

Medical Information

Q: What precautions do I need to take for malaria?

A: Malaria within South Africa's borders is encountered mainly in:

- northern and eastern Mpumalanga,
- northern KwaZulu-Natal,
- the border areas of the Northern and North West provinces.

Outside of the South African borders it is found in:

- the lower lying areas of Swaziland,
- in Malawi, Mozambique, Zambia and Zimbabwe,
- northern parts of Botswana (more specifically Kasane i.e. Chobe),
- in northern Namibia,
- in Congo and Kenya.

Malaria prophylactic recommendations for travellers to Africa:

Expert opinion differs regarding the best approach to malaria prophylaxis. It is important to bear in mind that malaria may be contracted despite chemoprophylaxis, especially in areas where chloroquine resistance has been reported. Both chloroquine-resistant and normal strains of malaria are prevalent in Africa.

Please remember that the best precaution is the preventative kind.

- Avoid being bitten by using mosquito repellents liberally. Camps provide a locally made repellent, however, please feel free to bring your own if you suffer from any skin sensitivities or allergies.
- Wear long-sleeved shirts and trousers/slacks in the evenings.
- Please use the mosquito net over your bed where supplied/available.
- Where provided, please use the insecticide supplied to kill any mosquitoes that may have flown into your room.
- Mosquito coils are also effective.

Malaria is transmitted by a very small percentage of female Anopheles mosquitoes. They are mainly active in the early evening and throughout the night. Malaria transmission is at its highest during the warmer and wetter months of November through to April. From May through to October the risks of contracting malaria are reduced. There is also less prevalence in remote areas where most camps are situated; nonetheless, you need to consider taking preventative measures.

There is a six to seven day minimum incubation period before symptoms present themselves. If you become ill on your return, while still on prophylaxis or even once you have stopped taking them, ensure that your medical practitioner does everything to establish that your illness is not malaria. Malaria can be prevented if you are sensible and take basic precautions. There have been very few

cases of guests contracting malaria. It is inadvisable for pregnant women to visit malarial areas as malaria infection during pregnancy can be detrimental to mother and child. Caution should be exercised with small children as they can be more susceptible and are unable to take some forms of medication.

Q: What precautions do I need to take for yellow fever?

A: Yellow fever is a viral illness for which there is no cure, however, there is an effective vaccine that will prevent it. It is transmitted by a daytime biting mosquito. The yellow fever virus is found in certain areas of Africa, Central and South America. Proof of vaccination is required when visiting countries like Congo, Kenya, Tanzania and Zambia. When flying into Mozambique and South Africa, travelling from a yellow fever destination, proof of inoculation will be required upon entry.

- Time: Inoculations must be had at least 10 days before travel, as the vaccine is not effective within 10 days.
- Validity: The vaccine provides immunity against the disease for 10 years. You will receive a Yellow Card which you have to carry with you when you travel. Failure to produce the card during travel could result in penalties by immigration or refusal to enter the country.
- People exempt: Pregnant women, HIV-positive, anyone undergoing chemotherapy or with a suppressed immune system. You still need to go to a clinic/medical practitioner for a consultation and to be given an exemption certificate which will still allow you to travel without having had the injection. Babies under the age of 9 months and people over the age of 60 years can qualify for an exemption, however, this is at the discretion of the medical practitioner.
- Symptoms: The illness develops within six days of being bitten by an infected mosquito, and the onset is usually sudden: fever develops, with headache, body pains, and most often nausea. Jaundice develops with a bleeding tendency, coma and death.
- Yellow card: Travellers immunised against yellow fever are issued with an internationally recognised vaccination certificate for inspection by immigration officials. The international health regulations concerning yellow fever are unequivocal, and unvaccinated travellers may face denial of entry, or even quarantine in certain circumstances. This strict control is maintained to ensure that both the individual traveller and the broader communities are protected against outbreaks of this disease.

Q: What precautions do I need to take for ticks?

A: Ticks occur the world over and are well known ecto-parasites. The most obvious species in the savannah regions of Africa are the 'hard ticks' which attach themselves to their hosts to feed before they either fall or are brushed off. Ticks are also well known as carriers of diseases that affect both animals and humans; in southern Africa this is referred to as tick bite fever.

Symptoms of this disease present after a five to seven day incubation period and include fevers, headaches, malaise and even a skin rash, however, effects can vary dramatically from person to person. A dark black mark usually results at the site of the infected bite and is a helpful diagnostic. The disease is easily treated with antibiotics although this is not always necessary.

After walking in the bush with your guide it is best to brush your clothes down and to examine your body for ticks, taking care to remove these entirely without leaving the biting mouth parts behind in

your skin. Anti-tick sprays such as Bayticol can be very effective against ticks and wearing long pants will prevent many bites.