Tourism is one of the world’s largest and fastest growing export sectors, contributing to 9% of the global GDP, and accounts for one in eleven jobs worldwide. – World Travel Organization

Travelers’ diarrhea (TD) is the most predictable travel-related illness. Attack rates range from 30% to 70% of travelers, depending on the destination and season of travel. - CDC

Are you travelling for adventure, work, academic or professional reasons? Whatever the purpose of you going out for a journey, travelling entails saving money for tickets, hotel booking and at the same time planning destination and itineraries. But have you considered seeing a doctor before leaving? Seeing your doctor before traveling means making sure you are best prepared for preventing or managing illness and accidents while away from home. It is also ensuring you understand the various health risks in your destination of choice and know how to avoid or minimize the threats. It may also involve being protected through vaccinations, or using special medications to avoid diseases. Your physician might also suggest travelling with a designated traveler’s medical kit containing prescription medications to treat common traveler’s illness early and preventing serious disease.
PRE-TRAVEL MEDICAL CONSULTATION

Effective pre-travel consultation require attention to the health background of the traveler including the itinerary, trip duration, purpose of travel and activities. It offers a dedicated time to prepare travelers for the health concerns that might arise during their trips. The pre-travel consultation aims to perform an individual risk assessment, educate travelers regarding anticipated health risks and methods for prevention and to provide immunization for vaccine-preventable diseases, medications for prophylaxis and self-treatment or both.

In the latest guideline set by the World Health Organization, travelers intending to visit a destination in a developing country should consult a travel medicine clinic or medical practitioner ideally at least 8-4 weeks before the journey and suggested earlier if long-term travel or overseas work is foreseen. But even a last minute checkup will also benefit the traveler.

RISK ASSESSMENT

Travel health advice is personalized depending on the traveler’s designation highlighting the likely exposures and also reminding the traveler of pervasive hazards such as injury, disease from food and water, diseases from animals and insects, respiratory tract infections and other infectious diseases.

Your travel medicine doctor or family medicine physician will require necessary information to do the pre-travel risk assessment. The table below summarizes the details your doctor will require from you.
# Health Background

## Past Medical History
- Age
- Gender
- Underlying Conditions like Diabetes, Hypertension
- Allergies (especially pertaining to vaccines, egg and latex)
- If you are taking any medications

## Immunization History
- Routine Vaccines
- Travel Vaccines

## Special Conditions
- Pregnancy
- Breastfeeding
- Disability
- Immunocompromising conditions or medications
- Older Age
- Mental Illness or Psychiatric Condition
- Seizure Disorder
- Recent Surgery
- Recent Cardiopulmonary Event
- Recent Cerebrovascular Event
- History of Guillain-Barre Syndrome or muscle weakness

## Prior Travel Experience
- Experience with malaria chemoprophylaxis
- Experience with altitude
- Illnesses related to prior travel
## TRIP DETAILS

| **Itinerary** | Countries and Specific Regions, Including Order of Countries if More than 1 Destination<br>Rural or Urban |
| **Timing** | Trip Duration<br>Season of Travel<br>Time of Departure |
| **Reason For Travel** | Tourism<br>Business<br>Visiting Friends and Relatives<br>Volunteer, Missionary or Aid Work<br>Research or Education<br>Pilgrimage<br>Adoption<br>Seeking Healthcare (Medical Tourism) |
| **Travel Style** | Independent Travel or Package Tour<br>Propensity for “Adventurous Eating”<br>Traveler Risk Tolerance<br>General Hygiene Standards at Destination<br>Modes of Transportation<br>Accommodations Such as Tourist or Luxury Hotel, Guest House, Hostel or Budget Hotel, Dormitory, Local Home or Host Family or Tent |
| **Special Activities** | Disaster Relief<br>Medical Care (providing or receiving)<br>High Altitude<br>Diving<br>Cruise Ship<br>Rafting or Other Water Exposure<br>Cycling<br>Extreme Sports<br>Spelunking or Exploration of Caves<br>Anticipated Interactions with Animals |
MANAGING THE RISKS

Immunizations are critical element of pre-travel consultations. According to the CDC, vaccination is the first step toward staying healthy while traveling. The purpose of travel and specific destination within a country will inform the need for a particular vaccine. Travelers should receive a record of immunizations administered and instructions to follow-up as needed to complete a vaccine series. Some countries will not let you enter their territory if you have not received a yellow fever vaccine for instance. Check if the country you are traveling to requires proof of yellow fever vaccine. Only a registered provider can offer this vaccine, and you must get it at least 10 days before travel.

Another pre-travel consultation focus for many destinations is the prevention of Malaria. Malaria is a mosquito-borne disease (transmitted by the bite of an infected mosquitoes) caused by a Plasmodium parasite. Signs and symptoms include fever, chills, and flu-like illness. According to the latest statistics of the CDC, in 2015 an estimated 212 million cases of malaria occurred worldwide and 429,000 people died, mostly children in the African Region. About 1,700 cases of malaria are diagnosed in the United States each year. The vast majority of cases in the United States are in travelers and immigrants returning from countries where malaria transmission occurs, many from sub-Saharan Africa and South Asia. It is important to discuss malaria transmission, ways to reduce risks and recommendations for prophylaxis with your doctor.
Additionally, travelers with underlying medical condition require attention to their health issues as they relate to the destination and activities. Air travel is contraindicated for certain conditions; pregnancy beyond 36 weeks and infants less than 48 hours are not allowed to travel by some airlines. Air travel is also contraindicated with certain conditions like uncomplicated myocardial infarction or MI less than 3 weeks and less than 10 days after thoracic or abdominal surgery. Travelers with medical condition may require them to bring medical report or medications when the need to use it arises. For example, a traveler known to be with asthma may exacerbate during a trip in a polluted city. Any allergies or serious medical conditions should be identified on a bracelet or a card to perform medical care in emergency situations.
TRAVEL VACCINES INFORMATION

CHOLERA
Cases in travelers have occurred recently in association with travel to the Dominican Republic and Haiti.

HEPATITIS A
Cases of travel-related hepatitis A can occur in travelers to developing countries with “standard” tourist itineraries, accommodations, and eating behaviors. Risk is highest for those who live in or visit rural areas, trek in backcountry areas, or frequently eat or drink in settings of poor sanitation.

JAPANESE ENCEPHALITIS
Travelers who go to Asia are at risk for getting Japanese encephalitis. You are at higher risk if you are traveling to rural areas, will be outside frequently, or will be traveling for a long period of time. In mild climates in northern Asia the risk for JE is greater in the summer and fall. In tropical and subtropical areas, there is a risk year-round.

RABIES
Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal.
The pre-travel consultation also remind travelers of basic health practices during travel, including frequent handwashing, wearing seatbelts, and using car seats for infants and children. Advice on self-treatable conditions may minimize the need for travelers to seek medical care while abroad and possibly lead to faster return to good health.
MAJOR TOPICS OF DISCUSSION DURING PRE-TRAVEL CONSULTATION

The pre-travel consultation also remind travelers of basic health practices during travel, including frequent handwashing, wearing seatbelts, and using car seats for infants and children. Advice on self-treatable conditions may minimize the need for travelers to seek medical care while abroad and possibly lead to faster return to good health.

IMMUNIZATIONS

- Review routine immunizations and those travel immunizations indicated for the specific itinerary and based on the traveler’s medical history.
- Discuss utility of titers when records are unavailable or unreliable, particularly for measles, mumps, rubella, and hepatitis A.
- Screen for chronic Hepatitis B for people born in countries with HBsAg prevalence ≥2%.
- Discuss indications for, effectiveness of, and adverse reactions to immunizations.

MALARIA CHEMOPROPHYLAXIS

- Determine if there is a risk of malaria.
- Discuss personal protective measures.
- Discuss risks and benefits of chemoprophylaxis and recommended choices of chemoprophylaxis for the itinerary.

OTHER VECTOR-BORNE DISEASES

- Define risk of disease in specific itinerary and insect precautions as needed.

RESPIRATORY ILLNESSES

- Discuss areas of particular concern (such as avian influenza in Asia or MERS in the Arabian Peninsula).
- Consider influenza treatment for high-risk travelers.

TRAVELERS’ DIARRHEA

- Recommend strategies to decrease risk of diarrhea.
- Discuss antibiotics for self-treatment, adjunct medications such as loperamide, and staying hydrated.
ALTITUDE ILLNESS

- Determine if the itinerary puts the traveler at risk of altitude illness.
- Discuss preventive measures such as gradual ascent, adequate hydration, and medications to prevent and treat.

OTHER ENVIRONMENTAL HAZARDS

- Caution travelers to avoid contact with animals to reduce the potential for bites and scratches that can transmit rabies.
- Advise travelers to avoid walking barefoot to avoid certain parasitic infection.
- Advise travelers to avoid wading or swimming in freshwater where there is risk for schistosomiasis or leptospirosis.
- Remind travelers to apply sunscreen to skin exposed to the sun.

PERSONAL SAFETY

- Discuss precautions travelers can take to minimize risks specific to the trip, such as traffic accidents, alcohol excess, personal assault, robbery, or drowning.
- Provide information on travel health and medical evacuation insurance.
- Advice travelers to look for security bulletins related to their destination and consider areas to avoid.

SEXUAL HEALTH AND BLOODBORNE PATHOGENS

- Caution the traveler to avoid activities that can lead to sexually transmitted infections, unwanted pregnancy, or bloodborne infections.
- Remind travelers to use condoms if they do have sex.
- Inform travelers who will provide health care overseas what to do in case of needlestick or bloodborne pathogen exposure.

DISEASE-SPECIFIC COUNSELING

- Remind travelers to hand carry medications and supplies.
- Advise travelers to prepare for exacerbations or complications from underlying disease.
SELF-TREATABLE CONDITIONS

Obtaining reliable and timely medical care during travel can be difficult in many destinations. As a result, recommending certain medicines in advance can allow the traveler to self-diagnose and treat common health complications. With some activities in remote locations where medical treatment is almost impossible, the only substitute to self-treatment would be no treatment. Travel health providers need to recognize the conditions for which the traveler may be at risk and educate the traveler about the diagnosis and treatment of those particular conditions.

The keys to successful self-treatment strategies are providing a simple disease or condition definition, providing a treatment, and educating the traveler about the expected outcome of treatment.

1. TRAVELER’S DIARRHEA

Traveler’s diarrhea alone, whose principal causes are contaminated food and water, is estimated to affect 30-70% of travelers - or approximately 10 million people per year according to the CDC. Signs and symptoms include abdominal pain, loose stools, nausea, vomiting and fever. Replacement of fluid losses remains an adjunct to other therapy and helps the traveler feel better more quickly. Oral rehydration solution (ORS) prepared from packaged oral rehydration salts for severely dehydrated travelers are readily available in stores and pharmacies worldwide. ORS is prepared by adding 1 packet to the indicated volume of boiled or treated water—generally 1 liter. Travelers may find most ORS formulations to be relatively indigestible due to their saltiness. In mild cases, rehydration can be maintained with any appetizing liquid including sports drinks.
2. ALTITUDE ILLNESS

The high-altitude setting exposes travelers to conditions that can cause serious problems including cold, low humidity, increased ultraviolet radiation, and decreased air pressure. The biggest concern for altitude illness is hypoxia or a condition wherein body is deprived from oxygen. The magnitude of hypoxic stress depends on altitude, rate of ascent, and duration of exposure. Sleeping at great altitude results the most hypoxemia; daytime trips to high altitude with return to low altitude are much less stressful on the body. Although signs and symptoms may vary from one person to another, the most common symptoms for hypoxia are changes in the color of your skin, ranging from blue to cherry red, confusion, cough, fast heart rate, rapid breathing, shortness of breath, sweating and wheezing. Acclimatization (the process of human body adjusting very well to moderate hypoxia) requires time. Some tips for acclimatization including ascend gradually, if possible. Avoid going directly from low altitude to more than 9,000 ft (2,750 m) sleeping altitude in 1 day. Once above 9,000 ft (2,750 m), move sleeping altitude no higher than 1,600 ft (500 m) per day, and plan an extra day for acclimatization every 3,300 ft (1,000 m), consider using acetazolamide to speed acclimatization, if abrupt ascent is unavoidable, avoid alcohol for the first 48 hours, participate in only mild exercise for the first 48 hours and having a high-altitude exposure at more than 9,000 ft (2,750 m) for 2 nights or more, within 30 days before the trip, is useful.
3. JET LAG

Jet lag is the term used for the symptoms caused by the disruption of the body’s “internal clock” and the approximate 24-h (circadian) rhythms it controls. Disturbance happens when passing through multiple time zones. This occurrence may lead to poor sleep, general malaise, daytime sleepiness, reduced physical and mental performance and indigestion and disturbance of bowel function. Jet lag symptoms gradually wear off as the body adapts to the new time zone. Rest well before departure, eat light meals and limit consumption of alcohol are some general measures to reduce jet lag. At the destination, create the right conditions when preparing for sleep and get as much snooze in as normal in the 24 h after arrival. Exercise during the day may help to stimulate a good night’s sleep, but avoid vigorous exercise within 2 hours of trying to sleep. People react in different ways to time zone changes. Regular flyers should learn how their own bodies respond and adopt habits accordingly.

4. DEEP VEIN THROMBOSIS (DVT)

Long-distance travelers are at risk for deep vein thrombosis (DVT) and pulmonary embolism (PE). DVT occurs when a blood clot forms in a large vein. People traveling for extended periods of time may be at increased risk for DVT because they have limited movement. The increased risk is usually associated with air travel, but DVT can also form during travel by bus, train, or car. Signs and symptoms of DVT includes swelling, pain, or tenderness in the affected limb (usually the leg) and redness and increased warmth of the skin in the affected limb. For pulmonary embolism, a person may experience unexplained shortness of breath, faster than normal heartbeat, chest pain, cough (which may be bloody) and lightheadedness or fainting. To prevent DVT, the traveler may consider the these advices including: take frequent walks around the airplane, do frequent leg and full-body exercises, while sitting, flex your foot up and down, stretching your ankle joint, keep your legs uncrossed while seated, use comfortable, loose-fitting clothing and wearing compression stockings during flights of four hours or more can significantly reduce your risk of DVT, as well as leg swelling.
**TRAVELERS WITH CHRONIC ILLNESS**

People suffering from underlying chronic illnesses should seek medical advice before planning a journey. Travelers with a chronic illness should carry all essential medication and medical items for the entire duration of the journey. Take medicines or use medical supplies (such as asthma inhalers, glucose test strips, or insulin needles) regularly or just for emergencies. Make sure you take enough of a supply to last your whole trip, plus a little extra in case of delays. If you are going to be gone a long time, talk to your doctor about how you can get enough medicine for your trip.

Pack all your medicines and medical supplies in your carry-on luggage to access easily when the need arises during the flight. Medicines should be in their original prescription bottles, and also include copies of original prescriptions. Medicines should be taken according to the time since the last dose, not the local time of day, so ask your doctor about scheduling doses when you cross time zones.
The Hajj is an annual Islamic pilgrimage to Mecca, the most holy city of the Muslims, and a mandatory religious duty for Muslims that must be carried out at least once in their lifetime by all adult Muslims who are physically and financially capable of undertaking the journey. Approximately around two million Muslims from around the world visit the religious site annually.

In this regard, advises and recommendations all pilgrims to comply with common public, such as:

- Wash hands with soap and water or disinfectant, especially after coughing and sneezing, after using toilets, before handling and consuming food, after touching animals.
- Use disposable tissues when coughing or sneezing and dispose of it in the waste basket.
- Avoid, as much as possible, hand contact with the eyes, nose and mouth;
- Wear masks, especially when in crowded places;
- Avoid direct contact with the persons who appear ill with cough, sneeze, expectoration, vomiting, diarrhea and do not share their personal belongings;
- Maintain good personal hygiene;
- Avoid close contact with animals, particularly camels, when visiting farms, markets, or barn areas;
- Avoid contact with sick animals;
- Avoid drinking raw camel milk or camel urine or eating meat that has not been properly cooked.
Updating immunization against vaccine-preventable diseases in all travelers is strongly recommended. Preparation for international travel provides opportunity to review the immunization status of travelers. Incompletely immunized travelers can be offered routine vaccinations recommended in national immunization schedules (these usually include diphtheria, tetanus, pertussis, polio, measles and mumps), in addition to those needed for the specific travel (e.g. meningococcal vaccination for Hajj).

All individuals preparing to travel should seek advice on the potential hazards in their chosen destinations and understand how best to protect their health and minimize the risk of acquiring disease. Forward planning, appropriate preventive measures and careful precautions can protect their health and minimize the risks of accident and of acquiring disease. Although the medical profession and the travel industry can provide extensive help and sound advice, it remains the traveler’s responsibility to seek information, to understand the risks involved and to take the necessary precautions to protect their health while travelling. If you travel, look after yourself and health.

References:
http://www.who.int/ith/en/

Don’t Forget
To Check September Edition of ARISE Nursing Newsletter

September Edition of ARISE Nursing Newsletter focusses on the importance of Healthy lifestyle in today's world.
It guides on various initiatives that can be taken to connect with the patient and educate them regarding a Healthy Diet.
## SCOPE OF SERVICES AT UHS

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## Other Specialty Services

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**Contribute to UHS Medical Times**

Thanks for your interest in UHS Medical Times. We welcome submissions by UHS freelance writers and photographers. If you have a news, story you would like to share with the rest of the UHS family, an interesting hobby, great photo or even just a comment/suggestion please email to Praveen Pillai, at praveen.pillai@uhs.ae.