

Report on Yellow Fever situation across Central and South America after 131 cases (53 fatalities) confirmed in 2025
<https://www.paho.org/en/documents/epidemiological-alert-yellow-fever-americas-region-26-march-2025>

This is a long and very detailed report issued by WHO relating to the Yellow Fever situation across the Pan American regions so far in 2025. Cases are higher than in previous years and with 81 cases in Brazil (31 fatalities) in regions visited by our travellers, so we need to be aware of this expanding problem and advise our travellers accordingly.

Cow's milk thought to be the cause of Rabies in a woman in Uttar Pradesh region of India

<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/woman-in-delhi-ncr-dies-of-rabies-days-after-drinking-milk-from-infected-cow-report/articleshow/119330439.cms>

We should always consider the possibility of bacterial infections from unboiled milk (brucellosis, salmonella etc) but rabies from unprepared cow's milk just shows the variability of this dreadful disease. We always remember to tell our patients to avoid all salivary contact (bites, licks, scratches, spits) from potentially at-risk mammals but personally I had not previously considered the possibility of exposure through unprepared milk. Clearly with the oral / mouth exposure (mouth ulcers, caries etc) the incubation period was horrifically short.

Transplant patient in Michigan (USA) dies from Rabies

<https://www.nbcnews.com/health/health-news/rabies-organ-transplant-death-michigan-rcna198265>

And continuing on the theme of rabies yet another consideration of how this fatal disease can be passed with disastrous consequences. It has long been a policy not to harvest organs from patients who have died from an unspecified neurological disease since CJD broke into medical circles 20+ years ago and to be fair the risk from rabies was known even further back. Nevertheless, patients can slip through even the most stringent assessment protocols and the consequences can be dreadful as is shown in this case.

Rabies incubation

It is probably worth emphasizing that even though the standard incubation period for this disease is usually between 3 weeks to 3 months there are reports showing that the disease can become clinically apparent many years after the individual was exposed. The reason behind this disparity is uncertain but it appears that the virus can remain 'asleep' at the point of contact and reawaken much later than expected. This could account for the reason why one of the earliest signs of rabies is numbness at the site of exposure just before clinical symptoms appear. The virus is seeking to make its way to the brain by travelling up the body's neurological system (peripheral nerves, spinal cord, cerebral tissues) before the patient's symptoms are evident. The reason why understanding the variability of the incubation period is so important is that we regularly meet patients attending for their vaccines relating to the next planned trip and they casually mention that they were bitten by a monkey a year or more ago while on a previous holiday and didn't do anything about it. That type of report from your patient will mean you have a responsibility of informing them of the potential risk hibernating within their body and how important it is that they now have the correct post exposure treatments to protect them from a delayed onset of this fatal disease.

Concern as Guinea Worm infections reported in Vietnam

<https://dantri.com.vn/suc-khoe/nhieu-nam-gioi-mac-benh-giun-rong-hiem-gap-vi-an-do-song-20250401161254483.htm>

Within the exciting world of tropical medicine we have some of the most strange and intelligent 'bugs' which delight to keep us guessing! Viruses, Parasites and Fungi can all turn up on our doorstep and keeping your mind focused on that possibility will go a long way to helping your patient. This report of Guinea Worm infestations (Dracunculiasis) fits this mysterious category beautifully. This is one of the 'round worms' which has a really wonderful and exciting life cycle. It is more commonly seen in Africa so this report from Vietnam is definitely of interest. The short version of the life cycle story is that the parasite is eaten or drunk into the body and burrows out of the intestinal system and typically heads southwards towards the legs of the individual. After about a year of slowly moving down through the body the worm breaks through the skin and forms a blister. This is sore and uncomfortable, and the symptoms encourage those infected to bathe in a local river or lake. On entering the water, the worm expels its larvae where they are eaten by water fleas. These miniscule fleas are then swallowed into the body of the next person to drink that contaminated water and so the cycle continues. Once the Guinea Worm is fully grown it can easily reach up to 1m spreading through the human body and if recognised by a clinician one of their most exciting and satisfying actions is to slowly and carefully remove this invader through gradually winding it around a pencil much to the amazement of any onlookers - assuming they don't faint!

Update on Diphtheria in Nigeria including 10 cases reported in Lagos

<https://www.vanguardngr.com/2025/03/lagos-records-10-confirmed-diphtheria-cases-in-3-months/>

Up to the early 1990's it was possible to have separate Tetanus, Diphtheria and Polio vaccines. However with a disastrous lowering of childhood vaccines in Russia a major epidemic led to many deaths and following that the WHO mandated that all Tetanus vaccines had to also contain cover for Diphtheria. That action reduced the spread of this disease very significantly but, as we have clearly seen, vaccine hesitancy fueled by misinformation, some religious traditions and social media has been associated with lowered cover and isolated outbreaks as has been seen in many states in Nigeria. The fact that 10 cases have been reported in Lagos means that this number could very significantly grow and how important it is that we provide protection for our patients. This disease can have a cutaneous presentation as well as the frequently fatal pharyngeal version.

Cases of Amoebic Meningoencephalitis US States of Arkansas and New Mexico from 2023

<https://www.cdc.gov/mmwr/volumes/74/wr/mm7410a2.htm>

There are a number of unexpected health issues related to the USA and of course our travellers should be wary that it is foolish to expect that any "first world" country is free of diseases and illnesses. The disease of Amoebic Meningoencephalitis does what is said on the tin in that it is a parasitic disease (amoeba) which enters the body (typically through swimming in contaminated water and the parasite gains access through the nasal mucosa) and causes an inflammation of the brain tissues. Typically, this disease is fatal and each year reports come through of infection contracted in the southern regions of the USA although it appears to be spreading northwards.

Six critically ill from suspected Methanol poisoning in Tien Giang Province of Vietnam

<https://tuoitrenews.vn/news/society/20250331/6-vietnamese-hospitalized-in-critical-condition-after-suspected-methanol-poisoning/85653.html>

Sadly reports of methanol poisoning are coming through too regularly and occasionally, as we saw a few months ago, this can affect our tourists who undertake uncertain drinks typically within a party situation. Most commonly this will be from a large, centralised jug which is regularly refilled. Apart from inducing blindness (which can be permanent) methanol can very frequently kill if taken in sufficient quantity.

WHO report on Measles across 17 States of the USA

<https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON561>

There are so many reports coming through about the inescapable spreading of measles across the USA that it is hard to underestimate the seriousness of that situation. Measles is regarded as one of the most contagious of diseases known to mankind and an infected individual (even at the early stage of the disease) can easily contaminate 10 to 20 others either through direct respiratory exposure (coughing, sneezing etc) or indirectly through fomites (contaminated hands-on escalators etc). Regular reports of alerts are being raised for airline passengers or those who passed through shopping centres or took local transport between cities. However, what else should you expect if the highest health authorities in the country tell you that the vaccine is suspicious and taking vitamin A will give you as good as or even better protection!

Patients hospitalised in Texas with Vit A toxicity after ill advised over-treatment

<https://www.cnn.com/2025/03/26/health/texas-measles-vitamin-a-toxicity/index.html>

And just to emphasise how gullible people can be in trusting some very debatable healthcare advice or an expanding number of social media sources, this reports relates to the overuse of Vitamin A and the serious consequences which the individual can encounter. We (all healthcare workers) have a responsibility to be brave enough to speak out and advise people of the nonsense which they will encounter so easily through an expanding global misinformation barrage.

65yo German tourist returns home from Sri Lanka with Chikungunya

<https://www.lankaweb.com/news/items/2025/03/21/chikungunya-wave-hits-sri-lanka-are-you-at-risk/>

The link above relates to recent reports of the spread of Chikungunya in Sri Lanka whereas the title of this section relates to personal communication of a patient seen in a German travel clinic after their return from a holiday in Sri Lanka and where the diagnosis of Chikungunya was confirmed. The country experiences a dual monsoon season each year so this keeps the climate moist and presents ideal conditions for mosquitoes throughout the whole year. Dengue and Zika are also reported so constant care against mosquito bites remains the main action to avoid infection.

Rabies vaccination programme running in Tunisia after 3 dogs and 1 donkey infected

<https://tinyurl.com/kssprsmn>

Yet another report of rabies which needs to be understood so we can advise our patients correctly. Reports from Morocco and Egypt also come through so this is not just a disease of Central Africa or SE Asia. **See below.**

Report on Rabies deaths in Karnataka (India) during the past 3 months

<https://timesofindia.indiatimes.com/city/bengaluru/dog-bite-cases-up-50-in-karnataka-this-year-rabies-deaths-too-rise-sharply/articleshow/119636485.cms>

Warning issued as authorities identify 11 cases of Rabies among animals in Sarawak (Malaysia)

<https://www.malaymail.com/news/malaysia/2025/03/29/sarawak-records-11-new-rabies-cases-in-march-pet-owners-urged-to-vaccinate/171326>

Campaign to increase community awareness of Rabies in Indonesia as cases continue

<https://health.kompas.com/read/25C21070000968/kasus-rabies-meningkat-kemenkes-terbitkan-surat-edaran-kewaspadaan>

Warning as Rabid badger identified in Pingtung (Taiwan)

<https://www.cna.com.tw/news/alog/202503240115.aspx>

Rabies warning issued for tourists in Bali after a recent death (6 months after being bitten by a stray dog)

<https://www.scmp.com/week-asia/health-environment/article/3300590/indonesias-bali-warns-tourists-rabies-risk-after-local-death-dog-bite>

This final report emphasises the long incubation which can occur with rabies infections (as discussed earlier) but also the risk for our travellers to the hugely popular island of Bali. We regularly get phone calls from our patients who have just been bitten (or licked etc) by the very active monkeys which roam around very freely. Monkeys can also transmit Herpes B infection and receiving RIG in Bali can be both difficult to obtain and also very expensive so better to vaccinate before travel!