

This Health Brief is only valid for this journey



Travel Health Brief



Your nearest MASTA Travel Clinic

MASTA - Leeds
Moorfield Road
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LS19 7BN

Appointments - 0113 238 752

This Travel Health Brief was prepared for:

Sample Person
Year Of Birth - 1950 - Gender - Male
Postcode - LS19 7BN

Journey Details - Travelling to the following countries and returning on **19-Dec-2008**

Destination: 1. Azerbaijan 2. Ecuador 3. Burkina Faso

Arrival Date: 15-Dec-2008 18-Dec-2008 19-Dec-2008

Summary

The vaccination and malaria advice for your journey is summarised below. For further details please read the full Health Brief. The actual travel advice, vaccinations and malaria tablets given to you may vary and will depend on a number of factors. Please take any vaccination records to your travel clinic appointment.

Vaccination summary

Ensure you are in date for the standard vaccination schedule

Required

- Yellow Fever

Recommended

- Diphtheria - Tetanus - Polio - Hepatitis A - Typhoid Fever

To be considered

- Hepatitis B - Rabies - Meningococcal Meningitis (ACWY) - Cholera - Tuberculosis (TB)

Malaria summary

Malaria is present in the following countries:

- Azerbaijan - Ecuador - Burkina Faso

Required Vaccinations For Your Journey

These vaccinations may be compulsory for entry into one or more countries in your journey. To clarify your requirements we advise you to read the information below. Visit <http://www.masta.com/yf-maps/> to view map(s) of yellow fever distribution.

Yellow Fever

A yellow fever vaccination certificate is required for travellers over 1 year of age. For those travelling to yellow fever risk areas, vaccination is recommended from 9 months of age. In exceptional circumstances, it may be considered for children from 6 months of age (expert advice should be sought).

The certificate becomes valid 10 days after the vaccine is administered and lasts for 10 years. If the vaccine cannot be given for medical reasons you should obtain an exemption certificate.

Recommended Vaccinations For Your Journey

Travellers should be in date for the standard UK vaccination schedule.

Diphtheria

Diphtheria is usually spread by close contact with infected persons. In the UK, the combined diphtheria/tetanus/polio vaccine is recommended when diphtheria boosters are indicated for adults. A diphtheria booster lasts 10 years.

Tetanus

Tetanus is a serious infection, usually contracted following contamination of wounds. In the UK, after 5 doses of vaccine, tetanus boosters are not routinely required. However they are advised for travellers visiting areas with limited medical care. In the UK, the combined diphtheria/tetanus/polio vaccine is recommended when tetanus boosters are indicated. A tetanus booster lasts 10 years.

Polio

Polio is a viral infection which can sometimes cause paralysis. It is usually spread by contaminated food and water. In the UK, the combined diphtheria/tetanus/polio vaccine is recommended when polio boosters are indicated. A polio booster lasts 10 years.

Hepatitis A

Hepatitis A is a viral infection which occasionally causes severe liver disease. It is usually spread by contaminated food and water. Effective hepatitis A vaccines are available, and boosters last up to 20 years.

Typhoid Fever

Typhoid fever is a bacterial infection usually spread by contaminated food and water. It can cause serious illness, but modern vaccines offer up to 80% protection. Vaccination is generally less important for short-stay travellers staying in good accommodation.

Vaccinations To Be Considered

The requirements for these vaccinations may depend on your activities, lifestyle or length of stay. You should discuss these with your travel health adviser.

Hepatitis B

Hepatitis B is a viral infection which can cause serious liver disease. It is usually spread sexually and by contact with infected blood or body fluids (e.g. puncture of the skin with contaminated needles). Vaccination is recommended for long-stay travellers, and those at risk due to their medical history, activities, or work. The vaccine is usually given as a 3 dose course over 6 months but rapid courses are possible.

Rabies

Rabies is a viral infection usually spread by the saliva of infected animals. Human cases are usually due to dog bites but many

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animals can be infected, and a scratch or lick may be sufficient to transmit the disease. Rabies is fatal once symptoms begin. Pre-exposure vaccination is recommended for long-stay travellers, those remote from medical help (>24 hours), and animal handlers. All travellers must seek prompt post-exposure vaccines if bitten/scratched.

Meningococcal Meningitis (ACWY)

Meningococcal meningitis is a serious illness spread by close contact with infected persons. A number of different strains of the infection exist, and risk may be confined to certain geographical areas usually during the dry season. The risk to most travellers is low, but vaccination with ACWY vaccine should be considered for long-stay travellers, and those mixing closely with the local population.

Burkina Faso

Outbreaks tend to occur between October and June.

Cholera

Cholera is spread by contaminated food and water. It is rare in travellers, as outbreaks tend to occur in areas with poor sanitation. An oral vaccine is available for those at risk (e.g. those working in slum areas, refugee camps or hospitals, those visiting friends and family in areas reporting cases, military personnel in conflict zones, and those visiting rural areas with recent outbreaks).

Tuberculosis (TB)

TB is transmitted by close contact with infected people. The BCG vaccine is effective in preventing the more serious forms of TB in children but may be less effective in adults. Vaccination should be considered for those under 16 years of age who are going to live or mix with local people for more than 3 months. Older travellers may be considered for vaccination if at risk due to their work or activities. Boosting this vaccine is not recommended. The Mantoux skin test is generally required prior to BCG vaccination.

Malaria

Malaria is a dangerous disease that is spread by mosquitoes that bite from dusk to dawn.

Avoiding mosquito bites

- Use an effective insect repellent and apply it regularly.
- Wear long sleeved shirts and long trousers, especially in the evening.
- Clear your room at night with a knock-down spray (fly spray).
- Plug-in insecticide vaporisers are very effective.
- Air conditioning provides an effective deterrent; otherwise consider sleeping under a mosquito net impregnated with residual insecticide.

Geographical Risk:

The following section of your Health Brief will detail the geographical risk of malaria, country by country, for your journey. This information is compiled using various reliable sources including the World Health Organisation, current UK Malaria Guidelines and local outbreak reports.

If antimalarial drugs are recommended in your Health Brief they will provide cover for your whole journey as we do not generally advise changing antimalarials while you are travelling.

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Azerbaijan

Malaria (exclusively Plasmodium vivax) is present between June and October in lowland areas, mainly between the Kura and Arax rivers. Antimalarial tablets are recommended for travellers to these areas during the risk period.

LOW / NO RISK	LOW RISK	HIGH RISK	SPECIAL RISK	
Low/No malaria risk. Avoid mosquito bites.	Antimalarial drugs not usually recommended. Avoid mosquito bites.	Antimalarial drugs usually recommended.	Special antimalarial drug requirements. See description.	Malaria maps are for guidance only. Malaria borders can change. If there is any doubt, we advise you take antimalarial drugs. Click on the map above to enlarge the image.



Ecuador

Malaria is present in areas below 1500 metres.


If you are visiting Esmeraldas province (NW) or the Amazon Basin area (E)- see darker shading on map, mefloquine, doxycycline or Malarone should be taken.

In other areas below 1500m (see special risk shading), the combination of proguanil and chloroquine is recommended.

There is no risk in Guayaquil, Quito or the Galapagos Islands.

LOW / NO RISK	LOW RISK	HIGH RISK	SPECIAL RISK	
Low/No malaria risk. Avoid mosquito bites.	Antimalarial drugs not usually recommended. Avoid mosquito bites.	Antimalarial drugs usually recommended.	Special antimalarial drug requirements. See description.	Malaria maps are for guidance only. Malaria borders can change. If there is any doubt, we advise you take antimalarial drugs. Click on the map above to enlarge the image.

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Burkina Faso
Malaria (mainly Plasmodium falciparum) is present in all areas of the country.

LOW / NO RISK	LOW RISK	HIGH RISK	SPECIAL RISK	
Low/No malaria risk. Avoid mosquito bites.	Antimalarial drugs not usually recommended. Avoid mosquito bites.	Antimalarial drugs usually recommended.	Special antimalarial drug requirements. See description.	Malaria maps are for guidance only. Malaria borders can change. If there is any doubt, we advise you to take antimalarial drugs. Click on the map to view a larger image.

Recommended antimalarial drugs

If you are at risk of malaria (see above), one of the following schedules is recommended for your journey. They are all effective. Your travel health adviser should discuss which will be the most suitable for you. These schedules for children may be different. Please read the country specific malaria descriptions. Remember it is essential not to miss a dose.

Drug	Dose	Frequency
Doxycycline	100mg	Take 1 capsule/tablet daily
Take with or after food with plenty of cool fluid. Do not lie down for at least one hour after taking the capsule/tablet. You should start taking these capsules/tablets 2 days before entering the first malarial area of your journey and continue them regularly for 4 weeks after leaving the last malarial area. Children under 12 years and women who are pregnant or breast feeding should not take this drug. Rarely, this drug can make the skin sensitive to sunlight. A high factor sunscreen may help prevent this.		
Malarone	250mg atovaquone / 100mg proguanil	Take 1 tablet daily
Take with food or a milky drink at the same time each day. You should start these tablets 1-2 days before entering the first malarial area of your journey and continue them regularly for 1 week after leaving the last malarial area. In the UK, Malarone is licensed for use on trips up to 28 days, yet safety studies have shown no problems with 6 months use.		
Mefloquine	250mg	Take 1 tablet weekly
Mefloquine is not suitable for everybody therefore its use MUST be discussed with your travel health adviser. You should start these tablets at least 1 week (preferably 2-3 weeks) before entering the first malarial area of your journey and continue them regularly for 4 weeks after leaving the last malarial area.		

Alternative antimalarial drugs

If the above antimalarial drugs are not suitable for you to take, it is important that you discuss alternative drugs with your travel health adviser

Malaria symptoms and treatment

The most important symptom to remember is a raised temperature of 38°C or higher starting at least 1 week after first potential exposure to malaria (the minimum incubation period). Other symptoms are very variable and cannot be relied on. If you do develop a fever a week or more after exposure to malaria, you must seek medical attention as soon as possible. If you cannot get to medical attention within 24 hours and your condition is deteriorating, you should consider emergency self-treatment. For Adults, 4 tablets of Malarone as a single dose on each of three consecutive days can be taken if you are not already taking Malarone to prevent malaria. If you are taking Malarone as prophylaxis, your travel health adviser may wish to contact us to discuss alternative treatment options.

Other Health Risks

The following section includes some of the other health risks you may encounter on your journey.

Travellers' Diarrhoea

There is a significant risk of travellers' diarrhoea on your journey. Most cases resolve without treatment, but take care with food and water hygiene. Avoid high risk foods such as salads, shellfish, raw/undercooked meat and fish, and unpasteurised dairy products. Drink bottled water with intact seals or boil/purify water. If you do get symptoms, drink plenty of non-alcoholic fluids to avoid dehydration. Oral rehydration solutions are useful for children and older travellers who can become dehydrated quickly in hot climates. If you feel hungry, continue to eat, but avoid fatty foods. A diarrhoea treatment pack with an antidiarrhoeal drug (e.g. loperamide) and antibiotic (e.g. ciprofloxacin - a prescription is needed) can help.

Dengue Fever - Ecuador, Burkina Faso

Dengue fever is a viral infection spread by day-time biting mosquitoes. It causes flu-like symptoms, and is most commonly reported in Asia, the Caribbean, and Latin America, particularly during and after the rainy/monsoon season. Sporadic cases are also reported in parts of Africa. There is no specific treatment. Travellers should avoid mosquito bites.

Ecuador

Cases are most commonly reported in the coastal provinces of Guayas, El Oro and Manabi.

African Trypanosomiasis (Sleeping Sickness) - Burkina Faso

African trypanosomiasis is spread by the bite of the tsetse fly. These flies are found in rural areas and are active during the daytime. They are attracted to moving objects (e.g. safari vehicles) and dark colours, but are not affected by insect repellents, and can bite through lightweight clothing. Infested areas are usually well known to local residents, and should be avoided. While the risk to travellers is low, appropriate clothing in neutral colours that blend with the background should be worn. Pyrethroid fly sprays are said to be effective.

Leishmaniasis - Ecuador, Burkina Faso, Azerbaijan

Leishmaniasis is spread by the bite of infected sandflies. The most common forms are cutaneous leishmaniasis, which causes skin sores, and visceral leishmaniasis, which affects some of the internal organs of the body. Leishmaniasis is more common in rural areas, but does occur in the outskirts of some cities. The risk is highest from dusk to dawn. Travellers should avoid sandfly bites by using effective repellents and consider sleeping under insecticide treated bed nets.

Lymphatic Filariasis - Burkina Faso

Lymphatic filariasis is caused by microscopic worms. It is spread by mosquitoes, particularly between dusk and dawn. The risk to most travellers is low as repeated mosquito bites over months to years are needed to get this infection, and few infected people will actually develop symptoms such as lymphoedema (fluid collection and swelling) mostly of the legs. Travellers should avoid mosquito bites.

Onchocerciasis (river blindness) - Ecuador, Burkina Faso

Onchocerciasis is spread by the bite of an infected blackfly. Infection is rare in most travellers, but long-stay rural travellers staying in areas near rapidly flowing streams are at greatest risk. Many infected people have no symptoms, but some experience skin rashes, eye lesions (which can cause blindness), or skin nodules. Travellers should avoid blackfly bites by using effective repellents and wearing appropriate clothing.

Plague - Ecuador

Plague is spread to humans by infected rodent flea bites, by handling infected animals, or by inhalation of infective respiratory droplets. Without treatment, plague is likely to cause serious illness or death. Most travellers are at low risk, as human outbreaks tend to occur in areas with poor housing and sanitation. Travellers should avoid flea bites, sick or dead animals, and rodent nests and burrows. If at high risk of exposure to plague, antibiotic prophylaxis should be considered.

Schistosomiasis (Bilharzia) - Burkina Faso

Schistosomiasis is a parasitic infection that can be contracted by swimming or wading in infested lakes and rivers. The infection can penetrate intact skin, and can cause long-term illness. Travellers should avoid wading, swimming, or other contact with freshwater in affected countries. If exposed, screening tests and effective treatment are available.

South American Trypanosomiasis (Chagas' Disease) - Ecuador

Chagas' disease is spread by "cone nose" or "kissing" bugs. These live in cracks in poor quality houses in rural areas. Although the disease is rare in travellers, those travelling rurally are at risk. As the bugs usually feed at night, travellers can reduce their risk of infection by avoiding camping/sleeping outdoors and overnight stays in high-risk dwellings. Sleeping under insecticide treated bed nets may reduce the risk further. Food and water precautions in affected areas are also recommended to prevent the

very rare form of food-borne Chagas' disease.

West Nile Fever - Azerbaijan

West Nile Fever is a viral infection spread by the bite of mosquitoes. It usually causes flu-like symptoms, but can rarely cause fatal brain infection. There is no specific treatment. Travellers should avoid mosquito bites.

Altitude Illness - Ecuador, Azerbaijan

Some regions on your journey are at high altitude. If travelling to high altitudes, gradual ascent is recommended as altitude illness can affect many travellers, and is not dependent on age, gender or level of fitness. It is caused by the reduced partial pressure of oxygen at altitude and is common over 2,500m. Acute mountain sickness is a mild form of the condition and symptoms include headache, loss of appetite, nausea and lethargy. If these symptoms are ignored then altitude illness may progress to high altitude pulmonary oedema and high altitude cerebral oedema both of which are potentially life threatening.

Ecuador

The Chimborazo mountain is over 6,300m and Quito lies at 2,800m where altitude problems can occur.

Latest Health News

Azerbaijan

The WHO have confirmed 8 cases (including 5 fatalities) of avian influenza, March 08. The affected people lived in Salyan Rayon (E) and Tarter Rayon (W). Avian influenza is a serious viral infection usually transmitted to humans by contact with infected poultry. The risk to travellers is low. Travellers should avoid contact with poultry (eg. visiting live animal markets) and wash their hands regularly.

The WHO have reported a high incidence HIV (8.5%) and other sexually transmitted infections amongst female sex workers. Casual, unprotected sexual contact is ill-advised.

Rabies has been identified in jackals in the village of Gardashobain in the Khachma region Aug 07. Attacks on villagers have been recorded. A small number of people are reported to die from rabies each year.

The FCO report that medical facilities outside Baku are very limited. Serious illness or injury may require evacuation to, Turkey or Western Europe. Travellers should ensure they take sufficient supply of any required medication and have comprehensive insurance, covering the cost of medical repatriation.

The FCO report that contaminated locally produced alcoholic spirits are sometimes sold in small local bars and restaurants. Consumption of these spirits has been linked to the recent deaths of two foreigners.

Ecuador

The WHO reported over 10,000 cases of dengue fever during 2007. The western provinces of Guayas, El Oro and Manabi were especially affected.

The FCO report that good medical treatment is not always available outside main cities and can be expensive. Travellers should ensure they have adequate medical insurance.

Burkina Faso

The WHO have reported 9 cases of meningitis (920 deaths), Jan-May 08. Media sources reported that the most affected areas were Gaoua (SW), andagara (E) and the capital Ouagadougou (C).

The WHO estimate that 28% of the adult population are living with HIV/AIDS. In one study 55% sex workers were found to be HIV positive. Casual unprotected sexual contact is ill-advised.

The WHO has reported an outbreak of yellow fever in Ouahigouya (N) near the Mali border, Nov 08. A yellow fever vaccination certificate is mandatory for entry into Burkina Faso.

Security Advice - summarised from the F.C.O.

For full Foreign and Commonwealth advice, visit the FCO website at <http://www.fco.gov.uk/travel>.

Azerbaijan

We advise against all travel to Nagorno-Karabakh and the military occupied area surrounding it. Azerbaijan faces a threat from terrorism. Attacks could be indiscriminate and against civilian targets and places frequented by foreigners. You should avoid any

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political rallies or public gatherings of a political nature. The main type of incident for which British nationals required consular assistance in 2007 was replacing lost and stolen passports. Crime against foreigners is generally low, but does occur. For identification purposes you should carry the correct form of document at all times. We strongly recommend that you obtain comprehensive travel and medical insurance before travelling. You should check any exclusions, and that your policy covers you for the activities you want to undertake.

Ecuador

We advise against all travel to the province of Sucumbios, which borders Colombia, due to the risk of kidnapping and crime. We advise against all but essential travel to within a radius of six miles of the Tungurahua volcano, including Baños because of renewed volcanic activity. See the Natural Disasters (Tungurahua) section of this advice for more details. On 8 November 2008 activity increased at Reventador volcano. Important changes have recently been introduced relating to how long a visitor is allowed to stay in Ecuador without a visa. In October 2008, there has been a deterioration in the security situation throughout the country, in which Ecuadorians and foreigners have been involved. Road travel can be dangerous as a result of poor driving and the condition of roads and vehicles. In April 2008 five British Citizens were killed and others injured in a collision between a bus and a lorry in Manabi. Around 26, 500 British nationals visit Ecuador annually (Source: Ecuadorian Immigration Records). Most visits are trouble-free. The main types of incident for which British nationals required our help in 2007 related to the theft of passports or bankcards. There is a low threat from terrorism. But you should be aware of the global risk of indiscriminate terrorist attacks which could be in public areas, including places frequented by expatriates and foreign travellers. We strongly recommend that you obtain comprehensive travel and medical insurance before travelling. You should check any exclusions and that your policy covers you for all the activities you want to undertake.

Burkina Faso

There is no British Embassy in Burkina Faso. In case of an emergency you should contact the British Embassy in Accra, Ghana. There is an Honorary Consul in Burkina Faso, but they can only offer limited consular assistance. There is a low threat from terrorism. But you should be aware of the global risk of indiscriminate terrorist attacks which could be in public areas, including those frequented by expatriates and foreign travellers. Most visits to Burkina Faso are trouble-free. The main type of incident for which British nationals required consular assistance in Burkina Faso in 2007 was for replacing lost and stolen passports. You should carry some form of identification with you at all times. We strongly recommend that you obtain comprehensive travel and medical insurance before travelling. You should check any exclusions and that your policy covers you for all the activities you want to undertake.

Special Considerations

Below you will find links to further information you may find useful based on the 'special considerations or specific risks' questions you answered when obtaining your Health Brief. Further risk assessment questions will be asked at your travel health consultation

Are you travelling for 4 weeks or more?

Unlike other travellers, long-term travellers have a longer duration of exposure to country-related hazards, and may also have to adapt to different cultures. For more information please see the following fact sheet.

<http://www.masta.com/factsheets/long-stay-fact-sheet.pdf>

Are you visiting friends and relatives?

Travellers visiting friends and family abroad make up a significant proportion of British travellers, yet it seems they are at increased risk of certain health problems abroad. For more information please see the following fact sheet.

<http://www.masta.com/factsheets/VFR-fact-sheet.pdf>

Are you travelling for healthcare/voluntary/charity work?

Individuals who travel overseas for voluntary work need to consider the additional risk associated with their work activities overseas. These may include working long hours, being exposed to difficult and distressing situations, and working under extreme conditions with minimal or limited resources and support. For more information please see the following fact sheet.

<http://www.masta.com/factsheets/healthcare-voluntary-and-charity-workers.pdf>

Things to consider

Accidents • First aid kit containing plasters, bandages, antiseptic spray, scissors, tweezers, thermometer.

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- Consider needle and syringe kit.
- Consider emergency dental kit.
- Record of your blood group.
- Consider joining the Blood Care Foundation.

Insect Bites

- Insect repellent.
- Mosquito net.
- Plug in insecticide vaporiser.
- Knockdown spray (fly spray).

Water purification

- Iodine resin water purifier.

Sun

- Sun block.
- Calamine lotion.

Sex

- Condoms may be appropriate.

Medication

- Painkillers.
- Travel sickness medication if required.
- Antimalarial drugs if appropriate.
- Loperamide and oral rehydration salts for travellers diarrhoea.
- If away from medical attention consider emergency malaria treatment.
- Antifungals/antibiotics may be appropriate for expeditions.
- If you take regular medication: take more than you need and split it between your baggage. Consider taking a copy of your prescription or a generic list of the drugs you take.
- Copy of your policy and emergency contact numbers.

Travel Insurance

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