

HEALTHY TRAVEL INFORMATION

Being well prepared before you travel will ensure that you minimise the risk of preventable ill health whilst abroad. Exposure to these risks will depend on where you are travelling, how long you are travelling for and your living conditions. Below you will find advice on how to deal with the most common problems you are likely to encounter, how best to prepare yourself for travel and how to ensure you return home in good health.

The advice is of necessity quite general and applies to healthy adults. Children's needs can differ.

IMMUNISATION

Make sure you are up to date with all necessary immunisations. Most of these can usually be done by making an appointment at your local GP surgery. It is important you do this as soon as you know you are travelling. Some vaccinations need several weeks to be fully active or a course of injections may be required. A good source of independent travel advice telling you likely vaccination requirement on the web is <http://www.fitfortravel.scot.nhs.uk/>

MALARIA PREVENTION

Malaria is widespread in tropical and sub-tropical areas of the world and is spread by the bite of an infected mosquito. Infection produces fever and, in some cases, complications affecting the kidneys, liver, brain and blood. Malaria can be fatal. Precautions should be taken if you are going to visit, travel through, or even just stop over in a malarial country.

Avoidance of mosquito bites is the single most important preventive measure, particularly with increasing resistance of the disease to drug treatment. This can be simply achieved by taking the following precautions:

- use insect repellent, preferably one containing DEET (Diethyltoluamide);
- keep your arms and legs covered with appropriate clothing (long trousers, sleeves and dresses) especially when out walking and after sunset when the infecting mosquitoes are most active.
- sleep in properly screened rooms and employ a "knockdown" spray to kill any mosquitoes in the room. Ideally use a mosquito net (which may be impregnated with insecticide) around the bed at night, ensuring that it has no holes and is well tucked in.

Malaria Prevention tablets are vital in areas where the above measures, although still essential, are unlikely to give adequate protection

on their own. Your GP or Practice Nurse will advise you if anti-malarial tablets are needed (i.e. in high-risk areas) and which tablets are appropriate. Again you will find clear advice about malaria prevention at:

<http://www.fitfortravel.scot.nhs.uk/>

Depending on where you are travelling different anti-malaria tablets can be necessary. In some areas resistance is a major problem and a prescription for anti-malarials from a doctor will be necessary. More detail is given at the end of this information booklet.

Even if you have taken the most appropriate tablets none of these anti-malarial precautions can give absolute protection. So if you develop influenza-like symptoms, especially associated with shivering/shaking attacks (rigors) while abroad, or even within a year of returning from a malarial area, or after discontinuing prophylaxis, you should seek medical attention urgently. You should tell the doctor of your recent travel to a malarial area.

JET LAG

Rapid long haul flights of more than 5 hours time difference result in appreciable jet lag, characterised by various symptoms including fatigue and inability to sleep at the new night time, headache, irritability, loss of concentration and gastrointestinal problems (indigestion, loss of appetite and bowel irregularities). The body will take longer to adjust if the flight is eastwards rather than westwards and adjustment is slowed by lack of sleep during the actual travelling, the stress of travelling and alcohol. It is clear that work performances after arrival can be affected and since it may take 5 days to fully adjust, any measures that will help prevent jet lag are worthwhile.

The following suggestions may help:

- rest before departure;
- drink plenty of water or soft drinks to counteract the dry cabin atmosphere that leads to dehydration which is further increased by caffeine and alcohol;
- stretch and exercise by walking frequently during the flight in order to aid circulation and prevent swollen ankles;
- sleep on the plane is recommended especially if you can sleep during the night time of your destination. If necessary a mild sedative could be taken. This should be discussed with the doctor;
- for trips of less than seventy two hours, you should try to sleep at your normal night time, if at all possible. Taking brief (1-2 hours) naps are advised since longer periods of sleep will tend to move your body clock onto local time. For longer trips, you should aim to move to local time immediately upon arrival.

SUN EXPOSURE

Exposure to sun leads not only to premature ageing of the skin, but also increases the risk of melanoma and other skin cancers. This risk is greater in those who are fair skinned, or on certain medications such as diuretics or tetracycline antibiotics commonly used to treat acne. Sunscreen preparations containing agents protecting against the harmful effects of both UVA and UVB irradiation should be used at all times. Eye protection is advised by wearing sunglasses with ultraviolet light filters to reduce the long term risk of cataract formation.

Two common problems associated with excessive sun are detailed below, with advice on how to deal with them.

SUNBURN – overexposure to the sun can cause redness, tenderness and blistering of the affected area of skin. Further exposure should be avoided until the symptoms have settled remembering that UV light can still cause damage by penetrating thin clothes, clouds, water and even shade. Cool showers and ‘after sun’ creams provide soothing relief. Avoid bursting blisters as this can lead to infection.

PRICKLY HEAT – this is a common, intensely itchy rash that occurs in hot climates, when the skin becomes red with small spots. The key to treatment is preventing sweating by reduced exertion, taking cool showers, dusting with talcum powder and wearing loose, cotton clothing. Calamine lotion and antihistamine tablets such as Clarityn or Zirtek, available over the counter at chemists, will help relieve the itching. If you are prone to this problem you are advised to commence treatment before arrival.

SAFE EATING AND DRINKING

Wherever you are in the world you need to be careful what you eat and drink. Food and water can be contaminated in a variety of ways and this includes the water in swimming pools. Travellers’ diarrhoea, typhoid and hepatitis A can all be caught by eating contaminated food or water. Simple precautions to take include:

- always wash your hands after going to the lavatory, before handling food and before eating;
- if you have any doubts about the water available for drinking, washing food or cleaning teeth, boil it or sterilise it with disinfectant tablets (boiling for five minutes is best) or use bottled water – preferably carbonated with gas in sealed containers;
- avoid ice unless you are certain it is made from safe water;
- eat freshly prepared food and ensure meat is cooked through;

- be wary of salads, coleslaw, shellfish and particularly uncooked seafood such as oysters;
- peel all fruit including tomatoes;
- avoid unpasteurised milk often used in local cheeses and ice creams.

TRAVELLERS’ DIARRHOEA is a very common and troublesome complaint. If the diarrhoea is accompanied by persistent vomiting, high fever or the passage of blood in the stools, then prompt medical advice should be sought. Otherwise, ensure that you remain well hydrated by drinking plenty of fluids and avoiding milk. Anti diarrhoeals such as Imodium are useful to reduce the frequency of diarrhoea in the short term, but if symptoms persist beyond 3-4 days, again seek medical advice. Research has shown that most cases of traveller’s diarrhoea respond to two doses of Ciprofloxacin 500mg taken at an interval of twelve hours. Your GP may be prepared to prescribe this as a private prescription if your trip is ‘high risk’ and you discuss this with him before your trip.

Any diarrhoeal illness will result in significant loss of body fluids – partly from the diarrhoea itself as well as from the tendency to stop eating and drinking. It is vital to prevent dehydration by taking frequent small drinks of mineral water or by using oral rehydration salts (e.g. Dioralyte).

SAFE SEX

The prevalence of many sexually transmitted infections is greater in most parts of the world than in the U K. You should regard casual sexual relationships as risky and take great care to avoid the potential for acquiring infection.

In particular most parts of Africa have extremely high levels of HIV AIDS infection. This remains an incurable illness. **It isn’t worth it!**

Condoms are an absolute necessity and whilst substantially reducing the risk of sexually transmitted infection, do not offer complete protection.

DEEP VEIN THROMBOSIS AND TRAVEL

Following the recent publicity on the effects of air travel on health, many people are concerned about their personal risk of Deep Vein Thrombosis

A Deep Vein Thrombosis (DVT) is a clotting of the blood in a *deep* vein of the lower leg. If a clot develops in the veins, it usually makes its presence known by increasing pain and usually pronounced swelling in the affected calf.

Medical attention should be sought immediately if this occurs, especially after a long air flight or other journey. In some cases a DVT can be fatal if the clot breaks off and makes its way to the lungs where it can then affect the lung's ability to take in oxygen.

It is hard to establish just how many people are affected by DVT after a long flight as no official records are kept. Certainly doctors have been aware of this increased risk for many years. This is not therefore new information simply that public awareness has recently increased due to the publicity surrounding recent tragedies.

- Those in a higher risk category should see their doctor before they travel and discuss prevention. This includes people with a personal or strong family history of thrombosis, smokers, older travellers and individuals who have undergone recent surgery (especially to lower limbs or abdomen). A history of cancer or heart disease may also be important. Also travellers who are obese, pregnant women and women taking oral contraceptives (*particularly those who smoke*) are at some increased risk.
- Some people in these "higher risk" categories mentioned above should discuss with their doctor whether taking a small dose of aspirin before they fly (75mg) and perhaps wearing firm support stockings to reduce their risk is advisable.
- These days, the personal entertainment available on many aeroplanes encourages us to stay rooted to our seats. However, try to exercise for three or four minutes every hour on long flights to exercise the muscles pumping blood back to the heart. A list of suitable exercises you may like to try is given in the next column.
- If you suffer from poor circulation, try wearing some supportive stockings to encourage circulation. However it is important that you do not wear clothing that will cause any restriction of circulation. This can happen with 'pop sox' worn just under the knees, or socks which are tight around the ankles.
- Too much alcohol, tea and coffee on flights causes dehydration which can also increase the risk of DVT. Also the air in a plane is very dry and the temperature warmer than we might normally have at home. It is very important to remain well hydrated during a long flight by drinking plenty of water and fruit juices.
- Loose clothing is important on a long flight. Because of the reduced atmospheric pressure in a plane, parts of the body expand due to increased

gas! Allow some room for this expansion with looser fitting clothing.

- Even though DVT is often referred to as "Economy Class Syndrome", **passengers in first and business class are equally at risk**. The risk also applies to other forms of travel, such as coach or bus travel where you stay seated for hours at a time.
- Avoid crossing your legs for more than brief periods. It restricts blood flow. Remove your shoes, relax and enjoy your flight!

Some simple exercises are described below.

IN-FLIGHT WORKOUT

These exercises are designed to encourage a safe and convenient way to enjoy movement and stretch certain muscle groups that can become stiff as a result of long periods of sitting.

It is recommended that you do these exercises for three or four minutes every hour and occasionally get out of your seat and walk down the aisles.

Please try to perform these exercises with minimal disturbance to other passengers. Avoid a particular exercise if it causes pain or cannot be done with ease.

1. Ankle Circles

Lift feet off the floor. Draw a circle with the toes, simultaneously moving one foot clockwise and the other foot counter clockwise. Reverse circles. Do each direction for 15 seconds. Repeat if desired.

2. Foot Pumps

Foot motion is in three stages

Start with both heels on the floor and point feet upward as high as you can

Put both feet flat on the floor

Lift heels high, keeping balls of feet on the floor.

Continue these three stages with continuous motion in 30-second intervals.

3. Knee Lifts

Lift leg with knee bent while contracting your thigh muscle. Alternate legs. Repeat 20-30 times for each leg.

4. Neck Roll

With shoulders relaxed, drop ear to shoulder and gently roll neck forward and back, holding each position about five seconds. Repeat five times.

5. Knee To Chest

Bend forward slightly. Clasp hands around the left knee and hug it to your chest. Hold stretch for 15 seconds.

Keeping hands around the knee, slowly let it down. Alternate legs. Repeat 10 times.

6. Forward Flex

With both feet on the floor and stomach held in, slowly bend forward and walk your hands down the front of your legs toward your ankles. Hold stretch for 15 seconds and slowly sit back.

7. Shoulder Roll

Hunch shoulders forward, then upward, then backward, then downward, using a gentle circular motion.

TRAVELLING DURING PREGNANCY

You should always discuss any travel plans with your doctor but you may find the following information helpful:

FLYING

Flying itself is not harmful to your unborn child at any stage in pregnancy but the following points should be noted:

- you are at increased risk of deep vein thrombosis during pregnancy because of the enhanced ability of the blood to clot. Immobility and dehydration can increase this risk further. Try to get up and walk down the aisle periodically and “circle” your ankles from time to time whilst sitting. Keep well hydrated with non-alcoholic drinks;
- immobility can also cause ankle swelling. Exercising your ankles and walking will reduce the chance of this developing. Ankle swelling can also be a sign of a serious medical condition and should be reported to a doctor if severe. Ankle swelling occurring in one leg only could be a sign of deep vein thrombosis; and
- **there are limits imposed by most airlines on flying in late pregnancy.** British Airways for example will not allow travel beyond 32 weeks on long haul flights. Many airlines will expect a doctor’s letter confirming that the pregnancy is uncomplicated.

MEDICAL CARE

- Make sure that you will not miss any key appointments in your antenatal care whilst you are away. Some pre-natal screening tests must be performed at a certain stage in pregnancy.
- See your doctor or midwife for an antenatal check just before departure. Check with them when you should have your next appointment. Depending on the stage of pregnancy and the length of your visit, you may need to make arrangements for routine antenatal checks to be performed whilst you are away.
- In developing countries, medical facilities available will usually be more basic. This is particularly true in the case of the care of the severely pre-term infant. You should discuss this issue with your GP if you are planning to travel between 24-32 weeks. The risk of suffering an early delivery at this stage of pregnancy is approximately 1.5% for a normal ‘single baby’ pregnancy. An ultrasound scan of the cervix at 23 weeks can identify some of the pregnancies that are at high risk of ending

in premature labour. Check that you have adequate medical insurance before you travel. Some policies exclude medical conditions related to pregnancy.

VACCINATION DURING PREGNANCY

Some vaccines can be given during pregnancy. The risk of contracting a serious illness must be weighed against the small, theoretical risk to the pregnancy of the vaccine. In general, a live vaccine such as yellow fever is not given during pregnancy. Hepatitis A vaccine should also usually be avoided during pregnancy unless the risk of infection is high. If you are planning to conceive, you should inform your doctor prior to travel vaccinations.

MALARIA PREVENTION

The most important aspect of malarial prophylactics is mosquito bite precautions. This area is covered in some detail elsewhere in this information leaflet. Chloroquine and Proguanil have been used fairly extensively in pregnancy with no known adverse effects. Folic Acid supplements should be taken with the Proguanil. The benefit of disease prevention far outweighs any small theoretical risk. Like most drugs, malarial prophylaxis cannot be tested on pregnant women. The information on safety is compiled from anecdotal reports. Lariam (Mefloquine) has been shown to cause foetal abnormalities in animal studies and should therefore be avoided. Doxycycline, which is sometimes prescribed for patients at risk of Chloroquine resistant malaria, should also be avoided in pregnancy.

HYGIENE

You should take particular care with food and water hygiene in developing countries. This topic is also covered elsewhere. Gastro-intestinal infections, such as salmonella, can potentially be a more severe illness in pregnant women.

GENERAL ADVICE

You tire more easily during pregnancy and this should be taken into consideration in planning your itinerary whilst you are away. The combined effects of pregnancy and jet lag can be quite debilitating. You should make sure that you plan adequate rest during your visit.