

## **0 1-16-15 It's a small world**

When I was twenty years old, I had the privilege of watching my three year old nephew, Patrick, as my summer job while my sister and brother-in-law were busy establishing their real estate practice in rural Maine. Among the many beautiful memories of spending time with that little boy is the day we picked wild strawberries. I was in heaven, crawling around in the meadow gathering berries for strawberry shortcake until the knees of my jeans turned pink. It wasn't long before three year old Patrick grew tired of this activity and began to beg to return home. "In just a little while." I kept promising. "I just found a really good patch."

Just as I would begin to feel guilty about keeping him out so long, I would hear from him through the meadow grass, "Aunt Cathy, You stay over there and I will stay here. Okay?" I poked my head above the hay to see little Patrick popping one strawberry after another into his mouth, instead of into his small bucket. He had found a good patch and was once again happy to stay. I caught on that his silence indicated contentment. We were in our own little world and each of us knew how to speak up if we needed to.

Every once in a while, while reading emails in my office, I am reminded of that day when silence was the expression of contentment. Peggy and I usually keep each other informed of everything we are doing by talking about it. So, when she hears silence for a while, she can't help but ask, "Why so quiet? What are you working on?" My explanation is almost always that I am thoroughly enjoying the latest edition of the Journal of Tropical Medicine. She just laughs and shakes her head at the thought of me reading about parasites, insects and infections.

You might think that tropical medicine does not apply to New England but, believe me, it does. I quickly scan the list of articles to see what is happening where. I read that use of mosquito preventive measures is associated with higher red blood cell counts in western Kenya. This means that those measures are making a difference in the battle against the anemia associated with malaria. That is important because malaria, a mosquito borne disease, kills close to one million each year, mostly African children. Mosquito borne diseases can also be contracted by travelers, missionaries, educators and volunteers. Mosquitoes do not discriminate.

We can apply the lesson to our own families where we hope to prevent West Nile virus and Eastern Equine Encephalitis.

Another mosquito borne disease being watched by the epidemiologists and infectious disease specialists is Dengue. It is on the move, climate change is most likely helping and southern states are at risk. The other people at risk are vacationers. Imagine going to Jamaica for your honeymoon and returning with Dengue fever.

And then there is chikungunya. This is pronounced chicken-gun-ya and it has nothing to do with chickens. The really interesting thing about chikungunya is that humans who contract it via a mosquito bite are also amplifying the disease. That means they have enough virus in their blood to pass it on to a disease-free mosquito biting them. This does not apply to West Nile virus or Eastern Equine Encephalitis. (In those cases, we are called a dead end host. We don't spread the disease.) The result is a rapid cascading effect of chikungunya being spread by humans

traveling by boat, train and plane, bringing the disease to other countries. We have the mosquito species in the United States capable of carrying this disease. It is here. Our doctors need to know about it, consider it and report it when it is discovered. It can't be reported, though, if no one tests for it. No one will test if they don't consider it a possibility.

Not only can we learn from others, such as applying preventive measures here, as they did for malaria and not only can we keep our eyes open for emerging diseases, such as chikungunya and dengue but this is something every traveler should consider. These diseases not only kill people, they are potential touristy killers, also. Or, that is what some people think. Some would rather fumigate a hotel to kill mosquitoes rather than post an educational warning. There is pressure to keep these problems out of the headlines.

It is incumbent upon every traveler to travel wisely by checking out what is happening where and, if safety measures can be determined and realistically applied, then travel on.

The Center for Disease Control and Prevention (CDC) has a section for travelers, where you can check out any country. There, they advise us to "Travel Safe. Travel Smart." It is not grammatically correct; those adverbs are crying out for "ly" to be added but it is still good advice.

It is a changing world and one that seems to be increasingly smaller. We might as well stay informed, especially when travelling.

*Cathleen Drinan is the health agent for Halifax and Plympton, MA. You can contact her at 781 293 6768 or [cdrinan@town.halifax.ma.us](mailto:cdrinan@town.halifax.ma.us)*