

# TRAVEL HEALTH UPDATE

(NAPSA)—Traveling abroad on vacation can be an exciting adventure. Most people spend a great deal of time planning their trips, making sure that the hotel is just right and the tourist attractions are nearby. But a recent survey presented at the International Society of Travel Medicine 2003 Conference found that nearly two-thirds of respondents traveling to areas with a high risk of infectious disease didn't seek travel health advice to avoid potential health issues.

What do you need to know to keep you and your family safe on your next vacation? Here are some answers to common travel health-related questions that can help you stay healthy on your next vacation.

**Q: I'm healthy. Why should I see a doctor before I travel when I have so many other things to get ready?**

**A:** Many travelers will develop a health complaint when traveling to many foreign countries. Travel medicine specialists can help you prevent many common travel health problems by providing appropriate advice, vaccines, and prophylactic medicines. You should plan to visit the doctor 4-6 weeks before the trip for a pre-travel consultation to determine the need for any vaccinations and/or anti-malarial medications, as well as any other medical items that may be necessary.

**Q: Do I need to get any vaccinations before traveling abroad?**

**A:** Depending on where you are going, you may need to be vaccinated against a number of diseases that we do not routinely vaccinate against in the United States. The Centers for Disease Control and Prevention (CDC) report that hepatitis A is one of the most common vaccine-preventable diseases in travelers. Other vaccine-preventable diseases that travelers can be at risk for include yellow fever, hepatitis B, diphtheria, tetanus, pertussis, measles and influenza, among others.

Additionally, adults may need to get booster shots for certain immunizations that they got years ago. Make sure that you are up to date on all of your booster shots and that you take your immunization record with you on your trip. Traveling infants and children should be fully up to date with



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routine childhood vaccinations because diseases covered by these vaccines that are now rare or non-existent in the U.S. are still common in other areas of the world. Vaccination recommendations for specific destinations can be found at the CDC's Traveler's Health site: [www.cdc.gov/travel](http://www.cdc.gov/travel).

**Q: I got severe diarrhea the last time I went on vacation. What can I do to prevent this on my next trip?**

**A:** According to the CDC, travelers' diarrhea (TD) is the most common illness affecting travelers, with an estimated 20-50 percent of international travelers becoming ill each year. Travelers' diarrhea is caused by a number of different bacterial and viral infections, and while it is rarely life threatening, TD can ruin an otherwise perfect vacation. To minimize the risk of getting travelers' diarrhea, travelers should avoid eating raw foods such as salads, already-peeled fruit, and undercooked meat. Tap water and ice should also be avoided, which may increase the risk of TD. Stick with bottled water or carbonated beverages whenever possible.

If you do get sick, make sure to replace lost fluids, as TD may result in dehydration. Over-the-counter medications that treat cramps and diarrhea can be used, but travelers should see a doctor if the symptoms persist for more than several days or if they are accompanied by a high fever or blood and/or mucus in the stool.

**Q: My doctor recommended that I take medication to prevent malaria on my upcoming trip. I read recently that Lariam (mefloquine hydrochloride) is associated with psychiatric side effects. Are there**

**other medications I can take?**

**A:** Malaria is a serious disease and it is important for travelers to most of Africa, Southeast Asia, and parts of the Caribbean, Central and South America to be protected against it. The U.S. Food and Drug Administration (FDA) recently announced a Medication Guide explaining the risk of psychiatric side effects while taking Lariam. These include anxiety, depression, restlessness or confusion. Some of these side effects may persist even after you stop taking the medication. The good news is that there are other effective anti-malarials that do not have the same risk of these side effects, such as Malarone® (atovaquone/proguanil HCl) Tablets, which adults take one tablet a day, starting one or two days prior to entering a malaria-endemic area, one tablet a day while in the area, and one tablet a day for only seven days upon return.

In addition to taking preventive medications, you can reduce your risk of mosquito-borne diseases like malaria by using insect repellents and by wearing long-sleeved shirts and trousers during times of the day when insects are more prevalent, such as twilight, and sleeping under a bed net dipped in permethrin.

**Q: Do I need to bring a traveler's first aid kit on my trip? If so, what should go in it?**

**A:** It is always a good idea to bring a first aid kit when traveling, no matter what your destination is. Travel to areas with a high risk of disease, however, means giving a bit more thought to its contents. Plan to include various-sized bandages, antibiotic ointment, aspirin or other pain reliever, and an over-the-counter diarrhea medication. In addition, if you are on medication, it is crucial to bring your full supply. Try to keep your first aid kit contents in a waterproof bag or container with multiple compartments for easy access.

No matter where your destination is, it's important to make sure you'll stay healthy while traveling abroad. When planning your next trip, be sure to talk to your doctor about disease preventive measures that may be necessary. The right planning and preventive measures will help to ensure your next vacation is a healthy and happy one.

*Editor's Note: In a clinical trial, adverse experiences possibly attributable to prophylactic therapy, which occurred in 5% of subjects receiving MALARONE versus mefloquine as the comparator drug, are listed as follows: MALARONE: diarrhea (8%), dreams (7%), oral ulcers (6%), and abdominal pain (5%) versus mefloquine: dreams (14%), insomnia (13%), dizziness (9%), nausea (8%), diarrhea (7%), headache (7%), and abdominal pain (5%). For prophylaxis: In adults, the most commonly reported adverse events possibly attributable to MALARONE versus placebo were headache (5% vs 7%) and abdominal pain (3% vs 5%); in pediatric patients, headache (14% vs 14%), abdominal pain (31% vs 29%), and vomiting (7% vs 6%). MALARONE is contraindicated for prevention of Plasmodium falciparum malaria in patients with severe renal impairment (creatinine clearance <30 mL/min) as well as individuals with known hypersensitivity to atovaquone or proguanil HCl or any component of the formulation. During clinical trials, one case of anaphylaxis following treatment with atovaquone/proguanil was observed.*

*For complete prescribing information, visit [www.GSKVaccines.com](http://www.GSKVaccines.com) / Malarone.*