



Your travel health

To protect yourself against disease related to travel there are 4 key steps

- 1) Reducing bites from mosquitoes
- 2) Having the right vaccinations and keeping them up to date
- 3) In areas with malaria, following the ABCD guidance
- 4) In cases of traveller's diarrhoea having the appropriate support medication
- 5) Ensuring we are fully aware of your past medical history

Reducing bites from mosquitoes

Cover up as much skin as you can. In many countries mosquitoes that carry DENGUE virus bite in the day and the ones that carry MALARIA bite early evening and morning. So one way or another you could get bitten by a mosquito infected with an infection.

Use a good and effective mosquito repellent. DEET is the gold standard. If you do not like DEET there are other products that we can give you advice on.

You can spray your clothes before you travel with PERMETHRIN inside and out. Our product will last several weeks.

You can use a PERMETHRIN spray around you to kill mosquitoes and create a safe zone around you. Ask for the product details

Having the right vaccinations and keeping them up to date

We advise all our travellers to be up to date with a core set of vaccines. These are Polio, Diphtheria, Tetanus, Hepatitis A and Typhoid. All 5 can now be given as only 2 jabs!

In some parts of the world (ie Nepal) the Typhoid vaccine will not protect you against a related set of bugs that cause a similar but milder illness to Typhoid.

For some areas of the world we also recommend:

Meningitis ACWY

Yellow Fever

Japanese B encephalitis . a course of 3 or a booster

Rabies . a course of 3 or a booster

Tick-Borne encephalitis . a course of 3 or a booster

Hepatitis B . a course of 3 or a booster



You need to be aware of 2 types of hepatitis (liver inflammation for which we do not have vaccines. Hepatitis E (spread by muck to mouth and a very serious risk to pregnant women). Hepatitis C (mainly spread by infected blood).



In areas with malaria, following the ABCD guidance

- A. Awareness. We will discuss with you where there is a malaria risk and what type of malaria.
- B. Bite avoidance. See above.
- C. Compliance with anti-malaria medication. We offer a choice of 4 drug groups. Chloroquine and/or Paludrine are only suitable for certain parts of the world. Many other areas require either Lariam (Mefloquine), Doxycycline or Malarone. Details about these drugs are on the back of this leaflet.
- D. Diagnosis. Despite all we do and what you do, you can still get malaria and it can make itself known up to 1 year after you return. Come to us and we will test you for malaria.

The Malaria Medication – your choices

All drugs have side-effects, some more than others but these are not as bad as dying of malaria. Almost all drugs can cause some nausea and vomiting.

Chloroquine and/or Paludrine (£ cheap)

A very safe drug combination. You can get mouth ulcers, bad dreams, a minor degree of hair loss. These drugs are usually taken 1 week before entering the malaria area, whilst there and for an additional 4 weeks after.

Lariam (Mefloquine) (£ moderate)

This drug causes anxiety and depression in some but especially those of you with a past history. It is only taken once a week but if you have never had it before we would only give it 3 weeks before travel to rule out any likely side-effects. If you do take it, it must be continued whilst in the malaria area and for an additional 4 weeks after.

Doxycycline (£ cheap)

This drug can cause thrush in women, about 5% of people develop a sun activated rash and it must be taken with food. If it is not taken with food there is the risk of a gut ulcer and a hole in the gut. It is usually taken 1 day before entering the malaria area, daily whilst there and for an additional 4 weeks after.

Malarone (£ expensive)



This drug has an excellent safety profile to date. It may cause mild diarrhoea. It is usually taken 1 day before entering the malaria area, daily whilst there and for an only 7 days after.

In cases of traveller's diarrhoea (TD) having the appropriate support medication

TD is very common, despite your best efforts to avoid obviously risky foods or drinks. If you do get diarrhoea about half the time it will be caused by bacteria and as such can be treated with a single dose of the safe antibiotic CIPROXIN. Keep yourself well-hydrated with a mixture of clean water, salt and sugar . this is easiest done using a sachet of ORAL REHYDRATION SALTS. If you need to stop your bowels for travel or a meeting take the IMMIDIUM. We sell a Number One HealthTummy Kit, ask for details.