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The Vaccine People

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MOSQUITOES, TOO, LIKE LATIN AMERICA, SO TAKE PRECAUTIONS

BY: LARRY G. BARATTA, M.D., Ph.D.

Last February, a group of middle-aged novice travelers ventured to Costa Rica to tour the Braulio Carrillo National Park which rises and falls between cool high mountains, and low torrid jungles, all of it washed by swift curving rivers and waterfalls.

Unknown to them at the time, this lovely pristine region was actually a mosquito-infested area fraught with health perils. Eight of the group's members contracted traveler's diarrhea; four came down with typhoid fever, and two were infected with malaria.

Because tropical environments are havens for the cultivation of exotic diseases, anyone planning to visit Latin America should check into the health hazards at their destinations and take appropriate measures to protect their health before they leave. This is particularly important for U.S. citizens since a significant number of international passengers travel to Latin America.

Latin America is a vast and varied region, and each country has specific health recommendations for travelers. A growing number of travelers are exploring destinations that are off the beaten track such as eco-adventures to places like Belize, the Galapagos Islands, Costa Rica, the Amazon and Peru. The health risks in such locales are greater.

Here is a rundown on some of the health problems you may encounter there and on how you can prepare for them before you depart.

THE CARIBBEAN

Traveler's diarrhea is this region's number-one traveler's illness. Viruses, bacteria or parasites in contaminated food or water are the cause. Infections may lead to diarrhea and vomiting usually due to bacteria and parasites, and fever from typhoid fever.

Traveler's diarrhea may last three to seven days. Clinicians recommend that travelers take an anti-diarrheal kit with them to treat the illness. However, the best prevention is to make sure that your food and drinking water are safe.

Malaria transmitted by mosquitoes, is a problem in Haiti and rural areas of the Dominican Republic. Oral anti-malarial medication is extremely effective. An additional measure for any mosquito-borne disease, is the use of insect repellent that contains DEET for exposed skin and Permethrin for clothing and bedding.

Another mosquito-transmitted disease, yellow fever, can be prevented with a vaccine that is recommended for those traveling to Trinidad and Tobago. Typhoid fever, a common bacterial disease that can be life threatening, is prevalent in developing countries. ▶ 3

MENINGITIS VACCINE: NOT JUST FOR TRAVELERS

Meningitis is an inflammation of the lining of the brain and spinal cord and the cerebrospinal fluid (CSF). The most common types are viral and bacterial. Symptoms of viral meningitis mimic a mild case of the flu and include headache, body aches, fever, and occasionally, nausea and vomiting. Viral Meningitis is relatively common among children and young adults, especially during the summer, and it usually goes away without treatment in about a week.

However, bacterial meningitis is more serious and has a relatively high mortality and morbidity rate making early detection and treatment essential. Bacterial meningitis is found throughout the world and has been a persistent global health problem for more than 100 years. Annually, about 120,000 cases occur resulting in approximately 17,000 deaths. In Sub-Saharan African countries, known as the Meningitis Belt, widespread disease occurs regularly and large-scale epidemics occur every 8-12 years. In 1996, the largest epidemic ever reported occurred in this region with more than 250,000 cases and 25,000 deaths.

In the United States, meningitis strikes about 3,000 - 4,500 people annually causing death in about 10-15% of the cases. As many as twenty percent of survivors have some level of permanent neurological damage resulting in recurring headaches, fatigue, depression, mood swings, epilepsy, deafness, and amputations of arms and/or legs. The highest rates of disease are among infants and children. However, in the last decade, the rate among ▶ 2



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MENINGITIS VACCINE

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adolescents and young adults has dramatically increased, especially in the 15 to 24 year age group.

Bacterial meningitis occurs most frequently in the fall and winter when upper respiratory tract infections are most common. Symptoms of bacterial meningitis can develop over 1 to 2 days or within several hours. Early symptoms are non-specific and flu-like including fever, vomiting, restlessness, and irritability. However, patients with meningitis and septicemia can become seriously ill within a few hours requiring immediate medical attention. Symptoms in infants differ from those in children and adolescents and are outlined below:

Infants: Look for one or more of the following symptoms:

1. A high-pitched, moaning cry
2. Bulging soft spots (head)
3. Difficult to awake
4. Floppy or stiff body with jerky movements
5. Difficulty feeding or refusing feeding
6. Pale or blotchy skin
7. Red or purple rash anywhere on body
8. Rapid/unusual/difficult breathing

Children/Adolescents/Adults: One or more of the following symptoms:

1. Stiff neck
2. Severe pains and aches in back and joints
3. Severe, unrelenting headache
4. Sensitivity to light – abnormal eye movement
5. Very cold hands & feet – often with change in color
6. Fever and chills
7. Nausea and vomiting
8. Changes in level of consciousness, disoriented, confused
9. Rapid breathing
10. Red to purple rash that does not blanch under pressure
11. Seizure activity

Those individuals at an increased risk of contracting bacterial meningitis include those living in areas of high population density, such as college dormitories, military barracks, prisons, as well as household contacts who may have close contact with a known case, daycare contacts, individuals with compromised immune systems, patients with asplenia and persons traveling to endemic areas of the world. The bacteria are spread through exchange of respiratory and throat secretions from coughing, kissing, sharing utensils, cups, lip gloss, toothbrushes, and cigarettes.

The U.S. military now routinely vaccinates all new recruits against meningitis. On May 26, 2005, the Center for Disease Control and Prevention and the American Academy of Pediatrics recommended that U.S. children 11 to 12 year-olds, all students entering high school and students heading to college, who will live in dorm, get a meningitis vaccination. All foreign travelers to endemic areas should be vaccinated. After an outbreak in 2000, Saudi Arabia now requires vaccination for all travelers to Mecca during the annual Hajj pilgrimage.

Currently, there are two meningitis vaccines licensed for use in the United States; Menomune and Menactra. According to the drug manufacturers, there will be a country-wide shortage of both vaccines likely through the end of the year. ■

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LATEST VACCINE & WORLD HEALTH INFORMATION

Tsunami – Outbreak of Tetanus

An outbreak of tetanus at disaster sites have caught health care workers off guard. There have been 40 confirmed cases while 20 resulted in deaths in Banda Aceh in Sumatra. Another seven cases with five fatalities have been detected in Meulaboh, Indonesia. Many health officials anticipated outbreaks of cholera, dysentery, and malaria, but were unprepared for tetanus epidemics. Tetanus is an easily preventable disease when immunizations are maintained every five years.

Hepatitis C

Scientists are currently working on a Hepatitis C vaccine however it will be many years before one could be seen for the general public. Hepatitis C virus (HCV) is transmitted through blood or body fluids from an infected person and 80% of all those infected have little or no symptoms.

Whooping Cough on the rise in the U.S.

According to the Centers for Disease Control (CDC), there is a nationwide increase in whooping cough (Pertussis) often referred to as the “100-day cough”. South Dakota leads with a recorded 127 cases since January 1, 2005. This increase is partly blamed on

better diagnosis of the disease as well as the general cyclical nature of the disease. Parents are urged to get their young children vaccinated against this disease by keeping their Diphtheria, Pertussis, and Tetanus (DPT) immunizations up to date. Pertussis immunity wanes five to ten years after the last vaccination, usually in adolescence. A booster of Pertussis is recommended in combination with tetanus and diphtheria in these teen years.

Will we have enough flu vaccine for next season?

Chiron Corporation's production plant in Liverpool, England has been inspected and the British Regulatory Agency has reinstated production privileges. Four pharmaceutical companies have been approved by the FDA for manufacture of flu vaccine.

Mumps in the UK on the rise

In the first 24 weeks of this year, the U.K. has reported nearly 41,000 cases of Mumps. Mumps are transmitted through the air by sneezing and coughing or by direct contact with the infected person's saliva. Mumps can lead to meningitis, permanent deafness, and sterility in men. Travelers to this area should be current with their MMR vaccinations and those unsure of their immune status should consider being boosted.

MOSQUITOES

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Rabies is found in much of the Caribbean; most commonly in caves where bats reside or in rural areas where they come into contact with unvaccinated, domestic dogs.

CENTRAL AMERICA AND MEXICO

Hepatitis A is a worldwide concern and preventable with a vaccine. It can be transmitted by person-to-person contact or from contaminated water, ice, or shellfish harvested from contaminated water, or from fruits, vegetables, or other foods contaminated during harvesting, or subsequent handling.

SOUTH AMERICA

Vaccine requirements and recommendations for travel to all of South America are basically the same, but the Centers for Disease Control have issued an advisory for an outbreak of dengue fever in Rio de Janeiro. Dengue is a virus transmitted by mosquitoes. Epidemic transmission is usually seasonal during and shortly after the rainy season. There is no vaccine but successful measures in preventing mosquito bites such as using a mosquito repellent containing DEET, wearing loose fitting clothes, and covering arms, legs, and the neck areas, can be employed. The use of Permethrin on outer clothing and bedding is also recommended to repel mosquitoes.

The standard measures for general health protection while traveling through South America include anti-malarial medication and vaccines for hepatitis A and B. Tetanus/ diphtheria, typhoid, and yellow fever are also recommended.

If traveling to Brazil first with onward travel to other South American countries, you are required to get the yellow fever vaccine and certificate. It must be presented to Brazilian officials when applying for a visa. ■



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PACK FOR THE AIRPORT – NOT JUST FOR YOUR TRIP

The time has finally arrived for that long awaited vacation. Clothes were purchased, that new swimsuit for the beach and great new hiking boots for the mountains. You finally received your new or renewed passports. But have you given any thought to how you packed for the airport?

“The airport! Are you serious?”, you might ask.

Yes, just to make that transition from home to your final destination can be rather daunting at times. It is not just the harrowing taxi ride from a driver unaware of his surroundings, nor the airline delays. It is the “simple” task of getting through security checkpoints that may create even the most timid individuals to turn into a “Mr. Hyde”. Listed below are just a few quick notes to consider when packing to ease your way through the airport to your assigned gate.

Also, you might want to plan your arrival time to the airport based on estimated historical security wait times. You can log onto <http://waittime.tsa.dhs.gov/index.html> to receive the latest information at your airport.

Checklist

- Ticket or Ticket Confirmation
- Boarding Pass
- Passport
- Immunization Record (ICV, Yellow Book)
- Documentation for Special Medical Devices
- Properly Labeled Medications, Including Injectibles
- Small Plastic Bags for Small Objects such as: Keys, Change, etc.
- Driver's License/Official Identification

What not to carry in your carry-on:

- Knives of any kind
- Cutting instruments of any kind or composition
- Corkscrews
- Ski poles
- Baseball or softball bats
- Pool cues
- Hockey sticks
- Golf clubs

Packing tips:

1. Do not lock checked baggage. If the baggage needs to be secured, use plastic ties that can be easily removed. The Transportation Security Administration will leave a notice inside the bag if it has been searched.
2. Do not pack camera film in checked baggage, as it will be damaged by new surveillance equipment.
3. Consider putting personal items in clear plastic bags to reduce the chance that a screener will have to handle them.
4. Avoid over-packing so screeners can reseal bags easily if necessary.
5. Avoid stacking large amounts of paper including books. The density of the matter could trigger inspection. Spread papers and books among more than one bag.
6. Avoid packing food and drink because baggage-screening equipment is designed to spot organic material from which explosives are made.
7. The limit of one carry-on and one personal item (purse, briefcase or computer case) does not apply to medical supplies, equipment, mobility aids, and/or assistive devices carried by and/or used by a person with a disability.
8. Pack your medications in a separate pouch/bag to facilitate the inspection process. Ensure that containers holding medications are not too densely filled, and that all medication is clearly identified. Large amounts of medications that are not for immediate use should be put in checked baggage.
9. If you have medical documentation regarding your medical condition or disability, you can present this information to the screener to help inform him of your situation. This documentation is not required and will not exempt you from the security screening process.
10. Make sure all your carry-on items – equipment, mobility aids and devices, have an identification tag attached.
11. If you have a medical device (on the interior or exterior of your body), check with your doctor prior to traveling to determine if it is safe for you to go through the metal detector or to be hand wanded. If your Doctor indicates that you should not go through the metal detector or be hand wanded, or if you are concerned, ask the screener for a pat-down inspection instead. ■



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Fran Lessans, R.N., B.S.N., M.S.
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Q. The long lines and increased wait times frustrate me at major airports. What can I do to decrease the pre-boarding time commitment?

A. Unfortunately, wait times are here to stay due to increased screening and security. You can speed things along if you divest yourself of keys, cell phone, loose change and jewelry long before you get in line—put them in your carry-on. And just before passing through the magnetometer, take your shoes off. The reason: If you trigger the alarm, you're automatically required to undergo a secondary screening, which can mean the difference between making and missing your flight. If you're carrying a laptop, tape on a business or ID card, preferably one with a cell phone number. If your computer gets lost in the shuffle, TSA personnel can sometimes get it back to you before you board. Stow a photocopy of your driver's license or passport in your carry-on. Save the

humor for later. Thanks to newly imposed fines, joking about a bomb or weapon can cost you \$1,000 to \$2,000.

Q. I am planning a whitewater rafting expedition in Costa Rica. Are there any special precautions I should be aware of?

A. You should take some recommended immunizations and medications prior to departure. Although rare, rafters have acquired leptospirosis, a serious disease that can lead to organ failure caused by rodent urine contaminated water.

Q. I have an 18-month old son. My husband and I have passports. Do we need one for my son if we are going to Belize? I have his birth certificate.

A. Yes you will need a passport for your minor child. You and your husband will need to appear in person with your son or you will need written permission from the absent parent or proof of sole custody of a child, an adoption decree or the death certificate of a deceased parent if both parents are not present. You will also need your son's birth certificate, two 2 inch square full face photos, \$40.00 passport fee, \$30.00 application fee, and a new \$12.00 security surcharge fee. You can expect to wait 6 weeks if everything is in order. If you want expedited service, with delivery in about two weeks, you pay an extra \$60.00. Leave plenty of time in case of problems and make copies of everything you send.

Q. My husband and I just returned from a visit to Brazil's Iguacu Falls. We took several immunizations prior to travel including Yellow Fever. We ran into many travelers from the U.S. who were not immunized against Yellow Fever. Did we get it for no reason?

A. Although there have been no cases of Yellow Fever in humans at Iguacu Falls for many years, the area is in a zone where Yellow Fever is endemic, meaning there is much documented animal transmission and a consequent risk to humans. In recent years, two tourists died from Yellow Fever contracted in Brazil. The country's public health experts having seen the ravages of the disease, strongly advocate immunization for all visitors over the age of nine months.

Q. How common and harmful are parasites?

A. Parasitic illnesses are often acquired from undercooked meats, swimming in ponds, lakes and rivers, walking barefoot, and are common in Latin America and Asia. It is very important to recognize the symptoms of parasitic infection and seek prompt treatment. Parasites can live for years inside the body, damaging vital organs, travel to the brain and cause seizures and hallucinations. Parasites can be treated with medication. However, if left untreated, they may lead to permanent organ damage, some forms of cancer, and can be fatal.