

Health Protection Agency briefing note for GPs: returning travellers from the FIFA World Cup in South Africa

The 2010 FIFA World Cup takes place in South Africa in June and July with more than 20,000 people from the UK expected to attend*. An additional 35,000 UK visitors are expected to visit South Africa in June for reasons unrelated to the World Cup. Most of these travellers would not be expected to experience adverse health events during their trips. There are however a number of infections that clinicians should be aware of in assessing travellers returning from South Africa who are unwell or concerned about their health, and for which this briefing provides outline information and/or links to further advice, including:

- Gastrointestinal diseases
- Malaria
- Rabies
- Measles
- Rift Valley Fever
- African tick bite fever
- Sexually transmitted infections and blood borne viruses
- Influenza
- Tuberculosis (including drug resistant forms)
- Meningococcal infection

New information about any outbreaks or infectious disease threats associated with the World Cup will be posted on the HPA website at: <http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1274089970728> and on the National Travel Health Network and Centre (NaTHNaC) website, where a searchable database of global outbreaks is also maintained <http://www.nathnac.org/>

Clinicians should also be aware that some visitors to South Africa may also have travelled to other countries and been exposed to other risks than those included here. It is always important to take a detailed travel and risk exposure history from any returning traveller who is unwell and to include this information in requests for laboratory diagnosis, as this guides the investigations performed. Primary care clinicians should also seek clinical advice from their local infectious disease unit as appropriate.

The infections to be particularly aware of in travellers returning from South Africa are listed below with links as appropriate for further information.

1. The most common travel associated infections are gastrointestinal, which are predominantly self limiting. Where symptoms are severe or prolonged, stool specimens may be taken for diagnosis. In all cases hygiene advice should be given to prevent secondary spread. For a pyrexial patient with systemic as well as gastrointestinal symptoms an infectious disease assessment may be appropriate. For example, enteric fevers and malaria can both present in this way. Hepatitis A is also endemic in South Africa.

2. Although malaria is not considered to be a risk in the World Cup host cities, travellers who have visited malaria risk areas in South Africa or in other countries must be investigated for malaria. In South Africa: there is a high risk of malaria in the low altitude areas of Mpumalanga and Limpopo which border Mozambique and Zimbabwe. This includes Kruger National Park. The areas bordering these are low risk. There is also a

high risk of malaria in northeast KwaZulu-Natal as far south as Jozini and a low risk between Jozini and Richards Bay. A map showing the risk regions in South Africa is available from the National Institute for Communicable Diseases in South Africa at

http://www.nicd.ac.za/fifa2010/A_Guide_for_World_Cup_Visitors.pdf

Further information on malaria risk in other countries can be found on the NaTHNaC Country Information Pages http://www.nathnac.org/ds/map_world.aspx

3. There is a risk of rabies in South Africa. Transmission is via contact with saliva from infected wild/domestic animals, usually as a result of a bite, scratch or lick to open skin. Anyone reporting such exposures should be assessed for their requirement for post exposure prophylaxis. Please contact the HPA, Centre for Infections, Clinical Rabies Service for advice.

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Rabies/>

4. There is a large ongoing outbreak of measles in South Africa, with cases reported from all nine provinces but concentrated in the northeast. Please inform your local Health Protection Unit if you suspect a case of measles. You can find your local unit here; <http://www.hpa.org.uk/> . For further information on measles please see;

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Measles/>

5. Since February 2010, there has been an outbreak of Rift Valley Fever in livestock in South Africa which covers a wide geographic area. Human cases have been reported from the Free State and Northern Cape provinces. Although the risk to most travellers is considered to be low, travellers may be infected and present in healthcare facilities in the UK. For further information see:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/RiftValleyFever/>

6. Travellers whose activities involve walking through brush and grasslands in southern African countries are at increased risk of acquiring African tick bite fever, a tick borne rickettsial infection characterised by fever, rash and vasculitis. Please contact your local infectious disease unit for advice on an unwell returning traveller with a relevant exposure history. For more information on rickettsial diseases please see;

<http://www.nathnac.org/pro/factsheets/rick.htm>

7. Sexually transmitted infections (STIs) and blood borne viruses, such as HIV, Hepatitis B and Hepatitis C, are prevalent in sub-Saharan Africa. The World Health Organization (WHO) estimates approximately 20% of South African adults aged 15 to 49 years are HIV-infected**. The increased risk of acquiring an STI during mass gatherings should be noted. Any traveller presenting with risk exposures or symptoms should be investigated as appropriate. HIV seroconversion can present as a febrile illness.

8. As at 17 May 2010 there was no influenza reported to be circulating in South Africa <http://www.nicd.ac.za/>. The influenza season in South Africa generally starts however towards the end of May and peaks in June with transmission continuing, but tailing off, to the end of July and August. The season will therefore likely coincide with the World Cup and transmission in the general population may be high. Although the risk of influenza transmission in open stadiums should be low, influenza outbreaks have been previously reported at outdoor mass gatherings. It is anticipated that the influenza A (H1N1) 2009 pandemic strain will cause the majority of infections, which are usually mild; however, severe cases may occur, predominantly in

patients with underlying comorbidities. If a traveller returning from the World Cup presents with a flu like illness, the HPA would recommend that the patient is fully assessed, including nose and throat viral swabs. If influenza is considered likely then practitioners should follow Department of Health and NICE guidance on clinical management. For further information on H1N1 influenza please see:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SwineInfluenza/SIProfessional/>

If a patient has severe illness or deteriorates other diagnoses should also be considered including legionnaires disease.

9. South Africa has the highest number of cases of multi-drug resistant (MDR) and extremely drug resistant (XDR) tuberculosis in the southern African region***. The risk of contracting TB during travel to the World Cup tournament is very low, as prolonged exposure to the bacteria is usually necessary and brief contact carries little risk. However travellers with a relevant exposure history and consistent symptoms should be investigated promptly. For more information on tuberculosis see:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tuberculosis/>

10. Sporadic cases of meningococcal disease occur year-round in South Africa with a seasonal increase in sporadic cases from May to October. Serogroup W135 is currently the predominant serogroup.

References:

* Football World Cup in South Africa: travel advice for UK fans Health Protection Report 4(12): 26 March 2010

<http://www.hpa.org.uk/hpr/archives/2010/hpr1210.pdf>

** World Health Organization. South Africa: HIV/AIDS epidemiological factsheet. December 2005: Geneva, Switzerland. Available at:

http://www.who.int/hiv/HIVCP_ZAF.pdf

*** World Health Organization. South Africa: Country Profile. WHO Report:Global Tuberculosis control 2007. Available at:

<http://www.afro.who.int/en/divisions-a-programmes/atm/tuberculosis/tub-country-profiles.html>