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ANTHRAX...WHAT YOU SHOULD KNOW

Anthrax is an acute infectious disease caused by bacillus anthracis, a spore-forming bacterium. People can contract anthrax from contact with infected livestock or their products, such as wool, meat, or leather. It can also be used as an agent in biological warfare. Anthrax spores are tasteless, odorless, and invisible. Anthrax is not contagious and cannot be transmitted from person to person.

For all three types of anthrax, symptoms can appear within 7 days of coming in contact with the bacterium. Symptoms associated with inhalation anthrax can take up to 42 days to appear.

The treatable cutaneous form of the disease is most common and responds well to antibiotics. It is rarely fatal if treated before it becomes invasive. This occurs when the bacterium, usually from infected animal products, enters a break in the skin. Skin infection begins with swelling and redness, much like an insect bite. This develops into a painless blackened lesion or ulcer that may form a scab.

Gastrointestinal anthrax may present when a person eats contaminated meat. This infection can cause fever in conjunction with gastrointestinal symptoms such as vomiting, abdominal pain, diarrhea and/or loss of appetite. Gastrointestinal anthrax can spread through the body and is often fatal if not treated immediately. This form of anthrax, however, is not known to have occurred in the United States.

Inhalation anthrax, referred to as respiratory or pulmonary anthrax, occurs when the bacterium is inhaled. The early symptoms may resemble that of a cold or sore throat. The spores travel from the lungs to immune

cells in the lymph nodes. As they reproduce, the spores secrete their toxins causing severe breathing problems and shock. Once the bacteria have reached that stage, treatment is difficult and death usually ensues.

Several different antibiotics kill bacillus anthracis as it reproduces within people and animals. If diagnosed early, anthrax can be treated. Unfortunately, people often confuse the early symptoms with more common infections. Medical treatment is not sought until more severe symptoms appear. At that stage, the destructive toxins, which are not affected by antibiotics, have risen to high levels, making treatment difficult. Currently, Ciprofloxacin and Doxycycline are FDA-approved for PEP, (Post-Exposure Prophylaxis), and Ciprofloxacin, Doxycycline and Amoxicillin are FDA approved for treatment.

The vaccine used to protect humans against anthrax disease, called Anthrax Vaccine Adsorbed (AVA), was licensed in 1970. Anthrax vaccine is a cell-free filtrate vaccine which means it contains no whole bacteria, neither live nor dead. Therefore, the vaccine cannot cause anthrax disease.

The ACIP, (Advisory Committee on Immunization Practices), has recommended anthrax vaccine for the following: lab workers who may work directly with the organism; persons who work with imported animal hides/furs; military personnel deployed to area with high risk of anthrax from weapons. Currently, health experts don't recommend the vaccine for general use by the public.

The basic vaccine series consists of 6 doses, given 2 weeks apart followed ▶ 2

CHINESE EATING ETIQUETTE

By: Gary Bloom

The good news about eating in China? Many of your mother's rules don't apply. A big Chinese dinner, at home or even at a fancy restaurant, often resembles a food fight. When things get going, chopsticks are clicking and food is flying as items are plucked from the dozen main courses at the center of the table and placed in someone's bowl, not necessarily their own.

Oh, if it were really that much fun. Though their eating etiquette may be different, the Chinese have as many, probably more, rules than we do. Perhaps the most difficult for us is learning to use chopsticks. But even after we've seemingly mastered these and are able to get the food from the main dishes to our bowl and then to our mouth, we've probably already offended our hosts with our lack of manners. So here are a few simple rules on eating Chinese:

- Hold chopsticks toward the top, between your thumb and first finger, and about a half inch apart with your middle finger in between the chopsticks. They should come together only at the tips when picking up food. Most of us want to hold chopsticks like a pencil, near the bottom, but holding chopsticks toward the top ends gives you a better angle and increases your leverage.
- A common mistake westerners make is taking an entire main dish, or most of it, for themselves. Don't grab all the shrimp because it's your favorite or the most expensive.
- Don't pile food on your plate first and then begin to eat, unless you were born the year of the pig. Take only a small amount at a time from the main dishes.
- Don't use your chopsticks for ▶ 2



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by three additional subcutaneous injections, given at 6, 12, and 18 months. Subsequent booster doses are recommended at one-year intervals for ongoing protection. As with any vaccine, much like medicine, severe allergic reactions can occur. However, the risk of anthrax vaccine causing serious harm or death is extremely rare. Possible side effects include redness, swelling, pain, burning and itching at the injection site. These reactions typically resolve in a few days. Serious allergic reactions are very rare.

Even though anthrax may be among the most viable of biological weapons, it is also a weapon for which a licensed vaccine and good antimicrobial therapy and post exposure prophylaxis exist. Given the relatively short incubation period and rapid progression of the disease, however, identification of the exposed population within the 24 to 48 hours and employment of therapeutic and prophylactic strategies are likely to present a challenge. Good intelligence regarding the capabilities of terrorist groups, as well as heightened awareness of the threat on the part of clinicians, first responders, and public health personnel remains a cornerstone of bioterrorism defense.

pointing or poking, no matter how funny the joke is. The lower tips should be kept pointing downward.

- Don't use your chopsticks to forage through the main dishes. Take what's on top and easiest to reach.
- It's tempting to use a single chopstick to stab a piece of beef or fish - so much easier than trying to pick it up the correct way. Five year olds are allowed to do this, but not adults.
- Don't play with your chopsticks because then you won't have any food to eat, according to Chinese superstition.
- As in the west, using your fingers to eat is frowned upon at formal Chinese dinners. But it is okay to hold your bowl close to your mouth and use your chopsticks to shovel in food.
- If you're a guest in a Chinese home, don't be surprised if your host chooses some delicacies for you, whether you want them or not. And yes, you have to eat them if you don't want to offend the host.
- At a formal banquet, tables with the red cloths are usually for the guests of honor.

- Don't stick your chopsticks upright in a bowl of rice. This is only done with a bowl of rice placed at the family altar for a deceased relative.
- After the meal, don't leave your chopsticks in the bowl. This also has death connotations. Place them flat on the table along side your bowl.

Where are the knives? Well, there aren't any. At a traditional Chinese dinner at a home or a restaurant there are no knives at the table. To cut a piece of beef, chopsticks are inserted into the middle of the piece to be cut and pulled apart. Fortunately, meats are heavily marinated and slow cooked in small portions, so this is not as difficult as it seems.

Many of these rules are based on ancient Buddhist and Confucius beliefs, and apply not only to China but much of the rest of Asia. You can learn a lot about Asian culture at the dinner table. And you don't have to travel all the way to China to use what you've learned. The next time you eat out at a Chinese restaurant or at a Chinese friend's home, you can show off your chopstick skills and worldly knowledge.

SAFE & ETHICAL TREKKING

By: Fran Lessans, RN, BSN, MS

Modern modes of transportation have given rise to adventure travel. Nepal issues permits to over 100,000 trekkers each year, with most of these tourists ascending to over 3,000 m and many to over 5,000 m. Besides counseling trekkers on high-altitude environments, special precautions and immunizations, it is also important to discuss lodge accommodations, meals, guides, and porters.

Make sure your guides are experienced, registered and licensed by the government. An experienced guide will assure your safe trek and return home.

A trek-day starts around 6:00 a.m with a cup of tea or coffee. After packing your duffel and daypack, a breakfast of cereal and a hot beverage is served. The actual trek starts around 7:30 a.m. Porters carry all luggage and equipment. You are responsible for your daypack, water, windbreaker, camera and other small items. The morning's walk to the lunch spot takes about three hours. Around mid-day a simple hot lunch is served. After hiking for three to four more hours, the trek day ends with relaxing, reading or walking nearby. The evening meal is served between 6:00 and 7:00 p.m. Your experience is based on your preparation and the experience and support of your guides and porters.

It is important to make sure your guides and porters are covered by insurance and have warm clothing and footwear. In 1997, a young Nepali mountain porter employed by a trekking company got sick and was dismissed. Shortly thereafter he died. These kinds of stories are common throughout the world. As a result a group known as the International Porter Protection Group formed to improve the health and safety for the trekking porter at work in the mountains and reduce the incidence of avoidable illness, injury and death. This is done by raising awareness of the issue among travel and trekking companies and travelers who need their services.

The International Porter Protection Group (IPPG) recommends the following guidelines:

1. Adequate clothing should be provided to porters for their protection in bad weather and at altitude. This means a windproof jacket and trousers, fleece jacket, long johns, suitable footwear (leather boots in snow), socks, hat, gloves and sunglasses.

2. Above the tree line, porters should have access to shelter, either a room in a lodge or tent, a sleeping pad and a blanket (or sleeping bag). They should also be provided with food and warm drinks, or cooking equipment and fuel.

3. Porters should be provided with the same standard of medical care, as you would expect for yourself, including insurance.

4. Porters should not be paid off because of illness or injury without the leader or the trekkers assessing their condition carefully. Sirdars must let their trek leader or the trekkers know if they are paying off a sick porter. Failure to do this has resulted in many deaths. Sick porters should be sent down with someone who speaks their language and understands their illness along with a letter describing their complaint. Sufficient funds should be provided to cover the cost of their rescue and treatment. They should never be sent down alone.

5. No porter should be asked to carry a load that is too heavy for his or her physical abilities. Weight limits may need to be adjusted for altitude, trail and weather conditions. Good judgment and careful observation are needed to make this decision. If you are going to a remote area, select strong and experienced porters!

HEALTH CONCERNS AND INTERNATIONAL ADOPTION

Foreign adoptions are on the rise. From 1989 to 2002, U.S. families adopted more than 167,000 children internationally. In 2002, U.S. citizens adopted 20,099 children from 20 countries. During the past decade, the countries from which most children have been adopted have changed. In 1989, children were adopted most frequently from Korea, Colombia, India, the Philippines, and Chile. By 2002, only Korea remained in the list of top five countries; China, Russia, Guatemala, and the Ukraine replaced the other 4 countries. This shift can be associated with a change in disease epidemiology in adopted children. The outbreaks of severe acute respiratory syndrome (SARS) illustrate the dynamic relationship of infectious diseases and travelers and the need to have up-to-date information. In April 2004, the Centers for Disease Control and Prevention temporarily suspended adoption processing from an orphanage in China's Hunan Province after nine cases of measles in recently adopted children were determined. This is the second time since 1997 that the agency suspended foreign adoptions. The previous suspension occurred in February 2001, and was also related to a measles outbreak that originated in a Chinese orphanage. These events demonstrate how adoptive parents must be tuned in to a range of health issues that can arise with foreign-born children. Parents should select a pediatrician who knows how to recognize childhood diseases that are becoming less familiar to doctors in the U.S. Measles is one of the most infectious diseases in the world, but the U. S. sees fewer than 100 measles cases a year on an average, mostly imported from other countries.

The families of internationally adopted children face health risks associated with travel when picking up their adopted children overseas. Unlike other travelers, they may be at increased risk because the child's immunization status is often unclear and these children may harbor infections. Tuberculosis, hepatitis A, hepatitis B and measles have been transmitted from adopted children to family and community members. Intestinal parasites and other infectious diseases can also be transmitted. Some of these infections may not manifest in adopted children until many years after the adoption. Practitioners providing health care to families planning international adoption should know about standard pre-travel advice, as well as possible infections that may affect adopted children. By doing so, they can protect the health of the travelers, family members and close friends who will welcome the new child into the home.

Adoptees often arrive in the U.S. without in-depth information on their past medical history or social environment. Records are frequently unavailable, offer little information, or sometimes, even falsely recorded. Records that seem "too perfect" are often times, just that. Even when vaccines have been given reliably, the immune response may have been inadequate in severely malnourished or chronically ill children. When in doubt, it's always best to repeat the series of vaccinations, as there is no harm in re-immunization, provided the status of HIV is known. The American Academy of Pediatrics advises pediatricians to screen and if necessary, immunize internationally adopted children against the vaccine-preventable diseases specified by immigration law, and to screen them for HIV, tuberculosis, parasites and hepatitis C. U. S. law passed in 1996 requires all immigrants applying for a permanent visa to show proof of immunity of several vaccine-preventable diseases, such as measles, mumps, polio and hepatitis B. This law has been amended and now exempts adopted children under 11 years of age. Proponents of this amendment argued that the requirements placed an unnecessary burden on the children and lengthened what is already a heavily bureaucratic and emotionally exhausting experience for the adoptive parents.

In addition to following through on screening and vaccinations, parents of newly adopted children should cocoon for a few weeks after

their arrival back home. Even though this is a time when it is customary to show off the newest member of the family, it is especially important in those initial weeks to minimize contact between the child and family members of friends who may have compromised immune systems. About one-half of internationally adopted children will have an acute illness within the first month after arrival. The first response of the new adoptive parent is to rush the child to the physician for a full check-up. Most early illnesses are simple pediatric conditions, such as URI's (upper respiratory infections), gastroenteritis or skin infections. It is advisable to follow all acute illnesses closely to resolution. Failure to improve as expected, or to resolve completely may be the first indication of an underlying condition. Among those conditions that would warrant immediate attention are some vaccine-preventable diseases and malaria, depending on the origin of the adoptee.

Although hepatitis B vaccine programs are public health policy in some countries, the circumstances that leave a child available for adoptions are the same as those that afford the child the least access to medical care. Some experts advise against screening children before adoptions as the testing process itself may be yet another source of infection. The screening results may also be inaccurate or misinterpreted.

Tuberculosis (TB) remains a significant problem among adoptees. It is prevalent in many host countries and is a silent infection in children. All children should be screened at arrival and at any time they develop symptoms compatible with TB. Routine ppds (purified protein derivative) are often mandated.

Until recent years, HIV infections had not been a major issue in international adoption. Now, adoptive parents are presented with a new dilemma about pre-adoption screening.

In order to protect the adoptive families, immunization records of travelers should be reviewed to update routine vaccinations, such as measles, tetanus/diphtheria and polio. Travelers to most parts of the world will benefit from protection against hepatitis A and B. In areas where safety of food and water cannot be guaranteed, protection against typhoid is also desirable. Travelers to parts of Africa and South America where yellow fever is endemic, should receive yellow fever vaccine and information about preventing mosquito bites. Individuals traveling to parts of Asia and the Indian subcontinent in the rainy season may be candidates for Japanese Encephalitis, especially if travel includes rural areas during transmission season. Rabies is a serious problem in parts of Asia, Africa, and Latin America and is present in Eastern Europe as well. Adoptive families planning extended travel to remote areas should be advised to avoid befriending animals and should consider pre-exposure rabies.

Families traveling to areas where malaria is present should be protected against malaria. Using insect repellants with 20% to 30% DEET and permetherin spray for bedding and clothing can significantly reduce exposure to mosquitoes. Choice of an anti-malarial agent depends on the destination country, medical history, length of stay, and to some degree, personal preference.

As the number of international adoptions continues to increase, so does the need to protect adoptive families, not just for those who are traveling, but also for the entire household. Pre-travel evaluation of adoptive families should include updating routine immunizations including the hepatitis B series for all family members. Pre-travel advice should include country specific health and security information for the family members traveling, instructions and supplies for the adoptee and preparation of household members who will assist with the care of the child upon arrival.



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Fran Lessans, R.N., B.S.N., M.S.

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Q. I am going deep-sea fishing and have trouble with motion sickness, is there anything I can do besides taking medications that make me light headed and the wristbands don't work for me.

A. There are some herbal remedies but you may also want to try controlled breathing and music. These methods may work for some but to date the most effective method is scopolamine a prescription drug.

Q. I am going to Thailand and heard that they garnish with insects, is this true or simply an old wives tale?

A. Insects are very popular snacks in Thailand. They are usually sold by street vendors. Bugs include locusts, crickets, silkworms, water bugs, grasshoppers, ants, ant eggs, bamboo worms and scorpions. Ants are said to give a sour taste, replacing lemon in salads. Locusts are fried until they crackle. They are sprayed

with soy sauce and hot pepper. The cockroach is usually eaten plain but may be used in shrimp paste. Bugs arrive to market alive and flapping so the consumer knows that insecticides have not been used. Recent research by the Thai Farmers Research Center shows that a large cricket delivers more protein (20.6 grams) per 100 grams than beef (18.8 grams), pork (14.1 grams), chicken (20.2 grams) or chicken eggs (12.7 grams). Only catfish delivers more protein per gram. Note: sometimes children have been known to establish sensitivity from products using flour that may have insects accidentally ground into the mix.

Q. We are adopting a baby from China. Besides the food and water precautions and shots for Hepatitis A, Td, Polio and Typhoid is there anything else we should consider?

A. Hepatitis B is a very important issue. The first concern is the fact that you may become ill and require medical care that is less than acceptable standard for sterility in the middle of China. Added to this is the worry that the baby you adopt may be a carrier of the hepatitis B virus, and hence be infectious to you. Hepatitis B is transmitted via bodily fluids and is an occupational hazard of parenting. These children may have become infected directly from their mother during pregnancy, or from contaminated needles or blood. The bottom line here is that you should be immunized against hepatitis B. Also consider vaccinating siblings and grandparents eagerly waiting at home. Whether you will need any other vac-

cines or malaria prophylaxis will depend mainly upon your destination.

Q. I am going on a religious pilgrimage to (Hajj) in Saudi Arabia. I am told I need a meningitis shot. Is this really necessary?

A. You do in fact need the meningitis vaccine prior to traveling to the area because of the overcrowded conditions in Mecca and Medina. Two years ago, an outbreak of meningococcal disease among returning pilgrims and their families resulted in 60 deaths; last year, researchers obtained throat swabs from 204 pilgrims before their trip and were able to identify one person with the Neisseria meningitidis. On the return home, 171 of the original 204 were retested and 29 were discovered to be carrying the rare W135 strain, which when transmitted to close contacts who were not vaccinated could put them at significant risk for developing invasive disease.

Q. I will be going to the Dominican Republic. Do I need a passport or can I get in with a driver's license or birth certificate?

A. You should have a passport. Recent travelers to the Dominican Republic were granted access on a birth certificate and driver's license, but denied their return until the U.S. Embassy issued a passport. Passports are now being required in all Caribbean Basin countries and may soon be required in Mexico as well. It is a good idea to get one, as they are valid for 10 years for adults and 5 years for children.