



CREW WATCH

APRIL 2023

FISHING FROM VESSELS CIGUATERA POISONING

MALARIA PRECAUTIONARY MEASURES

DIABETES HEALTH ADVICE FOR CREW

HIGH BLOOD PRESSURE? ACTION REQUIRED



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TRUSTED SINCE 1855



IN THIS LATEST EDITION OF CREW WATCH WE FOCUS ON SOME COMMON ILLNESSES THAT HAVE CAUSED PROBLEMS FOR OUR MEMBERS' CREW OVER THE PAST FEW MONTHS AND INDEED FOR LONGER PERIODS OF TIME. MALARIA CONTINUES TO BE A DISEASE THAT CAN HAVE SERIOUS CONSEQUENCES. IN THE PAST FEW YEARS THERE HAVE BEEN 42 CASES AND TRAGICALLY THREE LIVES LOST ON OUR MEMBERS' SHIPS.

WE ALSO LOOK AT POISONING FROM FISH CAUGHT OVER THE SIDE. WHAT MIGHT SEEM LIKE A PLEASANT WAY TO SPEND A FEW HOURS CAN, UNFORTUNATELY, LEAD TO SERIOUS CASES OF FOOD POISONING. MEMBERS HAVE REPORTED A NUMBER OF CASES RECENTLY WHERE THOSE AFFECTED NEEDED HOSPITAL TREATMENT. IN ONE PARTICULAR CASE, ON A SHIP NOT ENTERED WITH BRITANNIA, 13 CREW DIED AFTER EATING INFECTED FISH.

HOWEVER, WE DON'T JUST FOCUS ON ILLNESS IN THIS EDITION - WE ALSO LOOK AT WAYS IN WHICH SIMPLE IMPROVEMENTS TO DIET AND LIFESTYLE CAN MAKE BIG CHANGES TO YOUR HEALTH. CONDITIONS, SUCH AS DIABETES AND HIGH BLOOD PRESSURE, CAN BE SERIOUS BUT THE GOOD NEWS IS THAT, ONCE YOU ARE AWARE OF THE DANGERS, THERE ARE MANY STEPS THAT YOU CAN TAKE TO IMPROVE YOUR HEALTH AND PREVENT PROBLEMS IN THE FUTURE.

AS ALWAYS, WE WELCOME YOUR COMMENTS AND FEEDBACK AND SO DO GET IN TOUCH WITH US VIA EMAIL OR SOCIAL MEDIA.

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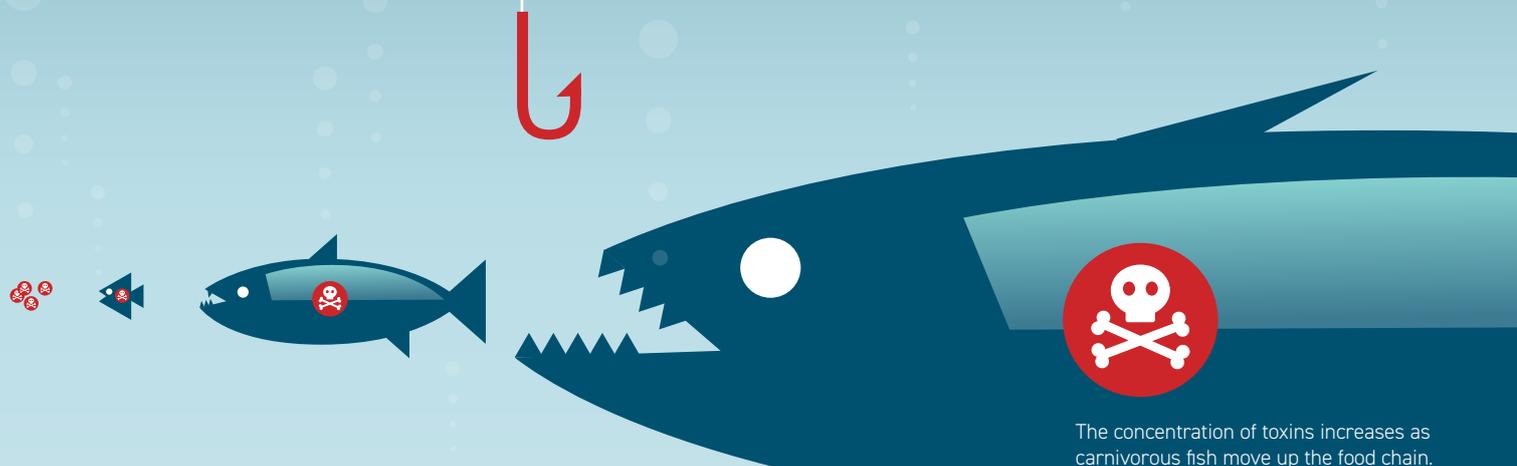
CLAIRE MYATT
Editor



WE HOPE YOU ENJOY THIS ISSUE OF CREW WATCH. We are looking for ways to maintain and increase the usefulness, relevance and general interest of the articles. If you have any ideas or comments please send them to: britanniacommunications@tindallriley.com

FISHING FROM VESSELS

CIGUATERA POISONING



The concentration of toxins increases as carnivorous fish move up the food chain.



FISHING FROM VESSELS THAT ARE AT ANCHOR OR DRIFTING MAY SEEM TO BE AN INNOCENT PAST TIME WHEN OFF DUTY BUT IT CAN HAVE DEADLY CONSEQUENCES. THE CLUB HAS PREVIOUSLY ADVISED OF THE DANGERS OF CREW FISHING OVER THE SIDE AND COOKING AND EATING THEIR CATCH OF TROPICAL OR SUB-TROPICAL FISH.

THERE HAVE BEEN A NUMBER OF RECENT CASES OF FOOD POISONING THAT HAVE BEEN REPORTED TO THE CLUB, OFTEN AFFECTING MANY CREW MEMBERS. IN ONE CASE (ON A SHIP NOT ENTERED WITH BRITANNIA) 13 CREW DIED AND EIGHT MORE WERE HOSPITALISED WITH SUSPECTED FOOD POISONING WHICH SEEMS TO HAVE BEEN CAUSED BY EATING FISH CAUGHT OVER THE SIDE. IN ANOTHER CASE, THIS TIME ON A MEMBER'S SHIP, 16 CREW MEMBERS REQUIRED HOSPITAL TREATMENT. LUCKILY THE SHIP WAS IN PORT WHEN THE SYMPTOMS DEVELOPED AMONG THE CREW AND SO THEY COULD BE TREATED PROMPTLY. IN ANOTHER CASE, CREW FROM A BRITANNIA SHIP WERE TREATED IN THE INTENSIVE CARE DEPARTMENT OF A HOSPITAL AFTER CONSUMING AFFECTED FISH.

The illness is caused by ciguatera toxins which are found in marine organisms (toxic microalgae) living around coral reefs. These organisms are eaten by herbivorous fish, and in turn these fish are then eaten by carnivorous fish. The concentration of toxins increases as they move up the food chain. Various fish types can carry the toxin, including barracuda, and more than 400 different types of fish have been implicated in cases of ciguatera poisoning. The toxins have no taste or smell and are not destroyed by cooking.

Symptoms commonly include vomiting, diarrhoea, abdominal pain and nausea and will usually develop within six to 24 hours of eating affected fish but there may be other

symptoms which may appear after only 30 minutes and can last for a few days or for many months. These can include cardiac symptoms such as hypotension (low blood pressure) and bradycardia (slow heart rate). There can also be numbness and tingling in the hands, feet and around the mouth, muscle pain, itching, joint pain and fatigue. One distinctive symptom reported by some (although not all those affected) is a reversal of hot/cold temperature perception, for example, where a cold surface is perceived to be hot.

Fish containing ciguatera toxins have been found in many areas, including the Caribbean, the Indian and Pacific Oceans, and connected sea areas.

Luckily it is unusual to have a large number of fatalities following the poisoning, but the risk is still very real and serious. It is estimated that one in one thousand cases leads to death.

In view of the number of recent cases and the potentially serious health consequences, the Club is advising crew **NOT TO EAT ANY FISH CAUGHT OVER THE SIDE**. This advice extends to fish which are generally considered edible, such as **PERCH, SEA BASS, GROUPE AND SNAPPER**. If there is an outbreak of poisoning on board, the suspected fish should be destroyed and any areas that came into contact with the fish should be thoroughly cleaned and sanitised.

Members requiring any further guidance on this matter should contact the Loss Prevention department.

THERE ARE STILL MANY CASES OF MALARIA THAT ARE REPORTED TO THE CLUB. IN THE PAST FIVE YEARS WE HAVE DEALT WITH 42 SEPARATE INCIDENTS. TRAGICALLY, A CHIEF ENGINEER, AN ORDINARY SEAMAN AND A 22 YEAR OLD-CADET LOST THEIR LIVES DUE TO MALARIA.

MALARIA

PRECAUTIONARY MEASURES



Malaria Rapid Diagnostic Test (RDT).

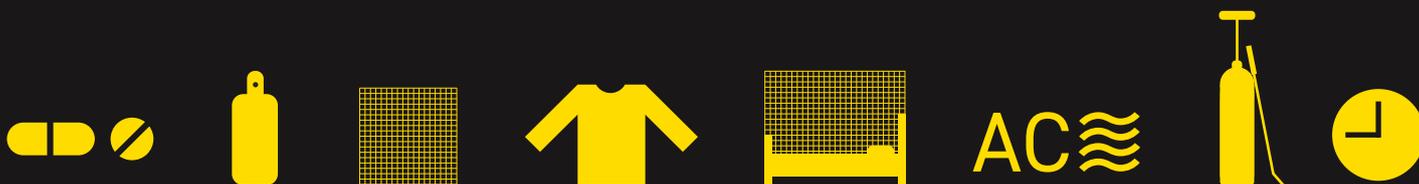
MALARIA IS SPREAD BY MOSQUITOS AND IS MAINLY FOUND IN TROPICAL AND SUB-TROPICAL COUNTRIES. IN 2020, SIX SUB-SAHARAN AFRICAN COUNTRIES ACCOUNTED FOR MORE THAN HALF OF ALL MALARIA DEATHS IN THAT YEAR. IN THESE AREAS, MOSQUITOS PREFER TO BITE HUMANS RATHER THAN ANIMALS AND THIS HELPS TO EXPLAIN WHY MORE THAN NINE OUT OF TEN FATALITIES DUE TO MALARIA OCCUR IN AFRICA.

Over many years of exposure to malaria, humans can develop some immunity and this means that people from areas not affected by malaria are particularly at risk. You only need one bite to be infected. Symptoms can include fever, sweats and chills, headaches, vomiting, muscle pains and diarrhoea and ordinarily appear seven to 15 days after being bitten. However, in some cases symptoms can appear up to 12 months later, particularly when anti-malaria medication has been taken.

If malaria is suspected, medical advice should be sought urgently as a patient's condition may deteriorate rapidly. Once diagnosed, malaria needs to be treated immediately. **Where vessels are trading extensively in malaria-affected areas, it is recommended that malaria Rapid Diagnostic Tests (RDTs) be available on board.**

There is a vaccine for malaria but its availability is limited at this time. A number of medical treatment and practical measures are therefore recommended to reduce the risk.

HOW TO PREVENT MALARIA*



MEDICINES

Anti-malaria medicines are available which can be taken to lower the likelihood of serious symptoms developing. The medicines are varied and professional medical advice should be sought to determine the most appropriate medicine, or combination of medicines, which should be taken for a particular destination. Often these medicines need to be taken for a period prior to arrival in the area of risk and then for a period after departure. A common failing is people not taking the medication for the full prescribed period.

Hydroxychloroquine
200mg Film-coated Tablets

PRACTICAL MEASURES

Practical measures on a personal level include covering exposed skin so far as practicable with light-coloured loose clothing. Insect repellent should be used on exposed skin where it cannot be covered by clothing and the repellent should be re-applied when necessary, particularly in hot climates, as sweat can reduce its effectiveness.

Mosquitos are more active between dusk and dawn and therefore it is best to limit time spent outside at these times or avoid being outside at all if possible. Portholes and other external openings should be kept closed and air conditioning used for ventilation if available. Where mesh screen doors are fitted, these should be kept closed. Where air conditioning is not available, bed nets that have been soaked in a suitable insecticide should be used and checked to make sure there are no mosquitos inside the nets before going to bed. It is also advisable to spray accommodation spaces with insecticide. Mosquitos are drawn to standing water and therefore any puddles on deck should be brushed away. Other areas of still water, for example in save-alls and on top of oil drums, should also be removed.



Members requiring further guidance on this topic should contact the Loss Prevention department.

DIABETES

IN CREW WATCH WE ARE ALWAYS LOOKING AT WAYS TO RAISE AWARENESS ABOUT HEALTH – ENCOURAGING YOU TO KEEP AN EYE ON YOUR OWN HEALTH AND TO LOOK OUT FOR THE HEALTH AND WELLBEING OF YOUR FELLOW CREW.

IN THIS ARTICLE WE LOOK AT **DIABETES AND PREDIABETES – THE EARLY SIGNS OF DIABETES** – AND WE SET OUT WHAT YOU CAN DO TO STAY AS HEALTHY AS POSSIBLE. OUR AIM IS NOT TO SCARE YOU BUT TO MAKE YOU AWARE THAT SOMETIMES QUITE SMALL CHANGES TO YOUR LIFESTYLE CAN HAVE A MAJOR POSITIVE IMPACT ON YOUR HEALTH.

537m

In 2021 approximately 537 million adults were living with diabetes. This is predicted to increase by around 70% by 2045 according to the International Diabetes Federation (idf.org)

DIABETES

is a health condition which affects many of us and is often caused by not caring for your body properly through poor diet and a lack of exercise. Type 2 is by far the most common type of diabetes. The amount of sugar in the blood is controlled by a hormone called insulin, which is produced by the pancreas (a gland behind the stomach). When food is digested and enters your bloodstream, insulin moves glucose (blood sugar) out of the blood and into cells, where it's broken down to produce energy. However, if you have diabetes, your body is unable to break down glucose into energy. This is because there's either not enough insulin to move the glucose, or the insulin produced does not work properly.

PREDIABETES

is a health condition where the blood sugar levels are elevated but not high enough to be diagnosed as Type 2 diabetes. Most people with prediabetes (as much as 85%) are not aware that they have the condition. However, if left untreated, prediabetes can lead to Type 2 diabetes, heart disease, kidney disease and stroke.

People with prediabetes no longer process sugar (glucose) normally. In prediabetes the cells do not respond as well to insulin, which is responsible for allowing blood sugar to enter the cells to be used for energy. When the cells do not respond to it, sugar fails to enter the cells causing the sugar levels in the blood to rise.

HEALTHY LIFESTYLE CHOICES ARE THE KEY TO PREVENTING PREDIABETES:

- 1 LOSE EXCESS WEIGHT**
(AT LEAST 5-7% OF BODY WEIGHT)
- 2 GET A MINIMUM OF 150 MINUTES OF AEROBIC PHYSICAL ACTIVITY A WEEK**
- 3 EAT HEALTHY FOODS**
- 4 DON'T SMOKE**
- 5 KEEP YOUR BLOOD PRESSURE AND CHOLESTEROL WITHIN NORMAL LEVELS**

AND ALWAYS REMEMBER...

PREDIABETES IS PREVENTABLE AND REVERSIBLE, EVEN IF DIABETES RUNS IN YOUR FAMILY.



RISK FACTORS

The risk factors for developing prediabetes are the same as those for diabetes. They include:



BEING INACTIVE

being physically active less than 3x/week



SMOKING

can increase insulin resistance



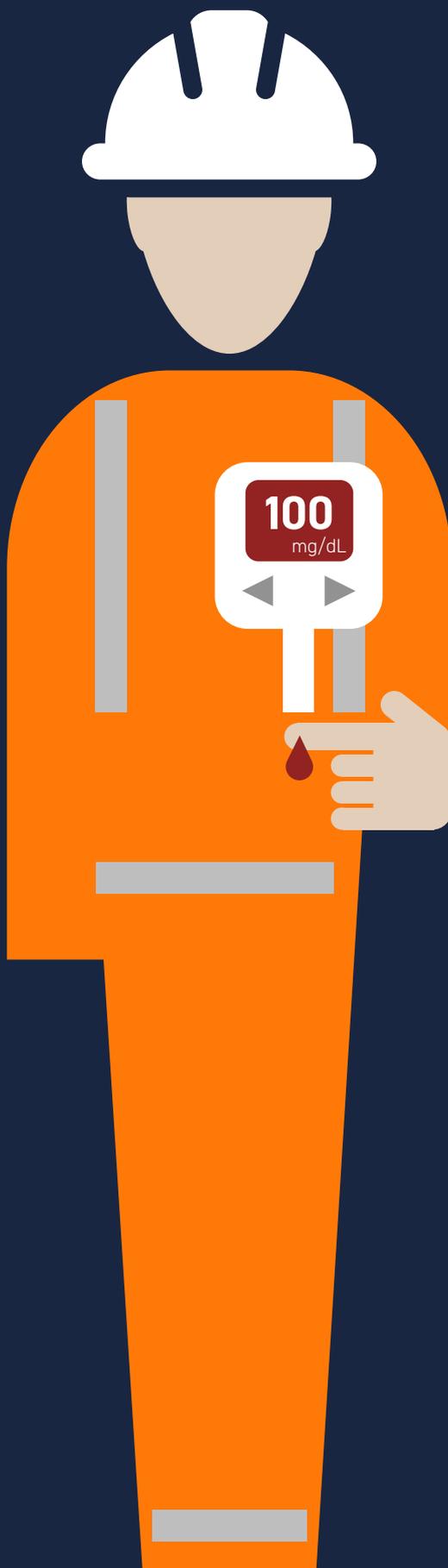
FAMILY HISTORY

having a parent or sibling with type 2 diabetes



DIET

eating a diet with lots of red meat, processed meat and sugar-sweetened beverages



45+

AGE

risk increases after the age of 45 years



BEING OVERWEIGHT

the more fatty tissue (subcutaneous and visceral) you have, the more resistant the cells become to insulin



WAIST SIZE

insulin resistance goes up with waists larger than 40 inches for men and 35 inches for women



OBSTRUCTIVE SLEEP APNOEA

a condition where sleep is repeatedly disrupted

HIGH BLOOD PRESSURE (OR HYPERTENSION)

HIGH BLOOD PRESSURE (HYPERTENSION) RARELY HAS NOTICEABLE SYMPTOMS, BUT IF UNTREATED IT INCREASES YOUR RISK OF **HEART ATTACK, HEART FAILURE, KIDNEY DISEASE, STROKE OR DEMENTIA**. THE PEOPLE RISKS DEPARTMENT CONTINUE TO SEE MANY CASES EACH YEAR WHERE HIGH BLOOD PRESSURE HAS LED TO SERIOUS ILLNESS.

HIGH BLOOD PRESSURE AFFECTS MORE THAN 1 IN 4 ADULTS AND THE ONLY WAY OF KNOWING THERE IS A PROBLEM IS TO HAVE YOUR BLOOD PRESSURE CHECKED.

ALL ADULTS SHOULD HAVE THEIR BLOOD PRESSURE CHECKED REGULARLY (AT LEAST EVERY FIVE YEARS). HAVING THIS DONE IS EASY AND COULD SAVE YOUR LIFE.

WHAT IS HIGH BLOOD PRESSURE?

THE HEART

The heart is a muscle about the size of your fist. It pumps blood around your body and beats approximately 70 times a minute. After the blood leaves the right side of the heart it goes to your lungs where it picks up oxygen. The oxygen-rich blood returns to your heart and is then pumped to the body's organs through a network of arteries. The blood returns to your heart through veins before being pumped back to your lungs again. This process is called circulation. A certain amount of pressure in your blood vessels is needed to do this. However, if there is too much pressure in your blood vessels, it puts extra strain on your arteries and heart, which can lead to serious conditions such as heart attack, heart failure, kidney disease, stroke, or dementia.



Blood pressure is measured in millimeters of mercury (mmHg) and is recorded as two figures:

SYSTOLIC PRESSURE

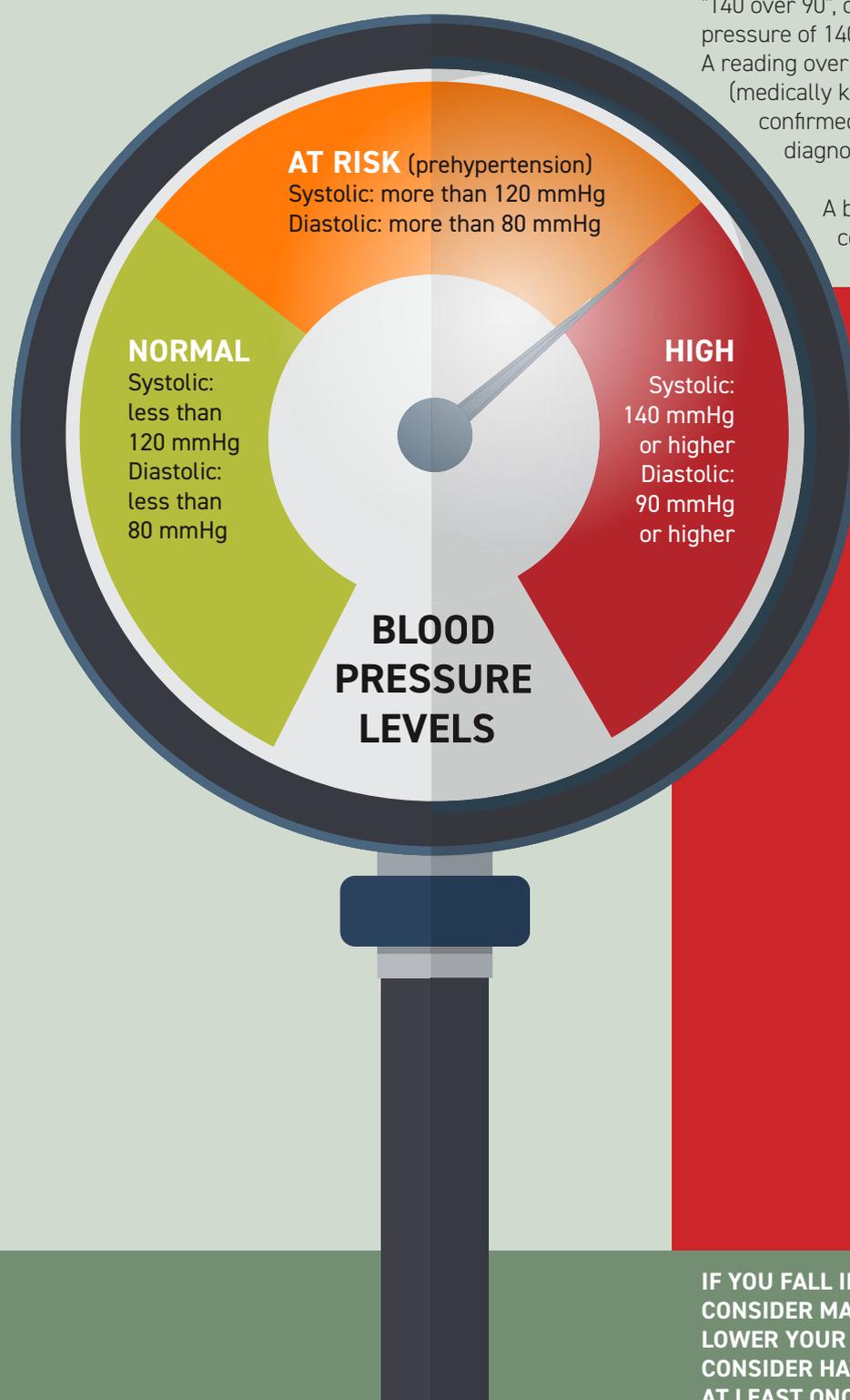
THE PRESSURE OF THE BLOOD WHEN YOUR HEART BEATS TO PUMP BLOOD OUT

DIASTOLIC PRESSURE

THE PRESSURE OF THE BLOOD WHEN YOUR HEART RESTS IN BETWEEN BEATS, WHICH REFLECTS HOW STRONGLY YOUR ARTERIES ARE RESISTING BLOOD FLOW

For example, if your doctor says your blood pressure is "140 over 90", or 140/90mmHg, it means you have a systolic pressure of 140mmHg and a diastolic pressure of 90mmHg. A reading over 140/90mmHg indicates high blood pressure (medically known as hypertension) which should be confirmed by tests on separate occasions to reach a diagnosis.

A blood pressure reading below 120/80mmHg is considered to be ideal.



WHO IS MOST AT RISK?

Your chances of having high blood pressure increase as you get older. There isn't always a clear cause of high blood pressure but risk factors include:

- **BEING OVERWEIGHT**
- **HAVING A RELATIVE WITH HIGH BLOOD PRESSURE**
- **EATING TOO MUCH SALT**
- **NOT EATING ENOUGH FRUIT AND VEGETABLES**
- **NOT DOING ENOUGH EXERCISE**
- **DRINKING TOO MUCH ALCOHOL**
- **DRINKING TOO MUCH COFFEE (OR OTHER CAFFEINE-BASED DRINKS)**
- **SMOKING**
- **BEING OVER 65**

IF YOU FALL INTO ANY OF THE GROUPS LISTED ABOVE, CONSIDER MAKING CHANGES TO YOUR LIFESTYLE TO LOWER YOUR RISK OF HIGH BLOOD PRESSURE. ALSO, CONSIDER HAVING YOUR BLOOD PRESSURE CHECKED AT LEAST ONCE A YEAR.

PREVENTING HIGH BLOOD PRESSURE

YOU CAN PREVENT HIGH BLOOD PRESSURE BY EATING HEALTHILY, MAINTAINING A HEALTHY WEIGHT, TAKING REGULAR EXERCISE, REDUCING (OR ELIMINATING) ALCOHOL CONSUMPTION AND NOT SMOKING. IT IS ALSO IMPORTANT TO MANAGE EXISTING CONDITIONS SUCH AS DIABETES AND ALSO TO MANAGE STRESS LEVELS.



DIET

Cut down on the amount of salt in your food (remember that food such as soy contains high levels of salt). Salt raises your blood pressure and the more salt you eat, the higher your blood pressure. Aim to eat less than 6g (0.2oz) of salt a day, which is about a small teaspoonful. You don't have to add salt to your food to eat too much of it – around 75% of the salt that we eat is already contained in everyday foods such as bread, breakfast cereal and readymade meals. Remember, don't add salt to your food automatically – always taste it first. Many people add salt out of habit but it's often unnecessary and your food will taste good without it.

As well as cutting down on salt, remember to eat a low-fat diet that includes lots of fibre (such as wholegrain rice, bread and pasta) and plenty of fruit and vegetables – all these will help to lower blood pressure. Fruit and vegetables are full of vitamins and minerals, together with fibre that will keep your body in good condition. Aim to eat five 80g portions of fruit and vegetables every day – the '5 A DAY' rule. As an approximate guide, one portion would be 3 to 4 tablespoons of cooked vegetables (tinned and frozen vegetables all count towards the 5 A DAY). For fruit, 1 portion is roughly 2 pieces of small fruit such as plums or 1 piece of larger fruit such as an apple.

ALCOHOL

Regularly drinking alcohol will raise your blood pressure over time. All consumption of alcohol carries a risk but most governments have set out 'low risk' levels:

MEN AND WOMEN are advised NOT TO REGULARLY DRINK MORE THAN 14 UNITS A WEEK

SPREAD YOUR DRINKING OVER THREE DAYS OR MORE if you drink as much as 14 units a week (i.e. do not drink all the units on one or two days)

How many units of alcohol are in a drink will depend on the alcohol strength and the size of the drink. As a rough guide, in a can of average strength beer, there will be two units. In a large glass of wine there will be 3 units. A single shot of spirits will be one unit. Also remember that alcohol is high in calories which will make you gain weight and increase blood pressure.

WEIGHT

Being overweight forces your heart to work harder to pump blood around your body and this can raise your blood pressure. If you do need to lose some weight, it is worth remembering that losing just a few kilos or pounds will make a big difference to your blood pressure and to your overall health. It is important to maintain a healthy body mass index (BMI) calculated from your weight, height and age and can be done by your doctor at a medical screening.



EXERCISE

Being active and taking regular exercise lowers blood pressure by keeping your heart and blood vessels in good condition. Regular exercise can also help you lose weight, which will also help lower your blood pressure.

You should try and do at least 150 minutes of moderate-intensity aerobic activity (such as cycling or fast walking) every week. For it to count, the activity should make you feel warm and slightly out of breath. Someone who is overweight may only have to walk up a slope or a flight of stairs to get this feeling. Remember that you do not have to have access to a gym or a running track to take exercise – there are lots of online exercise programmes and ideas that can be done in a very small space and with no special equipment needed. But always remember that any exercise is better than none at all, so do as much as you can.

SMOKING

Smoking doesn't directly cause high blood pressure, but it puts you at much higher risk of a heart attack and stroke. Smoking, like high blood pressure, will cause your arteries to narrow. If you smoke and have high blood pressure, your arteries will narrow much more quickly and your risk of heart or lung disease in the future is dramatically increased.

CAFFEINE

Drinking more than four cups of coffee a day may increase your blood pressure. If you are a big fan of coffee, tea or other caffeine-rich drinks (such as cola and some energy drinks) you should consider cutting down. It is fine to drink tea and coffee as part of a balanced diet, but it is important that these drinks are not your only source of fluid.



TR(E)

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