

RULES FOR TRAVELLERS TO FOLLOW FOR THE PREVENTION OF THE MOST COMMON INFECTIVE DISEASES



Strictly observe and follow the most common rules of hygiene

- **Drink** only safe water, that is boiled water or disinfected with chlorine or iodine, mineral bottled water where opened in your presence, best if it's carbonated.
- **Avoid** the use of ice in your diet.
- **Eat** only food that is accurately cooked and is served hot.
- **Protect** all food from insects, and refrigerate them shortly after cooked if not consumed totally.
- **Avoid** eating all raw fish and mussels.
- **Avoid** eating fresh fruit and vegetables, unless personally washed, peeled and prepared.
- **Boil** milk if not pasteurized before drinking.
- **Avoid** ice cream and sweets made of cream.
- **Never buy** food when you are not sure of their nature and the manner they have been cooked.
- **Always** wash hands after having gone to the toilet and before eating.
- **Avoid** bathing in waters near the populated areas and never go into river or lake waters.
- **Avoid** contact with animals even if they are pets.
- **Always be sure to practise safe sex.**

SOME VACCINATIONS ADVISED FOR INTERNATIONAL TRAVELLERS



- **Vaccination against YELLOW FEVER:** Advised to those travellers who visit countries where the disease is always present. It protects from the disease for 10 years. If you want to visit some countries this vaccination is a must.
- **Vaccination against TYPHUS** is advised to those who visit countries in which sanitary and hygienical conditions are very poor. It gives protection for 3 years.
- **Vaccination against HEPATITIS type A** is advised to those who visit countries where sanitary and hygienical conditions are very poor.
- **Vaccination against TETANUS and Diphtheria is advised to everyone.**
- **Vaccination against RABIES** is advised only in particular cases at risk.
- **Vaccination against MENINGITIS Meningococcus** is advised to those travelling in hyperendemic zones.
- **Vaccination against HEPATITIS type B** is advised to travellers visiting high endemic zones.

THE TRAVELLER'S PHARMACY

Planning an enjoyable and pleasant trip also means preparing a small pharmacy subdivided where possible in equal parts between hand luggage & luggage.

Here's a list of necessary items:

- antibiotics for a wide use (doctor's direction)
- intestine antibiotics
- antipyretic
- antidiarrhoic
- pain reliever
- collyrium (eye drops)
- anticonstipation pills or drops
- antihitching products
- car & sea sickness drugs
- treatment against malaria where advised
- ointments & creams for skin infections & allergies
- oral rehydrating solutions
- first-aid kit (disinfectant, bandages, gauzes & disposable hypodermicsyringes)
- insect repellent
- water disinfectant
- sun-screen cream
- condoms (at one's discretion)



- ⇨ If you are a **diabetic** or have other health problems don't forget your daily treatment.
- ⇨ If you wear **contact lenses**, always bring with you solutions & an extra pair of lenses.
- ⇨ If you wear **glasses** always bring an extra pair.
- ⇨ If you will be **sleeping** in a tent, bring with you a mosquito net.
- ⇨ It is always good to have a pair of **scissors**, a **tweezer**, a **thermometer**, a **tourniquet** and **sun glasses**.



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Azienda per l'Assistenza Sanitaria
n. 5 "Friuli Occidentale"

DIPARTIMENTO DI PREVENZIONE

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International Travel Clinic

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MALARIA

Malaria is transmitted by the puncture of an insect, called the anopheles fly. Prevention of malaria may be taken by adopting measures of personal protection (**behaviour pattern treatment**), or by using drugs (**drug treatment**). This because the symptoms of malaria differ according to the geographical area one visits.

BEHAVIOUR TREATMENT

The following rules should strictly be observed, keeping in mind the nocturnal habits of the anopheles fly, since malaria is manifested **mainly from sundown to sunset**.

- **Keep** from going out in these hours if possible.
- **Wear** light coloured clothes, long sleeves, long pants, socks, and avoid using perfume.
- **Apply** insect repellent on the skin exposed and on clothes, made up of *Dietiltoluamide (DEET)* based or *Icaridina (KBR)* to 20-30%. The protective efficacy of about 6 hours.
- **Sleep** preferably in air conditioned rooms if possible, with screens at the windows or with mosquito nets on the bed tucking in the hem under the mattress. It is always useful to spray the nets and screens with pyrethrum insect repellent.
- **Spray** living rooms and bedrooms with insecticide. Be careful when using spray around small children. Always pay very much attention to the labels.

If you plan a short stay (less than a week) in urban areas, follow the instructions mentioned above carefully.

N.B. Travellers such as pregnant women, and children are at very high risk.

PHARMACOLOGICAL TREATMENT

The following drugs are available in preventing malaria:

Cloroquine, Mefloquine, Proguanile which is always taken together with **Cloroquine** or **Atovaquone**, and **Dossiciline**. Whether one drug should be taken instead of another, it's the **doctor's decision**. He will prescribe the medicine according to the individual need, health or age and the visiting country.

- All antimalaria drugs have to be prescribed by a doctor. They should be



taken on a **full stomach and with plenty of water during dinner**.

- It is recommended to go for a medical check up in case a fever should go up in the first months you have come back from your trip.
- Remember, however, that none of the mentioned drugs will give you total protection from malaria.

For the country you shall visit the World Health Organization recommends the following drug treatment:

- **CLOROQUINE**
- **CLOROQUINE AND PROGUANIL (PALUDRINE)**
- **MEFLOQUINE (LARIAM)**
- **ATOVAQUONE AND PROGUANIL (MALARONE)**
- **DOSSICICLINE** (ex. BASSADO, MIRACLIN ...)

CLOROQUINE

should be taken as directed:

- Adults:** 2 tablets of 250 mg once a week
Children: 5 mg per Kg once a week.



The prevention treatment should be started a week before arriving in a malaria zone and should be continued for the time vacationing in the country, and also for a period of 4 to 5 weeks after returning home.

It is not indicated to:

patients who have retina trouble, psoriasis, favism, infections of hematopoietic organs, neuropathy, illness of the central nervous system, hypersensitivity to the drug. The cloroquine may interfere with antibodies reaction to the antirabies vaccine.

PROGUANILE (commercial name **PALUDRINE**)

should be taken as directed:

- Adults:** 2 tablets of 100 mg daily
Children: less than one year 25 mg (¼ tablets daily)
 1 to 4 years 50 mg (½ tablets daily)
 5 to 8 years 100 mg (1 tablet daily)
 9 to 14 years 150 mg (1½ tablets daily)

Treatment is to start one day before arriving in malaria zone and continue during stay until four weeks re-entering from the trip. This drug is **not indicated** for patients with kidney insufficiency and ulcers.

MEFLOQUINE (commercial name **LARIAM**)

should be taken as directed:

- Adults and children weighing over 45 Kg**
 1 tablet (250 mg) weekly, to be taken always the same day of the week.

Children weighing less than 45 Kg

- 5-19 Kg ¼ tablet once weekly
 20-30 Kg ½ tablet once weekly
 > 30-45 Kg ¾ tablet once weekly



Treatment should start a week before arriving in the malaria-zone, be continued during the stay and for at least 4 weeks after coming back. The drug has to be taken always on the same day of the week.

It's **not indicated** in pregnancy, breast-feeding, activities that require attention and coordination (pilots, drivers), hypersensitivity to the drug or quinine, Epilepsy or psychiatric disorders.

ATTENTION:

Vaccinations with living bacteria (ex. Antityphoid) should be done **at least 3 days before starting the Mefloquine treatment**. **Women still in fertility age** who have taken **LARIAM** will have to adopt suitable contraceptive methods for the entire duration of the treatment and for 3 months later.

ATOVAQUONE + PROGUANILE

(Commercial name **MALARONE**)

Should be taken as directed:

- Adults:** 1 tablet daily always at the same hour
 Treatment should start 24 or 48 hours before arriving in the malaria zone, be continued during the stay, for 28 days to the maximum, and for 1 week after coming back.

It's **not indicated** in hypersensitivity to the drug, in serious kidney failure, in pregnancy and breast feeding.

DOSSICICLINE

(commercial name **BASSADO, MIRACLIN, ...**)

with the following directions:

- Adults:** 100 mg daily 1 tablet
Children: less than 8 years **not advisable**
 8 -10 years 50 mg (½ tablet daily)
 11 - 13 years 75 mg (¾ tablet daily)
 over 14 years 100 mg (1 tablet daily)

Treatment is to start **1÷2 days before** arriving in the malaria-zone, during the stay period and 4 weeks, after coming back.

It's **not indicated** in pregnancy, hypersensitivity to Tetraciclina, Dossiciclina could produce photosensitivity and so it is **not advisable** in cases where it is foreseen a **long sunlight exposure**.