

## Health Information for Travelers to Mexico January-May 2009

Immunizations for the following diseases are recommended prior to your travel to Mexico.

**MEASLES, MUMPS & RUBELLA:** Measles and rubella are viral illnesses that begin with fever and rash. Mumps involves infection of the salivary glands. All are spread by coughing, sneezing or other respiratory or oral contact. **If born after 1956 you need two doses of measles vaccine for adequate protection.**

**TETANUS:** Bacterial disease resulting in muscle rigidity (lockjaw). Spread through open wounds, especially in deep puncture wounds, in contact with soil, street dust, human or animal feces. **Adults need a Tetanus booster every 10 years.**

**HEPATITIS A:** A disease with abrupt onset of fever, malaise, anorexia, nausea and abdominal discomfort followed within a few days by jaundice (yellowing of the skin and eyes). It is spread person-to-person by the fecal-oral route through ingestion of contaminated food or water. **Immunization should be given 2 weeks prior to travel.**

**HEPATITIS B:** A disease of the liver spread through contact with an infected person's blood or body fluids. **You are at increased risk of exposure to Hepatitis B, if you are exposed to blood, have sexual contact with an infected person, choose to have a piercing or tattoo, or need medical treatment.**

**TYPHOID FEVER:** A system-wide disease with sudden fever, headache, malaise, anorexia, spleen enlargement, rash. Spread by food (especially shellfish, raw fruits, vegetables and milk) or water contaminated by feces or urine of a typhoid patient. **Immunization should be given at least 2 weeks prior to travel to this area.**

**The following immunizations are important in protecting you from the above-mentioned diseases you could be exposed to. If you are a UWGB student and need an immunization or have questions, contact UW-Green Bay Counseling and Health Center, 465-2380 or your private physician.**

Immunization	Recommended for	Number of doses (shots)	Cost at UW-GB
MMR (measles, mumps, rubella)	All persons over 1 year of age	2 shots since 1st birthday if born after 1956	FREE
Tetanus (Td)	All persons	1 booster every 10 years	FREE
Hepatitis A	All unvaccinated persons	1 shot with booster dose in 6 to 12 months	\$27/each
Hepatitis B	All unvaccinated persons	3 shots in a 6 month time frame	\$37.00/each
Typhoid Fever	All unvaccinated persons	1 shot with booster every 2 years. This injection should be given at least 2 weeks prior to travel)	\$47

## PRECAUTIONS:

- Pregnant women must contact their physician regarding immunizations. It is also recommended that you do not become pregnant for 3 months after receiving an MMR or Typhoid immunization.
- If you have any chronic health problems or have had a reaction to a previous immunization consult with your personal physician regarding the advisability of these immunizations.

### **You will be traveling during “flu” season.**

Influenza “Flu” is a viral infection of the nose, throat, bronchial tubes and lungs that can make people of any age ill. Typical influenza illness is characterized by abrupt onset of fever, sore throat, nonproductive cough and generalized body aches and soreness. Although most people are ill for only a few days, some people have a more serious illness and may need hospitalization.

A “Flu Vaccine” is available to help protect you from the flu. If you are interested in getting the vaccine, you can contact your family physician or receive it through UW-Green Bay Health Services.

***If you are a UWGB student or faculty member call 456-2380 to make an appointment to see a nurse as soon as possible if you wish to be immunized at the UW-GB Counseling & Health Center .***

### **All travelers should take the following precaution, no matter the destination:**

- Wash hands often with soap and water.
- Use sunscreen and lip balm with SPF 15 or greater, wear a hat to protect your face, and avoid sun when it’s strongest, usually 10 a.m. to 2 p.m. Choose sunglasses that block at least 99 percent of UVB rays and at least 95 percent of UVA rays.
- Drive defensively, avoid travel at night if possible and always use seat belts. *Motor vehicle crashes are a leading cause of injury among travelers, walk and drive defensively.*
- Food and water precautions:
  - Don’t eat or drink dairy products unless you know they have been pasteurized.
  - Consider choosing bottled beverages as they are likely safest.
  - Never eat undercooked ground beef and poultry, raw eggs, and unpasteurized dairy products. Raw shellfish is particularly dangerous to persons who have liver disease or compromised immune systems.
  - Maintain extra precaution with buffets, salad bars and outside vendors.
  - Avoid all direct contact with poultry, including touching well-appearing, sick or dead chickens and ducks. Avoid places such as poultry farms and bird markets where live poultry are raised or kept. Also avoid handling surfaces contaminated with poultry feces or secretions.
- Protect yourself from insects.

- Apply repellants containing 30-50% DEET to clothing and skin.
- Wear long-sleeved shirts, long pants and hats to minimize areas of exposed skin. Tuck in shirts and tuck pants into socks and boots for further protection when at increased risk.
- If you are sexually active always use latex condoms to reduce the risk of HIV and other sexually transmitted diseases.
- Don't share needles with anyone.
- If you are in unfamiliar company, be cautious about leaving your drink unattended or accepting an opened beverage from a stranger.
- Avoid contact with all animals including freely roaming cats and dogs. **Rabies is almost always transmitted by the bite of an infected animal. Dogs are the main reservoir of the disease in many countries. While traveling it is wise to avoid contact with ALL animals.**

## **Important information specific to your area of travel:**

### **Food and Water Precautions:**

- Traveler's diarrhea is acquired through ingestion of fecal contaminated food and/or water. Avoid any foods that cannot be cooked or peeled by you.
- Chlorinated water does not necessarily guarantee safety. Chlorine may significantly reduce the microorganism count in water but not destroy all the germs.
- In areas where sanitation and hygiene are poor, you should assume the only safe drinks are canned or bottled carbonated drinks. Even bottled water should be carbonated to ensure that the bottle has not been simply refilled with local water and recapped. Avoid ice cubes. Freezing tends to preserve microorganisms rather than destroy them.
- Remember: water that is unsafe to drink is unsafe for brushing teeth, rinsing contact lens, or washing near your mouth.

### **Risky foods and beverages:**

- raw meat
- raw seafood
- raw fruits and vegetables, unless peeled by the traveler
- un-pasteurized milk products
- street vendor foods/beverages
- ice cubes

### **Generally safe food and beverages:**

- cooked foods that are still hot
- fruit with unbroken skin that is peeled by the traveler
- canned or bottled carbonated beverages
- wine and beer
- hot coffee and tea
- boiled water or water appropriately treated with iodine or chlorine

**A good rule of thumb: "If you can't cook it, peel it, or boil it, forget it!"**

### **Protection from insect bites:**

- When traveling to Mexico you may be at risk of exposure to Dengue Fever.

### **DENGUE FEVER:**

Dengue fever is a viral infection transmitted by mosquito bites. The illness is flu-like and characterized by a sudden onset, high fever, severe headaches, joint and muscle pain, and rash. The rash appears 3-4 days after the onset of fever. Since there is no vaccine or specific treatment available, prevention is important.

The mosquitoes that carry Dengue Fever are active at dusk and dawn, but may feed at any time during the day, especially in doors, in shady areas, or when the weather is cloudy. The risk of contracting Dengue is greater in urban areas and lower in rural areas or in high altitude areas (above 4,500 feet).

Travelers can reduce their risk of exposure to Dengue Fever by taking the following steps to protect themselves from mosquitoes.

- Use insect repellent containing DEET or Picaridin. DEET concentrations of 30% to 50% are effective for several hours. Picaridin, available in 7% and 15% concentrations, needs to be applied more frequently. (Note: apply any needed sunscreen before applying insect repellent)
- It may be useful to spray insecticide indoors where the *Aedes* mosquito like to linger, e.g. closets, behind curtains, under the bed, etc.
- Wear lightweight long pants and long-sleeved shirts when outdoors
- Stay in hotels or resorts that are air conditioned. If air conditioning is not available, staying in well-screened rooms can reduce contact with mosquitoes.

### **MALARIA**

Risk to Malaria is very limited, therefore prophylactic treatment is not recommended for most travelers to Mexico. Travelers should use the following personal protective measures:

- Due to the mosquito's nocturnal feeding habit, risk of malaria transmissions is greatest between dusk and dawn. Thus, travelers are advised to reduce contact with mosquitoes during that time. Remaining in well-screened areas, using mosquito nets and wearing clothes that cover most of the body best accomplish this. Additionally, insect repellent containing N.N. diethylmetatoluamide (DEET) should be used on exposed areas of skin. A pyrethrin containing insect spray should be used in living and sleeping areas during evening and nighttime hours. These products should be included with your travel supplies.

Malaria is always a serious disease and may be a deadly illness. If you become ill with a fever or flu-like illness either while traveling in a malaria-risk area or after you return home (for up to 1 year), you should seek immediate medical attention and should tell the

physician your travel history.

**After You Return From Your Trip:**

- Monitor your health.
- If you become ill with fever and develop a cough or difficulty breathing or if you develop any illness during this 10-day period, consult a health-care provider. When visiting the health care setting, tell the provider where you have traveled, what you did, how long you stayed, what you ate and drank and if you recall being bitten by insects.

**We hope you find this information helpful.**

- If you have questions, please contact the UW-GB Counseling & Health Center, 465-2380.
- More information is also available at [www.cdc.gov](http://www.cdc.gov) where you can look under “Travelers Health”. It is also advised to refer to the information provided at <http://travel.state.gov>.

## **WHAT IS MALARIA?**

Malaria is an illness caused by a protozoan and transmitted by the bite of an infected female Anopheles mosquito. The disease is characterized by “flu-like” symptoms including fever, chills, headache, muscle aches and malaise. Complications such as anemia, jaundice, kidney failure, coma and death may occur.

Malaria is always a serious disease and may be a deadly illness. If you become ill with a fever or flu-like illness either while traveling in a malaria-risk area or after you return home (for up to 1 year), you should seek immediate medical attention and should tell the physician your travel history.

## **PERSONAL PROTECTION MEASURES**

Due to the mosquito’s nocturnal feeding habit, risk of malaria transmissions is greatest between dusk and dawn. Thus, travelers are advised to reduce contact with mosquitoes during that time. Remaining in well-screened areas, using mosquito nets and wearing clothes that cover most of the body best accomplish this. Additionally, insect repellent containing N,N. diethylmetatoluamide (DEET) should be used on exposed areas of skin. A pyrethrin containing insect spray should be used in living and sleeping areas during evening and nighttime hours. These products should be included with your travel supplies.

## **CHEMOPROPHYLAXIS**

For non-resistant forms of malaria, Aralen (chloroquine) a 500 mg oral tablet is taken weekly (same day each week) for one week prior to entering a malarious area, each week while in the area and for 4 weeks after leaving the malarious area.

## **CONTRAINDICATIONS**

- Acute illness with systemic disease, i.e., rheumatoid arthritis, lupus erythematosus
- Other potentially hemolytic drugs
- Acute visual disturbance (retinopathy)
- Glucose - 6 - phosphate dehydrogenase-Pregnancy
- Psoriasis

## **SIDE EFFECTS**

- Short-term treatment (less than 6 years cumulative) rarely causes serious side effects.
- Minor side effects include: gastrointestinal disturbances (GI), headache, dizziness, blurred vision and pruritus.
- If GI disturbances occur, try taking the dose with food or split into 2 doses and taken them on different days.

Aralen should be stored in childproof containers out of the reach of children.

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Information compiled from “Health Information for International Travel”, 2008, Centers for Disease Control, Atlanta, GA. [www.cdc.gov](http://www.cdc.gov)