

CLINIC CARE

Your health is our priority | Issue 4

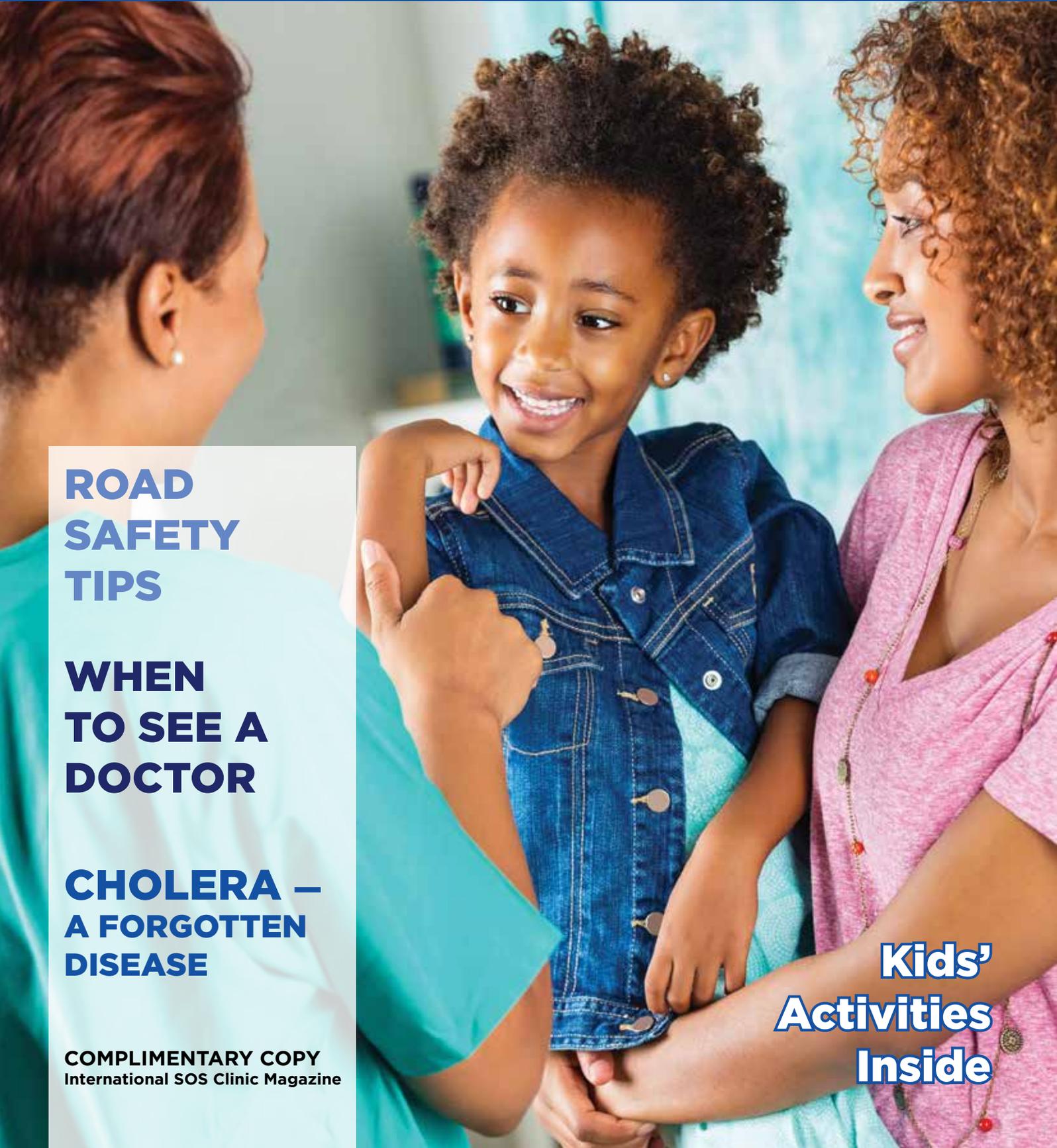
**ROAD
SAFETY
TIPS**

**WHEN
TO SEE A
DOCTOR**

**CHOLERA —
A FORGOTTEN
DISEASE**

COMPLIMENTARY COPY
International SOS Clinic Magazine

**Kids'
Activities
Inside**



INTERNATIONAL SOS TELEHEALTH: INSTANT ACCESS TO GLOBAL QUALITY HEALTHCARE. ANYWHERE. ANYTIME.



International SOS telehealth solutions combine the latest technology with 30 years of providing consistent, quality remote global healthcare.

An ISO/TS 13131¹ accredited, tailored solution for your travelling workforce to fit your every need.

HEALTHCARE ACROSS BORDERS.

When your employees are unwell and away from home, the last thing they want to do is leave their hotel room, business meeting or workplace.

Our TeleHealth solutions allow them to connect directly with one of our highly experienced medical professionals via phone, instant messaging or video where feasible.

This not only means immediate reassurance, it also helps to reduce the costs, time and disruption usually associated with local medical care. Of course, if an in-person medical assessment is required, we can make immediate arrangements through our extensive global network of clinics and accredited providers.

Rest assured, your employees always receive a consistent level of quality care from a trusted medical professional. No matter where they are.

Our certified global TeleHealth services platform provides medical information, advice, and referrals around the clock to clients travelling or working abroad.

TeleHealth helps your organisation to:

- Maximise productivity.
- Reduce medical costs.
- Ensure business continuity.
- Deliver Duty of Care and H&S requirements.
- Provide a global health care solution for your travelling workforce.



International SOS has provided remote medical services since 1985. In addition to certification in accordance to the guidelines provided in ISO/TS 13131¹, International SOS has achieved global certification to ISO 9001:2008 Quality Management Systems for its Assistance Centres, International SOS Clinics and Medical Services.

¹ We were the first organisation in the world to receive ISO/TS 13131 certification for telehealth services. We can provide a tailored solution for your travelling workforce to fit your every need. For more information visit <https://www.iso.org/obp/ui/#iso:std:iso:ts:13131:ed-1:v1:en>

**For more information about International SOS TeleHealth services,
visit internationalsos.com/telehealth**

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LETTER FROM THE EDITOR

At International SOS we understand that healthcare is evolving and we want to continue improving our services — not only to meet our patients' needs, but also to exceed their expectations.

We believe that healthcare services must be shaped by what matters most to patients, which is why we are committed to provide healthcare that places our patients at the heart of everything we do.

In this edition of the Clinic Care magazine, we touch on our TeleHealth service offering. We are the first company in the world certified to deliver TeleHealth services. We also look at the prevention and early detection of kidney disease, focus on First Aid Training and the importance of learning CPR, which can literally make the difference between life and death. Road safety is something we all need to be aware of and with this in mind, we offer some travel tips.

1 December is World AIDS day and we've included interesting facts about this important topic. We also give advice about when to see a doctor — a question we've all asked before and can prevent and protect you from unnecessary trips to the doctor on one hand, but could also limit the effect of medical symptoms and diseases. As always we have dedicated pages to the children with fun activities to do and keep them busy.

Enjoy this edition of our magazine as we are excited to provide you interesting, knowledgeable and fun information.

Warm Regards

Lizette Klingenberg
Marketing Manager Africa (EEMEA)



THE PARAMEDIC

Poem written by Darren Mulhearn
International SOS Paramedic

Hi my name is, who cares, I'm just an ordinary Joe
Who trained my whole life to help people wherever I go
On duty and even off, in any land and place
To help in situations and bring a smile to your face

"Over here" the scream of a mother with her baby on her arm
I grab my gear the time has come for me to work my charm
I take the lifeless child and say "I'm here to do what I can"
To give your child a rescue breath so he grows up to be a man

2am and the next one's in, a call to save a life
I heard there's been a domestic fight, weapon of choice a knife
Responding fast yet safely until arrival on the scene
To see a sight of carnage that would make a normal person scream

I enter the abode with fear but I'm there to do a job
I don't have time to worry right now about the angry drunken mob
There she lies upon the floor with a blade inside her chest
Hi my name is, who cares, I'm here to do my best

My shift is almost over and it's time to start my day
But then I get that dreaded call for a massive MVA
Crumpled cars and human parts lay across the road
I've been informed that help is near well that is what I'm told

Minutes in and cars arrive with my colleagues close at hand
Cos' we are all like family in our trauma stricken land
I hear a shout "I'm here to help" from across that bloodied street
My fellow paramedic arrives and now my job's complete

This is just a normal day with the job I chose to do
To do my best at what I've learnt and do it all for you
Even if we've never met I'm there to help you cope
To help you through the bad times and even give you hope

I put myself in danger to give your loved ones life
Knowing I may not make it home to see my kids and wife
But that's the choice I made and it's what I chose to do
Yes I'm a Paramedic and I do all this for you.

Disclaimer: These articles have been developed for educational purposes only. It is not a substitute for professional medical advice. Should you have questions or concerns about any topic described here, please consult your medical professional.

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Written by: Joey Botha, Group Manager Quality Management, International SOS

The incidence of kidney disease is increasing worldwide and is three to four times higher in Africa and Sub-Saharan Africa than in developed countries.

PREVENTION AND EARLY DETECTION OF KIDNEY DISEASE

Leading causes of kidney disease and kidney failure include:

- ▶ Diabetes
- ▶ Hypertension
- ▶ Severe dehydration
- ▶ Excessive and inappropriate use of anti-inflammatory drugs and other toxins
- ▶ Repetitive severe and neglected bladder infections
- ▶ HIV
- ▶ Heart failure

Kidneys are important organs that perform specific functions:

- ▶ Controls and regulates body fluids, salts (electrolytes) and waste products in your blood
- ▶ Assists to regulate blood pressure
- ▶ Assists with oxygenation of blood
- ▶ Helps with the prevention of blood clotting

Kidney disease is a condition that renders the kidneys incapable to perform these functions, i.e. it can no longer regulate body fluids and blood pressure or filter extra salts and waste in the bloodstream.

In the early stages of kidney disease you will not feel sick or notice symptoms, as the disease can only be discovered by urine and blood tests. Initially, kidney disease can be treated to slow down the progression of kidney malfunction. Without treatment, the kidney's function deteriorates over time and the kidneys may stop functioning, resulting in kidney failure.

Once you reach the end-stage of irreversible kidney failure, you will require regular dialysis, which means that the kidney function is taken over by machines. Alternatively, a kidney transplant will be necessary.

Health problems that can develop due to severe kidney disease / failure:

(Unfortunately, these symptoms only appear in a late-stage of kidney failure.)

- ▶ The body retains too much fluid (not excreting appropriately), which could lead to swelling in the legs and other body parts.
- ▶ Excessive fluid in your lungs — shortness of breath (pulmonary oedema).
- ▶ High blood pressure / hypertension.



- ▶ Pericarditis — an inflammation of the sack-like membrane (pericardium) around your heart that can cause heart failure.
- ▶ Blood salts, e.g. potassium levels in your blood increase (hyperkalaemia) which could depress the heart's function and can even lead to sudden death.
- ▶ Bones may become weak and brittle and more likely to break.
- ▶ The number of red blood cells and platelets can become low, causing anaemia which leads to a tendency to bleed.
- ▶ Constant tiredness, weakness and fatigue
- ▶ Symptoms of impaired cognitive function due to too many waste products in the blood (urea).
- ▶ Your immune system can become weakened, which causes you to be more likely to get an infection.
- ▶ Quality of life deteriorate because of the tired, weak feeling and may cause depression.
- ▶ Malnourishment, muscle weakness, loss of weight and body mass index.
- ▶ Skin can become dry, itchy (pruritus) and bleed under the skin (ecchymosis).
- ▶ Gastrointestinal symptoms including loss of appetite, nausea, vomiting, diarrhoea.
- ▶ Erectile dysfunction, decreased libido and amenorrhea.

What are the contributing factors?

- ▶ Hypertension
- ▶ Diabetes
- ▶ Chronic infections, e.g. HIV
- ▶ Repetitive and under-treated kidney infections
- ▶ Obesity / being overweight
- ▶ Under-recognition of the disease
- ▶ People with a family history of kidney disease.
- ▶ Severe dehydration for extended periods
- ▶ Severe systemic infections
- ▶ Heart diseases, e.g. heart failure
- ▶ Congenital abnormalities to the kidneys present at birth

How can it be prevented?

Lifestyle changes including healthy eating habits (decreased salt intake, reduced calorie intake) and regular exercise.

Routine clinic or doctor visits to check for the following:



BLOOD SUGAR / GLUCOSE TESTING



REGULAR BLOOD PRESSURE CHECKS



BODY WEIGHT



CHOLESTEROL



URINE TESTS



HIV TESTING AND EARLY TREATMENT



KNOWING YOUR FAMILY HISTORY



KIDNEY FUNCTION ■

Resources:

CDC: 2014 National Chronic Kidney Disease Fact Sheet.
 Medscape — Chronic Kidney Disease — updated February 2014
 Nature.com; Kidney International Supplement — International Society of Nephrology
 Annals of African Medicine Vol. 11, No. 2; 2012 — Chronic Kidney Disease in Sub-Saharan Africa



THE IMPORTANCE OF FIRST AID TRAINING

Compiled by: Martin Botha, Regional Training Manager EEMEA, and Training Centre Coordinator

International SOS Medical Services has an active internal training division that provides regular professional education and training for its own medical services staff, and also offers CPR, AED and First Aid training for our clients and members.

Our efforts were recognised by the AHA at the end of 2014 for our exemplary CPR training programmes and dedication to the AHA mission to save more lives in our global communities, when we received a Silver Recognition Award acknowledging our quality training and adherence to AHA guidelines.

It is our goal to prepare our staff and clients to be helpful in an emergency, and so increase survival from sudden cardiac arrest. Training in Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) helps to strengthen the chain of survival in our communities, by preparing bystanders to help with confidence. Training equips one with the knowledge and skills to potentially save the life of a friend, colleague or a loved one. Are you prepared to save a life?

We offer several convenient training options for the lay public. All courses are focussed on practising skills in informal, fun, adult learner-centred environments, to reinforce the confidence to respond in an emergency.

1 Family and Friends CPR
3-hour course. It allows participants to practise CPR skills, the appropriate response to choking adults, children and infants, and to as well as how to activate emergency services through video-based instruction. Each participant receives an American Heart Association (AHA) Family and Friends CPR booklet to reference before, during and after the course.

2 Family and Friends First Aid for Children
1-hour course. It is aimed at members of the public, family members, relatives and friends with no prior medical knowledge wishing to learn the basics of first aid for children. It is useful to combine this session with the Family and Friends CPR workshop. The course provides information about child safety, basic first aid, medical emergencies, injuries and environmental emergencies. Each participant receives an American Heart Association (AHA) Family and Friends First Aid for Children Booklet.

3 Heartsaver CPR AED
4-hour course. Hands-on coaching allows participants, especially lay rescuers who are expected to respond to emergencies at their workplace / school, to practise CPR skills, master the use of an AED and learn the appropriate response to choking adults, children and infants. Each participant receives an AHA Heartsaver CPR AED Student Workbook and successful candidates are awarded a formal AHA certification.

4 Heartsaver First Aid CPR AED
9-hour course. This course is for anyone wishing to be confident and competent when dealing with emergencies as a first responder at home, work or in the community. Participants will practise CPR and elementary first aid principles through integrated into case scenarios via this AHA video mediated programme. Successful candidates receive a formal AHA certificate.

OUR GLOBAL TRAINING CENTRE STATISTICS

150 Unique instructors

35 Training sites

10 Different languages



More than

8000 students

40 New instructors



YOU LEARN CPR BEST BY PRACTISING ON A MANIKIN

Bystanders who witness the sudden collapse of an adult should:

- Immediately assess the patient for a response.
- If the patient does not respond in any way, the Emergency Medical Services (EMS) should be activated straightaway.
- The victim should be placed on a hard, flat surface and if not awake and / or breathing normally, the rescuer should **PRESS HARD & FAST** on the victim's chest, compressing with the palms of both hands placed on the centre of the chest, at a rate of at least 100 per minute.
- Alternate 30 chest compressions with two mouth-to-mouth ventilations, if the rescuer is willing and able to give these breaths, otherwise continue chest-compression only CPR.
- These cycles should be continued until an AED arrives and is ready for use, or until the EMS arrives. Pushing hard and fast in the middle of the victim's chest, with minimal interruption is the most vital part of the CPR effort.

This simple approach reinforces the key concepts crucial to effective CPR that are easily learnt and practiced. We strongly encourage everyone in the community and the health care setting to enrol for training to learn CPR and how to use an AED.

Sudden cardiac death claims the lives of an inordinate number of people around the world every year. When someone suffers a heart attack — when one of the arteries supplying the heart with blood and oxygen is blocked — the patient may deteriorate into cardiac arrest, i.e. the heart stops beating and starts fibrillating for some 10 minutes with no blood pumping to the heart, lungs or brain.

Early defibrillation is a critical and definitive way to improve survival after out-of-hospital cardiac arrest. Early defibrillation involves delivering an electrical shock to the ineffective heart while it is still fibrillating, i.e. chaotically quivering. The chance of survival diminishes rapidly as time passes, with little possibility of recovery after ten minutes from collapse. The odds of survival decrease by about 10% per minute as the ventricular fibrillation fades.

Using a simple AED has become an important component of EMS, with either first responders or the lay public being able to apply the machine, follow the prompts and deliver a life-saving shock to the patient.

The faster an AED reaches the cardiac arrest patient, the greater the chance of survival. If there is no early CPR or early defibrillation, paramedics' efforts will be futile if they arrive after ten minutes.

In many parts of the world, the EMS response time is unfortunately seldom less than ten minutes. An AED is an efficient method of delivering defibrillation to people experiencing sudden unexpected cardiac arrest and its swift use by first responders is safe and effective and regarded as best-practice internationally.

However, CPR and AED awareness is alarmingly poor. CPR is often not taught at school, university or in the community, AEDs are not widely distributed and very few people know the emergency telephone numbers. The stark reality is that all these links in the Chain of Survival are so flimsy and weak that the chances of survival following sudden unexpected cardiac arrest is slim.

Please consider learning CPR and how to use an AED. Don't be the weakest link in the chain of survival. International SOS can help you to learn these life-saving skills.



IT'S TIME TO LEARN CPR WITH AED

Our aim at the International SOS International Training Centre is to get as many people trained in Cardiopulmonary Resuscitation (CPR) as possible. It is a simple, practical life-saving skill best learnt through practice and ought to be compulsory for everyone.

Our aim at the International SOS International Training Centre is to get as many people trained in Cardiopulmonary Resuscitation (CPR) as possible. It is a simple, practical life-saving skill best learnt through practice and ought to be compulsory for everyone.

CPR and Automated External Defibrillator (AED) save lives — we encourage and urge bystanders to attempt CPR, because without it, a victim of sudden collapse who is not breathing stands no chance of survival.

The International SOS Training Division promotes CPR and emergency care training to the public and health professions alike. Effective CPR can double or triple a victim's chance of survival, this skill demands training and practice.

No one will forget the day he or she was able to assist a victim in sudden cardiac arrest. You can make a difference — learn CPR. It is vital to practice — these courses for the lay public are quick, easy, fun and follow international scientific guidelines. Courses are offered by International SOS, a registered International Training Centre authorised to teach American Heart Association (AHA) Emergency Cardiovascular Courses. Our instructors are all certified AHA instructors and are part of an elite training team with robust quality assurance and improvement systems.

CPR plus AED has the potential to save lives!

The research evidence proves it repeatedly — CPR is simple and it really does work. All victims of cardiac arrest should receive, at a minimum, high-quality chest compressions (i.e. chest compressions at an adequate rate and depth, with minimal interruptions). Trained or untrained bystanders should at least call the emergency medical response system and provide high-quality chest compressions by pushing hard and fast in the centre of the chest, on the lower half of the breastbone, with the minimum interruptions.

The AHA suggests that when a trained or untrained bystander witnesses the sudden collapse of an adult, they should at least initiate hands-only CPR. That means that the AHA suggests that the bystander gives chest compressions without ventilations, i.e. chest compression-only CPR, if they feel unwilling, unable or unconfident to perform the rescue breaths. It is better to do compression-only CPR than no CPR at all. ■



CPR



AT ITS SIMPLEST, REQUIRES A RESCUER TO ASSESS:



AWAKE – is the victim **AWAKE**?



BREATHING – is the victim **BREATHING** normally?



CALL – If not, **CALL** the EMS



COMPRESS – **COMPRESS** the chest hard and fast

Use an AED when one becomes available.

“ The faster an AED reaches the cardiac arrest patient, the greater the chance of survival. ”

Right: Applying CPR to a child only requires the use of one hand while with infants only two fingers should be used.



ERGONOMICS

IN THE WORKPLACE



“Lifting objects in a safe way, performing regular physical activity and avoiding awkward postures may help prevent back pain.”

Work-related musculoskeletal disorders (WMSDs) are one of the most common work-related health issues across all industries. WMSDs are associated with stress to the body caused by the way certain work activities are performed and affect muscles, nerves, tendons, joints and spinal discs. It includes lower back pain, tendinitis and carpal tunnel syndrome. A good ergonomics programme can prevent WMSDs.

What is Ergonomics?

Ergonomics is the study of the relationship between:



PEOPLE



THEIR ACTIVITIES



THEIR EQUIPMENT



THEIR ENVIRONMENT

A good ergonomics programme means:

INCREASED	DECREASED
Health	Injuries
Comfort	Illnesses
Safety	Workers' compensation claims
Job Satisfaction	Absenteeism
Efficiency	Staff turnover
Morale	

“Prevention is better than cure. Design and control posture, movement, repetition, force, vibration and temperature.”

Ergonomics is about adjusting the work environment for people.

Risk factors related to the task or activity includes:

Repetition	Performing the same movement over and over too often, too quickly and for too long.
Force	The amount of effort required to perform a task, such as lifting objects and using tools.
Vibration	Vibration from power tools and equipment can affect tendons, joints, muscles, nerves, leading to loss of feeling.
Posture	Awkward postures place added stress on body parts.

Proper lifting techniques are essential:

- If the load is too heavy, get help.
- Use the large muscles of the legs, not the small muscles of the back.
- Get close to the object you want to lift.
- Keep upright and squat, do not bend over.
- Tighten the abdominal muscles to support your back, but remember to breathe.
- Turn by pivoting your whole body, don't twist. ■



“The longer and more often you are exposed to job-related risk factors, the more likely you are to develop an injury.”



ROAD SAFETY

Written by: Michael Chippendale, Global Road Safety Partnership

We are all road users. Whether as a pedestrian, a vehicle driver, a passenger in a bus or riding a bicycle, we use the roads in different ways almost every single day. Yet too often we don't consciously think about road safety.

The data on road safety on a global scale is confronting. Road crashes kill 1.24 million¹ people every year. This equates to 3400 people dying unnecessarily on our roads every day, or one death every 25 seconds. Further, around 50 million people are seriously injured on the roads each year, often with life altering consequences.

As road accidents are one of the top five causes of medical evacuations led by International SOS, we work closely with the Global Road Safety Partnership with the mission of the sustainable reduction of road-crash death and injury.

Simple Measures for Improved Road Safety²

- ✔ **Always wear a seat-belt:** wearing a seat-belt reduces the risk of a fatal injury by up to 50% for front seat occupants and 75% for rear seat occupants
- ✔ **Slow down:** a 5% reduction in speed can reduce fatal crashes by 30%
- ✔ **Protect your head:** the correct use of a motorcycle helmet can reduce the risk of road crash death by 40% and of a serious injury by 70%
- ✔ **Use child restraints:** the use of correct child restraints reduces the risk of a fatal injury in a crash by 70% for infants and by 54 – 80% for young children

“ There are simple measures that each of us can take to reduce our own risk, reduce the risk to our families and to other road users. ”

AND NEVER EVER...

- ☒ Use a mobile phone when driving
- ☒ Drink and then drive
- ☒ Drive if you are tired or jetlagged

Be Prepared for Road Travel

Different cultures, laws, customs and infrastructure can make every trip by road a risk — and being safer on the road isn't just about being a safer driver. Sometimes, the safest option is not to drive at all.

If you don't know the rules of the road, highway conditions, or local language, you may be better off arranging transportation with a trusted and vetted provider. The key is to understand the risks, get the facts, and take steps to protect your safety.



AN ISSUE FOR EVERYONE, EVERY DAY

Consider the following when determining the safest mode of transport:

- Road condition
- Traffic density
- Traffic behaviour
- Traffic laws
- Emergency support
- Weather conditions
- Safety features of the vehicle

The only acceptable number is ZERO

Responsibility for safer roads comes down to us all, at all levels. As governments, private enterprise, civil society and individuals, we must all take responsibility. As has been realised in many road safety campaigns and strategies right around the world, the only acceptable number of deaths and serious injuries on our roads, is **ZERO**.

Since 2013, the International SOS Foundation has supported the Global Road Safety Partnership to help mitigate road accidents faced by business travellers and expatriates working abroad.

ROAD SAFETY – THE FACTS

Road traffic crashes kill **1.24 million** people each year

Road crashes are the **8th leading cause of death** globally and the leading cause of death for those aged 15-29 years³

Road crashes are one of the **top five causes** of medical evacuations led by International SOS⁴

Only **28 countries** have adequate laws addressing the **5 main risk factors:** speed, drink-driving, helmets, seat-belts and child restraints

The financial cost of road crashes is estimated at more than **US\$500 billion** each year

How safe you are on the roads **varies dramatically** based on where you are – but risks remain every time you are on or near the roads

For more information about road safety, educational tools available and to download the free Road Safety Pocket Guide, visit: internationalsos.com/topics/road-accidents ■

¹ Data: Global Status Report on Road Safety 2013, World Health Organization
² Data: Global Status Report on Road Safety 2013, World Health Organization

³ Data: Global Status Report on Road Safety 2013, World Health Organization
⁴ 2014 International SOS data



Road Safety –

Road traffic crashes kill **1.24 million¹** people each year



As many as **50 million¹** people are injured in road crashes each year



➔ This equates to **3,400 people** every day

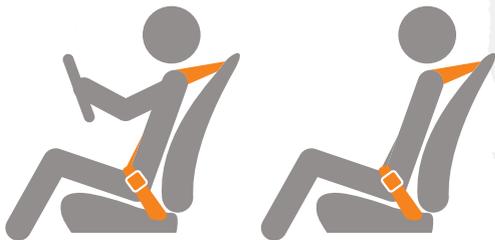
➔ **30%** of road crashes are **work related²**

Think safety - always wear a seat-belt

Wearing a seat-belt reduces the risk of a fatal injury by up to:

50%
for front
seat occupants

75%
for rear
seat occupants



Know the Roads

Consider the following items when determining the safest mode of transport:



Road condition



Traffic density



Traffic behaviour



Weather conditions



Safety features of the vehicle

Tips for Travellers

8 Considerations

Planning your Route

1. Departure time
2. Journey duration
3. Terrain
4. Climate
5. Visibility
6. Security
7. Communication coverage
8. Emergency support



Be Aware

Ensure **all** vehicle occupants wear seat-belts



A **5%** decrease in speed can reduce fatal crashes by **30%**

NEVER



- ✗ Use a mobile phone when driving.
- ✗ Drink and drive.
- ✗ Drive if you're tired or jetlagged.

As a pedestrian you are particularly vulnerable. Stay alert and avoid walking near roads after dark.



6 Safe Practices



Dangers on the roads differ from country to country.



Ensure all vehicle occupants wear seatbelts.



Only self-drive if you know the road laws and are familiar with the driving culture and the vehicle type.



Motorised 2 and 3-wheeled vehicles are unsafe in road crashes.



Know what is legally required of you in the event of a road crash.



Always check safety features of vehicles. Only use taxis with seat-belts.

Only 28 COUNTRIES

have adequate laws that address all **5** risk factors: speed, drink–driving, helmets, seat-belts and child restraints.

Learn More:

www.grsproadsafety.org
www.internationalosos.com
www.internationalosfoundation.org

Statistics:

(1) *Global Status Report of Road Safety*, 2013.

World Health Organization. <http://who.int/roadsafety/en/>

(2) <http://www.challengebibendum.com/>



GLOBAL
ROAD SAFETY
PARTNERSHIP

With support from

International SOS
Foundation



CHOLERA — A FORGOTTEN DISEASE?

Written by: Dr Fanie Jute, Regional Medical Director, Medical Services, Northern EEMEA

As cholera often occurs in communities where regular testing is not the norm, the majority of cases are not reported. Cases are sometimes seen in travellers who have visited an area where cholera is established and hence there is a need to raise awareness and educate travellers.

Cholera has the potential to develop into dramatic epidemics, especially in areas where sanitary conditions have deteriorated, such as refugee camps and war zones, and after floods and other natural disasters. Outbreaks can be prevented and stopped through early recognition, hygiene, sanitation and access to safe drinking water. The disease is hence of great public health concern, and national health authorities will often report outbreaks to the World Health Organization.

What is cholera and how does it spread?

Cholera is an acute diarrhoeal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. Cholera occurs naturally in coastal waters. In epidemic situations, contamination is typically through the stool of an infected person (who may not have symptoms) and are commonly associated with poor availability of safe drinking water and adequate sanitation conditions.

Common sources of infection include contaminated drinking water, raw or undercooked shellfish, and raw fruit and vegetables.

What are the symptoms and signs?

Cholera usually causes mild diarrhoea or no symptoms at all. However about one in 20 people develop watery diarrhoea (“rice water stools”) between one to five days after exposure. The diarrhoea can be profuse, leading to dehydration, and there may be vomiting and leg cramps. If untreated, shock and death can occur, sometimes within hours. However fatalities are rare with prompt rehydration.

Diagnosis and treatment

Diagnosis is made through a lab test of stool. In epidemic situations, once the cause is established as cholera, the diagnosis of subsequent cases may be made on symptoms alone.

Cholera is easily treatable with fluid replacement. Most people are able to drink rehydration solutions, however some will need intravenous fluids. Sometimes antibiotics are used.

Outbreaks of cholera in Tanzania, Ghana, South Sudan, and more recently in Iraq, highlight the ongoing global public health threat caused by this intestinal disease. The original source of cholera is thought to be the Ganges delta in India, from where the illness spread globally in six “pandemics” during the 19th century. Cholera is now persistently present in approximately 50 countries across Africa, Latin America, Central Europe and Asia. The disease is rare in nations where there is safe drinking water and good sanitation.



Food and Water Precautions:



Select food, water and other beverages carefully.



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



If safe water cannot be easily obtained, consider carrying water purification supplies.



Choose food that has been thoroughly cooked while fresh and is served hot.



Avoid ice, raw fruit, and raw vegetables (including salad). Fruit and vegetables that you peel yourself are safer choices.



Pay close attention to hygiene. Wash your hands frequently, especially before eating.

Risk to Travellers and ways of preventing cholera

Employees travelling to areas where cholera cases are occurring should seek pre-travel health advice that includes a discussion of cholera prevention. Most travellers have a low risk of contracting cholera if they follow safe food and water precautions.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera (there are two types of oral cholera vaccinations. Availability differs in each country.)

Cholera is certainly not a forgotten disease, as was highlighted by the recent outbreaks. It is essential to strengthen disease surveillance and national preparedness to rapidly detect and respond to outbreaks.

In addition, information and education should be provided to travellers and communities on the potential risks and symptoms of cholera, together with precautions to avoid it and the need to report cases.

Information concerning cholera risk can be obtained on the International SOS Website (internationalsos.com) by reviewing the “Country Guide” for the traveller’s destination. ■

References:

<http://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/cholera>

http://travelcare.com/travelcare/content.cfm?content_id=20&type=disease

<http://www.who.int/mediacentre/factsheets/fs107/en/>

European Medicines Agency product information http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000476/WC500037570.pdf

Shantha Biotech: Shanchol manufacturer information <http://www.shanthabiotech.com/shanchol.htm>

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HIV — KNOWLEDGE IS POWER

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“ The human immunodeficiency virus, often called HIV, is a virus that is spread through body fluids. HIV damages specific cells that make up the immune system, especially cells called CD4 cells or T cells. ”

Over a period of time the HIV (human immunodeficiency virus) can destroy so many of these cells that the body can no longer fight off other infections and results in a condition called Acquired Immunodeficiency Syndrome or AIDS.

Some viral infections, like flu, the body can eliminate, but HIV is a virus the body can't eliminate and people who are infected will have HIV for life. There is no known cure for HIV yet, but with modern medications HIV can be controlled.

The medication regimens used to treat HIV are called Antiretroviral Therapy or ART. ART has been very effective in prolonging the life expectancy and significantly improving the quality of life of people infected with HIV.

If HIV is not treated with ART, it is almost always fatal because it eventually destroys the immune system that would normally protect people from other infections. HIV treatment helps to stop the virus from replicating and further damaging the immune cells that protect us.

HIV is spread through body fluids and you can contract HIV from an infected person if you engage in anal, vaginal or oral sex. People have also become infected with HIV when sharing needles, for example cases of infection have occurred when drug users share needles.

Body fluids with the highest risk of transmitting HIV, are blood and fluids that come from the penis, vagina and anus during sex. Body fluids like urine, saliva, sweat or tears are less dangerous, as long as they don't contain blood. It is unlikely that you will contract HIV if blood or other body fluids comes into contact with your unbroken skin. You can't contract HIV from ordinary contact such as hugging, kissing or shaking hands with someone who is HIV-positive. You can't contract HIV from water, through the air or insect bites.

How to prevent contracting HIV

To prevent sexual transmission:

- ⓧ Know your HIV status
- ⓧ Always use condoms when engaging in sexual activity
- ⓧ Use condoms correctly and consistently — other birth control measures such as diaphragms, injections and implants do not protect against HIV
- ⓧ Limit the number of sexual partners
- ⓧ If you think you might have a sexually transmitted infection (STI) or HIV, get tested and treated as soon as possible.

There are many useful resources available where you can read and learn more about HIV.

<http://www.cdc.gov/hiv/default.html/>
<http://www.who.int/hiv/en/>
<http://www.mayoclinic.org/diseases-conditions/hiv-aids/basics/causes/con-20013732>

To prevent blood-to-blood transmission:

- ⓧ Know your HIV status
- ⓧ Don't share razors and tooth brushes
- ⓧ Avoid skin piercing instruments (needles, razors) or procedures, such as tattoos that use these items unless you are absolutely sure they have been adequately sterilised. If you do intend to use such instruments, ensure that they are sterilised, disposable, single-use instruments.
- ⓧ Avoid direct contact with blood by using appropriate protective equipment such as latex or nitrile gloves.
- ⓧ Be cautious about transfusions of blood or blood-products — not all countries have the same standards of quality control or screening. Seek expert advice should you require blood or blood-products.

To prevent mother to child transmission:

- ⓧ Know your HIV status.
- ⓧ All pregnant women should see their doctor as soon as possible and have an HIV test done.
- ⓧ Pregnant women who are HIV-positive should consult a specialist doctor immediately.
- ⓧ With appropriate medications and management, the risk of transmitting HIV to the baby is greatly reduced.

If you think you have been exposed to HIV it is essential to see a doctor as soon as possible as there is medication that has been found to be effective in preventing HIV after exposure. However, it must be started as soon as possible after exposure to prevent infection.

The only way to determine if you are infected with HIV is to be tested. Some people who are infected with HIV may not have any symptoms for up to 10 years, i.e. you can't rely on the presence of symptoms to determine if you've been infected by HIV or not.

It is important to know your HIV status, take appropriate steps to minimise the risk of contracting HIV, or if you are HIV-positive, avoid spreading the infection. Learn as much as you can about HIV and how to protect yourself and the ones you love.

Don't be shy to consult your doctor or other healthcare professionals about HIV. We are here to help you live a healthy and fulfilled life. ■



WHEN DO I NEED TO **SEE A DOCTOR?**



When faced with a medical problem, it can sometimes be difficult to know whether the problem requires urgent attention, or whether it is safe to wait a few days until your appointment with your family doctor. These tips can help you and your family receive the right care, at the right time.

KNOW AN EMERGENCY WHEN YOU SEE ONE

Life-threatening medical emergencies can be caused by accidents and often happen without warning, or might occur when a condition has gradually deteriorated. Getting to the nearest Urgent Care Centre or Emergency Room immediately can save a life.

A few examples of situations that could be classified as emergencies include:

- + Chest pain or chest tightness, especially if the person is pale, sweaty or vomiting
- + Sudden slurred speech, weakness or paralysis of the face, arms or legs
- + Loss of consciousness
- + Difficulty breathing
- + Fits or seizures
- + Severe burns
- + Major trauma, such as a fall from a great height
- + Sudden, unusually severe headache, especially if accompanied by vomiting
- + Profuse bleeding
- + Eye injuries / loss of vision

- + Asthma
- + Cough
- + Fever
- + Vomiting, diarrhoea
- + Skin rashes
- + Pain
- + Headache

When ill, the condition of infants and children can deteriorate very rapidly. Always have a lower threshold for seeking professional help when caring for babies and young children.

Remember if you are unsure — it's best to stay on the side of caution.

Know what needs medical attention. Even if you don't need emergency medical attention, a some examples of conditions that require prompt medical attention include:

- + Any injury causing significant swelling or pain
- + Falls or accidents that cause pain but doesn't affect normal movement
- + Animal bites
- + Significant cuts

AND don't forget — if your symptoms linger for more than a day or two, and do not improve **OR** are deteriorating, please consult your doctor.

Be prepared

It's a good idea to know where the closest emergency room and urgent care centres are, so if you need immediate care, you'll already know where to go. International SOS members can also call our 24-hour Assistance Centre for advice about the medical issue, the urgency to seek help and next steps to take for appropriate care.

It's also important to have a family doctor who knows you, your health history and who can help you make the best decision when needing immediate care. ■

“ It's a good idea to know where the closest emergency room and urgent care centres are. ”



MEASLES

Measles — Why is it important?

Measles is a disease mostly affecting children who usually recover uneventfully although some patients can become seriously ill. Humans are the only host for this virus and vaccination is quite successful. It is therefore possible to eradicate this disease altogether.

Despite this, measles remains a problem as vaccination coverage in some areas is not sufficient. In countries with high vaccination rates, measles is quite rare, and in fact many doctors in those countries have never seen a patient with measles. However even in countries with high levels of vaccination, measles cases can be imported: either by visitors or immigrants, or by non-immunised travellers when they return home.

A few years ago an unfortunate misrepresentation of facts, further perpetuated by the mainstream media, resulted in many parents becoming reluctant to vaccinate their children. For the first time in many years, measles outbreaks were seen again. In fact, many of the sufferers (most of whom were unvaccinated children) became very ill. A significant number of deaths were reported too. Since then however dedicated vaccination programmes have redressed the immune deficit.

What is measles? How does it present?

Measles is caused by a virus and is extremely contagious. The onset of illness after becoming infected can be up to a week or more. Most patients are children as they are so easily infected by infected playmates.

Symptoms

- ▣ Blotchy rash (no vesicles)
- ▣ Fever
- ▣ Runny nose
- ▣ Conjunctivitis (red, watery eyes)
- ▣ Koplik's spots (tiny white spots with bluish-white centres found inside the mouth)

There is no specific anti-virus treatment available. Medications are directed against fever and other symptoms. Usually an uneventful recovery is seen in a week or two. However, a small number of patients can become very ill and may even die.

What serious conditions can result?

This is especially seen in those with poor immune systems, the malnourished (largely due to vitamin A deficiency), children under five and, strangely enough, first-time adult patients. Other conditions that can develop are secondary infections of the eyes, ears, throat or lower airways (even resulting in life-threatening pneumonia) and impaired liver infection.

Very rarely, a serious brain condition (encephalitis) is seen. Survivors often have brain or nerve damage afterwards. There is more however. Several years later, but luckily in only a very small number of patients, a rare but fatal brain condition, subacute sclerosing panencephalitis, may develop.

Vaccination

The MMR vaccine is a combination (measles, mumps, and rubella) vaccine — [the best prevention is to get the vaccine.](#) ■

CHICKENPOX



What is chickenpox?

Varicella (chickenpox) is a highly contagious disease caused by the varicella-zostere virus, which is part of the herpes virus family.

Transmission

Varicella is highly contagious. It spreads from person-to-person through direct contact, through infected droplets that have been coughed or sneezed into the air, or by contact with the rash. People can infect others from around two days before they start developing symptoms and they remain infectious until all the spots of their rash crust have cleared.

Symptoms

- High fever
- Tiredness
- Loss of appetite
- Headache
- Rashes — (vesicles)

Chickenpox is usually a mild disease in children. It can be severe or even fatal, especially in adults, babies and pregnant women.

Complications can be severe and include skin infections, pneumonia, encephalitis (brain infection), and death. If a pregnant woman is infected, it can cause birth defects in her baby.

Treatment

Varicella infections usually do not require treatment, though some doctors may prescribe antihistamine to reduce itching. Over-the-counter medications may be used to relieve itching and fever. Patients should not take any medicine containing aspirin, as there is a risk of developing Reye's syndrome.

High-risk patients may be treated with an antiviral drug to reduce the disease's duration and the risk of complications. Complications are treated on an as-needed basis.

Vaccination

An effective vaccine against varicella is available and routinely administered to children and adults. Administration may vary by country.

Children: Those older than 12 months can receive the vaccination.

Adolescents and adults: If receiving the vaccine for the first time when over 13 years old, two doses are usually required.

Booster: Some countries, including the USA, recommend anyone over the age of six, who has had only had one vaccination should have a second, 'catch up' dose. ■



References:

International SOS — Country Guides
<http://www.internationalsos.com>

CDC Chickenpox (Varicella) Vaccination information: www.cdc.gov/vaccines/vpd-vac/varicella/default.htm

See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK

REGULAR EXERCISE KEEPS YOU HEALTHY



**Things I can
do to exercise:**

- Walk
- Run
- Cycle
- Play ball
- Skip rope

FIND THE HIDDEN OBJECTS

There are **10** hidden lollipops, see if you can find them.



PROTECT YOURSELF FROM SUNBURN

SPOT THE DIFFERENCE

Find the **10** differences in the images.



**Remember your sunscreen...
sunburn hurts.**

Apply sunscreen often to be safe in the sun.

KEEP CALM AND BE HEALTHY



Find the hidden words in the table below.
Words run from left to right, top to bottom or diagonally.

W	E	H	J	W	A	T	E	R	O	Z	D	F	H	V	W	M	P	O	K	Z	A	E
I	C	Z	E	A	C	B	K	H	T	P	O	I	K	M	V	S	C	N	Y	O	K	R
H	E	O	P	S	I	C	Y	U	M	N	V	E	E	U	H	K	O	A	L	E	C	A
U	E	B	V	E	G	E	T	A	B	L	E	S	U	T	T	L	U	I	M	P	F	C
S	I	F	E	U	M	P	D	Z	E	A	O	U	Y	T	D	B	M	U	R	O	A	P
P	A	D	R	J	W	N	O	C	A	T	Y	U	S	D	O	M	E	K	E	M	E	T
C	E	W	P	U	I	M	U	O	P	A	C	R	M	U	U	O	A	Q	J	K	U	F
J	O	B	U	M	I	M	U	A	N	T	S	O	M	N	E	D	A	C	I	T	G	U
E	P	Y	A	R	D	T	P	I	N	O	M	R	E	V	A	M	E	I	B	S	A	P
M	C	T	E	T	M	U	V	H	N	U	O	P	T	Y	E	S	C	U	B	S	T	A
S	I	C	R	E	I	P	T	T	C	U	T	B	A	L	R	Z	D	I	R	E	L	O
V	H	U	M	A	W	L	F	D	U	I	H	R	S	T	C	P	H	E	A	R	T	O
A	W	S	O	N	A	V	A	T	U	P	I	N	I	M	K	E	F	C	A	N	S	T
U	I	V	B	E	X	E	R	C	I	S	E	U	A	T	S	V	B	U	P	T	M	E
L	A	P	H	U	E	V	C	U	N	T	D	S	A	K	I	M	E	S	C	I	U	I
L	K	E	D	I	O	C	A	S	P	T	C	B	E	M	N	O	E	X	A	F	J	I
M	R	V	B	P	O	L	U	S	E	C	U	T	B	A	T	N	N	A	S	D	U	M



Hidden words:

- | | | |
|-------------|---------------|------------|
| 1. Health | 5. Immune | 9. Fitness |
| 2. Vitamin | 6. Fruit | 10. Diet |
| 3. Exercise | 7. Vegetables | 11. Care |
| 4. Heart | 8. Nutrition | 12. Water |

PREVENTION WORKS.



WORLDWIDE REACH. HUMAN TOUCH.

PROTECTING YOUR PEOPLE TO FUEL YOUR GROWTH.

As more and more individuals work across borders and in unfamiliar environments, exposure to that can affect personal health, security and safety increases.

With our expertise in the mining, energy and infrastructure sectors, we can help you take control of your total health and travel security agenda. From pre-travel to return-to-work — we can help reduce your total medical and travel security costs.

Contact us to tailor-make a solution to fulfil your Duty of Care obligations.



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