

Table of Contents

Introduction	2
Evaluating Your Health Care Needs	3
Vaccines	4
General Health and Safety Concerns	6
Water Precautions	16
Food Precautions	17
Illnesses from Food or Water	18
Insect Precautions	21
Illnesses from Insects	22
Illnesses from Physical Contact	25
Special Medical Concerns	28
After You Return	28
Medical History Form	29
Immunization Form	30
Documentation Checklist	31
Trip Kit Checklist	32



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When visiting another country you can be exposed to many new experiences. Language, climate, culture, food, plants, and animals might seem unfamiliar and exotic. The challenges presented by a foreign environment can be both exciting and disorienting, and it is important to guard against any travel-related health or safety problems that might occur. Most problems can be avoided or resolved by planning ahead.

Common travel-related illnesses and preventive strategies are summarized, tips are provided (e.g., what to pack), and forms are included to help you document the requirements for your trip. You can save valuable time and energy by anticipating situations you might encounter during travel and learning beforehand how to manage them. Travel rarely turns out exactly as expected, but with the right planning you will be able to enjoy the adventures it offers.

This booklet reviews several areas in which you can take measures to protect yourself, including:

VACCINES
GENERAL HEALTH AND SAFETY
WATER
FOOD
INSECTS
PHYSICAL CONTACT

When planning a trip, one of the first things you should do is set up an appointment with your health care provider—either the person you see on a regular basis or a travel medicine specialist. Ideally, the appointment should take place at least 2 months before your departure date. Some vaccines and preventive medications need to be started well in advance of your travels in order to be fully effective by the time you reach your destination. However, if you aren't able to plan that far ahead, schedule the appointment as soon as possible—it is important to do whatever you can to protect your health while you are away.

Destination, activities, length of stay, your health history, and many other factors affect your risk of illness when traveling. Some physicians and nurses have become experts in the field of travel medicine, and they can evaluate these factors to come up with a care plan tailored to your trip. Travel medicine specialists and clinics offer:

- pre-travel assessment to determine health care needs
- information about disease risks
- explanation of travel health issues, including food, water, and insect precautions
- preventive vaccines and medications, including anti-malaria drugs
- written advice and documentation, including the *International Certificate of Vaccination*

Do your homework—research your destination country so you are aware of any health or safety issues that currently exist. For example, is there a risk area for malaria or yellow fever? If so, you will need to consider preventive medications or vaccines. Has there been civil unrest or a recent political upheaval? You will want to know if there are any unsafe areas as a result.

There are many resources that provide free information for travelers on topics such as disease risk, climate, and political conditions. Some of the best are available on the Internet:



Travel Health Online:

www.tripprep.com

Centers for Disease Control and Prevention:

www.cdc.gov/travel

World Health Organization:

www.who.org

International Society of Travel Medicine:

www.istm.org

U.S. Department of State:

www.travel.state.gov

If you don't have access to the Internet, check newspapers, libraries, and bookstores for the most recent information on your destination country.



Vaccines can greatly reduce your risk for certain diseases. You likely have been vaccinated against many “childhood” diseases such as measles and mumps, and you may already be immune to them. However, not all countries have been able to achieve a high rate of vaccination, and some diseases that are no longer common in developed countries are serious problems in developing countries. In some cases, a country may require proof that you have received a certain vaccine before you can enter that country. Your health care provider can recommend the appropriate vaccines for your trip.

Routine Immunizations

Check family records or ask your health care provider to verify that you are up-to-date on all routine immunizations such as measles, mumps, and rubella, diphtheria, tetanus, and pertussis, varicella (chickenpox), and polio. If you are not immune to these and other common childhood diseases or have not had the full childhood immunizations series, you should discuss appropriate protective measures with your health care provider, including the need for vaccination. Even if you have been previously immunized, you may need a booster dose of tetanus or polio vaccine. All travelers should receive an annual flu immunization. Also, ask your provider if you should receive the H1N1 (swine) flu vaccine. Children’s immunizations should be up-to-date; some vaccine schedules can be acceler-

ated in order to complete the series before travel.

Required Vaccines

Under International Health Regulations, health officials of some countries can require proof of yellow fever vaccination as a condition of entry. The vaccine must be given at least 10 days and not more than 10 years before entry into the country. Check requirements carefully to avoid problems. A single dose of yellow fever vaccine protects for 10 years. (See *Yellow Fever*, p. 23.)

No country currently requires cholera vaccination for entry, although some local government representatives may ask for it despite official policy. (See *Cholera*, p. 20.)

If you cannot receive a “required” vaccine because of an allergy or due to the unavailability of the vaccine, your health care provider may choose to provide you with a medical exemption letter.

To document your vaccination status, you will need an *International Certificate of Vaccination or Prophylaxis*, signed and dated at the time that your vaccines are administered. The *Certificate* is recognized worldwide, and if you do not have it you may be denied entry to countries or even vaccinated on the spot (which is not desirable).

Special Considerations

Additional vaccines (or health testing) may be required for entry into a country.

Persons who participate in the annual pilgrimage to Mecca (Hajj or Umra) are required to produce a certificate of vaccination against meningococcal meningitis issued not more than 3 years and not less than 10 days before arrival in Saudi Arabia. (See *Meningococcal disease*, p. 25.)

In addition, Saudi Arabia requires proof of polio immunization for some persons (e.g., those younger than age 15 years who are traveling from countries with wild polio virus) and may also administer a dose of oral polio vaccine to these persons upon entry into Saudi Arabia. Check requirements carefully before travel as they may change. (See *Polio*, p. 19.)

For the 2009 Hajj, Saudi Arabia recommended proof of vaccination against both seasonal influenza and H1N1 (swine) flu. In 2010, the seasonal flu vaccine will contain the H1N1 (swine flu) component so only one vaccine will be needed. Many countries have additional health-related requirements for long-term visitors; in some cases these apply to persons staying for just a few weeks. When you receive your visa application, review it in detail and check for all health measures required for entry. (See *Passports & Visas*, p. 13.) If you will be affiliated with any agency, institution, or organization during your stay, ask your contacts if they know of any official or unofficial requirements.

Other Travel-Related Vaccines

Your health care provider might recommend vaccines to help reduce your chance of contracting specific illnesses. The most important factors to consider are whether you will be traveling to areas where the risk of disease is greater than at home and whether your activities there will put you at risk of contracting these diseases. For additional information on travel-related, vaccine-preventable diseases, see *Cholera* (p. 20), *Tetanus* (p. 27), *Hepatitis A* (p. 19), *Hepatitis B* (p. 25), *Polio* (p. 19), *Typhoid* (p. 19), *Japanese encephalitis* (p. 22), *Tick-borne encephalitis* (p. 23), *Yellow fever* (p. 23), and *Rabies* (p. 26).

Tip:

Use the Medical History Form and Immunization Form on pages 27-28 to keep track of your vaccination history and other important health information.



A — Transportation-related injuries are the leading cause of preventable deaths among travelers. The tips below can help prevent transportation-related injuries:



- Use registered taxis. Avoid using overcrowded public vehicles if possible. Ask drivers to slow down if you feel at risk.

- Allow a day or 2 to acclimatize and overcome jet lag before driving. Whenever possible, try to find rental cars with seatbelts.

- Avoid driving at night, especially in rural areas. Remain alert and drive slowly—roads could be damaged or too narrow for passage, animals might be gathering up ahead, or people could be hiking or crossing, even in remote areas. Be particularly careful in countries where driving is on the side of the road opposite to that of your own country.

- Operating motor scooters, bikes, and other vehicles over unfamiliar terrain poses a risk to the operator and to others. Don't use these vehicles, and stay out of the way when you see them coming. If you do cycle while abroad, bring a good-quality helmet with you.



Slips and falls can be prevented by taking some commonsense precautions:

- Organize your hotel room and keep your belongings off the

floor. Keep a light on at night. Take extra care in the bathroom, where hard surfaces, water, and electricity can combine to cause serious injuries.

- Be careful when moving around on planes. Narrow aisles, food carts, and improperly stored luggage can be hazardous, especially during turbulence.
- Watch out for the most common shipboard mishaps: falling over storm steps, tripping over bulkheads, and catching fingers in doors that swing shut when the ship moves. It is not unusual for ships' doctors to treat onboard accidents before ever leaving port.
- Wear low-heeled, slip-proof shoes to help reduce fatigue and the risk of injury.

Altitude illness is caused by the lower level of oxygen available at high elevations. Although the human body can adjust to changes in altitude, the process (called acclimatization) takes time. Acute mountain sickness (AMS) typically appears at altitudes above 8,000 feet (2,400 meters), but some people experience symptoms at elevations as low as 5,000 feet (1,500 meters).

- Symptoms usually appear within a few hours of ascent and can include headache, insomnia, irritability, dizziness, muscle aches, fatigue, loss of appetite, nausea or vomiting, and swelling of the face, hands, and feet.

- If you experience mild AMS symptoms while climbing or driving, limit your activity level and remain at the same altitude for a day or 2 before ascending any farther. Aspirin or ibuprofen can be used for headache. If symptoms become worse during a day of rest, *descend until you begin to improve*.

To avoid altitude illness while flying or driving to a high-altitude location, try to spend a day or 2 at transitional altitudes to adjust.

If you are climbing, remember to *ascend slowly* to give your body time to become accustomed to changes in oxygen concentration. Increase your fluid intake (but avoid alcohol) to counteract symptoms of dehydration induced by dry mountain air and increased respiratory rate. Avoid taking any unnecessary medications.

If you have had altitude problems previously, have heart or lung problems or sickle cell trait or disease, or are planning to go to extremely high altitudes, consult your health care provider to discuss your options for prevention and treatment of illness. There are drugs available that can help with altitude illness.

- When possible, limit your swimming to chlorinated pools and unpolluted ocean beaches far from the mouths of streams. Avoid freshwater lakes, ponds, and rivers in the tropics.
- Walking barefoot exposes you to poisonous plants and ani-

mals, parasite and fungal infections, puncture wounds, and cuts and bruises. Wear footwear at all times, even when wading or swimming. In tropical waters, watch for jellyfish, sea anemones, and corals, all of which can give nasty stings.

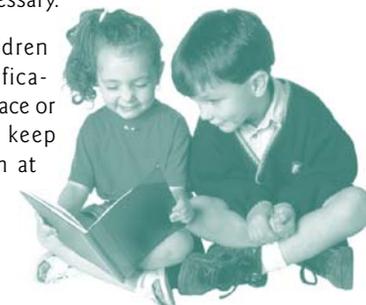
- In areas frequented by animals, sand and soil may be contaminated. Sit on a towel or blanket if chairs or hammocks are not available and shake out thoroughly after use.



- Strong currents and submerged objects can cause injury and drowning. Before diving into unfamiliar waters, check out what lies below.
- There are usually no lifeguards at beaches in tropical and developing countries. Never swim alone or at night. Know what to do to help yourself or others if injured or in danger.

- Plan a pace that accommodates children without hurrying, and include frequent food, beverage, and rest stops. Have toys, books, and games available to keep children quietly occupied when necessary.

- Give children an identification necklace or card to keep with them at all times. It should include



your address and phone number while abroad (but no names), as well as medical or emergency information.



- Prearrange a meeting place in case you are separated. Some people have children carry whistles to use if they become lost. Make sure children have the name and number of the person or place you want them to call if they become lost. Teach them how to use foreign telephones and let them practice making several calls.

- Traffic laws may be different than those at home. Be sure children understand the rules in the countries you visit.
- Do not assume child or infant car seats can be rented at your destination—bring one with you unless you know a safe one will be available.
- Make sure all routine immunizations are up to date and any necessary travel-related vaccines have been given. Children also need to be protected against diseases caused by physical contact (such as rabies) and insects (such as malaria), and should follow food and water precautions. Be prepared to handle diarrhea and dehydration.

Dress in layers of loose, soft clothing for warmth—pockets of air between the layers create additional insulation and you can add or remove layers if the weather

changes. Wear an outer layer of windbreaker-type material. A chilling wind can pull away all the heat you generate and turn a cold day into a dangerous one. If there is any chance of precipitation, wear a moisture-resistant covering as your outermost layer.

- **Hypothermia** is a dangerous drop in the body's core temperature. It can occur even on days that seem mild, especially if the weather is damp. Many hypothermia deaths have occurred in weather that is between 30 to 50° F (-1 to 10° C). Watch for symptoms of hypothermia: slurred speech, decreased awareness, shivering, irritability, or stumbling. Children and the elderly are especially vulnerable.
- **Frostbite** is an actual freezing of body tissues. Symptoms include pain, numbness, swelling, itching, and changes in skin color. *Do not* thaw a frozen body part unless it can be kept thawed. For example, if a hiker must still be able to walk to help, don't start the warming process. Refreezing causes damage that is even worse than the original frostbite.

If you suspect frostbite and/or hypothermia, find warm shelter and medical attention. Remove cold, damp clothing and place the victim between blankets until help arrives. Avoid interim measures such as rubbing or rapid re-warming, which can lead to complications.

Many countries have government offices (such as the U.S. Department of State) that supply information for travelers. Check for advisories on political or civil unrest, criminal activity against tourists, and other travel concerns before your trip. Know the phone number and location of your government's nearest embassy or consulate and carry this information with you. A duty officer is usually on call in case of crime or other emergency.

- Prepare your tour routes before setting out. (Avoid studying your map in the street—this calls attention to the fact that you are a tourist and do not know where you are.) Make sure at least one other person knows your whereabouts and schedule at all times.
- Do not wear expensive clothing or jewelry and avoid carrying expensive cameras, computers, or luggage. Never carry large amounts of cash. Avoid clothing that declares your nationality or political beliefs. Keep valuables in the hotel safe; room safes are less secure.
- Do not carry purses or money belts that can be cut or torn off. Wear your handbag across your chest or under a jacket or shirt. Carry your wallet in a front pocket with rubber bands wrapped around it so it cannot be easily removed.
- When traveling by car, keep suitcases locked and out of sight. Do not leave valuables in

the car. While driving, keep car doors locked and windows rolled up. Car jacking and thefts happen when stopped at gas stations, parking lots, or in slow city traffic.

- Rental cars can attract unwanted attention. Avoid those with rental markings. Arrange a locally purchased mobile phone to be in the vehicle whenever traveling.
- Avoid driving at night or alone and never drive outside urban areas after dark. Do not pick up hitchhikers. Avoid sharing taxis with strangers.
- While in your hotel room, keep the door locked at all times and lock it when you leave. Meet visitors in the lobby, and do not advertise your room number.
- When out of the hotel, leave your key with the concierge. Inform someone, including the front desk, when you expect to return if you will be out late.



Prepare for emergencies by knowing how to handle problems before leaving on your trip.

Check with your medical insurance provider to determine your coverage while out of the country. Know how to reach a representative while you are abroad. If you are not comfortable with your current level of coverage, look into supplemental travel insurance. Most foreign medical providers require cash payment. Before you leave home, make sure you will have access to funds while abroad.

Tip:
Ask your health care provider if he/she can recommend providers or hospitals in your destination country.

Tip:

If you have a condition requiring injections, bring your own supply of needles and syringes.

Ask your health care providers if they can recommend providers or hospitals in your destination country. In serious emergencies, go to the largest medical facility in the area. Try to have an advocate with you any time you receive medical care.

If you have a medical condition, wear medical alert tags and carry a list of important foreign words related to your condition. If you have a condition requiring injections, bring your own supply of needles and syringes. Carry a letter from your doctor explaining your medical need.

Avoid injections and dental procedures while traveling. Ask if there is an oral formulation that you can take instead. If injections are unavoidable, insist on individually wrapped, disposable needles. If there is a chance that an injection offered abroad is unnecessary (especially if circumstances are questionable), ask if there is an “administrative fee” or penalty you can pay in lieu of the shot.

Look for fire safety instructions in your hotel room and familiarize yourself with escape routes upon arrival.



If you are visiting a country where the temperature or humidity exceeds what you are used to at

home, take extra precautions to guard against skin damage or heat-related illnesses.

Try not to spend too much time outdoors between 10 a.m. and 2 p.m., when the sun is strongest. Wear light-colored, lightweight, loose clothing that covers as much skin as possible when in the sun; cotton and linen are good choices. Wear a loose-fitting, light-colored hat with a wide brim. Where sunlight is very strong, wear sunglasses that have side shields and block 92-97% of visible light. Ultraviolet radiation from the sun increases your risk of cataracts.

Use sunscreen with a sun protection factor (SPF) of 15 or higher. Make sure it protects against both UVA and UVB light and reapply if you swim or perspire. Apply to ears and neck and use lip protection as well. If choosing sunscreen for a child, select one without PABA, which can cause rashes or other problems.

If you are taking any medications, check to see if they cause photosensitivity (which will increase your risk of sunburn). Decrease your alcohol intake and increase your intake of other fluids.

- If you have mild sunburn, relieve the discomfort by bathing in cool water or applying cool compresses to affected areas, and by taking oral anti-inflammatory drugs such as aspirin or ibuprofen.
- Heat rash can appear as an area of raised spots or as reddened, sensitive skin, usually in body

Tip:

Consult your health care provider about the use of medications to reduce jet lag.

areas that are not exposed to air, such as underarms and groin. Cool baths or compresses can help soothe irritated skin, and hydrocortisone cream will decrease itching.

- Heat exhaustion results from elevation of core body temperature (hyperthermia). Symptoms include dizziness, nausea, rapid pulse, and headache. Immediately take the person to a cool spot to rest and give plenty of liquids. If untreated, heat exhaustion can lead to heat stroke.
- Heat stroke is extreme hyperthermia, with a core body temperature of 105°F (40°C) or more. It is very serious and can be fatal. Symptoms include confusion or irrational behavior, low blood pressure or shock, vomiting, shortness of breath, and unconsciousness. Cool victims as quickly as possible: remove their clothing, wet them down, fan them, and get medical help immediately. If they are able to drink, give them water.

Many people experience jet lag as a result of traveling across multiple time zones. Common symptoms include sleep disturbances, daytime fatigue, weakness, headache, sleepiness, and irritability. To help reduce jet lag, follow the tips below.

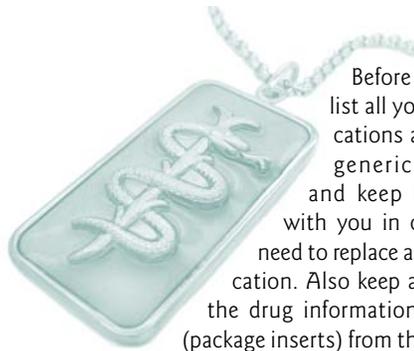
- When possible, choose daytime flights to minimize loss of sleep and fatigue.
- Adjust meal and sleeping times to those of your destination as

soon as you arrive. If possible, begin the process gradually several days before your trip.

- Expose yourself to daylight as soon as possible once you arrive at your destination. If you are traveling to the east, expose yourself to morning light; if traveling to the west, to afternoon light. This will help your body adjust to the changed sleep-wake cycle.
- Eat lightly and drink lots of water. Avoid large fatty meals, caffeine, and alcohol during the flight.
- Consult your health care provider about the use of medications such as melatonin or zolpidem (Ambien) for jet lag. Sedatives are no longer recommended on airline flights due to the risk of blood clots in the legs during prolonged immobility.

Depending on where you travel, familiar medications and health-related products might not be available or could be marketed using different names or formulations. Some medications might not meet the standards for safety and quality found at home.





Before you go, list all your medications and their generic names and keep this list with you in case you need to replace any medication. Also keep a copy of the drug information leaflets (package inserts) from the manufacturers.

Take along copies of prescriptions, and have all prescriptions written using generic names, since trade names vary in different parts of the world. Carry with you a letter from your physician on letterhead stationery, appropriately signed and dated, stating your medical history and medication requirements.

Bring along an adequate supply of all prescription and over-the-counter medications you will need, preferably split up into 2 separate bags, in their original containers. Pack products for skin care, hygiene, and birth control if you depend on certain brands.

If you are allergic to any drugs, carry medical alert information, preferably a Medical Alert wristband or tags listing the allergy.

Start early! Keep an ongoing list of everything you need to bring, writing it down as soon as you think of it. When it's time to load up, check off each item as you pack it.

- It's not uncommon for luggage to be misplaced or stolen. Items you might have trouble replacing or can't do without for a day should be kept in your carry-on bag; include valuables, traveler's checks, important documents, medications, eyeglasses, and toiletries. Also pack a change of clothing in case your luggage isn't returned immediately.
- In an environment with high levels of bacterial contamination, frequent hand washing can help lower the risk of infection. Bring disposable antibacterial wipes or "waterless" antibacterial gel if soap and clean water will not be readily available.
- If there are clothes you want to keep unwrinkled, lay them flat and slip them inside plastic dry cleaning or jumbo garbage bags; fold them as few times as possible.

Tip:

Use the Trip Kit Checklist (p. 32) to help you keep track of what to pack.

BRING	ITEMS	PACKED
✓	adhesive bandages or gauze with tape	
✓	alcohol swabs for disinfection	
✓	antibacterial soap, hand wipes or waterless gel	
	antifungal ointment or powder	
✓	antihistamine (e.g., Benadryl®, Chlorpheniramine®) for allergic reactions	
	antimotility medication (e.g., Imodium®, Motil®)	
	bandage rolls (e.g., Ace® wraps) for sprains	

sible. The plastic bags reduce wrinkling. Keep each pair of shoes in a plastic or cloth bag; this protects the shoes and the clothes.

- Pack heavy items at the bottom of the suitcase so they don't wrinkle lighter items. If you use wheeled luggage, pack heavy items closest to the wheels to help keep the luggage upright.
- When you are done packing, walk around with your luggage just as you will when you are traveling. Are your cases too heavy or unwieldy to carry for a moderate distance? Are objects shifting or falling out? Are items such as plane tickets and passport safe in a zippered pocket, yet easily accessible?

A **passport** is issued to you by your home country as proof of citizenship. Visas are stamped into your passport to allow you entry into other countries. Although there are exceptions, you are usually required to display your passport when entering or leaving a country. Once you arrive at your destination, carry a photocopy of your passport and keep the original in a secure place such as the main hotel safe (room safes are less secure).

A **visa** is an endorsement or stamp entered into your passport by a foreign government. It allows you to enter that country for a specific reason and period of time. Start applying for visas as soon as your passport is available so that all your documentation is completed

well before your departure date. To receive a visa you need to send your passport to an embassy or consulate of the country you want to visit. Most countries have embassies and consulates worldwide, and travel agents can usually tell you where the nearest ones are located. Keep in mind that your passport may be tied up for days or weeks until the paperwork is done, so plan accordingly. In addition, some countries require proof of yellow fever vaccination *before* they will issue you a visa. The amount of time spent mailing your passport to the various agencies involved can really add up if you are visiting several countries. Plan ahead if possible. If you only have a few weeks to prepare, a commercial visa service can often speed up the process.





Traveler's Thrombosis (DVT)

Blood clots called DVT or deep vein thrombosis can occur in the large veins of the leg or pelvic area during or after long trips by air, bus, or train. Sitting still for long periods of

time, especially with knees bent, can cause blood to pool in your legs, which increases the risk of a clot forming. (See other risk factors for DVT, listed next.) For air travel, the risk of DVT, sometimes called "traveler's thrombosis," increases with the length of the flight. If not treated, DVT can lead to pulmonary embolism (PE), a potentially life-threatening condition in which part of the clot in the leg dislodges, travels to the lungs, and blocks a blood vessel.

Some of the major risk factors include:

- a history of previous DVT, PE, or blood clotting disorder in you or your family
- recent major surgery, trauma, or immobilization (e.g., being in a leg cast)
- cancer within the last 2 years or current chemotherapy

- late pregnancy or the first 6 weeks after childbirth
- estrogen-containing medications
- older than 50 years of age
- severe obesity
- recent heart attack or congestive heart failure
- large varicose veins or chronic venous insufficiency

Symptoms of DVT can occur during or after a long flight or trip. If you develop any of these symptoms, consult your health care provider:

- leg pain, ache, or discomfort
- leg swelling
- increased warmth in the leg
- leg skin discoloration (red)
- joint pain

Symptoms of PE include:

- chest pain
- shortness of breath
- difficulty breathing

If you develop any of these symptoms, seek *immediate* medical attention.

Tip:

The risk of DVT increases with the length of the flight.

Preventive measures you can take (primarily to prevent blood from pooling in your legs during travel) include:

- Wear graded compression stockings (20-30 mmHg at the ankle level).
- Wear loose, comfortable clothing.
- Walk around in the aircraft cabin at least every hour, if possible, and at transit stops.
- Stand up at your seat and stretch your arms and legs periodically.
- Exercise your leg and calf muscles frequently by flexing and extending the ankles and knees.
- Use a footrest (or elevate your feet on a briefcase or small bag) to reduce pressure on the back of your thighs from the seat, which can decrease circulation to the legs.
- Drink plenty of water to prevent dehydration.
- Sit in an aisle seat if possible.

- Wear clothing that binds at the knees or waist.
- Cross your legs; this decreases blood circulation to your legs.
- Drink alcohol or coffee or take sleeping pills during a long flight.
- Sit in a window seat.

Tip:

Be aware of the preventive measures you can take to prevent blood clots.



In developed countries, clean drinking water is available right out of the tap. Developing countries, however, don't always have the resources to ensure a pure water supply, and consequently tap water is not safe to drink. Even if the people who live there can drink the water, don't assume that you can. Local residents have built up immunity to organisms in the water, but visitors have not. As a result, tap water can make travelers sick.

When traveling through areas with less than adequate sanitation or with water sources of unknown purity, travelers can reduce the chance of illness by following these precautions.



- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and brushing teeth.
- Bring an immersion coil (for boiling water), iodine additives, and/or a filter to treat water.
- Drink beverages made with boiled water whenever possible (such as hot tea and coffee). Water boiled for any length of

time (even 1 minute) at any altitude is safe to drink.

- Drink canned, boxed, or commercially bottled carbonated water and drinks. International brands are safest. Beware of unsealed containers that may have been refilled.
 - It is usually safe to drink sealed, bottled beer and wine, but remember that adding alcohol to water, juice or other beverages does not make that beverage safe.
 - Breast-feeding is the safest food source for infants who are still nursing. If formula is used, it must be prepared with boiled water and sterilized containers.
- Drink tap water or anything mixed with tap water.
 - Rinse toothbrush in tap water.
 - Use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
 - Assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can make you ill.
 - Drink from wet cans or bottles—the water on them may be contaminated. (Dry wet cans/bottles before opening and clean all surfaces that will have contact with the mouth.)
 - Drink fruit juice unless it comes directly from a sealed container; otherwise it may have been diluted with tap water.



It is difficult, if not impossible, to guarantee the safety of a country's food and beverages, especially in developing countries. Without strict public health standards, bacteria or parasites in food may go undetected and cause illness such as traveler's diarrhea. However, you can continue to enjoy local foods. Just be sure to follow food and water precautions and concentrate on eating the types of food that tend to be safest. While it may not be possible to avoid diarrhea in certain high-risk destinations, even with the strictest adherence to preventive measures, the risk can be minimized by following the guidelines below.

- Eat at establishments that are known to cater to foreigners or that are specifically known by other foreigners to be safe.
- Eat foods that are well-cooked and served steaming hot.
- Eat breads, tortillas, crackers, biscuits, and other baked goods.
- Eat fruits, nuts, and vegetables with thick skins, peels, or shells that you remove yourself.
- Eat canned foods.
- Always wash your hands with soap before eating and after using the toilet.

- Eat any food from street vendors or market stalls.



- Eat leafy or uncooked vegetables and salads. Some organisms in soil and water are not destroyed by normal cleaning methods.
- Eat undercooked, raw, or cold meat, seafood, and fish.
- Eat large carnivorous fish, especially from reef areas. Many contain concentrated toxins.
- Eat or drink unpasteurized dairy products such as cheese, yogurt, and milk. Be particularly wary of ice cream and other frozen confections that may have been made or stored in contaminated containers.
- Eat cold sauces such as mayonnaise, salad dressing, chutneys, or salsas, which are usually raw and made by hand.
- Eat buffet foods such as lasagna, casseroles, and quiches—unless you know they are fresh (not reheated) and have been kept steaming hot. Avoid buffets where there are no food covers or fly controls.
- Eat creamy desserts, custards, or sauces that may not have been adequately refrigerated.



Tip:

It is important to learn how to recognize and manage TD if it occurs.

Traveler's Diarrhea (TD) results from ingesting contaminated food or water. TD occurs in up to 60% of travelers and is characterized by the passage of 3 or more unformed stools in a 24-hour period. The vast majority of TD is bacterial. You can help reduce your chances of acquiring traveler's diarrhea by strictly following food and water precautions and paying close attention to hygiene. (An effective vaccine is available in some countries but not in the U.S.) Despite prevention strategies, TD still occurs. Therefore, it is also important to learn how to recognize and manage TD if it occurs.

If you have diarrhea you will need to take measures to prevent dehydration.



- Adults can replace fluids and electrolytes (body salts) by eating salted crackers and drinking plenty of soups and nonalcoholic, non-caffeinated beverages. If there is any question about the purity of your water source, make sure all beverages and soups are prepared with purified water.
- Infants must be given food and fluids throughout the course of any diarrheal episodes and watched closely for signs of dehydration. Oral rehydration solutions (ORS) may be helpful in replacing lost fluids. They were designed to decrease childhood mortality rates and are absorbed rapidly from the intestine. ORS packets are available in most developing countries. They should

be reconstituted with boiled, bottled, or purified water.

- If signs of dehydration appear (dizziness, weakness, dry skin, sunken eyes, deep-yellow urine, reduction or lack of tears and urine), seek medical help immediately. Dehydration can quickly become serious for infants, children, and the elderly.
- When you begin to pass soft stools, try eating easy-to-digest foods such as bread, potatoes, tortillas, and rice. Eat lightly for a few days, and stay away from dairy products and foods that are spicy or greasy.

In general, if you have mild loose stools without other symptoms, you can take over-the-counter drugs such as Pepto Bismol or Imodium (if needed for travel), which can slow and reduce the frequency of bowel movements; however, do not take these drugs for more than 48 hours.

A prescription antibiotic might be advised for treatment of moderate to severe bacterial diarrhea, especially if you will be traveling in areas where prompt effective medical care is not available. If your health care provider advises that you carry an antibiotic, be sure you know how to recognize the symptoms of bacterial diarrhea, when to start taking the antibiotic, and the correct timing and dosage.

- *If you experience a sudden onset of uncomfortable diarrhea you can be reasonably confident that the cause is bacterial.*

- *Seek medical help if symptoms do not rapidly improve or if you have fever, shaking chills, severe fluid loss, or blood or mucus in the stools.*

Hepatitis A is a viral infection of the liver that is spread through contaminated food and water. It is one of the most common diseases for which travelers are at risk. Symptoms can range from a mild, flu-like ailment with fever to a full-blown illness that can progress to jaundice and liver failure. Hepatitis A occurs worldwide, although there is less risk to those traveling exclusively in Australia, Canada, northern and western Europe, Japan, New Zealand, and the United States.

Hepatitis A is vaccine-preventable; two doses are given by injection separated by at least 6 months. A combined hepatitis A/B vaccine is also available. Practice good personal hygiene and follow food and water precautions carefully, even if you are vaccinated, to prevent other food- or water-borne diseases.

Poliomyelitis (polio): Polio is usually spread by ingestion of water or food contaminated with the polio virus. After an incubation period of 1 to 2 weeks, the virus causes a sudden fever, headache, sore throat, and vomiting. In some cases it invades the central nervous system and results in paralysis. Polio still occurs in many developing countries, particularly Africa and the Indian sub-conti-

nent, and to a lesser degree in Indonesia and the Arabian peninsula, especially in areas with inadequate sanitation and poor hygiene practices.

Although food and beverage precautions may help reduce the risk of exposure to polio virus, vaccination is the only reliable protection. If you have not been vaccinated against polio, the full 3-dose primary series requires at least 2 months to complete. Adults who have completed the primary series should have a one-time booster dose if traveling to risk areas.

Typhoid fever is a bacterial infection of the digestive tract that is spread via contaminated food and water. It is prevalent in countries with warm climates and poor sanitary conditions. Symptoms appear over the course of a month, beginning with fatigue, dull headache, intermittent fever, abdominal pain, and, sometimes, a rash.



Tip:
Hepatitis A is one of the most common diseases for which travelers are at risk.



If untreated, it can progress to severe illness with ongoing high fevers, “pea-soup” diarrhea, disorientation, multiple organ involvement, and coma.

Your health care provider might recommend vaccination if you will be traveling in areas or areas where typhoid occurs. Typhoid vaccine is only 50-80% effective in preventing illness, so it is important to follow food and water precautions even if you receive the vaccine. The injectable vaccine (1 shot) must be given at least 2 weeks before departure and protects for about 2 years. The oral vaccine (4-

dose series given over 6 days) should be completed at least 1 week before departure and protects for about 5 years.

Cholera is an acute bacterial diarrhea caused by consuming contaminated food or water. Infection is rare in travelers who follow the usual tourist itineraries with standard accommodations and observe food and water precautions. Cholera vaccine (not available in the U.S.) requires 2-3 doses given at least 1 week apart, followed by a booster dose. Follow careful food and water precautions whether or not you receive this vaccine.



Tip:

Follow careful food and water precautions whether or not you receive cholera vaccine.

Many diseases are spread by insects such as mosquitoes, fleas, and ticks. (See *Illnesses from Insects*, p. 20.) The bites or stings of some spiders, ants, or bees can cause injury or poisoning. (See *Bites and Stings*, p. 24.) Learn about the native insect life of areas you plan to visit and follow all preventive measures.

- Use preventive medications and vaccines as recommended by your health care provider.
 - Dress in pale colors, cover as much skin as possible, and wear socks and shoes (not sandals).
 - Use a repellent containing DEET or picaridin. Frequent application ensures continuous protection, but always check the label for instructions on use.
 - Mosquitoes that transmit malaria are night biters, so when traveling in a malarious area, be especially vigilant in applying repellent from dusk to dawn.
 - Mosquitoes that transmit dengue are day biters, so when in areas of dengue risk apply repellent during daytime hours (and especially early morning and late afternoon to dusk).
 - Spray permethrin (an insecticide) on clothing, window screens, bed netting, and other fabrics when in areas of high risk for malaria or other mosquito- or tick-borne diseases.
- If you are not sleeping in an air-conditioned room, sleep under a permethrin-impregnated bed net when at risk of malaria. Check the net for rips and tears, and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
 - Use an aerosol insecticide before going to bed and a vaporizer device throughout the night. Outdoors, a smoldering pyrethroid coil can be used to reduce flying insects.
 - Minimize outdoor activities when insects are most active.
 - In areas where tick-borne disease is a risk, perform a full body check at least once a day.
 - Don't wear bright colors or jewelry, and don't use cologne or scented soap, shampoo, or deodorant. All of these tend to attract insects.
 - Don't walk with bare feet, especially at night or when walking through tall grasses, brush, or forested areas. Many bugs live on or near the ground and can easily attack your feet or legs, especially if you have any skin abrasions.
 - Don't sit directly on sand or ground if you can avoid it—put down towels or blankets first and shake them out vigorously afterward.



Tip:

In areas where tick-borne disease is a risk, perform a full body check at least once daily.

Tip:
Follow
insect
precautions
even if you
are using
preventive
medications.

Dengue fever (“breakbone fever”) is a viral infection that is spread to humans by the bite of *Aedes* mosquitoes. Dengue is endemic in tropical regions of Africa, the Americas, Asia, the Caribbean, and the Pacific Islands and occurs more frequently during warm, humid seasons. Transmission is more intense in urban areas, including downtown business areas.

Symptoms include a sudden high fever, headache, generalized weakness, and intense muscle, joint, and back pain (hence the term “breakbone fever”). A rash may appear in some people. Dengue is usually self-limited, with an average duration of 6 days. Severe cases can occur in travelers who are infected more than once; this is called dengue hemorrhagic fever. There is no vaccine against dengue, so insect precautions are vital, especially during the mosquitoes’ peak biting times: early morning and mid-to-late afternoon. During overcast days or when indoors, however, mosquitoes will feed all day. (See *Insect Precautions*, p. 21.)

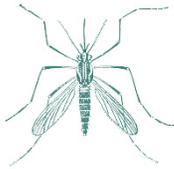
Japanese encephalitis (JE) is a viral disease that is spread to humans by the bite of the *Culex* mosquito. JE occurs in Asia, and most human infections occur in rural, agricultural areas. Risk is rare for travelers who confine their travel to highly urban environments and is very low for short-term rural travelers who do not engage in unprotected outdoor activities. In its early stages, JE appears flu-like, with headache, fever, chills, nausea, and vomiting. If the illness progresses to inflammation of the

brain, it can lead to paralysis or death.

Strict insect precautions, including the use of repellents, are vital if you are traveling in risk areas. Be especially vigilant using repellent between dusk and dawn, the *Culex* mosquitoes’ peak biting times. A vaccine is available but is not recommended for all travelers. Your health care provider might recommend vaccination if you will be traveling extensively in rural areas or visiting an epidemic area. Allow at least 35-40 days (if using JE-VAX) before departure to complete the vaccine series. Flu-like symptoms may occur after vaccination in some people. Rarely, serious allergic reactions can occur up to 10 days after vaccination, when using JE-VAX. A newer vaccine, Ixiaro®, has fewer side effects and is better tolerated.

Malaria is transmitted through the bite of the *Anopheles* mosquito and is the most frequent infectious cause of death for travelers to the tropics and subtropics. Malaria is found in many parts of the world including Africa, Central and South America, Southeast Asia, the Indian subcontinent, the Middle East, and the islands of the South Pacific.

One type of malaria (*P. falciparum*) can be fatal. Illness caused by the milder types (*P. vivax*, *P. ovale*, *P. malariae*) is not usually life-threatening but can be a serious health risk for the very young, the elderly, and persons with underlying illness. Malaria caused by *P. vivax* and *P. ovale* may resolve without treatment but can recur periodically if not properly treated.



Tip:
Proof of
yellow fever
vaccination
may be
required for
entry to
some
countries.

tral and western Europe, usually in forest and rural areas. A vaccine is available in Europe and Canada. Three injections are given over a period of 1 year.

Yellow fever is a viral disease transmitted by *Aedes* mosquitoes; the major areas of risk are parts of Africa and South America. The incidence of infection among travelers is very low, but the fatality rate in non-immune travelers is greater than 50%. Yellow fever is named for the characteristic jaundice (yellow eyes and skin) that results from viral invasion of liver cells. Most cases are mild, beginning with a sudden headache, fever, and exhaustion.

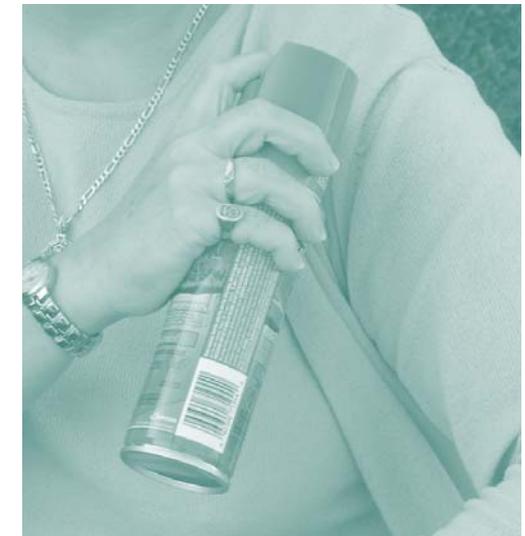
Since the disease can be fatal and yellow fever vaccine is highly effective, your health care provider might recommend vaccination if you are traveling to a risk area. A single injection is given at least 10 days before you will enter a risk area and is effective for 10 years.

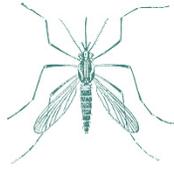
Symptoms always include fever and can include flu-like symptoms that may come and go, such as chills, sweats, headaches, muscle aches, and/or a vague feeling of illness. Vomiting, abdominal pain, diarrhea, cough, and jaundice (yellowing of the skin and whites of the eyes) can also occur. *If you have been in a malaria endemic area within the past year and have a fever or flu-like symptoms, seek immediate medical attention.*

Preventive medications and insect precautions against mosquito bites are important safeguards when traveling to a malarious area. Follow insect precautions even if you are using preventive medications and be especially vigilant using repellent between dusk and dawn when *Anopheles* mosquitoes are most active.

A travel medicine advisor can best inform you which destinations require preventive measures and can help you choose an appropriate anti-malarial drug for that destination. Be sure you understand how to take the medication appropriately; bring written instructions with you.

Tick-borne encephalitis (TBE) is a viral infection transmitted by tick bites (rarely, it can be acquired by consuming unpasteurized milk products from infected cows, goats, or sheep). TBE infection causes flu-like symptoms, which usually resolve in about a week, but some people experience a second phase that can include seizures, paralysis, and coma resulting from brain infection. TBE occurs in many countries in cen-





Flu-like symptoms might occur 5 to 14 days after vaccination and, rarely, encephalitis can occur.

Proof of yellow fever vaccination may be required for entry to some

countries. (See *Required Vaccines*, p. 4.) Whether you receive the vaccine or not, insect precautions are vital; there may be risk of other mosquito-borne illnesses at your destination.



Bites and Stings

Bites and stings from fire ants, bees, hornets, wasps, and yellow jackets are often painful but rarely fatal. If you are stung, remove the stinger as quickly as possible, since venom can be injected as long as it remains. Over-the-counter products are available for pain relief, and you can apply ice to reduce swelling. Antihistamines such as diphenhydramine (Benadryl) will alleviate most symptoms.

Multiple stings or hypersensitivity (allergy) to venom can cause an anaphylactic reaction in some individuals—in- stead of a local response, their body's defenses overreact to the venom, causing symptoms that can be fatal if not treated immediately. Victims

may flush and feel dizzy or nauseated at first; within minutes they can have headache, blurred vision, shortness of breath, irregular heartbeat, or fainting. If any of these symptoms occur, get medical help at once.

Tip:
People with sensitivity to bites or stings should wear a medical alert tag and carry a sting kit at all times.



People who know they have a sensitivity to bites or stings should wear a medical alert tag and carry a sting kit with them at all times. The kit includes a syringe of adrenaline (epinephrine) and oral antihistamine (Benadryl), both of which are needed to decrease the allergic reaction until medical help is found. Whether or not you are prone to allergic reactions, it is a good idea to carry a sting kit if you will be outdoors and away from medical help.

Some diseases are transmitted through physical contact, sexual activity, or contact with blood. A number of these diseases are more prevalent in developing countries. However, the following guidelines can help prevent these health problems no matter where you travel. In addition, frequent hand washing is an underrated yet very effective way to prevent disease transmission. Bring packets of antibacterial cleanser or wipes in case soap and clean water are not readily available.

Hepatitis B is a viral infection of the liver that can be transmitted via blood (e.g., contaminated needles, razors, medical or dental instruments), sexual contact, tattooing, blood transfusion, wound contamination, and even nicks during haircuts or manicures. Symptoms, which typically begin 3-4 months after infection, include loss of appetite, nausea, vomiting, extreme fatigue, and stomach pain; dark urine and jaundice (yellow skin and eyes) are also common. People who develop chronic hepatitis can spread the disease to others for the rest of their lives and can develop long-term liver disease or liver cancer.

Your health care provider may recommend vaccination, especially if you are a frequent or long-term traveler or if you are anticipating medical care while abroad. Unvaccinated persons receive 3 injections given over a 6-month period. (In the U.S., hepatitis B vaccine is given routinely in childhood.) A combined hepatitis A/B vaccine is also available.

Meningococcal disease is a potentially fatal infection caused by bacteria that enter the body through the upper respiratory tract. Most people who become infected develop very mild upper respiratory symptoms or no symptoms at all, but severe cases can lead to meningitis and can be fatal. Risk to travelers in developing countries is generally low, but increases as length of stay and level of contact with local populations increase. Meningococcal infections occur most commonly in poor, overcrowded areas, and epidemics occur each year in the “meningitis belt” of Africa (especially during the December through June dry season).

Vaccine is available to protect against meningococcal disease and is administered in a single injection. You should receive the vaccine about 1-2 weeks before departure, since it takes that much time to attain full protection. It is also important to employ good hand washing techniques, especially when traveling to developing countries.

Persons participating in an annual pilgrimage to Mecca (Hajj or Umra) are required to produce a certificate of vaccination against meningococcal meningitis. (See *Special Considerations*, p. 5.)





Rabies is a serious viral infection of the central nervous system that is transmitted through contact (bites, scratches, licks) with the saliva from an infected animal. There are usually no symptoms during the incubation period, which can last from 5 days to more than a year. The disease is still reversible during the incubation period so prompt treatment is vital if you have received an exposure. Once symptoms appear, the disease is almost always fatal.

Risk of rabies varies widely. Pre-exposure vaccination might be recommended, depending on whether rabies is present at your destination, the duration of your stay, activities, age (children who play outdoors in developing countries are at increased risk), and the availability within 24 hours of modern rabies vaccine and immune globulin for post-exposure use. In addition, you should avoid contact with animals while traveling, especially in developing countries.

If you suspect you have been exposed to animal saliva in a country where rabies occurs, scrub the area thoroughly with soapy water, alcohol, or povidone iodine, and



seek immediate medical help. A series of post-exposure injections is required whether you received the pre-exposure vaccine or not. Persons who did not receive the pre-exposure vaccine must receive longer treatment and need both the vaccine and rabies immune globulin. Persons who had pre-exposure vaccine do not need immune globulin and receive fewer vaccine injections.

Sexual contact with new or casual partners can lead to sexually transmitted diseases, and unprotected casual sex is always high risk. If you engage in sexual activity with new partners during travel, use condoms to reduce your risk of sexually transmitted diseases. Since safety standards differ worldwide, bring a supply of high-quality latex condoms with you. (Protect them from sun and extreme temperatures.) Condoms do not entirely eliminate the risk of HIV transmission. Human papillomavirus, which can cause cervical cancer and genital warts, is also sexually transmitted; vaccines are available for persons ages 9-26 years.

Skin problems can result from contact with people, plants, insects, or animals. Even minor problems should be taken care of immediately to guard against secondary infection.

- If you are participating in adventure or rural travel, ask local people, guides, or other contacts about precautions needed to avoid any poisonous plants or animals.
- Prevent blisters by wearing soft

cotton socks and sturdy, comfortable shoes that you have broken in before your trip. If you have a blister, don't open it. This leaves damaged skin exposed to bacterial infection. Pad the area with soft, dry gauze and keep it clean. If it opens on its own, treat it as you would any other minor abrasion.

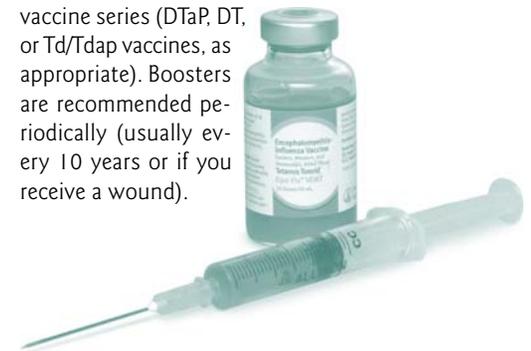
- Clean minor cuts or abrasions thoroughly with soap and purified water or povidone iodine solution to remove bacteria and debris. Rinse and then coat the area with antibiotic ointment. Cover with a clean, dry bandage until it begins to heal.
- To relieve the pain of minor burns, apply cool, wet compresses to the area and take oral anti-inflammatory drugs such as aspirin or ibuprofen. Don't apply ice—this can damage already traumatized skin tissue.
- Fungal infections such as "athlete's foot" and "jock itch" are more likely to occur in warm, moist climates. Bring an anti-fungal skin cream, ointment, or powder for these problems and apply according to package instructions; keep the affected area clean and dry.
- If you have a history of allergic reactions, try to avoid allergens and bring a medication that works for your symptoms. If you have severe allergies, wear a medical alert tag and carry a "sting kit" in case of anaphylactic reaction.
- Consider bringing antihista-



mines (such as Benadryl), which decrease the allergic response in most people. A topical ointment with hydrocortisone to relieve itching is also helpful.

Tetanus is caused by organisms found worldwide in dust and soil, especially where there is animal waste. These organisms can infect a wound or other damaged tissue and create toxins that affect the nervous system. Symptoms include muscle rigidity and spasms, usually starting with "lockjaw." Severe cases can be fatal. Although highly preventable with vaccination, tetanus is a common disease in developing countries where the vaccine is not widely used.

Vaccination against tetanus (as well as diphtheria and pertussis) is routine in the U.S. All travelers should have completed a primary vaccine series (DTaP, DT, or Td/Tdap vaccines, as appropriate). Boosters are recommended periodically (usually every 10 years or if you receive a wound).





Many people with medical concerns continue to travel. But whether you have a temporary condition such as pregnancy or an ongoing health concern such as diabetes, it is important to consult your health care provider about your trip and to plan ahead for any specific needs.

Considerations	Condition					
	Diabetes	Heart Disease	Pregnancy	Pulmonary Problem	Stomach Disorder	Immune Deficiency
Consult health care provider for advice in planning.	✓	✓	✓	✓	✓	✓
Carry letter from health care provider stating condition, medications, and treatments.	✓	✓	✓	✓	✓	**
Wear medical alert tags (stating condition and drug allergies) at all times.	✓	✓	✓	✓	✓	**
Inform airlines, cruise lines, and hotels about special needs.	✓	✓	✓	✓	✓	**
Keep insulin in insulator pack; adjust doses to time zones; bring supply of needles and syringes.	✓					
Delay trip if condition is currently unstable.	✓	✓	✓	✓	✓	✓
Some live vaccines may be inadvisable.			✓		✓	✓
Take extra precautions in areas with high risk of infection.	✓	✓	✓	✓	✓	✓
Follow food and water precautions strictly.	✓		✓		✓	✓
Avoid physical extremes, high altitudes, and overexertion.		✓	✓	✓		
Check availability of oxygen at each destination.		✓		✓		
Avoid areas of extreme air pollution or high humidity.		✓		✓		

** Discuss this issue with your health care provider since an immune deficiency due to infection with human immunodeficiency virus (HIV) can cause entry problems in some countries.

After You Return



Some illnesses can emerge weeks or even months after you return home. Keep this time lag in mind, especially in case of intestinal illness. If an illness is severe or does not improve after 3 or 4 days, see your health care provider. Explain where you have been, what you did, how long you stayed, what you ate and drank, and if you recall being bitten by any insects while traveling.

Check with your health care provider and family records to complete this information.

Name: _____

Address/Telephone: _____

Blood Type/RH Factor: _____

Allergies to food, insects, medicine, or environmental factors: _____

Name, address, telephone of health care provider in home country: _____

Name, address, telephone of health care providers or hospitals in destination country: _____

Chronic conditions (e.g., cardiac problems, diabetes, hypertension): _____

Current or recent conditions (e.g., pregnancy, flu, injury): _____

Prescription for glasses or contact lenses, if relevant: _____

Dental history, if relevant: _____

Attach signed, dated letter from your health care provider explaining all current treatments or medications. Include any prescriptions, using both generic and brand names.

Immunizations	Required	Recommended	Date Completed
Cholera			
DTaP			
DT			
Hepatitis A			
Hepatitis B			
Hepatitis A/B			
<i>H. influenzae</i> type b			
Human papillomavirus (HPV)			
Influenza (seasonal)			
Influenza (swine flu)			
Japanese encephalitis			
Measles, Mumps, Rubella			
Meningococcal meningitis			
Pneumococcal			
Poliomyelitis, primary series			
Polio booster			
Rabies			
Rotavirus			
Td			
Tdap			
Typhoid fever			
Varicella (chicken pox)			
Shingles (herpes zoster)			
Yellow fever			
Other:			

1. Determine which documents will be required for your trip and check them off.
2. Make photocopies of all original documents before leaving home; check them off when completed.
3. Carry the photocopies with you in a place separate from your originals.

Needed	Document	Date Completed	Photo Copy Made
	Airline tickets		
	<i>International Certificate of Vaccination or Prophylaxis</i>		
	Credit card information		
	Medical insurance provider information		
	International driver's license		
	Medical History Form (p. 29) and Immunization Form (p. 30)		
	Passport, with 4 extra photos		
	Traveler's checks		
	Visa(s)		

Trip Kit Checklist

The following list will help you keep track of the items you need to bring on your trip. Select those which you will need, and check them off after they are packed.

BRING	ITEMS	PACKED
	adhesive bandages or gauze with tape	
	alcohol swabs for disinfection, in individual packets	
	antibacterial soap, hand wipes, or waterless gel	
	antibiotic and antifungal ointments, creams, or powder	
	antihistamine (e.g., Benadryl®, ChlorTrimeton®) for allergic reactions	
	antimotility medication (e.g., Imodium® or Lomotil®)	
	bandage rolls (e.g., Ace® wraps) for sprains and strains	
	batteries	
	birth control/condoms	
	bismuth subsalicylate (e.g., Pepto-Bismol®) for intestinal distress	
	candle and matches	
	cough syrup or lozenges	
	disinfectant for cuts and scrapes	
	electrical plug adapter, current converter	
	facial tissue in small packets	
	flashlight and batteries	
	hand sanitizer	
	hydrocortisone cream (topical cream for itching, bites, and skin irritation)	
	insect repellent with DEET or picaridin	
	insecticide with permethrin for clothing, netting, and other fabrics	
	laxative/stool softener	
	mosquito netting	
	oral rehydration solution (ORS) for diarrhea, dehydration	
	pain relievers (e.g., acetaminophen, aspirin, ibuprofen)	
	prescription medications (labeled, in original bottles)	
	scissors	
	spare glasses, sunglasses, contact lenses, cleaning/wetting solutions	
	sunscreen, at least spf 15	
	tampons/sanitary napkins	
	thermometer	
	tweezers	
	vitamins	
	heating coil, chemical purifiers, and/or filter for water purification	