

# Sample of a WORLDWISE ONLINE Country Health Report

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## eALERT - Immediate release

This eALERT is distributed as an information service to WORLDWISE Online subscribers. eALERTS highlight global outbreaks, geographical medical news and safety & security issues relevant to travellers and health professionals and are produced weekly (more often as necessary).

**Thank you to all who attended our successful conference in Christchurch last week.  
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**27<sup>th</sup> October, 2009 - Edited by A/Prof Marc Shaw, Medical Director, Worldwise Travellers Health Centres NZ**

### **1. RABIES SPREADS TO KARANGASEM** *Source: thejakartapost.com*

Karangasem became the fourth region in Bali to succumb to the rabies epidemic after the health authority confirmed 22.10.2009 that rabies-positive dogs had been found in the regency. "Two residents of Kubu subdistrict are currently being placed under special medical observation after being bitten by rabies-positive dogs," said Bali Health Agency head Nyoman Sutedja, adding they were being treated at the Karangasem Regional Hospital. Sutedja said although he had yet to receive full information on the identities of the residents, he was certain both had received their first course of the anti-rabies vaccine (VAR). The full VAR course comprises four separate inoculations. The men were bitten by pet dogs, which reportedly were brought from Denpasar to Karangasem. Denpasar and Badung were the first two regions hit by the epidemic late last year. Since then, the authority has urged the residents of these two regions to not transport their dogs to the other regions. In order to cope with the continuing spread of the epidemic, Sutedja said VAR supplies had been sent to regional hospitals at all regencies in the island. Out of the island's nine regions, four - Denpasar, Badung, Tabanan and Karangasem - have reported confirmed cases of rabies. At least 18 people have died due to the epidemic.

### **2. CHIKUNGUNYA IN VIETNAM** *Sources: International Society for Infectious Diseases.*

According to the Thanh Nien News, Vietnamese health ministry official said October 19 that officials are verifying an outbreak in Hanoi for a mosquito-borne virus that resembles dengue fever. According to Vu Sinh Nam, the deputy director general of the Preventive Health and Environment Department, so far 60% of patients with classic dengue symptoms have tested negative for the virus. According to the newspaper, it appears that the victims have contracted the similar Chikungunya virus – which is a viral illness transmitted to humans by infected mosquitoes, causing fever, rashes and aching joints, which are similar to the symptoms of dengue fever. According to the Ministry of Health, so far some 6,750 people in Hanoi have been admitted to the hospital with dengue-like symptoms, which is 14 times more than the same time period last year, the newspaper reported.

### **3. LEPTOSPIROSIS IN PHILIPPINES** *Sources: earthtimes.org; msnbc.msn.com*

As of October 22, Philippine health officials reported that the flood-borne bacterial disease, leptospirosis, had killed at least 148 people after floodwaters from two powerful typhoons - Ketsana and Parma - lingered. Infections have affected people in the capital, Manila, and outlying suburbs, while nearby provinces of Rizal and Laguna have also reported cases. The Philippine's Department of Health (DOH) National Epidemiology Centre chief, Dr. Eric Tayag, said the growing outbreak prompted health secretary Francisco Duque III to issue a distress call for assistance from the international community to address the problem. The UN World Health Organisation's (WHO) spokesman for the Western Pacific regional office in Manila, Adam Craig, expressed that the large number of cases in the Philippines was a "significant concern," the Deutsche Press Agentur (DPA) reported, and that the UN agency has dispatched a team of experts to assist the country in coping with the outbreak. The ABS/CBN News reported Tayag saying that the DOH will spray seawater in areas that were most affected by the disease. According to foreign research, the bacteria that causes leptospirosis usually is killed when exposed to salt water or direct sunlight. The Associated Press reported local officials saying that floodwaters could remain until Christmas in congested townships along the rim of Laguna de Bay near Manila. Meanwhile, another storm, Lupit, has been stalling near the country's mountainous north, and is expected to dump more rain on typhoon-weary provinces.

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## **4. POLIO IN AFGHANISTAN** Source: [unama.unmissions.org/Default.aspx?tabid=1741&ctl=Details&mid=1882&ItemID=6202](http://unama.unmissions.org/Default.aspx?tabid=1741&ctl=Details&mid=1882&ItemID=6202)

According to the UN Assistance Mission in Afghanistan (UNAMA), the UN's World Health Organization (WHO), has identified a total of 23 cases of polio so far this year throughout Afghanistan. One new polio case was detected this week by a WHO-supported Polio Surveillance Team involving a 10-month old child from Kandahar city. "The case is further evidence of the struggle to immunize children in Afghanistan's insecure areas as 20 of the 23 cases are from the southern provinces of Afghanistan," UNAMA quoted Dr. Rana Kakar of the Disease Surveillance Unit of WHO Afghanistan as saying. Kakar said that WHO had earlier estimated that some 14,000 children were "inaccessible" in the south, but efforts to negotiate access allowed teams to reach 30,000 more children from the areas. The three-day National Immunization Days (NIDs) for Polio Eradication targeted some 7.5 million children on October 11-13. Afghanistan, Pakistan, India and Nigeria are the only four countries where polio is endemic. The majority of polio cases affect children under the age of five and the disease is spread when unvaccinated people come into contact with feces of those with the virus, often through water. Polio attacks the nervous system, causing paralysis, muscular atrophy, deformation and sometimes death. In 1988, the WHO and partners began their drive to eradicate polio when there were more than 350,000 annual cases worldwide. That number has been slashed by more than 99 percent.

## **5. MUMPS - UNITED STATES OF AMERICA: (NEW YORK)** Source: *International Society for Infectious Diseases*

The New York Department of Health has confirmed an outbreak of old fashioned mumps in the Borough Park section of Brooklyn where at least 57 confirmed or probable cases have been reported since 21 Aug 2009. Officials say the outbreak was traced back to a child who went to Britain, then attended summer camp in upper New York state and infected fellow campers there who brought the disease back with them to Brooklyn where it has continued to spread. Most of the victims have been between the ages of 10 to 15, but the youngest patient so far was a 1-year-old, while the oldest victim was 42. Health officials are puzzled over why it is spreading though. While vaccination rates are low in Britain, at least 75 percent of the Brooklyn victims had received the normal 2 doses of mumps vaccine. However, the vaccine only has a 90 percent effective rate. There is no treatment for the disease that causes painful swelling of the salivary glands. Mumps usually runs its course in about 10 days.

Mumps is spread by large respiratory droplets of the virus spread through coughs and sneezes.

## **6. CHOLERA, DIARRHOEA** Source: *International Society for Infectious Diseases*

**ANGOLA:** So far in October 2009, 22 people have died in the city of Quilengues, [located] 140 kilometres north of Lubango, in Huila province, victims of a diarrhoeal outbreak, according to information provided to ANGOP by the Deputy Administrator, Abel Wandi Andre. The official made it clear that the most recent cases occurred in commune Dinde of the village Tchituli, where 16 people were infected with the disease, 9 of whom died. Another 4 cases were reported at headquarters, with one death. The causes of the disease are still unknown, according to the deputy administrator, they only know that it is not cholera.

**ZIMBABWE** A total of 5 people have died in a new cholera outbreak in Zimbabwe where more than 4000 people were killed in the country's worst-ever outbreak of the disease in 2008, media reported 20 Oct. Health secretary Gerald Gwinji told the Herald newspaper that 117 cholera cases had been confirmed in several parts of Zimbabwe since infections were reported in September 2009 in the country's east.

**NIGERIA (BORNO, ADAWAMA, JIGAWA, TARABA)** The toll in a cholera outbreak in northern Nigeria rose to 149, 16 Oct 2009 with 52 more deaths, a provincial health official said. "We have recorded 52 deaths from cholera outbreak in 4 local government areas of the state while 1335 have been hospitalised," the director of disease control in Borno State, Abdallah Sadiq, told AFP. He said Biu local government on the border with Chad was the worst affected area where 650 were infected, forcing health officials to open a camp for the victims. Some 300 people died and many more are hospitalised due to an outbreak of cholera reported since mid-month in Adamawa State in northern Nigeria, reported today sources told Efe, the local press.

**CAMEROON (NORTH, EXTREME NORTH PROVINCES)** Cholera has killed at least 51 people in the past few weeks in northern Cameroon, where health experts say safe water and proper sanitation are sorely lacking. The regions affected are Cameroon's North and Extreme North, with the 1st infections reported in September 2009, according to the Health Ministry. This area of Cameroon is on the southern fringe of the Sahel and water is scarce; existing boreholes and wells are insufficient to meet the needs of the population, according to UN Children's Fund (UNICEF) in Cameroon. Cholera epidemics are frequent in northern Cameroon but the current outbreak is particularly severe, the health ministry official told IRIN.

**CHOLERA - UGANDA (KAMPALA)** 17 more people from the suburbs of Kampala have been hospitalised at Mulago Hospital following an outbreak of cholera in different parts of the city. This brings the number of people infected with cholera in Kampala to 35 since the beginning of October 2009.

**PAPUA NEW GUINEA (MOROBE)** Lae city in Papua New Guinea's Morobe Province has again been put on red alert after 6 people were admitted to the cholera treatment centre in a single day late last week. The National newspaper reports that on Thursday, 15 Oct 2009, 6 people were reported to have gone to the centre with symptoms of cholera. Another person was admitted on Friday, 16 Oct 2009. Dr Likei Theo, chairman of the Morobe cholera outbreak task force, says the emergence of a large number of cases in one day showed that the people were returning to their old ways and were not as fastidious over hygiene as they had been.

**INDIA (ASSAM)** Cholera and diarrhoea have claimed 10 lives, including those of 7 children, and affected 10 180 people in Barpeta district during the last 15 days, a senior official said 15 Oct 2009.

## **7. DENGUE/DHF UPDATE** Source: *International Society for Infectious Diseases*

**Brazil (Minas Gerais)** This year [2009] Uberaba registered 397 dengue reports, of which 167 cases were confirmed, compared to 74 last year [2008].

**Mexico (Jalisco)** The National Center for Epidemiological Surveillance and Disease Control (CENAVECE), of the federal Secretariat of Health, reported 12 Oct 2009 that there were 373 new dengue cases in Jalisco confirmed during epidemiological week 39, which is 27 Sep - 3 Oct [2009]. This is the worst report which Jalisco has had in just one week.

**Mexico (Veracruz)** A dengue outbreak occurred in Mecatlan, a municipality located in the high areas of the Totonacapan mountains, which alarmed the health authorities with 35 people who presented with DHF symptoms.

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**Central America** Guatemala has recorded a number of dengue deaths. This Central American nation registered 16 deaths this year [2009], the highest number in the region, announced the Pan American Health Organisation (PAHO) representative in Nicaragua, Jorge Luis Prosperis. Prosperis indicated that up to epidemiological week 38, that is to say since a week ago, El Salvador has recorded 7206 dengue cases, Honduras 6000, Guatemala 4000, Costa Rica 3300, Panama 2000 and Belize 400.

**French Polynesia (Tahiti)** "The dengue monitoring data confirmed that the decline phase of the epidemic has continued for several weeks," indicated a statement from the Directorate of Health, which states however, "the return to an average stable endemic condition has not yet been reached. The epidemic is not over yet." From the beginning of the epidemic until 11 October [2009], 2531 dengue cases have been laboratory confirmed. For [the past] 2 weeks, the weekly number of confirmed cases is less than 10. Currently, only [dengue virus] serotype 4 is circulating in French Polynesia.

**Philippines (Cebu)** The dreaded mosquito-borne dengue disease continues wreaking havoc in the city as it claimed yet another life, this time that of a 3-year-old boy, bringing the fatalities for this year to 31.

**Vietnam:** The Ministry of Health said on 24 Oct 2009 that within the last month [September 2009], 55 out of 63 provinces in Viet Nam recorded 17 140 cases of dengue fever with 14 deaths. Since the beginning of the year [2009], Viet Nam has seen over 74 242 dengue cases, an increase of 16.8 percent over the same period last year [2008]. Of the total, 58 have died, 6 less compared to last year [2008]. Hanoi has seen the highest increase of people infected in the country, with 8000 patients so far this year [2009], 15 times higher than last year [2008]. It is also the capital city's worst dengue outbreak in the past 10 years.

## **8. MURINE TYPHUS - USA: (CALIFORNIA) Source: International Society for Infectious Diseases**

8 people in Long Beach are recovering 24 Oct 2009 after being hospitalised with a rare form of typhus that is spread by fleas. Of the 8 people who contracted the disease, 5 were male. "This is a rare disease," said city Health Officer Dr. Helene Calvet, describing murine typhus. "The vast majority of the population is not going to come in contact with this disease or come down with it."

The disease is treatable with antibiotics, and most people recover. Murine typhus is spread by fleas that have hosted on infected cats, opossums, raccoons, rats and other rodents. Common symptoms include high fever, severe headaches, body aches and rash. It can result in severe illness and hospitalization, rarely causes death, and it is not spread person-to-person.

While biting people, the fleas expel their faeces, which contain the bacteria that cause the disease. The fleas' excrement enters the body through the bite wound or from a person scratching the bite area. [The term typhus comes from the Greek, *\_typhain\_* (to smoke) which may refer to the smoky or clouded mental status that patients present with. Murine typhus, caused by *Rickettsia typhi*, is distributed widely throughout the world, especially in the warm and humid coastal environments of tropic and subtropical climes. Murine typhus is a relatively mild disease as compared to epidemic typhus.

## **9. MEASLES, TRAVELLERS – IRELAND Source: International Society for Infectious Diseases**

The HSE (Health Service Executive) Health Protection Surveillance Centre (HPSC) is urging parents to make sure that their children are protected against measles. The call comes following an outbreak of the disease in 3 HSE regions; the South, Southwest and West. Young children and teenagers from the Traveller Community are the worst affected. Since January [2009], over 60 cases of measles have been notified nationally, 12 of whom were hospitalised. This compares with a total of 55 for all of 2008.

## **10. SOUTH AFRICA – MEASLES Source: Soweton (South Africa)**

Health officials in Gauteng, South Africa, have launched a measles immunisation campaign because the province has been hit especially hard by the outbreak of the disease in the country. About 80 percent of the more than 1,100 reported cases in South Africa are in the province. The measles campaign launched on October 12 targets children from the age of six months. "As another measure to ensure that the disease is contained, the department's outbreak response team has alerted all clinicians, both in the private and public sector, to be on the lookout for any signs and symptoms from patients who present themselves at health facilities," said Mandla Sidu, spokesperson for the education department. "Infection control officers at all hospitals have also been requested to be on high alert while ongoing public education will be provided through clinics."

## **SAFETY AND SECURITY FOR TRAVELLERS**

### **1. TOURIST TRAP: LAND OF SUN, SURF AND STIS SNARES BACKPACKERS Source: Syd Morn Herald.**

It seems that British backpackers could be taking home much more than sunburnt skin and a bag full of souvenirs for Mum. A study by researchers at the University of NSW has found British travellers could be driving the spread of sexually transmitted infections in Australia, with a survey showing most of them have triple the number of partners than they have at home - and many are not using condoms. A survey of 1008 backpackers at hostels in Sydney and Cairns found many were having sex with multiple partners - including those who were in a relationship when they arrived. Of those who arrived in the country single, 41% reported inconsistent condom use and 24% had unprotected sex with multiple partners, the survey found. Even among those who arrived with a partner, almost one in five reported more than one sexual partner since arriving in Australia. The survey also found that 60% of males and 44% of females were using illicit drugs in Australia. The vast majority of them were visiting bars and clubs and drinking alcohol regularly too. The results of the study, a joint project between John Moores University in London and the National Drug and Alcohol Research Centre, were published in the latest edition of Sexually Transmitted Infections. The authors said high alcohol consumption, illicit drug use and unsafe sex meant the backpackers were at high risk of getting sexually transmitted infections and other health problems. "High rates of partner change, along with unsafe sexual practices, create an ideal environment for STIs [sexually transmitted infections] to rapidly spread," the authors said. Dr Stephen Davies, medical director at Northern Sydney Central Health Service, conducted a survey of 430 backpackers across Sydney earlier this year.

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## **2. ADVICE FOR PILGRIMS FOR THE HAJJ AND UMRAH SEASON OF 1430 (2009)** Sources: Saudi Arabian Official Website, CDC Atlanta USA, NaTHNAC – UK.

Hajj, the annual pilgrimage to Makkah (Mecca), is the largest gathering of its kind in the world. Each year over two million Muslims from around the world gather in Makkah. The Hajj pilgrimage occurs from the 8th and 12th day of the twelfth month of the Islamic calendar, and is estimated to fall between 25 and 29 November 2009. Umrah is a shorter, non-compulsory pilgrimage for Muslims that can be performed at any time. The Ministry of Health of the Kingdom of Saudi Arabia and the World Health Organisation (WHO) have advised that the elderly, children, pregnant women and patients with chronic diseases, should postpone their participation in Hajj and Umrah this year due to the risk of acquiring pandemic influenza during the pilgrimage. The following vaccine-preventable diseases have particular relevance to Hajj and Umrah pilgrims.

**Seasonal influenza:** The Ministry of Health of Saudi Arabia requires all pilgrims performing Hajj to have received vaccination against the 2009-2010 seasonal influenza at least two weeks before applying for a visa. Proof of vaccination is required in order to obtain a visa and no exceptions will be allowed. A written record of vaccination, authorised with the vaccinator's official stamp, should be provided. If a traveller is in possession of an International Certificate of Vaccination or Prophylaxis (ICVP) booklet, seasonal influenza vaccine can be recorded in the 'Other Vaccinations' pages of the booklet. Travellers should note that vaccination against seasonal influenza is not likely to protect against pandemic influenza. Certain groups are at particular risk of complications from influenza including those aged 65 years and older, and those with pre-existing medical conditions such as chest, heart, liver or kidney conditions, a history of splenectomy, or diabetes. There is screening of passengers on arrival at all ports into Saudi Arabia, and if persons are suspected to have pandemic influenza, they will be temporarily quarantined and admitted to hospital for further testing. The Ministry of Health of Saudi Arabia requires vaccination against pandemic (H1N1) 2009 influenza if the vaccine becomes universally available within the UK, but they recognise that this is unlikely to apply for this year's pilgrimage.

**Meningococcal meningitis:** All pilgrims to Hajj and Umrah are required to show proof of vaccination against meningococcal meningitis ACW135Y. This vaccine should have been received not more than three years and not less than ten days before arrival in Saudi Arabia, and should be recorded in a vaccination book showing the traveller's full name. If a traveller is in possession of an ICVP booklet, meningococcal meningitis vaccine can be recorded in the 'Other Vaccinations' pages of the booklet.

**Polio:** All pilgrims to Hajj and Umrah should ensure their polio vaccination is up to date. Travellers whose last dose of polio was more than ten years ago, should receive a booster, using the trivalent tetanus, diphtheria and polio vaccine.

**Hepatitis B:** Hepatitis B virus is found in body fluids and can be transmitted either percutaneously or by sexual contact. Percutaneous transmission occurs through the use of contaminated medical, dental, or other instruments; all pilgrims should consider hepatitis B vaccine. One of the rites of Hajj is for men to have their head shaved. The Saudi authorities provide licensed barbers with a new blade to use for each pilgrim, however, unlicensed barbers may not conform to such standards. Pilgrims should avoid shaving with a blade previously used by another, as this could carry a risk of hepatitis B and other blood borne infections such as [hepatitis C](#) for which there is no vaccine. Pilgrims can consider taking with them a disposable razor for personal use during this rite.

**Diarrhoeal illnesses** are transmitted by the consumption of contaminated food or water. **Dehydration** can occur as a result of diarrhoea and is of particular risk in hot weather. Babies, infants, the elderly and those with chronic medical conditions are vulnerable to dehydration. In addition travellers should be advised to carry oral rehydration therapy and self-treatment for diarrhoea. An anti-motility agent such as loperamide can be carried and an antibiotic considered, especially for those travellers who have an underlying medical condition.

**Malaria** is not present in Medina or Makkah, but malaria is a risk in the south-western region and rural areas of Saudi Arabia. Pilgrims planning further travel before or after Hajj or Umrah to malaria risk countries in Asia, Africa and Latin America, should seek advice about malaria prevention.

**Heat and sun-related hazards:** Daytime temperatures in Saudi Arabia, even during the winter months, can reach over 30°C. Associated risks include sunburn, dehydration, heat exhaustion, and heat stroke. If at all possible, travel before the start of Hajj should be considered in order to allow a period of acclimatisation to the heat. Pilgrims should ensure that they drink plenty of clean water (preferably bottled or boiled) to avoid dehydration. Sunscreen with a sun protection factor of at least 15 to 30 should be applied liberally to exposed skin every two to three hours. Male pilgrims are not allowed to cover their heads; however an umbrella will provide shade from the sun. Desert sand can reach very high temperatures; good quality footwear should be worn to avoid burning the feet.

**Medical kits:** All pilgrims should take a basic medical kit with them, which should include simple analgesia (pain killers), plasters, anti-motility medication such as loperamide, and oral rehydration treatment. Pilgrims who take regular medication should ensure they have an adequate supply and carry a copy of their prescription.

Insurance: All pilgrims to Hajj and Umrah should ensure that they have adequate travel health insurance.

## **3. RABIES IN BALI, INDONESIA** Sources: Robert Dedmon GLOBAL ALLIANCE FOR RABIES CONTROL (GARC), U.S. Embassy Notice to Americans

The dog rabies situation in Bali has deteriorated, and the U.S. Embassy has issued warnings about avoiding dogs. In addition, there is a shortage of vaccine and RIG may not be available. Consequently, travellers to Bali should prior PREP (days 0,7,21 or 28) per WHO/CDC protocol. Otherwise, if bitten, they will need to fly home, or to an Asian centre such as Bangkok, Singapore, or Hong Kong to get proper post-exposure treatment. U.S. citizens residing in or travelling to Bali need to be aware that Bali-based newspapers report that several hundred Indonesians in both Tabanan Regency and Denpasar, and surrounding areas,

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have been given rabies vaccinations after several people were recently bitten by dogs suspected of carrying rabies. The Indonesian Department of Health has confirmed a number of deaths in Bali due to rabies. So far, there are no reports of foreign victims of rabies on Bali. Newspapers and a hospital in Bali have reported an insufficient supply of rabies vaccines. Americans should exercise caution, and avoid dogs and other animals that may be infected with rabies. Most foreigners suffering from serious illness or accidents in Indonesia are medically evacuated for treatment, at their own expense. All Americans currently in Indonesia or planning to travel to Indonesia are urged to consult their medical insurance company to determine whether their policy applies overseas and whether it covers emergency expenses such as medical evacuation.

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**Sources** (including but not limited to the): Centres for Disease Control ( USA ), WHO ( Switzerland ), International Society for Infectious Diseases, PacNET (Pacific Surveillance National Immunisation Information Network ( USA ) , Center for Excellence (In Disaster Management and Humanitarian Assistance), Eurosurveillance Weekly ( Europe ). eAlerts are meant for informational purposes only. As such, Worldwide OnLINE does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. The information contained herein does not necessarily represent the views of the Worldwide OnLINE or the Worldwide Travellers Health Centres in New Zealand. For further information or travel health advice, contact **WORLDWISE CLINICS, phone nos: Auckland: 09-520-5830, Hamilton: 07-839-7761, Whakatane: 07-307-0586, New Plymouth: 06-753-9505, Palmerston North: 06 353 7310, Christchurch: 03-365-7900.** **SUBJECT LINE**, Permission is hereby granted to redistribute this newsletter provided that the source is acknowledged

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