

Dear traveller,

The main types of infections that can cause illnesses among travellers are **diarrhoea, diseases that cause fever** (malaria, infections caused by Chikungunya, Zika or dengue virus), **infected wounds** and **sexually transmitted infections**.

Most of the medical problems encountered while travelling can be prevented through vaccinations and/or appropriate advice. The advice depends on the country being visited, the type of travel (business, tourism or adventure) and the length of stay. Travellers should plan to receive vaccinations **at least one month before departure**. This brochure contains the key information you will need for your trip. Please feel free to contact us if you have any further questions, by calling +32 (0)2 555 67 46 or sending an e-mail to [maladiesinfectieuses@erasme.ulb.ac.be](mailto:maladiesinfectieuses@erasme.ulb.ac.be).

*The team at the Infectious and Tropical Diseases Clinic and the Travel Clinic*

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## VACCINATION

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The vaccinations that are required or recommended in tropical countries depend on the country being visited and the type of travel. Vaccination against **yellow fever** is the only one that is still **compulsory** in order to enter certain countries, and vaccination against **meningococcus** is required before making a pilgrimage to Mecca.

Each country may, however, update its requirements for entering its territory at any time (for example if there is an epidemic). The vaccinations required for a traveller arriving directly from Belgium may also be different from those required for a Belgian who has transited via another country. So it is useful to ask the relevant embassies for advice.

### ➤ Required vaccinations

#### YELLOW FEVER

Yellow fever is a serious disease with a very high level of mortality. It is transmitted by **mosquito bites** in areas of **tropical forest in Africa and South America** (not Asia). This vaccination is required to enter most countries in Central Africa and French Guiana. **In areas where the virus exists, vaccination is strongly recommended even if it is not required according to country regulations.**

Vaccination against yellow fever involves **subcutaneous injection** of an attenuated live virus. In June 2016, the WHO (World Health Organisation) decided that certificates of vaccination against yellow fever are now valid for life. Nevertheless, it is not certain that a single dose offers lifelong protection for all travellers. In case of doubt, a booster shot should be administered. This is particularly true for **specific groups** such as infants (younger than 24 months of age), patients living with human immunodeficiency virus (HIV), women vaccinated during pregnancy, patients with reduced immunity, older patients etc. for whom the period of protection may be shorter. If you are travelling to a high-risk area or in case of an epidemic, a single booster after 10 years is also recommended.

Vaccination is contraindicated for a number of travellers, particularly those receiving treatment that reduces immunity (you should discuss this with the doctor at the travel clinic). Those people should seriously consider **changing the itinerary** for their planned travel if it involves entering high-risk areas. If necessary, they should also meticulously use **mosquito repellent** during the day.

Ten to 30% of patients will develop a mild flu-like illness between five and ten days following vaccination for the first time. In exceptional cases it may cause more severe reactions, especially in people over 60 years of age or who have thymus disorders.

#### MENINGITIS CAUSED BY MENINGOCOCCUS A, C, W AND Y

Epidemics of meningitis may occur in certain parts of the world, such as the countries of the Sahel region (from late December to the end of June). However, not all travellers are at risk for contracting the infection; only travellers staying in the country for **over four weeks** or those in **close contact with the native population**. Nevertheless, **the vaccine** is required for all **pilgrims travelling to Mecca** (Hajj and Umrah) as of the age of 2 years old or older. The vaccine should be given at least 10 days before departure and is legally valid for a period of 3 years.

**The conjugated vaccine (Menveo®, Nimenrix®)** provides protection for at least 5 years after 1 injection.

## ➔ Recommended vaccinations

### TYPHOID FEVER

Typhoid fever is a bacterial infection transmitted by **ingesting contaminated food or water**. The risk of infection is low. It is a treatable disease and the incubation period is usually longer than the period of travel.

Vaccination is only recommended for **adventure travel with poor hygiene conditions** or for a stay of at least 3 weeks.

**The injectable polysaccharide vaccine (Typhim Vi®)** is given as a single intramuscular or subcutaneous injection. This vaccine is made from killed bacteria, so it can be given to people with reduced immunity and pregnant women. It can be given to children over 2 years of age.

### HEPATITIS A

Hepatitis A is a viral liver infection transmitted by **food, drinks or objects that have been contaminated by faeces**. In most cases hepatitis A is a benign infection, but it can sometimes result in long periods of disability, or more severe forms in adults (2% of fulminant hepatitis in adults over 40 years of age).

People who have had this disease in the past are protected for life and do not need to be vaccinated (if in doubt, this can be confirmed by a blood test).

In industrialised countries, the risk of infection is currently very low due to high standards of hygiene. In developing countries, however, the risk of infection remains high. Whatever the duration of your stay, the WHO recommends vaccination for everyone travelling to **Asia/Oceania, Africa, Latin America, Eastern Europe and the Near and Middle East**. The risk of infection still exists even in the case of luxury travel. The vaccine provides lifelong protection, close to 100%.

Vaccination with an **inactivated virus (Havrix®, Epaxal® or Vaqta®)** involves two injections into a muscle in the arm. The second injection is given six months to one year later. The first injection provides virtually 100% protection for a few years but the second injection confers **lifelong protection**.

There is currently a **combined vaccine for hepatitis A and B (Twinrix®)**. This vaccination involves two injections at 1-month intervals followed by a third injection six months to one year later.

### HEPATITIS B

The hepatitis B virus is transmitted by **saliva and blood** (exposure to blood products and sexual contacts). The infection affects the liver and is often asymptomatic, but it can lead to fulminant hepatitis (1 in 100 to 1 in 1000 persons, with mortality of over 30%). It can also evolve into an aggressive chronic hepatitis, associated with cirrhosis and liver cancer. Most of the 400 million chronic carriers of hepatitis B virus live in developing countries.

Since 1999, vaccination against hepatitis B has been an integral part of the **basic vaccination program** for infants and children aged up until 12 years. Theoretically, everyone born since 1987 should also have been vaccinated. Vaccination against hepatitis B is recommended for all travellers to **tropical and subtropical areas or to Eastern Europe**. Children should all be vaccinated.

**Engerix B® or Hbvax pro® vaccines** are given in the form of two intramuscular injections in the arm at 1-month intervals, followed by a third injection six months to a year later.

## POLIOMYELITIS

Since 1967, all Belgians are required to receive **vaccination** against poliomyelitis. The disease has been eradicated in all countries except Pakistan and Afghanistan. Sporadic cases are still reported in some African countries such as Nigeria and Somalia.

Vaccination is based on an **injectable inactivated vaccine (Imovax®)** that can be given to pregnant women and people with reduced immunity.

If a person has previously been vaccinated, a single booster during adult life (> 16 years) extends this to lifelong protection.

It should be noted that if boosters also need to be given for tetanus and diphtheria, it is possible to give an injection of the trivalent vaccine Revaxis® (diphtheria-tetanus-polio).

## TETANUS AND DIPHTHERIA

Tetanus is a disease found worldwide, not only in tropical countries. Therefore, **everyone should be vaccinated**. In case of an injury affecting a non-vaccinated traveller, it is sometimes very difficult to obtain anti-tetanus serum and vaccine. Therefore, it is recommended to update this vaccination before departure.

The vaccine available in Belgium is a **combined vaccine against tetanus and diphtheria combined with either pertussis (Boostrix®) or poliomyelitis (Revaxis®)**. The full vaccination programme for an adult consists of two vaccinations at 1-month intervals, followed by a booster 1 year later. A booster injection should be given **every 10 years**.

## MEASLES

Measles is currently **re-emerging** in many countries. This disease is highly contagious and can cause pneumonia and encephalitis, which is fatal in some cases. Almost everyone born before 1970 has sufficient antibodies against measles and mumps due to natural exposure to the virus.

In Belgium, since 1985, the trivalent measles-mumps-rubella vaccine has been given at the age of 12 months, with a booster at around 11-12 years of age. People born after 1970 who have not been vaccinated or who have received only 1 dose of vaccine should receive **2 injections** of the trivalent vaccine (Priorix®) at 1-month intervals.

This is a live vaccine, so it cannot be administered to pregnant women or people with reduced immunity.

## JAPANESE ENCEPHALITIS

Japanese encephalitis is a severe viral infection transmitted by **mosquitoes who bite at night**. The disease is prevalent in Asia. The infection is usually asymptomatic but it can lead to a severe condition affecting the brain which has a mortality of about 25-30%. It is still very rare among travellers.

The infection occurs mostly in rural areas of **South and South East Asia (from India to Japan)** where human beings live in close contact with pigs. Vaccination should only be considered in certain specific situations: when **staying for a long period** (at least four weeks) in certain **rural areas of Asia** (travellers staying in rural parts of endemic areas, living close to villages and farms in rice-growing and stock farming areas) and for all **expatriates living in endemic areas**, even if they live in cities. The mechanical precautions that are recommended against malaria (see below) should be used where there is a risk of Japanese encephalitis.

**The Ixiaro® vaccine** is the only vaccine against Japanese Encephalitis, available in Europe. Vaccination involves injection of 2 doses at 8-day intervals. The first booster is given after 12-24 months and then probably after 10 years. Half doses are recommended for children between 2 months and 2 years of age.

## CENTRAL EUROPEAN TICK-BORNE ENCEPHALITIS

This form of encephalitis poses a risk to tourists staying in **certain forested areas of central Europe** (Bavaria, the Tyrol region, Eastern Europe). It is transmitted by **tick bites**. This disease can lead to severe neurological symptoms. Use of an active mosquito repellent composed of DEET can provide a degree of protection.

Vaccination is indicated for travellers who are visiting **rural areas and forests in endemic regions** and definitely for those who go **camping** in those areas (scout camps). It involves **two injections** of the vaccine (**FSME®**) at 14-day intervals, followed by a third injection after 5 to 12 months. A booster will be administered after 3 years and then every 5 to 10 years (half dose for children aged 1 to 16 years).

## RABIES

Rabies is a viral infection which is widespread in most tropical countries and which is transmitted by means of a **bite or scratch from a contaminated animal (all mammals can transmit rabies)**. **It has a fatal outcome in 100% of cases and there is no treatment.**

It is advisable to avoid caressing **stray dogs or cats** or even unfamiliar domestic dogs and cats and to avoid direct contact with **mammals** (particularly if they seem abnormally tame and not very wild). Do not touch **dead animals**.

Vaccination against rabies is recommended for **longer trips**, travel to **remote areas**, and in case of high-risk activities (veterinary work, mountain bike trips etc.) and for everyone who frequently travels to tropical countries.

Vaccination consists of two intramuscular injections on D1 and D7 (**anti-rabies vaccine Pasteur Mérieux® or Rabipur® vaccine**).

### In case of a bite from a stray animal:

- Wash the wound with soap and abundant water for 15 minutes, even if the wound is superficial. Then disinfect it.
- **It is then absolutely essential to see a doctor** so that the vaccination programme can be initiated as quickly as possible (within 24 hours).
- **In the absence of prior vaccination**
  - 4 or 5 injections of anti-rabies vaccines over 1 month must be initiated as quickly as possible,
  - injection of specific anti-rabies immunoglobulins (“serum”) into and around the wound (very expensive and difficult or even impossible to find in some countries);
- **In case of prior vaccination:** 2 injections of the vaccine at 48-hour intervals. There is no need to administer serum.

## DISEASES CAUSING FEVER

### MALARIA

Malaria is the most severe tropical infection that can affect travellers staying in endemic regions. Travellers, who have no immunity to the disease, are in fact at greater risk of developing severe or even fatal forms (particularly pregnant women and children under 8 years of age), than individuals who have partial immunity against malaria. Malaria is caused by a parasite called **Plasmodium**, and transmitted by the **bite of a specific mosquito, the anopheles mosquito**. Travellers may be exposed to a risk of malaria in **91 countries in the world, mostly in Africa, Asia and South America**.

The incubation period, i.e. the time between the bite and the onset of the illness is **at least 7 days** but may be as long as 4 months (sometimes longer).

The classical symptoms of malaria **are similar to those of influenza**: fever, headache and generalised pain. In case of fever occurring several months after a stay in the tropics, always consider the possibility of malaria. Please see your doctor or visit a hospital, mention your foreign travel and ask them to exclude the possibility of malaria. Most deaths and severe forms of malaria can be prevented by early diagnosis and treatment. When malaria is treated early it can in fact be cured easily, with no complications and no risk of recurrence.

There is no vaccine against malaria but it can be prevented by avoiding mosquito bites and taking preventive medications (chemoprophylaxis).

#### ► *Mechanical precautions against mosquito bites (first line of defence)*

The mosquito that transmits malaria is only active **during the hours between sunset and sunrise**. It is important to be aware that this small mosquito makes almost no sound at all! Travellers can protect themselves against mosquito bites very effectively using the following methods:

#### **Outdoors, between sunset and sunrise**

- Wear clothing with **long sleeves and long trousers**, preferably in light colours;
- Coat uncovered parts of the body with an insect repellent composed of DEET (E.g.: Moustimug<sup>®</sup>, OCT-repellent<sup>®</sup>, Z-stop<sup>®</sup>, Care Plus<sup>®</sup>, anti M<sup>®</sup>, Ultrathon<sup>®</sup> etc.) at a concentration of at least 50% (20 to 30% for children and pregnant women). The repellent should be applied every 4 to 6 hours or even more frequently when perspiring excessively (see product instructions). For younger children it is advisable to remove the insect repellent using a wet cloth when it is no longer necessary. NB: DEET dissolves synthetic materials (glasses!) and can ruin clothing if they become impregnated;
- Light anti-mosquito coils (outside).

NB:

- Insect repellents composed of picaridin (E.g. Care Plus<sup>®</sup> Repel-it, Parazeet<sup>®</sup>) have not been studied as extensively as DEET, but seem to be effective. They can be used as of 2 years of age;
- Products based on IR3535 (E.g.: Mosquitox<sup>®</sup>, Moustidose<sup>®</sup>) and citriodiol, eucalyptus citriodora extract (E.g.: Care Plus<sup>®</sup> Natural, Mosegor/Mosiguard<sup>®</sup>) are not effective for long periods of time and **are not recommended**. Products based on plants such as citronella are effective for only a few minutes and are therefore not recommended;
- **Important**: insect repellent bracelets **are not effective**.

### In the bedroom

- Sleep in bedrooms with **doors and windows that close completely and are covered by mosquito nets** (this is usually the case in air conditioned rooms);
- Spray **insecticide** in the room to kill all mosquitoes that may have entered despite the mesh covering the doors and windows;
- At night, position insecticide impregnated **mosquito nets** so that they cover the beds, particularly for infants and young children. Make sure the mosquito net is firmly attached under the mattress, that there are no holes in it and that no mosquitoes have been trapped inside. Impregnated mosquito nets are available for sale (check carefully for how long they are effective). If you wish to impregnate your mosquito net yourself, permethrin is the only product available, and it is sometimes difficult to obtain (e.g.: Care Plus® Set or Permas®);
- Use **insecticide diffusers** plugged into an electrical socket or use any other insecticide that diffuses by evaporation. **Important:** ultrasonic devices are ineffective;
- Under very rare conditions, clothing can be impregnated with permethrin (e.g.: Mouskito® Textile Spray, Biokill®, Insectal Nycomed® or BugProof Nomad Medical® Tropi care). Direct contact with skin should be avoided.

### ► Preventive medications (chemoprophylaxis - second line of defense)

Due to the growing resistance of Plasmodium to various anti-parasitic agents, malaria prevention is becoming more and more complex: none of the medications are 100% effective and all medications have a number of side-effects.

The choice of preventive treatment depends on the type, length and season of travel, and it should be adapted to the individual traveller. Therefore, travellers who are part of the same group may be taking different medications.

### The various preventive treatments

- The combination of proguanil and atovaquone is tolerated very well. It can be prescribed to pregnant and breastfeeding women;
  - **1 tablet per day** during or after a meal containing some fat, butter or milk, taken **at the same time every day. Start 1 day before departure**, take throughout the trip and continue **for up to seven days after returning**;
  - **the paediatric dose** given on a daily basis depends on the child's weight (it can be given as of 5 kg). It is recommended to use adult tablets and cut them using a Pilomat (available in pharmacies);
    - ▶ 5-10 kg: 1/8 tablet
    - ▶ 10-20 kg : 1/4 tablet
    - ▶ 20-30 kg : 1/2 tablet
    - ▶ 30-45 kg : 3/4 tablet
    - ▶ > 45 kg: 1tablet
- **Doxycycline**, which is usually well tolerated and cheap (< €10 per month) is indicated particularly for long stays. The most common side-effects are photosensitivity and fungal infections (particularly vaginitis, which can be treated with a single dose of 150 mg of fluconazole). It is contraindicated for women who are pregnant or breastfeeding and children under 8 years of age.
  - **one 100 mg tablet daily** to be taken in a sitting position with a large glass of water or during a meal (**paediatric dose: 1.5 mg/kg/day, max 100 mg**). Start **on the day before departure, take throughout the trip**, and continue **for up to 4 weeks after returning**;

- **Mefloquine** (Lariam®) is now hardly ever used due to frequent side-effects (behaviour disorders, loss of concentration, anxiety, nausea or vertigo) and the many contraindications. It may, however, be suggested if it has been taken previously without side-effects (1 tablet per week, starting 2 weeks before departure and continuing for up to 4 weeks after returning).

### ► *Back-up treatment*

In some circumstances, particularly in the case of a long stay, it may be appropriate to give the traveller a **curative dose of an antimalarial medication**. This should only be used in case of a presumed case of acute malaria and **if medical assistance is not available within 24 hours**.

Any fever that occurs more than 7 days after arriving in an endemic area (minimum incubation period) should be suspected to be malaria and the traveller should consult a doctor without delay. It is also recommended to take a digital thermometer when travelling. Acute malaria may have different presentations: it can range from a simple feeling of faintness with a sense that the person has the flu, to the more classical form with onset of high fever. Acute malaria may be associated with loss of consciousness, jaundice, gastrointestinal problems and many other symptoms.

In this case, a treatment against malaria must be taken: the combination of atovaquone and proguanil **4 tablets per day for 3 days**, taken as a single dose.

### **DENGUE, ZIKA AND CHIKUNGUNYA**

Dengue, zika and chikungunya are viral diseases transmitted by the **bite of mosquitoes that mostly bite during the day**.

- Dengue is mostly endemic in South East Asia and Latin America,
- Chikungunya is mostly endemic in Africa and Asia,
- Since 2015, the Zika epidemic has been affecting Central America, Africa, South America and South East Asia.

These disease presentations are like those of a severe case of flu: sudden onset of high **fever** and **muscle and joint pains**. The incubation period is short, so the traveller may develop this infection during the trip.

**Zika infection** can also be transmitted sexually, by blood transfusions and from a mother to her fetus during pregnancy. In this specific case, the infection can cause fetal malformations including microcephaly. It is therefore **not recommended for women who are pregnant or wish to become pregnant (within six months after returning) to travel within epidemic areas**. Couples who wish to have a child and have recently travelled to one of these areas can be screened to find out whether they have been infected by the virus (as soon as they return if there are symptoms, or 3 weeks after returning if they have not had any symptoms). There is no vaccine or effective antiviral treatment for this disease. Patients recover spontaneously but the period of convalescence may be long.

To protect oneself against these three diseases, it is recommended to apply insect repellent composed of DEET (from sunrise to sunset). **Important:** use a sun cream with a higher protection index than usual, apply it first and wait for 20 minutes before applying the insect repellent.

## DIARRHOEA

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On average, 30% to 50% of travellers will have diarrhoea during their trip. This is most commonly the result of **consuming food that has not been washed or has been washed in dirty water**. **Africa** and **Asia** are the high-risk continents. A few simple preventive measures can considerably reduce this risk:

- wash hands carefully before meals, possibly take a disinfectant solution for your hands,
- avoid salads, raw vegetables and fruits not peeled by the traveller,
- do not consume raw or uncooked foods such as meat (barbecues), fish, molluscs or shellfish,
- only consume drinks if they have been boiled (tea, coffee, soups etc.) or are bottled (provided the packaging is original),
- avoid ice cubes, sorbets and ice cream,
- avoid raw or unpasteurised milk products and meals containing raw or insufficiently cooked eggs,
- cooked meals should be served very hot,
- choose carefully where you have meals: a meal bought from a stall is more risky than a meal in a restaurant. Also avoid restaurants which are infested with insects.

**In adventure travel situations**, it is essential **to disinfect water** before drinking it. Simply boiling water is very effective in itself. Water can also be disinfected using:

- chlorine drops (E.g.: Hadex<sup>®</sup> or Drinkwell-chloor<sup>®</sup>)
- chlorine tablets (E.g.: Micropur Forte<sup>®</sup>)
- chloramine tablets (E.g.: Chloramina Pura<sup>®</sup>, Chloraseptine<sup>®</sup>, Chlonazone<sup>®</sup>)

Silver salts (E.g.: Micropur Classic<sup>®</sup>) using 1 tablet for every litre of water for 60 minutes are less effective at disinfecting water, but they make it possible to keep disinfected water sterile. **Important:** straws with a built-in filter are ineffective. On the other hand, it may be advisable to buy a portable filter, since cloudy water has to be filtered before boiling or disinfecting.

**Classic diarrhoea:** Despite strict food and personal hygiene, many travellers still get diarrhoea. This is usually mild diarrhoea that responds well to taking an anti-diarrhoeal treatment. In a more limited number of cases, it is accompanied by fever and/or blood in stools. Travellers are therefore sometimes advised to take an antibiotic with them on their trip. On the other hand, **taking an antibiotic to prevent diarrhoea is not advisable** and it should only be done under exceptional situations.

**In case of diarrhoea:** It is important to replace fluid losses due to diarrhoea to **prevent dehydration**. This is particularly important in the case of children and older people. To do this, it is recommended:

- for babies, to replace fluid loss using the oral rehydration solutions that are available from a pharmacy (ORS or Oral Rehydration Solution);
- for older children and adults, to replace fluid loss with soft drinks, sugared tea or fruit juice accompanied with salty biscuits or crisps. A few ripe bananas should also be taken and food should be eaten in small amounts, avoiding local dishes (it is better to have tea and boiled rice).

► **Treatment in case of non-severe diarrhoea**

*Loperamide (Imodium instant®)*

For diarrhoea that is not accompanied by fever, blood in stools or a major deterioration in the person's general condition, loperamide (Imodium instant®), which inhibits intestinal transport, is recommended. This treatment is not recommended for children under 6 years of age and it is not recommended for pregnant women - although no toxicity has been demonstrated. It also should not be taken in case of bloody or purulent diarrhoea or a fever greater than 38.5°C. A maximum of 4 tablets per day should be taken. When stools become more solid, **loperamide must be stopped to avoid constipation.**

For adults and children 3 months or older, racecadotril (Tiorfix®) may be administered.

- Adult: 3 100 mg gel capsules per day.
- Child: 1.5 mg/kg, 3 times daily (Tiorfix baby®, sachet of 10 mg and 30 mg).

► **Treatment when there are symptoms of dysentery**

In case of diarrhoea with **fever and/or blood, mucus or pus in faeces** and/or a major deterioration in the person's general condition, or for people with reduced immunity or reduced stomach acid, the traveller should self-medicate with an antibiotic treatment (azithromycin). The dose for adults is 2 500 mg tablets taken in a single dose. For children it is 10 mg/kg (= 1 teaspoon per 20 kg of body weight) of a syrup, taken in a single dose for 1 day (or a maximum of 3 days).

In case of dysentery it is recommended to not take loperamide (risk of aggravation).

Antibiotics should only be taken if diarrhoea symptoms occur **during the trip**. They should not be taken for self-medication after returning (consult your doctor).

## SEXUALLY TRANSMITTED INFECTIONS (STIS)

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The AIDS virus and hepatitis B, C or D can be contracted from blood products, injections using poorly sterilised equipment (also be wary of tattoos, acupuncture, piercings etc.) and from sexual contacts.

Using a condom throughout a sexual contact reduces the risk of infection and spermicides and diaphragms confer added protection if they are used **at the same time as condoms**. All travellers travelling without a partner are advised to take condoms with them, even if they do not expect to have sexual contacts during their trip.

In case of **non-urgent blood transfusions**, opt for repatriation to the country of origin. In case of **urgent blood transfusion**, make sure the local blood bank is properly checked for hepatitis B and C and the AIDS virus. The best way to do this is to contact the consulate of a Western country or a representative of a Western airline.

## OTHER USEFUL INFORMATION

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### SWIMMING

Swimming in the sea and in swimming pools in the tropics is not dangerous. It is not advisable, however, to swim in fresh water. Indeed, in most countries **of sub-Saharan Africa, in northeast South America and in some countries in Asia**, watercourses, canals, lakes etc. may be **infested with the larvae** of schistosomes (flatworms).

### INFECTED WOUNDS

To avoid infections, even the tiniest wounds should be properly washed and then disinfected.

### ALTITUDE SICKNESS

Susceptibility to acute altitude sickness varies from one person to another, but an individual's susceptibility is relatively constant. People who take a direct flight to a high-altitude destination (e.g. Cusco in Peru, La Paz in Bolivia, Lhasa in Tibet and Leh in Ladakh etc.) should be warned of the risk of altitude sickness.

**The initial symptoms** consist of headache, loss of appetite, nausea, insomnia, vertigo and general faintness. They may become worse and lead to a severe condition such as pulmonary oedema or altitude-related cerebral oedema. It is advisable to rest for the first few days. Consuming alcohol and taking sleeping tablets should be avoided. Good hydration is essential (drink at least 3 litres of liquid per day, even if you are not thirsty).

**Prevention:** Preventive treatment with acetazolamide® may be proposed. The dose is one 125 mg tablet twice daily or a half tablet of 250 mg taken twice daily, starting **24 hours before** travelling and to be pursued **for 2 to 3 days**.

**Treatment:** In case of altitude sickness, it is advisable not to continue climbing and even to descend at least 500 m if the symptoms persist or become worse. As soon as the first symptoms appear, take acetazolamide® 250 mg twice daily for 2 to 3 days. It is also possible to take 1 g of acetylsalicylic acid (aspirin) or paracetamol in case of headache.

Children are very susceptible to altitude sickness. The dose of acetazolamide for children is 5 mg/kg per day, divided into 2 doses per day.

### PRACTICAL ADVICE

Take a good stock of medications when travelling. Take **adequate amounts of all chronic medications**. Keep your medications in your hand luggage throughout the duration of the trip. It may be wise to take a larger quantity of medications and to put some of them in your suitcase and some in your hand luggage.

Information on safety in the country of your destination is available on this website: [www.diplomatie.be](http://www.diplomatie.be)

Do not forget to take out an insurance policy that covers rapid repatriation in case of an unforeseen problem.