

HEALTH

VACCINATIONS / INOCULATIONS

- Yellow Fever is mandatory.
 - If you are from a non-yellow fever area ask if a yellow-fever declaration (stating you are from an area where yellow fever does not exist (anymore))
- a DTP-vaccination is recommend (Diphtheria/Tetanus/Polio)
- A **Hepatitis A** vaccination is recommended. Note that the Hepatitis A vaccination comes in two shots. The second to be had after at least 6 months and no longer than a year after the first. After the second shot: 25 years.
- If travelling longer than two weeks belly-typhus vaccination is *strongly* recommended
- Hepatitis B vaccination is recommended if there is an expectation of intimate contact, frequent non-sexual contact with the local people, chance of blood contact (e.g. nurse).
- This is a three or four stage inoculation.
 - 1 months between the first and second,
 - 6 months between the second and third, then a blood test to test the number of antibodies. If this isn't enough, a fourth shot is recommended to complete the train.

MALARIA

India is a malaria area.

- *The first protection is a protection against mosquito bites.*
 - *A bug-repellent* and/or a clamber is recommended.*
 - *Most mosquitoes do not like the cold, so if you have AC: USE IT!*
 - *Wear long sleeved and light coloured shirts as well as long legged trousers. This reduces the area where the mosquito can bite, and you don't have to bathe yourself in bug-repellents. Use it only on the exposed areas.*
 - *The malaria mosquito is active between dusk and dawn. (note that some mosquitoes are active in day-time, so continuous use of long sleeves and long trousers next to bug repellent may be advised)*
- *ALWAYS in combination with anti-malaria medicine. It is possible to take last minute medicine like maleron**. It is best to plan the trip **way** in advance so a lighter medicine can be taken***. Also note that what medicine will be prescribed depends on which malaria-area you will stay in.*

- *Again, we can't stress this enough, considering the nature of bug repellent and the malaria medicine: please get personalized advice from your local travel clinic.*

**A note on bug repellent: use one containing "DEET". Please note that "DEET" and is a poison, don't drink it, eat it or pour it in eyes or in open wounds. It is really potent (that's why it's keeping the bugs away) and make sure that you are not over-sensitive to it; if you are QUIT using it and wash it off instantly. Again, obtain personal advice from a travel clinic and read the instruction leaflet carefully.*

*** Malaron needs to be taken at least one day before departure to the tropical destination, daily while staying at the tropical destination and to be taken at least 7 days after returning from the tropical destination. Again, obtain personal advice from a travel clinic and read the instruction leaflet carefully.*

****Lighter medicine needs to be taken way earlier than "just" one day before departure.*

VERY IMPORTANT: *if you get a fever or influenza-like symptoms during or after a stay in malaria area you should contact a doctor immediately!*

NOTE that all that is written here is a general advice. The destination, type or travel and traveller's current health status and age determine which ***preparations*** are needed. **WE STRESS AGAIN: GET A PERSONAL ADVICE FROM A TRAVEL CLINIC**

DIARRHOEA

Diarrhoea is common amongst travellers that are not indigenous to the area.

Always take anti-diarrhoea tablets with you. Note that it is NOT advisable to use the medication on the first symptoms of diarrhoea, but to take the medication if the diarrhoea persists for a couple of days. This anti-diarrhoea medicine can cause congestion if used too early and if used too much. Diarrhoea will cause dehydration so it is advisable to maintain your hydration status by drinking plenty of fluids and taking hydration tablets.

The best thing you can do is ask clear and elaborate advice from your travel clinic and *always* read the instruction leaflet that comes with the medication

YELLOW FEVER

Vaccinations for yellow fever should be considered, even though it may not be mandatory, as it still is a common disease in some African and South-American countries.

Yellow Fever is a serious viral disease which is spread by mosquitoes. People who suffer from Yellow Fever will have a yellow taint, fever and haemorrhages, 40% of the people suffering from it will die. Since it is such a serious disease that to enter some countries the vaccination against yellow fever is mandatory or proof is to be provided that the traveller is not indigenous to a yellow fever area (yellow fever statement).

DIPHTHERIA

Diphtheria is extinct in most Western countries, but not in lot of other countries. It's a bacterial infection that produces poisonous residues that swells up the throat, creating breathing problems. It can also lead to blood poisoning, which can cause inflammation of the heart, creating a life threatening hazard. If you're lucky it will only cause inflammation of the skin. If you have never been inoculated against diphtheria it is strongly advised to get one, even if you are not travelling to another country.

TETANUS

Tetanus is a worldwide disease. You can get it when garbage, dirt, manure, or dust enters a wound. This bacterium produces poisonous materials which will cause heavy muscle contractions throughout the body. If this spreads to the lungs it can become lethal. Vaccination is strongly recommended, *every ten years*. So if you had your last tetanus shot over 10 years ago: re-vaccinate!

POLIOMYELITIS

Polio is a viral disease that is spread from human to human through excrement. This also includes faeces contaminated food or water. This is still a problem in countries where lack of effective sewage treatment is still a problem. Contracting the polio virus can cause muscle paralysis, sometimes of permanent nature. If you had your last (complete) inoculation 10 years ago or more you *must* re-vaccinate before you leave!

TUBERCULOSIS

Tuberculosis is still a common disease in the (sub) tropics. People can carry the bacteria for a long period without having any symptoms. The bacteria is spread through coughing. If you travel to a country where TBC is still a common disease and work intensively with local people a vaccination prior to travelling or a test on return is *strongly* advised. This test is a skin test (Mantoux) which will be given prior to vaccinating. Note that vaccination is not 100% fool-proof.

HEPATITIS

Hepatitis is a viral disease that attacks the liver. Symptoms include jaundice (yellowing of the skin and eyes), fatigue, abdominal pain, loss of appetite, nausea, vomiting, diarrhoea, low grade fever, and headache

Note that the infected does not necessarily get all the symptoms.

HEPATITIS A

Hepatitis A is a short term or acute liver infection caused by the Hepatitis A virus. The disease is spread through contaminated faeces, food and water rarely through contact with infected blood.

HEPATITIS B

Hepatitis B is a liver infection caused by the Hepatitis B virus. This is a disease that can easily grow from a short-term disease into a long-term or even permanent disease. The disease is spread through contaminated blood and sexual contact. It is spread through non-sterile needles, blood transfusions, common use of razors and toothbrushes, tattoos, acupuncture and other contact with contaminated blood e.g. in open wounds. Prevention: avoid risky behaviour and take effort in personal hygiene.

The best prevention is, of course, that plus the vaccinations.

HEPATITIS C

Hepatitis C is a liver infection caused by the Hepatitis C virus. The disease is spread through contaminated blood. It is spread through non-sterile needles, blood transfusions, common use of razors and toothbrushes, tattoos, acupuncture and other contact with contaminated blood e.g. in open wounds. The chance of sexually contracting the disease is small.

The chance for Hepatitis C infection is small. The biggest sources of infection are blood on blood contact and sharing (drug) syringes. The best way of preventing Hepatitis C infection is to avoid risky behaviour and to take hygienic countermeasures. Vaccination against Hepatitis C is not yet possible.

RABIES

Rabies is a world-wide viral disease that causes acute encephalitis (inflammation of the brain). The virus is spread through the saliva of infected mammals by biting or contact with open wounds, mouth, eyes, and nose by licking. Left untreated the rabies virus *will* prove painfully fatal

Generally pre-vaccination for travellers is not common, since the chance of getting bitten is small very small.

The best way to avoid infection with rabies is to avoid contact with mammals.

If, however, you do get bitten: clean the wound thoroughly with soap and water *AND* get professional help: *it is imperative to start post-treatment within 24 hours of a rabies suspected bite!*

*For all travel abroad please keep in mind that we strongly recommend obtaining **personal travel advice** from a certified health practitioner. The preceding is general advice and not intended to incorporate travellers with health issues or anaphylactic reactions to vaccines or*

*medicines or even the type of holiday/reason for travelling *. This advice is purely intended to make you understand risk issues and the things you may need to prepare for.*

Note that some specific medicines and repellents are examples. Please be aware that they are dangerous if incorrectly used. ALWAYS obtain an advice from a professional like a travel clinic and read the instructions carefully.

** someone who will not move off the beach will get a different advice than a rock-climber and a volunteer helping local people will get another and a Steve Irwin (RIP) wannabe will hear more about rabies.*