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Health Travel Tips



Diseases Caused By Food & Poor Hygiene

Travellers to foreign countries are often exposed to pathogens (microorganisms capable of producing diseases) that are absent or uncommon in their countries of residence. Health problems in travellers are very common and treatments overseas are usually costly. Prevention of possible ill-health is a strategy that no traveller can afford to neglect.

About 2/3 of all international travellers suffer from diarrhoea abroad. The saying that "travel broadens the mind and loosens the bowels" is true for the majority of travellers.

Safe Drinking Water

Travellers should avoid drinking tap-water or untreated water from any source. Try drinking bottled carbonated or non carbonated mineral water, canned fruit juices or sodas instead. Beverages that are prepared with hot boiling water are generally safe. Water swallowed while showering or brushing teeth can lead to gastro-intestinal infection. Unpasteurized milk and milk products are to be avoided completely including creamers for tea and coffee.

Food Precautions

The traveller should be advised to avoid salads, uncooked vegetables and milk including its by products such as cheese and yoghurt. It is advisable to eat food that has been well-cooked and still hot or fruit you have peeled. Undercooked and raw meat, fish and shellfish may carry various intestinal pathogens. The safest way to guarantee a safe food source for an infant less than 6 months of age is to have the child breast-fed.

1) Traveller's Diarrhoea

The most common health problem faced by travellers. Most cases result from swallowing contaminated food and drink. This illness usually last between 3-5 days. The common organisms causing traveller's diarrhoea are: Escherichia coli, Shigella and Salmonella species.

treatment

- Oral rehydration salts to replace loss of fluids & electrolytes which comes in sachets or use simple method comprising of:
 - * 4 heaped teaspoon of sugar
 - * 1/2 teaspoon of salt
 - * add to 1 litre of water
- Bismuth subsalicylate (Pepto-Bismol), which acts via antimicrobial action and antisecretory activity. **Not to be used on children.**
- Antidiarrhoeal agents such as loperamide (Imodium) or diphenoxylate with atropine (Lomotil). It is important to avoid antidiarrhoeal agents if febrile with a temperature more than 38.5°C and in the presence of blood or mucus in stools. **Not to be used on children.**
- Non-milk diet as lactose in milk may aggravate diarrhoea.

IMPORTANT NOTE: Consult a doctor if diarrhoea contains blood or lasts more than 10 days.

2) Typhoid Fever

This is an infection that is largely imported in developed countries. The causative bacteria is called Salmonella typhi which is acquired by direct fecal-oral spread or via fecal contaminated food or water. Symptoms are 2-3 weeks of fever, vomiting, diarrhoea or constipation. In recent years, Salmonella typhi has developed resistance to multiple antibiotics, thereby causing concern. Typhoid vaccination should be given to travellers over 2 years of age travelling to countries with poor hygiene. You could go for the traditional injected or oral (swallowed) method.

3) Dysentery

This is an acute bacterial or parasitic disease involving the large and small intestines. Transmission is direct or indirect fecal oral route. Symptoms are bloody mucoid diarrhoea accompanied by fever, nausea, vomiting and abdominal cramps. It may be caused by organisms, Shigella or Entamoeba histolytica. Treatment comprises fluid and electrolyte replacement and antibiotics. Antibiotics shorten the duration of the illness.

4) Cholera

Transmission of cholera is by ingestion of high risk food such as raw or undercooked seafood and via fecal contaminated food and water. The risk of acquiring cholera while travelling in affected areas is thought to be less than 1 per 500,000 travellers. Diarrhoea caused by this is usually mild with frequent vomiting for 3 - 5 days. Cholera vaccination is no longer required for entries to other countries reporting cholera but can be considered for people who work and live in highly endemic areas with poor sanitary conditions, travellers to countries reporting an outbreak of cholera and people with impaired gastro-intestinal defence mechanisms.

5) Hepatitis A

The highest incidence of hepatitis A virus (HAV) infection is mostly found in developed countries where overcrowding and poor standard of hygiene and sanitation favour the spread of the virus. It is the most common infection among travellers. Food associated outbreaks in developing countries may be due to viral shedding in the faeces of infected food handlers. Raw or inadequately cooked shellfish cultivated in sewage-contaminated coastal waters and raw vegetables grown in soil fertilized with human faeces are associated with a high risk of HAV infection. The illness is heralded by symptoms of fever, aches and pains, loss of appetite, jaundice and dark urine. Hepatitis A vaccine is an inactivated virus vaccine. The vaccination schedule consists of a primary course of 2 doses, 2 to 4 weeks apart, with a booster 6 to 12 months later. This confers an immunity for about 10 years.