

Important Health Notice

Information for Healthcare Professionals

January 6, 2005
Volume 2, Issue 1
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Immunization and Health Information: Travellers in Tsunami-Affected Areas

Highlights:

- **Immunization and health information for healthcare providers seeing travellers to and from tsunami-affected areas**

Dear Colleagues:

In light of the recent disaster in Southern Asia and the potential for significant disease outbreaks in Tsunami-affected areas, the Ministry of Health and Long-Term Care is issuing an Important Health Notice to assist healthcare providers in providing advice to patients travelling to these areas.

The following information was compiled from Health Canada's Travel Medicine Web site, the National Immunization Guide, 2002 and U.S. Centers for Disease Control (CDC) Traveler's Health Web site and World Health Organization (WHO) website.

Anyone considering travel to tsunami-affected areas should first seek advice from a health care professional or travel clinic to determine individual health risks and to obtain information about vaccination, preventative medication and personal protective measures. Ensure vaccinations for young travelers are up-to-date, for the following:

- Diphtheria, polio, tetanus
- pertussis (whooping cough)
- measles, mumps, rubella (German measles)
- haemophilus b (for infants)
- hepatitis B (school age children in Grade 7 and high risk groups)
- influenza

For all of the above vaccinations, protective immunity develops within two to four weeks, except if the person needs a series of shots, for example, hepatitis B.

Adult travellers to South East Asia must ensure that their Diphtheria and Tetanus booster vaccinations are up-to-date. Booster vaccinations are needed every 10 years. Boosting of immunity takes maximum effect in two weeks. For adults who have never received hepatitis B vaccine, vaccination is strongly recommended. For maximum protection three hepatitis B shots are required. After the first shot, protection is about 30-55%. After full vaccination, following a recommended schedule, protection has been shown to last for at least 15 years.

Vaccination against influenza should be considered for travellers at high risk for influenza complications. Protective immunity develops two weeks after influenza vaccine is given; efficacy is 70-90 per cent against strains included in the vaccine. Protection usually lasts less than one year. Influenza vaccination is needed annually.

Typhoid and Hepatitis A vaccinations are a **minimum** requirement for all travellers to tsunami-affected areas.

Typhoid

Immunization to prevent typhoid is recommended as a result of the current poor sanitary conditions. Typhoid vaccine does not necessarily grant complete protection against the disease:

- injectable typhoid vaccine (preferred option) : 60-70%
- oral vaccine : 51%

Typhoid vaccine does not provide protection against all strains of typhoid. Protective immunity develops in about two weeks after a typhoid vaccine is given. Immunity lasts approximately two to three years.

Hepatitis A

Immunization to prevent Hepatitis A is recommended. To provide full immunity, a second dose is needed six to 12 months after the first vaccine is given. A single dose has a protective efficacy of about 95 per cent. Protective immunity develops within three weeks after the Hepatitis A vaccine is given. The first dose of vaccine usually provides protection even when the exposure to the illness occurs right before (or immediately after) the shot was given. After full immunization, duration of protection is at least 20 years.

For people who have not had Hepatitis B they may be immunized with a combination vaccine that protects against both Hepatitis A and B (e.g., Twinrix).

Malaria prevention

For malaria in India, Indonesia and Sri Lanka the recommended preventative medication is (in alphabetical order) atovaquone/proguanil; doxycycline or mefloquine. These medications are for chloroquine-resistant areas.

In Thailand, travellers require doxycycline or atovaquone/proguanil for overnight exposure in rural areas on the border with Myanmar and Cambodia. Protection is provided a couple of hours after the medication has been started. Volunteers or people traveling to tsunami-affected areas of Thailand should take malaria prophylaxis due to the risk of increased mosquito populations in the affected areas.

Taking doxycycline for malaria will also protect against leptospirosis.

Mosquito protection is essential for travellers; include insect repellent containing DEET in travel kits.

Cholera

The risk of acquiring cholera is very low if food and water precautions are observed. Cholera vaccine is recommended only if cases or outbreaks are reported nearby.

Rabies

Vaccine is recommended if you might be exposed to animals.

Japanese Encephalitis

Japanese encephalitis vaccine could be considered in endemic areas or if cases are being reported from the area where travel is planned.

Travel Health Kit

Travellers should carry a travel health kit that includes any prescribed medication as well as additional supplies of these medications in case they are unavailable at the destination. Include anti-diarrheals for treatment of most causes of acute bacterial illness; insect repellent containing DEET; mosquito netting, and an ample supply of antimalarial medication along with additional emergency supplies. Travellers are recommended to carry a sufficient supply of food (canned and processed may be safer in some areas) and water, or means of water purification. It is also recommended to always carry a supply of alcohol-based hand rubs in cases where there is no access to clean water and soap for hand washing.

Travellers are advised to always carry passports and travel documents in a water-tight packet and ensure a family member/friend has copies of passports and other travel documents, as well as details of travel plans and contact information.

Advice for returning travellers/aid workers:

Returning travellers should seek health care in the event of fever, rash, respiratory illness or any other unusual symptoms. If someone becomes ill with a fever or flu-like illness either while travelling in a malaria-risk area or after returning home (especially within the first two months of return), they should seek immediate medical attention and tell their physician of their travel history.

For more tsunami-related health information:

Public Health Agency of Canada: http://www.phac-aspc.gc.ca/tmp-pmv/2004/tsunami1231_e.html

U.S. Centers for Disease Control: <http://www.cdc.gov/travel/seasia.htm>.

World Health Organization: www.who.int/hac/crises/international/asia_tsunami/sitrep/07/en/

Ministry of Health & Long-Term Care: <http://www.health.gov.on.ca>T or telephone the Health Care Providers Hotline at 1 800 212-2272

Sincerely,
(original signed by)
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