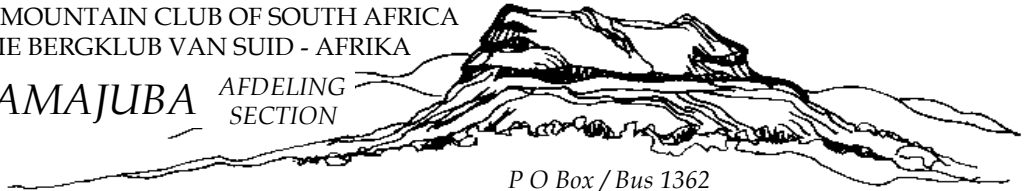


THE MOUNTAIN CLUB OF SOUTH AFRICA
DIE BERGKLUB VAN SUID - AFRIKA

AMAJUBA AFDELING
SECTION



P O Box / Bus 1362
Newcastle 2940

<http://ama.mcsa.org.za/>

JubaJabber - Monthly

February 2011

News items

Lief en Leed

Have not heard of any illnesses or deaths or otherwise, so I am assuming that all is well with our members and their loved ones.

Committee and Membership matters.

Your committee for the year **2011** is as follows:

Chairperson: Thea Groenewegen – 0343123703 / 083 378 7655.

Vice-Chairman: Johan de Villiers – 072 712 7022.

Treasurer: Len Stoop – 078 598 1643.

Secretary: Inalize Oosthuizen – 073 240 9647

Social Convener and Publicity: Jandri Barnard – 084 580 3501

Climbing and Rescue: Ruan Adendorff – 082 577 7555.

Juba Jabber & e-mail: Adriaan Dippenaar – 082 337 2970 / adriandip@telkomsa.net

Additional member: Estie Gunter – 072 325 5078

Congratulations and THANK YOU to the above people for accepting these positions, without a committee we cannot have a club, may it be a good year.

MEMBERSHIP FEES FOR 2011

Family membership is R250 per year

Single member R160 per year

Family pensioner R180 per year

Single pensioner R130 per year

Members can pay their fees via cheque, cash or electronic transfer. Our banking details are as follows:

Bank:	Nedbank
Account Holder:	MCSA Amajuba Section
Account Number:	1337163309
Branch Code:	133724
Reference:	Your initials and surname and Subs 2011

Recent outings by Amajuba Section Members.

- 1) 11 – 13 February: Luneberg; Combined meet with Pietermaritzburg section.

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- 2) 19 February: Craig; Day hike from Hawarden

?

OF INTEREST

I recently had a very bad experience with my health; let me start at the beginning. I went to Vryheid to participate in a SAGES golf day on Thursday the 3rd of February everything went well and we had a superb day of golf with excellent weather. The next day (Friday) went off without a hitch until about 18h30, I suddenly developed a very high fever and was shaking like a leaf and all my muscles were sore as well as all my joints. This was very odd as I had not eaten or drunk anything that the rest of my household had not had during that day, and none of them had the same symptoms. I decided to go to bed with the usual two panados as that always seems to work for fever. I woke up on Saturday morning still with a fever and covered in red spots. As anybody would we at first thought I had an allergy to something and that was the cause. Saturday evening I felt worse than ever. Woke up the Sunday morning with a worse fever and even worse spots, they were now even under the soles of my feet and inside my hands and on my head and inside my mouth. I then got ordered to go to the doctor on Sunday morning whom then diagnosed me with Rickettsia, now up to that point if you had asked me what Rickettsia was I would have thought you are swearing at me, I was told it is an Bacterial infection carried over to humans by ticks, mosquitoes and mites (muggies) by their bite. I had obviously been bitten in Vryheid on the golf course on the Thursday and then got sick on Friday, it takes 24 hours for it to show itself in the host so that is the only place I could possibly have picked it up. I was informed that if you leave it and do not start a course of very strong antibiotic as soon as possible you stand a chance of actually dying from it. It is now three weeks later and I am only now feeling better. So beware when you are in the veldt. I put together the material following so that everybody can see what it is about. **AND BEWARE THIS IS DANGEROUS AND COULD EVEN BE FATAL.**

Rickettsia

Rickettsia is a genus of non-motile, Gram-negative, non-spore forming, highly pleomorphic bacteria that can present as cocci (0.1 µm in diameter), rods (1–4 µm long) or thread-like (10 µm long). Obligate intracellular parasites the *Rickettsia* survival depends on entry, growth, and replication within the cytoplasm of eukaryotic host cells (typically endothelial cells). Because of this, *Rickettsia* cannot live in artificial nutrient environments and are grown either in tissue or embryo cultures (typically, chicken embryos are used). In the past they were positioned somewhere between viruses and true bacteria. The majority of *Rickettsia* bacteria are susceptible to antibiotics of the tetracycline group.

Rickettsia species are carried by many ticks, mites, fleas and lice, and cause diseases in humans such as typhus, rickettsialpox, Boutonneuse fever, African tick bite fever, Rocky Mountain spotted fever, Flinders Island spotted fever and Queensland tick typhus (Australian Tick Typhus). They have also been associated with a range of plant diseases. Like viruses, they only grow inside living cells. The name rickettsia is often used for any member of the Rickettsiales. They are thought to be the closest living relatives to bacteria that were the origin of the mitochondria organelle that exists inside most eukaryotic cells.

The method of growing *Rickettsia* in chicken embryos was invented by Ernest William Goodpasture and his colleagues at Vanderbilt University in the early 1930s. The classification of *Rickettsia* into three groups (spotted fever, typhus and scrub typhus) was based on serology. This grouping has since been confirmed by DNA sequencing. All three of these contain human pathogens. The scrub typhus group has been reclassified as a new genus – *Orientia* – but many medical textbooks still list this group under the rickettsial diseases.

However more recently it has become apparent that rickettsia are more widespread than previously believed and are known to be associated with arthropods, leeches and protists. Divisions have also been identified in the spotted fever group and it has been suggested that this should be divided into two clades. The arthropod species appear to be ancestral to the vertebrate species and the species infecting leeches and protists are unrelated.

In March 2010 Swedish researchers reported a case of bacterial meningitis in woman caused by *Rickettsia helvetica* previously thought to be harmless.

Rocky Mountain spotted fever is the most lethal and most frequently reported rickettsial illness in the United States. It has been diagnosed throughout the Americas. Some synonyms for Rocky Mountain spotted fever in other countries include “tick typhus”, “Tobia fever” or “São Paulo fever”. It is distinct from the viral tick-borne infection, Colorado tick fever. The disease is caused by *Rickettsia rickettsii*, a species of bacterium that is spread to humans by *Dermacentor* ticks. Initial signs and symptoms of the disease include sudden onset of fever, headache, and muscle pain, followed by development of a **rash**. The disease can be difficult to diagnose in the early stages and **without prompt and appropriate treatment it can be fatal**.

The name “Rocky Mountain spotted fever” is somewhat of a misnomer.

Beginning in the 1930s, it became clear that this disease occurred in many areas other than the Rocky Mountain region. It is now recognized that this disease is broadly distributed throughout the continental United States and other parts of the world.

Rocky Mountain spotted fever remains a serious and potentially life-threatening infectious disease today. Despite the availability of effective treatment and advances in medical care, approximately 3% to 5% of individuals who become ill with Rocky Mountain spotted fever still die from the infection.

However, effective antibiotic therapy has dramatically reduced the number of deaths caused by Rocky Mountain spotted fever; before the discovery of tetracycline and chloramphenicol in the late 1940’s as many as 30% of persons infected with *R. rickettsii* died.

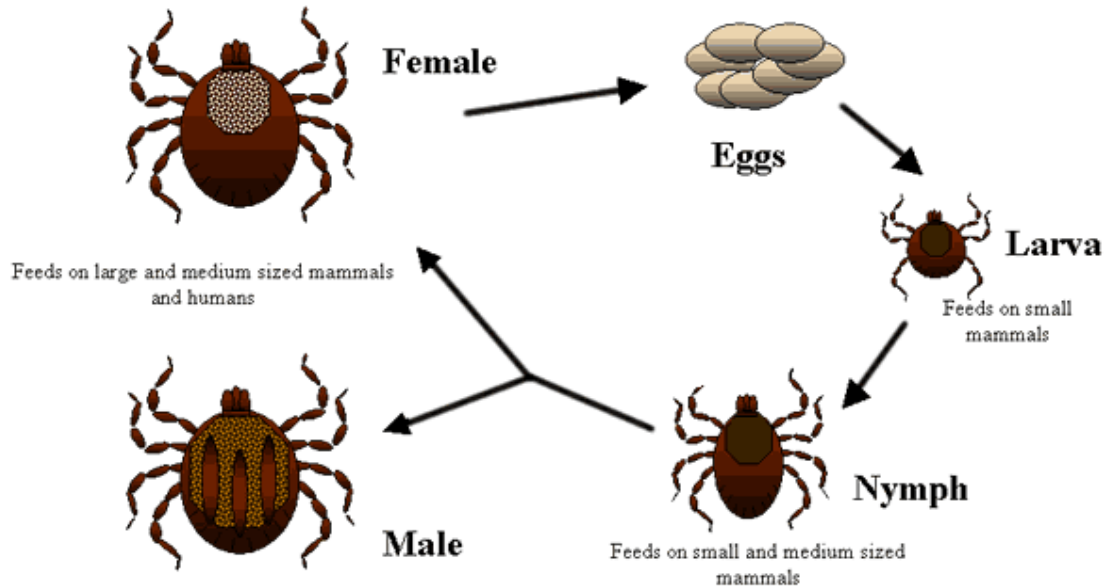


Petechial rash caused by rickettsia on the arm

Natural history

Rocky Mountain spotted fever, like all rickettsial infections, is classified as a zoonosis. Zoonoses are diseases of animals that can be transmitted to humans. Many zoonotic diseases require a vector (e.g., a mosquito, tick, or mite) to be transmitted from the animal host to the human host. In the case of Rocky Mountain spotted fever, ticks are the natural hosts, serving as both reservoirs and vectors of *R. rickettsii*. Ticks transmit the organism to vertebrates primarily by their bites. Less commonly, infections may occur following exposure to crushed tick tissues, fluids, or tick feces. A female tick can transmit *R. rickettsii* to her eggs in a process called transovarial transmission. Ticks can also become infected with *R. rickettsii* while feeding on blood from the host in either the larval or nymphal stage. After the tick develops into the next stage, the *R. rickettsii* may be transmitted to the second host during the feeding process. Furthermore, male ticks may transfer *R. rickettsii* to female ticks through body fluids or spermatozoa during the mating process. These types of transmission represent how generations or life stages of infected ticks are maintained. Once infected, the tick can carry the pathogen for life.

Rickettsiae are transmitted to a vertebrate host through saliva while a tick is feeding. It usually takes about **24 hours of attachment** and feeding before the rickettsiae are transmitted to the host. The risk of exposure to a tick carrying *R. rickettsii* is low. In general, about 1%-3% of the tick population carries *R. rickettsii*, even in areas where the majority of human cases are reported.



Life cycle of tick's family ixodidae.

Vectors include *Dermacentor variabilis*, *Dermacentor andersoni*, *Rhipicephalus sanguineus* and *Amblyomma cajennense*. However, not all of these are of equal importance, and most are restricted to certain geographic areas.



Dogs and medium-sized mammals are the preferred hosts of adult *D. variabilis*, although it feeds readily on other large mammals, including humans. This tick is the most commonly identified species responsible for transmitting *R. rickettsii* to humans. The life cycle of this tick may require up to 2 to 3 years for completion. Adult ticks feed primarily on large mammals. Larvae and nymphs feed on small rodents.

Other tick species have been shown to be naturally infected with *R. rickettsii* or serve as experimental vectors in the laboratory. However, these species are likely to play only a minor role in the ecology of *R. rickettsii*.

Diagnosis and symptoms

Spotted fever can be very difficult to diagnose in its early stages, even among experienced physicians who are familiar with the disease.

People infected with *R. rickettsii* usually notice symptoms following an incubation period of one to two weeks after a tick bite. The early clinical presentation of Rocky Mountain spotted fever is nonspecific and may resemble a variety of other infectious and non-infectious diseases.

Initial symptoms include:

- Fever
- Nausea
- Emesis
- Severe headache
- Muscle pain
- Lack of appetite
- Parotitis in some cases (somewhat rare).

Later signs and symptoms include:

- Maculopapular rash
- Petechial rash
- Abdominal pain
- Joint pain

The classic triad of findings for this disease are fever, rash and history of tick bite. However, this combination is often not identified when the patient initially presents for care. The rash has a centripetal or "inward" pattern of spread, meaning it begins at the extremities and courses towards the trunk.

The rash first appears 2–5 days after the onset of fever and is often very subtle. Younger patients usually develop the rash earlier than older patients. Most often it begins as small, flat, pink, non-itchy spots (macules) on the wrists, forearms, and ankles. These spots turn pale when pressure is applied and eventually become raised on the skin. The rash involves the palms or soles in as many as 50% to 80% of patients; however, this distribution may not occur until later in the course of the disease. As many as 10% to 15% of patients may never develop a rash.

Treatment

Appropriate antibiotic treatment is initiated *immediately* when there is a suspicion of Rocky Mountain spotted fever on the basis of clinical and epidemiological findings. Treatment should *not* be delayed until laboratory confirmation is obtained. In fact, failure to respond to a tetracycline antibiotic argues against a diagnosis of Rocky Mountain spotted fever. Severely ill patients may require longer periods before their fever resolves, especially if they have experienced damage to multiple organ systems. Preventive therapy in healthy patients who have had recent tick bites is not recommended and may, in fact, only delay the onset of disease.

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MCSA NATIONAL MEET 2011
Explore the Mountains of the Free State Basotho
QWA-QWA DRAKENSBERG/MALUTI'S

The FREE STATE Section invites members of all sections to join us for a National Meet (Mini-camp) in the Maluti/Drakensberg area of QwaQwa in the Eastern Free State. The venue is approximately 350 km from Bloemfontein, 320 from Johannesburg, 1000 km from PE and 1350 km from Cape Town.

This area, where the Maluti Mountain range meets the high Drakensberg, is characterized by deep valleys and gorges, prominent basalt cliffs and peaks, beautiful sandstone formations, waterfalls, crystal clear streams and very few inhabitants deep in the mountains. It has a Drakensberg-like character and the altitude varies between 1800 m and 3200 m ASL. The area is lesser-known to backpackers, but boasts impressive geographical features like the Kgotswane gorge, Namahadi valley and also the spectacular Sentinel/Amphitheatre area.

DATES: Arriving Sunday 10 April, until to Friday, 15 April, leaving on the morning of 16 April (the Easter Weekend is from 22 to 25 April).

ACTIVITIES:

- ▶ A welcoming function and dinner at the Basotho Cultural Village on the Sunday evening, (10 April).
- ▶ A self braai at the end of the camp (Friday evening, 15 April).
- ▶ Day walks from base camp through the valleys and gorges and to the Amphitheatre.
- ▶ Overnight hikes, from 2 to 5 days in duration through the valleys and gorges and to the top of the escarpment.
- ▶ Rock climbing possibilities on unclimbed faces, should leaders be available.

BASE CAMP: In the Sekoto valley, to the south of the Kgotswane Gorge. **Co-ordinates:** 28 38 50,3 S / 28 46 40,7 E. The base camp will be on an open area alongside a stream, with some low shrubs and only a few trees for shade. No facilities besides a field toilet and some firewood. Water from the stream. Only some of the hikes will start (or end) at the base camp and we will need some of the camp attendees' vehicles to assist with the transit of hikers. The last 4 km of road to base camp is untarred and rough, only suitable for vehicles with a high clearance.

LIMITATION ON NUMBERS: 50 persons maximum

COST PER PERSON: R250.00.

This covers the first night's function, meat for the the braai at the end, camp fee, firewood, a camp guard and a map of the area. The rest of the camp will be self-catering.

EQUIPMENT REQUIREMENTS:

Camping at base camp in own tents. The entire camp and hikes will be self-catering and you must supply your own food, stove, fuel, pots and other cooking utensils. Clothing should be for four seasons. Hiking equipment should include good boots, effective rainwear, hat, water bottle, swimwear, medical kit, sunblock, daypack, mountain tent, hikers mattress, etc.

MAPS: A copied map of the whole area will be made available to all attendees.

CELL PHONE RECEPTION: NONE at base camp and in the valleys, some on the high lying areas and on the roads through QwaQwa.

PAYMENT: Preferably direct deposit into the Free State Section's bank account, or cheques payable to the Mountain Club, Free State Section with the application form, (see detail on application form).

CLOSING DATE for APPLICATIONS: 4 March 2011

APPLICATION FORMS: Available at all Sections of the Mountain Club and from the organiser at dodendaal@mweb.co.za

FURTHER INFORMATION: Detailed information on the camp will be sent out to all entrants in mid March, after the closing date. In the mean time, should you need more details, you can contact **Derek Odendaal** at dodendaal@mweb.co.za or **Sheila Addison** at sheilaa@xsinet.co.za

APPLICATION FORM

MCSA NATIONAL MEET 2011

"Explore the Mountains of the Free State Basotho"

1. PERSONAL PARTICULARS:

Name and surname: _____

Postal address: _____

_____ Code: _____

E-mail address: _____

Telephone / Cell phone No: _____ Fax No: ()

I am a **member** of the _____ **Section** / not a member of the MCSA.
(delete where appropriate)

Medical conditions:

I am taking my own medication for this condition: _____

2. ACTIVITIES PREFERRED:Day walks 2 or 3 day trips 4 or 5 day trip (up the escarpment) **3. PREFERRED DEGREE OF DIFFICULTY:**Easy Moderate Moderate to strenuous Strenuous (all escarpment) **4. INDEMNITY**

I acknowledge that I will participate in all activities during the camp voluntarily and at own risk.

.....
Signature of applicant.....
Date**5. PAYMENT:**

Please return this form with your payment of **R270 before 4 March 2011** to the address below, or fax or e-mail it. Please **deposit** your payment into the following account: Bergklub van SA: Vrystaat Afdeling, ABSA Bank, Branch code 632 005, account No 470 312 432 and use "**Camp**" and **your surname** as reference.

➤ Please send **proof of payment** to fax no 086 620 1475 or e-mail tosheilaa@xsinet.co.za**Mail address:** Mountain Club Camp, PO Box 12312, Brandhof, 9324

On the Lighter Side:

A Guy Fairy Tale



Once upon a time, A Prince asked a Beautiful Princess...

"Will you Marry Me?"

The Princess said "NO!"

And the Prince lived happily ever after and rode motorcycles and went fishing and hunting and played golf and dated women half his age and drank beer and scotch and had tons of money in the bank and left the toilet seat up.

THE END

Programme 2011 Program			
Date / Datum	Description / Beskrywing	Activity / Aktiwiteit	Contact / Kontak
08 March	Social get together	Slides / Talks	Jandri Barnard 084 580 3501
19-21 March	Drakensberg (Chain Ladder)	Hiking (3)	Ruan Adendorff 082 577 7555
26 March	Balele - Utrecht	Hiking (2)	Len Stoop 078 598 1643
09 April	Ncandu Forest	Hiking (2)	Len Stoop 078 598 1643
10-15 April	Mini Camp, QwaQwa	Hiking (3)	Derek Odendaal at dodendaal@mweb.co.za Sheila Addison at sheilaa@xsinet.co.za
22-25 April	Drakensberg, Injasuti, Mfadi	Hiking (3)	Ruan Adendorff 082 577 7555
13-15 May	Ntendeka State Forest, Ngoma	Hiking (3)	Johan De Villiers 072 712 7022
28 May	Leokop, Normandien	Hiking (2)	Ruan Adendorff 082 577 7555
16-19 June	Steylkranz	Hiking (3)	Thea Groenewegen 0343123703 / 083 378 7655
July	July Camp	Hiking (3)	Information will follow next month

** Dates to be finalized. The programme is subject to change.*

** Datums moet nog bepaal word. Die program kan verander.*

Rating System

1. *Family weekend.* Children, prospective & older members. Easy, short hikes often-good facilities.
2. *Easy hike.* Footpaths present or otherwise flat open terrain.
3. *Average difficulty.* Path over varying terrain, often steep. Sometimes paths, route finding necessary.
4. *Difficult hike without footpath.* Might incl. bundu bashing, serious scrambling, kloofing or exposure.
5. *Technical climb.* Requires climbing gear (sometimes ice climbing gear).

General Interest

If anyone has anything of interest they would like to share in the news letter or wants me to put an article about anything in, then please contact me. It has to be relevant to hiking, mountaineering, camping or the outdoors. Ideally the article or request should reach me within the first 15 days of the month.

Trading Post:

For Sale: Nothing

Remember, you can sell anything here, not only hiking or camping related.

Wanted: Nothing

If there is anyone not receiving the Juba-Jabber via e-mail and wants to receive it that way then please send me a mail at; adriandip@telkomsa.net so I can add you to the mailing list.