

Travel Medicine



Planning is the most important aspect of travel abroad. It is important to know up to date information about disease risks and prevention concerning your destination. Most persons staying in resort areas less than 2 weeks are generally considered low risk. The following advice is very general and should be verified with Centers for Disease Control as recommendations for specific areas changes frequently.

Vaccinations

In the U.S., most individuals are routinely immunized against several diseases as children making these illnesses virtually non-existent in this country. Be sure your boosters are up to date!

Td (tetanus/diphtheria) should be repeated every 10 years. Diphtheria has been more common in Eastern Europe.

MMR (measles/mumps/rubella) in two doses during childhood is routine. Measles is more prevalent outside the U.S. People born *before* 1957 are considered to have natural immunity.

Varicella (chicken pox) vaccine should be given anyone especially adults who have neither had a previous infection nor been immunized. In adults, it consists of two doses 1 month apart, so plan ahead.

Hepatitis A vaccination is recommended for adult travelers to countries outside of the U.S., Japan, Australia, Northern Europe and New Zealand. It is transmitted through improperly handled food and water supplies.

Hepatitis B vaccination is now routine in U.S. children. Hepatitis B is found all over in South America, Africa and Asia where many persons have no symptoms with the disease, hence are carriers. Immunization is recommended for those having prolonged contact with locals.

Yellow fever vaccine is required for entry to certain areas by the World Health Organization. Yellow fever is found in certain parts of Africa and India and is transmitted by mosquitoes. However, recommendations vary from country to country. It must be given at least ten days before entry and customs will not allow you to enter if it was not given correctly.

Malaria does not have a vaccination, but in many countries you should be taking prophylactic Lariam or Chloroquin (or a newer combination of atovaquone and proguanil (Malarone) starting one week prior to your departure and continuing 4 weeks after your return.

Traveler's Diarrhea

Up to 50% of travelers will develop at least one episode of diarrhea during a 2-week trip. High-risk areas include Africa, southern Asia, Middle East and Latin America. It is caused most commonly by a bacteria called *E. coli* found in contaminated food and water. To avoid this unpleasant experience remember: **Boil it, cook it, peel it, or don't eat it!** Avoid salads, uncooked vegetables, drinks with ice cubes, and tap water (even brushing teeth!)

Carbonated water or sodas, bottled water, processed/packaged foods, and food served hot (not just warm) are considered safe. Chewing two tablets of bismuth subsalicylate (Pepto Bismol) four times a day will prevent up to 65% of cases. Just remember to rinse your mouth out (with bottled water!) afterwards so your tongue doesn't turn black. Antibiotics are sometimes used if an episode looks like it isn't clearing in 24 hours, so if you think you are likely to get "tourista," visit us before you leave and get a prescription (Levaquin or Ciprofloxacin works well).

Jet Lag and Airplane Comfort

Exercising on the day of or prior to leaving will help you tolerate a long flight. Delays can be frustrating so a good night's sleep is preferable though impossible if you have to be at O'Hare at 4am. Bring eye covers and earplugs. Eat as if you were in your new time zone for a day. In flight your body requires at least one 8-ounce drink every other hour, so on the plane drink *lots* of fluids! Alcohol and caffeine actually will dehydrate you (no good). Many flights are offering less service, so you may need to ask for or even pay for extra drinks.

Every other hour get up and stretch. You might feel conspicuous doing your deep knee bends but you will prevent a blood clot in your veins! If you have a head cold or are prone to sinus problems bring a bottle of Dristan or equivalent nasal spray. We rarely recommend these, but they are invaluable when you are a little stuffed up. Ascending in the airplane the pressure will naturally come out of your ears and sinuses, but as soon as you start making your descent your ears will hurt like the dickens. So stay on top of it by taking a squirt of Dristan an hour or so prior to the end of the flight.

Since many flights start descending in the last 45 minutes of the flight, the Dristan will have a chance to act prior to you experiencing pain. If you are still stuffed up, plug your nose with your fingers and blow out like you are blowing up a balloon and listen for popping of your ears and feel the sinuses get air in them. If you are successful, you may need to do this every 5 minutes while you are descending.

On very long flights the dryness of the cabin air bothers many travelers. Bring a bottle of "Ocean Spray" or equivalent saline nose spray to combat this. Hopefully you "carried-on" a day's worth of clothes and toiletries in case your checked bags are missing when you arrive.

On the ground be sure you plan an easy 1st day. Do not take a nap! Rather go to bed at an early time for yourself using the new time zone. You might need those earplugs again. Finally remember your behavior reflects on all of us, be respectful of other cultures differences.

For more information on travel planning:

Centers for Disease control Traveler's health hot line 1-404-332-4559
website <http://www.cdc.gov>
Travel Health Online <http://www.tripprep.com>
International Association Medical Assistance for Travelers
1-519-836-0102 www.iamat.org GNG then rev 2-2011

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