

ON ARRIVAL

Insect bites

Many microbial and viral diseases are spread by insect bites; taking steps to prevent these bites can help minimize risks. Ticks, sand flies, simulium flies, tsetse flies, and mosquitoes are among the insect carriers of disease. Although usually thought of as tropical problems, ticks, sand flies, and mosquitoes may spread some of the diseases mentioned here as far from the tropics as North America and the Mediterranean basin.

Viral diseases borne by insects include dengue fever, yellow fever, Japanese encephalitis, phlebotomus fever (sand fly fever), Colorado tick fever, West Nile virus, and many others. Insects also transmit protozoal parasitological diseases, for example: malaria, filariasis, leishmaniasis, Lyme disease, river blindness, and trypanosomiasis (African sleeping sickness).

To reduce the chance of being bitten wear long sleeved shirts and trousers, apply insect repellent regularly, and sleep under an insecticide-impregnated mosquito bed net or in screened accommodation sprayed with an insecticide just before bedtime and protected by an insecticide vaporizer.

Malaria prevention

Travellers to malaria-affected areas should protect themselves by taking antimalarial tablets regularly (p.95) and taking steps to prevent mosquito bites (see above).

Traveller's diarrhoea

This unpleasant, although usually short-lived, condition affects up to 50 per cent of all travellers to the developing world and is usually the result of different local bacteria. The condition is largely avoidable by drinking only mineral water and other bottled beverages or sterilized water and avoiding ice in drinks, uncooked and unpeeled fruit and vegetables, salads, and meat that is not freshly and thoroughly cooked. Be cautious about shellfish, even if it seems to have been cooked. Avoid buying cooked food from street traders. When brushing teeth, rinse with bottled water, not tap water. People who are careful about water often overlook this.

If you do get traveller's diarrhoea, it normally disappears quickly without medicines, and so your primary concern should be on preventing the dehydration that may accompany it, especially in young children, by using rehydration salts. Commercial packs of oral rehydration salts are available from pharmacies in the UK. Although anti-diarrhoeal drugs are of no value in reducing the overall duration of traveller's diarrhoea, they might be useful for people who wish to reduce the frequency of bowel movements.

Loperamide (p.298) and co-phenotrope (p.212) are often used for this purpose. Remember that severe diarrhoea can reduce both the absorption and the effectiveness of medicines that are taken by mouth.

Typhoid and cholera are two serious diseases spread by contaminated food and drink that may start like traveller's diarrhoea. If you are going to a country where typhoid or cholera are endemic, you should be immunized against them but it is still vital to maintain scrupulous food, water, and personal hygiene. Do not hesitate to call local medical help if diarrhoea seems to be getting out of control.

Eating raw, salted, dried, or pickled fish may lead to liver fluke or tapeworm infestations, particularly in the Far East.

Sun

In the UK, it is estimated that 100,000 people develop skin cancer each year, and this figure is increasing. Sun-induced skin damage can be avoided by following a few simple precautions. Travellers, especially those with fair skins, should avoid exposure to the hottest sun (from 11 am to 3 pm), apply a high-protection factor (25+) sunscreen protecting against both UVA and UVB to exposed skin, and use a wide-brimmed hat and clothing for additional sun protection. There is no such thing as a healthy tan.

A traveller who is unaccustomed to hot climates may experience heat exhaustion and even sunstroke, causing weakness, dizziness, nausea, muscle cramps, and eventually unconsciousness. Rarely, severe sunstroke may be fatal. Drinking plenty of non-alcoholic fluids, limiting exposure to the sun, especially during the hottest part of the day, and avoiding physical exertion until you are acclimatized to the hotter climate can usually prevent this condition developing.

Bites and stings

Seek expert advice if stung or bitten by any unfamiliar wildlife or by any mammal, and try to avoid such incidents by following local advice on where it is safe to walk or swim. Tropical and subtropical rivers and lakes may contain parasitic flukes such as bilharzia that will infest visitors who drink, bathe, or swim in them. Walking outdoors with bare feet is a bad idea in many parts of the world; hookworms and threadworms in the soil are able to penetrate the skin and enter the body, passing through tissues, the bloodstream, and the lungs before parasitizing the intestines to suck blood. If out hiking, always wear good walking shoes or boots and long trousers with the bottoms tucked into your socks. Keep to paths and avoid walking in long grass.

ON RETURN

If you have any unusual symptoms such as persistent diarrhoea or unexplained fever after you have travelled, tell a doctor exactly which country or countries you have visited. If you were taking antimalarial drugs while you were travelling, you may need to continue to take them for 4 weeks after your return, depending on the type of tablets taken.

INTERACTIONS OF TRAVEL DRUGS

Two or more drugs taken at the same time may interact. Therefore, if you are taking regular medication, you should consider the potential interaction when it is combined with some common drugs you may take while travelling. The drug profiles in this book may detail the interactions of particular drugs. Alternatively, consult your doctor or pharmacist.

Travel (motion) sickness drugs

• **Hyoscine** Nitrates (taken sublingually) may have a reduced effect because of dry mouth, which is a side effect of hyoscine. Alcohol and sedative drugs will increase the sedative effect of hyoscine.

• **Antihistamines** These drugs may negate the effect of anti-arrhythmics and increase the effect of sedatives.

Painkillers

• **Paracetamol** The effect of anticoagulant drugs may be increased if taken with paracetamol. The anti-diarrhoea drug colestyramine reduces absorption of paracetamol.

• **Aspirin and other NSAIDs** When taken with other NSAIDs, the effect is increased; there is an increased risk of bleeding if these drugs are taken with anticoagulants. Aspirin and NSAIDs increase the toxicity of methotrexate. When taken with ACE inhibitors, these drugs may reduce their antihypertensive effects. The effects of lithium may be increased when combined with aspirin and NSAIDs.

Antidiarrhoeal drugs

Alcohol increases the sedative effects of opioid analgesics when they are taken as anti-diarrhoeals. Antidiarrhoeal drugs may increase the adverse effects of MAOIs and the overall effects of anti-epileptic drugs. There is a greater risk of toxicity when antiviral (HIV) drugs are taken with anti-diarrhoeal drugs.

Drugs for malaria prevention

• **Chloroquine and mefloquine** The effect of amiodarone and quinidine may be decreased with chloroquine, and mefloquine may antagonize anti-epileptic drugs. Chloroquine and mefloquine may increase digoxin levels and toxicity.

• **Proguanil** This may increase the effects of warfarin.