

General Travel Advice

Before You Travel

- Learn about potential problems and how to decrease risks.
- Get appropriate immunizations and preventive medications.
- Learn about appropriate response to obvious exposure or illness.
- Learn about post-trip evaluation and response to illness.

Basic Recommendations

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

Immunizations

Depending on the places you will visit, immunizations may be standard, required, or highly recommended. Check with your healthcare provider about updating standard immunizations (tetanus, measles, polio, etc.). Obtain immunizations required by each country (Yellow Fever), or recommended because of itinerary and style of travel (Typhoid, Hepatitis A and B, Rabies, Japanese Encephalitis, Meningococcal, etc.)

First Aid/Travel Kit

A basic first aid kit may include tweezers, pocket knife, scissors, flashlight, bandaids, 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, sunblock, and medications for diarrhea/dehydration, and altitude and motion sickness as described below.

Take Appropriate Precautions

Insect-borne diseases (*vector-borne, e.g., Malaria, Zika, Dengue Fever*): Many insect-transmitted diseases are not preventable by vaccines or drugs. Some insect-borne diseases like dengue fever are transmitted during the day, but malaria is transmitted from dusk until dawn. Avoid rural side trips if possible, leave rural areas before dusk, avoid still water ponds and lagoons, use insect repellents (30%-35% non-absorbable formulation of N,N diethyl-m-toluamide, DEET – Ultrathon, Sawyer are optimal), wear clothes that cover arms and legs, stay indoors in screened rooms from sunset until morning, spray rooms with pyrethrum-containing flying insect sprays, and sleep under bed nets. TAKE ANTI-MALARIA MEDICATION if recommended for the destination.

Food and water-borne disease (*Traveler's Diarrhea*): It is optimal to drink water boiled for at least 1 minute. Bottled carbonated beverages, beer and wine are acceptable. Avoid ice, and use fresh straws and disposable cups if possible. Don't brush your teeth or clean contacts in unboiled local water. Carry an immersion coil to boil water. Less preferable are iodine tablets or other water purification systems. Eat only well cooked food. Avoid salads, uncooked vegetables, creamy deserts, and food sold by street vendors. Make sure that milk, cheese and other dairy products have been pasteurized. Eat only fruit that you peel yourself. Develop a plan with a health care provider for treatment of diarrhea. This may include bismuth subsalicylate (Pepto-Bismol), an antibiotic such as Azithromycin, an antimotility agent like loperamide (Imodium), a fluid/electrolyte solution like IAMAT Oral Rehydration Salts, and reporting to a physician if diarrhea contains blood or pus.



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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 an infant seat if needed.

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.

AIDS/HIV, Hepatitis B, Zika, and other sexually transmitted diseases: Avoid contact with blood or body fluids of other individuals. Avoid injections. Practice safe sex. Always use condoms with spermicide.

Heat and sun exposure: Avoid sun between 10am and 2pm, 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 30.

Cold exposure: Bring adequate clothing.

Altitude sickness: Slow ascent is the cornerstone of prevention of altitude sickness (1,000 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 a high carbohydrate, low-fat diet, and avoid excessive salt. Acetazolamide (Diamox) when begun before rapid

ascent and continued 1-2 days after arrival aids in acclimatization.

Motion sickness: This can generally be prevented with over-the-counter antihistamine tablets (Dramamine, Bonine) or with prescription products (Transderm Scop patches).

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.

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. Flying is generally not limited until the 36th week of pregnancy. The traveler's 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.

Have a safe trip!