

Travel vaccine recommendations and other travel health advice for the Bike ride you planed for later this year.

These vaccine recommendations are based on the following pieces of information regarding the itinery:

- 1) Countries/destination(s): Singapore overland to KL (Malaysia); KL overland to Phuket (via coastal road); Phuket overland to BK; BK overland to Vientiane
- 2) Duration of travel: 1 -4 weeks
- 3) Hotel/Hostel with air-cond accommodation through out the trip
- 4) Major activity: Bike riding
- 5) Month(s) of travel - November-December (ie Dry season)

Vaccine recommendations

1) Hepatitis A – consider active immunisation for all susceptible travellers, regardless of duration of travel. The importance of protection against Hepatitis A increases as length of stay increases. It is particularly important for those who will be eating and drinking in rural areas of Malaysia, Thailand and Laos.

Hepatitis A vaccine is available as a monovalent vaccine (Havrix 1440[®], Vaqta Adult[®], or Avaxim[®]), or as a combination vaccine combined with either hepatitis B (Twinrix 720/20[®]) or as a combination vaccine combine with Typhoid (Hepatyrix[®] or Vivaxim[®]).

2) Hepatitis B – consider active immunisation for all susceptible travellers who are undertaking physical activities that make them more prone to an injury (and therefore placing themselves in a situation where they may be inadvertently exposed to contaminated bloods or contaminated medical procedures) such as bike riding. In Australia, hepatitis b is recommended for all young adult travellers irrespective or travel destinations.

Hepatitis B vaccine is available as a monovalent vaccine (Engerix B[®] or HB-II-Vax[®]), or as a combination vaccine combined with hepatitis AB (Twinrix 720/20[®]).

3) Jap B - Mosquito avoidance measures should be sufficient. However vaccination is recommended for travellers spending more than a month in rural areas of Asia, particularly if travel is during the wet season, and/or there is considerable outdoor activity and/or the standard of accommodation is suboptimal. The JE-vax[®] vaccination course is given as 3 doses over a 4 week period - schedule: 0, 7 and 28 days.

3) Polio – a one-time polio booster is recommended for travellers who have previously completed a standard course of polio immunisation. If immunisation is needed, either IPV or OPV may be used depending on preference. Additionally, polio is now available in combination with tetanus containing vaccines such as Boostrix-IPV[®] or dT-IPV as single dose .

4) Rabies – pre-exposure vaccination should be considered for persons staying longer than 30 days who are expected to be at risk to bites from domestic and/or wild animals (particularly dogs), or for persons engaged in high risk activities such as bike riding where the movement of the bike wheels may excite a dog to bite. Need for vaccination is more important if potential exposure is in rural areas and if adequate postexposure care is not readily available. The pre-exposure vaccination (Merieux Inactivated Rabies Vaccine[®]) course is given as 3 doses over a 4 week period - schedule: 0, 7 and 28 days.

5) Typhoid – Vaccination should be considered for persons staying longer than 30 days, adventurous eaters and those who will venture off the usual tourist routes into small cities, villages and rural areas. Contraindications depend on vaccine type (Typh-vax oral[®], Typherix[®] or Typhium[®]).

6) All routine vaccines (such as diphtheria-tetanus (dT) or diphtheria-tetanus-pertussis (dTpa), measles-mumps-rubella (MMR), poliomyelitis, varicella, influenza and pneumococcal) should be kept up-to-date as a matter of good health practice unrelated to travel.

Tetanus - Bike riders should receive a booster dose of diphtheria-tetanus (dT) or diphtheria-tetanus-pertussis (dTpa) if more than 10 years have elapsed since their last tetanus dose (biking riding elevates the risk of an injury occurring).

Influenza – all travellers aged 65 years and over should receive annual influenza vaccine when heading to the northern hemisphere winter, as should any traveller with a medical risk factor.

Pneumococcal – All travellers 65 years and over should have received a single dose of 23-valent pneumococcal polysaccharide vaccine.

Measles-mumps-rubella (MMR) - for all adults aged 18-36 years who does not have 2 documented doses of MMR since childhood (Australian recommendation).

Other considerations:

1) Malaria – According to the current itinerary the risk of malaria is low risk. Risk of malaria is determined by where the travellers sleep at night-time. There is no risk in Singapore or KL. Coastal tourist areas of Malaysia and Thailand are free of malaria. There is no risk in the interior of Thailand, nor in the cities and main tourist areas of Thailand. For Laos, the risk exists throughout the country except there is no risk in the city of Vientiane.

Therefore, mosquito avoidance measures only should be sufficient especially understanding that travel is to occur in the dry season and that the bike riders will be sleeping in air-conditioned accommodation, and the ride finishes in Vientiane.

2) Dengue - low risk. mosquito avoidance measures only.

3) Mosquito avoidance measures – wear protective clothing (long cotton sleeve shirts and pants); airconditioning deters mosquitoes and windows that can be shut tight or at least with flywire screens can help decrease the number of mosquito bites. Use of DEET (N,N diethyl metatoluamide)-containing mosquito repellent. It is important that you purchase a product that has between 25-50% DEET. Simply look on the side of the product under ingredients to make sure it contains DEET and to find the correct percentage.

4) Adequate oral Rehydration with boiled/bottled water

5) Sun cream, sun glasses & hat/cap

6) First aid kit

7) Antidiarrhoeal medications. Examples of medication to include in your gastro -kit are Loperamide (Gastrostop, Imodium), Norfloxacin, Tinidazole (Simplotan or Fasigyn) etc

8) Travel insurance**essential**

This advice should not replace or prevent obtaining advice from a qualified family physician or travel medicine specialist as every individual has different requirements and medical needs that need to be taken into account.

Things to remember while you Travel (Carry with your travel documents)

Don't Get Diarrhea.

WASH HANDS, you cannot wash them enough, especially before eating (substitute alcohol based hand sanitizers like Purell or Aavanguard if more convenient).

Foods to avoid: Raw or undercooked meats, seafood, and fish; untreated milk or cheese; lettuce and raw vegetables. Fruits should be prepared in a clean manner.

Water and milk can be made safe to drink by bringing to a boil and letting cool down. Commercially bottle drinks are usually safe.

If you have one or two loose stools a day use only medicines to help with symptoms, if lots of watery stools, especially with blood in the stools, pain, or fever, take an antibiotic.

MEDICATIONS For diarrhea

To help with symptoms:

loperamide (“Imodium”)

Directions: Take two tablets to start, then take one pill after each stool (do not take more than 8 in 24 hours). Don't use this medicine in babies, young children or when you are pregnant.

To treat an infection:

Antibiotic: Your doctor or nurse will give you an antibiotic to take with you that you can take if you get bad diarrhea. Make sure you understand how to use this before leaving the office. The names of some common antibiotics are Azithromycin (Zithromax), Ciprofloxacin, Norfloxacin, and Rifaxamin.