

ABOUT THE WANterfall eBooks "TRAVEL HEALTH" SERIES

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NOTE:

*Before reading any of the articles in the Wanterfall eBooks "Travel Health" series, please read this first article carefully. The information in this article applies to **every** article in the series!*

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DISCLAIMERS

1. Although every effort will be made to ensure accuracy at the dates shown in the "last updated" boxes, some errors will certainly be present in the text of some articles.
2. Nothing in any of the articles in this series is intended as medical advice or as a basis for medical treatment. The articles are provided purely for the interest and education of non-medical readers.
3. Use of trade names in any of the articles does not imply endorsement of the brands mentioned.

WARNINGS

1. However much you have read about travel health, don't forget to visit your doctor, and ideally a Travel Clinic as well, at *least* a month before leaving. Although I am a doctor myself, and will offer quite a lot of advice in these articles, I know EXACTLY NOTHING about *you*, your *medical history* or your *itinerary*. In addition, travel medicine has become a medical specialty – but it is not and never was my specialty, although it has been one of my interests throughout my career. In any case, in this field, as in most others, the best possible advice today can be very bad advice tomorrow, as the knowledge on which it is based is expanding constantly and rapidly. Therefore, always note the "last updated" date at the beginning and/or end of each article, and also remember that, in articles about complex subjects, some errors are the rule rather than the exception!
2. If you are, might be, or might become **pregnant**, or if you are **breast-feeding**, check with your doctor before following any of the advice in any of this series of articles. Ideally,

neither pregnant women nor their young offspring should travel to developing countries, especially tropical ones, at all.

3. Always check both suitability and dosage before following any advice about **children** – including, of course (in those cases where travel is unavoidable) **infants** and **neonates**.

ACKNOWLEDGEMENTS

I have collected information for this series of articles from many sources, including medical journal articles, other published resources such as the "CDC Yellow Book" mentioned in the preface below, travel websites and my own experience during forty years in medical practice. Where the source material is not in the public domain, I have attempted to acknowledge the author by way of a footnote to the text or in the abridged bibliography shown in Appendix 2. If I have forgotten to recognise any authors in this way, I apologise most sincerely. Where I have paraphrased the work of others, I may inadvertently also have added some errors. Please blame any errors you find in this series of articles on the author, not his sources!

PREFACE

What has health got to do with travel, and why should you read about it? I will give you one important answer now, and you will discover others as you read the articles in this series. *Different countries have very different health risks.* For example, if you travel from a developed country to a developing country, especially one in the tropics, you will inevitably be exposed to a large number of infectious diseases which are simply not a significant issue when you are at home. Many other aspects of daily life may also be much less safe,

partly because of the local conditions, and partly because of your lack of knowledge about them.

To make matters worse, the basic hygiene habits which work for you at home will *not* work when you are in a different environment. You are already immune to most of the microorganisms commonly found in your home environment. You have been living very close to them all your life. Some of them have made you sick in the past, others have tried and failed. Either way, your body knows them well. On the other hand, when travelling, you will touch, swallow and inhale a wide variety of organisms to which you have no immunity at all! This demands a completely different approach to routine hygiene precautions.

The articles in this section will aim to provide a basic introduction to how to stay well while travelling, and also after returning from your travels. If you neglect the issues discussed, you will *often* get away with it, suffering relatively minor illnesses or even none at all. However, sensible preparations and some simple changes to the way you interact with your environment can change your expectation of remaining fairly healthy from "often" to "almost always".

These articles will refer to many different issues, but they will not attempt to cover any topic in great detail. Therefore, if you read one of these articles, you will learn a *little* bit about *some* of the things that can help to keep you healthy while you travel. If you want to learn more about the things mentioned in this series, or if you want to learn about the many aspects of travel health that are not mentioned at all, the 600+ page "CDC Yellow Book" is one very useful resource.¹ A great deal of

¹ United States Department of Health and Human Services: Centers for Disease Control and Protection. 2008. CDC Health Information for International Travel. Elsevier Mosby, Philadelphia PA.

information is also available from various travel websites, some of which are listed in Appendix 1. There are also plenty of books about travel health in local libraries and bookshops. Always choose recent publications, to ensure up-to-date information!

SPECIAL CIRCUMSTANCES

There are many special circumstances which require special attention, preferably from a travel medicine specialist. The main examples are recent acute illness or surgery, pre-existing chronic illness or disability, the different set of risks faced by humanitarian aid workers and other long term travellers, and the (perhaps surprisingly) *increased* risks faced by migrants who later revisit their country of origin.

Some of these special circumstances will be discussed in future articles in the series. One example is the effect of the low oxygen pressure in modern pressurised aircraft at cruising altitude on people with heart or lung disease, and also on healthy but elderly travellers. Another example is the increased susceptibility of travellers who take medication to suppress stomach acid, or who do not produce a normal amount of stomach acid in the first place, to many infections acquired via the digestive tract.

Medication timing when moving through time zones can also pose surprisingly complex problems in some cases, especially for diabetics whose treatment includes insulin. Aids or appliances which are powered by electricity can also be problematic. The mains supply voltage in the countries visited or passed through may vary, special adapters may be needed to connect to it, batteries may not be easily available and necessary maintenance or repairs may not be possible. Such issues, along with *many* others, are not usually addressed in articles of a fairly general nature.

In many countries, legislation affirms the rights of unwell or disabled travellers to have their reasonable needs provided for. However, even when such legislation exists, it is not always respected by all service providers. It therefore cannot be assumed that practical necessities such as a wheel chair, a guide dog – or even the *obvious* need to carry essential medication onto an aeroplane – will be allowed by an airline or a local authority.

That last one may be difficult to believe, so I will give an example. Quite recently, an Australian engineer, returning from an assignment in Norway, was prohibited from taking his insulin and injecting equipment onto the aircraft. As a result, he developed diabetic ketoacidosis during the flight. Although the aircrew were informed of his condition, no treatment was given en route and the flight was not diverted when he became dangerously ill. Consequently, he arrived in Sydney so near to death that treatment in a modern intensive care unit was necessary in order to save his life.² With a little less luck – an ambulance slowed by heavy traffic, a busier emergency room, or indeed anything less than state-of-the-art management upon his arrival in Australia – he would almost certainly have died.

RISKS AFTER RETURNING HOME

Travel health risks do NOT cease to exist when you arrive home safe and well! The incubation period of some infections may only be a few days – but in other cases it may be months or years, or even (rarely) decades, before the effects are noticed. In addition, organ damage resulting from a travel-related illness or injury can remain mild or unnoticed until another illness, or simply age-related functional decline,

² Skowronski, G. Airline security and diabetes. *Med J Aust* 2007; 187 (4): 249.

exacerbates the problem. This means that any illness which occurs at any time after you have made one or more trips abroad *might* be due to an underlying cause acquired during your travels. Furthermore, that will remain the case for the rest of your life, though with decreasing likelihood. (It is especially likely during the first month after your return. It becomes relatively uncommon by a year after your last trip abroad, but it is never impossible.)

It might be thought that the significance of prior travel could safely be left to the doctor you will consult about any illness which might occur in the future. However, it is quite common for doctors to forget to enquire about – or even to think about – a history of overseas travel! Having made that potentially serious error, it is quite common for them to fail to consider illnesses which are rarely encountered in the country in which they practise. I am not suggesting that either of these omissions is compatible with good medical practice! However, forty years as a doctor has taught me that both of the errors mentioned are remarkably common. The solution to this imperfect situation is simply to inform the doctor about your travel history, and to mention it again whenever a new problem occurs or an old problem gets worse. Of course, this is more likely to be important when there is a history of travel to exotic destinations, but it is always worth mentioning.

SUMMARY

This first article in the Wanterfall eBooks "Travel Health" series includes important disclaimers and warnings, as well as a brief discussion of some very general aspects of Travel Health. It should be read in conjunction with every other article in the series, because the information in it, though always of great importance, will not be repeated in each individual article.

DECLARATION OF INTEREST

Dr Coates receives no financial or other incentives from any travel-associated bodies.

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"This article by Dr Gordon Coates was originally published at <http://www.wanterfall.com> as a free resource for all to use."

COMMENTS

If you have any comments about the article, please address them to travelhealth@wanterfall.com and state whether you would like them to be published. If you would like your comments published, please advise whether to include your name, or to publish anonymously. I will do my utmost to respect your wishes. (Comments without instructions will be published anonymously.)

APPENDIX 1:

SOME USEFUL TRAVEL HEALTH WEBSITES

Centres for Disease Control (U.S.)	http://www.cdc.gov/travel
Fit for Travel	http://www.fit-for-travel.de/en/default.jsp
Food and Drug Administration (U.S.)	http://www.fda.gov/Food/FoodSafety
Health Protection Agency (U.K.)	http://www.hpa.org.uk
High Altitude Medicine Guide	http://www.high-altitude-medicine.com
Int. Assoc. Medical Assist. to Travellers	http://www.iamat.org
Int. Soc. for Mountain Medicine	http://www.ismmed.org
Int. Soc. for Travel Medicine	http://www.istm.org
MD Travel Health	http://www.mdtravelhealth.com
The Travel Doctor	http://www.traveldoctor.co.uk
Travel Clinic	http://www.travelclinic.com.au
Travel Doctor	http://www.traveldoctor.info
Travel Turtle	http://www.mydr.com.au/tools/travelturtle
Undersea and Hyperbaric Medicine Soc.	http://www.uhms.org
World Health Organisation	http://www.who.int/ith/en

APPENDIX 2:**PARTIAL BIBLIOGRAPHY FOR THE SERIES**

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