



TRAVEL HEALTH

Beware of the risk of accidents: Accidents are second only to cardiovascular disease as causes of life threatening illness in travellers.

A Comprehensive First Aid Kit Is Important

First aid kit should contain dressings, plasters, and antiseptics for cleaning wounds, pain killers, and anti-diarrhoea medication i.e. dioralyte.

Carrying simple antibiotics can sometimes be helpful but education as to how to use these is important.

Sufficient anti-malarial tablets for prevention should be carried as necessary.

Fucibet cream is useful for applying to insect bites that are becoming inflamed.

Gloves especially if dealing with someone else's wound.

Bottled water which has not been used is an effective cleanser for wounds.

Support bandage. Tape

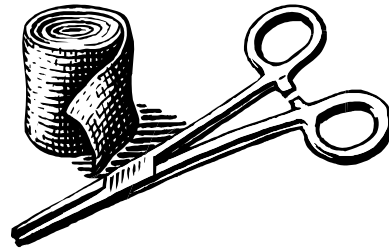
Antihistimine

Tweezers

Lip balm with sun screen

Sunscreen

Hand sanitisers.



Sun Protection

P20 advised as it is once off daily application, but ensure it is applied 1/2 hour before sun exposure.

Hats are an essential part of your daily attire.

Loads of bottled water to protect against dehydration.

Personal Safety (mugging, theft, violence)

First and foremost be aware of the possibility of security risks. Realistically considering security concerns while not spoiling your trip through becoming over anxious is a delicate balance. Discussing these issues with friends, hosts, hotel staff and tour company couriers, for example, is important.

To reduce the risk of mugging it is best to travel in groups, avoid areas recognised as risky especially after dark, keep on the move, carry an alarm or an anti-personnel spray (may be illegal in some countries), wear modest clothing and do not display wealth (e.g. wearing a camera around the neck).

- Most authorities say that travellers should not resist if mugged. It is better to lose valuables than be injured or worse. Where possible report incidents to police services or at least to your hosts or hotel staff.
- Claiming for thefts from your travel insurance company usually requires a certificate confirming the incident from local police authorities.
- If spending time in remote areas, especially in a politically unstable country, travellers should keep family and the Irish Embassy regularly informed of their whereabouts. Consider discretely carrying a mobile phone. www.dfa.ie
- Keep an eye on trouble spots through the Foreign and Commonwealth's website - often those countries experiencing war, civil unrest or major natural disasters. Do not look for trouble spots out of curiosity - keep a low profile.
- Carry contact details of your local Embassy and immediately seek if involved in any difficult situations. Also keep copies of your passport details in a place separate from your passport.
- Be wary of accepting food or drink from strangers especially in bars, restaurants and clubs - these may be laced with drugs "spiked". If in doubt, check with hotel reception before opening your hotel room to strangers.
- If driving, you may prefer not to travel alone, lock all doors from the inside so that you cannot be 'jumped' when stationary or stopped at traffic lights.

Injuries from 'natural hazards'

- Foot injuries in those unfamiliar with wearing sandals or when going barefoot are common.
- Sea creatures (e.g. fish, eels, mollusks) and caterpillars may be unexpectedly venomous causing rashes or more serious illnesses.
- Dogs and cats in many countries run wild, are often hungry and may respond aggressively when approached in fear of being chased or beaten.

Road accidents

- When driving or crossing the road remember traffic may drive on the opposite side of the road to that in your home country. Watch out for scooters and bicycles.
- When hiring cars a reliably recommended car hire firm should be used. Examine the car carefully if in doubt to try and ensure it is roadworthy. Make sure the vehicle has seat belts and use them - often locals don't.
- Drivers in some countries may not observe official pedestrian crossings or traffic signals.
- It is always safest for foreigners to strictly observe speed limits, traffic lights and other road signs and not to argue with police if challenged.
- Never drink and drive.
- Be very careful on potholed and non-tarmacadamed 'dust' roads which can become corrugated from continual exposure to the wind.
- Think twice about using overcrowded buses.
- Hiring scooters and motor bicycles can be very risky, especially for those unaccustomed to driving them they are frequently unstable on poorly maintained roads and provide very little protection in the event of an accident. Ensure that safety helmets are used if you take the risk of hiring these forms of transport.

Insect Avoidance

There are only a handful of insect-borne diseases that are preventable with medication or immunization. This means that **the only real protection against the vast majority of diseases is bite prevention**. This should always be considered as the first line of defense against any insect-borne infection. The mosquitoes which spread **malaria** and **Japanese B Encephalitis** tend to bite between dusk until dawn. Mosquito activity tends to peak around 2am. Mosquitoes are also responsible for diseases spread during the hours of daylight e.g. yellow fever and dengue fever.

Insect Repellents

DEET (*DIETHYL-M-TOLUMIDE*)

There are many insect repellents available. If **DEET** is not available or cannot be used then alternative preparations are available. However, few are as effective as **DEET**. DEET has been in use as an insect repellent for around 50 years and it is available in different concentrations ranging from 20% up to 100%. The duration of protection varies depending on the concentration chosen. 20% DEET will give protection 1 to 3 hours, 30% DEET can last up to six hours and 50% can last up to 12 hours.

Where sunscreen and DEET are used together, DEET should be applied **after** sunscreen.

Concentrations of below 20% DEET are not considered to be appropriate in any circumstance. DEET can cause damage to some synthetic materials e.g. plastics, nylon. Contact between synthetic materials and DEET should be avoided.

LEMON EUCALYPTUS (*P-MENTHANE 3,8 DIOL*)

Lemon eucalyptus gives about the same protection as 15% DEET but it is reported to provide a shorter period of protection than DEET.

IR3535 (*3-ETHYLAMINOPROPIONATE*)

IR3535 has a shorter duration of protection than DEET. IR3535 is the active ingredient found in skin-so-soft and is not recommended for mosquito bite protection.

OIL OF CITRONELLA

Oil of citronella products contains repellent properties although these are very short-lived. They are not recommended for use against mosquito bite protection.

Basic Principles for Preventing Malaria

(A) Be aware when there is a risk however small

(B) Keep mosquito bites to a minimum

- This includes using protective clothing, insect repellents and nets.

(C) Use chemoprophylaxis correctly

- Take your medication continually while at risk. Tablets must be taken regularly according to the manufacturer's instructions.
- Take your medication for the recommended period after leaving the risk area. Malarone should be taken for only 7 days after leaving an infected area.

(D) Report any feverish illness promptly to a doctor and say you have been to a malarious area.

Mosquito Nets

The protection afforded by mosquito nets against mosquito's and other biting arthropods is greatly enhanced by using a net already impregnated or retreated using a pyrethroid insecticide such as permethrin. Mosquito nets can be re-treated for several years after their initial use. Mosquito nets should be inspected for holes prior to using them. If a hole is apparent then this can be mended using a mosquito net repair kit or simply by using a needle and thread.

Nets should be tucked under mattresses or ground sheets to avoid entry of insects into the bedding area. Whilst sleeping *under* the net it is important not to sleep *against* the net as mosquitoes can still bite through it.

Room Protection

Window and door screens or shutters should be checked to ensure that there are no holes in them which will allow insect's entry in to the bedding area. Remember to shut all screens and shutters during dusk to dawn to avoid insect entry into rooms.

Use a knock down spray prior to going to bed, preferably at dusk, to kill any mosquitoes that may have entered the room during the daytime.

Rooms that are air-conditioned are considered to be sealed, making insect entry into rooms less likely.

Pyrethroid products such as plug-ins or candles may also be used or methylyated burners, cones and coils are suitable alternatives.

Clothing

After dusk, high necked, light colored clothing, long sleeves and shirts, trousers or long skirts are preferable to vests, shorts and bikinis. Exposed areas of skin should be covered with an insect repellent that contains no less than 20% DEET or the alternatives mentioned above. *Cotton material is advisable.*

Environmental Issues

One of the most effective ways to control mosquito populations that transmit disease is to reduce the number and types of mosquito breeding habitats. All mosquitoes require a water source to lay their eggs, if possible stay clear of stagnant water i.e. ponds. Get rid of any standing water i.e. barrels that may be near your accommodation or your work area.

Mosquito, Other Insect and Animal Bites

Insect bites can be minimized by wearing loose fitting clothing that covers as much of the body as possible, using insect repellents for remaining exposed skin and a mosquito net

Stray dogs should not be approached in countries where rabies is present, not just to avoid definitely rabid bites, but also to avoid concern if you are bitten by an angry dog which then runs away and possibly may have rabies.

Traveler's Diarrhoea

This can be caused many different organisms such as *Enterotoxigenic E.coli*, *Shigella*, *Entamoeba histolytica*, *Salmonella*, *Campylobacter jejuni*, *Giardia intestinalis*, *Cryptosporidia*, *Cyclospora* and rarely *Vibrio cholerae*. All these organisms are spread through the fecal/oral route. Remember loose motions can also result from a change in diet including, for example, spicy or oily foods.

Prevention

This depends upon drinking water and ensuring food is uncontaminated or cooked thoroughly. Personal hygiene when eating and drinking is also important including hand washing prior to eating and using clean plates, cups and utensils. Hand sanitizers are very handy to have in your bag.

What to avoid

- Water should only be drunk when you are sure of its purity. This also applies to water used for making ice cubes and cleaning teeth. Bottled water is usually safe, as are hot tea and coffee, beer and wine.
- Milk should be boiled unless you are sure it has been pasteurised.
- Cheeses and ice-cream are often made from unpasteurized milk and when in doubt these should only be bought from larger well established companies when quality can usually be assured.
- Meat should be thoroughly cooked and eaten hot whenever possible. Avoid leftovers.
- Fish and shellfish can be hazardous at certain times of year, even if well cooked. Take local advice about seafood, but when in doubt it is best to avoid them.
- Vegetables should only be eaten when thoroughly cooked.
- Green salads should be avoided.
- Fruit should be peeled, including tomatoes.
- Wash hands thoroughly before eating or handling food, and always after using the toilet.

Treatment

The priority in treatment is preventing dehydration. Clear fluids such as diluted fruit juices, 7 Up or ideally specially prepared oral rehydrating solutions such as dioralyte (bought at the chemist) should be drunk liberally. All these preparations must be prepared with sterile or bottled water. Anti-diarrhoea agents such as Imodium or lomotil should be **used sparingly** - they can help particularly with associated colicky pains. Overuse can cause 'rebound' constipation and occasionally encourage other complications such as septicemia. Blood and mucous suggests campylobacter, shigella or amoebic infection. Marked vomiting, fever, pain, bleeding or dehydration usually requires hospital referral so the intravenous fluids can be administered.

Prevention of Sexually Transmitted and Blood-borne Infections

Sexually Transmitted Infections

Penetrative sexual intercourse is the most common way in which sexually transmitted infections are transmitted. Diseases occurring as a result are known as sexually transmitted diseases. They can also be transmitted during oral sex and skin-to-skin contact in the genital or anal areas. Genital ulcers and mucosal damage often associated with discharge increase the risk of transmission of HIV. Some infections can be fatal or cause long term morbidity (e.g. hepatitis B and HIV) including infertility (e.g. gonorrhea and Chlamydia).

The risk:

- Casual sexual relationships, particularly without the use of barrier protection, are always risky. Commercial sex workers (prostitutes) frequently have very high rates of infection.
- In some countries commercial sex is very common and even encouraged, and exposure to 'propositioning and even harassment' is common. The unprepared traveler may be taken unawares and end up taking risks which would not be normal behavior at home.
- Infections may be asymptomatic ***but not*** non-infectious so they may be transmitted, unknowingly to subsequent partners and spouses.
- The use of recreational drugs and alcohol, can lead the traveler into risky sexual behavior.

Some of the more common diseases: (All these infections can be symptomless and no vaccines are available)

- ***HIV/AIDS (Human Immunodeficiency virus)***
See note below.
- ***Gonorrhea (Neisseria gonorrhea)***
Pain urinating, pale discharge from vagina/penis. Antibiotic resistance may be a problem.
- ***Chlamydia (Chlamydia trachomatis)***
Pain urinating, pale discharge from vagina/penis. The most common STI in developed countries.
- ***Lymphogranuloma venereum (Chlamydia trachomatis)***
Initially small granulomatous lesion - subsequently involves lymph nodes in groins. More common in areas of Africa and Asia.
- ***Syphilis (Treponema pallidum)***
Initially genital ulcer. Body, foot and hand rash at later stage. Unless treated one third of infections will result in spread to the nervous system/eyes/skin.
- ***Herpes (Herpes Simplex)***
Sores and vesicles around genitals or mouth with pain and itching with a first infection. Can be symptomless. Avoid skin-to-skin contact where sores might be present. Women are at greater risk of symptoms than men.
- ***Genital warts (Human papilloma virus)***
Warts develop in skin in genital or anal area. Can be symptomless. Avoid skin-to-skin contact where sores might be present. Small proportion may cause cancer of the cervix.

How is HIV Transmitted?

In order to pass HIV from one person to another, HIV infected fluid from one person needs to get into the bloodstream of another person. Usually transmitted through sharing needles, unprotected anal, vaginal and sometimes oral sex, and from mother to infant before or during delivery or while breastfeeding.

Individuals with HIV/Aids often have a co infection namely Hep C, TB or Syphilis.

38.6 million People estimated to be living with HIV/AIDS world wide as of the end of July 2006.

200 new cases of HIV reported in Ireland in 2007.

Advice

Confining sexual activities to one non-infected partner is the most effective means of prevention.

Safer Sex (Condoms)

- Using good quality impermeable condoms with any casual or potentially infected partner is essential. Remember it is the barrier that protects against STIs, not spermicides contained within them.
- Remember you won't always know who is infected!
- Check expiry dates and only buy from a reputable source.
- Ensure you use condoms correctly and consistently (a new condom with every sexual encounter). Donning condoms in the correct manner, before any contact is made is important, as is avoiding breaks and tears. STI transmission via skin-to-skin contact in particular will still occur where the condom barrier is not present. It is important to bear in mind that while condoms will dramatically reduce the possibility of transmission of most infections they are not 100% effective.
- Condom use can also reduce the risk of mouth-to-genital transmission.

Blood Borne Infections

HIV is also termed a blood borne infection since it can be transmitted in the blood in addition to body fluids transfer between partners during sexual activities. Similarly, you cannot always know who is carrying blood borne infections, as they can be free of symptoms. Blood borne virus infections also include Hepatitis B and Hepatitis C, which can be equally or even more easily transmitted than HIV.

Factors increasing the risk of spread of an infection through blood include:

- Intravenous drug use with needle sharing carries a high risk. Also the social scene surrounding illicit drug use can lead the traveler into unprotected sex. These situations should be avoided.
- Tattooing, ear piercing, acupuncture and open blade shaving, where unsterile and possibly blood contaminated needles and other sharp equipment is used, is a risk. Unless the traveler is absolutely certain that the equipment used is sterile and the environment and items within the premises are clean, these procedures should be avoided.
- In more economically developed countries blood donated for medical purposes is normally screened for HIV and hepatitis B. This is not always the case in poorer countries for both economic and logistic reasons.

Advice

1. Blood transfusion should only be accepted when absolutely necessary.
2. If pregnant or suffering from medical condition which may lead to heavy blood loss, travelling to countries with poor medical services may need to be reconsidered.
3. Knowing your blood group in advance may make it easier to find a blood donor in an emergency.
4. Many developing countries reuse syringes and needles. Observing medical staff when opening packages of sterile equipment before use is important, albeit this may not always be practically possible.

HEPATITIS

The Hepatitis alphabet and how Hepatitis is transmitted:

A – Fecal-oral spread food/water

B – Serum borne, sexually transmittable

C – Serum borne, can be chronic

D – Can't be present without B known as Delta

E – As Hepatitis A. Discovered in 1990.

G – As C but probably insignificant

TTV – A new DNA virus which probably causes hepatitis, research is in its infancy.

Prevention:

Personal hygiene.

Drink only boiled or bottled water. Avoid ice cubes in your drinks. Avoid raw or poorly cooked shellfish and ensure raw vegetables have been washed in clean water. *It is best to peel all fruit.*

Sexual and intimate contact.

Tattoo / body piercing.

Sharing needles/spoons/filters. Snorting / sniffing from shared paper

Sharing a toothbrush.

Surgery receiving blood and blood products.

Everyone should be vaccinated against Hep A and HepB, currently no vaccine available for other Hepatitis strains.

Other infections to consider:

- Chikungunya fever is spread through the bite of an infected *Aedes aegypti* mosquito. Signs and symptoms may include severe joint pains, myalgia, fever, chills, headache, photophobia, generalized rash. The illness is usually self-limiting and may be confused with dengue or West Nile fever. There is no vaccine available against Chikungunya.

Avoidance of mosquito bites is the only reliable means of prevention.

- Dengue (break-bone fever) is spread through the bite of the mosquito. Peak transmission is from June to November. It causes a feverish illness with headache and muscle pains like a bad, prolonged, attack of influenza. There may be a rash. A severe haemorrhagic form can develop, especially in children. It is becoming more common in many parts of the world. ***Mosquito bites should be avoided whenever possible.***
- Filariasis (Bancrofti) is spread through the bite of the mosquito. It can cause fever and skin inflammation. Later swelling and lymphoedema of the legs, arms or genitalia may develop but usually only after repeated infections. It is not usually a problem for the short-term traveler staying in good accommodation. ***Mosquito bites should be avoided whenever possible.***
- Leptospirosis and haemorrhagic fever with renal syndrome are examples of diseases caught through contact with water contaminated from excreta of infected rodents.

Travellers should ensure their travel insurance includes accidents and emergency medical evacuation/repatriation.

