

Update on food poisoning in Ha Giang (Vietnam) after 72 become ill

<https://vnexpress.net/72-hoc-sinh-ha-giang-ngu-doc-do-thuc-pham-nhiem-vi-khuan-nam-4797787.html>

Taking the motorbike trail around the Hi Giang loop in northern Vietnam is immensely popular with the young in heart traveller despite the reports of massive flooding during the recent months and also the perpetual risk of sustaining a serious or even fatal accident. Now we have reports of at least 72 students falling ill after attending a mid-autumn festival from a mixed bacterial, fungal and mould food contamination! For some of those affected their symptoms started within 15 minutes of their meal and required hospitalisation.

Another Dengue related death reported in Trinidad and Tobago

<https://tt.loopnews.com/content/dengue-cases-cross-1500-19-deaths-recorded>

At this point in time the authorities in Trinidad and Tobago have reported 19 Dengue related deaths out of 1579 cases which were laboratory confirmed. It is outbreaks like these which help to remind us how fortunate we are to live in a part of the world where the mosquito vectors are still a rare cause of concern. Dengue, Chikungunya, Zika, and now more recently Oropouche, are all on-going and major problems throughout the Caribbean islands.

Death in Minnesota from Rabies two months following bat exposure

<https://apnews.com/article/rabies-death-bat-minnesota-57935944192dcf4d9aab7cb953739abc>

There can be little debate that death from Rabies ranks high up on any list of the most awful diseases to affect man. Typically the patient recognises the seriousness of their state well before the healthcare staff realise the diagnosis (they frequently have a strong sensation of impending doom before the first symptoms appear) and once neurological symptoms commence the 100% fatality rate is almost always certain with massive muscle spasms and a destruction of the autonomic system and unfortunately despite the patient remaining very conscious. This sad case in Minnesota (USA) says that the man involved has contact with a bat approximately 2 months before his symptoms started. Again this emphasises the need for us to educate our patients of the need to avoid all animal contact and, if the worst should occur, and there is salivary contact with any potentially infected mammal (no matter how mild) they need to seek rapid and efficient treatment to avoid the potential consequences of that exposure.

Mosquito warning issued in Costa Rica after 82 cases of Chikungunya were reported in 2023 and 30 so far in 2024

<https://www.precisionvaccinations.com/2024/09/25/chikungunya-confirmed-costa-ricas-mountains>

So, another reason to avoid mosquitoes! A report on Chikungunya is planned for our November BGTHA meeting so tune in then to get more details. In the mean time we should be warning our patients about mosquitoes!

5yo with Avian Influenza in Ghana

<https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON534>

In the BC world (in this case 'Before Covid') the expectation by many of the health experts dealing with epidemics and pandemics was in the expectation that Avian Influenza would mutate sufficiently to become a human to human disease (rather where at present it is typically an animal to animal problem with only rare reports of animal to human or human to human transmission) and the feelings were that this could easily develop into a full Global Pandemic. Of course COVID19 took over that mantle and we all came to learn very quickly what harm a miniscule virus could inflict on all humanity (and also what a PCR was!). However, even though COVID19 is still a significant global problem (see below) the advent of the vaccines and a better understanding of personal hygiene etc has helped to reduce its effects. Nevertheless with a mortality of 5 to 10% COVID19 is still not something to be sneezed at. However with a mortality of over 30% Avian Influenza has the potential to cause global havoc if it goes down that mutation route.

New Covid strain (XEC) raises anxiety in Australia and many other regions

<https://www.dailymail.co.uk/news/article-13879991/Covid-warning-issued-Australians-infectious-new-strain-strike-Christmas.html>

As a follow up to the report above, COVID19 and all its variations is still alive and active and this report from Australia relates to the worry associated with the new XEC strain which was first recognised in Germany (June 2024) and since then has been identified in 27 other countries. Whether or not the current COVID19 vaccines will be effective against this new strain is still under review. There is little doubt that air travel remains one of the consistent routes for transferring respiratory viral conditions around the world and yet of course we are not going to change our ways unless circumstances dictate differently.

Cattle with Anthrax in El Salvador

<https://diario.elmundo.sv/economia/ganaderos-en-alerta-por-enfermedades-pero-afirman-que-hato-se-mantiene-sano>

Naturally the risk for any of our travellers of contracting Anthrax is going to be minimal but perhaps it is just worthwhile to be aware of this outbreak and if one of our patients buys leather goods (bags, belts, handbags etc) and returns with a strange black ulcerated lesion then hopefully the grey cells will kick into action and your differential diagnosis will include the mild possibility of this horrible bacterial disease!

Up to 6 deaths now linked to current Marburg outbreak in Rwanda

<https://www.afro.who.int/countries/rwanda/news/rwanda-reports-first-ever-marburg-virus-disease-outbreak-26-cases-confirmed>

Marburg, Lassa, Ebola. These three viral haemorrhagic diseases strike fear into even the most experienced healthcare professional in the developing world. Once an outbreak has been confirmed then considering the diagnosis becomes an easier task. However, in the early days of any outbreak associated with these horrific illnesses the healthcare staff are at considerable risk as they exam their patients. In many cases it is the deaths of healthcare personnel which raises the attention of the national authorities and sets the alarm bells ringing. By that stage it is not uncommon that many doctors and nurses will have already succumbed to the disease. Constant awareness of the potential issues relating to these three diseases (and now Mpox also) must remain utmost in the minds of healthcare practitioners for their own health and also for the safety of their families.

Jordan certified as being free of Leprosy by WHO

<https://tribuneonline.com/jordan-becomes-first-country-to-eliminate-leprosy-globally/>

OK, so Leprosy is definitely not a disease which most Western practitioners are going to have to face during their professional careers but actually it really should be in the differential diagnosis when confronted by a patient with a poorly defined peripheral neuropathy or a somewhat strange looking rash. Internationally the number of cases is certainly reducing since the introduction of triple therapy with Dapsone, Clofazimine and Rifampicin. We can now clear any underlying infectivity (typically with what is known as Lepromatous Leprosy) within a very short period of time and so the need for mandatory 'Leprosarium' accommodation is well past. However the treatment has to be maintained to ensure full and total eradication of the mycobacterium. It is encouraging to see the progress that has been made in Jordan but of course with a disease which typically has an incubation period of 3 to 5 years before symptoms are recognised it would be prudent to keep thoughts of Leprosy available within the practitioners differential diagnostic listing!

Mpox (clade 1b) identified in Kerala region of India

<https://www.cidrap.umn.edu/mpox/india-reports-imported-clade-1b-mpox-case>

Having this strain of Mpox identified in Kerala will really concern the authorities throughout India. This disease has shown that it is well capable of spreading rapidly within a country and, with such a dense population in India, this could all too easily become the new hub for the disease outside of the historic concerns about DR Congo where it was first isolated. Could this now be the start of a new 21st century disease akin to HIV back in the early 1980's or will we see the reintroduction of the modified smallpox vaccine being recommended on a wide scale within populations. Couple this possibility alongside the risks of Avian Influenza, the spread of Tick-Borne Encephalitis, MERS and of course the mutating COVID19 and without doubt we are living in interesting times.

Major diarrhoeal outbreak in Taiwan affects almost 150,000

<https://focustaiwan.tw/society/202409240025>

I think it is fair to say that this number of cases in just a single week certainly points towards a 'massive' outbreak! A viral cause is being blamed for this outbreak which again is linked to a festival gathering and so helps to emphasis the essential nature of food and water hygiene to maintain health when masses of people get together for any reason. This outbreak makes you wonder how many 'Portaloo's' were actually available and would you want to have to visit one after all the other participants!

74 Oropouche cases in US tourists returning from Cuba

<https://www.martinoticias.com/a/al-menos-70-casos-detectados-de-oropouche-en-florida-todos-relacionados-con-viajes-a-cuba/399787.html>

The relationship between tourists returning home from Cuba with Oropouche infections was mentioned in the last update but it is still on-going. The disease is mainly and usually spread through the bite of midges but mosquitoes are also recognised for their role in the transmission of this disease. Symptoms are very similar to what is seen with Dengue Fever (fever, headache, chills and myalgia, arthralgia, rash and photophobia) or many of the other arboviral infections (Chikungunya, Zika etc). Cuba is not the only country within this region to have reported cases so other South and Central American countries should be remembered when counselling our travellers. Repellents and avoiding bites as well as possible is the only clear course of protection as no vaccine is available at this time.

Shellfish festival in Canada (Prince Edward Island) being associated with significant vomiting and diarrhoea

<https://www.cbc.ca/news/canada/prince-edward-island/pei-shellfish-festival-illness-1.7331342>

Another festival. Another shellfish meal. Another mass outbreak of vomiting and diarrhoea. What an unpleasant way to spend your time on Prince Edward Island! Norovirus is suspected as the culprit but of course there are other possibilities. If you are interested in following this all through further then an older Eurosurveillance report (<https://www.eurosurveillance.org/content/10.2807/ese.16.46.20020-en>) will provide you with some light reading regarding the dangers associated with undercooked shellfish meals.

Sausage warning issued in Cordoba (Argentina) after 8 stricken with Trichinella

<https://hoydia.com.ar/sucesos/ocho-casos-de-triquinosis-en-cordoba-relacionados-al-consumo-de-chorizos-en-mal-estado/>

Trichinosis is one of the worm diseases associated with the consumption of undercooked pork products. The disease can cause abdominal pain, diarrhoea, nausea and vomiting (Phase 1) but also (Phase 2) the larva can penetrate through the intestinal wall and enter the lymphatic circulation. This can lead to the larva entering the muscles, myocardium and brain with very serious consequences. And all over a humble sausage meal!