



Travel Health Advice for Working Abroad

Staying healthy when working abroad is not just luck, it requires some planning. With minimal effort the rewards can be great. The majority of health problems in travellers are avoidable and specific measures to prevent ill health are discussed in this guidebook.

It is important that the correct immunisations are taken in order to protect against disease, but it must be remembered that not all immunisations offer 100% protection and it should never be assumed that no other precautions are necessary.

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Study- / work-related travel checklist

- ❑ Risk Assessment of Work/Project
- ❑ Consider your personal health risk of Covid-19 whilst travelling as well as entry requirements at each destination
 - Covid vaccination status, certificate to prove negative lateral flow test / PCR tests, quarantine rules at your destinations as well as upon your return to the UK
- ❑ College approval to travel
- ❑ Insurance policy
- ❑ Travel Health Clearance from Occupational Health if travelling to a tropical country or for any trip longer than three months
- ❑ Vaccinations if required +/- malaria prophylaxis
- ❑ Check passport and other documents are in date
- ❑ Personal medicines
- ❑ Emergency details (personal / College contacts)

Work-related travel information

Imperial College off-site working policy

This policy gives full details of responsibilities and requirements for safe off site working. Guidance is given on precautions needed for work related travel:

- ▶ imperial.ac.uk/safety/safety-by-topic/off-site-working
- ▶ imperial.ac.uk/safety/safety-by-topic/off-site-working/off-site-working-policy
- ▶ The Safety Department web pages on offsite working: imperial.ac.uk/safety/guidanceandadvice/offsiteworking1

Travel health clearance

Ensure you have received Travel Health Clearance from the Occupational Health (OH) Department if travelling to tropical countries or away from the College for more than three months (including student placements).

Travel Health Questionnaires can be downloaded from the OH website: imperial.ac.uk/occupational-health/travel

Once you have sent it to us, an Advisor will contact you with any requirements for travel that you may need. All travel appointments can then be made, if needed. Please note that holiday vaccines are not given by OH, only those required for work related travel.

The OH website also provides informative travel information.



Preparation for work-related travel

Travel insurance

If you are travelling overseas, either short or long trips, staff and students will need to register travel to be insured by the College. A copy of the current insurance certificate bearing the policy number should be printed off and taken on the trip along with details of the insurers emergency helpline: imperial.ac.uk/staff-travel-and-expenses/planning-a-trip/travel-insurance, imperial.ac.uk/finance/sections/insurance/overseastravelinsurance

Global Health Insurance Card

Global Health Insurance Card (GHIC) replaces the EHIC insurance. See this link for information about EHIC and GHIC and ensure you are covered with Health Insurance: nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic

Travelling with a Medical Condition

Travellers with a pre-existing medical condition may require specific pre-travel risk management. Please discuss this at your travel health appointment in case an assessment of fitness to travel by a GP or specialist is recommended. Travellers should be fit to fly if travelling by aircraft. If appropriate, identification aids such as MedicAlert bracelets should be worn.

Travelling with medication

It is advisable to carry a list of your medications and dosages with you. Take adequate supplies with you for your trip and it is always a good idea to split the medication between hand and hold luggage in case of loss during transit. Some medications may require special permission to take across borders. It is advisable to check medication regulations for the countries you are travelling to. For

all controlled and injectable medicines, you should carry a letter from the prescribing physician. Information can be found on the Travel Health Pro website: travelhealthpro.org.uk/factsheet/43/medicines-and-travel.

Accessing medical care abroad

Prior to travel, obtain as much information as possible about medical facilities available in the country of travel. In some countries, healthcare may be very limited or even non-existent.

Fitness to Fly

Underlying medical conditions

Cabin air pressure can exacerbate some underlying medical conditions. If you have recently been very unwell or have a cardiac or respiratory condition that limits you from walking at a normal pace or a health condition that can cause you to become suddenly unwell e.g. diabetes / epilepsy, that is not well-controlled by treatment, you should seek specific medical advice on your fitness to fly.

See the Civil Aviation Authority advice: [caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Assessing-fitness-to-fly/](https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Assessing-fitness-to-fly/)

Pregnancy

Air travel is considered safe in an uncomplicated pregnancy up to 36 weeks and up to 32 weeks for a multiple pregnancy. Check the airline's requirements when booking flights.

The second trimester between weeks 14 and 28 are considered the safest, with risk of ectopic and miscarriage in the early weeks and risk of premature labour in late pregnancy less likely. Most airlines require a medical certificate after 28 weeks confirming date of delivery and that there are no complications. Most airlines do not allow women to fly after 37 weeks. It is important that you check with your airline before flying. It may also be more difficult to get travel insurance after 37 weeks.

Air travel in pregnancy increases the risk of deep vein thrombosis and the risk of being bitten by insects. It is critical you

seek advice from the OH department particularly if you are travelling to a tropical country as there is an increased risk of malaria infection.

General Advice for travellers

travelhealthpro.org.uk/factsheet/30/general-advice-for-travellers

Avoiding Deep Vein Thrombosis (DVT)

DVT Prevention Measures:

- ▶ Avoid dehydration - drink water on the flight, avoid alcohol.
- ▶ Mobilise at regular intervals - get up and walk around on your flight.
- ▶ Regularly flex your ankles encouraging blood flow in the lower legs.
- ▶ Take regular deep breaths.
- ▶ Avoid crossing your legs as this restricts circulation.

Post-flight

If you experience persistent swelling or pain in your legs, have chest pain or shortness of breath, contact a doctor immediately.

DVT resources

Deep Vein Thrombosis:

travelhealthpro.org.uk/factsheet/54/venous-thromboembolism

Department of Health Advice on Travel

Related Deep Vein Thrombosis: nhs.uk/Livewell/travelhealth/Pages/PreventingDVT.aspx

Coping with jet lag

Crossing time zones can cause disruption to the body's circadian rhythms and lead to various symptoms such as appetite loss, headache, fatigue and difficulty sleeping at night-time or daytime drowsiness. Adapting to a new time zone can take several days. Eastwards travel usually requires more time to adapt to than westward travel. Jet lag can be reduced by eating light meals, limiting alcohol and caffeine and gentle exercise. See the links for further information:

NHS: nhs.uk/conditions/jet-lag

British Airways have a calculator that provides advice specific to the time difference and usual sleep patterns: britishairways.com/travel/drsleep/public/en_gb

Transport safety / personal safety

Transport Safety

Road traffic accidents in travellers account for more morbidity and mortality than infectious diseases.

- ▶ Familiarise yourself with the country's road rules.
- ▶ Take care crossing roads.
- ▶ Avoid travelling at night if road conditions and lighting is poor.
- ▶ Familiarise yourself with the vehicle if driving. Wear a seat belt and lock vehicle doors at all times. Never drink and drive.
- ▶ Check that your insurance policy covers you for driving a car or motorcycle.
- ▶ Do not hitchhike.

Personal Safety

The Foreign & Commonwealth Office (FCO) website provides specific safety and security advice for destinations. Research your destination before departure and follow advice and heed travel warnings.

- ▶ Keep family, friends and work informed of your plans.
- ▶ Record emergency contact details in your passport and carry emergency telephone numbers for your departmental PI/ Supervisor plus the number of the British Embassy at your destination.
- ▶ The College Security emergency telephone number is 0207 589 1000 and is available as a backup but is not the primary method of summoning help.
- ▶ Photocopy all travel documents plus passport and store separately from the originals.

- ▶ Familiarise yourself with cultural sensitivities of your destination and dress and behave appropriately.
- ▶ Avoid wearing jewellery or obvious displays of wealth.
- ▶ Avoid photographing airports or military buildings and do not photograph local people without their permission.
- ▶ Report all crimes to the local police.

Sun and water safety

Sun safety

Travellers can often be exposed to strong sun rays. Unless protected there is an increased risk of damage to your skin from exposure to the sun's ultraviolet rays (UVA & UVB rays). Certain surfaces such as snow, sand and water reflect UV rays resulting in increased sun exposure. UVA rays are associated increasingly with malignant melanoma and skin ageing. UVB rays are associated with sunburn, skin ageing and cancer.

Follow these tips to reduce skin damage:

- ▶ Avoid the sun between the hours of 11am–3pm when the sun is often strongest.
- ▶ Cover skin with as much clothing as possible, wear a wide brimmed hat.
- ▶ Apply sunscreen before exposure to the sun and reapply regularly, especially after swimming. The Sun Protection Factor

(SPF) is a measure of the protection given by the sunscreen. A lotion with SPF15 means it takes 15 times longer to get sunburnt with this sunscreen compared to none at all. Those with fair or sun-sensitive skin require a higher SPF.

- ▶ Check moles or freckles regularly for signs of change. Consult a doctor promptly if changes such as discolouration, bleeding or increase in size occur.

Water safety

- ▶ Avoid alcohol and food before swimming.
- ▶ Never dive into water where depth is unknown.
- ▶ Only swim in safe water, check currents, presence of jellyfish, coral, sharks etc.
- ▶ If stung by a jelly fish in the tropics seek urgent medical attention, or if you develop breathing difficulties, skin swelling or severe pain after any jellyfish sting.
- ▶ Avoid freshwater swimming/paddling in areas known to be at risk of Schistosomiasis.
- ▶ Rivers and lakes can become contaminated with chemicals and in some areas, this can contaminate the drinking water supply.

Suggestions for medical travel kit

First aid kit

- ❑ Alcohol hand sanitiser
- ❑ Antiseptic cleaning creams/wipes
- ❑ Assortment of dressings such as plasters, bandages and gauze
- ❑ Cotton Wool
- ❑ First Aid quick reference card
- ❑ Roll of tape/safety pins
- ❑ Scissors
- ❑ Sterile saline solution for cleaning wounds
- ❑ Tweezers/Tick removers
- ❑ Water purification tablets/solution
- ❑ Wound steri-strips

Protective agents

- ❑ Insect Repellent
- ❑ Sun cream
- ❑ Mosquito net

Medicines

Over-the-counter personal medicines

- ❑ Painkillers and those to bring down a temperature e.g. Paracetamol, Ibuprofen
- ❑ Antihistamines (oral and topical)
- ❑ Anti-sickness and diarrhoea tablets
- ❑ Motion sickness tablets
- ❑ Oral rehydration sachets

Prescription medicines

- ❑ Anti-malarial tablets if recommended
- ❑ Bringing your own medicines is safest as supplies abroad may be counterfeit.

Traveller's diarrhoea

This is the most common illness to affect travellers. It usually settles down after two/three days but can cause significant illness and can easily spread from one person to another. Prevention is most important. Diarrhoea is not life threatening provided it is treated correctly, antibiotics are rarely required.

Prevention

Always follow these simple guidelines and you will hopefully stay infection free.

- ▶ Ensure water supplies are safe or adequately treated.
- ▶ Wash hands immediately after toilet and before preparing/eating food – alcohol hand rub is useful if no hand washing facilities available.
- ▶ All food should be treated as suspect unless you know it has been freshly and thoroughly cooked – in the case of meat until there is no red meat visible.

- ▶ Avoid salads, shellfish, milk products & ice cream, warm buffet foods, ice and foods left exposed to flies.
- ▶ Standard drinks, bottled water, soft drinks and tea are all ok. Milk and dairy products should be avoided. Ensure that the lid of bottled drinks has not been tampered with.
- ▶ Peel all fruit.

Treatment

If you have blood in your stools, seek advice from a doctor as you may require a short course of antibiotics to help clear the infection. Antibiotics only treat diarrhoea caused by bacteria; they are not effective against diarrhoea caused by viruses.

- ▶ Dehydration is a risk, clear fluids or ideally prepared oral rehydration solutions, e.g. Dioralyte, should be increased to satisfy thirst, and produce normal coloured urine, if urine is darker

than normal it indicates dehydration and fluids should be increased.

- ▶ Eat bland foods (e.g. chicken and rice), bread and drink flat Cola/Sprite. Avoid milk and dairy products until you have fully recovered.
- ▶ Loperamide (Imodium), is recommended to stop/slow diarrhoea, but these are NOT a cure. This is useful for long journeys or work meetings, when diarrhoea would be especially inconvenient. It should never be taken regularly or used if you have fever or bloody diarrhoea.
- ▶ **Please note** if you are taking the oral contraceptive pill, diarrhoea and vomiting may reduce protection.

See this link for more information:
travelhealthpro.org.uk/factsheet/53/travellers-diarrhoea

Food- and water-borne

Diseases

Hepatitis A, Typhoid and Cholera

Hepatitis A

An infectious disease affecting the liver

It is present worldwide, but greater risk in countries with poor sanitation and public hygiene. Disease is transmitted via faecal-oral route by ingestion of contaminated food or water. Those at higher risk are the travellers exposed to conditions of poor sanitation.

Prevention

Strict food, water and personal hygiene. Avoid shellfish.

Vaccination

Widely available.

Typhoid

A bacterial disease affecting the gut

Found worldwide, but predominately in countries where food and water supplies are liable to faecal contamination e.g. Far East, South America and Africa. Disease is transmitted mainly by food and drink contaminated via the faecal-oral route.

Prevention

Food and water hygiene precautions, personal hygiene e.g. hand washing after toilet, before preparing food.

Vaccination

Current vaccines are only up to 80% effective.

Cholera

A bacterial disease affecting the gut, found in Africa and Asia

Disease is transmitted via the faecal-oral route from infected food, water and shellfish. This illness is rare in travellers except when living in very poor hygienic conditions as a large infecting dose or organisms is usually required.

Vaccination

There is a vaccine available and sometimes recommended for humanitarian activities e.g. work in refugee camps.

Prevention of food- and water-borne diseases

travelhealthpro.org.uk/factsheet/44/food-and-water-hygiene

Other Diseases

Diphtheria

Transmitted by droplet infection and through contact with contaminated articles.

Found worldwide.

Vaccination

There is a vaccine available. In the UK the Diphtheria booster vaccination is combined with Tetanus and polio (Revaxis Td/IPV).

Tetanus

Tetanus is caused by a toxin produced by a bacteria which is harboured in the guts of many vertebrates including man. Tetanus spores are present in soil and manure contaminated with human, animal and bird faeces, and can be introduced through cuts and wounds.

Found worldwide

Treatment

Prompt treatment should be sought for tetanus prone wounds, even in the UK.

Vaccination

There is a vaccine available. A booster dose should be given to travellers at risk if no dose within past 10yrs. You should have a booster dose if you have not had one in the last 10 years, even if you have received five doses previously in childhood.

Polio

An acute, viral, infectious disease spread from person to person, primarily via the faecal-oral route.

Vaccination

There is a vaccine available. A booster dose should be given to travellers at risk if no dose within past 10yrs. Some countries require proof of Polio vaccine for entry/exit purposes, which will be considered by Occupational Health.

Diseases

Insect-borne

Prevention of insect-borne diseases (ABCD)

Awareness

Bite avoidance/prevention is really important.

Be aware of your risk – which country you travel to, area of the country, time of the year / season, altitude you will be travelling to, types of accommodation you will be staying in, length of your visit. It is also important to consider medication you are on, pregnancy. The occupational health advisers will give you advice.

Bite prevention

Travellers should take mosquito bite avoidance measures day and night.

There are different types of mosquitoes and they bite at different times during the day. Mosquitoes transmitting Zika, Dengue & Chikungunya infections predominately bite during daytime and dusk.

Mosquitoes that transmit malaria bite predominately in the evening and at night.

- ▶ Use insect repellent containing 50% DEET on exposed skin (after application of sunscreen) or MosiGuard which is the only suitable natural alternative we recommend. Use day & night. Reapply frequently (2hrly) & take enough supplies with you.
- ▶ Make sure to cover up to reduce area of skin exposed. Wear light-coloured, long sleeved shirts, long trousers, socks and covered shoes should be worn
- ▶ If you are staying in accommodation which has mosquito prevention devices e.g. Air conditioning, sprays, mosquito coils & plug in devices, make sure they are kept on. (moved up)
- ▶ If you are unsure of what is available, take a mosquito net (treated with permethrin). Take hook with you to hang

the net. These have a short expiry, so be sure to check this.

- ▶ Wear insect repellent wrist and ankle bands (impregnated with DEET), particularly between dusk and dawn.

Note: Vitamin B, garlic & Marmite do not prevent bites.

Chemoprophylaxis

It is important to remember no anti-malarial tablet is 100% effective. However, combining malarial prevention tablets with mosquito bite avoidance will give you more substantial protection in the high-risk malaria area. Bite avoidance is also important against prevention of other insect borne diseases where there may not be a vaccine available.

Diagnosis

Malaria and other insect-borne diseases can be easily treated, but early diagnosis is essential. Most people will become ill within one month of leaving the malarious area but if you develop flu-like symptoms up to one year after return then you must inform your doctor that you were in a malarial zone.

What to look out for:

- ▶ Viral-like illness without sore throat
- ▶ Fever
- ▶ Profuse sweating
- ▶ Chills
- ▶ Muscle aches
- ▶ Jaundice
- ▶ Dark urine

Seek medical help immediately.

Prompt treatment is a medical emergency in certain types of malaria.

Treating bites

Keep bites clean, don't cover, try not to scratch, apply antihistamine cream. If red and infected, see a doctor.

Resources

Insect bite avoidance

travelhealthpro.org.uk/factsheet/38/insect-and-tick-bite-avoidance

nhs.uk/Conditions/Bites-insect/Pages/Symptoms.aspx

Mosquito nets & insect repellents

travelpharm.com/mosquito-nets-and-repellents-c154

Diseases spread by mosquitoes

Mosquitoes spread disease such as Malaria, Yellow Fever, Japanese Encephalitis, Dengue Fever, Chikungunya, Zika Virus, West Nile Fever, Eastern Equine Encephalitis, Rift Valley Fever and Ross River Virus.

Malaria

Malaria is a serious, sometimes fatal, tropical disease spread by mosquito bites. Malaria is endemic in more than 100 countries in tropical and sub-tropical areas of the world. All travellers in these areas are at risk. Please check with the Occupational Health Department prior to your trip to see if you require anti-malarial tablets.

Malaria is transmitted via the bite of an infected Anopheles mosquito that feeds predominately in the hours from dusk to dawn.

Adults living in a stable area of transmission e.g. much of sub-Saharan Africa have a significant acquired immunity to malaria. Those living in unstable transmission areas such as SE Asia/South America do not.

However, immunity subsides after six

months away from the endemic area and during pregnancy.

Symptoms

Incubation period is eight days to several months. Starts with fever, headache and joint and muscle pain progressing to high fever.

Guidance

travelhealthpro.org.uk/factsheet/52/malaria

nhs.uk/Conditions/Malaria/Pages/Introduction.aspx

Malaria Tablets

The OH department will give advice regarding which malaria tablets to take. Different tablets will be recommended for the country you are visiting as chloroquine resistance may be an issue. OH can

provide the prescription only for you, you will then have to obtain the tablets from a Pharmacy. Alternatively, you can see your GP or travel clinic. You are also able to purchase malaria tablets online without a prescription from reputable sources such as lloydspharmacy.com, doctorfox.co.uk, travelpfarm.com.

Maloff Protect is available without prescription over the counter and you can also purchase Malarone generically as Atovaquone/Proguanil. The local pharmacy, Sticklands, at South Kensington tube station can dispense prescriptions with 10% discount (showing your College ID). Supermarkets also offer competitive prices – shop around and ensure it is a reputable source.

Different malaria tablets:

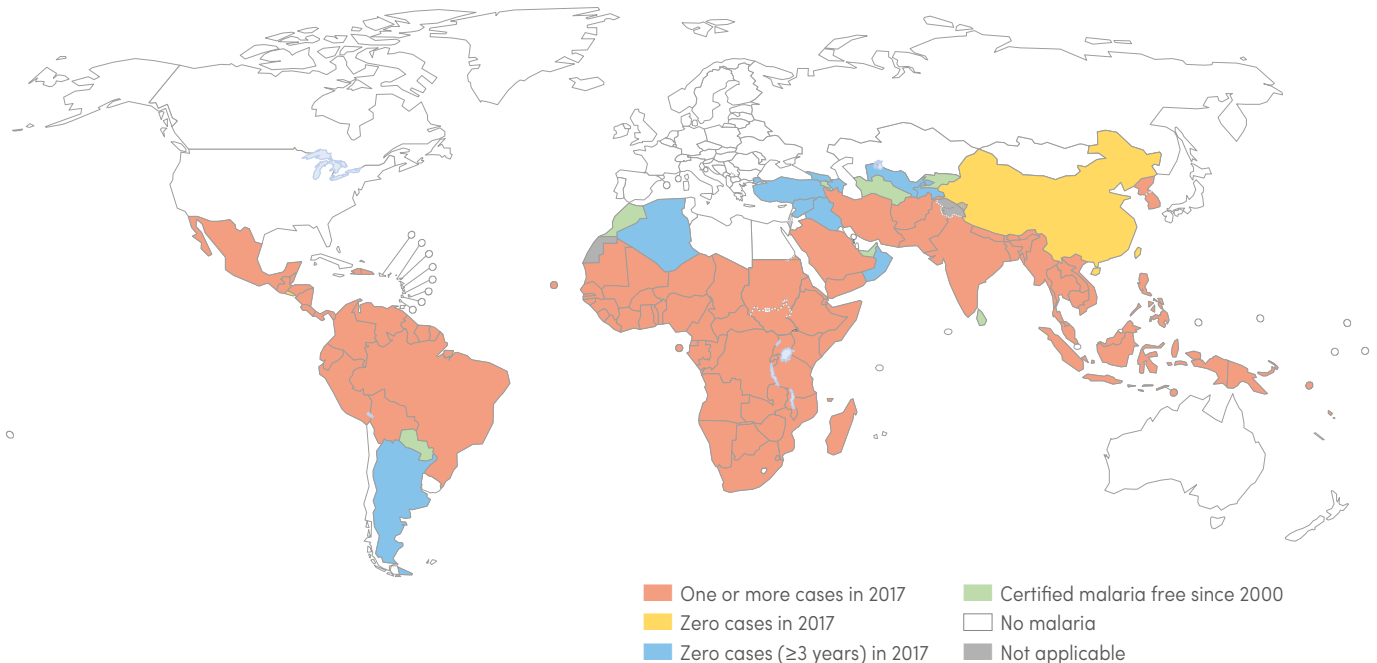
- ▶ are taken at varying times (weekly/daily)
- ▶ have a different duration before and after entering a high-risk malaria area (e.g. some are week before, two days before or day before and taken from seven days up to four weeks after, depending on the tablet.)

- ▶ have various side effects.

OH will provide information on the most appropriate malaria prevention tablet.

Malaria risk areas

(source: travelhealthpro.org.uk/admin/web/uploads/malaria-countries-2017.png)



Yellow Fever

This virus is harboured by monkeys and spread to humans by mosquitoes. It is found in Africa, South America, eastern Panama and Trinidad in the Caribbean.

Vaccination

There is a vaccine available that gives life protection. Some countries require mandatory certification with the vaccine given at a designated Yellow Fever Centre registered to supply the certificate. Mandatory vaccination may be required if transiting through endemic countries.

Japanese Encephalitis

This is spread by a mosquito which breeds in paddy fields and rural areas. Found mainly in Asia.

Vaccination

There is a vaccine available recommended for travellers staying in rural endemic areas for more than one month.

Dengue Fever

Dengue fever is widespread in the tropics and subtropics, with most infections occurring in SE Asia and the Pacific. Outbreaks are common and often occur in a seasonal pattern. After an incubation period of four to 10 days there is usually a sudden onset of fever, headache, muscle and joint pains. A rash may develop. Within a few days the illness usually resolves, and serious complications are uncommon. In a few cases Dengue can progress to a more serious form. There is no specific anti-viral treatment. Symptoms like headache and fever can be treated symptomatically. Hospital care is indicated in severe illness or if complications occur.

Bite avoidance is therefore the main prevention of catching the disease. Bite avoidance is also important for protection against Chikungunya and Zika Virus.

West Nile Virus

Indigenous to Africa, the Middle East, Asia & Australia. The virus is endemic in the USA and Canada. The main host of the virus are birds and the vectors are mosquitoes, hence the importance of bite avoidance.

Diseases spread by Ticks

Ticks are carriers of Lyme disease, Tick-Borne Encephalitis, African Tick-Bite Fever Crimean-Congo haemorrhagic fever and Rocky Mountain Spotted Fever. Ticks usually live in meadows and grasslands near woods and forests in UK, Europe, Asia & some Pacific coastal regions of the US. They attach themselves during the day to your clothes, crawl until they find exposed or moist areas of skin and start feeding.

Prevention

To prevent tick bites, clothing should cover the leg with socks outside trousers. Gaiters may be useful. Apply insect repellent regularly.

Although not every tick carries disease, immediate removal of an attached tick is recommended.

Removing Ticks

Remove from the skin very carefully with tweezers or special tick removers. The [O'Tom Tick Twister](#) (available on Amazon) is the remover favoured by professionals (vets, medical, forestry & field workers etc). Choose the most suitable O'Tom Tick Twister tool, according to the size of the tick (each pack contains two sizes, one for adult ticks and one for the tiny nymph ticks). Engage the tool by approaching the tick from the side (the body of the tick is

flat when unfed) until it is held securely. Twist the tool and the tick will detach itself after two to three rotations. Disinfect the bite site and wash hands with soap and water. **Do not use petroleum jelly, any liquid solutions, or freeze / burn the tick, as this is likely to stimulate it to regurgitate (vomit) saliva and stomach contents, increasing the chance of infection.**

Lyme Disease

Lyme disease, or Lyme borreliosis, is a bacterial infection spread to humans when they are bitten by an infected tick. It's estimated there are 2,000 to 3,000 new confirmed cases of Lyme disease in England and Wales each year, although not all cases are confirmed by laboratory testing. About 15% of cases are acquired while people are abroad.

Lyme disease can be treated effectively if it is detected early on. But if it is not treated or treatment is delayed, there is a risk you could develop long-lasting symptoms.

Resources

More detailed information can be found on the NHS Choices website: [nhs.uk/Conditions/Lyme-disease](https://www.nhs.uk/Conditions/Lyme-disease)

Tick-Borne Encephalitis

Found in UK, Central and Eastern Europe. Ticks reside on ground-level vegetation where they can be brushed onto clothing or drop onto passing humans. Spread by the bite of an infected tick or consumption of unpasteurised dairy products from infected animals. The virus is maintained in small mammals, domestic animals and birds. Treatment is symptomatic as there are no antiviral drugs available.

Prevention

Awareness and avoidance of tick bites and prompt removal, avoid consumption of unpasteurised dairy products. Use of insect repellents and sensible clothing covering legs e.g. wearing of gaiters in areas known to have ticks.

If working and contact with ticks is high risk e.g. hikers, campers and those working in agriculture/forestry, consider spraying clothing (not skin) with permethrin. This will kill/disable the ticks instantly. Do regular tick checks.

Vaccination

There is a vaccine available (the course consists of three vaccines).

Diseases spread by flies and bugs

Sleeping Sickness

Tsetse flies spread Sleeping Sickness (African trypanosomiasis) and live in the grasslands of sub-Saharan Africa. They are attracted to dark colours, particularly blue, and bite during the day. They can attack in swarms and their bite is painful and can lead to an ulcer and serious illness. Tsetse flies can bite through loose-weave fabrics and are unaffected by many insect repellents.

Leishmaniasis

Leishmaniasis is a disease spread by the bite of the female sand-fly.

Prevention

Insect bite avoidance particularly between dusk and dawn. Sand flies are usually found at ground level and are small enough to go through mosquito nets. Apply insect repellent regularly.

Tumbu fly

This fly is present in sub-Saharan Africa and southern Spain. The female fly lays eggs in clothes left outside to dry. When worn, the eggs will hatch and the larvae penetrates the skin.

Prevention

Dry clothes inside and ensure they are ironed to eliminate eggs laid in the clothes.

Bugs

Bugs including fleas, lice, bedbugs, lice and mites can also spread disease e.g. some mites carry typhus, fleas can spread the plague and the kissing bug in South America carries a parasite that causes Chagas disease.

Chagas Disease

Chagas Disease is present in South America. It is transmitted following contact with faeces of an infected triatome bug that inhabits cracks in walls and roofs in building constructed with mud or thatch.

Prevention

If sleeping in buildings constructed with mud or thatch, use a mosquito net and treat bedding with an insecticide solution.

Rabies / Schistosomiasis

Rabies

Rabies is a serious viral infection that targets the brain and nervous system. It is almost always fatal once symptoms develop but can be prevented if treatment is given promptly after exposure. Rabies is found in many countries worldwide. It is spread from contact with the saliva of an infected mammal (e.g. dogs, cats, bats, racoons, foxes, jackals, mongooses), most often via a bite or via saliva contact with an open wound / splash to eye. Risk of exposure during travel increased with certain behaviours such as running or cycling and activities which encourage animal contact.

Prevention

Avoid bending down, stroking, touching animals if in a country that has the disease.

Action to be taken if bitten or scratched

Wash wound with soap/detergent under a running tap for 15 minutes and if possible, apply alcohol or antiseptic. Leave the wound open. Always seek medical attention immediately. Do not rub the wound.

Vaccination

Rabies vaccine is offered if you are travelling to a high risk country for longer than four weeks, if you are in remote areas where medical care is not readily available, if you are undertaking higher risk activities (e.g. running, cycling), or at occupational risk (e.g. vets, animal handlers).

Vaccination requires three doses over 21–28 days. An accelerated schedule is also possible.

Post-exposure treatment

Prompt post-exposure treatment is required, even if pre-exposure vaccine has been received. Post-exposure treatment usually involves a course of rabies vaccine with or without rabies immunoglobulin to prevent the infection spreading to the brain and nervous system.



Schistosomiasis (bilharzia)

This is a parasitic disease, found mainly in Africa, Asia and South America, caused by several species of the flatworm or fluke. Freshwater snails act as the intermediary agent between mammalian hosts. Use of insect repellents or towel drying does not prevent infection.

Prevention

Avoid swimming, paddling, washing in freshwater rivers, streams and lakes in endemic countries.

Vaccination

There is no vaccine available.

Diagnosis

Microscopy of stool/urine. Specialist treatment needed.

Follow up with the Occupational Health Department is recommended if there has been a risk of exposure.

Vaccines for health care workers and medical student electives

It is important to ensure you are fully immunised with vaccines such as Measles, Mumps, Rubella and Tuberculosis. Consider Meningitis ACWY if working in endemic areas, normally required in sub-Saharan Africa.

Hepatitis B Vaccination

Hepatitis B is transmitted via infected blood or body fluids. It is recommended for all Health Care Workers and for Biomedical Scientists if working with human blood, serum or human tissue samples in the UK and overseas.

HIV

Consider taking HIV PEP (post-exposure prophylaxis) if it is not available through local collaborators. Please seek advice regarding vaccinations and HIV PEP from the Occupational Health Department.

Looking after your mental health

Although travel is generally enjoyable, there is no doubt that it can be sometimes stressful. Disrupted daily routines, lack of familiar support systems, language barriers, culture shock and dealing with unexpected situations, all can intensify stress levels and trigger or exacerbate mental health problems. Researching the culture, laws and customs of intended destinations will enable you to be well prepared in advance of travel.

Travelling with Mental Health conditions

Be aware that:

- ▶ Adapting to a new culture takes time; try to have realistic expectations
- ▶ Adequate rest is essential, emotional vulnerability and susceptibility to stress increases when tired
- ▶ Maintaining regular contact with familiar social supports can help (friends, family, colleagues)
- ▶ Recording thoughts and feelings in a journal, letters or emails may improve physical and emotional wellbeing
- ▶ Stress may lead to an increase in risky behaviour e.g. excessive alcohol intake, drug use and/or sexual experimentation
- ▶ Social and cultural acceptance of mental health determines the type of care you will receive

Resources

- ▶ travelhealthpro.org.uk/factsheet/85/travelling-with-mental-health-conditions
- ▶ gov.uk/government/publications/mental-health
- ▶ iamat.org/elibrary/view/id/1380

Sexual Health

STIs

The risk of acquiring a sexually transmitted infection (STI) can be minimised by being aware of the following:

- ▶ STIs are usually passed through intimate sexual contact—vaginal, anal or oral sex.
- ▶ Use a condom correctly when you have intimate sexual contact.
- ▶ Male and female condoms are available.
- ▶ Having multiple sexual partners will increase your risk of catching STIs.

Contraception

Condoms are available in most countries, but standards do vary. In the UK, BSI or CE kite-mark condoms are recommended and it is advised to carry a supply of UK condoms when travelling. If you buy condoms abroad, check their expiry date and check they carry a recognised quality mark (e.g.: BSEN 600, ISO or FDA approval).

Emergency contraception, such as the “morning after” pill can be difficult to obtain or even be completely unavailable in many overseas regions.

Further advice about contraception and travelling is available from the Fit for Travel website, [fitfortravel.nhs.uk/home.aspx](https://www.fitfortravel.nhs.uk/home.aspx).



Resources for the Traveller

Travel health information is available in abundance on the internet. It is wise to use well validated sites that update their information regularly. Certain recommendations for appropriate vaccines are specific to the country of origin, therefore it is always wise to use UK-based sites.

Travel-related websites

National Travel Health Network and Centre (NaTHNaC): travelhealthpro.org.uk

Fit for Travel: an NHS site provided by the Scottish Centre for Infection and Environmental Health fitfortravel.nhs.uk/home.aspx

The Hospital for Tropical Disease
thehtd.org

Medical Advice Services for Travellers Abroad (MASTA) masta.org

Travel equipment websites

safariquip.co.uk

nomadtravel.co.uk/store

Safety & Security Advice

The Foreign & Commonwealth Office (FCO),
Travel advice by country:
gov.uk/foreign-travel-advice
FCO: [twitter@fcotravel](https://twitter.com/fcotravel)
Facebook at FCO travel-travel advice

Guidance on staying safe and healthy abroad gov.uk/knowbeforeyougo

Access to Healthcare abroad

EEA & Non-EEA countries
nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx

Access to healthcare abroad

nhs.uk/using-the-nhs/healthcare-abroad

Your Personal Vaccination Record

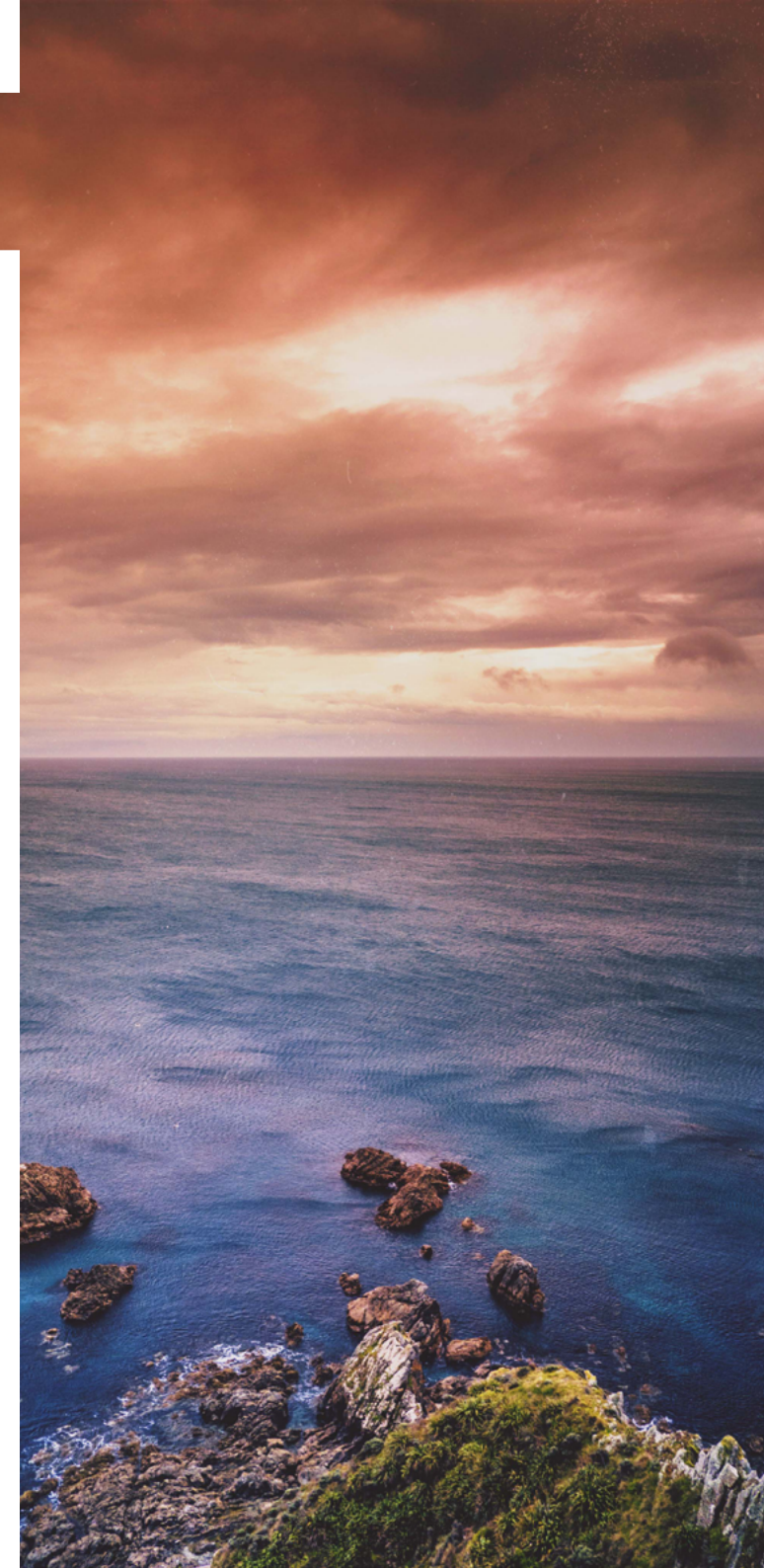
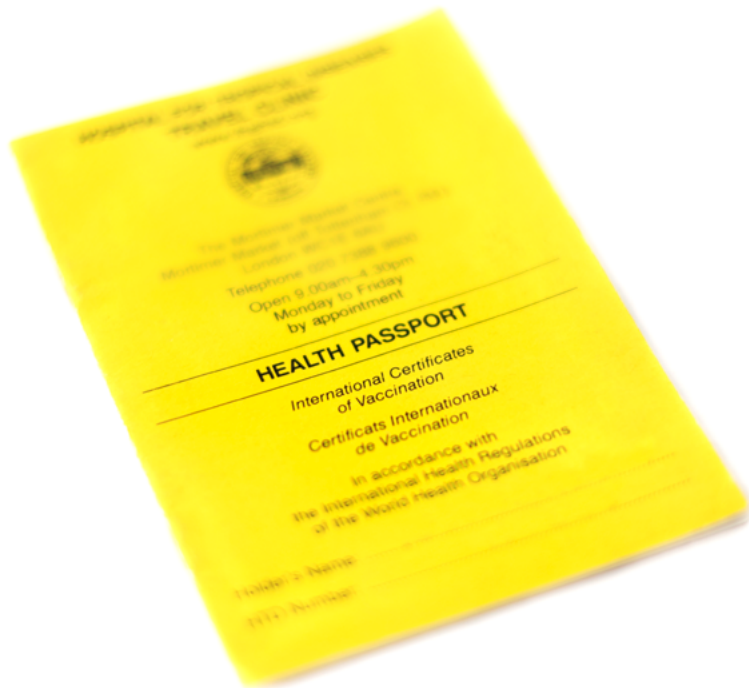
OH do not have access to GP records, therefore, it is important if you receive vaccinations via OH, that you keep these records in one place. A vaccine record can be provided by OH after they have been administered.

Occupational Health

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Occupational Health

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