



Fameraid Air Rescue International &



Special rescue Team Malta



FEMERAID AIR RESCUE INTERNATIONAL

Weekly World Medical Alert

2 WEEK OF JUNE

Fameraid Air Rescue International Unit with Support of Special rescue Team Malta assesses on weekly basis all Health risk around the World and produces a summarized report for Knights and Dames of Our Sovereign Order and State .

Medical Alerts this week : 19 New alerts: 2 Updated alerts:17

Red Flags (Imminent risks/ Death)-  (3)

Yellow Flags (Actions should be taken) -  (18) **Green Flags** (Be aware of) -  (1)

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These world medical alerts are compiled by Femeraid Air Rescue team with reliable information from WHO, CDC Atlanta and others.

If a Knight or Dame requires more details about a particular risk or location and how to mitigate the risk, please contact our team through the details provided on last page, be safe out there...

Continent	Country	Disease	New vs Update	Flag
AFRICA	Burundi	Malaria epidemic	Update	Yellow
	Congo (DRC)	Ebola cases in north of country	Update	RED
	Nigeria	Lassa fever outbreak	Update	RED
	Kenya	Cholera outbreak	Update	Yellow
	Maldives	Local cases of Zika	Update	Yellow
	Angola	Local Zika transmission	Update	Yellow
	Cape Verde	Ongoing Zika transmission	Update	Yellow
	Guinea-Bissau	Zika in Bijagos archipelag	Update	Yellow
	Congo	Monkeypox	Update	Yellow
Zimbabwe	Typhoid	Update	Yellow	

Continent	Country	Disease	New vs Update	Flag
ASIA & THE PACIFIC	Singapore	Local cases of Zika	Update	Yellow

Continent	Country	Disease	New vs Update	Flag
AMERICAS	Chile	Increase in Hepatitis A	Update	Yellow
	Brazil	Yellow fever outbreak	Update	Yellow

Continent	Country	Disease	New vs Update	Flag
MIDDLE EAST	Pakistan	Chickenpox outbreak	Update	Yellow
	Syria	Polio cases	New	Yellow
	Saudi Arabia	MERS-CoV	Update	Yellow
	Iran	Crimean-Congo haemorrhagic fever outbreak	New	RED

Continent	Country	Disease	New vs Update	Flag
EUROPE	Europe & CIS	Increase in Hepatitis A	Update	Yellow
		Measles clusters across Europe	Update	Yellow

Worldwide Travel: Interrupted Zika transmission - GREEN

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Burundi: Malaria epidemic : The malaria outbreak continues to increase across Burundi, heavily affecting the north and north-east of the country. Malaria is consistently present throughout the country.

It is spread through mosquito bites and can be fatal unless promptly treated.

Early symptoms are flu-like, such as fever, head/body aches and general weakness. Malaria can develop seven days or many months, after exposure

FEMERAID AIR RESCUE Recommendations: Prevention is through the use of antimalarial medication (chemoprophylaxis) and mosquito bite avoidance

Consult your travel health professional before departure for an individual recommendation on preventive malaria medication (chemoprophylaxis). If you develop a fever with flu-like symptoms, seek medical attention promptly and tell them that you have visited an area with malaria

Outdoors:

- Wear clothing that covers most of the body (long sleeves and long pants). Consider using insecticide treated clothing.
- Use an effective insect repellent, such as one that contains DEET, Picaridin, PMD, or IR3535. Follow the manufacturer's instructions, and reapply after swimming or excessive sweating.

Indoors or asleep:

- Ensure windows are covered with fly-wire.
- Use "knock-down" insect spray to kill mosquitoes in your room.
- Use a bed net.
- Choose air conditioned accommodation if possible.

Singapore: Local cases of Zika: The first local cases of Zika were detected in Singapore in August 2016. There was a large outbreak from August to October 2016 in which more than 400 people acquired the infection locally via mosquito bites. Sporadic clusters continue to be reported as the virus may now be established in the local mosquito population. Health authorities have strong surveillance of cases and are quick to react with intensive mosquito control campaigns.

Angola: Local Zika transmission: Two cases of Zika have been detected in the country. In December 2016, a French tourist was suspected of contracting Zika whilst in Angola, however tests were not conclusive. The second case, an Angolan who lives in Luanda, tested positive for Zika in January 2017. The Ministry of Health has increased their surveillance throughout the country.

Zika may have been established in the local mosquito population in parts of Angola, however the extent and intensity of spread is uncertain at this time.

Cape Verde: Ongoing Zika transmission: Cases of locally-acquired Zika infection have been reported in Cape Verde

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Guinea-Bissau: Zika in Bijagos archipelago : The first cases were identified on the island of Bubaque in July 2016. A subsequent investigation by health authorities in the Bijagos archipelago has confirmed at least seven more cases in August, as well as finding Zika virus in local mosquitoes. Cases of microcephaly have been reported from Oio and Gabu since April, however whether these are related to Zika virus has not yet been determined.

Maldives: Local cases of Zika: Local Zika cases have been reported in Maldives. The virus may now be established in the local mosquito population.

Worldwide Travel: Interrupted Zika transmission: Location: Cook Islands; French Polynesia (France); Easter Island - Chile; New Caledonia (France); Vanuatu

Zika is transmitted primarily through mosquito bites. While less common, sexual transmission occurs.

Four out of five people infected have no symptoms. When symptoms occur, they are usually mild - fever, rash, muscle and joint pains, and red eyes (conjunctivitis), similar to many other viral illnesses including flu, dengue and chikungunya. Most people recover fully in about a week. Occasionally neurological complications including "Guillain-Barr syndrome" (a potentially severe muscular weakness) occurs. Irreversible severe birth defects, including "microcephaly" (a small head with severe brain and developmental abnormalities) can occur in the babies of women infected during pregnancy.

FEMERAID AIR RESCUE Recommendations: There is no specific treatment available, and no vaccine to prevent the disease. Pregnant women should consider delaying travel to Zika-affected areas.

Those who are in affected areas should protect themselves against mosquito bites and sexual transmission. After travel to the affected areas, ongoing precautions against sexual transmission are recommended.

Pregnant women

- Should not travel to any area with Zika.
- If you must travel to or live in one of these areas, talk to your healthcare provider first and strictly follow steps to prevent mosquito bites.
- If you or your partner live in or travel to an area with Zika, use condoms from start to finish every time you have sex or do not have sex during pregnancy. Sex includes vaginal, anal, and oral sex.

Women trying to get pregnant

- Before you or your partner travel, talk to your healthcare provider about your plans to become pregnant and the risk of Zika virus infection.
- If you do travel to an area with Zika, you and your partner should strictly follow steps to prevent mosquito bites.

For those who will travel, or are in areas where cases of Zika have been reported: Prevent infection by preventing mosquito bites:

- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535.

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- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks).
- Ensure windows are covered with fly-wire.
- Use "knock-down" insect spray to kill mosquitoes in your room. Choose air conditioned accommodation if possible.
- Consider using an insecticide-treated bed net.

Prevent sexual transmission through the use of condoms.

After travel: Monitor your health for two weeks. If you develop symptoms, ensure that you see a doctor.

Pregnant women - consult your doctor. You may be advised to be tested for Zika whether or not you develop symptoms. Your doctor may also arrange additional monitoring or specialist care.

Prevent sexual transmission - Anyone who has a pregnant partner should use condoms (applicable to males and females) or abstain for the duration of the pregnancy. For those whose partners are not pregnant, authorities differ in their recommendations for the duration for which precautions should continue. The World Health Organization advises that everyone should continue precautions for at least 6 months after return. The United States CDC advises: **Men** should continue precautions for at least 6 months; **Women** should continue precautions for at least 8 weeks.

Consider delaying pregnancy - The World Health Organization recommends couples or women planning a pregnancy, who have returned from an area with Zika transmission, to wait at least 6 months. The United States CDC recommends women trying to get pregnant wait at least 8 weeks and partners of women trying to get pregnant wait at least 6 months.

Continue to prevent mosquito bites for two to three weeks to reduce the risk of infecting local mosquitoes with Zika

Pakistan: Chickenpox outbreak: Pakistan typically experiences a large increase in chickenpox activity every two to five years. These outbreaks are amplified by overcrowding, poor hygiene practices and other environmental conditions

The outbreak of chickenpox (varicella) has caused a number of deaths. Over half of the cases have been reported from Faisalabad city in Punjab

is a highly contagious disease and It spreads from person-to-person via direct contact with infected droplets that have been coughed or sneezed into the air, or by contact with the rash

include fever, cough, runny nose, and headache followed by a characteristic rash of red, itchy blisters. Prevention is through vaccination and general hygiene

FEMERAID AIR RESCUE Recommendations:

- Ensure you are immune to chickenpox before travelling. Get vaccinated if you haven't had chickenpox before, or if you haven't been previously vaccinated.
- Keep young children and other people who are not immune to measles away from outbreak areas.

If you are unsure about your immunity and may have been exposed, or if you develop symptoms, seek medical attention. Call before visiting in person, so staff can protect themselves and other patients from this very contagious virus

Congo (DRC): Ebola cases in north of country: The Ebola outbreak is subsiding, with the last confirmed case reported on 11th May. A coordinated local and international multi-agency response continues. The outbreak is confined to the Likati Health Zone, Bas-Uele (Lower Uele) Province.

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is spread by contact with the blood or other bodily fluids (especially vomit and diarrhoea) of infected or dead people. People at high risk include: Healthcare workers, family or others caring for sick people, family or others managing the bodies of those who have died and those attending funerals (when people touch the body).

- Fever / Severe headache / Muscle pain / Weakness / Fatigue / Diarrhea / Vomiting / Abdominal / (stomach) pain / Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.

Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

FEMERAID AIR RESCUE Recommendations

- Avoid high risk activities for Ebola transmission (such as participating in unsafe funeral practices, having direct unprotected contact with body fluids).
- Follow strict hygiene procedures, including frequent handwashing.
- Select safe food and water.
- Do not travel if you are sick - note that some locations have implemented screening, and travellers may face quarantine and testing

Nigeria: Lassa fever outbreak: Since December 2016, around 490 cases of Lassa fever have been reported. These include over 165 confirmed, more than 300 suspected and 14 probable cases. More than 100 people have died, of which 73 were confirmed cases.

According to the report dated 2 June 2017, the outbreak is active in ten states. At least six states have completed 42 days with no new cases.

The Nigerian Centre of Disease Control (NCDC) is assisting the affected states in their response activities. The Ministry of Health has implemented a rapid response, raising awareness in healthcare workers to use appropriate infection control procedures, test before treating for malaria, and have a high index of suspicion especially if malaria tests are negative.

Lassa virus is most common in West African countries. Rodents, particularly rats, carry the disease. People usually become infected by inhaling dried rodent excretions, eating food contaminated by rodent excrement, or eating infected rodents. Outbreaks occur when people unprotected contact with bodily fluids from an infected person, which can occur in households and in healthcare facilities.

include fever, joint and back pain, sore throat, abdominal pain and diarrhoea. The disease causes severe illness in about 20 percent of those who contract it and it can be fatal, especially if treatment is delayed or unavailable. Severe Lassa fever is characterized by bleeding from the nose, mouth, gastrointestinal tract and vagina. The antiviral drug ribavirin may save a patient's life if given soon after infection. This drug is sometimes used as a preventative measure for people who have had extremely high-risk exposure to the Lassa virus

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FEMERAID AIR RESCUE Recommendations: Follow strict hygiene procedures, including frequent handwashing. Avoid risky exposures : Do not participate in traditional funerals. Avoid direct unprotected contact with sick people and their body fluids. Avoid environments contaminated by rodents. Select safe food and water.

Chile: Increase in Hepatitis A: Since June 2016, there has been an increase in the number of hepatitis A cases recorded in Chile. Over 700 cases have been reported, with most cases in men who have sex with men however, other groups have also been affected. Case numbers are most likely greater than what is currently reported and many more cases are likely to occur. There is no suggestion of a food-borne outbreak.

Between June and September 2017, there are several national and international lesbian, gay, bisexual, and transgender (LGBT) pride festivals taking place. Public health authorities are urging travelers to take all necessary precautions to prevent infection, including seeing a travel health professional early due to a shortage of hepatitis A vaccine. Vaccination is also used to prevent disease in people who have had close contact with the virus.

Europe & CIS: Increase in Hepatitis A

Location: Austria; Belgium; Denmark; Finland; France; Germany; Ireland; Italy; Netherlands; Norway; Portugal; Slovenia; Spain; Sweden; United Kingdom

Since June 2016, there has been an increase in the number of hepatitis A cases recorded within the European region. At least 1,100 cases have been reported in Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, and the United Kingdom. Spain and Italy are particularly affected. Most cases are in men who have sex with men however, other groups have also been affected. Case numbers are most likely greater than what is currently reported and many more cases are likely to occur. There is no suggestion of a food-borne outbreak

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water, and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, and injecting drug users.

Symptoms begin on average 28 days after exposure (range 2 to 8 weeks), and include fever, chills, fatigue, abdominal pain, nausea, vomiting, dark urine and jaundice (yellow colour of the skin and eyes). Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However for some, the disease can be severe, and occasionally is fatal

FEMERAID AIR RESCUE Recommendations: There is no specific treatment and cases are managed through supportive therapy

If you have not previously been vaccinated against hepatitis A, see your doctor before departure and consider vaccination, especially if you are in the risk group.

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If you have been in contact with someone with Hepatitis A, seek medical advice as you may be recommended vaccination.

Maintain a high level of personal hygiene, including during sexual activity.

Wash hands frequently, including before food preparation and access to safe food and water

Brazil: Yellow fever outbreak : In April 2017, over 150 additional municipalities in Bahia state were added as at risk areas, including the city of Salvador and all states of: Acre, Amapa, Amazonas, Distrito Federal (including the capital city of Brasilia), Espirito Santo, Goias, Maranhao, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Para, Rio de Janeiro (including the urban areas of Rio de Janeiro City), Rondonia, Roraima and Tocantins reported cases .

Over 790 cases have been confirmed, however there are hundreds of suspected cases and at least 435 deaths have been reported

The cities of Fortaleza, Recife, and Sao Paulo do NOT have a risk of yellow fever.

Yellow fever is a viral disease that occurs in parts of Africa and South America. It is transmitted by mosquitoes.

The symptoms range from a mild influenza-like syndrome to a severe hemorrhagic fever with liver failure.. Between 20%-50% of people who have a severe case of yellow fever die from the disease.

FEMERAID AIR RESCUE Recommendations: There is no specific treatment for the disease

Vaccination recommendations have expanded to Rio de Janeiro and Sao Paulo states, in addition to the other known risk areas. Travelers visiting an area at risk of yellow fever should have been vaccinated against the disease. Yellow fever certificates are valid 10 days after the vaccine is given and last for life. People who have not been vaccinated against yellow fever should avoid risk areas within Brazil. In addition, some travelers to and from Brazil are required to show proof of vaccination to gain entry

The vaccination its recommended for everyone > 9 months of age who will visit any risk areas within Brazil . People who have not been vaccinated against yellow fever should avoid risk areas within Brazil.

Required for travelers arriving from: Angola, Democratic Republic of Congo (including people who have transited in these countries). Travelers arriving from the USA are NOT required to show proof of vaccination.

Required for some destinations after being in Brazil, as it is a country with a risk of yellow fever transmission. Some places require proof of vaccination if you enter directly from a risk country, others require proof if you arrive within 6 days of departure from a risk country (including having transited through a risk country). Proof of vaccination is NOT required to enter the USA.

Prevent mosquito bites:

Use an effective insect repellent that contains DEET, Picaridin, PMD or IR3535. Wear protective clothing (long pants and sleeves, socks) as weather permits.

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Saudi Arabia: MERS-CoV (Coronavirus): In May 2017, at least 16 cases of MERS-CoV were recorded. Affected places include Albukaria, Almuhanab, Alnamas, Bisha, Hafoof, Hail, Jeddah, Madinah and Riyadh. Both primary and secondary cases were recorded and some had underlying health problems. Contact tracing is underway. Some people who have tested positive for the virus have no symptoms, some have had a mild illness, while others are critically ill, and fatalities continue to be reported.

Three unrelated clusters of MERS cases have been identified between April and June. One of the affected hospitals is located in Bisha city, Assir Region. The other two outbreaks are centered around two hospitals in Riyadh and Wadi Aldwaser cities of Riyadh Region. Cases include healthcare workers, patients and household contacts of the "index" cases

The virus can be transmitted from one person to another, this has generally occurred between close contacts in households, and in healthcare facilities.

some people may have no symptoms at all, others may have a fever and cough. Some, particularly those with underlying health issues, progress to a severe disease with pneumonia and respiratory failure. About 30-40% of cases are fatal. There is no specific treatment and no vaccine available

FEMERAID AIR RESCUE Recommendations

Avoid contact with sick people, including in healthcare facilities.

Avoid contact with live animals, especially camels, and their environments such as farms, markets or barns.

Pay attention to general hygiene and wash your hands frequently.

Avoid touching your face.

Keep some distance from people who are coughing, sneezing or appear sick.

Ensure any food or drink for consumption is safe - thoroughly washed, peeled, boiled, cooked through etc. Do not eat or drink raw camel products including raw camel milk, camel urine and undercooked meat.

Syria: Polio cases: At least three cases of polio have been confirmed from Deir-Ez-Zor Governorate due to a strain of "circulating vaccine-derived poliovirus" (cVDPV), a strain which can emerge in under-vaccinated populations. Cases of wild polio virus have not been recorded in the country since 2013-2014. Two children developed acute flaccid paralysis (AFP), with onset of paralysis on 5 March and 6 May. These children and one healthy child tested positive for the virus, all from the same community. Surveillance and vaccinations have been stepped up in order to prevent the disease from spreading further

Polio is a contagious viral illness that causes paralysis and death. The infection is spread through ingestion of contaminated food or water, or directly from an infected person, most people who get infected with poliovirus (about 72 out of 100) will not have any visible symptoms.

About 1 out of 4 people with poliovirus infection will have flu-like symptoms that may include— throat / Fever / Tiredness / Nausea / Headache / Stomach pain

These symptoms usually last 2 to 5 days then go away on their own.

A smaller proportion of people with poliovirus infection will develop other more serious symptoms that affect the brain and spinal cord: (feeling of pins and needles in the legs), (infection of the covering of the spinal cord and/or brain) occurs in about 1 out of 25 people with poliovirus infection, (can't move parts of the body) or weakness in the arms, legs, or both, occurs in about 1 out of 200 people with poliovirus infection

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Between 2 and 10 out of 100 people who have paralysis from poliovirus infection die because the virus affects the muscles that help them breathe.

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FEMERAID AIR RESCUE Recommendations: Polio vaccine protects children by preparing their bodies to fight the polio virus. Almost all children (99 children out of 100) who get all the recommended doses of vaccine will be protected from polio.

There are two types of vaccine that can prevent polio: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV).

Ensure any food or drink for consumption is safe - thoroughly washed, peeled, boiled, cooked through etc

Avoid contact with sick people

Europe & CIS: Measles clusters across Europe

Location: Austria; Belgium; Bulgaria; Czech Republic; France; Germany; Hungary; Italy; Portugal; Spain; Sweden; Switzerland; Ukraine

Clusters of measles cases have been reported in several countries across Europe. Some authorities have seen more measles in the first quarter of 2017 than all of 2016. By late-May the following countries had all seen clusters with some experiencing large outbreaks (updated case numbers in bold): Austria (>75), Belgium (>290), Bulgaria (>110), Czech Republic (>120), France (>180), Germany (>665), Hungary (>50), Italy (>2,850), Spain (>45), Portugal (>30), Sweden (at least 15), Switzerland (>60) and Ukraine (>170). There is a separate alert for Romania which has a very large outbreak. Most of the outbreaks are occurring in unvaccinated or incompletely vaccinated people. Some of the outbreaks have been linked to infected travelers, a few small clusters have occurred in healthcare settings. Surveillance activities and vaccination campaigns are ongoing. Imported cases linked to these outbreaks have been detected in other European countries, including Iceland and Slovakia

Measles is caused by a highly contagious virus that spreads from person-to-person via infectious droplets.

Typical symptoms include fever, cough and a characteristic rash. Serious to fatal complications can occur - particularly when very young children, adults or pregnant women are infected

FEMERAID AIR RESCUE Recommendations: Travelers are advised to ensure they are immune to the disease

Ensure you are immune to measles before travelling. People are immune if they've had the disease before or if they've had two doses of measles vaccine.

Keep young children and other people who are not immune to measles away from outbreak areas.

If you are unsure about your immunity and may have been exposed, or if you develop symptoms, seek medical attention. Call before visiting in person, so staff can protect themselves and other patients from this very contagious virus.

Congo: Monkeypox: An outbreak of monkey pox which was notified in mid-March, continues with new cases identified at the end of April. The districts of Betou, Dongou, Enyelle, Impfondo in Likouala and Owando in Cuvette are most affected. The last outbreak reported in the Likouala department was in 2011.

People can contract the virus through contact with an infected animal, either from a bite or following contact with the animal's blood or body fluids. Infection can also occur if a person touches the rash on an infected animal's skin - which sometimes happens during food preparation. It can also be passed from person-to-person

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Fever, Headache, Muscle aches, Backache, Swollen lymph nodes, Chills, Exhaustion - Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body.

FEMERAID AIR RESCUE recommendations: There is no specific vaccine for monkeypox

Prevention is based on maintaining strict hygiene and avoiding contact with animals

Observe good personal hygiene, wash hands well and frequently.

Avoid contact with animals.

Do not prepare or eat "bush meat" (wild game).

Ensure all food is thoroughly cooked and served while hot.

Avoid close contact with sick people.

Zimbabwe: Typhoid: Cases of typhoid continue to be reported in parts of Harare. Other districts, including Hurungwe, have also recorded cases. Typhoid outbreaks are common in Zimbabwe including regions in and around Harare.

Typhoid is a serious bacterial infection spread through contaminated food or water

Symptoms include fever, headache, loss of appetite, abdominal pain, diarrhoea or constipation, and rash

FEMERAID AIR RESCUE Recommendations: The infection is treated with antibiotics

Consider vaccination (generally recommended for all travellers prior to departure).

Maintain a high level of personal hygiene; wash hands frequently with soap and water.

Drink only boiled or bottled water, water that has been treated with chlorine or iodine, or carbonated beverages, and avoid ice.

Select safe food. Meals should be thoroughly cooked and served hot. Avoid under-cooked or raw meat, fish or shellfish, raw fruit and vegetables.

Iran: Crimean-Congo haemorrhagic fever outbreak : Since the end of March, at least 33 cases of CCHF have been reported, including several fatalities. Some cases appear to be linked to an abattoir in Sistan and Baluchestan province. Sporadic cases have also been reported in Hormozgan, Isfahan and Kermanshah provinces. The Ministry of Health is urging people to take preventative measures when handling animals which may have ticks, including personal protection against tick bites. They also encourage choosing meat supplies from reputable sources and to avoid eating raw meat

CCHF is a potentially fatal viral illness transmitted by tick bites or through direct contact with infected animals or their tissues, or people and their body fluids.

Symptoms occur within two to twelve days of exposure and include fever, chills, head ache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death. Around half of all infected people die. If the patient survives, recovery is long and slow

FEMERAID AIR RESCUE Recommendations There is no vaccine

People who are exposed to ticks, or animals and their tissues (such as agricultural workers, livestock handlers, hikers, campers), or in direct contact with sick people (such as household members, healthcare workers) are at risk.

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Prevention is through avoiding tick bites, avoiding direct contact with animals and their tissues, and strict infection control practices when in contact with sick people

Wear protective clothing such as long pants and tuck pant legs into socks.

Use an effective insect repellent, such as one containing DEET.

Consider soaking or spraying your clothes with the insecticide permethrin. (Do not apply permethrin directly to the skin).

After coming indoors, search for ticks on your body and clothing. Promptly and safely remove any ticks.

Wash hands often.

Ensure that all meat is sanitary and has been properly cooked

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to save yours ...*

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