

HEALTH HINTS FOR THE INTERNATIONAL TRAVELER

INTRODUCTION

This section includes practical information on how to avoid potential health problems. Some of these recommendations are common-sense precautions; others have been scientifically documented. Personal and specific preventive measures against certain diseases may require advance planning and advice from a physician concerning immunization and prophylaxis. If more specific information is needed, travelers should contact their local health department or physician. Travelers who take prescription medications should carry an adequate supply accompanied by a signed and dated statement from a physician; the statement should indicate the major health problems and dosage of such medications, to provide information for medical authorities in case of emergency. The traveler should take an extra pair of glasses or lens prescription, and a card, tag, or bracelet that identifies any physical condition that may require emergency care.

IF MEDICAL CARE IS NEEDED ABROAD

If medical care is needed abroad, travel agents or the American Embassy or Consulate can usually provide names of hospitals, physicians, or emergency medical service agencies. Prior to departure, travelers should contact their own insurance companies concerning their coverage.

MOTION SICKNESS

Travelers with a history of motion sickness or seasickness can attempt to avoid symptoms by taking anti-motion sickness pills or antihistaminic before departure.

HANDICAPPED AIR TRAVELERS

The Airport Operators Council International, Incorporated publishes "Access Travel: A Guide to Accessibility of Terminals." The 40-page guide lists design features, facilities, and services for handicapped persons in 472 airport terminals in over 50 countries. Single copies are available at no cost from the Architectural and Transportation Barriers Compliance Board. For a copy, write Access America, Washington, DC 20202-2101.

THE POST-TRAVEL PERIOD

Some diseases may not manifest themselves immediately. If travelers become ill after they return home, they should tell their physician where they have traveled. Most persons who acquire viral, bacterial, or parasitic infections abroad become ill within 6 weeks after returning from international travel. However, some diseases may not manifest themselves immediately, e.g., malaria may not cause symptoms for as long as 6 months to a year after the traveler returns to the United States. It is recommended that a traveler always advise a physician of the countries visited within the 12 months preceding onset of illness.

Knowledge of such travel and the possibility the patient may be ill with a disease the physician rarely encounters will help the physician arrive at a correct diagnosis.

RISKS FROM FOOD AND DRINK

Contaminated food and drink are common sources for the introduction of infection into the body. Among the more common infections that travelers may acquire from contaminated food and drink are Escherichia coli infections, shigellosis or bacillary dysentery, giardiasis, cryptosporidiosis, and hepatitis A. Other less common infectious disease risks for travelers include typhoid fever and other salmonellosis, cholera, infections caused by rotaviruses and Norwalk-like viruses, and a variety of protozoan and helminth parasites (other than those that cause giardiasis and cryptosporidiosis). Many of the infectious diseases transmitted in food and water can also be acquired directly through the fecal-oral route.

Water

Water that has been adequately chlorinated, using minimum recommended water-works standards as practiced in the United States, will afford significant protection against viral and bacterial waterborne diseases. However, chlorine treatment alone, as used in the routine disinfection of water, may not kill some enteric viruses and the parasitic

organisms that cause giardiasis and amebiasis. In areas where chlorinated tap water is not available, or where hygiene and sanitation are poor, travelers should be advised that only the following might be safe to drink:

1. Beverages, such as tea and coffee, made with boiled water.
2. Canned or bottled carbonated beverages, including carbonated or bottled water and soft drinks.
3. Beer and wine.

Where water may be contaminated, ice (or containers for drinking) also should be considered contaminated. Thus, in these areas ice should not be used in beverages. If ice has been in contact with containers used for drinking, the containers should be thoroughly cleaned, preferably with soap and hot water, after the ice has been discarded.

It is safer to drink directly from a can or bottle of a beverage than from a questionable container. However, water on the outside of cans or bottles of beverages might be contaminated. Therefore, wet cans or bottles should be dried before being opened, and surfaces which are contacted directly by the mouth in drinking should first be wiped clean. Where water may be contaminated, travelers should avoid brushing their teeth with tap water.

Treatment of Water

Boiling is by far the most reliable method to make water of uncertain purity safe for drinking. Water should be brought to a vigorous boil and allowed to cool to room temperature--do not add ice. At very high altitudes, for an extra margin of safety, boil for several minutes or use chemical disinfection. Adding a pinch of salt to each quart, or pouring the water several times from one container to another will improve the taste.

Chemical disinfection with iodine is an alternative method of water treatment when it is not feasible to boil water. Two well-tested methods for disinfection with iodine are the use of tincture of iodine (Table 18), and the use of tetraglycine hydroperiodide tablets (Globaline, Potable-Aqua, Coghlan's*, etc.) The tablets are available from pharmacies and sporting goods stores. The manufacturer's instructions should be followed. If water is cloudy, the number of tablets should be doubled; if water is extremely cold, an attempt should be made to warm the water, and the recommended contact time should be increased to achieve reliable disinfection. Cloudy water should be strained through a clean cloth into a container to remove any sediment or floating matter, and then the water should be treated with heat or iodine. Chlorine, in various forms, has also been used for chemical disinfection. However, its germicidal activity varies greatly with pH, temperature, and organic content of the water to be purified, and is less reliable than iodine.

There are a variety of portable filters currently on the market which according to the manufacturers' date will provide safe drinking water. Although the iodide-impregnated resins and the microstrainer type filters will kill and/or remove many microorganisms, there are very few published reports in the scientific literature dealing both with the methods used and the results of the tests employed to evaluate the efficacy of these filters, CDC makes no recommendation regarding their use. As a last resort, if no source of safe drinking water is available or can be obtained, tap water that is uncomfortably hot to touch is usually safe. After allowing such hot water to cool to room temperature in a thoroughly cleaned container, it may be used for brushing teeth, as well as for drinking.

TABLE 18. Treatment of Water with Tincture of Iodine

Type of Water:	Number of Drops:*
Clear water**	5
Cold or cloudy water ***	10

*1 drop Tincture of Iodine = 0.05 ml (added per quart or liter - from medicine chest or first aid kit)

**Let stand for 30 minutes. Water is then safe to use.

***Very turbid or very cold water may require prolonged contact time; let stand up to several hours prior to use, if possible.

Food

To avoid illness, food should be selected with care. All raw food is subject to contamination. Particularly in areas where hygiene and sanitation are inadequate, the traveler should be advised to avoid salads, uncooked vegetables, unpasteurized milk and milk products, such as cheese, and to eat only food that has been cooked and is still hot, or fruit that has been peeled by the traveler. Undercooked and raw meat, fish, and shellfish may carry various intestinal pathogens. The easiest way to guarantee a safe food source for an infant less than 6 months of age is to have the child breast-feed. If the infant has already been weaned from the breast, formula prepared from commercial powder and boiled water is the safest and most practical food. Some species of fish and shellfish can contain poisonous biotoxins, even when well cooked. The most common type of fish poisoning in travelers is ciguatera fish poisoning. Red snapper, grouper, barracuda, amberjack, sea bass, and a wide range of tropical reef

fish contain the toxin at unpredictable times. The potential for ciguatera poisoning exists in all subtropical and tropical insular areas of the West Indies, Pacific and Indian Oceans where the implicated fish species are consumed.

TRAVELERS' DIARRHEA

Epidemiology

Travelers' diarrhea (TD) is a syndrome characterized by a twofold or greater increase in the frequency of unformed bowel movements. Commonly associated symptoms include abdominal cramps, nausea, bloating, urgency, fever, and malaise. Episodes of TD usually begin abruptly, occur during travel or soon after returning home, and are generally self-limited. The most important determinant of risk is the destination of the traveler. Attack rates in the range of 20 to 50 percent are commonly reported. High-risk destinations include most of the developing countries of Latin America, Africa, the Middle East, and Asia. Intermediate risk destinations include most of the Southern European countries and a few Caribbean islands. Low risk destinations include Canada, Northern Europe, Australia, New Zealand, the United States and a number of the Caribbean islands. TD is slightly more common in young adults than in older people. The reasons for this difference are unclear, but may include a lack of acquired immunity, more adventurous travel styles, and different eating habits. Attack rates are similar in men and women. The onset of TD is usually within the first week, but may occur at any time during the visit, and even after returning home. TD is acquired through ingestion of fecally contaminated food and/or water. Both cooked and uncooked may be implicated if improperly handled. Especially risky foods include raw meat, raw seafood, and raw fruits and vegetables. Tap water, ice, and unpasteurized milk and dairy products may be associated with increase risk of TD; safe beverages include bottled carbonated beverages (especially flavored beverages), beer, wine, hot coffee or tea, or water boiled or appropriately treated with iodine or chlorine. The eating place appears to be an important variable, with private homes, restaurants, and street vendors listed in order of increasing risk. TD typically results in four to five loose or watery stools per day. The median duration of diarrhea is 3 to 4 days. Ten percent of the cases persist longer than 1 week, approximately 2 percent longer than 1 month, and less than 1 percent longer than 3 months. Persistent diarrhea is thus quite uncommon and may differ considerably from acute TD with respect to etiology and risk factors. Travelers may experience more than one attack of TD during a single trip. Approximately 15 percent experience vomiting, and 2 to 10 percent may have diarrhea accompanied by fever or bloody stools, or both. Rarely is TD life threatening.

Etiology

Infectious agents are the primary cause of TD. Travelers from industrialized countries to developing countries frequently develop a rapid, dramatic change in the type of organisms in their gastrointestinal tract. These new organisms often include potential enteric pathogens. Those who develop diarrhea have ingested an inoculum of virulent organisms sufficiently large to overcome individual defense mechanisms, resulting in symptoms.

Enteric Bacterial Pathogens

Enterotoxigenic *Escherichia coli* (ETEC) are the most common causative agents of TD in all countries where surveys have been conducted. *Salmonella gastroenteritis* is a well-known disease that occurs throughout the world. In the industrialized nations, the large group of organisms is the most common cause of outbreaks of food-associated diarrhea. In the developing countries, the proportion of cases of TD caused by salmonellae varies but is not high. Salmonellae also can cause dysentery characterized by bloody mucus-containing small-volume stools. *Shigellae* are well known as the cause of bacillary dysentery. However, few of the infected travelers have dysentery, but most have watery diarrhea. The shigellae caused TD in about 5 to 15 percent of travelers in the few countries that have been studied.

Campylobacter jejuni is a common cause of diarrhea throughout the world. Recent, limited data have shown that *C. jejuni* is responsible for a small percentage of the reported cases of TD, some with bloody diarrhea. Additional studies are needed to determine how frequently it causes TD. *Vibrio parahaemolyticus* is associated with ingestion of raw or poorly cooked seafood and has caused TD in passengers on Caribbean cruise ships and in Japanese people traveling in Asia. How frequently it causes disease in other areas of the world is unknown. Other potential bacterial pathogens include *Aeromonas hydrophila*, *Yersinia enterocolitica*, *Plesiomonas shigelloides*, *Vibrio cholerae* (non-01), and *Vibrio fluvialis*.

Viral Enteric Pathogens--Rotavirus and Norwalk-like Virus

Along with the newly acquired bacteria, the traveler may also acquire many viruses. In six studies, for example, 0 to 36 percent of diarrheal illnesses (median 22 percent) were associated with rotaviruses in the stools. However, a comparable number of asymptomatic travelers also had rotaviruses, and up to 50 percent of symptomatic persons with rotavirus infections also had non viral pathogens. Ten to fifteen percent of travelers develop serologic evidence of infection with Norwalk-like viruses. The role of adenoviruses, astroviruses, coronaviruses, enteroviruses, or other viral agents in causing TD are even less clear. although travelers commonly acquire viruses, they do not appear to be frequent cause of TD in adults.

Parasitic Enteric Pathogens

The new studies that have included an examination for parasites reveal that 0 to 9 percent have *Giardia lamblia* or *Entamoeba histolytica*. Cryptosporidium has recently been recognized in sporadic cases of TD. *Dientamoeba fragilis*, *Isospora belli*, *Balantidium coli*, or *Strongyloides stercoralis* may cause occasional cases of TD. While not major causes of acute TD, these parasites should be sought in persisting, unexplained cases.

Unknown Causes

No data have been presented to support noninfectious causes of TD such as changes in diet, jet lag, altitude, and fatigue. Current evidence indicates that in all but a few instances e.g., drug-induced or preexisting gastrointestinal disorders an infectious agent or agents cause diarrhea in tourists. However, even with the application of the best current methods for detecting bacteria, viruses, and parasites, in various studies 20 to 50 percent of cases of TD remain without recognized etiologies.

Prevention

There are four possible approaches to prevention of TD. They include instruction regarding food and beverage preparation, immunization, use of nonantimicrobial medications, and prophylactic antimicrobial drugs. Data indicate that meticulous attention to food and beverage preparation, as mentioned above can decrease the likelihood of developing TD. Most travelers, however, encounter great difficulty in observing the requisite dietary restrictions. No available vaccines and none that are expected to be available in the next 5 years are effective against TD. Several antimicrobial agents have been advocated for prevention of TD. Available controlled studies indicate that prophylactic use of difenoxine, the active metabolite of diphenoxylate (Lomotil*), actually increases the incidence of TD in addition to producing other undesirable side effects. No antiperistaltic agents, e.g., Lomotil* and Imodium* are effective in preventing TD. No data support the prophylactic use of activated charcoal. Bismuth subsalicylate, taken in liquid form as the active ingredient of Pepto-Bismol* (2 oz. four times daily), has decreased the incidence of diarrhea by 60 percent in one study. Available data are not extensive enough to exclude a risk to the traveler from the use of such large doses of bismuth subsalicylate over a period of several weeks. In patients already taking salicylates for arthritis, large concurrent doses of bismuth subsalicylate can produce toxic serum concentrations of salicylate. On the basis of its modes potential benefit achieved with large doses, together with its uncertain risks, bismuth subsalicylate is not recommended for prophylaxis of TD. Controlled data are available on the prophylactic value of several antimicrobial drugs, Enterovioform* and related halogenated hydroxyquinoline derivatives e.g., clioquinol, iodoquinol, Mexaform*, Intestopan*, and others, are not helpful in preventing TD, may have serious neurological side effects, and should never be used for prophylaxis of TD. Carefully controlled studies have indicated that two agents, doxycycline or TMP/SMX or TMP alone in several million travelers must be weighed against the potential drawbacks. The known risks include allergic and other side effects (such as common skin rashes, photosensitivity of the skin, blood disorders, Stevens-Johnson syndrome and staining of the teeth in children) as well as other infections that may be induced by antimicrobial therapy (such as antibiotic-associated colitis, *Candida vaginitis*, and *Salmonella enteritis*). Because of the uncertain risk of widespread administration of these antimicrobial agents, their prophylactic use is not recommended. Nor is there any basis for recommending their use prophylactically for special groups of travelers. Furthermore, there is no documented evidence that there are any groups of disease entities that are worsened sufficiently by an episode of TD to risk the rare undesirable side effects of prophylactic antimicrobial drugs. **On the basis of apparent risk/benefit ratios, prophylactic antimicrobial agents are not recommended for travelers.** Available data support only the recommendation that travelers be instructed in regard to sensible dietary practices as a prophylactic measure. This recommendation is justified by the excellent results of early treatment of TD as outlined below. Some travelers may wish to consult with their physician and may elect to use prophylactic antimicrobial agents for travel under special circumstances, once the risks and benefits are clearly understood.

Treatment

Individuals with TD have two major complaints for which they desire relief--abdominal cramps and diarrhea. Many agents have been proposed to control these symptoms, but few have been demonstrated to be effective by rigorous clinical trials.

Nonspecific Agents

A variety of "adsorbents" have been used in the treatment of diarrhea. For example, activated charcoal has been found to be ineffective in the treatment of diarrhea. Kaolin and pectin have been widely used for diarrhea. The combination appears to give the stools more consistency but has not been shown to decrease cramps and frequency of stools or to shorten the course of infectious diarrhea. Lactobacillus preparations and yogurt have also been advocated, but no evidence supports these treatment for TD.

Bismuth subsalicylate preparation (1 oz. every 30 minutes for eight doses) decreased the rate of stooling by one-half in a study of travelers with diarrhea when compared with a placebo group. However, there was no difference between the two groups in stool output in the first 4 hours of the study. There is concern about taking, without supervision, large amounts of bismuth and salicylate, especially in individuals who may be intolerant to salicylates, who have renal insufficiency, or who take salicylates for other reasons.

Antimotility Agents

Antimotility agents are widely used in the treatment of diarrhea of all types. Natural opiates (paregoric, deodorized tincture of opium, and codeine) have long been used to control diarrhea and cramps. Synthetic agents, diphenoxylate and loperamide, come in convenient dosage forms and provide prompt symptomatic but temporary relief. However, they should not be used in patients with high fever or with blood in the stool. These drugs should be discontinued if symptoms persist beyond 48 hours. Diphenoxylate and loperamide should not be used in children under the age of 2.

Antimicrobial Treatment

Travelers who develop diarrhea with three or more loose stools in an 8-hour period, especially if associated with nausea, vomiting, abdominal cramps, fever, or blood in the stools, may benefit from antimicrobial treatment. Effective antimicrobial agents can often shorten a typical 3- to 5-day illness to 1 to 1 1/2 days. Those best studied to date are daily TMP/SMX (160 mg TMP and 800 mg SMX) or TMP alone, 200 mg taken twice daily. Preliminary evidence suggests that doxycycline, taken 100 mg twice daily, is also effective. Three days of treatment is recommended, although 2 days or fewer may be sufficient. Nausea and vomiting without diarrhea should not be treated with antimicrobial drugs. Travelers should consult a physician, rather than attempt self-medication, if the diarrhea is severe or does not resolve within several days; if there is blood and/or mucus in the stool; if fever occurs with shaking chills; or if there is dehydration with persistent diarrhea.

Oral fluids

Most cases of diarrhea are self-limited and require only simple replacement of fluids and salts lost in diarrheal stools. Fluid and electrolyte balance can be maintained by potable fruit juices, soft drinks preferable caffeine-free, and salted crackers. Iced drinks and noncarbonated bottled fluids made from water of uncertain quality should be avoided. Travelers may prepare their own fruit juice from fresh fruit. A good formula for the treatment of the more common diarrheal diseases is provided in Table 19. This formula can be used whether or not anti-diarrheal drugs are taken. Individuals with severe dehydration may require special fluid and electrolyte replacement in the form of oral replacement solutions such as those recommended by the World Health Organization.

TABLE 19. Formula for Treatment of Diarrheal Disease

Prepare 2 separate glasses of the following:

Glass Number 1:

Orange, apple, or other fruit juice (rich in potassium)	8 ounces
Honey or corn syrup (contains glucose necessary for absorption of essential salts)	1/2 teaspoon
Salt, table (contains sodium and chloride)	1 pinch

Glass Number 2:

Water	8 ounces
Soda, Baking (contains sodium bicarbonate)	1/4 teaspoon

Drink alternately from each glass until thirst is quenched. Supplement as desired with carbonated beverages, water, or tea made with boiled or carbonated water. Avoid solid foods and milk until recovery occurs. It is important that infants continue breast-feeding and receive water as desired while receiving these salt solutions.

SEXUALLY TRANSMITTED DISEASES

International travelers are at risk of contracting sexually transmitted diseases (STD) if they choose new sexual partners who have a high incidence of these diseases. Travelers should be aware that the risk of STD is high in some areas of the world. HIV infections and AIDS have become a global health problem and the prevalence of these diseases in the high risk groups continues to escalate. Also of concern are the antibiotic-resistant STD agents particularly penicillinase-producing (penicillin-resistant) strains of *Neisseria gonorrhoea* (PPNG). Countries in Southeast Asia (especially the Philippines, Republic of Korea, Singapore, and Thailand) and in East and West Africa (especially Cote d'Ivoire, Ghana, Kenya, and Nigeria) are believed to have a high PPNG prevalence. Although information is limited, PPNG seems to be increasing in incidence in the Caribbean area and may be a problem in a number of countries in Central and South America.

To reduce the risk of STD, travelers should avoid multiple partners, anonymous partners, prostitutes, and other persons who have multiple sex partners. If they choose to have intercourse, travelers should avoid sexual contact with anyone who has a genital discharge, genital warts, genital herpes lesions or other suspicious genital lesions, AIDS or evidence of HIV infection; avoid anal contact to prevent rectal and enteric infections; and avoid genital contact with oral "cold sores." During intercourse, males should use condoms and female travelers should not only use diaphragms in combination with spermicide, but insist that their male partners use condoms. Exposure to any of the high-risk situations listed above, especially if symptoms develop, should prompt travelers to be examined immediately by a qualified physician and, if necessary, to receive appropriate treatment.

ENVIRONMENTAL EFFECTS

International travelers may be subject to certain stresses that may lower resistance to disease, such as crowding, disruption of usual eating and drinking habits, and time changes with "jet lag" contributing to a disturbed pattern of the sleep and wakefulness cycle. These conditions of stress can lead to nausea, indigestion, fatigue, or insomnia. Complete adaptation depends on the number of time zones crossed but may take a week or more. Heat and cold can be directly or indirectly responsible for some diseases and can give rise to serious skin conditions. Dermatophytoses such as athlete's foot are often made worse by warm, humid conditions. Excessive heat and humidity alone, or immoderate activity under those conditions, may lead to heat exhaustion due to salt and water deficiency and to the more serious heat stroke or hyperthermia. The ultraviolet rays of the sun can cause severe and very debilitating sunburn in lighter-skinner persons. Excessive cold affects persons who may be inadequately dressed and particularly the elderly; it can lead to hypothermia and to frost-bite of exposed parts of the body. Breathing and swallowing dust when traveling on unpaved roads or in arid areas may be followed by nausea and malaise, and may cause increased susceptibility to infections of the upper respiratory tract. Traveling in high altitudes may lead to insomnia, headache, nausea, and altitude sickness even in young and healthy persons, and can cause distress to those with cardiac or pulmonary conditions. Individual susceptibility to acute mountain sickness is highly variable. Travelers who are at greatest risk are those who ascend rapidly to tourist sites in the Andes and the Himalayas. Acetazolamide has been shown, under both simulated and actual climbing conditions, to hasten the process of acclimatization to high altitudes. The recommended dosage to prevent acute mountain sickness is 250 mg every 8-

12 hours, with medication initiated 24-48 hours before, and continued during ascent. Individuals who are allergic to sulfonamides should not take Acetazolamide.

ACCIDENTS

The major causes of serious disability or loss of life are not infectious. Trauma caused by accidents, particularly automobile accidents, leads the list. Most vehicle accidents are preventable or can be abated. In developing areas, roads are generally not as well engineered as in developed areas and road hazards are common. Defensive driving is the most important preventive measure. When an option is available, use safety belts. As a high proportion of accidents occur at night when returning from "social events," avoid non-essential night-time driving, alcohol, and driving with persons who are obviously under the influence of alcohol or drugs. Pedestrian travel is sometimes risky in the poorly regulated traffic common in developing countries. Other major accidents include drowning, carbon monoxide poisoning, electric shocks, and drug reactions from exposure to dangerous drugs. Protection against some potentially hazardous drugs is nonexistent in some countries. Do not buy medications "over the counter unless you are familiar with the product.

SWIMMING

Swimming in contaminated water may result in skin, eye, ear and certain intestinal infections, particularly if the swimmer's head is submerged. Generally only pools that contain chlorinated water can be considered safe places to swim. In certain areas, fatal primary amebic meningoencephalitis has occurred following swimming in warm dirty water. Swimmers should avoid beaches that might be contaminated with human sewage, or with dog feces. Wading or swimming should be avoiding in freshwater streams, canals, and lakes liable to be infested with the snail hosts of schistosomiasis (bilharziasis) or contaminated with urine from animals infected with *Leptospira*. Biting and stinging fish and corals and jelly fish may provide a hazard to the swimmer.

ANIMAL-ASSOCIATED HAZARDS

Animals in general tend to avoid human beings, but they can attack, particularly if they are with young. In areas of endemic rabies, domestic dogs, cats, or other animals should not be petted. Wild animals should be avoided. The bites, stings, and contact of some insects cause unpleasant reactions. Many insects also transmit communicable diseases. Some insects can bite and transmit disease without the person being aware of the bite. Insect repellents, protective clothing, and mosquito netting may be advisable in many parts of the world. Poisonous snakes are hazards in many areas. They tend to be active at night and bite as a defensive reaction. As a precaution, boots may be worn when walking outdoors at night in snake-infested areas. There are antivenoms against the effects of most poisonous snakes, but these may not be readily available in all areas. Bites from scorpions may be painful but seldom are dangerous except possibly in infants. In general, exposure to bites can be avoided by sleeping under mosquito nets and by shaking clothing and shoes before putting them on, particularly in the morning. Snakes and scorpions tend to rest in shoes and clothing.

Source: Centers for Disease Control and Prevention. Atlanta: U.S. Department of Health and Human Services, Public Health Service. (<http://www.cdc.gov/travel/yb/toc.htm>)

TRAVEL HEALTH RESOURCES

For additional travel health resources, you may contact the references below for up-to-date information about travel health concerns, illnesses and immunization requirements for international travelers.

Centers for Disease Control and Prevention

1600 Clifton Road, NE

Atlanta, GA 30333

(404) 639-3311 (CDC Operator)

(800) 311-3435 (CDC Public Inquiries)

Website: <http://www.cdc.gov>

Shoreland's Travel Health On-Line

Website: <http://www.tripprep.com>

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