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- I've traveled many times to the Caribbean, Mexico and throughout Canada without needing a passport. Now, I hear that you have to have a passport to get back into the United States. Is this true?
- New regulations requiring passports were adopted by Congress in 2004 to secure our borders against terrorism. They are currently only required for air travel. It is expected that land and sea travelers will have to display a valid passport beginning January 2008. Active members of the U.S.military are exempt.
- I am going to be living in an area of high risk for malaria for 4 months. Can I get a shot to protect me against malaria instead of taking pills?
- Research is underway to develop a vaccine for malaria; however, it is not currently commercially available. Annually, malaria kills more than a million children globally. At this time, your best defense against malaria is to take a country-specific oral anti-malaria medication, use repellents containing no more than 30% DEET on exposed skin, and wear light-weight long sleeve shirts and pants treated with permethrin, spray permethrin on bedding and sleep under permethrin-treated mosquito netting at night.
- I get sea sick every time I take a cruise, but I don't like the side effects of the patches. Is there anything else I can do?

- BioBands are drug free adjustable wristbands with a small bead built into it that, when positioned correctly on the underside of the wrist, eases and prevents travel discomfort by car, boat, plane and train. They are suitable for use by adults and children and are safe and easy to use. They are available at Passport Health.
- A group of us are going on a mission trip to Africa for two weeks. We plan to pack bottled water for safe drinking water. Are there any restrictions to packing that much water?
- There are weight restrictions per person for luggage and the new carry-on fluid restrictions to deal with. You also face the expense of shipping that amount of water overseas. A better option may be to take along a water filtration bottle that will make sediment, bacteria and protozoan (cyst) free water from any fresh water source. These light-weight bottles have a hollow fiber membrane that requires no wait time and does not require the use of chemicals such as iodine or chlorine. Each bottle will filter over 500 gallons of water at a fraction of the cost of shipping pre-filled bottles of water. This light weight water purification system is available at Passport Health.
- When I travel to exotic places, I only eat in fine restaurants where everything looks clean and fresh. Why should I avoid ice and tossed salads?

Bacteria often found in water sources in developing countries is odorless and colorless. The raw foods found in salads will not look bad or even taste bad but may be full of disease causing bacteria such as E-coli. Freezing water to make ice does not kill bacteria and when consumed can make you very ill. The fact that you are eating in a fine restaurant does not mean that the water coming out of the faucet is treated for harmful parasites or bacteria. It is wisest to avoid any fruits and vegetables that are not peeled by you and ice of any kind when visiting developing countries. It is also advisable to take along a diarrhea treatment kit in case of illness.

> Have a travel question? Call:

410-727-0556 Toll Free: 1-888-499-PASS (7277)

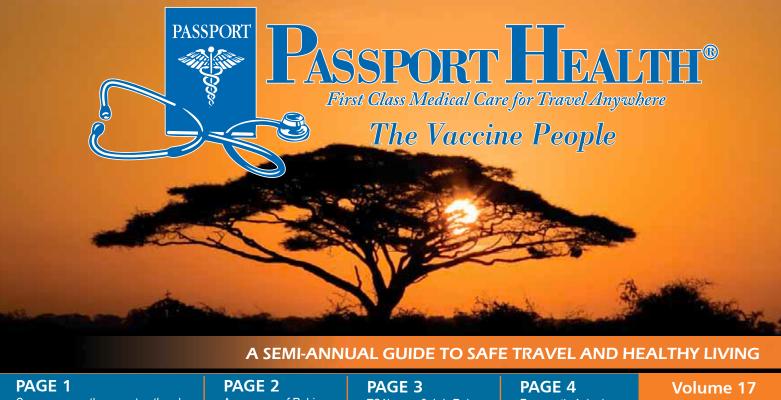
> or fax your question to: 410-727-0696

> > or write to:

Fran Lessans, R.N., B.S.N., M.S. **Passport Health**

921 East Fort Avenue Suite 100

Baltimore, Maryland 21230



Concerns over the recent outbreak of Polio Paralysis in North Africa and the Middle East

Awareness of Rabies and the available Vaccines

TSA's new 3-1-1. Rules and Regulations for carry on luggage

Frequently Asked Questions for the International Traveler

Issue ' Spring 2007

POLIO PARALYSIS outbreak may be on the horizon

Beginning in 2003 and continuing into 2007, confirmed cases of polio paralysis have been uncovered in Saudi Arabia, Yemen, Angola, Nigeria, Ethiopia, India, Indonesia and Somalia. For many of these countries, it has been the first time polio had been reported in as many years. Although the ratio of cases to population is relatively small and it is hardly an epidemic, these cases are significant.

Since only one out of 200 cases of polio develops into paralysis, the suspected number of people who are active virus-carriers may be well into the thousands. With an increase in world travel, this creates a real concern for health organizations dedicated to stopping the spread of a disease that was expected to be eradicated from the globe by the year 2000.

Fifty years ago, polio panic was at an all time high crippling millions of children and one United States president. Then an American doctor named Jonas Salk developed a vaccine and an end to this terrifying disease was in sight. At the 1988 annual world assembly of health ministers, a goal of worldwide eradication was set for the year 2000. At that time, polio was endemic in 125 countries. Three billion dollars later, in early 2003, it was limited to six countries: Nigeria, Niger, Egypt, Pakistan, Afghanistan and India. So what happened?

It is believed that the recent spread originated in northern Nigeria in 2003. Religious leaders began refusing the vaccine fearing a plot to render girls infertile and an attempt to spread AIDS. It took nearly a year for these allegations to be refuted and polio vaccination resumed. In the meantime, the disease spread across Africa from Guinea on the Atlantic to Sudan on the Red Sea. Unvaccinated individuals traveled to Saudi Arabia for the annual pilgrimage to Mecca where nearly 2 million Muslims from around the world gathered. Since polio is spread by close contact with infected individuals, the environment was ripe for the distribution of the disease. Infected Pilgrims returned home and the spread began. (continued on next page)



POLIO PARALYSIS

(continued from previous page)



The year 2000 passed and instead of celebrating the end of a dreaded disease, the World Health Organization, CDC and others are trying to determine how they are going to stop the spread. Plans are underway to go door to door in affected areas and vaccinate the populations. However, the logistical problem of reaching everyone and the financial needs of vaccine and vaccinators is overwhelming.

What is the traveler to do? The World Health Organization recommends that all children traveling to polio endemic areas should be current with their polio vaccination schedule and all adults should get a polio vaccine booster. Adults who were vaccinated as children may not be protected against this current wild polio virus circulating in these countries. One booster should protect adults for a lifetime.

RABIES IS A DEADLY VIRAL DISEASE

transmitted through the saliva of an infected animal that has bitten or scratched a person. Each year, more than 12 million people are bitten or scratched by domestic and wild animals that are frequently infected with rabies. In humans, rabies is listed as the tenth most common cause of death due to infections. It is 100% fatal but 100% preventable when post-exposure treatment is readily available and used without delay.

Globally, the ability to treat rabies victims is grossly inadequate. Effective treatment for rabies is dependent on essential drugs that are often unavailable or unaffordable in the countries where they are needed most. And production of therapeutic sera in industrialized countries is dropping due to a lack of profitability.

The majority of human rabies deaths occur in countries in Africa and Asia but in recent years, the number of reported human rabies cases has increased dramatically throughout the world. Travelers to high-risk areas are urged to refrain from coming into contact with all animals since animals with rabies may appear healthy. If you are bitten or scratched by an animal, thoroughly and vigorously wash the wound with soap and water and seek medical treatment right away. Treatment includes an immediate injection with human rabies immune globulin (HRIG) and five rabies vaccine injections over the course of a 28-day period.

Those traveling to remote regions where vaccine to treat rabies may not be readily available are advised to consider completing a series of three pre-rabies exposure vaccinations before traveling. You should plan to begin these pre-exposure shots at least 3-4 weeks prior to traveling. Completing pre-exposure rabies vaccinations eliminates the need for human rabies immune globulin (HRIG) and reduces the number of post-exposure injections of rabies vaccine to two shots over a 3-day period. Check with your Passport Health Travel Vaccine Specialist for additional information about rabies and other recommended vaccines for your trip.





The **Transportation Security Administration (TSA)** has made some changes to its list of approved items for carry-on luggage it refers to as the 3-1-1 for carry-ons. These rules were developed after extensive research and a better understanding of current threats. The rules are intended to help air travelers bring essential toiletries and other liquids, gels and aerosols for short trips. With certain exceptions, the following rules apply to all liquids, gels, and aerosols you want to carry-on through a security checkpoint. This information comes from the TSA website at **www.tsa.gov/311**

- All liquids, gels and aerosols must be in three-ounce or smaller containers. Larger containers that are half-full or toothpaste tubes rolled up are not allowed. Each container must be labeled three ounces or smaller.
- All liquids, gels and aerosols must be placed in a single, quart-size zip-top, clear plastic bag. Gallon size bags or bags that are not zip-top such as fold-over sandwich bags are not allowed. Each traveler can use only one, quart-size zip-top, clear plastic bag.
- Each traveler must remove their quart-sized plastic, zip-top bag from their carry-on and place it in a bin or on the conveyor belt for X-ray screening. X-raying separately will allow TSA security officers to more easily examine the declared items.

Exceptions to these rules include liquids, gels and aerosols for prescription and over-the-counter medicines, baby formula and breast milk, and other essential liquids, gels, and aerosols.

- Baby formula and breast milk if a baby or small child is traveling;
- All prescription and over-the-counter medications (liquids, gels, and aerosols) including KY jelly, eye drops, and saline solution for medical purposes;
- Liquids including water, juice, or liquid nutrition or gels for passengers with a disability or medical condition;
- Life-support and life-sustaining liquids such as bone marrow, blood products, and transplant organs;

- Items used to augment the body for medical or cosmetic reasons such as mastectomy products, prosthetic breasts, bras or shells containing gels, saline solution, or other liquids; and,
- Gels or frozen liquids needed to cool disability or medically related items used by persons with disabilities or medical conditions.

You are not limited in the amount or volume of the above items you may bring in carry-on baggage. However, if these items are in containers larger than three ounces, perform the following:

- ~ Separate these items from the liquids, gels, and aerosols in your quart-size zip-top bag.
- ~ Declare you have the items to a Security Officer at the security checkpoint.
- ~ Present these items for additional inspection once reaching the X-ray. These items are subject to additional screening.

Steps to ensure the security of boarding areas have been taken by the TSA. Therefore, any liquid, gel, or aerosol you purchased in the secure area is allowed aboard your plane.

For a list of permitted and prohibited items and other helpful advice for airline travelers, refer to the TSA website at: http://www.tsa.gov/assets/pdf/prohibited-and-permitted-items.pdf