Lessons learnt from RVF scare
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The outbreak of Rift Valley fever (RVF) has killed a significant number of livestock in South Africa since the beginning of the year, leaving dozens of farmers, veterinarians and farm workers infected.

At least two people died of RVF in South Africa in June according to the United Nations World Health Organization (WHO). The disease has also been reported in Botswana, Zimbabwe and Namibia and health officials fear it could become much more widespread during the rainy season.

Health workers guideline on RVF
As of 9 April 2010, the NICD has confirmed a total of 111 cases in humans, including nine fatalities. The majority of cases report direct contact with RVF-infected livestock through occupational exposure, including farmers and farm workers, animal health workers, abattoir workers and meat inspectors.

1. What is Rift Valley fever?
RVF is a viral infection transmitted by mosquitoes and mainly affects livestock but can also be transmitted to humans. It can lead to high rates of deaths and diseases. While mild forms of the disease can cause fever, muscle and joint pains, headaches and loss of appetite, the severe form can affect the eyes, cause meningitis, severe bleeding and even death.

2. Has South Africa been affected?
Yes. The last major outbreak of RVF occurred on the interior plateau of South Africa in 1974 to 1976 after prolonged heavy rains, infecting 10 000 to 20 000 humans. Since then, sporadic outbreaks and human infections have been documented within KwaZulu-Natal, the Kruger National Park, Limpopo, Gauteng, North West, and the Northern Cape.

3. How is it transmitted to humans?
Direct or indirect contact with the blood or tissues of infected animals, including, handling of animal tissue during slaughtering or butchering, assisting with animal births, conducting veterinary procedures, disposal of carcasses or foetuses.

4. When to suspect RVF
When any person reporting recent close contact with livestock in or from suspected RVF-affected areas, presenting with flu-like symptoms, such as fever, myalgia, arthralgia or headache, or episodes of encephalitis, haemorrhage, and hepatitis.

5. How is it treated? Is there a vaccine?
No specific treatment is available for RVF; management is aimed at general supportive therapy. Continual follow-up of patients for one month after symptoms appear is necessary to monitor the possible development of retinal lesions. There are no human RVF vaccines registered in South Africa for use by the general public.

6. How can RVF be prevented?
Avoid the consumption of fresh blood, raw milk or animal tissue. All animal products (blood, meat and milk) should be thoroughly cooked before eating. Slaughtering animals for consumption should be discouraged during outbreaks.

Personal and community protection against mosquito bites can be achieved by using insect repellents, insecticide-treated bed nets, and wearing light-coloured clothing. Additional information is available from the National Institute for Communicable Diseases and the department of agriculture.