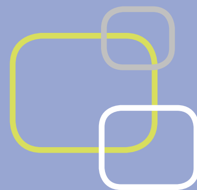
travel health information

advice & recommendations



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Inoculations

Frequent travellers should make sure that they are regularly vaccinated and, if travelling to a new area, should check whether any additional vaccinations are required.

Other travellers should seek professional medical advice before travelling and start a vaccination programme one month before travel. Often this will not be possible but vaccinations should be updated as soon as your destination is known; some vaccination is always better than none.

Inoculations are available from the firm's doctor at the Roodlane Medical practice, 164 Bishopsgate, London, above (Tesco Metro). An appointment should be made on 020 7377 4646 a month before, or if the trip is booked within the month, as soon as you know of the trip.

The destinations which require vaccinations vary all the time and therefore Roodlane should always be consulted before you travel.

COMMONLY USED VACCINES FOR TRAVEL ABROAD

Polio Primary course (in childhood) 3 doses. Boost every 10 years.
Tetanus Primary course 3 doses. Boost every 10 years.
Typhoid Single dose every 3 years (new vaccine no longer as unpleasant as previously). Oral vaccine available but 3 doses and boost every year.
Cholera Primary course 2 doses. Boost every 6 months. Value questionable. Certificate may be required in some areas.
Yellow fever Single dose. Certificate valid 10 days after vaccination. Re-vaccinate in 10 years. Certificate only available from registered vaccination centres.
Hepatitis A Single dose lasts one year. Boost once at 6-12 months giving 10 years Immunity.
Hepatitis B Primary course 3 doses. Boost every 3-5 years. Worthwhile for frequent Travellers and ex-patriots. Can be combined with Hepatitis A in one Injection.
Diphtheria Most travellers from the UK will have been immunised against diphtheria in Childhood.
A booster of low-dose vaccine would be advised every 10 years for those intending to make long stay trips to developing countries. Travellers to the former USSR should be in date for diphtheria as there is an epidemic of this disease at present. Infrequently used vaccines for travel abroad. Other vaccines may be advised e.g. meningitis, rabies, Japanese B encephalitis for certain destinations.

INFREQUENTLY USED VACCINES FOR TRAVEL ABROAD

Other vaccines may be advised e.g. meningitis, rabies, Japanese B encephalitis for certain destinations.

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Malaria

Serious, common and potentially fatal!

Malaria accounts for 32% of fevers in travellers returning from malarious areas and the risks are highest amongst those who travel frequently to malarious areas and to areas where there is drug resistance. Each year 2,00 travellers return to the UK with malaria.

ANTI-MALARIA CHEMOPROPHYLAXIS

Antimalarial drugs are the cornerstones of preventing malaria for the traveller but only one in three take it. Before travel always check on the current recommended drug regime which may change from time to time depending on recommendations from the WHO (World Health Organisation). There are geographical areas where malaria has become resistant to chloroquine (Nivaquine) and the recommendation will depend mainly on this factor.

Chloroquine plus Proguanil (Paludrine) This is a safe and effective regime for areas of non-resistant malaria. Paludrine has to be taken daily making it slightly less convenient than other regimes. Side effects are frequent but usually minor and are commonly nausea, loss of appetite and diarrhoea.

They should be started one week before travel, continue for the duration of the stay and for 4 weeks after returning home.

Malarone Used for treatment of malaria since 1997 Malarone is now licensed for malaria prophylaxis in more than 30 countries including areas of chloroquine resistance.

It is relatively free of side effects and only needs to be started one day before travel and continued for one week on return, making it easy to use and therefore improving compliance.

Mefloquine (Larium) Used for areas with resistant malaria. Minor side effects include restlessness, dizziness and disturbed sleep. Serious side effects are rare, 1 in 10,000 and occur within 3 doses in 75% of cases. This means that if you have used the drug before you are unlikely to experience serious side effects and that a trial of 3 doses can be given in the UK before travel if you are concerned about side effects.

They should be started one week before travel, continue for the duration of the stay and for 4 weeks after returning home.

Doxycycline This is an antibiotic and is a useful alternative for anti-malarial cover in areas of drug resistance. It can cause skin rashes in the sunlight and its use is restricted to 3 months at a time.

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Maloprim (Dapsone) This drug is another alternative but is now rarely recommended. It does have potentially serious side effects in a small number of cases. This drug is now only recommended for Papua New Guinea, Soloman Islands and Vanuatu as an alternative to Mefloquine.

PREVENTING MOSQUITO BITES

Close the windows and doors of the room you are going to sleep in and burn a coil or use an electrically activated pad to kill any mosquitoes in the room.

Sleep under a net impregnated with an insect repellent.

Consider wrist and ankle bands impregnated with DEET.

Most bites occur in the evenings. Make sure that clothing covers your body, particularly your ankles. Use insect repellents on exposed skin.

After a period of time staying in an area some individuals notice less bites. This may mean that there is reduced reaction to the bites but does not mean that there is no risk of malaria or that the bites are not occurring.

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Avoiding Stomach and Bowel Infections

Most travellers will get a stomach upset or diarrhoea at some time. Simple measures can go a long way to reducing the risks. The most important point to remember is that water supplies are a major source of infection and are often contaminated.

Eat freshly prepared hot food.

Avoid salads, cold dishes and ice cream.

Don't drink water unless it is a sealed bottle of commercially produced mineral water.

Peel fruit yourself before eating it.

Don't have ice in drinks, brush your teeth with bottled water and rinse your mouth with the same.

Filter feeders (shellfish) can concentrate organisms and are high risk.

Tapeworm is spread through infected beef and pork, so ensure any meat you eat is well cooked.

Avoid dishes containing raw egg such as mayonnaise and mousse.

Don't swim in freshwater lakes or rivers.

IF YOU GET AN INFECTION...

Rehydrate using sachets e.g. dioralyte with boiled or bottled water.

An alternative is coca-cola mixed half-and-half with boiled or bottled water and allowed to go flat.

If diarrhoea continues use a drug such as Imodium. Follow instructions on correct use carefully.

Seek medical advice if diarrhoea continues for more than 72 hours, you have a fever or if there is blood in the faeces.

If you have difficulty accessing medical advice, the recommended antibiotic for an infection where the causative agent is not known is Ciprofloxacin.

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Air Travel and Your Health

There are several health problems to be considered whilst actually flying.

These include:
• Muscular stiffness aches and pains.
• Dehydration.
• Pressure changes.
• Immobility leading to a risk of blood clots.

MUSCULAR PAINS often develop after sitting in one position for several hours or sleeping during the flight. Simple stretches can help the stiffness and improve circulation.

01 Link your hands behind your back at the level of the base of your spine, bend the elbows slightly and then push you hands up and back. You should feel the front of your chest open out and feel a stretch across the front of your shoulders.
02 Bring your left elbow up level with your left ear, drop your hand down so that the elbow is fully bent and he hand touches lightly between your shoulder blades. Take your right hand behind your head to grasp the left elbow and gently pull it back so that your left hand reaches further down your back. Repeat for the other arm.
03 Stretch your leg out and rotate your foot 3 times clockwise and 3 times anti-clockwise. Repeat for the other leg.
04 Gently and slowly lean your head down to your left shoulder and hold for three seconds. Repeat to the right and then to the front and the back.
05 Finally hunch your shoulders up for three seconds and allow them to drop down and relax completely. Repeat three times.

DEHYDRATION is common on flights. Avoid tea, coffee and alcohol and make sure that you drink plenty of water and non-caffeinated drinks. This will help your circulation and help prevent drying of the nose and throat, which can contribute to the risk of coughs and colds.

PRESSURE CHANGES during the flight can cause problems with your ears particularly if you have a cold or infection when you fly. Sucking or chewing a sweet can help as you take off and land. If your ears won't "pop" you may be able to help by pinching your nose closed and then blowing against the closed nose (mouth shut too). This can open the Eustachian tubes to the middle ear and allow the pressure to equilibrate.

Good hydration also helps. If you have a cold and have to fly decongestants may also be useful.

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DEEP VEIN THROMBOSIS One of the most serious risks to the long haul flyer is that the immobility can lead to a blood clot forming in the leg. This can occasionally cause serious problems if the clot breaks away and travels to the lung.

There are several measures you can take to reduce the risk:

01 Move around as often as you can during the flight to prevent the blood from becoming static and pooling in the leg veins.
02 Drink plenty of water to keep yourself hydrated.
03 Stretch your legs and wiggle your toes or your whole foot (see above).
03 Consider taking low dose (75mg) aspirin before a flight. This makes the blood slightly less "sticky" and reduces the risk of a clot. Consult the occupational health department if you have any questions about this.

If you develop pain or swelling in your leg or chest pain or breathlessness after flying consult a doctor immediately.

TRAVELLING WHEN PREGNANT

Although pregnancy should not be equated with ill health, it is advisable to be aware of the condition when travelling, and to take additional care where necessary. Pregnancy increases the risk of developing a DVT due to the increased pressure on the pelvic veins. Pregnant ladies should ensure that they drink plenty of water when travelling and regularly move and stretch during the journey.

As pregnancy progresses some airlines place restrictions on travel. You should always check with the airline before you travel but generally travel is not allowed after 34-36 week, or 32 weeks if twins or triplets are expected. Some airlines ask for a fitness to fly certificate from a midwife or doctor for those who are more than 28 weeks pregnant.

During pregnancy your cardiac output and blood volume increase significantly and you may experience breathlessness, even under normal conditions at low altitude.

If you are travelling to countries at high altitude this may well be exacerbated and you should bear this in mind in planning your itinerary.

Levels of fatigue are generally high in pregnancy and you will also need to bear this mind. You may have specific dietary requirements and in particular you are likely to find that in the early stages of pregnancy you need to eat small amounts of food on a fairly frequent basis. It can be helpful to contact hotels in advance to ensure that suitable food is readily available.

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Safety in the Sun

Sun worship has its drawbacks and the fashion for a tan has led to a huge increase in the number of malignant melanomas (sun induced skin cancers) as well as sun induced skin ageing as the glossy brown skin of the 70's becomes the wrinkled prematurely aged skin of the 90's.

SKIN CANCER

There are slow growing skin cancers which are not moles and which occur years after sun exposure and grow slowly. These are not life threatening but are disfiguring and have to be removed.

A much more worrying form of skin cancer is melanoma. It is associated with sun exposure and usually occurs in people over the age of 30, it is commoner in women than men.

The incidence of melanoma has doubled over the past 10 years in Australia and shows similar increases in other countries. Survival from malignant melanoma depends on the stage at which it is diagnosed with, overall, roughly a quarter of people dying within the first 5 years after diagnosis.

SKIN TYPE

Because melanin (pigment) protects the skin from ultra violet light, melanoma is most common in fair skinned people particularly those with pale freckly skin of Celtic origin. This does not mean that dark skinned people are not vulnerable and melanoma can even occur in Afro-Caribbean skin types.

HOW TO SPOT A MELANOMA

It is unusual for pre-existing moles to become cancerous. If you notice a mole there is a useful set of guidelines for deciding whether you should be concerned about it:-

01 Growth - any mole increasing in size in an adult over 30 may be a melanoma.
02 Shape - moles are usually symmetrical. If your mole is irregular or appears to have an advancing edge it may be malignant.
03 Colour - a melanoma sometimes has an irregular or an intensely black colour. There may also be some inflammation making part of the mole appear red.
04 Size - any mole growing to over 0.5 cm should be checked.
05 Itching - moles do not normally itch but melanomas can.
06 Bleeding - actively growing melanomas may itch or bleed.

If you are concerned about a mole which is growing or changing see your doctor to have it checked.

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THE SUN AND AGEING

Sun exposure prematurely ages the skin. It leads to greatly increased numbers of wrinkles, patchy colour and damaged texture. Sun exposure may be responsible for as much as 70% of skin ageing.

AVOIDING THE STRONGEST SUN

When the sun is overhead in the middle of the day the UV exposure is highest. Between 10.00am and 4.00pm the sun's rays are very strong and particularly so at midday. Keeping in the shade in the middle of the day will protect you from much of the damage.

If you want to be out when the sun is at its strongest cover your skin with sunblock and long sleeves and wear a hat.

SUNBLOCK AND TANNING

High protection factor sunblock increases the length of time you can spend in the sun before your skin is damaged. It acts as a screen but it does not prevent sun damage, it only slows it. The only safe tan comes out of a bottle!

Avoid the sun between 10.00am 4.00pm or cover up when you go out.

Children have particularly vulnerable skin and should be caked in sunblock or bribed to stay in the shade.

Sunblock should be reapplied regularly and water-resistant types should be used if swimming.

Reflected sun from water, sand and snow multiplies the amount of exposure and even very short periods of time can lead to damage.

Wear a wide-brimmed light coloured hat if you are walking in the sun.

Cover the skin where possible with lightweight and loose fitting clothing.

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Sexual Health

Sexually transmitted diseases are more common in some parts of the world than others. Unprotected sexual intercourse is always a risk and the safest option is to avoid sexual contact altogether.

Travellers who are not prepared to abstain should practice safe sex or use a good quality condom. Condoms offer some protection but do not guarantee safety.

Hepatitis B can be transmitted by sexual contact and ideally travellers should be vaccinated, particularly if they think they may be at risk. Other infections such as syphilis, herpes, gonorrhoea, chancroid and of course, HIV are very common in some parts of the world.

If you think you may have contracted a sexually transmitted disease you should have a full check up at a specialist clinic.

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AIDS

HIV infection is common in many parts of the world and represents a potentially serious risk to travellers. There are 3 main routes of transmission for the HIV virus.

Sexual intercourse
Blood and blood products
Contaminated needles

SEXUAL TRANSMISSION

World-wide heterosexual transmission of HIV is the commonest route of infection. Infection in some groups of prostitutes is almost universal.
The risk may be reduced by: -
Avoiding unprotected sexual intercourse
Practising safer sex techniques
Using high quality condoms

TRANSMISSION THROUGH BLOOD AND CONTAMINATED NEEDLES

Blood and blood products should always be regarded as potentially carrying a risk of infection and should be avoided wherever possible. Blood transfusion is rarely needed except in life threatening situations where there is no available alternative. In these circumstances the benefits clearly outweigh the risks.

Many countries now screen their blood for the HIV virus but this cannot guarantee absolute safety.

When receiving medical care abroad always ensure that new needles are used and that equipment is sterile. Sterile equipment can be provided for travellers to areas where medical services are likely to be inadequate.

HIV is not transmitted through food or through casual social contact.

HEPATITIS B

In common with HIV, Hepatitis B in transmitted by blood-to-blood contact or through body fluids. It is significantly more infectious than HIV.

The risk may be reduced by the same mechanisms suggested for HIV and AIDS. If you are travelling regularly to a high risk environment it is wise to consider Hepatitis B vaccination as part of your routine vaccination programme.

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