

TRAVEL HEALTH

1 Booklet

Useful information for good health before your departure, during your trip and after your return

- Please keep this booklet
- Take it with you on your travels
- Travel consultation, advice and vaccinations (no appointment necessary), from 14.00 to 16.00 hours from Monday to Friday.

Name: Date of birth:/...../.....

The questionnaires on pages 1 and 2 contain useful information for your vaccination doctor. Please take the time to fill out this questionnaire:

Which countries will you be visiting?	①	②
	③	④
	⑤	
What is the date of your departure?	../../...	
How long will you stay abroad? days.	
Will you be travelling alone? / with a group? / with family or relatives?.....		
What kind of trip are you going to make?	<input type="checkbox"/> Business trip	<input type="checkbox"/> Family visit
	<input type="checkbox"/> Tourism	<input type="checkbox"/> Adventure
	<input type="checkbox"/> Primitive overnight stays	<input type="checkbox"/> Living / working
Special activities? (diving, mountaineering, trekking/hiking, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever travelled before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be travelling frequently	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The health hazards of travel depend very much on the destination **country**, the **length** of the stay, the **mode** of travel and the traveller's own **state of health**.

There are four modes of travel:

1. Business travel or family visiting in comfortable conditions and with good hygiene
2. Tourist travel: well organized, good comfort, classical travel routes
3. Adventure travel: possibly organized travel on untrodden routes, low-budget hikers, "different travel", long journeys through various countries. As a rule all journeys taking longer than three weeks; **also migrants visiting their country of origin.**
4. Long-stay travel: 1- to 2-year work contracts, for example.

Your doctor will advise you in accordance with your personal situation. It is therefore important that you answer the following questions:

- When were you last vaccinated against:

Yellow fever	<input type="checkbox"/> less than	<input type="checkbox"/> more than 10 years ago	<input type="checkbox"/> never
Tetanus	<input type="checkbox"/> less than	<input type="checkbox"/> more than 10 years ago	<input type="checkbox"/> never
Diphtheria	<input type="checkbox"/> less than	<input type="checkbox"/> more than 10 years ago	<input type="checkbox"/> never
Poliomyelitis	<input type="checkbox"/> less than	<input type="checkbox"/> more than 10 years ago	<input type="checkbox"/> never
Hepatitis A	<input type="checkbox"/> less than	<input type="checkbox"/> more than 10 years ago	<input type="checkbox"/> never
Hepatitis B	<input type="checkbox"/> less than	<input type="checkbox"/> more than 5 years ago	<input type="checkbox"/> never
Typhoid fever	<input type="checkbox"/> less than	<input type="checkbox"/> more than 3 years ago	<input type="checkbox"/> never

Have you ever had jaundice (hepatitis A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you allergic to any medicines, vaccines or to eggs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking the pill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you breast-feeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you thinking of getting pregnant within 3 months after the trip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking any medication(s) ? If yes, which? <ul style="list-style-type: none"> ▪ for the heart? airways? ▪ to reduce clotting of the blood? Psoriasis ? ▪ antiepileptics? antidepressants? sedatives or sleeping tablets? ▪ cortisone ? others ? 		
Do you suffer from any chronic or serious disease? HIV infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your spleen been removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from depression, anxiety attacks or other serious mental problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you (frequently) take stimulants such as alcohol? drugs ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The complaints most frequently suffered by travellers are **diarrhoea**, **malaria** (if you are travelling in a malaria-infested area), **accidents** (when travelling by car or swimming), **wound infections** and **sexually transmissible diseases**.

- **Diarrhoea** is caused by contaminated food and drinking-water. You must therefore be careful if you are travelling in poor hygiene conditions.
- **Malaria** is transmitted by mosquitoes. You must therefore first and foremost protect yourself against these mosquitoes.
- The same precautions that are taken at home for preventing **accidents** must be observed while travelling. Above all, any **wound** must be thoroughly disinfected to prevent **infection**.

2 Traveller's diarrhoea

2.1 General

Many upsets of the stomach and intestine (gastrointestinal diseases) are attributable to infections picked up by mouth or hands. Most of these can be prevented with a little thought and attention to detail. **Hepatitis A, typhoid fever, poliomyelitis and cholera** still occur in countries with poor hygiene, but these diseases are easily prevented. Nevertheless, there is a high risk of getting a mild and non-hazardous form of **traveller's diarrhoea**. This condition nearly always disappears spontaneously after a few days, but until this happens it can be very unpleasant.

Measures must first of all be taken against dehydration. Remedies - i.e. transit inhibitors - can also be taken to reduce the frequency of defaecation, possibly together with medications for alleviating fever, vomiting and stomach ache or abdominal pains. Occasionally there may be more serious diarrhoea, for which specific treatment with anti-infectious agents such as antibiotics may be indicated or where admission to hospital is necessary for administration of fluids in infusions.

A few general preventive measures form the cornerstone of a successful trip:

Total avoidance of traveller's diarrhoea is an almost impossible task and preventive measures can seldom be strictly observed all the time. However, they can significantly reduce the risk of severe diarrhoea.

Wash your hands before eating.
Try to avoid the following foodstuffs <ul style="list-style-type: none">▪ Raw fruits and vegetables that cannot be peeled by you personally▪ Uncooked or unpasteurised milk or dairy products▪ Insufficiently cooked seafoods or meat▪ Ice cream from street vendors (In general, commercial ice cream straight from the deep-freeze is safe).
Cooked meals should be served hot
The place where you eat is also important: a snack or a meal at a street stall is more risky than a meal in a restaurant. Avoid restaurants where there are large numbers of flies.
Avoid tap water and ice cubes. Bottled water and soft drinks are safe. Watch out for reused bottle

caps

When on adventure travel it is important to disinfect drinking-water. Rendering drinking-water completely free of bacteria and parasites is an impossible task.

The following measures substantially reduce the risk of infection:

- Boiling is sufficient.
- A good alternative is chemical disinfection with chlorine drops (e.g. Hadex®, Drinkwell chloor®; obtainable in outdoor sport shops) or chlorine tablets (Certisil Combina®; chloramine tablets; obtainable at pharmacies). Their action can be improved by first filtering dirty water. Silver salt (Micropur®, Certisil Argento®) is not really suitable for disinfecting water, but should keep already disinfected water germ-free for a long time.
- Adventure travellers are best served by getting a portable water-filter.

Taking antibiotics to prevent diarrhoea (i.e. before you are sick) is not recommended! The use of other prophylactic medicines is also not recommended

2.2 How to treat diarrhoea?

It is of the utmost importance to take in sufficient quantities of fluid and salt to prevent dehydration. This can be achieved by using special salt solutions, though lemon tea, clear soup, soft drinks and fruit juices, supplemented with salt crackers, are tastier. Commercial salt solution products (ORS solutions) are on the market.

Taking a “transit inhibitor” (loperamide, example: Imodium®) reduces the number of stools, which means a substantial reduction of the complaints. Imodium® may only be used by adults and older children and only in cases of ordinary watery diarrhoea. A cautious dose would be 1 capsule after each loose defaecation, with a maximum of 4 capsules per day.

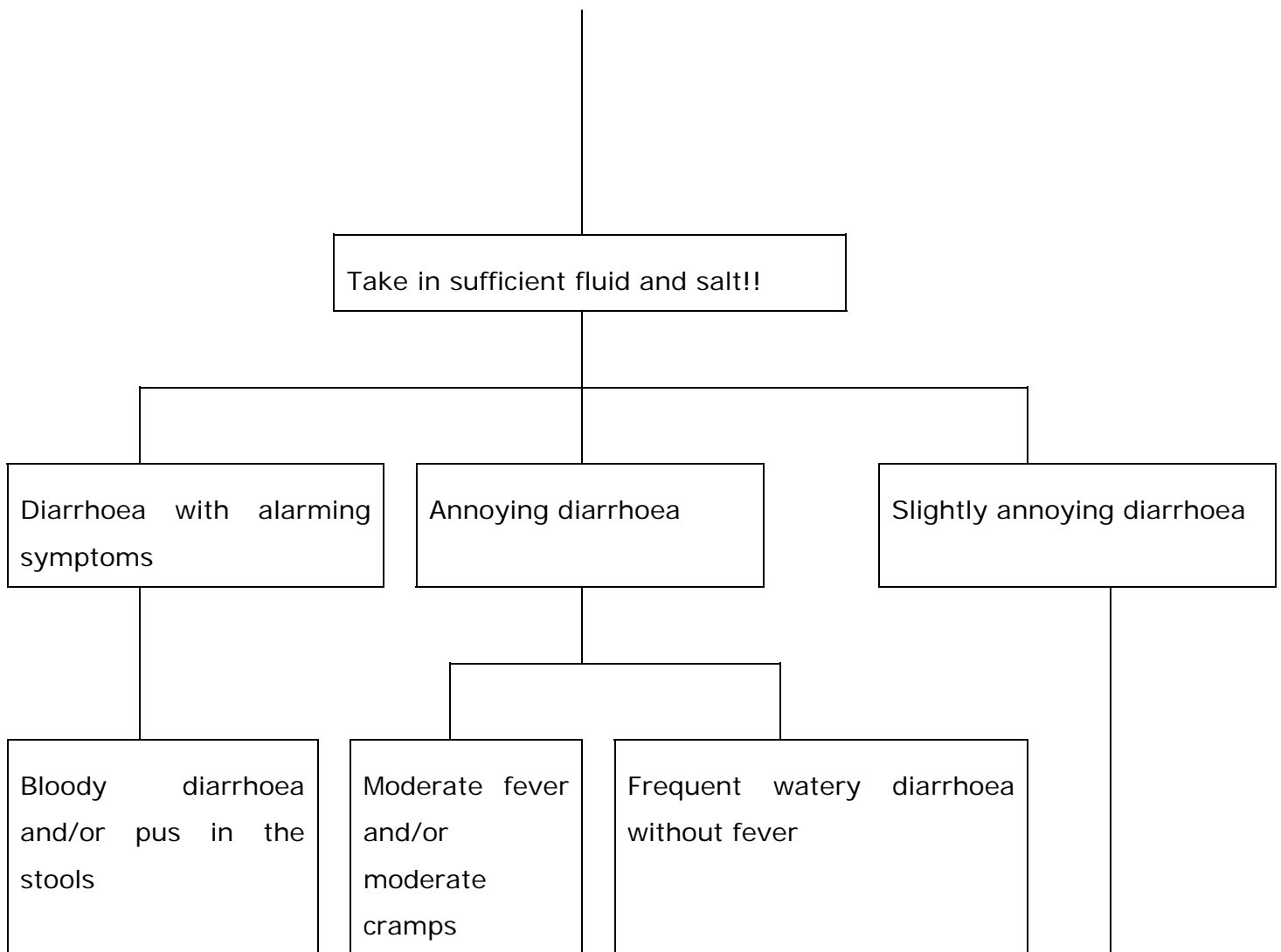
Use of an antibiotic is indicated:

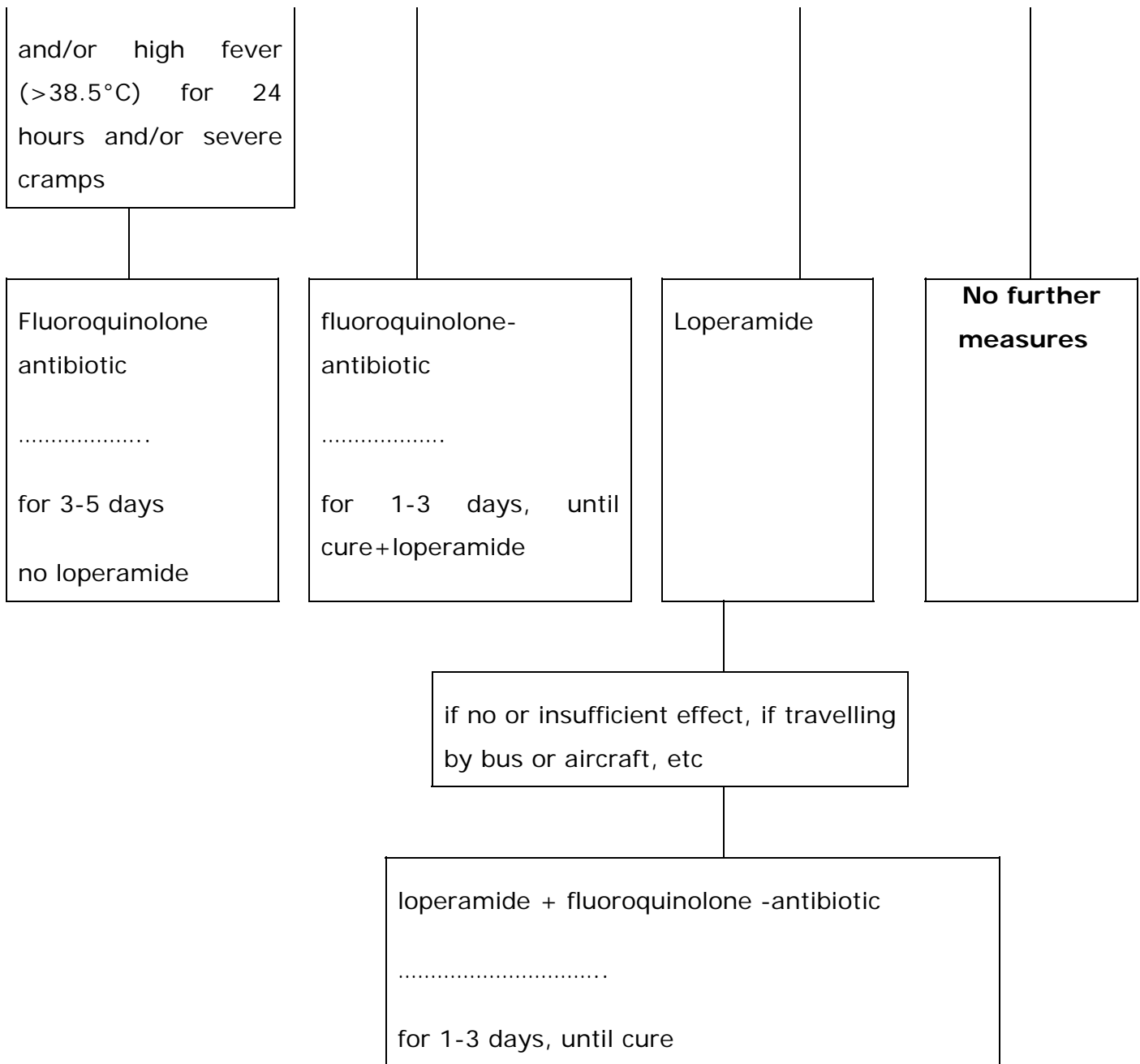
- If there is blood, mucus or pus in the faeces
- If the diarrhoea is not alleviated after 24 to 48 hours and is accompanied by fever (high body temperature above 38.5° C) or severe abdominal pains or if there are more than 6 stools per 24 hours and certainly if stools occur at night
- or if a quicker solution to the problem is absolutely desirable because of the travel circumstances (see scheme).

Useful antibiotics: solely on prescription by a doctor.

- **Fluoroquinolone antibiotic:** Tarivid 400® 1 tablet per day OR Ciproxine 500®, Peflacine®, Tarivid 200®, Zoroxin® or Norfloxacin generic 1 tablet each morning and 1 tablet each evening *for 1-3 days* for uncomplicated watery diarrhoea (in the case of pure watery diarrhoea the treatment may be stopped as soon as the symptoms have disappeared) and for *3-5 days* in the event of severe symptoms (see scheme). Avoid sunlight while taking these antibiotics. Ciproxine syrup is used for children under 15 years old.
- **Zitromax** ®: either 500 mg per day for 3 days, or a single dose of 1 gramme (hence treatment for 1 day). This is permitted for pregnant women. The dosage for children with syrup is 10 mg/kg/day for three days.
- (Bactrim ® and Eusaprim ® are no longer advised).

SELF-TREATMENT OF DIARRHOEA WHILE TRAVELLING





This scheme helps in an emergency, but should be used only if medical aid cannot be found within 24 hours when you are abroad. Do not use it when you get back home, but always consult your doctor!

3 Sexually transmitted diseases (STD)

The probability of casual / accidental sexual contacts is greater when travelling. Sexually transmitted diseases, particularly AIDS constitute a **major risk** for travellers. Many unintentional and unsafe sexual contacts occur under the influence of alcohol. Prevention while travelling is

actually the same as at home. Adequate use of **condoms**, best procured in Europe or the USA, is an absolute necessity, but offers no complete guarantee. Only a water-soluble lubricant is permitted (e.g. KY gel). Vaccination against **Hepatitis B** is advised.

Always consult a doctor if you think you are at risk, even when there are no symptoms.

4 Vaccine-preventable diseases

Preferably start 6 weeks before departure

Make photocopies of your "yellow vaccination booklet" and keep a copy at home !!!

4.1 Yellow fever

Maps:

- <http://www.who.int/ith/english/map1.htm> and
- <http://www./who.int/ith/english/map2.htm>.

This potentially fatal viral infection - transmitted by mosquitoes - occurs only in certain countries of South America and Africa. There is no medication against yellow fever, though there is a very effective vaccine that has practically no side effects and offers protection for 10 years. It is the only disease for which the traveller must be able to present an official vaccination certificate - the "yellow booklet" - when entering or leaving areas where yellow fever occurs. Vaccination takes place only in specialised centres recognized by the National Health Administration. It costs €10 and consists of one single injection in the arm. Children are vaccinated from the age of 1 year. Pregnant women are normally not vaccinated. A mild influenza-like reaction may occur a few days or up to a week after vaccination, but lasts only a few days (take paracetamol if this happens).

4.2 .Tetanus and Diphtheria

The preparations for your trip are an ideal time to update your tetanus- and diphtheria vaccination. A repeat injection every 10 years (Tedivax Pro Adulto® (3.12€)) suffices for most people (certainly for young people). If your last vaccination was more than 20 years ago, two booster injections with an interval of 6 months between them is recommended. If you are not sure about when you were given the previous basic vaccination, the schedule is two injections with a 1-month interval, followed by a third injection after 1 year.

4.3 Poliomyelitis

Every Belgian is compulsorily vaccinated against poliomyelitis. When this measure was introduced in 1965, vaccination was with an oral vaccine Sabin®. At the beginning of 2001 this was replaced by an injection with an inactivated vaccine. The vaccine usually ensures lifelong protection. In contrast to Belgium, poliomyelitis is still prevalent in some developing countries. Hence the importance of considering (re)vaccination against poliomyelitis before a short or long trip in less hygienic circumstances. Three vaccines exist:

<u>Sabin®</u> drinkable solution	<u>Imovax®</u> injection	<u>Revaxis®</u> injection
<ul style="list-style-type: none"> ▪ if you have already been vaccinated before 	<ul style="list-style-type: none"> ▪ if you have never been vaccinated before 	<ul style="list-style-type: none"> ▪ combined anti-tetanus, diphtheria and –polio vaccine
<ul style="list-style-type: none"> ▪ will no longer be used in the near future 	<ul style="list-style-type: none"> ▪ repeat with Imovax® after 2 months, and with Imovax® or Sabin® after <u>12 months</u> 	<ul style="list-style-type: none"> ▪ for people over 7 years old.
<ul style="list-style-type: none"> ▪ 2.1€ 	<ul style="list-style-type: none"> ▪ 3.5€ 	<ul style="list-style-type: none"> ▪ 12€

4.4 Hepatitis A (jaundice, icterus)

Hepatitis A is a virus causing an infectious liver disease and is transmitted via food, drink or objects that have been in direct or indirect contact with faeces. The course of the disease is usually mild, but can continue for several months. The risk of infection is very low in industrialised countries, due to good hygiene. In developing countries there is a high risk of infection, especially for people who go on adventure trips, or who are travelling for more than 3 weeks. Vaccination is recommended by the World Health Organization for all travellers to Africa, Latin America and Asia. Any person contracting the disease early in life acquires lifelong immunity and has no need for vaccination (this is best confirmed by a laboratory test).

Havrix®/Vaqta®:

- after one injection there is nearly 100% protection for at least 1 year a second vaccination 6 to 12 months later provides protection for at least **10 years**
- The price **per dose** is about 43€ (adults) and 28€ (1-15-year old children) **(2X)**
- Vaccination is definitely advised for travellers who stay or travel abroad frequently or for prolonged periods.

If vaccination against **hepatitis B** is also indicated (see below), a combination vaccine is used

(Twinrix®: adults 40.08€, children up to 15 years of age 27€).

4.5 Typhoid fever

Typhoid is a serious infection causing high fever. Transmission takes place via ingestion of contaminated food or water. This is yet one more reason for careful application of the guidelines for prevention of diarrhoea. The risk of infection is fairly low. Vaccination provides approximately 60-70% protection for 3 years and is advised for adventure travel or trips taking longer than 3 weeks. Two types of vaccine exist: _

Vivotif®	Typherix® / Typhim Vi®
<ul style="list-style-type: none">▪ Capsules: 3 capsules to be taken fasting, at intervals of exactly 48 hours. Remain fasting for a further 1 hour after taking the capsule.▪ The capsules are preferably taken a least 14 days before departure for the trip▪ Keep in a cool place! Do not open or dissolve capsules.▪ Do not take together with antibiotics, or antimalaria drugs or oral polio vaccine; not suitable for pregnant women	<ul style="list-style-type: none">▪ Single injection that is tolerated very well▪ Preferably given at least 14 days before departure
<ul style="list-style-type: none">▪ 17.85 €	<ul style="list-style-type: none">▪ 18.69€

4.6 Cholera

Cholera is characterised by frequent watery stools which may lead to rapid dehydration. Cholera is a disease of poor people who live in conditions of very poor hygiene and who are usually also suffering from malnutrition. The risk of getting cholera is negligible for healthy travellers who correctly apply preventive measures against traveller's diarrhoea, even when travelling in an area where a cholera epidemic is active. Vaccination is not very effective and is frequently accompanied by side effects, and hence the cholera vaccine is no longer administered. A vaccination certificate is still "unofficially required" in a few African countries. A vaccination certificate may therefore sometimes be useful in order to avoid problems at airports or border crossings. The physician will, therefore, provide you with one, if necessary.

4.7 Hepatitis B

- (26.87€): 3 injections, on days 1, 30 and 180, or 4 injections, on days 1, 7, 21 and 360.

Hepatitis B vaccination is recommended by the WHO (1) for people who frequently travel in Asia, Latin America and Africa, those who are resident there for more than 3-6 months and for children who live there, (2) for travellers who may have sexual contacts or may have to undergo medical or dental operations. Hepatitis B vaccination is already part of the basic vaccination schedule for babies, children and adolescents in Belgium and for all personnel involved in healthcare.

5 Other diseases

Depending on the travel circumstances, it is sometimes advisable to be vaccinated against:

- **Meningitis caused by meningococci A, C, W and Y** (18.10€; 1x) – protects for 3 years (after a single injection), and for a further 5 years after a booster.
- **Rabies (hydrophobia)** (19.63€ - 14.72€ of this is reimbursed; 2x) – protects for 2 years.
- Japanese encephalitis (Far East) (53.30€) – protects for 3 years.
- European tick-borne encephalitis (30.99€);
- Measles-mumps-rubella (MMR);
- Influenza;
- Pneumococci;
- TB (tuberculosis).

6 Malaria (swamp fever, paludism)

Malaria is an infectious disease caused by a parasite (called *Plasmodium*) and transmitted by the bite of the *Anopheles* mosquito. There are four different types of parasites, of which *Plasmodium falciparum* is the most dangerous and most widespread. The incubation period - the time between an infecting bite and the appearance of the disease - varies on average between 10 days and 4 weeks (occasionally a few months).

The symptoms include attacks of fever but the infection can at first resemble ordinary influenza. An attack can prove fatal within a few days if adequate treatment is not started.

Where does malaria occur?

Malaria only occurs in areas where *Anopheles* mosquitoes are present, namely in the tropics and in a large number of subtropical areas. *Anopheles* mosquitoes cannot survive above an altitude of 1500 to 2500 metres, depending on the temperature and climate at that altitude. There is little or

no risk of infection in most big cities, except in Africa, where the risk is real. Risk also exists in the outer suburbs of the big cities in Asia (including India). In a number of areas the risk varies according to the season.

How can malaria be prevented?

- Avoid mosquito bites: The *Anopheles* mosquito bites only between dusk and dawn. Please note: it is quite small and hardly makes any noise in flight.
- In the evening wear light-coloured clothing that covers your arms and legs as much as possible. Repeatedly treat the uncovered parts of the body with a 20-30% DEET-based insect repellent such as Moustimug®, Z-stop®, OTC-repellent® every 4 to 6 hours (the effect will not last through the night).
- Sleep in bedrooms that are free of mosquitoes (mosquito nets over the windows, insecticides which are slowly released by an electrical device or air-conditioning) or sleep under a **mosquito net impregnated with permethrine or deltamethrine** hung over the bed and with the edges tucked in under the mattress. If these measures are taken correctly, the risk of malaria is reduced by at least 80%.
- Use prophylactic tablets: There is still no single medication that is 100% effective in preventing malaria so a combination of precautionary measures is always required. The advantages and disadvantages of the different medications must be considered in relation to the risk of infection with malaria. This risk depends not only on the country but also on the areas to be visited within the country as well as on the season, the length of stay and the type of travel. **The physician will make a considered judgement of which antimalarial agent is best for each set of circumstances. This explains why people in one and the same group are sometimes taking different medications.**

Some individuals may experience side effects when taking antimalarial medications. These are often only of a mild nature and there is thus usually no reason to stop taking the medication. However, it may be better to switch to another medication in case of gastrointestinal discomfort or allergic reactions to Nivaquine® and Paludrine®. For Lariam®: see the scheme below.

LARIAM®: 1 tablet per week, on a fixed day, with the evening meal – for up to 4 weeks after returning home

1. CONTRAINDICATIONS to be discussed with the doctor

- Depression, psychiatric problems, anxiety attacks
- Epilepsy
- Certain cardiac rhythm disorders
- Not tolerated sufficiently well on previous administration
- Wanting to get pregnant or currently within the first three months of pregnancy

2. STARTING

- If there is sufficient time before departure, and certainly if you have never taken Lariam® before→ Do a "tolerance test": Start taking Lariam® at least 3 tablets, 2 - 3 weeks before departure!
- Classical→ Start 1- 2 weeks before departure
- If there is a high risk of malaria and if there is no time left before departure (preferably only if you have already taken Lariam® before and have tolerated it well)→ Take 1 tablet per day for 3 days before departure and then continue to take 1 tablet per week

3. POSSIBLE SIDE EFFECTS

- The vast majority of people tolerate Lariam® without any problem:→ May be taken for many months, and if necessary, for years
- The following symptoms of intolerance are possible: annoying vertigo, insomnia, nightmares, excitation, inexplicable anxiety, cardiac palpitations, gastrointestinal complaints→Consider stopping taking Lariam® if the side effects get too bad, and switch to another prophylactic scheme. If possible, consult a physician with experience in this.
- Extremely rare: epilepsy, hallucinations (1/10,000)→Immediate and final discontinuation

4. ALTERNATIVES you can change the medication without any problem, from one day to another if necessary

- Before a trip of at most 4 weeks: Malarone® , 1 tablet/day, 1 day before departure and continue for 7 days after return
- Nivaquine® (1 tablet/day) + Paludrine® (2 tablets/day) with meals, for up to 4 weeks after returning home or after leaving the malarial area (sometimes causes gastrointestinal complaints, aphthae/aphtous stomatitis, pruritus, itching)
- Doxycycline (1 tablet/day for up to 4 weeks after returning home or after leaving malaria area) (not for children under 8 years old and pregnant women) (can sometimes give rise to fungal infections of the mouth and genitals and phototoxic skin rash)

Antimalarial medications are supplied only on prescription from the doctor you have consulted.

If you get fever during or after a stay in a malaria area you must seek competent medical aid as quickly as possible. You are not advised to use Lariam® as a treatment if no adequate medical supervision is available.

Conclusion: As no single precautionary measure is 100% effective for preventing malaria, you must always consider the possibility of a malaria attack if you develop fever in the first few months after returning from the tropics, even if you have taken the prescribed medications in the correct manner. To reassure you: malaria recognized in good time is perfectly possible to treat, without risk of recurring attacks. "Once you have malaria you will always have malaria" is an old statement which is not correct anymore.

7 A few more tips

- Start your trip in good health. Take care of your teeth prior to a long trip.
- The cited medications are supplied only on prescription from the doctor you have consulted.
- It is essential to take out a good travel assistance insurance. Take your blood group card with you.
- Respect the same safety standards while driving in traffic as you would at home (certainly also as regards use of alcohol) and always use the safety belt (if present) in the car.
- **Other matters** that you may have to discuss with your doctor are: travel sickness (car sickness etc.); skin care, exposure to heat and sun / sunburn, minor wounds and injuries, bites and stings; problems associated with air travel: aero-otitis and aero-sinusitis, jet lag, altitude; problems of altitude sickness; contraception; diving; travelling with children; travelling when pregnant; travelling with chronic illness.
- Problems that frequently occur with travellers in developing countries are **wound infections** and ulcers, sores and boils. Any wound, however minor, must be carefully cleaned/washed and disinfected and then a powerful disinfectant ointment must be applied to it.
- **Dengue.** Dengue fever, a viral infection transmitted by daytime-biting mosquitoes, occurs quite frequently in Latin America and Asia. The disease is characterised by fever and muscle pains. In extremely rare cases the disease can proceed dramatically with lowering of the blood pressure and haemorrhages, though provided that good medical care is available this nearly always results in favourable recovery. There is no vaccine and there are no effective medications for Dengue fever. The disease stops spontaneously, though this may be followed by quite a long recovery period. Do not use aspirin but only paracetamol to treat fever. Visit: <http://www.cdc.gov/ncidod/dvbid/dengmap.htm>
- **Rabies** still exists in many countries. Avoid contact with free-running dogs, wild animals and animal carcasses. If you get bitten by an animal you must first wash the wound with water and soap and then disinfect it with isobetadine or a similar disinfectant. You should also immediately consult a doctor to determine whether vaccination (with or without gamma-globulin) is necessary.

- **Schistosomiasis** (also known as bilharziosis) is a worm infestation that can be contracted following swimming or bathing in contaminated freshwater. This occurs in the greater part of Africa, limited areas of South America and in the Near and Far East. The risk of bilharziosis is greatest in stagnant water (especially in reservoirs), though infection can also occur in rivers. There is no vaccine. The best advice is to avoid bathing or swimming in such water altogether. If the urge to bathe or swim is too strong, this is better in the sea since the worm cannot survive in the salt water. However, if you go swimming in freshwater, you should vigorously dry yourself immediately afterwards. This slightly reduces the risk of infection.

Visit: <http://www.who.int/ctd/schisto/epidemiology.htm>

- In exceptional cases it may be useful to get a few syringes and needles from the pharmacy in case you need an injection while you are away. It is important to refuse any injection when identical medications that can be taken orally are available.
- Your trip may also require other specific vaccinations or preventive measures. The doctor will inform you about these. If this folder and the discussion with the doctor still leaves you with questions, you can ask at the Hospital Outpatient Reception for the booklet "Practical Health Tips for Travellers to Foreign Countries" Ed. A. Van Gompel; 9.92€.

8 Back home

Your travel experiences may also prove to be a source of information for us. If you have had any significant problems (e.g. side effects of medication), please report these to us, preferably in writing. If you were troubled by fever, diarrhoea, abdominal pain, skin diseases or itching shortly after your return you may suspect that it has some connection with your trip. Tell your doctor that you have been travelling in the tropics or make an appointment with us somewhere in the morning. People who have been travelling around for a long time (months) on adventure trips are best advised to have a tuberculosis check carried out within 2 months after returning home. In any case consult a doctor if you have run sexual risks, even if there are no symptoms.

There is a **WEBSITE** for all your travel advice: <http://www.itg.be>

TRAVEL-INFO-FAX, a fax-on-demand system: via the number **0900 / 35106** (149.36€ / 20 seconds) you can call up a first page with a trilingual basic menu. Then with a code number, which is stated on this basic menu, you can directly call up the desired information (malaria prevention, traveller's diarrhoea, vaccinations) (approximately 2 pages per continent / sub-

continent; 1.12€ / minute).

TRAVELFOON (TRAVELPHONE): A computerised 24-hour telephone answering system can be consulted via the number **0900/101 10** (149.36€ per 20 seconds) (only with a press-key telephone). This system operates on the basis of speech recognition. When you call Travelphone for the first time, it is useful to take note of the mode of operation, so that you can get to work much quicker the next time. Thus you can:

- stop an explanation at any time by pressing the asterisk key,
- return to the main menu at any time by pressing the hash key,
- learn about all these matters by listening - attentively of course - to the brief introduction.

To the TREATING DOCTOR.....

9 Prevention Scheme

📁 Please keep this booklet

- All administered vaccines are to be noted in the “yellow booklet”
- All vaccines should be stored in a cool place, but should not be frozen

Yellow fever on..... Effective for 10 years

- Tetanus + diphtheria 1st..... (2nd..... 3rd.....) Effective for 10 years
- Combination vaccine Tetanus-Diphtheria-Polio (Revaxis® Injection) on..... Effective for 10 years
- Poliomyelitis → repeat (Sabin® drink ampoule, Imovax® injection on..... Effective for 10 years
- repeat (Imovax® injection) on..... Effective for 10 years
- first vaccination 1st..... 2nd..... 3rd..... Effective for 10 years

Hepatitis A/B

(A) **Havrix®1440/720/Vaqta®/Vaqta®Junior**

- 1st injection on..... Effective for 1 year
- 2nd injection (after 6-12 months) on..... Effective for 10 years

(B) **Engerix®, H-B-VAXII® or (A & B)Twinrix®**

- 1st injection on..... Effective for 1 month
- 2nd injection (after 1 month or) on..... Effective for 6 months

3rd injection (after 6-12 months or.....) on..... (Effective for 10 years)
 (Possible 4th injection after.....) on..... (Effective for 10 years)

Typhoid fever

Typherix® / Typhim Vi® vaccination on..... Effective for 3 years
Vivotif® → read the instructions on p. 7!! on..... Effective for 3 years
 → 1st capsule on..... 2nd capsule on..... 3rd capsule on.....

Other vaccinations (p.8): on..... Effective foryears
 on.... Effective foryears
 on.... Effective foryears

Malaria

- Always take measures to prevent mosquito bites
- Paludrine® (60 tablets = 8.30€), 2 tablets per day, with meals
- Nivaquine® (100 tablets = 4.66€), 3 tablets per week, in one dose, with the evening meal
- Nivaquine® (100 tablets = 4.66€), 1 tablet per day, with the evening meal
- Lariam® (8 tablets = 27.94€), 1 tablet per week, with the evening meal
- Doxycycline 1 tablet/day, when sitting down, with plenty of liquid or during a meal
 → start on..... until 4 weeks after returning home / leaving malarial area /until carton is empty
- Malarone® (12 tablets = 43.31€), 1 tablet/day, start 1 day before departure, continue till 7 days after returning home.

Travel pharmacy

- Antidiarrhoea agents:
- Imodium® / Loperamide-EG® and generic forms /
- Toriac® / Ciproxine® / Peflacine® / Tarivid® / Zoroxin®
- Norfloxacin generic
- Insect repellent
- Other medications (also thermometer).....