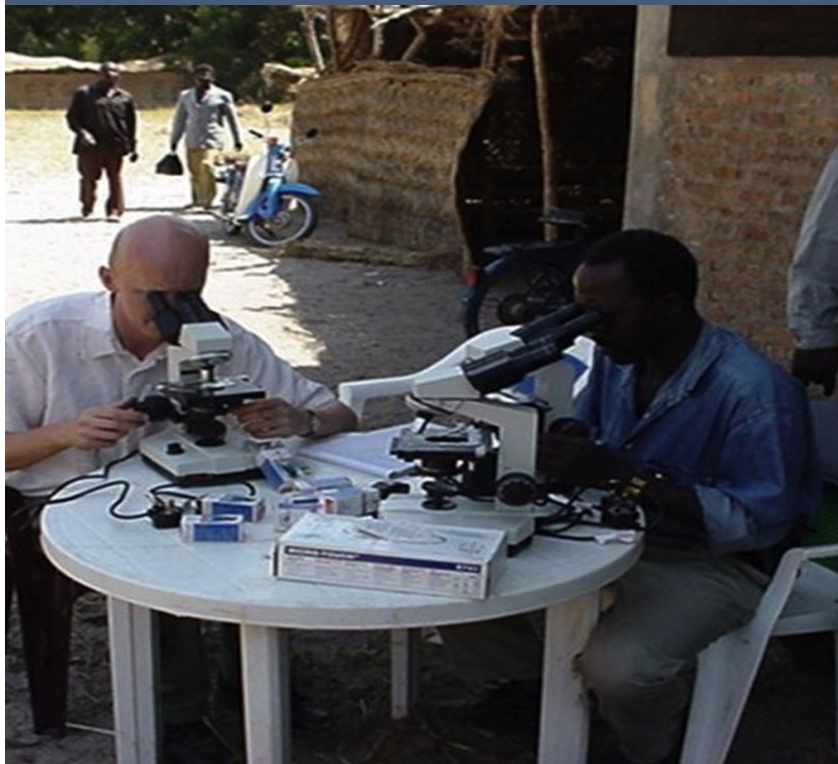


**Imperial College
London**

**TRAVEL HEALTH ADVICE
FOR WORKING ABROAD**



CONTENTS

- Work Related Travel Information— off site policy
travel health clearance
- Preparation for Work Related Travel—insurance/travelling with a
medical condition/medication/accessing medical care
abroad/fitness to fly/pregnancy/avoiding DVT/coping with
jet lag
- Transport Safety
- Personal Safety
- Sun & Water Safety
- Suggestions for Medical Travel Kit
- Food & Water Borne Diseases—Hepatitis A, Typhoid & Cholera
- Traveller's Diarrhoea
- Other Diseases—Tetanus, Diphtheria & Polio
- Insect Borne Diseases—malaria & prevention
- Other Insect & Animal borne diseases
- Vaccines for Health Care Workers
- Looking after your Mental Health
- Sexual Health
- Resources for the Traveller

PERSONAL & MEDICAL INFORMATION

If this booklet is found, please return to the following address:

.....
.....

Telephone Number:.....

Staying healthy when working abroad is not just luck, it requires some planning. With minimal effort the rewards can be great. The majority of health problems in travellers are avoidable and specific measures to prevent ill health are discussed in this booklet.

It is important that the correct immunisations are taken in order to protect against disease, but it must be remembered that not all immunisations offer 100% protection and it should

STUDY/WORK RELATED TRAVEL CHECKLIST

- Risk Assessment of Work/Project
- Travel Health Clearance from Occupational Health if travel to a tropical country or for any trip longer than 3 months
- Vaccinations if required +/- malaria prophylaxis
- Insurance policy information sheet
- Check passport and other documents in date
- Personal medicines
- Emergency details (personal/College contacts)

WORK RELATED TRAVEL FOR IMPERIAL COLLEGE, LONDON

IMPERIAL COLLEGE OFF SITE WORKING POLICY:

This policy gives full details of responsibilities and requirements for safe off site working. Guidance is given on precautions needed for the three categories of off site work

- Attending meetings or conferences
- Hosted research
- Fieldwork

<http://www.imperial.ac.uk/safety>

TRAVEL HEALTH CLEARANCE:

Ensure you have received travel health clearance from the Occupational Health Department if travelling to tropical countries or away from the College for more than 3 months (including student placements).

Travel Health Questionnaires can be downloaded from the Occupational Health website :

<http://www.imperial.ac.uk/occupational-health/travel/>

Once you have sent it to us, a Nurse will contact you with any requirements for travel that you may need. All travel appointments can then be made. Please note that holiday vaccines are not given here, only those required for work related travel.

The Occupational Health website provides
informative travel information

PREPARATION FOR WORK-RELATED TRAVEL

TRAVEL INSURANCE:

College staff and students will be automatically covered by the College Travel Insurance Policy when travelling overseas for College business / research and there is no need to 'register' individual business trips. However, a copy of the current insurance certificate bearing the policy number should be printed off and taken on the trip along with details of the insurers emergency help line: <http://www.imperial.ac.uk/staff-travel-and-expenses/planning-a-trip/travel-insurance/>

For travel to EU countries & Switzerland—carry the European Health Insurance Card (EHIC). Please note that these cards do carry an expiry date on them, at present it is 5yrs. The EHIC covers treatment that is medically necessary until your planned return home. You can apply for or renew an EHIC using the official EHIC online application form. This is free of charge. Beware of unofficial websites, which may charge if you apply through them.

If the UK leaves the EU, access to healthcare when visiting an EU country is likely to change. Please check updates on: www.gov.uk/european-health-insurance-card

TRAVELLING WITH A MEDICAL CONDITION:

Travellers with a pre-existing medical condition may require specific pre-travel risk management. Please discuss at your travel health appointment in case an assessment of fitness to travel by a GP or specialist is recommended. Travellers should be fit to fly if travelling by aircraft. If appropriate identification aids such as MedicAlert bracelets should be worn.

TRAVELLING WITH MEDICATION:

It is advisable to carry a list of your medications and dosages with you. Take adequate supplies with you for your trip and it is always a good idea to split the medication between hand and hold luggage in case of loss during transit. Some medications may require special permission to take across borders. It is advisable to check medication regulations for the countries you are travelling to. For all controlled and injectable medicines you should carry a letter from the prescribing physician. Information can be found on the "Fit for Travel" website:

<http://www.fitfortravel.nhs.uk/advice/general-travel-health-advice/travelling-with-medicines.aspx>

ACCESSING MEDICAL CARE DURING TRAVEL:

Prior to travel obtain as much information as possible about medical facilities available in the country of travel. In some countries, healthcare may be very limited or even non-existent.

FITNESS TO FLY:

Cabin air pressure can exacerbate some underlying medical conditions. If you have recently been very unwell or have a cardiac or respiratory condition that limits you from walking at a normal pace, or a health condition that can cause you to become suddenly unwell eg diabetes / epilepsy, that is not well-controlled by treatment, you should seek specific medical advice on your fitness to fly.



See the Civil Aviation Authority advice:

<https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Assessing-fitness-to-fly/>

PREGNANCY:

Air travel is considered safe in an uncomplicated pregnancy up to 36 weeks and up to 32 weeks for a multiple pregnancy. Check the airline's requirements when booking flights. The second trimester between weeks 14 and 28 are considered the safest, with risk of ectopic and miscarriage in the early weeks and risk of premature labour in late pregnancy. Most airlines require a medical certificate after 28 weeks confirming date of delivery and that there are no complications.

Most airlines do not allow women to fly after 37 weeks. It is important that you check with your airline before flying. It may also be more difficult to get travel insurance after 37 weeks.

Air travel in pregnancy increases the risk of deep vein thrombosis and the risk of being bitten by insects. It is critical you seek advice from the OH department particularly if you are travelling to a tropical country as there is an increased risk of malaria infection.

AVOIDING DEEP VEIN THROMBOSIS (DVT) RISK:

DVT Prevention Measures:

- Avoid dehydration—drink water on the flight, avoid Alcohol.
- Mobilise at regular intervals—get up and walk around on your flight.
- Regularly flex your ankles encouraging blood flow in the lower legs.
- Take regular deep breaths.
- Avoid crossing your legs as this restricts circulation.

Post flight: If you experience persistent swelling or pain in your legs, have chest pain or shortness of breath, contact a doctor immediately.

COPING WITH JET LAG:

Crossing time zones can cause disruption to the body's circadian rhythms and lead to various symptoms such as appetite loss, headache, fatigue and difficulty sleeping at night time or day time drowsiness. Adapting to a new time zone can take several days. Eastwards travel usually requires more time to adapt to than westward travel. Jet lag can be reduced by eating light meals, limiting alcohol and caffeine and gentle exercise.



Links:

NHS: <http://www.nhs.uk/Livewell/travelhealth/Pages/Jetlag>

British Airways have a calculator that provides advice specific to the time difference and usual sleep patterns:

http://www.britishairways.com/travel/drsleep/public/en_gb

TRANSPORT SAFETY:

Road traffic accidents in travellers account for more morbidity and mortality than infectious diseases.

- Familiarise yourself with the country's road rules.
- Take care crossing roads.
- Avoid travelling at night if road conditions and lighting is poor.
- Familiarise yourself with the vehicle if driving. Wear a seat belt and lock vehicle doors at all times. Never drink and drive.
- Check that your insurance policy covers you for driving a car or motorcycle.
- Do not hitchhike.



*Imperial College Research Team
Road Traffic Accident, Burkina Faso 2006*

PERSONAL SAFETY:

- The Foreign & Commonwealth Office (FCO) website provides specific safety and security advice for destinations. Research your destination before departure and follow advice and heed travel warnings.
- Keep family and friends & work informed of your plans.

- Record emergency contact details in your passport and carry emergency telephone numbers for your departmental PI/Supervisor plus the number of the British Embassy at your destination.
- The College Security emergency telephone number is 020 7589 1000 and is available as a backup but is not the primary method of summoning help.
- Photocopy all travel documents plus passport and store separately from the originals.
- Familiarise yourself with cultural sensitivities of your destination and dress and behave appropriately.
- Avoid wearing jewellery or obvious displays of wealth.
- Avoid photographing airports or military buildings and do not photograph local people without their permission.
- Report all crimes to the local police.

SUN SAFETY:

Travellers can often be exposed to strong sun rays. Unless protected there is an increased risk of damage to your skin from exposure to the sun's ultraviolet rays (UVA & UVB rays). Certain surfaces such as snow, sand and water reflect UV rays resulting in increased sun exposure. UVA rays are associated increasingly with malignant melanoma and skin ageing. UVB rays are associated with sunburn, skin ageing and cancer.

Follow these tips to reduce skin damage:

- Avoid the sun between the hours of 11-3pm when the sun is often strongest.
- Cover skin with as much clothing as possible, wear a wide brimmed hat.
- Apply sunscreen before exposure to the sun and reapply regularly, especially after swimming. The sun protection factor (SPF) is a measure of the protection given by the sunscreen. A lotion with SPF15 means it takes 15 times longer to get sunburnt with this sunscreen compared to none at all. Those with fair or sun-sensitive skin require a higher SPF.
- Check moles or freckles regularly for signs of change. Consult a doctor promptly if changes such as discolouration, bleeding or increase in size occur.



WATER SAFETY:

- Avoid alcohol and food before swimming.
- Never dive into water where depth is unknown.
- Only swim in safe water, check currents, presence of jellyfish, coral, sharks etc.
- If stung by a jelly fish in the tropics seek urgent medical attention, or if you develop breathing difficulties, skin swelling or severe pain after any jellyfish sting.
- Avoid freshwater swimming/paddling in areas known to be at risk of Schistosomiasis.
- Rivers and lakes can become contaminated with chemicals and in some areas this can contaminate the drinking water supply.



Some work related water activities undertaken by Imperial College staff/students

SUGGESTED ITEMS FOR YOUR MEDICAL TRAVEL KIT

◆ **First Aid Kit:**

- Alcohol hand sanitizer
- Antiseptic cleaning creams/wipes
- Assortment of dressings such as plasters, bandages and gauze
- Cotton Wool
- First Aid quick reference card
- Roll of tape/safety pins
- Scissors
- Sterile saline solution for cleaning wounds
- Tweezers/Tick removers
- Water purification tablets/solution
- Wound steristrips

◆ **Protective Agents:**

- Insect Repellent
- Sun cream
- Mosquito net



◆ **Over the Counter Personal Medicines:**

- Painkillers and those to bring down a temperature eg Paracetamol, Ibuprofen
- Antihistamines (oral and topical)
- Anti –sickness and diarrhoea tablets
- Motion sickness tablets
- Oral rehydration sachets

◆ **Prescription Medicines**

- Anti malarial tablets if recommended
- Bringing your own medicines is safest as supplies abroad may be counterfeit.

FOOD & WATER BORNE DISEASES

HEPATITIS A:

An infectious disease affecting the liver. Present worldwide, but greater risk in countries with poor sanitation and public hygiene.

Transmitted via faecal-oral route by ingestion of contaminated food or water. Those at higher risk are the travellers exposed to conditions of poor sanitation.

Prevention: strict food, water and personal hygiene. Avoid shellfish.

Vaccine widely available.

TYPHOID:

A bacterial disease affecting the gut, found worldwide, but predominately in countries where food and water supplies are liable to faecal contamination eg Far East, South America and Africa.

Transmission: mainly by food and drink contaminated via the faecal-oral route

Prevention: food and water hygiene precautions, personal hygiene eg hand washing after toilet, before preparing food.

Vaccine: current vaccines are only up to 80% effective.

CHOLERA:

A bacterial disease affecting the gut, found in Africa and Asia.

Transmitted via the faecal-oral route from infected food, water and shellfish. This illness is rare in travellers except when living in very poor hygienic conditions as a large infecting dose or organisms is usually required.

Vaccine available, sometimes recommended for humanitarian activities eg work in refugee camps.

TRAVELLERS DIARRHOEA:

This is the most common illness to affect travellers. It usually settles down after 2-3 days but can cause significant illness, and can easily spread from one person to another. Prevention is most important. Diarrhoea is not life threatening provided it is treated correctly, antibiotics are rarely required.

Always follow these simple guidelines and you will hopefully stay infection free.

- Ensure water supplies are safe or adequately treated.
- Wash hands immediately after toilet and before preparing/eating food—alcohol hand rub is useful if no hand washing facilities available.
- All food should be treated as suspect unless you know it has been freshly and thoroughly cooked—in the case of meat until there is no red meat visible.
- Avoid salads, shellfish, milk products & ice cream, warm buffet foods, ice and foods left exposed to flies.
- Standard drinks; bottled water, soft drinks and tea are all ok. Milk and dairy products should be avoided. Ensure that the lid of bottled drinks has not been tampered with.
- Peel all fruit.

Treatment:

- If you have blood in your stools, seek advice from a doctor as you may require a short course of antibiotics to help clear the infection. Antibiotics only treat diarrhoea caused by bacteria; they are not effective against diarrhoea caused by viruses.
- Dehydration is a risk, clear fluids or ideally prepared oral rehydration solutions eg Dioralyte should be increased to satisfy thirst, and produce normal straw coloured urine, if urine is darker than normal it indicates dehydration and fluids should be increased.
- Bland foods (eg chicken and rice), bread and flat Cola/Sprite. Avoid milk and dairy products until you have fully recovered.
- Loperamide (Immodium), is recommended to stop/slow diarrhoea, but these are NOT a cure. This is useful for long journeys or work meetings, when diarrhoea would be especially inconvenient. It should never be taken regularly or used if you have fever or bloody diarrhoea.
- Please note if you are taking the oral contraceptive pill, diarrhoea and vomiting may reduce protection.

Links:

<http://www.fitfortravel.nhs.uk/advice/disease-prevention-advice/travellers-diarrhoea.aspx>

OTHER DISEASES

TETANUS:

Found worldwide. Tetanus is caused by a toxin produced by a bacteria which is harboured in the guts of many vertebrates including man. Tetanus spores are present in soil and manure contaminated with human, animal and bird faeces, and can be introduced through cuts and wounds.

Prompt treatment should be sought for tetanus prone wounds.

Vaccination: in the UK the tetanus booster vaccination is combined with diphtheria and polio (Revaxis Td/IPV).

You should have a booster dose if you have not had one in the last 10 years, even if you have received 5 doses previously in childhood.

DIPHTHERIA:

Occurs worldwide. Transmitted by droplet infection and through contact with contaminated articles.

Vaccine available: booster dose should be given to travellers at risk if no dose had within past 10yrs.

POLIO:

An acute, viral, infectious disease spread from person to person, primarily via the faecal-oral route.

Vaccine available: booster dose should be given to travellers at risk if no dose within past 10yrs.

INSECT BORNE DISEASES

Diseases spread by Mosquitoes:

Mosquitoes spread disease such as Malaria, Yellow Fever, Dengue Fever, Japanese Encephalitis, Chikungunya, Zika Virus, Eastern Equine Encephalitis, Rift Valley Fever, Ross River Virus & West Nile Fever.



BITE AVOIDANCE IS REALLY IMPORTANT

MALARIA:

Malaria is endemic in more than 100 countries in tropical and sub-tropical areas of the world.

Malaria is a serious, sometimes fatal, tropical disease spread by mosquito bites.



Please check with the Occupational Health Department prior to your trip to see if you require anti-malarial tablets.

Spread: Transmitted via the bite of an infected *Anopheles* mosquito that feeds predominately in the hours from dusk to dawn. All travellers in these areas are at risk.

Immunity: Adults living in a stable area of transmission eg much of sub-Saharan Africa have a significant acquired immunity to malaria. Those living in unstable transmission areas such as SE Asia/South America do not. However, immunity subsides after 6 months away from the endemic area and during pregnancy.

Symptoms: Incubation period is 8 days to several months. Starts with fever, headache and joint and muscle pain progressing to high fever.

Link: <http://travelhealthpro.org.uk/diseases/malaria/>

Prevention:

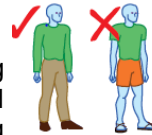
Awareness: be aware of your risk—country, area, season, altitude, accommodation, length of visit, medications, pregnancy. The occupational health advisers will give you advice.

Bite prevention: Travellers should take mosquito bite avoidance measures day & night. Mosquitoes transmitting Zika, Dengue & Chikungunya infections predominately bite during daytime and dusk. Mosquitoes that transmit malaria bite predominately in the evening and at night.

- Use insect repellent containing 50% DEET on exposed skin (after application of sunscreen) or MosiGuard which is the only suitable natural alternative we recommend. Use day & night. Reapply frequently (2hrly) & take supplies with you.



- Cover Up: Wear light-coloured, long sleeved shirts, long trousers, socks and covered shoes should be worn, reducing area of skin exposed.



- Use of mosquito net (treated with permethrin). Take hook with you to hang the net.



- Wear insect repellent wrist and ankle bands (impregnated with DEET), particularly between dusk and dawn.



- Air conditioning, sprays, mosquito coils & plug in devices.

Note: Vitamin B, Garlic & Marmite do not prevent bites

Chemoprophylaxis: No anti-malarial tablet is 100% effective. Taking malarial prevention tablets in combination with mosquito bite avoidance will give you more substantial protection.

Diagnosis: Malaria can be easily treated but early diagnosis is essential. Most people will become ill within one month of leaving the malarious area but if you develop flu like symptoms up to one year after return then you must inform your doctor that you were in a malarial zone.

What to look out for:

- Viral like illness without sore throat
- Fever
- Profuse sweating
- Chills
- Muscle aches
- Jaundice
- Dark urine

Seek medical help immediately.

Prompt treatment is a medical emergency in certain types of malaria

Treating Bites: Keep bites clean, don't cover, try not to scratch, apply anti-histamine cream. If red and infected, see a doctor.

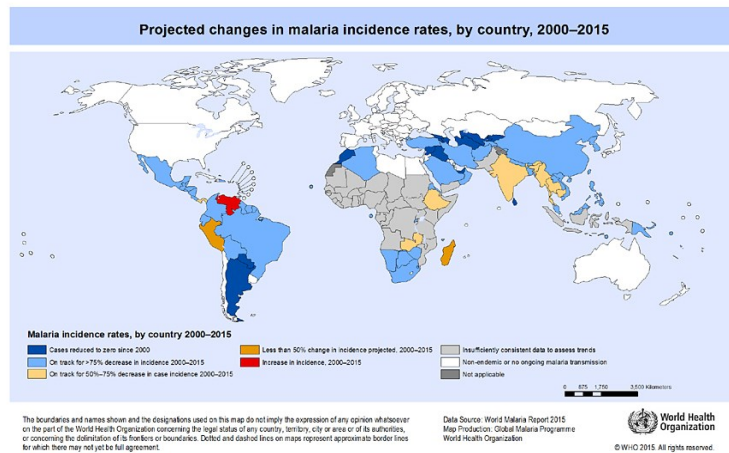
Links:

<http://travelhealthpro.org.uk/diseases/malaria/>

<http://www.nhs.uk/Conditions/Malaria/Pages/Introduction.aspx>

<http://www.nhs.uk/Conditions/Bites-insect/Pages/Symptoms.aspx>

Mosquito nets & Insect Repellents: <http://www.travelpharm.com/mosquito-nets-and-repellents-c154>



Malaria Tablets:

The OH department will give advice regarding which malaria tablets to take. Different tablets will be recommended for the country you are visiting as chloroquine resistance may be an issue.

OH can provide a prescription for you. Alternatively you can see your GP or travel clinic. You are also able to purchase malaria tablets online without a prescription from reputable sources such as lloydspharmacy.com, doctorfox.co.uk, travel-pharm.com.

Maloff Protect is available without prescription over the counter and you can also purchase Malarone generically as Atovaquone/Proguanil. The local pharmacy, “Sticklands”, at South Kensington tube station is able to dispense prescriptions with 10% discount (showing your College ID). Asda & other supermarkets also offer competitive prices.

Anti Malarial Tablets

Anti Malarials	Doseage:	Start:	While in malarious area take:	Continue taking anti malarials after leaving malarious area for:
Chloroquine	2 tablets weekly	1 week before travel	2 tablets weekly	4 weeks
Paludrine	2 tablets daily	1 week before travel	2 tablets daily	4 weeks
Mefloquine	1 tablet weekly	3 weeks before travel	1 tablet weekly	4 weeks
Doxycycline	1 tablet daily	2 days before travel	1 tablet daily	4 weeks
Malarone (Atovaquone/ Proguanil)	1 tablet daily	1 day before travel	1 tablet daily	1 week

YELLOW FEVER:

This virus is harboured by monkeys and spread to humans by mosquitoes. It is found in Africa, South America, eastern Panama and Trinidad in the Caribbean. There is a vaccine available that gives life protection. Some countries require mandatory certification with the vaccine given at a designated Yellow Fever Centre registered to supply the certificate. Mandatory vaccination may be required if transiting through endemic countries.

**JAPANESE ENCEPHALITIS:**

This is spread by a mosquito which breeds in paddy fields and rural areas. Found mainly in Asia. There is a vaccine available recommended for travellers staying in rural endemic areas for more than one month.

**DENGUE FEVER**

Dengue fever is widespread in the tropics and subtropics, with most infections occurring in SE Asia and the Pacific. Outbreaks are common and often occur in a seasonal pattern. After an incubation period of 4-10 days there is usually a sudden onset of fever, headache, muscle and joint pains. A rash may develop. Within a few days the illness usually resolves and serious complications are uncommon. In a few cases dengue can progress to a more serious form. There is no specific anti-viral treatment. Symptoms like headache and fever can be treated symptomatically. Hospital care is indicated in severe illness or if complications occur. Bite avoidance is therefore the main prevention of catching the disease.

WEST NILE VIRUS:

Indigenous to Africa, the Middle East, Asia & Australia. The virus is endemic in the USA and Canada. The main host of the virus are birds and the vectors are mosquitoes, hence the importance of bite avoidance.

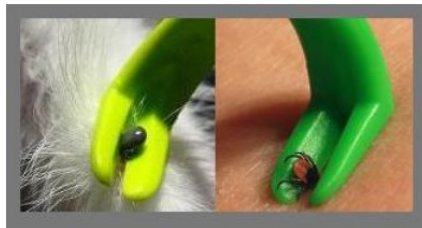
Diseases spread by Ticks

Ticks are carriers of Lyme disease, Tick-Borne Encephalitis, African Tick-Bite Fever, Crimean-Congo haemorrhagic fever and Rocky Mountain Spotted Fever. Ticks usually live in meadows and grasslands near woods and forests in UK, Europe, Asia & some Pacific coastal regions of the US. They attach themselves during the day to your clothes, crawl until they find exposed or moist areas of skin and start feeding.



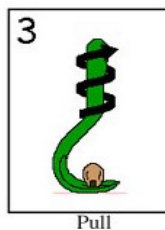
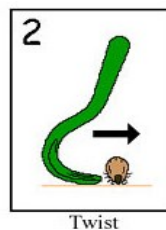
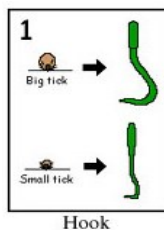
To prevent tick bites, clothing should cover the leg with socks outside trousers. Gaiters may be useful. Apply insect repellent regularly.

Although not every tick carries disease, immediate removal of an attached tick is recommended.



Removing Ticks:

Remove from the skin very carefully with tweezers or special tick removers. The O'Tom Tick Twister (pictured & available on Amazon) is the remover favoured by professionals (vets, medical, forestry & field workers etc).



Choose the most suitable O'Tom Tick Twister tool, according to the size of the tick (each pack contains

two sizes, one for adult ticks and one for the tiny nymph ticks).

Engage the tool by approaching the tick from the side (the body of the tick is flat when unfed) until it is held securely. Twist the tool and the tick will detach itself after 2-3 rotations. Disinfect the bite site and wash hands with soap and water.

DO NOT use petroleum jelly, any liquid solutions, or freeze /



Tick crawling & burrowing on human skin and the look of a typical tick bite

burn the tick, as this is likely to stimulate it to regurgitate (vomit) saliva and stomach contents, increasing the chance of infection.

More information can be found at www.gov.uk/government/uploads/system/.../TSS_ticks_and_your_health.pdf

LYME DISEASE: Lyme disease, or Lyme borreliosis, is a bacterial infection spread to humans when they are bitten by an infected tick. It's estimated there are 2,000 to 3,000 new confirmed cases of Lyme disease in England and Wales each year, although not all cases are confirmed by laboratory testing. About 15% of cases are acquired while people are abroad. Lyme disease can be treated effectively if it's detected early on. But if it's not treated or treatment is delayed, there's a risk you could develop long-lasting symptoms. More detailed information can be found on the NHS Choices website: <http://www.nhs.uk/Conditions/Lyme-disease>

TICK-BORNE ENCEPHALITIS:

Found in UK, Central and Eastern Europe. Ticks reside on ground-level vegetation where they can be brushed onto clothing or drop onto passing humans.

Spread: By the bite of an infected tick or consumption of unpasteurised dairy products from infected animals. The virus is maintained in small mammals, domestic animals and birds.



Treatment is symptomatic as there are no antiviral drugs available.

Prevention: Awareness and avoidance of tick bites and prompt removal, avoid consumption of unpasteurised dairy products. Use of insect repellents and sensible clothing covering legs eg wearing of gaiters in areas known to have ticks. If working and contact with ticks is high risk eg hikers, campers and those working in agriculture/forestry, consider spraying clothing (not skin) with permethrin. This will kill/disable the ticks instantly. Do regular tick checks.

Vaccine: available (the course consists of three vaccines).

DISEASES SPREAD BY FLIES & BUGS

TSETSE FLIES spread Sleeping Sickness (African trypanosomiasis) and live in the grasslands of sub-Saharan Africa. They are attracted to dark colours,

particularly blue, and bite during the day. They can attack in swarms and their bite is painful and can lead to an ulcer and serious illness. Tsetse flies can bite through loose-weave fabrics and are unaffected by many insect repellents.



LEISHMANIASIS:

Leishmaniasis is a disease spread by the bite of the female sandfly.

Prevention: Insect bite avoidance particularly between dusk and dawn. Sand flies are usually found at ground level and are small enough to go through mosquito nets. Apply insect repellent regularly.



TUMBU FLY:

This fly is present in sub-Saharan Africa and southern Spain. The female fly lays eggs in clothes left outside to dry. When worn, the eggs will hatch and the larvae penetrates the skin.

Prevention: Dry clothes inside and ensure they are ironed to eliminate eggs laid in the clothes.



Bugs including fleas, lice, bedbugs, lice and mites can also spread disease. Eg: some mites carry typhus, fleas can spread the plague and the kissing bug in South America carries a parasite that causes Chagas disease.



Chagas Disease is present in South America. It is transmitted following contact with faeces of an infected triatomine bug that inhabits cracks in walls and roofs in building constructed with mud or thatch.

Prevention: If sleeping in buildings constructed with mud or thatch, use a mosquito net and treat bedding with an insecticide solution.



RABIES:

Rabies is a serious viral infection that targets the brain and nervous system. It is almost always fatal once symptoms develop but can be prevented if treatment is given promptly after exposure.

Rabies is found in many countries worldwide. It is spread from contact with the saliva of an infected mammal (dogs, racoons, bats, foxes jackals, mongooses and cats), most often via a bite or via saliva contact with an open wound. Risk of exposure during travel increased with certain behaviours such as running or cycling and activities which encourage animal contact.

Vaccination: Rabies vaccine is offered if you are travelling to a high risk country for longer than 4 weeks, if you are in remote areas where medical care is not readily available, if you are undertaking higher risk activities (eg running, cycling), or at occupational risk (eg vets, animal handlers).

Vaccination: 3 doses over 28 days.

Action to be taken if bitten or scratched: Wash wound with soap/detergent under a running tap for 15 minutes and if possible apply alcohol or antiseptic. Leave the wound open. Seek medical attention immediately. Do not rub the wound.

Prompt post-exposure treatment is required, even if pre-exposure vaccine has been received. Post exposure treatment usually involves a course of rabies vaccine with or without rabies immunoglobulin to prevent the infection spreading to the brain and nervous system.

Avoid bending down, stroking, touching animals if in a country that has the disease.

SCHISTOSOMIASIS (BILHARZIA):

This is a parasitic disease, found mainly in Africa, Asia and South America, caused by several species of the flatworm or fluke. Freshwater snails act as the intermediary agent between mammalian hosts.



No vaccine available. Use of insect repellents or towel drying does not prevent infection.

Diagnosis: microscopy of stool/urine. Specialist treatment needed.



Prevention: Avoid swimming, paddling, washing in freshwater rivers, streams and lakes in endemic countries.

Follow up with the Occupational Health Department is recommended if there has been a risk of exposure.



VACCINES FOR HEALTH CARE WORKERS ABROAD & MEDICAL STUDENT ELECTIVES

Ensure you are fully immunised with vaccines such as Measles, Mumps, Rubella and Tuberculosis. Consider Meningitis ACWY if working in endemic areas.

HEPATITIS B VACCINATION:

Hepatitis B is transmitted via infected blood or body fluids.

Recommended for all Health Care Workers and for Biomedical Scientists if working with unscreened human blood in the UK and overseas.

Consider taking HIV PEP (post-exposure prophylaxis) if it is not available through local collaborators.

Please seek advice re vaccinations and HIV PEP from the Occupational Health Department.



LOOK AFTER YOUR MENTAL HEALTH

Although travel is generally enjoyable, there is no doubt that it can be sometimes stressful. Disrupted daily routines, lack of familiar support systems, language barriers, culture shock and dealing with unexpected situations, all can intensify stress levels and trigger or exacerbate mental health problems.

Researching the culture, laws and customs of intended destinations will enable you to be well prepared in advance of travel.

Be aware that:

- adapting to a new culture takes time; try to have realistic expectations
- adequate rest is essential, emotional vulnerability and susceptibility to stress increases when tired
- maintaining regular contact with familiar social supports can help (friends, family, colleagues)
- recording thoughts and feelings in a journal, letters or emails may improve physical and emotional wellbeing
- stress may lead to an increase in risky behaviour e.g. excessive alcohol intake, drug use and/or sexual experimentation
- Social and cultural acceptance of mental health determines the type of care you will receive

www.gov.uk/government/publications/mental-health

<https://www.iamat.org/elibrary/view/id/1380>

<https://www.fitfortravel.nhs.uk/advice/general-travel-health-advice/mental-health-and-travel>

SEXUAL HEALTH

The risk of acquiring a sexually transmitted infections (STIs) can be minimised by being aware of the following:

- STI's are usually passed through intimate sexual contact—vaginal, anal or oral sex.
- Use a condom correctly when you have intimate sexual contact.
- Male and female condoms are available.
- Having multiple sexual partners will increase your risk of catching STIs.

CONDOMS:

Available in most countries but standards do vary. In the UK, BSI or CE kite-mark condoms are recommended and it is advised to carry a supply of UK condoms when travelling. If you buy condoms abroad, check their expiry date and check they carry a recognised quality mark (eg: BSEN 600, ISO or FDA approval).

Emergency contraception, such as the “morning after” pill can be difficult to obtain or even be completely unavailable in many overseas regions.

Further advice about contraception and travelling is available from the Fit for Travel website:

www.fitfortravel.nhs.uk/advice/general-travel-health-advice/contraception.aspx

RESOURCES FOR THE TRAVELLER

Travel health information is available in abundance on the internet. It is wise to use well validated sites that update their information regularly. Certain recommendations for appropriate vaccines are specific to the country of origin, therefore it is always wise to use UK based sites.

TRAVEL RELATED INTERNET SITES:

Fit for Travel : an NHS site provided by the Scottish Centre for Infection and Environmental Health

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

National Travel Health Network and Centre (NaTHNac)

<https://travelhealthpro.org.uk/>

The Hospital for Tropical Diseases <http://www.thehtd.org/>

Department of Health Advice on Travel Related Deep Vein Thrombosis: <http://www.nhs.uk/Livewell/travelhealth/Pages/PreventingDVT.aspx>

Medical Advice Services for Travellers Abroad (MASTA):

<http://www.masta.org>

British Airways Travel Health Information:

http://www.britishairways.com/travel/healthmedinfo/public/en_gb

TRAVEL EQUIPMENT WEB SITES:

<http://www.nomadtravel.co.uk/c-11-outdoor-equipment.aspx>

<http://www.safariquip.co.uk/>

<http://www.interhealth.org.uk/travelshop.html>

VACCINATION RECORD			
Date	Vaccine Name	Booster / Revaccina- tion Date	Signature/ Initials
	TETANUS/DIPHThERIA & POLIO		
	HEPATITIS A		
	TYPHOID		

VACCINATION RECORD			
Date	Vaccine Name	Booster / Revaccina- tion Date	Signature/ Initials
	RABIES		
	YELLOW FEVER		

VACCINATION RECORD

Date	Vaccine Name	Booster / Revaccina- tion Date	Signature/ Initials
	MENINGITIS ACWY		
	OTHER VACCINES		

NOTES

Occupational Health
Imperial College, London
Tel: 020 7594 9401
Email: occhealth@imperial.ac.uk