



Travelling women in Mining

A talk by V. Ndlovu



Occupational Health

- Health promotion
 - Primary health care
 - EAP
 - Occupational medicine
 - Disability management
 - *TRAVEL MEDICINE*
- 

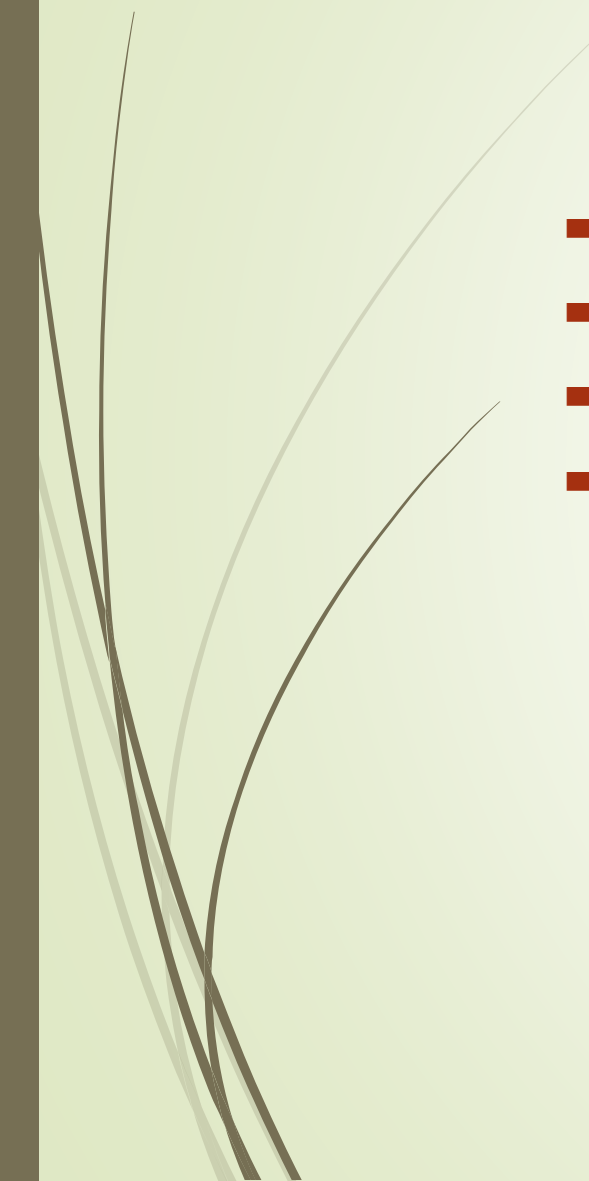


2016 Stats of migration

| Country | % |
|---------------------------------|------|
| Africa | 75.3 |
| Asia | 4.7 |
| Europe | 8.2 |
| Latin America and The Caribbean | 0.3 |
| North America | 0.3 |
| Oceania | 0.2 |
| Unspecified | |



BUSINESS TRAVELLERS

- Executives, (*meetings, conferences*) short term
 - Expatriates
 - *Migrant laborers*
 - Sport and recreation
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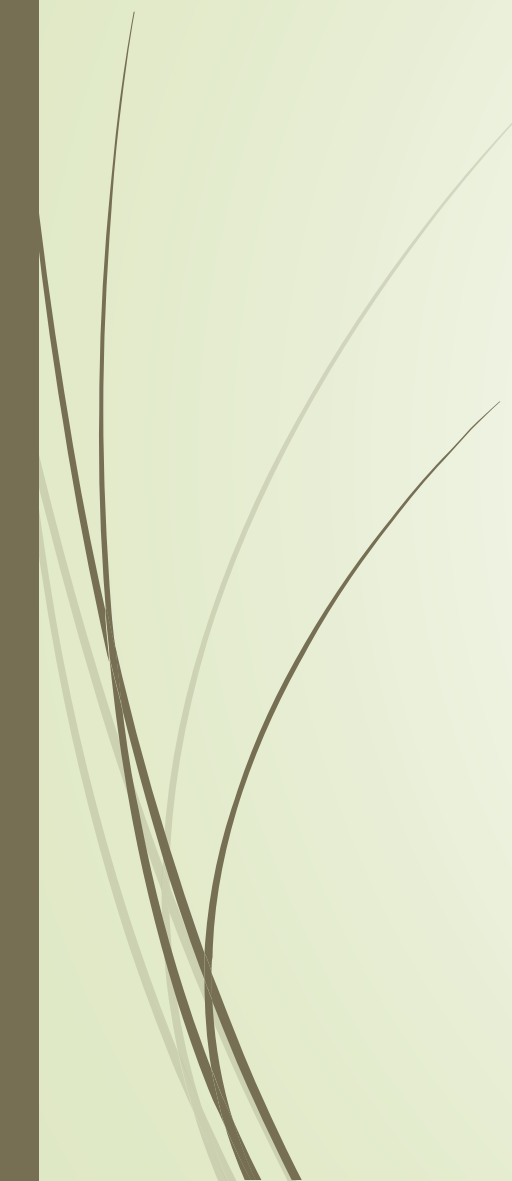


Sending counties

- Zimbabwe
- Mozambique
- Malawi
- Lesotho
- Swaziland
- Namibia
- Also Nigeria, UK, DRC, India, China



Crowd pullers

- Better socioeconomic opportunities
 - Stable democratic government
 - Good infrastructure
 - Economic stability
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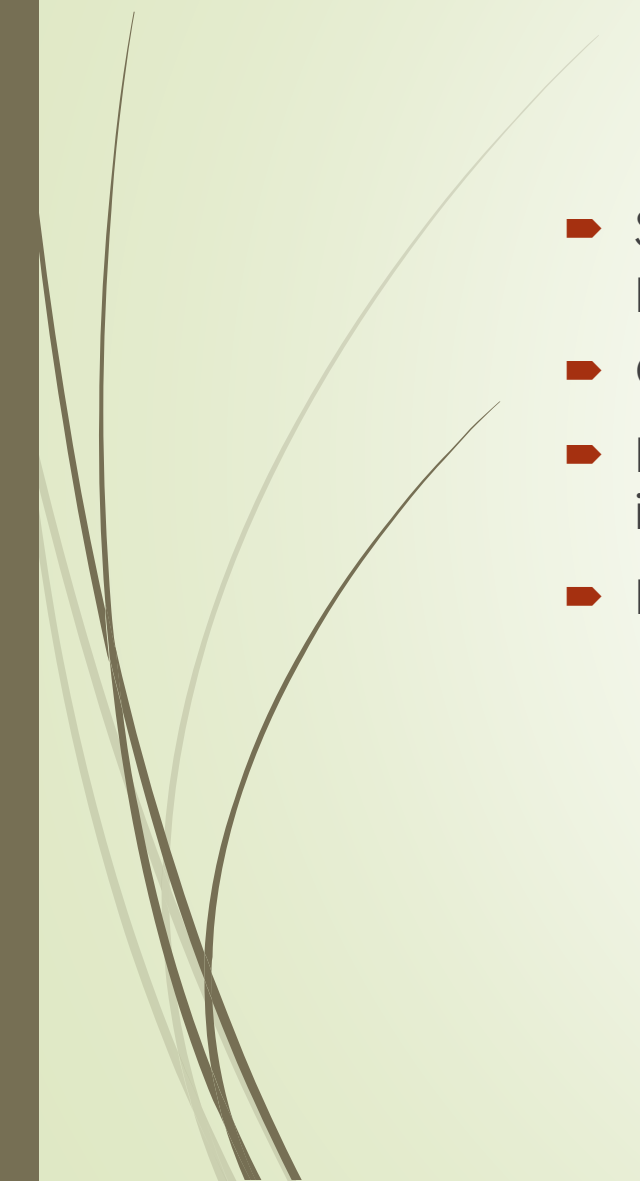
Mode of entry

- 80 % by road
- 19% plane
- 1% sea



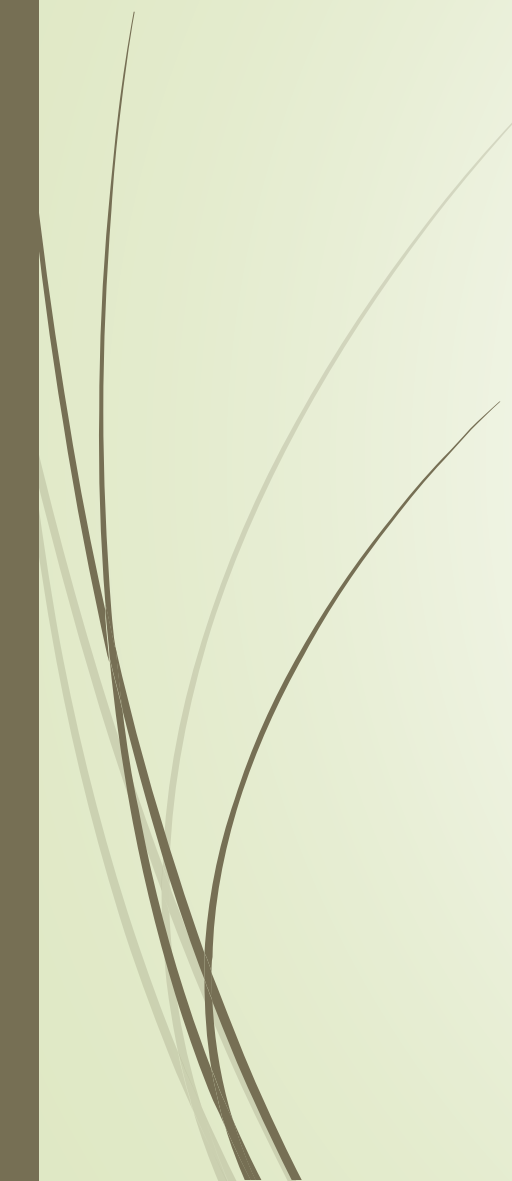


Travel medicine

- Seeks to prevent illness and injuries occurring in travelers and manage problems arising in travelers coming back or coming abroad.
 - Contingency planning for any adverse events whilst travelers are abroad
 - Impact of travel on ecosystems around the world, particularly the introduction and spread of diseases and disease resistance
 - Includes health of refugees and migrants.
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Occupational travel

- Occupational exposures
 - Increased stress levels due to work and unfamiliar environment
 - Different culture and climate
 - Importation of disease
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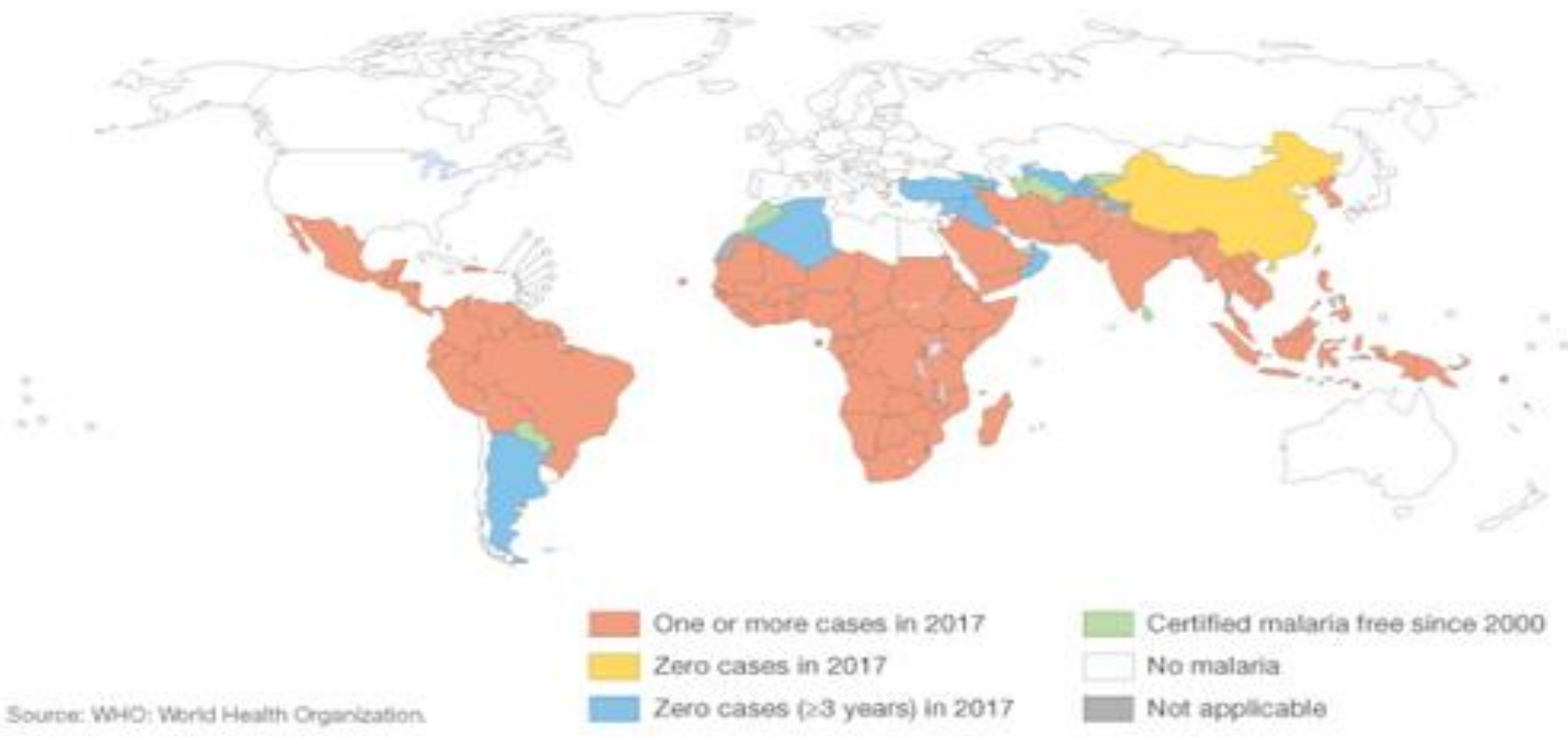


Travel related illnesses

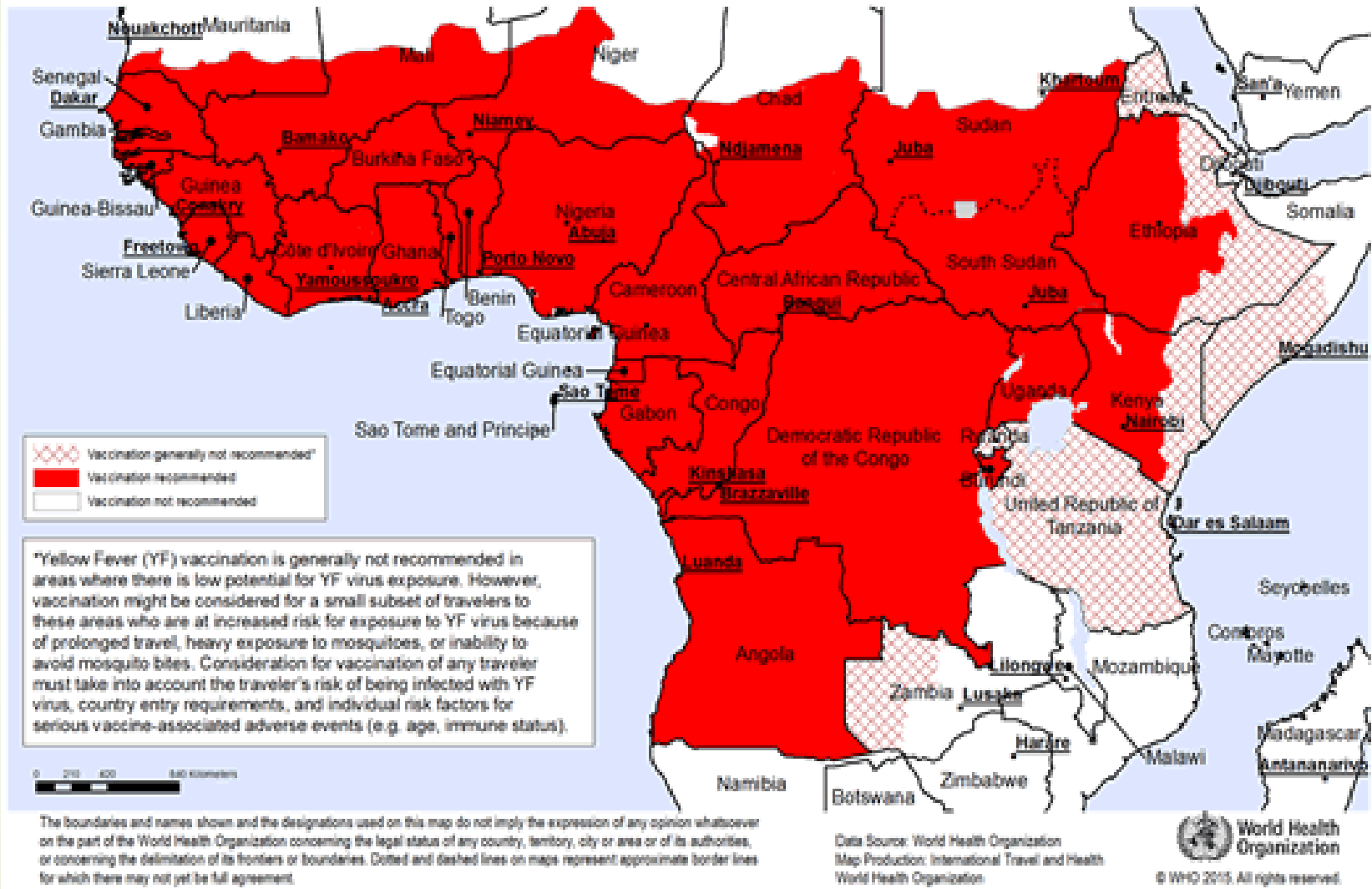
- Malaria (Anopheline family)
- Yellow fever, Dengue, Chikungunya, Zika (Aedes Mosquito)
- Meningococcal
- Influenza
- Typhoid
- Japanese encephalitis
- STIs (HIV, Hep B)
- Jetlag,

Countries with indigenous cases in 2000 and their status by 2017

Countries with zero indigenous cases over at least the past 3 consecutive years are considered to be malaria free. All countries in the WHO European Region reported zero indigenous cases in 2016 and again in 2017. In 2017, both China and El Salvador reported zero indigenous cases. Source: WHO database.

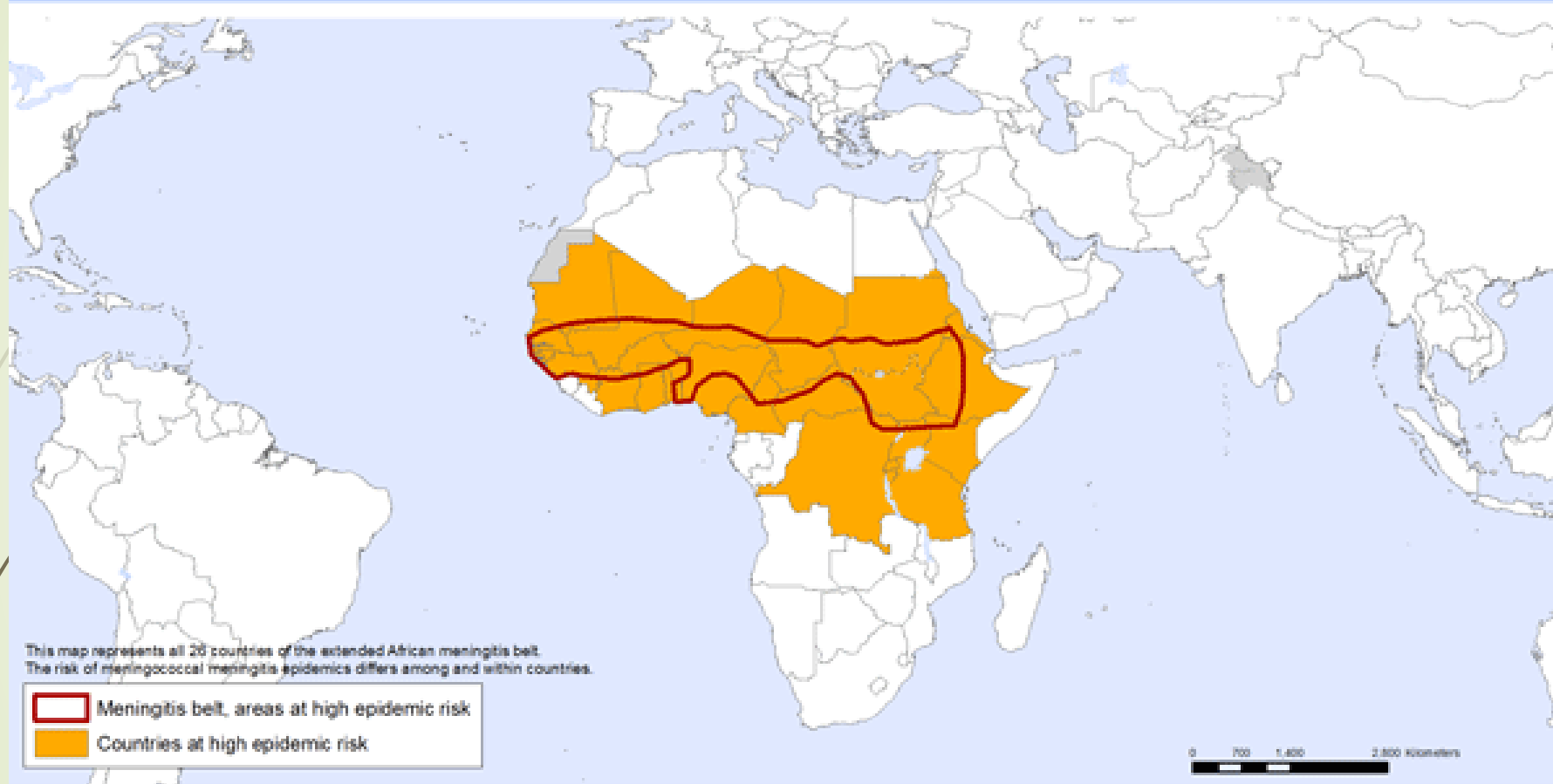


Yellow Fever Vaccination Recommendations in Africa, 2015



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Meningococcal meningitis, countries or areas at high risk, 2017



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: International Travel and Health
World Health Organization



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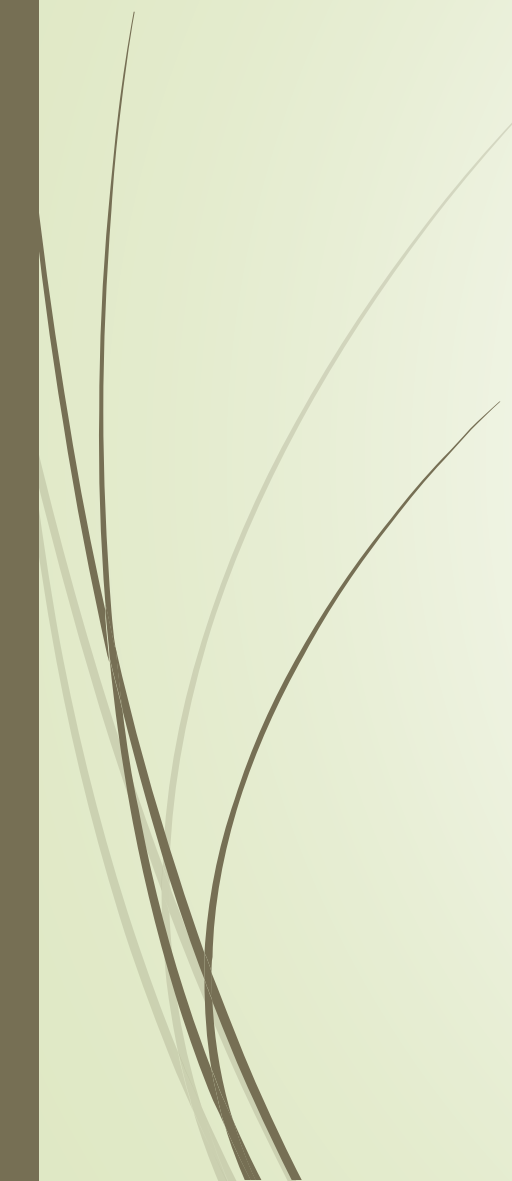


legislature

- OHSA – ‘safe work environment’
- COIDA – Malaria compensable
- IHR – annexure 7 (yellow fever)
- Ottawa charter 1986 – ‘prevention of illness, promote health’
- Jakarta declaration 1997 – Health promotion



Travel health services in SA

- ▶ EPI -state and private
 - ▶ Large co-operates, mines etc
 - ▶ Travel medicine clinics
 - ▶ State – limited services
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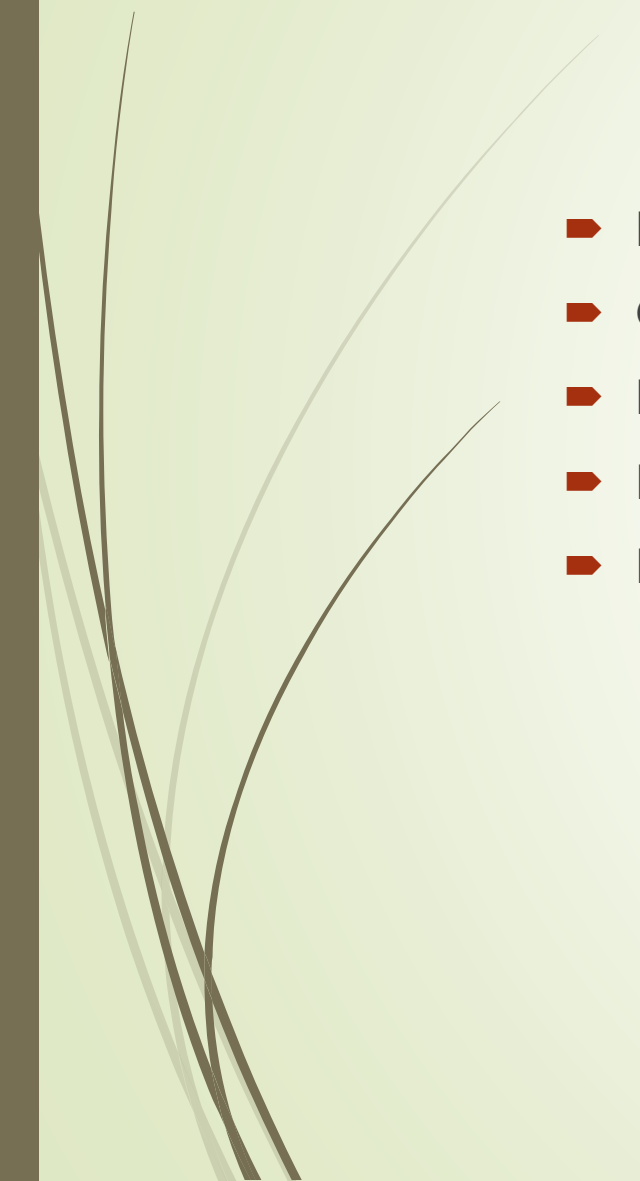


High risk traveller

- Pregnant women
 - Immunocompromised
 - Diabetics
 - Malignancy
 - Organ transplants
 - Steroid therapy
 - Vaccine naive
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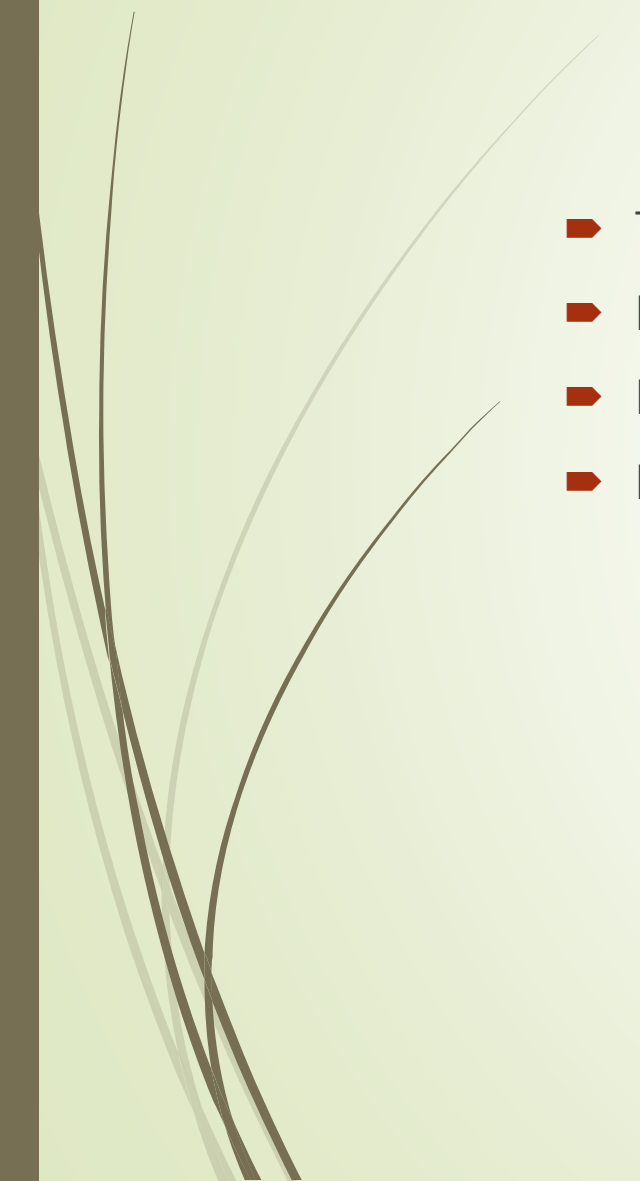


Role of Occ health

- Provide travel health education
 - Offer vaccines and prophylaxis
 - Encourage travel insurance
 - Recognise, Manage, or reffer travel illness
 - Report notifiable illnesses
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summary

- ▶ Travel Medicine is a big part of Occ health
 - ▶ Do the course
 - ▶ Be aware of travel related illness
 - ▶ Keep up to date with latest disease trends.
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references

- L.A. Botha 2016
- SASTM publications
- WHO
- Travax (www.travax.nhs.uk)