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Ebola Screening

Ebola UK: Why Screening Travellers Is Pointless

An article in the Daily Telegraph by Atta's Medical Advisor Dr Richard Dawood.

Border screening measures make it seem as though something is being done, but are wasteful, inconvenient and pointless, says Dr Richard Dawood.

Monrovia, Freetown and Conakry – the capitals of Liberia, Sierra Leone, and Guinea – are closer to London than they are to Nairobi, Cape Town or Victoria Falls. Yet the evolving Ebola outbreak in West Africa has already devastated travel to unaffected countries far away, cutting tourism to East and Southern Africa by as much as 40 per cent. Industry experts are fearful of downplaying risks – the lingering memory of John Gummer, Minister for Agriculture at the start of the “mad cow” BSE outbreak in 1990, feeding his daughter a hamburger in a much-derided attempt to allay public fears, looms large.

With the tally of recorded cases this week passing the 8000 mark, the British government has beefed up our aid to Sierra Leone, promising 750 further military personnel, plus helicopters and a ship: excellent news, because heading off the outbreak at source is the world's best and cheapest option for controlling the outbreak. Governments around the world must give more now, not later, if they can see no farther than their own self-interest.

As with the recent cases in the US, Spain, and now possibly Australia, more instances of people travelling from affected countries and becoming ill at their destination are inevitable. Despite the alarm such cases cause, secondary spread in countries with a good public health infrastructure has very limited potential.

Travel restrictions don't work. Mathematical modelling conclusively shows that even the most draconian travel restrictions ultimately have minimal impact on the spread of disease. In the particular case of Ebola, they could actually make things worse, hindering the movement of people and supplies that are essential to the response.

Border screening measures – now in prospect in the US – make it seem as though something is being done, but are similarly wasteful, inconvenient and pointless. During the SARS outbreak in 2003, Canada used thermal imaging to scan 763,082 incoming travellers, but not a single one tested positive for SARS. An information sheet for arriving travellers, including clear instructions on when, where and how to seek medical attention, would be more valuable and productive.



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Meanwhile, travel will continue. The important facts to keep in mind concern Ebola's method of spread – only by direct or indirect contact with blood or body fluids. Only symptomatic or unwell cases can spread infection. Contact with symptom-free people carries no risk. Ebola is NOT an airborne disease, and no virus has ever “mutated” to change its mode of transmission.

Important precautions – regardless of Ebola – are careful attention to hygiene, especially frequent hand washing with soap and water or alcohol hand gel. (And of course, avoiding blood, body fluids, or anything that might have come into contact with them.)

As with travel during the SARS and swine flu outbreaks, it is vital to reduce your risk of any fever during your travels, to avoid triggering an unnecessary alarm. This means extra attention to malaria precautions and travel vaccines, and in my view, being sure to have a flu jab before any kind of travel this winter.

How do I rate the risks? There's no room for complacency, and it is essential to follow the latest advice from the WHO and UK public health authorities, but I have no plans to restrict my own travels at present. There could be some attractive bargains on offer in East and Southern Africa this winter, and I see no current prospect of Ebola risk in the splendid isolation of a luxury safari or a beachside villa, thousands of miles from the heart of the crisis.

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