# Traveling Dos and Don'ts Outside the U.S.
## From the CDC (Center for Disease Control)

- See your doctor at least 4 - 6 weeks before your trip. This allows time for immunizations to take effect. If it is less than 4 weeks before you leave, you should still see your caregiver. You might still benefit from shots or medicines and information about how to protect yourself while traveling.
- Your caregiver will ask you where you intend to travel, how long you intend to stay, and whether you may visit rural areas. This determines what vaccinations should be considered. Know your travel schedule when you visit your caregiver.
- Adolescents and children should seek guidance on their vaccination status from their caregiver. So should women who are breastfeeding or pregnant, and people with altered immunity (HIV/AIDS, diabetes).

CDC RECOMMENDS THE FOLLOWING VACCINES (AS NEEDED BY AGE AND BY WORLD REGION):

- **Routine Vaccines**: Be up to date on your routine vaccinations. Get boosters, if needed. These include diphtheria, tetanus, and pertussis (**DPT**), measles, mumps, and rubella (**MMR**), **influenza** (*flu*), and **varicella** (*chickenpox*). Also, **meningococcal**, if you are 11 to 18 years of age, and **zoster** (*shingles*) if over age 60. Possibly **pneumococcal,** if you are a smoker or have long-term (*chronic*) lung or heart disease.
- **Typhoid:** If you are visiting low income or developing countries.
- **Yellow Fever**: If traveling to an area where the disease is prevalent (*endemic*).
- **HPV:** (*Human Papilloma Virus*), if you are 26 years old or younger and intend to be sexually active.
- **Rabies:** If you might be exposed to wild or domestic animals. Pre-exposure rabies vaccine is urged for people doing more than short-term travel in countries where rabies is common (including Mexico).
- **Polio:** A single one-time booster is advised for travel to Africa and Southeast Asia.
- **Hepatitis A**: This is routinely given to children beginning at age 2 years. It is often advised for most foreign travel, including Europe.
- **Hepatitis B**: This is given routinely to infants, children, and adolescents.
- **Meningococcal:** This is advised for travel to developing countries, where risk is high. For example, parts of sub-Saharan Africa ("meningitis belt"). Saudi Arabia requires vaccine for all pilgrims attending the Hajj (*religious travel to Mecca*).
- **Malaria:** A vaccine does not yet exist. Oral medicines can prevent the usual types of malaria and drug-resistant strains. The most common medicine prescribed is LARIAM (*mefloquine*). It is taken once weekly before, during, and after travel. Other drugs are also used for malaria prevention, including chloroquine and doxycycline.
- **Japanese B Encephalitis** (JE): This is a moderately toxic vaccine. Use is generally limited to travelers to Asia, who will have long rural exposure to mosquitoes, in areas with high likelihood of disease spreading (such as, rice paddies).

TO STAY HEALTHY, DO:

- Wash hands often, with soap and water.
- Drink only bottled or boiled water, or carbonated (*bubbly*) drinks in cans or bottles. Avoid tap water, fountain drinks, and ice cubes. If not possible, make water safer by BOTH filtering through an "absolute 1-micron or less" filter AND adding iodine tablets. Such filters are found in camping and outdoor supply stores.
- When buying carbonated drinks or bottled water, always inspect the bottle seal. Make sure it has not been previously opened. This could mean it was refilled with unclean beverages or water. If you suspect a bottle seal has been tampered with, return or discard it.
- Eat only thoroughly cooked food from a reputable restaurant or food service provider, who routinely caters to foreign travelers. Only eat meat, fish, or shellfish that have been thoroughly cooked. Otherwise, they can infect you and cause gastroenteritis.

- Avoid foods that have been prepared and left standing at room temperature. These often support bacterial growth that can make you ill.
- If you will be visiting an area where there is risk for malaria, take your malaria prevention medicine before, during, and after travel, as directed. (See your doctor for a prescription.)
- Protect yourself from mosquito bites:
  - Pay special attention to mosquito protection between dusk and dawn. This is when malaria-carrying mosquitos are active.
  - Wear long-sleeved shirts, long pants, and hats.
  - Use insect repellants that contain DEET (diethylmethyltoluamide).
  - Read and follow the directions and precautions on the product label.
  - Apply insect repellent to all exposed skin.
  - Do not put repellent on wounds or broken skin.
  - Do not breathe in, swallow, or get DEET in your eyes. DEET is toxic if swallowed. If using a spray product, apply DEET to your face by spraying your hands and rubbing the product carefully over the face. Avoid your eyes and mouth.
  - Purchase a bed net impregnated (*treated*) with the insecticide permethrin or deltamethrin. Or, spray the bed net with one of these insecticides. This is not needed if you are staying in air-conditioned or well-screened housing.
  - DEET may be used on adults, children, and infants older than 2 months of age. Protect infants by using a carrier draped with mosquito netting, with an elastic edge for a tight fit.
  - Children under 10 years old should not apply insect repellent themselves. Do not apply to young children's hands or around their eyes and mouth.
- If you are visiting areas where malaria occurs, read the malaria prevention recommendations on the CDC malaria website (www.cdc.gov/MALARIA). Your caregiver will guide you on the selection and use of an anti-malaria preventive medicine that you may need to take before, during, and after your visit.
- To prevent fungal and parasitic infections, keep feet clean and dry. Do not go barefoot.
- Always use condoms to reduce the risk of HIV and other sexually transmitted diseases.
- Try to travel in vehicles that have seat belts, whenever possible. If renting a vehicle, try to rent a larger one for added protection. Wear helmets whenever bicycling or motorcycling. Avoid alcohol when operating any vehicle, even a bicycle. Avoid overcrowded, over-weighted, or top heavy buses or mini-vans. Be aware that pedestrian patterns vary greatly by country.

## TO AVOID GETTING SICK:

- Do not eat food purchased from street vendors.
- Eat at restaurants that often cater to foreign travelers (leading hotels, hotel chains).
- Do not drink beverages with ice.
- Do not eat dairy products, unless you know they have been pasteurized.
- Do not share needles with anyone.
- Do not handle animals (especially monkeys, dogs, and cats). Avoid bites and serious diseases (including rabies and plague).
- Do not swim in fresh water. Salt water is often safer. Avoid swimming pools that are not chlorinated.
- Do not have unprotected sex.

## WHAT YOU NEED TO BRING WITH YOU:

- Long-sleeved shirt, long pants, and a hat to wear outside. This is to prevent illnesses carried by insects (malaria, dengue, filariasis, leishmaniasis, onchocerciasis).
- Contact information card, for use in urgent situations. This should list the names, addresses, and telephone numbers of family member(s) or contact(s) in your country, your primary caregivers, important specialty home caregivers, area hospitals and clinics where you will travel, and your national consulate or embassy.
- Purchase a pre-packaged travel health kit from a reputable source, or create one yourself. This should include a first aid kit and commonly needed medicines.

## ITEMS TO INCLUDE IN A TRAVEL HEALTH KIT:

- Insect repellent containing DEET.
- Bed nets impregnated with permethrin. (Can be purchased in camping or military supply stores. Overseas, permethrin or another insecticide, deltamethrin, may be purchased to treat bed nets and clothes.)
- Flying-insect spray or mosquito coils, to help clear rooms of mosquitoes. The product should contain a pyrethroid insecticide. These insecticides quickly kill flying insects, including mosquitoes.
- Over-the-counter anti-diarrhea medicine, to take if you have diarrhea.
- Iodine tablets and water filters to purify water, if bottled water is not available.
- Sunblock and sunglasses.
- Antibacterial hand wipes or an alcohol-based hand sanitizer. Must contain at least 60% alcohol.
- Extra pair of contacts or prescription glasses, or both, for people who wear corrective lenses.
- Prescription medicines. Make sure you have enough to last during your trip, as well as a copy of the prescription(s).
- Destination-related medicines, if applicable:
  - Anti-malaria medicines.
  - Medicine to prevent or treat high-altitude illness.
  - Pain or fever medicines (acetaminophen, aspirin, ibuprofen).
- Stomach upset or diarrhea medicines:
  - Over-the-counter anti-diarrhea medicine (loperamide, bismuth subsalicylate).
  - Antibiotic for self-treatment of moderate to severe diarrhea.
  - Oral rehydration solution packets.
  - Mild laxative.
  - Antacid.
- Items to treat throat and respiratory symptoms:
  - Antihistamine.
  - Decongestant, alone or combined with antihistamine.
  - Cough suppressant or expectorant (*promotes the expulsion of mucus*).
  - Throat lozenges.
- Anti-motion sickness medicine.
- Epinephrine auto-injector (such as an EpiPen), if you have a history of severe allergic reaction. Smaller dose packages are available for children.
- Any medicines, prescription or over-the-counter, taken on a regular basis at home.

**For Basic First Aid**

- Disposable gloves (at least two pairs).
- Adhesive bandages, multiple sizes.
- Gauze.
- Adhesive tape.
- Elastic bandage wrap for sprains and strains.
- Antiseptic.
- Cotton swabs.
- Tweezers.
- Scissors.
- Antifungal and antibacterial ointments or creams.
- 1% hydrocortisone cream.
- Anti-itch gel or cream, for insect bites and stings.
- Aloe gel for sunburns.
- Moleskin or molefoam for blisters.
- Digital thermometer.
- Saline eye drops.
- First-aid quick reference card.
- Commercial suture and syringe kits, to be used by a local caregiver. (These items will also require a letter

from the prescribing physician, on official letterhead stationery.)

NOTE that some of the above items are considered sharp. They will need to be packed in your checked luggage, not in a carry on.

## AFTER YOU RETURN HOME:

If you have visited a malaria risk area, continue taking your anti-malaria drug for 4 weeks (chloroquine, doxycycline, or mefloquine) or 7 days (atovaquone/proguanil) after leaving the risk area. Malaria is always a serious disease and may be a deadly illness. If you become ill with a fever or flu-like illness, while traveling or after you return home (for up to 1 year), you should seek immediate medical attention. Tell the caregiver your travel history.

*This information is courtesy of the CDC.*

Document Released: 11/29/2005 Document Re-Released: 01/09/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.