

SELF TREATABLE CONDITIONS

1. JET LAG

A week or two before your trip, begin moving your bedtime forward or backward in half-hour increments, depending on direction of travel, east or west.

When you leave on your trip, set your watch on your destination's time.

On the plane, adjust your eating and sleeping schedule to coincide with your destination's time zone. At your destination, avoid naps and late hours.

An average traveler will need about 1 day to readjust their body clocks for EVERY time zone change. Be moderate with food, caffeine and alcohol consumption.

A decongestant will be needed while flying if you have a cold. Medications are available to prevent motion sickness. Check with your pharmacist.

2. ALTITUDE ILLNESS

Traveling in high altitudes may cause headache, insomnia, fatigue and G.I discomfort. Time should be allowed to adapt to a new time zone. Travelers who ascend rapidly to tourist sites with elevations above 5,000-8,000 feet (the Andes in South America, the Himalayas in Nepal or Kilimanjaro in Tanzania) are at risk.

Diamox, 250 mg, twice a day, beginning 24-48 hours before ascent, and continued for 2 days after arrival reduces symptoms. The drug is contraindicated for anyone allergic to sulfa.

3. AIR TRAVEL COMFORT MEASURES

Wear loose fitting clothes.

Avoid socks or stockings with elastic tops; wear support hose. Do not cross your legs. Take a walk every hour to promote circulation. If possible, sit in an aisle seat to get some extra leg room.

If possible, take off your shoes and elevate your feet (on luggage, blankets or magazines).

To ease your back, put a folded towel or small pillow in the small of your back. Avoid drinking alcohol, tomato juice and caffeinated beverages.

Drink at least 8 ounces of liquid, juices and water, during each hour of flight.

Keep your diet low in fat and salt; avoid the usual airline snacks of nuts and pretzels.

4. TRAVELER'S MEDICAL NEEDS

- Review your health insurance policy for coverage out of the United States. Supplemental insurance may be needed.
- If you have a chronic health problem, take a record of your health history, including a record of your prescriptions for medication and glasses/contacts.
- Avoid in-country, over-the-counter medications; safety and quality may be sub-standard.

5. TRAVELERS DIARRHEA

Travelers Diarrhea is the sudden onset of frequent, loose or watery stools. The attack may include cramps, bloating, nausea, vomiting and fever that lasts for 3-4 days.

Most cases of travelers diarrhea is acquired through eating and drinking contaminated food and water. Both cooked and uncooked foods can be a problem, depending on how they are handled. High risk foods include raw meat, raw seafood, and raw fruits and vegetables. Tap water, ice and unpasteurized milk and dairy products also increase the risk.

Some cases are noninfectious, contributed to by general environmental changes, overindulgence, different methods of cooking, different foods and ingredients, jet lag, exhaustion and high altitude. Travelers diarrhea affects 20-50% of travelers. It usually occurs in the first week of travel, but symptoms may develop at any time, even after returning home. Travel destination contributes greatly to the risk; high-risk areas are most of **Latin America, Africa, the Middle East and Asia**. Risk also increases in order of place of food preparation; private home, restaurant, street vendors.

TREATMENT:

1. Antimicrobial prescription drugs-ciprofloxacin (cipro) or levofloxacin –check with your doctor.
2. Fluid and electrolyte (salts), replacement with
 - a. Tea, broth, carbonated beverages (no caffeine) and fruit juices;
 - b. Oral rehydration with Oral Rehydration Salts (ORS) solution. Available in most developing countries.
3. Antimotility products: Imodium, Pepto Bismol, Lomotil

PREVENTION! PREVENTION! PREVENTION!

HOW: METICULOUS ATTENTION TO FOOD AND BEVERAGE PREPARATION

DON'T drink tap water,

DON'T brush teeth with tap water,

DON'T swallow water when showering,

DON'T drink mixed fruit drinks,

DON'T drink any beverage with ice cubes, (alcohol does NOT kill organisms)

DON'T drink non-carbonated bottled fluids,

DON'T eat dairy products (may be unpasteurized),

DON'T eat custards, sauces and creamy dressings,

DON'T eat undercooked seafood and meat,

DON'T eat buffet meals that have been held at unknown temperature,

DON'T EAT RAW ANYTHING; salads, vegetables, peeled fruits.

BOIL IT, COOK IT, PEEL IT OR DON'T EAT IT!

AFTER RETURN HOME: G.I. symptoms which develop following your return from the trip, or which persist, may indicate a parasitic infection with a long incubation period or a bacterial infection that was contracted late on the trip. Medical follow-up is indicated.

POTENTIAL RISK

HEPATITIS A VIRUS (HAV)

HAV is transmitted primarily by close person-to-person contact, contaminated water, infected food handlers, and shellfish from contaminated waters.

High risk groups include travelers, military personnel, native peoples of Alaska and the Americas, homosexuals and bisexuals, users of illicit drugs, residents in areas of outbreak, certain institutional workers, employees of child day-care centers, lab workers who handle live Hepatitis A, handlers of primate animals that may be harboring HAV.

Symptoms of disease: abrupt onset of fever, malaise, anorexia, nausea, abdominal discomfort, dark urine and jaundice. Among children, most infections are asymptomatic. Incubation period is 15-50 days (average 28 days). The disease confers lasting immunity.

In general, travelers to developed areas of North America, Western Europe, Japan, Australia, and New Zealand are at no greater risk of infection than they would be in the United States.

For travelers to **Africa, Asia, the Mediterranean basin, Eastern Europe, the Middle East, Central and South America, and Mexico, the risk of HAV is increased.** Risk also depends on the duration of travel and is highest for those who live in or visit rural areas, trek in back country, frequently eat or drink in settings of poor sanitation, or have close contact with local persons (especially young children) in settings with poor sanitary conditions.

HAVRIX: Hepatitis A Vaccine, Inactivated is recommended if subsequent trips are anticipated.

AGE 1 YEAR +: HAVRIX is administered intramuscularly, the initial dose given at least 2 weeks before expected exposure AND a booster 6-12 months later.

The combined protection of the primary dose plus booster is estimated to last a lifetime.

The primary side effect of the vaccine is minimal, soreness at the injection site and headache.

SCHISTOSOMIASIS

Schistosomiasis is an infection caused by flukes whose complex life cycles utilize specific fresh water snail species as intermediate hosts. Infected snails release large number of minute free-swimming larvae (cercariae) which are capable of penetrating the unbroken skin of the human host. Even brief exposure to contaminated water can result in infection. Exposure to schistosomiasis is a health hazard for travelers to endemic areas of **the Caribbean, South America, Africa and Asia.** The disease is most prevalent in **Brazil, Puerto Rico and St Lucia; Egypt and most of Sub-Saharan Africa; and Southern China, the Philippines, and Southeast Asia.** Greatest risk is associated with bathing, wading and swimming in fresh water in rural areas where poor sanitation and snail hosts are found. Human schistosomiasis cannot be acquired in salt water.

Common symptoms, which occur within 2-3 weeks of exposure, are fever, lack of appetite, weight loss, abdominal pain, weakness, headache, joint and muscle pain, diarrhea, nausea and cough. Diagnosis is confirmed by blood tests or microscopic examination of stool and urine samples; eggs can be found 6-8 weeks after exposure. Safe and effective oral drugs are available for treatment.

Bathing and swimming precautions in endemic countries:

1. Swimming
 - a. Avoid fresh water swimming;
 - b. Chlorinated swimming pools are considered safe.
2. Bathing
 - a. Heat bathing water to 50° for 5 minutes;
 - b. Treat with iodine or chlorine
 - c. Filter water with paper coffee filters
 - d. Let bathing water stand for 3 days before use (cercariae rarely survive over 48 hours).

Accidental exposure

1. Immediate and vigorous towel drying;
2. Rapid application of rubbing alcohol to exposed areas of skin.

DENGUE FEVER

Dengue Fever is a viral disease transmitted by mosquito. It is increasingly found in most tropical areas of the **Caribbean basin, Mexico, Central and South America, the South Pacific, Asia and Africa.**

Symptoms occur suddenly with high fever, severe headache, joint and muscle pain and rash. The rash appears 3-4 days after the fever and may spread from the torso to the face, arms and legs. The disease is usually mild and self-limited, but recovery may be prolonged. A more severe form of the disease, dengue hemorrhagic fever (DHF) is considered to be a low risk for international travelers from non-endemic areas such as the United States.

Risk of exposure is prevalent during the twilight hours—several hours after daybreak and in the evening, several hours before dark. The mosquito can feed at any time during the day, especially indoors, in shady areas or when the weather is overcast. Prevention through use of protective clothing, screening and repellents is advised.

Any acute febrile illness experienced by a traveler within 2 weeks of leaving an exposure area, should be reported to a physician.