PRE EXPOSURE TRAVEL ADVICE

It is recommended that every instructor planning international deployment get individual advice for the destination and time of year from a travel medicine expert. For many overseas trips it is worthwhile being seen 4-6 weeks before departure to allow adequate time for the various vaccines to be given and for their effectiveness to develop.

Although many of the vaccines and medications are costly, a tax deduction may apply, so save your receipts.

Here are some general recommendations for travel to the countries where APLS International courses are currently taught (ie: Laos, Cambodia, Sri Lanka, Maldives, Myanmar).

IMMUNISATIONS

1. Ensure that primary immunisations, especially Tetanus, are up to date
2. Hepatitis A – relevant for all of these countries – 2 doses provides lifelong protection (first dose protective for at least 5 years – no need for extra doses if booster is delayed)
3. Typhoid
    a. oral vaccine (4 capsules) most effective – protects for 5 years
    b. IM vaccine is fine – protects for 3 years - has the added benefit of being available as a combination vaccine with Hep A (Vivaxim)
4. Consider Japanese Encephalitis (JE) vaccine for Laos and Cambodia in particular; the risk is low but increased if spending time in rural areas for longer than a couple of weeks:
    a. ImoJEv (one dose) more expensive but probably longer lasting immunity than
    b. JEspect (2 doses) (current recommendation is for booster after 2 years)
5. Consider Rabies vaccine – 3 doses over 3-4 weeks. Lifelong protection (although still need 2 doses of vaccine if bitten). NB: Cost can be reduced if several people immunised at the same time as it can be given intradermally at 1/10 of the dose (hence can get several doses out of one vial).

MALARIA AND OTHER MOSQUITO BORNE DISEASES (e.g. Dengue, Chikungunya, etc)

Although there is malaria in most of these countries, it is typically in rural areas.
Currently there is no significant need for malaria prophylaxis in Laos, Cambodia, Sri Lanka, Maldives or Myanmar; advice from a travel specialist will help you assess the risk/benefit ratio.

Mosquito avoidance (day AND night) is the most important measure

- Long sleeves and pants especially at dawn and dusk, DEET-containing repellent
- NB. dengue is transmitted by "day-biting mosquitoes" which preferentially bite between daybreak and sunset – unlike those that that transmit malaria (dawn and dusk).

MALARIA PROPHYLAXIS

3 choices, all pretty much equally effective:

- Doxycycline – 100 mg daily, starting on entry into malaria area and continuing till 4 weeks after leaving – cheap, photosensitivity, GI disturbance
- Mefloquine – 250 mg weekly, starting 3 weeks before entry and continuing till 4 weeks after leaving – not too expensive, neuropsychiatric side effects rare, but avoid if PHx
- Atovaquone/proguanil (Malarone) – one tab daily, starting on entry and continuing till 2 days after leaving – expensive, well tolerated, shortest duration – probably best choice for most of us.

POSSIBLE ORAL DRUGS TO CARRY:

1. Ondansetron
2. Loperamide
3. Azithromycin 1gm stat - for travellers diarrhoea (if severe - fever, blood, etc) - if symptoms continue: 500mg daily for another 2 days (so need 4 doses).
4. Tinidazole - 2gm stat for prolonged watery diarrhoea (presumed Giardia).
5. Fluconazole if prone to thrush.
6. Hydralyte effervescent tablets or Gastrolyte sachets.

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