BGTHA
The British Global and Travel Health Association

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Mass population vaccination programme in Uganda against Yellow Fever
https://nilepost.co.ug/health/253511/kaliro-targets-50000-in-yellow-fever-vaccination-drive
Travel to Uganda has stayed at a high level and despite a number of health-related concerns which have being hitting the news channels (see below), our patients are still flocking to this Central African country. However the main vaccinatable disease which is present and a concern for our patients is Yellow Fever. The report that the authorities in Uganda are undertaking this mass campaign is of course great news as that will reduce the circulating viral load within the local population and so *de facto* help to protect our patients.

Just as an aside it is probably worth reiterating that there is a clear need for all our patients to be able provide "informed consent" before we administer any medical treatment and that this is especially true when considering the administration of any 'live' vaccine – including Yellow Fever. This entails explaining the potential risks which have been well recognised since the early 2000's and ensuring that our patients understand that, even if the problems are uncommon, they are an ever-present issue which has to be addressed. We should also be documenting and confirming that the contraindications and precautions have been discussed and that the patient is happy to proceed.

- WHO update on Mpox situation as most cases currently reported in Uganda
- Authorities in Uganda confirm the recent Ebola outbreak in finished
- Outbreak of Crimean-Congo haemorrhagic fever reported in Kyegegwa region of southwestern Uganda
- Concerning increase in reports of HIV / AIDS in Kalangala region of Uganda
- 300 stricken with 'body shaking' disease in Bundibugyo region of Uganda
- Two Anthrax related deaths from contaminated meat in Kazo region of Uganda

Ten cases of Tick Borne Encephalitis identified in Lithuania so far in 2025
https://www.lrt.lt/naujienos/sveikata/682/2558710/nvsc-siais-metais-lietuvoje-uzfiksuota-10-erkinio-encefalito-atveju
The spread of Tick Borne Encephalitis is quite alarming and certainly has the potential to become a significant problem within the British Isles. In fact reports from April 2024 show that some infected ticks have already been identified and once established it will be a 'Dickens of a job' to get it under control. This has been clearly seen in Sweden over the past decade where the disease was originally present on the eastern side of the country but has spread westwards and now shown to be present at the border with Norway. The young infected tick can be miniscule and easily missed even after the most enthusiastic bodily search! They hide in crevices and can be a ridiculous distance away from their point of skin contact. At this early stage (before blood engorgement) they are very small but if seen (typically within 6 hours or so after attachment) and carefully removed ('tick tweezers') then infection may not have taken place as the critter once attached seeks to secure its attachment over the next hour or so before starting to feed and regurgitate. In endemic regions, vaccination and early careful removal is essential to protect the individual from what can be a fatal disease.

Recent cases of Middle East Respiratory Syndrome (MERS) identified in Saudi Arabia
https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON569
This terrible respiratory illness was first identified in Saudi Arabia in 2012. It is from the family of Coronaviruses (SARS, COVID-19) with many similarities but with a significantly higher mortality. The death rate with both SARS and COVID-19 was approximately in the region of 8% to 10% whereas with MERS it is 35% or higher. No specific treatment exists as yet but health authorities have identified the humble camel as a point of concern and they blithely have recommended that we should warn our patients not to '*kiss the camels'* which apparently is a thing that some tourists appear to enjoy! [see https://www.sciencedirect.com/science/article/pii/S266652472400082X**]**

Ten dead after tourist boats capsize in southwestern China
https://www.bbc.com/news/articles/creqgwg0qnvo
We spend a significant portion of any travel-related consultation discussing vaccines and a variety of significant 'tropical' diseases (including malaria, Zika and dengue) and also other concerns like sun exposure, altitude risks and the need to be careful with their food and water choices. However the thought of road traffic accidents or drownings are seldom given much 'air time'. Nevertheless each year we receive reports of tourist fatalities and the subsequent devastation for travelling companions and their families back home. Frequently alcohol is a contributing factor but also unwise choices play a significant part in these woefully sad cases. One particular aggravating factor is that we all live with a '*it will never happen to me*' mind set and of course that is true until the moment that it isn't. The reports of tourist boats sinking are been seen every year and so taking a few minutes to encourage our tourists to be observant and careful may be of better value than all the vaccines we have available. This is particularly true when considering the current craze for the **Ha Giang motorbike loop** in northern Vietnam. Bouncing around as the rear passenger along unpaved roads and trails is fraught with danger and regularly broken legs or worse is the eventual outcome. The travel from Ko Pha Ngan to Ko Tao is usually on board a good quality ferry but too frequently a rather rickety boat arrives and of course the group mind set of '*it will never happy to me'* takes control and the thought of how secure you will be if a storm should arise is disregarded – sometimes with fatal consequences.

- Bus crash in Indonesia kills at least 12 after suspected brake failure
- One dead and 10 injured after hit-and-run boat crash in Florida
- Boat fire in DR Congo kills at least 148

WHO report on recent cases of Meningococcal Meningitis in Saudi Arabia after attending Umrah
https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON563
The very name 'Meningococcal Meningitis' is feared by any of us who lived through the horrific consequences of this bacterial disease back in the 1990's. Mothers would see that their child has unusual bruising and frequently a rash and organize for the GP to assess the situation but very rapidly (frequently within hours) the child would be moribund and die. This was all before the introduction of the A&C vaccine and subsequently the ACYW and now also the B vaccines. To see a case of Meningococcal Meningitis nowadays is a much rarer occurrence although it is still an ever-present risk throughout the world. However it has long been recognised that air borne diseases (including Meningococci) are all too easily spread when crowds and crowds of people meet together as can be seen at in-door concerts, sports stadiums and also for mass gatherings such as is seen at the Hajj and Umbra in Saud Arabia (1 to 2 million) and the Maha Kumb in northern India (up to 400 million). The ACYW vaccine is frequently compulsory for students attending a US college but of course it is also one which really should always be on the list for any one travelling and who will be squeezed into local transport as part of their planned holiday experience!

Travellers entering Ecuador from adjacent countries are now required to show evidence of cover against Yellow Fever
https://www.riotimesonline.com/ecuador-imposes-yellow-fever-vaccination-requirement-for-regional-travelers/
The practice of travel medicine would be so much easier if regulations didn't keep on changing! We frequently hear reports of issues relating to different requirements (especially regarding the Yellow Fever vaccine) in Africa but within South America it has historically been a less common occurrence. This report of restrictions relating to travel into Ecuador and another relating to Costa Rica [https://travelhealthpro.org.uk/country/58/costa-rica#Vaccine_Recommendations] show that the requirements are fluid and we need to be aware of what is needed unless we want to have to field a cross phone call from one of our travelling patients.

Raw pork warning issued by authorities in Thailand over Anthrax and 'deafness fever' cases
https://www.independent.co.uk/asia/southeast-asia/thailand-deafness-fever-raw-pork-symptoms-deaths-b2747027.html
Firstly, why would anyone consider eating raw pork meat in the first place? Actually why would anyone consume any raw meat? The old adage of "*Boil it. Cook it. Peel it or forget it*" seems to be a sensible practice and one a wise traveller will follow to lessen their risk of a miserable gastroenteritis experience while abroad. However the '*I must try the local cuisine*' compulsion appears to take control far too frequently and all commonsense goes hurtling out the window. The short, less severe, illness might just warn the patient to be more considerate against future experimentation but occasionally the afflicted individual may be caught into a chain of bowel despair with recurrent bouts of cramps, urgency and explosive diarrhoea. One danger for the western European doctor is to misdiagnose these patients (who frequently come across as quite anxious (understandably I would have thought!) and so IBS becomes the easy diagnosis. Obtaining expert ova & parasite examination of a resultant stool sample is difficult to obtain and even though we now have PCR tests which help they certainly don't provide all the answers. Clinically can I mention three symptoms which may help activate the mind that this could be a parasitic problem. **Firstly** the patient may notice that the symptoms are more pronounced the morning after alcohol intake. **Secondly** the bouts of looseness tend to come and go and **thirdly** the patient may admit to soiling their pants when they thought that only wind was about to pass and then they are thoroughly shocked when a nasty mucous plug spoils the rest of their day! Telling the patient that the worst sample they can provide (loose, mucous, bloody etc) is the best sample for the laboratory staff and will usually provide the most efficient answer.

Hepatitis A seen to be surging in Czech Republic
https://www.euronews.com/health/2025/05/13/hepatitis-a-is-spreading-rapidly-in-the-czech-republic-with-6-deaths-so-far-heres-what-we-
Following a similar set of advice to the above report (boil/cook/peel) would definitely help lower the risk of infection but perhaps consumption of the bivalve shellfish should be on that list also. The risk from these filter feeders has been recognised for centuries (see Leviticus 11 vs 9-12) and yet their consumption is such a popular experience for so many travellers – that is of course until they experience a life changing embarrassment at short notice with no loo in sight!

Africa CDC reports on Zika cases in Burkina Faso
https://africacdc.org/disease/zika-virus/
The advance of Zika is quite remarkable but perhaps the fact that only 20% of all infected individuals experience symptoms of note and the improvements of laboratory testing may be the reason for the realization that this disease is very wide spread. The concern for us as healthcare practitioners involved in advising our travellers is to ensure that they have heard of the foetal malformation risks associated with Zika and the advice to avoid pregnancy for 2 to 3 months after possible exposure.

WHO update regarding on-going Measles outbreaks in Morocco
https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON568
Over the past few years the population in Morocco has been experiencing a significant outbreak of Measles mainly among children and the unvaccinated population. Over 25,000 suspected cases have been reported throughout the country and 184 related deaths are reported. As it is such a popular tourist destination the option to consider adding cover with MMR vaccine always needs to be considered – although the Rubella component of that vaccine will mean that any pregnancy plans will need to be reconsidered!

Malaria warning as cases increase in Limpopo, Mpumalanga and KwaZulu Natal regions of South Africa
https://www.nicd.ac.za/travellers-are-advised-to-be-vigilant-against-malaria-over-the-easter-holidays/
This time of the year the risks should be decreasing (Autumn/Winter in SA) but once September/October arrive it will be interesting to see whether or not malaria becomes established outside of the Kruger and parts of the Limpopo region.