



Central Health Board

of Khoja Shia Ithna-asheri Supreme Council

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CHB NEWS FLASH

THE HAJJ: COMMUNICABLE AND NON-COMMUNICABLE HEALTH HAZARDS & PRECAUTIONS

Communicable Disease at the Hajj

Meningococcal disease

During the Hajj, carrier rates for meningococcal disease (MCD) rise to a level as high as 80% due to intense overcrowding, high humidity and dense air pollution. When rates of carriage rise to this level, the risk for meningococcal outbreaks becomes a real concern.

In the years 2000 and 2001, two large outbreaks of meningococcal serogroup W135 occurred among pilgrims and their families in Saudi Arabia and internationally. A change of the Hajj pilgrimage requirements from bivalent to quadrivalent (A,C,Y, W135) meningococcal polysaccharide vaccine to protect from future meningococcal outbreaks.

Saudi Ministry of Health (MoH) recommendation for meningococcal vaccination from polysaccharide to conjugated meningococcal vaccine was prompted for all international pilgrims for protection.

Respiratory tract infections

Acute respiratory tract infections are very common during the Hajj, particularly so when the pilgrimage falls in the winter season. The close contact among pilgrims during periods of intense congestion, their shared sleeping accommodations (mainly in tents) and the dense air pollution all combine to increase the risk of airborne respiratory disease transmission. A viral etiology of upper respiratory tract infection (URTI) is most commonly implicated at the Hajj but bacterial superinfection often follows. More than 200 viruses can cause URTI but at the Hajj the main culprits are respiratory syncytial virus (RSV), parainfluenza, influenza and adenovirus.

In an attempt to reduce the risk of respiratory tract infections during the Hajj, the Saudi MoH encourages pilgrims to wear surgical face mask when in crowded places. In addition the MoH recommends that international pilgrims be vaccinated against seasonal influenza before arrival into the Kingdom of Saudi Arabia (KSA) with World Health Organization (WHO) approved strains specific to the northern or southern hemispheres, particularly those with pre-existing conditions (e.g. the elderly, people with chronic chest or cardiac, hepatic or renal disease). In

KSA seasonal influenza vaccine is recommended for internal pilgrims particularly those with pre-existing conditions and all healthcare workers working in the Hajj premises.

Blood-borne diseases

Hujjaj observe completion of a successful Hajj by shaving their heads. Head shaving if not done in an orderly manner could be a means of transmission of blood-borne disease, including hepatitis B, C and HIV. Illegal unlicensed barbers continue to operate at the Hajj, shaving hair at the roadside with non-sterile blades, which are re-used on multiple scalps. The Saudi MoH encourages all pilgrims to receive the full series of hepatitis B vaccination prior to travel to Hajj. All pilgrims should avoid unlicensed barbers and seek approved licensed barber facilities at the Hajj premises to shave their heads.

Diarrhoea and food poisoning

Traveller's diarrhoea is common during the Hajj, although few studies have documented its incidence and etiology. The last study was done in 2002 showing that diarrhoea was the third most common cause for hospitalization during Hajj. Cholera, an acute bacterial enteric disease caused by *Vibrio cholerae* accounted for several outbreaks after the Hajj. Significant improvement in water supply and sewage treatment has eliminated such outbreaks. Concerns still persist about importing cholera with pilgrims from affected countries which will cause widespread outbreaks in Makah. The MoH has strict guidelines on food importation by pilgrims. Food carried by visitors and pilgrims is banned and not allowed into the country. Only properly canned foods and in very small amounts, enough for one person for the duration of the visit is allowed.

Non-Communicable Hazards at the Hajj

When Hajj falls during the summertime temperatures in the Hajj premises may reach from 37 °C to 45 °C. Heat exhaustion and heat stroke could become a major cause of morbidity and mortality in pilgrims if appropriate precautions are not taken such as reducing their level of activity, drinking additional water, consume salty food and increase the amount of time they spend in air conditioned environment. Other hazards include trauma/crush injuries and fire related injuries.

Additional Points for Hujjaj:

Every group going for Hajj most probably has a qualified doctor accompanying them. But it is always prudent to carry a small personal medi kit in case of emergency (such as loss of group medicine box i.e. lost baggage or confiscation of group's medicine chest e.t.c).

In case of any doubt and before taking any medications always seek doctor's advice.

Personal Medical Kit:

Diarrhoea:

1. Treating Diarrhoea.-T. Ciprofloxacin 500mg 2x a day for 5 days.
2. Stopping Diarrhoea. - Caps Loperamide 4 mg stat and then followed by 2mg at every diarrhoea episode.
3. Nausea. - T. Domperidone 10mg 3x a day for as long as nausea remains.
4. ORS packets.

Respiratory Infections both Upper and Lower (ex. pneumonia):

1. T. Amoxycillin-clavam 625mg 2x a day for 5 days for Upper resp. infection
10 days for Lower resp. infections
2. Cough drops ex Lozenges or Vicks kingo etc
3. Cough Syrup. **(Can't be carried by passenger on board due to airline restrictions)**

Cuts/Trauma/Burns:

1. T. Amoxycillin-clavam 625mg 2x a day for 5 days for Upper resp. infection
2. Anti septic cream (ex. Dettol cream) or Anti Biotic Cream (ex Mupirocine cream)
3. Small Crepe Bandage for sprains.

Other:

1. Paracetamol or diclofenac - painkiller/ for fevers.
2. For constipation - T. Docolax 1 or 2 Tab at night.
3. For aches - Deep heat cream/inflazone cream/ diclofenac cream.
4. For acidity - ex Lansoprazole, Pantacid. or Anti-acid suspension ex mucogel or Relcer gel.
(Please note: this medication can't be carried by passenger on board due to airline restrictions)

Other essentials:

1. Small scissors or Swiss Army Knife can not be carried on board.
2. Plasters
3. Zinc plaster roll - to prevent blisters.
4. Petroleum jelly if going in cold season prevents dry skin/ heel cracking. **(Can't be carried on board due to airline restrictions)**
5. Chapstick prevents cracking of lips during extreme cold/heat.
6. Small packet of sterile gauze.

“Community’s health – CHB’s priority”