

# Travel Health Tips

## Food and Water Precautions

Travellers' diarrhoea is the most common travel-related illness. This can be caused by many different organisms including bacteria, such as *E. coli* and *Salmonella*, parasites such as *Giardia*, and viruses such as norovirus. All these organisms are spread through the faecal/oral route (eating/drinking contaminated food/water or contact between the mouth and contaminated hands, cups, plates etc.). It can occur anywhere, but the highest-risk destinations are in most of Asia as well as the Middle East, Africa, Mexico, and Central and South America.

In areas where it is difficult to maintain good hygiene and sanitation, travelers are advised to take precautions with food and water. This depends upon effective purification of drinking water and ensuring that food is uncontaminated or cooked thoroughly.

## General Rules

There are some general rules of food and water precautions. While it may not be practical to follow all of these rules, all of the time, applying them where possible will reduce the risk of travelers' diarrhoea.

Personal hygiene when eating and drinking is very important. Where possible, wash hands prior to handling food, eating and always after using the toilet. Hand washing facilities may be poor or not available when travelling, therefore it is advisable to carry sanitising gel or hand wipes at all times.

Ensure that clean dishes, cups and utensils are used; use alcohol wipes to clean them if necessary.

If using street vendors, where possible, choose food that is freshly cooked to a high temperature and served immediately while still hot.

## Food Precautions

Freshly prepared, thoroughly cooked food, served piping hot, including meat and vegetables, is generally safe. Avoid leftovers or food that may have been exposed to the air for any length of time.

Be cautious with:

- Cheese and ice cream
  - Often made from unpasteurised milk and when in doubt, these should only be bought from larger, well established retailers where quality can usually be assured.

- Fish and shellfish
  - Can be hazardous at certain times of the year, even if well cooked. Take local advice about seafood but when in doubt it is best to avoid.
- Salads and fresh herbs (including in drinks)
  - Should be avoided as these are easily contaminated by soil or flies and are difficult to clean.
- Fruit (including tomatoes). Should be peeled as the skin can be contaminated by flies and insects.
  - Berries, in particular raspberries, maybe a source of Cyclospora infection. They are difficult to wash and are best avoided.

## **Water and Liquid Precautions**

Boiled and bottled water (with intact seal) is usually safe, as are hot tea and coffee, beer and wine.

- Water should only be drunk when you are sure of its purity.

Do not drink unsafe water without boiling, chemical purification or using a reliable filter.

- This applies to water used for making ice cubes and cleaning the teeth.
- Milk should be boiled unless you are sure that it has been pasteurised.

**Note:** Chemical purification/filtration may not remove all viruses or parasites. The manufacturers leaflet accompanying these products should be checked.

## **Treatment**

Most cases of travellers' diarrhoea will self-resolve in 3–5 days without specific treatment. Antibiotics are unnecessary in most cases. Preventing dehydration during an episode of travellers' diarrhoea is important.

Travellers' with severe or blood/mucous stained diarrhoea, high fever or severe abdominal pain should seek medical attention.

## **Rehydration**

The priority in treatment is preventing dehydration, especially in young children.

Clear fluids such as diluted fruit juices or oral rehydration solutions should be drunk liberally. All rehydrating drinks must be prepared with safe water.

## Antidiarrhoeal Agents

For **mild/moderate** diarrhoea only.

Loperamide (Imodium®) can help, particularly with associated colicky pains.

They are not recommended for use in children under 12 years of age.

**Please note:**

- Overuse can cause rebound constipation.
- **Do not use if there is blood/mucous in stool and/or high fever or severe abdominal pain. Medical attention must be sought!**

## Mosquito bite avoidance for travellers

In many tropical countries, mosquitos can spread diseases such as dengue, chikungunya, West Nile, malaria, yellow fever and zika.

- mosquitos which transmit zika, dengue and chikungunya infections bite predominately during the daytime and at dusk
- mosquitos which transmit malaria bite predominately in the evening and at night

Here are five simple rules you should follow to reduce your risk of infections spread by mosquitos.

### 1. Know the disease risks and the best ways to avoid them



A variety of diseases across the world are transmitted by the bites of mosquitos. Many diseases result in mild symptoms but others, such as malaria and dengue, have more serious consequences. Currently many countries in South and Central America and the tropics have active transmission of Zika virus. This generally causes no or mild symptoms but has been linked to birth defects – in particular microcephaly (this means an abnormally small head and can be associated with abnormal brain development).

Therefore, it is important that before travelling, you seek advice ideally four to six weeks in advance of your trip to get the best tailored health advice. You may need specific vaccines or anti-malarial tablets for certain countries.

## 2. Cover up

Mosquitos can bite throughout the day and night, indoors and outdoors.

- bite avoidance at all times including during the day, is important
- cover up
- use repellents
- use nets



When possible, wear loose fitting clothing with long sleeves and long trousers, socks and shoes.

## 3. Nets



If sleeping or resting in unscreened accommodation day or night, or sleeping outdoors, **insecticide-treated mosquito nets** should be used. Nets are more effective if treated with insecticide. The nets should be free of tears and should be tucked under the mattress.

## 4. Repellent

It is important to use an insect repellent day and night, indoors and outdoors, on any exposed areas of skin. Only insect repellents which contain one of these active ingredients: DEET, Picaridin, IR3535 and lemon eucalyptus extract or PMD are recommended. 50% DEET is most effective, has the longest duration of action and needs fewer applications per day. DEET is recommended for pregnant women as there is evidence that it has no adverse effects on mother or unborn child.

Remember to:

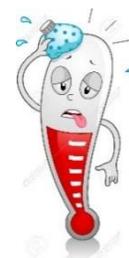
- Apply insect repellent according to instructions on the label – rub the repellent into the skin ensuring all skin is covered
- **Reapply** repellent frequently, especially in hot countries and after swimming
- apply repellent after sunscreen when using both together (30 to 50 SPF sunscreen should be used to compensate for DEET-induced reduction in SPF)
- don't use DEET for babies younger than two months of age
- use DEET in concentrations up to 50% in pregnant or breast-feeding women, and in infants and children older than two months
- **take supplies with you** – there is a shortage in some countries with active zika transmission.



## 5. Feel unwell, seek medical attention

Those with a fever (38°C or more) or other symptoms during or after travel should seek prompt medical help. Malaria, dengue and other serious diseases need to be excluded or treated. If you become unwell on your return, make sure to tell your doctor about any trips abroad you have taken in the past year.

If you are pregnant and have a history of travel to an area with active zika virus transmission, see your GP or midwife and mention your travel history even if you have not been unwell.



## Rabies – What you need to know!

Rabies is a serious disease that is caused by a virus. Rabies is mainly a disease of animals that humans acquire when they are bitten by infected animals (most common are dogs). If bitten or scratched by an animal in countries where rabies is common (Asia, Africa, Central & South America) you should seek medical advice as soon as possible, even if you have had prior vaccination as further treatment is needed.

Rabies vaccination is recommended for certain travellers:

- People staying a long time in a high-risk area.
- People involved in outdoor activities, such as camping or caving, where they might come into contact with animals.
- People whose jobs will put them at risk (such as veterinarians or wildlife personnel).
- Some children (they tend to play with animals and so are at higher risk).

### If You Are Bitten or Scratched

Prompt local treatment of all bite wounds and scratches is an important step in post-exposure prophylaxis – **DO NOT SCRUB THE WOUND**. Immediate, thorough flushing of the wound with water (15 mins), then soap and water, detergent, iodine or ethanol (70%). **AIM TO REMOVE SALIVA/VIRUS**.

If no soap, detergent or iodine available the wound should be thoroughly and extensively washed with water. **DO NOT** apply pressure to the wound. Rabies is almost always fatal if an exposed person is not promptly given prompt treatment including immunoglobins and vaccination. In some countries, the care needed after a bite may not be available. You need to confirm with your insurance that they would pay to evacuate you and fly you to a country where you can get the best care.

### Rabies Vaccine Information

The pre-exposure schedule for rabies vaccination is **3 doses**, given at the following times:

Dose 1: As appropriate

Dose 2: 7 days after dose 1

**Cost: \$450 for 3 injections**

Dose 3: 28 days after dose 1 (day 21 not same immune response)

The full course needs to be given at least 2 weeks prior to travel. For those who may be repeatedly exposed to the rabies virus a booster dose is recommended in 1 years' time.

### **Vaccination after an exposure**

Anyone who has been bitten by an animal, or who otherwise may have been exposed to rabies, should thoroughly clean the wound and seek medical advice immediately. A medical professional will determine the appropriate vaccination regime.

**A person who has previously been vaccinated still needs to be vaccinated on the first day of exposure and the second dose 3 days after.**

**For more information on the above information please visit:**

Centres for Disease Control and Prevention

<http://wwwnc.cdc.gov/Travel>

Fit for Travel

<http://www.fitfortravel.nhs.uk/home.aspx>