

Health Matters – July 2009

Travel Well: What You Need to Know Before Traveling Abroad

You've been bitten by the travel bug! So what do you do next? Mark Twain's book *Following the Equator* offers a humorous introduction to all the quirky things that can go wrong while traveling abroad. However, when you're outside the U.S. you don't want a lot of quirky mishaps. In fact, you probably want smooth sailing without problems. To make that happen, remember that the most important part of international travel begins well before departure. Planning is critical because most things that go wrong overseas are avoidable.

The very first issues to consider are vaccinations and protective medicines. Hepatitis A may be one of the most common preventable infections encountered in international travel, including Europe, and is the most frequently diagnosed type of hepatitis in travelers returning to the United States. Travelers from Minnesota often don't realize that dangerous diseases like Malaria remain endemic in many foreign countries. Malaria continues to kill nearly 3 million people each year. In many countries you don't have to be an "off the beaten path" adventuresome traveler to encounter Typhoid and Yellow Fever. Some foreign countries have very stringent vaccination requirements for travelers; sometimes these requirements apply even if you only pass through their airport on connecting flights. You'll want to know this before you arrive!

Most pre-travel vaccinations require several weeks or longer to "take effect" to the point where they provide protection. Vaccination for Hepatitis A virus is most effective when given 4 weeks before departure. The malarial parasites are a family of microbes which have developed resistance to previously effective preventive medications. The Center for Disease Control (CDC) provides regularly updated country specific recommendations for antimalarial medication which needs to be started prior to entry into a malarial area. Typhoid and Yellow Fever are just two of many other preventable, serious diseases commonly encountered by the international traveler. The best way to fully protect yourself from such diseases is by visiting a physician or clinic with experience in preventing them.

Pre-travel preparation may somewhat minimize jet lag. When crossing time zones, expect two days to recover for every three time zones you cross. Long haul flights are generally better tolerated westward than eastward. Several days before departure, try shifting your bedtime by one hour per day in the direction of the actual bedtime of your destination. Medications like Ambien and Melatonin may aid sleep upon arrival, but Melatonin should not be used by women who are pregnant or breast feeding.

Immediately upon arrival begin defensive ground transportation behavior. For travelers younger than 55, the number one cause of death abroad is motor vehicle accidents. Insist on vehicles with lap and shoulder belts. Child safety seats are frequently substandard in developing countries; consider bringing your own, if possible. Closely inspect any vehicle you rent, especially the tires, and insure there is an inflated spare. Avoid driving at night in rural areas. Do not drive motorcycles or motorbikes (in some countries, life expectancy on Mopeds is measured in minutes). Many countries have “roundabouts” for intersections. When entering a roundabout, remember you must yield to traffic already in the roundabout.

Tropical and high altitude sun can be deceptive and are capable of quickly producing skin injury severe enough to put a damper on your entire trip. Avoid direct sun at midday in the tropics. Wear wide brimmed hats and cover skin where possible. Exposed skin should be protected with sunscreen with a solar protective value (SPV) of at least 30. Remember, in the tropics you can easily get seriously sunburned on a cloudy day! Don't forget to cover your lips and the tops of your feet and toes. Sun reflected off water or snow can cause serious eye irritation, so high quality dark lenses are a must at the beach or on the ski slopes. When on water or snow, the underside of your hat brim should be dark colored to absorb reflected light and keep it out of your eyes.

Water and food borne illnesses remain the most common infections encountered in travel. Hepatitis A, Typhoid, Polio and travelers' diarrhea all fall in this category. In developing countries, avoid food and beverages from street vendors. Drink only bottled water or water that has been boiled or treated (with a filter or chemical). Avoid ice cubes. Food should be well cooked. Wash, dry and peel your own fruit. Beware of raw salads, cold cuts, raw or undercooked seafood, mayonnaise, and ice cream.

While effective vaccines exist for Hepatitis A, Typhoid and Polio, travelers' diarrhea is caused by a wide variety of microbes, making vaccination impossible and prevention with prescription medicines difficult. Travelers' diarrhea is by far the most common infection contracted by travelers in developing countries, and it is almost always a result of straying from protective food and water recommendations. For adults and older children, Pepto-Bismol taken four times daily with food has been shown to help prevent travelers' diarrhea, but the aspirin component in Pepto-Bismol makes it unacceptable for young children, or persons with aspirin allergies, bleeding problems or pre-existing stomach disorders. If travelers' diarrhea develops, antibiotics may be given to rapidly kill the responsible bacteria, and over-the-counter anti-spasmodic medications can minimize fluid loss. Choice of the best antibiotic for your itinerary requires travel consultation with an experienced physician or travel clinic. The anti-spasmodic loperamide does not require a prescription; its use in travelers' diarrhea is well accepted. Previous concerns that loperamide might prevent “natural flushing out” of the infection have been disproved. With few exceptions, every traveler to the developing world should carry an antibiotic and loperamide for self-treatment of travelers' diarrhea, should it occur.

Risk of insect borne diseases such as Malaria, Yellow Fever and Dengue Fever can be further minimized by faithful use of repellents. Topical repellents with the chemical

DEET are very effective and have been shown to be safe for use on children. One problem with repellents containing DEET is that they damage plastics, leather and many fabrics. Another effective repellent chemical, Picaridin, is also non-toxic but has the added advantage of not damaging plastic, leather and fabrics. Because sunscreens and insect repellents are often used simultaneously, the repellent should be applied over the sunscreen to blunt the effect of the sunscreen's fragrance in attracting insects. The chemical Permethrin is an effective insecticide that can be sprayed on fabrics, such as night clothes and sleeping bags. This is especially helpful in malarial areas because the mosquito responsible for Malaria transmission generally bites at night.

Travelers contemplating heavy exertion or high altitude activities while abroad should consult their physician or a travel clinic for advice tailored to their special needs. These are areas where planning and preparation are critical because emergency medical care and evacuation overseas may be very primitive or substandard.

For current travel safety and security issues before and during travel, go online to the website of U.S. Bureau of Consular Affairs at www.travel.state.gov. This site contains Consular Information Sheets for every country in the world and includes information regarding U.S. Embassy and Consulate locations, as well as medical and legal services.

Finally, don't let these details discourage you from international travel. Consult a travel clinic when you first contemplate going overseas. Schedule your pre-travel consult for at least 4 to 6 weeks prior to departure. Doing so is your best bet for insuring a safe, healthy and restorative trip. As Shakespeare said, don't be stuck "at home . . . where small experience grows"! Travel Well!



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