmation) the risk of fatality is just too high as can be seen with the 50% level shown in the recent cases from Baja California.

How to remove an attached tick
https://www.cdc.gov/ticks/after-a-tick-bite/index.html
The spring and summer months tend to be the times when tick activity is at its highest and care needs to be taken to avoid their attention. Rural exposure (hill walking, farms and fishing, camping) and animal contact where the individual, without sufficient care, seeks to remove a tick from their dog or other animal. Fundamentally and ideally if the tick is moved correctly (fine tweezers grasping close to the head and biting parts) it should still be alive which confirms that total removal has occurred. What happens to it at that stage is up to you but just don't squeeze it and get blood on yourself! One other question we are regularly asked is 'how quickly does it need to be removed' to lessen the risk of transmission of any pathogen? The short answer is 'as soon as possible'. However there is evidence to show that after it initially becomes attached it digs into the victims skin and then secretes fluid which acts as a glue to ensure it has a firm grip and won't be easily dislodged. During that time it is thought that little to no pathogens are transmitted and, in some cases, that 'safer period' can last 12+ hours. However as mentioned it is always better to safely complete the removal as early as possible to lessen any potential risks. There are reports of people encountering ticks in their urban garden and it is thought the vector may have been from them being dropped by a bird flying overhead. In Western Europe the two biggest risks are Tick Borne Encephalitis (vaccine is available but no specific treatment) and Lyme Borreliosis (no current vaccine but at least it is treatable).

Deaths in region of Lake Kariba in Mashonaland West (Zimbabwe) linked to advanced and untreated Schistosomiasis
https://bulawayo24.com/index-id-news-sc-national-byo-263753.html
It really does seem hard to believe (as mentioned in this report) that despite the clinical symptoms being displayed for over a decade (haematemesis, ascites etc) that Schistosomiasis (Bilharzia) was not at the top of any differential diagnostic list among this population living in Zimbabwe. Perhaps we can all use this as a reminder of the need to think outside the box and not to fall into the trap of '*excluding the diagnosis you have never even considered*' !