

VACCINATION INFORMATION

Yellow Fever vaccinations given without appointment, Monday to Friday, 11.15 - 12.16 P 11.30 am only. For all other vaccinations an appointment must be made. Telephone 01-387 4411 ex. 136 Monday to Friday, 9.00 - 11.00 am or 2.00 - 5.00 pm.

NB. VACCINATIONS ARE NOT GIVEN TO PREGNANT WOMEN OR CHILDREN UNDER ONE YEAR OLD

When time permits immunisation programmes should be started well in advance so that adequate intervals between doses can be maintained. If notice to travel is short, an incomplete course may be given, but the immunity provided will not be so effective.

YELLOW FEVER (Carried by the Aedes Mosquito).

Only one injection is required and this lasts for 10 years. Reaction to the injection is rare. The validity of the certificate commences 10 days after the inoculation.

Revaccination; - The validity of the certificate commences immediately and lasts for a further 10 years. If the revaccination is recorded on a newer certificate travellers are advised to retain their old certificate until the new one becomes valid, ie. after 10 days.

POLIO

This is very important for both children and adults. The vaccine is given by mouth in 3 doses separated by 4 - 3 weeks. Thereafter a booster course once every five years is required. Once again, even an incomplete course will give a limited protection.

TYPHOID (Food and water borne)

Two injections separated by 4 - 6 weeks give a fair measure of protection against typhoid for 3 years. Immunity begins 6 days after the first injection. One injection also gives some protection but only for 1 year. Soreness of the arm and fever are quite common, beginning 3 - 6 hours after the inoculation.

GAMMA GLOBULIN (Hepatitis A)

Advised for travellers to India, parts of Africa and South America, one injection just prior to departure will give a significant degree of protection against Hepatitis A for about 3 - 4 months. It is indicated where adequate standards of hygiene and sanitation are absent.

CHOLERA (Transmitted through infected food and water)

The key to cholera control lies in good environmental sanitation and personal hygiene, vaccination playing little part. However, many countries still insist on inoculation for entry, in which case a single dose is normally sufficient. The vaccination lasts for about 6 months, after which revaccination is possible, but not usually considered necessary. Validity of the certificate commences immediately.

TETANUS

Three injections are given, leaving 6 - 12 weeks between the first and second, and 6 months between the second and third. An incomplete course will give partial protection. After the third injection, immunity lasts for 5 years and can be maintained by a single booster dose once every 5 years. One or two doses will again give only a limited degree of protection.

July 1984

VACCINATION CENTRE
HOSPITAL FOR TROPICAL DISEASES
4, St. Pancras Way, London NW1 OPE
Telephone: 01-387 4411

MEDICAL PRECAUTIONS FOR TRAVELLERS TO TROPICAL REGIONS

INSECTS:

You must protect yourself as far as possible from the bites of insects, since a large number of tropical diseases are insect borne.

Firstly, you will need to use an insect repellent, such as Dimethyl phthalate, which can be rubbed into the skin in the form of a cream, or applied to clothing in the form of a liquid. Several manufacturing chemists supply preparations of Dimethyl phthalate, eg. "Sketofax" manufactured by Burroughs Wellcome, or "Dusk Insect Repellent" by Boots Chemists. "Autan", manufactured by Bayer, is also available in Boots, and comes in the form of a spray, gel or 'stick'.

Secondly, it is advisable to spray your vehicle or camp with a suitable 'knock down' insecticide containing 0.1 to 0.4% pyrethrum.

Finally, it will be necessary to use mosquito netting at night, unless you are planning to sleep in your vehicle, in which case you can render it 'mosquito proof' by using gauze. In either case, it is advisable to keep all exposed parts of the skin, ie. legs and arms, covered after sunset.

WATER:

All drinking water should be boiled, then poured into sealed water bags to cool. This method of sterilisation is more reliable than chlorination, although if necessary Chlorine tablets, eg. "Puritabs" may be used.

It is well worth remembering that the disease 'Bilharzia', which occurs in parts of Africa, South America and the Middle East, can be contracted by merely washing or bathing in water from rivers or lakes. It is, therefore, advisable to heat all water for washing purposes to at least the temperature of a hot bath, in order to render it safe in this respect.

An alternative protection against Bilharzia is to chlorinate the water, making sure that you obtain a concentration of free chlorine of at least one part per million. At this concentration water is rendered safe in ten minutes.

FOOD:

The main danger here relates to contamination by flies. It is necessary to protect all food from flies and to make full use of insecticide sprays within your camp. Great care should be taken when eating uncooked foods, such as salads and raw shellfish.

A secondary danger concerns food handlers. If you plan to employ any local staff for cooking, it would be advisable to arrange for them to have a routine stool examination carried out by a local hospital, before you take them on.

INOCULATION AGAINST DISEASE:

Various inoculations may be recommended, depending on the country being visited. In some cases, vaccination against a specific disease is mandatory, prior to entry. Travellers are advised to consult a separate sheet (yellow), giving information relating to inoculations.

PROPHYLAXIS BY DRUGS:

The only disease relevant here is Malaria. Information concerning drug requirements for anti-malaria protection can be found on a separate sheet. See also DHSS leaflet SA35/1984 "Protect Your Health Abroad", available in the clinic.

If you have any further queries, please do not hesitate to ask one of the clinic staff.

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GUIDELINES ON DRUG PREVENTION OF MALARIA

Drug prophylaxis against malaria should be started 1 - 2 weeks prior to departure (to ensure that the drugs can be tolerated), and should be continued regularly whilst in the malarial zone. It is essential to continue taking the tablets for a further period of 4 - 6 weeks after leaving the area.

The following drugs are recommended for the prevention of malaria. The dosages shown below are for adults and should be modified for children as follows:

Under 1 year	-	$\frac{1}{4}$ adult dose
1 to 5 years	-	$\frac{1}{2}$ adult dose
6 to 12 years	-	$\frac{3}{4}$ adult dose

ZONE A Areas where drug resistant falciparum malaria is uncommon, but in some places increasing, as in Central America, Middle East and West Africa.

EITHER: 1. Proguanil (proprietary name PALUDRINE) 200 mg daily - (First Choice).

OR: 2. Chloroquine 300 mg base weekly, (eg. 2 tablets NIVAQUINE or RESOCHIN weekly or 1 tablet ARALEN weekly). Amodiaquine (CAMOQUIN) 400 mg is a similar drug to Chloroquine and may be more effectively used instead.

ZONE B Areas where drug resistant falciparum malaria is common and/or increasing as in Asia, Central, East and South Africa, Oceania and South America.

FOR LONG TERM PROPHYLAXIS (over 6 months), OR DURING PREGNANCY:

1. Proguanil (PALUDRINE) 200 mg daily, PLUS Chloroquine 300 mg on Sundays.

FOR SHORT TERM PROPHYLAXIS (less than 6 months):

2. Maloprim, 1 tablet Wednesdays, PLUS Chloroquine, 300 mg on Sundays.
3. Fansidar, 1 tablet Wednesdays, PLUS Chloroquine, 300 mg on Sundays.
NB. Fansidar should NOT be given to patients who are sensitive to sulphonamides.

Chloroquine is the best drug for the prevention or treatment of the relapsing malarial (vivax and ovale). Antimalarial drugs are safer than malaria during pregnancy. Maloprim and Fansidar should usually be avoided during pregnancy, but should be considered in areas of East Africa which have a high incidence of both falciparum malaria and drug resistance, eg. Mombasa.

Both Maloprim and Fansidar can only be obtained by prescription from a doctor and travellers are advised to contact their family GP to obtain this. If in any doubt, travellers should seek medical advice, either by consulting their own GP or by telephoning the Malaria Reference Laboratory at the Ross Institute on 01-636 7921, preferably during office hours.

A separate information sheet is available at the Vaccination Centre, giving advice on protection against insect bites and the use of repellents. See also DHSS leaflet 'Protect Your Health Abroad' SA35/1984.

June 1985