

GENERAL TRAVEL INFORMATION

J.C. Longest Student Health Center

BEFORE TRAVELING:

1. Learn about potential problems and how to decrease risks.
2. Get appropriate immunizations and preventative medications.
3. Learn about appropriate response to obvious exposure or illness.
4. Learn about post-trip evaluation and response to illness.

BASIC RECOMMENDATIONS:

- C Know your risk; some countries have higher risk than others.
- C Determine if antimalarials are required.
- C Begin recommended immunizations several months before departure.
- C Obtain address and telephone number of the American Embassy in each country your visit (excellent source for overseas physicians and hospitals).
- C Develop a plan for illness or disability.
- C Ascertain if health insurance covers illness abroad.
- C Carry adequate supplies of all required medications (including syringes, if needed)
- C Plan for adjusting medication schedule to new time zones.
- C Take an extra pair of glasses or lenses and lens solution, and optical prescription.
- C Carry identification.
- C Take a basic first aid kit.

IMMUNIZATIONS: May be standard, required, or highly recommended.

- C Check with your physician about updating standard immunizations (Tetanus, Measles, Polio, and others).
- C Obtain immunizations required by individual countries (Yellow Fever), or recommended because of itinerary and style of travel (Typhoid, Hepatitis A and B, Rabies, Japanese Encephalitis, Meningococcus, and others).

FIRST AID/TRAVEL KIT: May include tweezers, needle, pocket knife, scissors, flashlight, band aids, sterile 4x4 gauze pads, adhesive tape, povidone-iodine solution for skin disinfection, antibiotic ointment, pain/fever medication (aspirin, acetaminophen, ibuprofen), antifungal cream, cortisone cream, and antihistamine tablets. Also should include insect repellents and insecticides, water purification tablets, sun block and medications for diarrhea/dehydration, and altitude and motion sickness as described below.

TAKE APPROPRIATE PRECAUTIONS:

- C Insect borne diseases (Vector borne): Many insect-transmitted diseases are not prevented by vaccines or drugs. Some insect-borne diseases like dengue fever are transmitted during the day, but malaria is transmitted from dusk to dawn. Avoid rural side trips if possible, leave rural areas before dusk, avoid still water ponds and lagoons, use insect repellents (a 35% non-absorbable formulation of N,N diethyl-m-toluamide, DEET (Ultrathon®, 3M), is optimal), wear clothes that cover arms and legs, spray clothing with permethrin (Permanone®), stay indoors in screened rooms

from sunset until morning, spray rooms with pyrethrum-containing flying-insect sprays, and sleep under permethrin-impregnated bed nets. TAKE ANTI-MALARIA MEDICATION.

- C Food and water borne disease (Traveler's Diarrhea): It is optimal to drink water boiled for 10 minutes. For each mile of altitude add 5 minutes to boiling. Bottled **carbonated beverages, beer, and wine** are acceptable, beware of bottled water unless it has a factory applied seal. Avoid ice, and use fresh straws and disposable cups if possible. Don't brush teeth or clean contacts in unboiled local water. Carry immersion coil to boil water. Less preferable are iodine tablets or other water purification systems. Eat only well cooked food. Avoid salads, other uncooked vegetables, creamy desserts, and food sold by street vendors. Make sure that milk, cheese, and other dairy products have been pasteurized. Eat only fruits that you peel yourself. Develop a plan with a physician for treatment of diarrhea. This may include bismuth subsalicylate (Pepto-Bismol), an antibiotic such as ciprofloxacin, an antitomotility agent like loperamide (Imodium or Lomotil), a fluid/electrolyte solution like IAMAT Oral Rehydration Salts, and reporting to a physician if diarrhea contains blood or pus. If travel is short term and diarrhea is unacceptable, consider prophylaxis with bismuth subsalicylate or an antibiotic.
- C Motor vehicle accidents: In some areas motor vehicle accidents are the leading cause of medical problems among tourists. Avoid riding motorcycles or wear a helmet, don't drink and drive, avoid traveling in crowded buses, trucks and taxis, request rental cars with seat belts, and bring infant car seats.
- C Schistosomiasis and other diseases transmitted by contact with skin: DO NOT SWIM, BATHE, OR WADE IN FRESH WATER, STREAMS, LAKES OR RIVERS WHERE SCHISTOSOMIASIS IS TRANSMITTED. If contact with such water occurs immediately towel dry. Inquire about jellyfish and other poisonous sea creatures. Wear protective clothing (long sleeves and pants, socks, shoes). Do not walk barefoot.
- C AIDS/HIV, Hepatitis B, and other sexually transmitted diseases: Avoid contact with blood or body fluids of other individuals. Avoid injections. Practice safe sex. Always use condoms with spermicides.
- C Heat and sun exposure: Avoid sun between 10 a.m. and 2 p.m., wear protective clothing/hats and sunglasses, drink lots of fluids, avoid alcohol, use air-conditioning, and always use sunscreens and lip balms with UVA and UVB sun protective factor of at least 8.
- C Cold Exposure: Bring adequate clothing.
- C Altitude Sickness: Slow ascent is the cornerstone of prevention of altitude sickness; 1000 feet per day above 10,000 feet. The altitude at which the climber sleeps is critical. It is recommended that one should climb "high" and sleep "low". At high altitude the climber should not overexert, and should eat high carbohydrate, low-fat diet, and avoid excessive salt. Acetazolamide (Diamox) when begun before rapid ascent and continued for 1-2 days after arrival aids in acclimatization. Dexamethasone decreases the symptoms of altitude sickness, but does not enhance acclimatization. A recent study suggests nifedipine may be useful in preventing altitude sickness.

- C Motion Sickness: This can generally be prevented with over the counter antihistamine tablets (Dramamine, Bonine) or with other prescription products (Transderm Scop patches).
- C Jet Lag: This may be unavoidable. Recent studies suggest that exposure to as much sunlight as possible after arrival may reduce jet lag. Consider adopting the new time zone sleeping schedule as early as possible. The best strategy may be regular sleep, diet, exercise, and avoidance of alcohol.
- C Radiation: The Chernobyl Nuclear accident resulted in the largest release of radiation ever recorded affecting the Ukraine, Belarus and Russia. Travelers should avoid controlled areas and long term travelers should investigate local conditions prior to residence. Travelers should drink bottled water, avoid wild or uncontrolled food stuffs. Young children, babies, nursing infants and pregnant women are at greatest risk.
- C Poisonous snakes: Most bites are a result of handling or harassing. Less than half the bites contain venom but medical attention should be sought. Use mosquito nets, protective clothing, and shake out clothes and boots in the morning. Scorpions are painful but seldom dangerous except to small children

PREGNANCY: Travel is not a problem for the healthy woman with a normal pregnancy. If possible, administration of live vaccines is avoided during pregnancy, while inactivated vaccines are generally thought to be safe. Because the long term effects of new antimalarials have not been adequately evaluated, the world wide spread of chloroquine resistant *P. falciparum* had made chemoprophylaxis for women in the childbearing years often difficult. Flying is generally not limited until the 36th week. The obstetrician should be consulted.

APPROPRIATE RESPONSE TO ILLNESS AFTER RETURNING HOME: Make certain that you inform your health care provider that you have traveled recently and provide the itinerary, and share your knowledge of the diseases to which you may have been exposed. If you develop a fever during the two years after returning from a malarious area, and there is no obvious cause for the fever, you must demand that malaria smears be done every 12 hours for 48 hours to rule out malaria.