

### **Air traffic linked to mosquito alert in Canaries as Aedes albopictus identified**

<https://www.canarianweekly.com/posts/New-Aedes-Mosquito-species-detected-at-Tenerife-South-Airport>

Aren't mosquitoes just fantastic little creatures. They have the potential to cause major havoc throughout many of the warmer regions of our world where they can thrive. Ever since Patrick Manson (1878) showed that mosquitoes could transmit filaria and then Ronald Ross (1897) showed the malaria parasite inside one of these flying menaces we have known of their destructive powers for transmitting a multitude of horrible diseases to humans. As a vector for so many viruses and parasites, mosquitoes are certainly an easily identifiable cause of human disease transmission and now with the identification of the Aedes breed in the Canaries, there is the potential to seriously affect both local life for the population and also their holiday trade in the days ahead. If Dengue, Chikungunya or Zika take hold in these idyllic islands tourists may have to reconsider their plans.

### **Concern as Aedes mosquito infecting southern Spain**

<https://doi.org/10.1038/s41598-024-52040-4>

### **Aedes mosquito becoming established in Belgium**

<https://www.sciensano.be/en/press-corner/tiger-mosquito-detections-double-belgium>

### **200 cases of Covid19 (JN.1 strain) identified in Israel**

<https://www.wionews.com/world/israel-health-ministry-says-around-200-contracted-new-covid-sub-variant-jn1-675659>

This report just helps to confirm that COVID19 is still alive and kicking and managing to modify its structures to cause problems. From the travellers point of view, at this point in time, the need to show any evidence of Covid vaccine cover is a very rare occurrence but who knows what tomorrow holds! However this is not the only threat which may cause international difficulties and mayhem with travel plans. The risk from Avian Influenza is gurgling away and has the clear potential to break out and become a Global Pandemic which would push Covid19 into the background. [see next reports]

### **Update and advice on Avian Influenza situation in Zhejiang region of China**

<https://www.info.gov.hk/gia/general/202401/31/P2024013100657.htm>

For many years we have recognised that Avian Influenza has been almost exclusively a disease of birds and only very seldom did it wander across to infect humans. Certainly the risk of human to human transmission is minimal but the concern is that with some genetic changes the picture may change very significantly and also very rapidly. Generally speaking the mortality associated with COVID19 was in the region of 10% or less whereas with Avian Influenza the figure is 3 to 4 times that level which could clearly spell disaster on a global scale. Sadly this report relates to a 63yo who died within a few weeks of admission to hospital. Her close relatives have not shown evidence of infection which is encouraging. However, the advice given by the Chinese authorities recognises the need for vigilance and care to lessen the risks associated with this disease.

<https://www.info.gov.hk/gia/general/202401/31/P2024013100657.htm>

The advice given in this report by the Chinese authorities for those visiting 'wet markets' is worth showing to our travellers although hopefully few of them will wish to blow on a chickens bottom!

- Avoid touching poultry, birds, animals or their droppings;
- When buying live chickens, do not touch them and their droppings.
- Do not blow at their bottoms.
- Wash eggs with detergent if soiled with faecal matter and cook and consume the eggs immediately.
- Always wash hands thoroughly with soap and water after handling chickens and eggs;
- Eggs should be cooked well until the white and yolk become firm. Do not eat raw eggs or dip cooked food into any sauce with raw eggs. Poultry should be cooked thoroughly.
- If there is pinkish juice running from the cooked poultry or the middle part of its bone is still red, the poultry should be cooked again until fully done;
- Wash hands frequently, especially before touching the mouth, nose or eyes, before handling food or eating, and after going to the toilet, touching public installations or equipment such as escalator handrails, elevator control panels or doorknobs, or when hands are dirtied by respiratory secretions after coughing or sneezing;
- Wear a mask if fever or respiratory symptoms develop, when going to a hospital or clinic, or while taking care of patients with fever or respiratory symptoms.

### **Unpasteurised milk in New Zealand linked to Campylobacter cases**

<https://www.foodsafetynews.com/2024/01/raw-milk-producer-linked-to-another-outbreak/>

So, why would this be a surprise you have to ask!

## **Warning against mosquito-borne Japanese Encephalitis in southern Australia**

<https://www.news.com.au/technology/science/animals/mosquito-bite-virus-detected-in-farwest-nsw-as-residents-warned-to-protect-themselves/news-story/ee41d6b859cbb8b09e70f3d9317f666a>

In a report above we mentioned the dangers of mosquito borne diseases, especially when linked to climate changes which increases humidity and would allow them breed even more viciously, and this is clearly shown in the recent reports of how Japanese Encephalitis has spread - even to southern regions of Australia. The risk for travellers remains small but certainly not something which can be disregarded totally. Within Australia they have loads of other mosquito-borne problems to be aware of when assessing the returning traveller!

## **Report on Dengue and Zika fever in Mali**

<https://www.maliweb.net/sante/dengue-et-fievre-zika-les-moustiques-en-cause-3048809.html>

This report shows yet another reason to avoid the attention of mosquitoes and to recognise the potential risks associated with diseases they may carry. One point to mention is how frequently we hear in our travel consultations from our patients that "*the mosquitoes love my partner but I don't get any bites*". That is almost never the case as generally if one person in the party is being bitten then others will also be providing the mosquitoes with their meal. The issue relates to allergies. When bitten by the mosquito she wants to suck up blood to provide the nutrition for her fertility. However her proboscis is equivalent to a very small hypodermic needle (~27 or 28 gauge!) and our blood is thick and viscous. She can't suck up your blood easily so she injects saliva down to anticoagulate the blood and then she can suck it up for her meal. How the individual reacts to her saliva will depend on whether or not they show the bite and if they respond with a localized allergic reaction.

## **37yo dies in Vietnam from Rabies after dog bite 3 months previously**

<https://tuoitrenews.vn/news/society/20240111/man-succumbs-to-dog-bite-after-failing-to-get-vaccination-in-southcentral-vietnam/77778.html>

Hopefully this sad report from Vietnam may help to remind us all that the incubation period for rabies (the time from exposure to the development of symptoms) can be horribly variable and we must never forget that starting adequate post-exposure treatment, even many years after a reported exposure, may avert a dreadful death for your blissfully unaware patient.

## **Guidelines for malaria prevention in travellers from the UK**

<https://assets.publishing.service.gov.uk/media/65a16fc674ae6600d738a64/guidelines-for-malaria-prevention-in-travellers-from-the-UK-2023.pdf>

With the recent release of new malaria guidelines by the UKHSA we are presented with quite a number of changes including advice for the Philippines, all of Peru, all of Laos, Colombia and Brazil where just mosquito bite avoidance is all that is recommended with no need to consider malaria prophylaxis. Some of the other major international authorities have not gone quite this far with their advice (as yet) and tend to be somewhat more conservative. As practitioners of travel medicine perhaps it will be wise for us all just to increase our diagnostic antenna and not to wipe malaria off the list of possible causes for any patient returning with fever, sweats and shivers just too quickly.

## **Reports of increasing Malaria transmission on Zanzibar**

<https://dailynews.co.tz/malaria-re-emergence-in-zanzibar-why-residents-are-to-blame>

After many years of reduction, the island of Zanzibar is now seeing increasing reports of malaria among the population and presumably this will also translate to an increase in the risk for our travellers.

## **Norovirus outbreak in California linked to consumption of raw oysters**

<https://foodpoisoningbulletin.com/2024/sonora-mexico-rocky-point-oysters-linked-to-norovirus-outbreak/>

To be fair, do we really and honestly need to emphasise that raw oysters have always been a high risk for any sewage related diseases? That is something which has been known about for well over 4000 years (Leviticus 11) so how come we still don't recognise the risk and avoid this potentially faecal contaminated meal!

## **Salmonella in Wales linked to raw lamb liver meal in 2021**

<https://www.foodsafetynews.com/2024/01/traditional-dish-behind-welsh-salmonella-outbreak/>

No need to say anything further!

## **Psittacosis alert issued in Sweden after 12 infected in December 2023**

<https://www.telegraph.co.uk/global-health/science-and-disease/parrot-fever-outbreak-sweden-parakeets-health-alert/>

This bacterial disease can be only too easily missed if we forget to take a sensible history from our patients. Clearly a history of any travel takes seconds and is always important but also knowing the individuals work (animal contact, children in creche, or home exposure (very old home (lead piping, asbestos etc), budgies or parrots, consumption of unpasteurized cows milk etc) and also any exercise / sports exposure can be crucial in the elucidation of an unusual health presentation. **Remember that old adage "you cannot exclude the diagnosis you have never considered".**