

IMCA Safety Flash 06/16

March 2016

These flashes summarise key safety matters and incidents, allowing wider dissemination of lessons learnt from them. The information below has been provided in good faith by members and should be reviewed individually by recipients, who will determine its relevance to their own operations.

The effectiveness of the IMCA safety flash system depends on receiving reports from members in order to pass on information and avoid repeat incidents. Please consider adding the IMCA secretariat (imca@imca-int.com) to your internal distribution list for safety alerts and/or manually submitting information on specific incidents you consider may be relevant. All information will be anonymised or sanitised, as appropriate.

A number of other organisations issue safety flashes and similar documents which may be of interest to IMCA members. Where these are particularly relevant, these may be summarised or highlighted here. Links to known relevant websites are provided at www.imca-int.com/links. Additional links should be submitted to webmaster@imca-int.com

Any actions, lessons learnt, recommendations and suggestions in IMCA safety flashes are generated by the submitting organisation. IMCA safety flashes provide, in good faith, safety information for the benefit of members and do not necessarily constitute IMCA guidance, nor represent the official view of the Association or its members.

Focus – Mosquito-Borne Diseases

A recent fatality from malaria focuses our attention once again on mosquito-borne diseases of all kinds. In light of this fatality, we will also share information on the Zika virus which may be of use and interest to members.

Further useful information:

- ♦ A handy PDF poster on *Mosquito bite prevention for travelers*, prepared by the United States' Center for Disease Control & Prevention (CDC). This is reproduced in entirety as part of this safety flash – www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf;
- ♦ Information from the CDC on mosquito borne diseases – www.cdc.gov/features/stopmosquitoes/;
- ♦ *Vector-borne disease management programmes: A guide for managers and supervisors in the oil and gas industry* – www.ogp.org.uk/pubs/481.pdf.

1 Malaria Fatality

An incidence of malaria fatality has been brought to IMCA's attention. The incident occurred offshore Ghana. A non-immune foreign national contractor presented himself to the offshore medic with flu-like symptoms. He tested negative for malaria twice via rapid diagnostic testing. He was sent ashore for further evaluation and subsequently died as a result of complications arising from malaria.

Why did it happen?

- ♦ Mosquito bite prevention measures were not taken (e.g. repellent, long-sleeved clothing);
- ♦ Malarial prevention drugs (prophylaxis) were not taken (e.g. Malarone, Doxycycline);
- ♦ Malaria was not diagnosed early and as a result the deceased did not receive the necessary medical treatment in a timely way.

The following points were reiterated:

- ♦ The importance of refresher training in malaria management for all relevant personnel;
- ♦ The importance of seeking early treatment;
- ♦ The correct and timely use of rapid reaction diagnostic kits;
- ♦ The following World Health Organization (WHO) "ABCD" approach to Malaria management will be helpful:
 - **A** is for Awareness
 - **B** is for Bite prevention
 - **C** is for Chemoprophylaxis
 - **D** is for Diagnosis - early diagnosis.

2 The Zika Virus

Zika is a disease caused by the Zika virus – it is spread to people primarily through the bite of an infected Aedes species mosquito.

Symptoms – about 1 in 5 people infected with Zika will get sick. For people who get sick, the illness is usually mild. For this reason, many people might not realise that they have been infected. The most common symptoms of the Zika virus disease are fever, rash, joint pain, or conjunctivitis (red eyes). Symptoms typically begin 2 to 7 days after being bitten by an infected mosquito. The illness is usually mild with symptoms lasting from several days to a week.

Transmission – the Zika virus is transmitted to people primarily through the bite of an infected Aedes species mosquito. These are the same mosquitoes that spread Dengue and Chikungunya viruses. These mosquitoes are aggressive daytime biters, but they can also bite at night. Mosquitoes become infected when they bite a person already infected with the virus. Infected mosquitoes can then spread the virus to other people through bites. Spreading of the virus through blood transfusion and sexual contact have also been reported.

At risk areas – currently, South America is seeing a large outbreak of the Zika virus infection, with Brazil reporting the largest outbreak – estimated at over 1 million infections in 2015. Within South East Asia, sporadic cases of the Zika virus have been detected from Cambodia, Indonesia, Philippines, East Malaysia and Thailand in recent years.

The control measures are as follows:

- ◆ Reduce the risk of importation of the Zika virus – travellers to countries with the Zika virus infection are advised to protect themselves from mosquito bites;
- ◆ Facilitate early detection of cases – returning travellers from affected areas are advised to seek medical attention if they develop symptoms of Zika such as fever, skin rashes, joint and muscle pains, headaches and red eyes;
- ◆ Contain the spread of Zika virus infection – confirmed cases will be admitted to a public hospital until they recover and test negative for the virus. Admitting them into a single room at the hospital will also minimise their risk of being bitten by mosquitoes while they are carrying the virus, which may result in further local transmission.

Further information:

- ◆ Travellers to countries with local transmission of the Zika virus should take precautions and protect themselves from mosquito bites by:
 - Wearing long sleeves, long trousers and/or appropriate covering clothing
 - Applying insect-repellent
 - Sleeping under mosquito nets or in rooms with wire-mesh screens to keep out mosquitoes.

If travellers to such countries become unwell, they should seek medical attention promptly. Pregnant women should reconsider their travel plans to countries with ongoing outbreaks and local transmission.

Travellers who have returned from affected areas should monitor their health for the next 14 days and consult a doctor if they have any symptoms of Zika, such as fever, skin rashes, joint and muscle pains, headaches and red eyes. They should inform the doctor of the areas that they have travelled to.

In countries where mosquitos are an on-going problem, the following “5-step Mozzie Wipeout” has proved worthwhile:

1. Changing water in vases and bowls on alternate days;
2. Removing water from flower pot plates on alternate days;
3. Turning over all water storage containers;
4. Covering bamboo pole holders when not in use;
5. Keeping gutters clear from blockages and using appropriate insecticide in roof gutters monthly.

Mosquito Bite Prevention for Travelers



Mosquitoes spread many types of viruses and parasites that can cause diseases like chikungunya, dengue, Zika, and malaria. If you are traveling to an area where malaria is found, talk to your healthcare provider about malaria prevention medication that may be available.

Protect yourself and your family from mosquito bites. Here's how:

Keep mosquitoes out of your hotel room or lodging

- ♦ Choose a hotel or lodging with air conditioning or screens on windows and doors.
- ♦ Sleep under a mosquito bed net if you are outside or in a room that is not well screened. Mosquitoes can live indoors and will bite at any time, day or night.
 - » Buy a bed net at your local outdoor store or online before traveling overseas.
 - » Choose a WHOPEs-approved bed net (like Pramax®): compact, white, rectangular, with 156 holes per square inch, and long enough to tuck under the mattress.
 - » Permethrin-treated bed nets provide more protection than untreated nets.
 - Permethrin is an insecticide that kills mosquitoes and other insects.
 - Do not wash bed nets or expose them to sunlight. This will break down the insecticide more quickly.
 - » For more information on bed nets: www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html



Cover up!

- ♦ Wear long-sleeved shirts and long pants.
- ♦ Mosquitoes may bite through thin clothing. Treat clothes with permethrin or another Environmental Protection Agency (EPA)-registered insecticide for extra protection.



Use only an EPA-registered insect repellent

- ♦ Consider bringing insect repellent with you.
- ♦ Always follow the product label instructions.
- ♦ Reapply insect repellent every few hours.
 - » Do not spray repellent on the skin under clothing.
 - » If you are also using sunscreen, apply sunscreen first and insect repellent second.
- ♦ For more information: www2.epa.gov/insect-repellents

Natural insect repellents **not** registered with EPA

- ♦ In the United States, the EPA has not evaluated for effectiveness most of the commonly known natural insect repellents.
 - » Examples of ingredients used in unregistered insect repellents include: citronella oil, cedar oil, geranium oil, peppermint and peppermint oil, pure oil of lemon eucalyptus, soybean oil.
 - » **CDC recommends that you use an insect repellent containing an active ingredient shown to be both safe and effective.**



Use an insect repellent with one of the following active ingredients:

Active ingredient

Higher percentages of active ingredient provide longer protection



Some brand name examples*

(Insect repellents may be sold under different brand names overseas.)

DEET

Off!, Cutter, Sawyer, Ultrathon

Picaridin, also known as KBR 3023, Bayrepel, and icaridin

Skin So Soft Bug Guard Plus, Autan (outside the United States)

Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)

Repel

IR3535

Skin So Soft Bug Guard Plus Expedition, Skin Smart



If you are travelling with a baby or child:



- ♦ Always follow instructions when applying insect repellent to children.
- ♦ **Do not** use insect repellent on babies younger than 2 months of age.
- ♦ Instead, dress infants or small children in clothing that covers arms and legs, or cover the crib, stroller, and baby carrier with mosquito netting.
 - » Adults: Spray insect repellent onto your hands and then apply to a child's face. Do not apply insect repellent to a child's hands, mouth, cut or irritated skin.

Treat clothing and gear



- ♦ Use permethrin to treat clothing and gear (such as boots, pants, socks, tents) or purchase permethrin-treated clothing and gear. Read product information to find out how long the protection will last.
- ♦ If treating items yourself, always follow the product instructions.
- ♦ Do **not** use permethrin products directly on skin.

♦ The use of commercial names is to provide information about products; it does not represent an endorsement of these products by the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

www.cdc.gov/features/StopMosquitoes