Varicella (Chickenpox) outbreak in Bhutanese refugee camps in Eastern Nepal

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Background: Approximately 100,000 Bhutanese refugees live in seven camps in southeastern Nepal. For those offered resettlement to the USA, Canada, Australia, New Zealand, Denmark, Norway, or Netherlands, the International Organization for Migration (IOM) in Nepal conducts medical screening and arranges travel, moving up to 15,000 refugees annually. Varicella spreads primarily by airborne droplets and patients with infectious varicella are prohibited from the air travel. Varicella vaccine in Nepal is not licensed. In March 2009, an outbreak of varicella was detected at a refugee transit center (TC). Outbreak response was conducted jointly by UNHCR, IOM, and Association of Medical Doctors of Asia (AMDA), implementing partner for refugee camp health services.

Methods: A varicella case was defined as an illness with acute onset of diffuse papulovesicular rash without other apparent cause. Refugees received additional health education regarding signs and symptoms of varicella and importance of limiting contacts with sick people. Prior to travel, medical staff screened departing refugees for fever and conducted careful skin inspection. For cases with imminent travel, cases and their family were deferred from travel or travel-related screening for 21 days. Refugees identified with varicella in TC were isolated until lesions crusted.

Results: From 25 February to 25 May 2009, 473 cases of Varicella were registered (cumulative incidence 50 per 10,000 refugees). Among the seven camps, incidence ranged from 9 per 10,000 to 124 per 10,000; outbreak duration ranged from 37 to 87 days. The age ranged from 01 month to 30 years, mean 6.5 years. The incidence was the highest among children of 0-4 years (242 per 10,000), and decreased with each successive age group. Eight cases and their families (total 21 refugees) were deferred from travel for 21 days. 14 refugees and their families (total 63 refugees) were deferred from travel-related screening. 3,860 refugees departed during the outbreak period to United States. No refugees were reported to develop varicella during the flight or upon arrival to the final destination.

Conclusion: In a setting with endemic varicella transmission, systematic surveillance, combined with isolation of cases, likely decreased transmission and prevented travel-related outbreaks of varicella.

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Foreign travel associated with increased sexual risk: A cohort study

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Background: An increasing number of people travel abroad for their holidays each year. New sexual relations while abroad may result in the acquisition and introduction of novel strains of sexually transmitted infections (STIs).

Methods: We conducted a prospective cohort study to assess the impact of alcohol and drug use, and foreign travel on casual travel sex in students from a British university during the summer break in 2006.

Results: Two thirds of students traveled abroad. They were more likely to consume alcohol (RR 1.59, 95% CI 1.17-2.16) and use drugs (RR 1.31, 95% CI 0.88-1.94), particularly Cannabis, and to have new sexual partnerships during holidays. They were also more likely to report sexual relations after holidays (RR 1.29, 95% CI 1.09-1.53). New partnerships were associated with being single, traveling abroad, drinking large amounts of alcohol, having previously had large number of sexual partners. The adjusted relative risk of developing new sexual partnerships with foreign travel was 2.70 (95% CI 1.11-6.61). Testing for a STI after the summer break was associated with both foreign travel (aRR 2.80, 95% CI 1.11-6.61). Testing for a STI after the summer break was associated with both foreign travel (aRR 2.16) and use drugs (RR 1.31, 95% CI 0.88-1.94), particularly Cannabis, and to have new sexual partnerships during holidays. They were also more likely to report sexual relations after holidays (RR 1.29, 95% CI 1.09-1.53). New partnerships were associated with being single, traveling abroad, drinking large amounts of alcohol, having previously had large number of sexual partners. The adjusted relative risk of developing new sexual partnerships with foreign travel was 2.70 (95% CI 1.11-6.61). Testing for a STI after the summer break was associated with both foreign travel (aRR 2.80, 95% CI 1.16-6.74) and younger age.

Conclusion: People who travel abroad are more likely to engage in risk taking behavior and to develop new sexual partnerships during their holidays. They are also more sexually active on their return to the UK, increasing the chance of introducing new and resistant strains of STIs in the UK. These individuals are, however, also more likely to be tested for STIs.

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