

Safe Traveler Information

Additional Information

CDC Centers for Disease Control

<http://www.cdc.gov/travel>

(888) 232-3299 (fax info)

U.S. Department of State

<http://travel.state.gov>

(202) 647-5225

International Association for Medical Assistance to Travelers (IAMAT)

1623 Military Rd., #279 Niagara Falls, NY 14304-1745

(716) 754-4883 <http://www.iamat.org>

KAISER INSURANCE COVERAGE FOR TRAVELERS

Emergency medical care is covered under your Kaiser Health plan. Unexpected illness in a foreign country presents the traveler with the problems of finding capable medical care and communicating in another language. Emergency evacuation from another country is expensive and is not covered by Kaiser insurance.

If you are treated at or admitted to a hospital outside the United States, you or a family member should call Kaiser Permanente as soon as possible. Call 1-800-225-8883 from inside the United States. You may need to use an international operator to reach this number from outside the U.S.

You will probably need to pay for your care at the time you receive it. Save your receipts and get a letter from the doctor describing your illness and treatment; submit these to the Health Plan after your return home. Emergency medical expenses will be reimbursed.

GUIDELINES FOR INTERNATIONAL TRAVEL

- Obtain pre-travel advice from your travel advisor or physician when planning an international trip. This should be done at least 6 weeks prior to departure, since some vaccinations require multiple injections.
- Travel to Western Europe, Japan, Australia, New Zealand and Canada is generally as safe as travel within the United States. Travelers to these areas should be up to date on routine immunizations, but nothing more is needed.
- Activities that seem safe at home are not always safe in developing countries —eating, drinking, driving, swimming, sex —even walking across the street!

- Discuss your health and any medications you are taking with your travel advisor. Especially important is anything that might decrease your resistance to infection, such as leukemia, lymphoma, Hodgkins disease, chemotherapy or HIV infection. Any decrease in stomach acid (such as taking a medicine to suppress acid) increases your risk for diarrhea and other infections from food and water. If you are a diabetic, a handout about traveling with diabetes can be obtained from the Travel Advisory Service.
- If you are pregnant, you may be putting yourself and your unborn child at significant risk by traveling to any developing country.
- Children visiting developing countries are at increased risk of illness and may not receive adequate care if they become sick or injured.
- Children may need routine vaccines sooner than scheduled (measles-mumps-rubella, polio, diphtheria-tetanus-pertussis, hepatitis B, etc.) even if their immunizations are “up-to-date.”
- If you plan to engage in marine activities (diving, snorkeling, swimming), take special precautions against marine animals and plants. Avoid scuba diving unless you have been properly trained and certified. Always swim and dive with a partner.
- If you are traveling to high altitudes, your travel advisor or physician will need to evaluate your medical history.
- Never swim, bathe or wade in freshwater streams, rivers or lakes unless you know the water is free of schistosomiasis and leptospirosis.
- Sexually transmitted diseases—herpes, gonorrhea, syphilis, hepatitis B, hepatitis C and the HIV which causes AIDS—are abundant in many places! Abstinence is the only sure protection. Avoid high risk sex and contact with body fluids. Latex condoms, purchased in the United States, are usually more reliable.
- If malaria medication is prescribed, take it exactly as your travel advisor or physician instructs.
- Take personal precautions against insects during travel. Use DEET, bed-nets, treated clothing, room spray, etc. Many insect-transmitted diseases are not preventable by vaccines or drugs.
- Be prepared to purify your own supply of drinking water if bottled or boiled drinks are not readily available.
- Take appropriate dietary precautions. Avoid undercooked food and untreated water.
- Do not walk barefoot outdoors.
- Protect yourself from accidental injury. Motor vehicle accidents are a leading cause of hospitalization and death among travelers.
- Some diseases may not manifest themselves immediately. If you become ill after you return home, see your physician.
- Keep a list of your medications as well as back-up prescriptions, should your supply be lost. Potentially hazardous drugs are available in some countries. Do not buy medications “over the counter” unless you are familiar with the product.

- Assemble a travelers' medical kit appropriate for your destination, the length of trip and your general health conditions.
- Please verify the current State Department warnings at Department of State on the Web at <http://travel.state.gov/> or by calling 1-888-407-4747 within the United States.

TRAVELERS' MEDICAL KIT

- Prescription drugs, as required for any pre-existing medical condition(s) as well as those required for your itinerary, such as drugs for travelers' diarrhea, malaria, etc.
- First-aid kit with pocket knife, bandages, moleskin for blisters, tape, antibiotic ointment, tweezers, scissors, thermometer, etc.
- Tissues, tampons, sanitary pads
- Insect repellent with DEET
- Pain medicine (aspirin, acetaminophen or ibuprofen)
- Allergy medicine such as antihistamine Benadryl (can also help you sleep)
- Clotrimazole (Lotrimin) antifungal cream for athlete's foot, jock itch; Gyne-Lotrimin for vaginal yeast infections
- Stool softener (Colace) and/or glycerin suppositories
- Loperimide (Imodium AD) and/or Pepto-Bismol for diarrhea
- 12-hour nasal spray (Afrin), for ear or sinus pain on an aircraft
- Extra eyeglasses, artificial tears, contact lens solution, contact lenses and/or a vision correction prescription, extra hearing aid and batteries
- Sunscreen with at least SPF 15; lip balm with sunscreen
- Soap or alcohol gel for hand washing
- Motion-sickness medication, such as Bonine (meclizine) or Dramamine (dimenhydrinate), available without prescription
- Water purification tablets and/or microfilter system

Consider the following if you have young children

- Fluid replacement salts for solution (ORS)

JET LAG

Jet lag is caused by rapid travel across multiple time zones. It tends to be more pronounced when traveling in an easterly direction. It results from disruption of the body's internal clock and produces

symptoms such as fatigue, irritability, disturbed sleep, forgetfulness and poor appetite. The average traveler needs about one day to adjust for every two hours of time change.

Strategies for Reducing Jet Lag

- Begin adjusting to the new time zone before your departure. For 2–3 days before traveling east: eat your meals, go to bed and get up an hour or two earlier than you usually do.
- Upon boarding the plane, reset your watch to the new destination time and try to adjust eating and sleeping accordingly.
- If you are scheduled to arrive in the evening, try to stay awake during the flight.
- Force your body to adjust to the new local time as soon as possible, with activity, exercise and meal-time adjustments.
- After arriving at your destination, consider using a mild sedative 30 minutes before bedtime for two or three nights. Diphenhydramine (Benadryl) or Dramamine, are mild sedatives available over-the-counter worldwide. Melatonin is not classified as a drug so it is not regulated for potency, quality or sterility. Medical experts are still evaluating its safety and effectiveness.
- Avoid alcohol and caffeine during plane travel and until you have adjusted to the new time zone.
- Drink plenty of water before and during your flight. Airplane cabins are dry, and dehydration accentuates jet lag.

Emergency medical care is inadequate in many parts of the world. You are less likely to get prompt help or evacuation to proper medical facilities.

MOTOR VEHICLE ACCIDENTS

Automobile accidents are the leading cause of preventable deaths among travelers. Many accidents are single-car collisions resulting from fatigue, alcohol and unfamiliar road conditions.

Drive defensively; drive only when alert and well rested; never drink and drive; know the foreign street signs; study your map and know your route; and always wear your seat belt! Insist that taxi drivers slow down if you feel unsafe. Avoid driving or riding in taxis or buses at night if possible. Take car-seats for young children unless you are sure of their availability.

Injuries to bikers and pedestrians are common. Use extra caution where cars drive on the left side of the road.

FIRE

Fire is a significant cause of injury and death among travelers. Protect yourself by asking whether hotels have smoke detectors and sprinkler systems. If in doubt, bring your own smoke detectors and never smoke in bed. Upon arriving at a new destination, determine your primary and secondary escape routes. To escape a fire in your hotel, drop to the floor and crawl low under the smoke. If the fire is outside your

door, always feel the door for heat before opening it. Wet towels and wet clothing may offer some protection.

VIOLENCE AND CRIME

The risk for assault or terrorist attack varies from country to country. Avoid going out at night in unfamiliar or unsafe areas, and avoid going out alone. If approached or confronted by a robber, do not resist; give up your valuables. Seek and heed advice from locals, hotel personnel and tour guides about areas to avoid. When in doubt, call or visit your nearest U.S. Embassy or Consulate for advice. Carry your passport only when local law requires it.

Avoid wearing expensive jewelry or clothing; use a money belt; don't carry a handbag.

MARINE HAZARDS

Drowning is a risk in unfamiliar or unsafe areas. There may be dangerous currents, riptides and surf. Ask the locals before you enter the water. Avoid areas that might be contaminated by sewage or toxic waste.

Wear sunscreen and sunglasses; limit sun exposure.

Always wear foot protection on the beach.

Stingrays and other venomous vertebrates can cause marked pain and swelling. Wash the affected area promptly and immerse in hot water to inactivate the venom. Jellyfish stings may respond to rinsing with sea water and acetic acid (vinegar).

Divers Alert Network at Duke University

(919) 684-2948 offers phone advice and assistance in locating the nearest hyperbaric chamber.

Schistosomiasis and leptospirosis are diseases acquired in fresh water rivers, lakes and deltas. Avoid entering the water in these areas.

Contaminated food and water are common sources of infection among travelers to developing countries. Travelers' diarrhea is the most common illness, but more serious infections include typhoid, hepatitis A and amoebic dysentery.

"Boil it, cook it, peel it, or forget it!"

WATER SAFETY: BE WATERWISE

Areas where risk for food and waterborne disease is high include all of Mexico, Central and South America, Africa (except South Africa), Southeast Asia (except Japan), India and the Indian subcontinent, the Middle East, Russia and the other countries of the former Soviet Union.

In areas where tap water is suspect or where hygiene and sanitation are poor, avoid untreated tap water, drinks made with water (such as lemonade) and ice cubes in drinks; avoid flavored ices sold by street vendors.

Alcohol does not make a drink safe. The following liquids should be safe:

1. Water that is boiled is safe. If you can't boil it, treat water with Potable Aqua, Pristine, or Polar Pure. Follow package instructions.
2. Beverages, such as tea and coffee, made with boiled water.
3. Canned or bottled carbonated water and soft drinks. Non-carbonated bottled water may be safe, but refilling such bottles with unsafe tap water is a common practice.
4. Beer and wine served from the original bottle.

FOOD SAFETY: BE FOODWISE

Select your food with care. Raw food is subject to contamination, particularly in areas where hygiene and sanitation are inadequate.

Avoid eating undercooked eggs, fish, shellfish or meat. Cooked food should be served steaming hot and cooked throughout.

Avoid salads, salsa, uncooked vegetables, and other cold items in developing countries. They may have been rinsed with contaminated water. Avoid unpasteurized milk and milk products, such as cheese and ice cream.

Avoid street vendors, especially in developing countries.

TRAVELERS' DIARRHEA

Travelers' diarrhea (TD) is the most common cause of illness in travelers to developing countries. It may be accompanied by abdominal cramps, nausea, bloating, urgency, fever and malaise. TD is acquired through ingestion of contaminated food and water.

Prevention

Always wash your hands with soap and water before eating. This prevents transferring bacteria or parasites to your food or mouth. For the same reasons, you should always wash your hands after changing a child's diaper. Use alcohol gel when you can't wash your hands.

Consider taking Pepto-Bismol (2 tablets, 4 times a day), to prevent travelers' diarrhea if you will be traveling less than 3 weeks in a developing country and cannot afford to have your trip interrupted or travel plans altered because of illness. Pepto-Bismol may help prevent more than half of all cases of traveler's diarrhea. Pepto-Bismol may cause black stools or black tongue, which are harmless.

Treatment

Don't share your illness with family or friends. Wash your hands after using the toilet. You can easily spread diarrheal diseases to others through person-to-person contact, or through food that you have touched during preparation.

When to call a physician: Persistent or frequent diarrhea causes dehydration. Blood in the stool or fever and shaking chills can be a sign of serious illness. Young children can become seriously dehydrated from diarrhea quite rapidly. Seek medical care promptly.

Medications will offer some relief: Pepto-Bismol: bismuth subsalicylate preparation, taken as 1 oz. of liquid or 2 tablets every 30 minutes up to 8 doses/day (adult dose).

Loperamide (Imodium AD) sold over the counter, provides prompt symptomatic relief of uncomplicated TD. Take according to package instructions. Loperamide should not be used in children under the age of two.

Antibiotics: Minor diarrhea does not need to be treated with an antibiotic. Travelers who develop diarrhea with three or more loose stools in an 8-hour period, especially if associated with nausea, vomiting, abdominal cramps, fever, or blood in the stools, should take an antibiotic, such as ciprofloxacin (Cipro) in addition to loperamide. Follow instructions on your prescription. See a doctor for serious diarrhea, especially if you have a fever or bloody stools.

Food: Your intestine continues to absorb water and nutrients despite diarrhea. Remember that food, especially easy-to-digest starches, reduces the volume of diarrhea. Food enhances water absorption, and is a source of both sodium and calories which provide energy. Soup or broth, plus toast or salted crackers, is an excellent starting diet. (The best soups are lightly salted rice and noodle soups.)

Liquids: Most cases of diarrhea are self-limited, and require only simple replacement of fluids and salts. All liquids are not equal. Water is fine for mild diarrhea, but it has no salts or nutrients. Drink apple juice, orange juice, grape juice, cola, ginger ale, 7-Up, Jell-O, or Gatorade only if diluted with water, adding a pinch of salt.

Oral Rehydration Salts (ORS): Rehydration is important, especially in children since their small bodies become dehydrated more easily. This is best achieved by use of an oral rehydration solution, such as Oral Rehydration Salts (ORS) for solution. These packets of salts and sugar have been formulated by the World Health Organization. Adults should use them too if diarrhea is severe.

ORS packets are available at stores or pharmacies in almost all developing countries. This solution is appropriate for treating dehydration as well as preventing it. It is prepared by adding one packet of ORS to one liter of boiled or treated water. The proper concentration of the solution is important; packet instructions should be followed carefully to ensure that the salts are added to the correct volume of water.

If you are traveling to a developing country with young children, purchase at least ten packets of ORS before departing (enough for ten liters of water). Take more if you will be in remote areas. You can purchase more overseas; take one packet to show the pharmacist what you want.

Oral Rehydration Fluids (ORS) — Recipes:

1) Quick ORS: Add 1 teaspoon of salt and 2 to 3 tablespoons of sugar to 1 liter of water.

2) Quick ORS: Mix 1 cup of orange juice (or other fruit juice) with 3 cups of water, and add 1 teaspoon of salt.

Children with Diarrhea

Children under 2 years of age are at greater risk of dehydration from diarrhea. Dehydration is best prevented by use of ORS solution as soon as diarrhea starts, in addition to the infant's usual diet. The infant who vomits the ORS will usually keep it down if the ORS is offered in frequent small sips by spoon.

Breastfed infants should continue nursing on demand. For bottle-fed infants, full-strength lactose-free or lactose-reduced formulas should be administered. Older children receiving semisolid or solid foods should continue to receive their usual diet during diarrhea. Recommended foods include starches, cereals, yogurt, fruits and vegetables.

HEPATITIS A

This is the most common type of hepatitis worldwide, transmitted by food and water in areas where there is poor sanitation. The virus is killed when heated to boiling or steaming; thorough cooking of food can prevent infection unless food is contaminated after cooking (e.g., through improper hand-washing by an infected person). There is no specific treatment for hepatitis A, which can last for up to 2–3 months. Be foodwise and waterwise.

Food is safest when served steaming hot. Contaminated shellfish, harvested from polluted waters, is responsible for some outbreaks of hepatitis A and other illness. A less common means of transmission is through close person-to-person contact.

The fatality rate of hepatitis A is low, but this risk increases with age and with pre-existing liver disease.

Risk to travelers increases with the time spent in developing countries, even when adhering to standard tourist itineraries.

Immune Globulin

An injection of immune globulin (IG), sometimes called gamma globulin, offers short-term protection against hepatitis A. The duration of protection varies with the dose given—from 2 to 6 months. In recent years, IG has been in very limited supply.

Vaccination

Hepatitis A vaccination is recommended for travel to a developing country, unless you are already immune to hepatitis A. The disease itself usually results in lifetime immunity. The vaccine should be given 4 weeks prior to departure. A booster dose, at least 6 months after the first, may provide lifetime protection.

Symptoms

Symptoms of hepatitis A appear 3 to 4 weeks after exposure. Young children often have mild disease or no symptoms at all. Most adults have symptoms of fatigue, nausea and lack of appetite. Vomiting, aches, abdominal pain and fever can occur followed by the diagnostic jaundice (yellow color of the skin and eyes) that develops a week later. Quarantine or isolation procedures are not necessary.

Fastidious hand-washing is advised for the infected person and close contacts. Family members or companions might benefit from IG if they are not already immune and once they are in a country where they can be certain IG is safe (not a developing country).

CHOLERA

Cholera is rare in travelers, although health care or relief workers in refugee camps and slums may be at some risk. Cholera causes severe fluid losses from watery diarrhea. Prompt rehydration with ORS is the most effective treatment for cholera. Be foodwise and waterwise to protect yourself from this disease. Cholera vaccine is not recommended. No country or territory requires vaccination as a condition for entry.

TYPHOID

Typhoid fever is a serious and sometimes life-threatening disease. It is caused by salmonella bacteria (*Salmonella typhi*) and is spread by contaminated food or water and by infected food handlers.

Symptoms and Diagnosis

The early symptoms of typhoid fever are flu-like and consist of chills and fever, headache, weakness, loss of appetite, abdominal pain, and body aches. A rash may appear on the chest and abdomen. Typhoid sometimes causes diarrhea, which may be bloody; constipation also occurs.

Be foodwise and waterwise.

Vaccination

Typhoid is prevalent in many countries of Africa, Asia, and Central and South America. The vaccine may be recommended for travelers to areas where there is a higher risk of exposure or longer duration of travel. Both an oral and injected vaccine are available, but they are no substitute for dietary precautions. The oral vaccine will help protect you for up to 5 years.

How to take Vivotif Oral Typhoid Vaccine

- Start taking the vaccine at least 2 weeks prior to departure (sooner is better).
- Take one capsule by mouth every other day for 4 doses. Take each dose on an empty stomach 1–2 hours before a meal.
- Swallow each capsule with cool or lukewarm water. Do not chew the capsule. Do not take with hot water, tea or coffee.
- If you forget a dose, take it as soon as you remember. Take the next dose two days later.
- Do not take any oral antibiotics for at least 24 hours before or after a dose of typhoid vaccine.
- Store the vaccine in a refrigerator as soon as you get it home and between doses. Do not leave vaccine capsules at room temperature more than 48 hours.

Avoid oral typhoid vaccine if you have an immune deficiency, are HIV positive or on chemotherapy. Safety in pregnancy is still unknown.

AVOIDING INSECTS

Insects transmit many diseases.

Malaria, dengue, yellow fever, filariasis, viral encephalitis, leishmaniasis, typhus, onchocerciasis, trypanosomiasis and other infectious diseases are transmitted by insect bites. There are no vaccines for most of these diseases so your best protection is to avoid the insect bites that transmit the disease.

Insects to avoid: mosquitoes (some are day feeders and some are night feeders), ticks, sand flies, fleas, tsetse flies, assassin/kissing bugs, black flies and chiggers.

By practicing the following recommendations, you can achieve a very high degree of protection against insect bites:

- Use an insect repellent with DEET: There is no other insect repellent that works as well as DEET. Sawyer Controlled Release Insect Repellent or 3-M Ultrathon Insect Repellent are excellent controlled-release products. Other formulations containing 20–40% DEET should work but do not last as long as the controlled-release DEET products.

Do not inhale, ingest or get DEET repellent into your eyes. Never use repellent on inflamed skin or wounds. Avoid applying repellent to portions of children's hands that are likely to have contact with their eyes or mouth.

Use DEET sparingly: one application will last 4 to 12 hours, depending on the brand. Saturation does not increase efficacy. Wash repellent-treated skin after coming indoors. If a suspected reaction to insect repellent occurs (such as slurred speech, staggering gait, lethargy or seizures) wash treated skin with soap and water and see a physician (take the repellent container with you).

For those unable to tolerate DEET, Picaridin has been shown to provide protection against insect bites similar to low concentrations of DEET. Some studies have demonstrated that Oil of Lemon Eucalyptus also may provide some protection similar to DEET in low concentration but should not be used in children under 3. Both of these preparations will need to be applied every 1–3 hours.

- Cover up bare skin by wearing long-sleeved shirts, a hat and pants. Shirts should be tucked in. Boots should be worn and sandals avoided. Pants should be tucked into socks and boots. Avoid wearing bright-colored clothes. White clothing is OK.
- Bed-nets impregnated with permethrin should be used in rooms with no screening or air conditioning. Tuck them in and check for holes.
- Avoid "smelly substances," such as per-fumes, colognes, after-shave, scented deodorants, and fragrant soaps. Fragrances attract insects.
- Spray sleeping quarters with a pyrethrin insect killer (Raid House and Garden) about 1 hour before going to sleep.
- Permanone is a permethrin solution used on fabrics such as clothing and tent screens. Permethrin-treated clothing kills ticks, mosquitoes and other insects, even after repeated laundering.
- Check bedding, clothing, and skin for ticks and other insects before retiring for the evening.

Malaria is caused by parasites transmitted by the bite of an infected female Anopheles mosquito, and she feeds mostly at night. The deadliest form of malaria is caused by Plasmodium falciparum, and the highest risk for this is in Africa.

Thirty thousand cases of malaria occur among European and American travelers each year. Malaria is characterized by fever and flu-like symptoms, including chills, headache, body aches and malaise; it may even start as diarrhea and stomach upset.

Deaths due to malaria are preventable.

A delay in diagnosis and treatment can have serious or even fatal consequences.

If you travel to a region with malaria:

- Take drugs to prevent malaria exactly as prescribed.
- Avoid donating blood for one year (except blood to be given to yourself during surgery).
- Seek immediate medical care if symptoms of malaria occur. Avoid Fansidar, Maloprim, and Daraprim because of lack of efficacy or side effects.

Avoid halofantrine (Halfan)

Fatal heart problems can occur, especially in those taking mefloquine. CDC recommends that travelers avoid this drug unless they have been diagnosed with life-threatening malaria and no other drug options are available.

Drugs to Prevent Malaria

Your travel advisor or physician will help you decide which drug, if any, you should take to help prevent malaria. This depends on your age, health, itinerary and risk of exposure to malaria. One of the following options may be recommended:

Chloroquine Phosphate

Chloroquine is taken weekly to prevent malaria in areas where the parasites are susceptible to it. If this drug causes nausea, it is OK to take half the weekly dose twice a week.

Adult dosage: Take 500 mg (300 mg base) once a week starting 1 week before entering a malarious area, each week while there, and for 4 weeks after leaving the area.

Doxycycline

Adult dosage: Take 1 tablet (100 mg) daily, starting 1 to 2 days before entering a malarious area, each day while in the area, and daily for an additional 4 weeks after leaving the area.

Take doxycycline with a full glass of water. Do not take Pepto-Bismol within one hour of doxycycline. Doxycycline should not be used by pregnant women or children under 8 years of age. Doxycycline may increase sensitivity to the sun, so sunscreen should be worn. Women taking doxycycline may get yeast infections—take along some vaginal cream or suppositories such as Monistat.

Mefloquine

Adult dosage: Take 1 tablet (250 mg), once a week, starting 1 week before entering a malarious area, every week while in such areas and for 4 weeks after leaving the area. If this drug causes nausea, it is OK to take half the weekly dose twice a week. Travelers taking quinidine or hydroxychloroquine (Plaquenil) should avoid taking chloroquine or mefloquine.

Malarone

This is a combination of two drugs, Atovaquone and Proguanil.

Adult dosage: Take 1 tablet with food at the same time every day, starting one or two days prior to entering a malaria-infected area, then one tablet a day while in the area and continuing for seven days after leaving the malaria-infected area.

Note: Children need weight-adjusted dosages of these medicines; they may dislike the bitter taste—chocolate syrup or jelly can make it more tolerable.

There is no perfect drug. Taking prophylactic antimalarial drugs does not guarantee that you will not develop malaria. If you suspect you are having an attack of malaria, seek medical care promptly. If medical care is not available within 24 hours and you are carrying a standby self-treatment antimalarial drug, take it as directed and then seek medical care promptly.

DENGUE FEVER

Dengue is a viral illness that is transmitted by the bite of female Aedes mosquitoes; they bite primarily during the daytime. There is risk in many urban, rural and resort areas, including the Caribbean. There is no vaccine. Your only protection is to avoid mosquito bites (see page 17).

Symptoms

Dengue causes flu-like symptoms, such as fever, fatigue, headaches, muscle and joint pains. Symptoms can be severe and the disease is occasionally fatal. Treatment consists of fluid replacement and analgesics.

The symptoms of dengue can mimic an attack of malaria. If you have been in an area where malaria is a risk, seek medical care promptly. A blood smear can determine whether you have malaria, for which prompt treatment is important. Do not take aspirin.

YELLOW FEVER

Yellow fever is rare among travelers. The illness is named for the yellow skin and eyes (jaundice) which result from the liver infection caused by the yellow fever virus. There is risk in parts of South America and Africa, mostly in rural areas. Avoid mosquito bites (see page 17).

Vaccination

Yellow fever vaccine is required by some countries. You must have a properly completed International Certificate of Vaccination (yellow card) when entering a country requiring proof of vaccination. A certificate is good for ten years but the vaccine is effective for much longer. Yellow fever vaccine should be given at least ten days before entry into the country requiring it. Pregnant women, infants, and persons with cancer or immune deficiency can develop serious illness from this vaccine. Those who should not receive the vaccine can be given a waiver letter.

JAPANESE ENCEPHALITIS

This viral illness is present in rural areas of pig farming in Asia and India during certain times of the year. Culex mosquitoes transmit the virus from infected pigs and birds to humans; these mosquitoes bite

primarily during evening hours. Travelers have a very low risk of infection. Your best protection is to avoid mosquito bites (see page 17).

TETANUS, DIPHTHERIA, POLIO AND MEASLES

We might not think of these as travel-related illnesses, since we were vaccinated as children—or should have been. Be sure your immunizations are up to date. There are many parts of the world where vaccination is not routine; travelers may be at risk from people infected with these diseases.

FLU AND PNEUMOCOCCAL PNEUMONIA

All persons over 65, whether traveling or not, should be up to date on these vaccines, as should those with chronic illnesses, such as diabetes, heart failure, sickle-cell disease and those who have had a splenectomy.

MENINGOCOCCAL MENINGITIS

This bacterial illness infects the brain and spinal cord. Symptoms include fever, vomiting, headache, confusion and fatigue. The disease is rare among travelers. It is spread by close contact with infected persons, especially the local population.

Vaccination

Vaccination may be recommended for long-term travelers to parts of sub-Saharan Africa during the dry season—December through June—and during occasional outbreaks in other areas of the world. Saudi Arabia requires proof of meningitis vaccination for Umra or Hajj, given within 3 years and not less than 10 days before arrival (children 3 months to 2 years of age need two doses 3 months apart).

HEPATITIS B

The risk of hepatitis B virus (HBV) infection for international travelers is generally low, except for health care workers and long-term visitors to areas with high incidence of HBV. This disease can be transmitted by intimate sexual contact or other exposure to the blood, bodily fluids or secretions of infected persons. It can also be transmitted by contaminated needle sticks and blood transfusions.

Vaccination

All young children are now vaccinated against hepatitis B. Adults should consider vaccination if they plan to work in health care, as missionaries or will reside in an area of risk several months or more. Three shots are necessary for adequate protection, which will take several weeks.

RABIES

Rabies is a disease transmitted by animal bites and scratches which introduce the rabies virus into wounds. Dogs and bats are the greatest risk worldwide; foxes, raccoons, skunks and monkeys may be infected. Occasionally, rabies occurs without any evidence of a bite or scratch, merely the presence of bats in a bedroom.

Precautions

Children are more likely than adults to approach unknown animals, and therefore they are at higher risk for rabies. Every animal bite or scratch should receive immediate and thorough cleansing with lots of soap and water; don't worry about clean water or proper soap—the sooner a wound is washed with soap and water, the less the risk of rabies and other infections. This local treatment significantly reduces the risk of rabies.

Vaccination

Pre-exposure vaccination, a series of three injections, is sometimes recommended for persons living in areas of the world where rabies is a significant threat. It may be recommended for veterinarians, animal handlers and spelunkers. Whether or not a person received pre-exposure rabies vaccine, they will still need post-exposure rabies vaccine if bitten by an animal that might have rabies.

If you think you have been exposed to rabies, contact a physician immediately.

ALTITUDE SICKNESS

Altitude sickness is caused by rapid ascent to elevations above 8,000 feet. The best prevention is to spend a day or two at an elevation of 4,000 to 8,000 feet, so your body can adjust before further gradual ascent. Symptoms of altitude sickness include headache, insomnia, irritability, fatigue, loss of appetite, nausea and vomiting.

Precautions

Limit your activity, drink plenty of fluids, avoid alcohol or sleeping pills. If you are having symptoms of altitude sickness, do not proceed to higher elevations. If symptoms are disabling, descend at least 1,000–2,000 feet and wait for improvement.

Medications

Certain prescription medications can decrease the effects of altitude sickness. Acetazolamide (Diamox) is the one most frequently used, taken for 24 hours before ascent and continued during the first 2–3 days during ascent. Tingling in the hands and feet are common side effects.

Bon Voyage!

Kaiser Permanente Travel Advisory Service

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Travel Advisory Service

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