

Travel Health Companion

This full color 76-page booklet is a primer that acquaints the international traveler with important travel health and safety issues.

Illustrated with traveler photography from around the globe, the *Travel Health Companion* summarizes food- and insect-borne diseases, covers common travel-related ailments, and includes treatment suggestions and preventive measures. This booklet will help travelers recognize a wide variety of travel-related health problems and the appropriate response to them.

The *Travel Health Companion* also offers practical advice on issues such as street safety, modes of transportation, and traveling with children. Several useful charts and checklists are also included.

For a free sample, download a section in PDF format at www.shoreland.com.

See reverse side for ordering information.

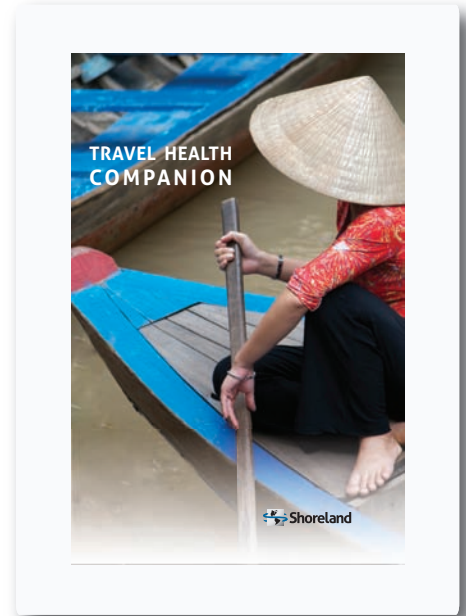


Table of Contents

Introduction	2
Vaccines	4
General Health & Safety	7
Water Precautions	24
Food Precautions	26
Illnesses from Food & Water	28
Insect Precautions	33
Illnesses from Insects	36
Problems from Physical Contact	42
Pests	46
Special Medical Concerns	51
After You Return	52
Additional Illnesses	53
Documentation Checklist	65
Medical History Form	66
Immunization Record	67
Trip Kit Checklist	68
Useful Foreign Phrases	69

Illnesses from Insects

DENGUE FEVER

Dengue fever is a viral infection that is spread to humans by the bite of *Aedes* mosquitoes. Dengue is endemic in tropical regions of Africa, the Americas, Asia, the Caribbean, and the Pacific Islands. Also known as "break bone fever," dengue occurs more frequently during warm, humid seasons, and transmission is more intense in urban areas, including downtown business areas. Anyone in an endemic area who previously has not been exposed to the currently circulating serotype is at risk of acquiring dengue.

About 4 to 7 days after being bitten, the victim experiences a sudden high fever, headache, generalized weakness, and intense muscle, joint, and back pain (hence the term "break bone fever"). A rash may appear in some people. Dengue is usually self-limited, with an average duration of 6 days. Most persons with dengue do not need to be hospitalized, but those with persistent fever should seek medical attention as soon as possible.

Travelers who have had a previous episode of dengue fever and will be re-entering a dengue-endemic area should be aware of the increased possibility of acquiring a severe form of dengue (dengue hemorrhagic fever or dengue shock syndrome) and should seek medical attention immediately if symptoms appear.

Prevention: There is no vaccine against dengue, so it is vital to take personal protection measures and to use repellents. Make sure you are especially vigilant using repellent during the mosquitoes' peak biting times; mosquitoes that spread dengue are daytime feeders with 2 peaks of biting activity during the day—early morning and mid-to-late afternoon hours. During overcast days or when indoors, however, mosquitoes will feed all day.



JAPANESE ENCEPHALITIS (JE)

Japanese encephalitis is a viral disease that is spread to humans by the bite of the *Culex* mosquito. JE occurs in Asia, and most human infections occur in rural, agricultural areas. Risk is very low for short-term rural travelers not engaging in extensive unprotected outdoor activities. Risk for travelers who confine their travel to highly urban environments is nearly non-existent, although rare cases have been reported from suburban areas adjacent to agricultural land.

In its early stages, JE appears flu-like, with headache, fever, chills, nausea, and vomiting. If the illness progresses to inflammation of the brain, it can lead to paralysis or death—JE is fatal in up to 30% of cases, and 50% end in permanent disability. There is no effective drug treatment for JE; the disease can only run its course, but it is still vital to seek supportive medical treatment.

Prevention: Personal protection measures and the use of repellents are vital if you are traveling in risk areas. Make sure you are especially vigilant using repellent during the *Culex* mosquitoes' peak biting times: between dusk and dawn. A vaccine is available but is not recommended for all travelers to risk areas. Your health care provider might

recommend vaccination if you will be traveling extensively in rural areas or visiting an epidemic area. The vaccine series consists of 2 doses given 28 days apart and should be completed at least 1 week before potential exposure; therefore you will need to start the series at least 35 days before departure.

MALARIA

Malaria is transmitted through the bite of the *Anopheles* mosquito and is the most frequent infectious cause of death for travelers to the tropics and subtropics. Malaria is found in many parts of the world including Africa, Central and South America, Southeast Asia, the Indian subcontinent, the Middle East, and the islands of the South Pacific. Most malaria occurs in sub-Saharan Africa.

Symptoms usually develop within days of exposure, or—less commonly—months or even years later. Symptoms always include fever and can include flu-like symptoms that may come and go, such as chills, sweats, headaches, muscle aches, and/or a vague feeling of illness. Vomiting, abdominal pain, diarrhea, cough, and jaundice (yellowing of the skin and whites of the eyes) can also occur.

Of the 4 types of malaria, *P. falciparum* usually occurs about 10-12 days after infection and is a **medical emergency**. If not treated immediately and properly, it can be fatal. Illness caused by the milder types (*P. vivax*, *P. ovale*, *P. malariae*) is not usually life-threatening but can be a serious health risk for the very young, the elderly, and persons with underlying illness. Malaria caused by *P. vivax* and *P. ovale* may eventually resolve without treatment but can relapse periodically until properly treated.



