ACATravelers Health Info Sheet

If possible, try to schedule a Travel Clinic appointment 4-6 weeks prior to travel to allow travel vaccinations to be most effective. Please bring to your appointment a list of your previous vaccinations (or yellow card), list of medications and allergies; and travel itinerary.

Pre-Travel

What takes place?

- Pre-travel counseling on disease avoidance practices for food, water and insect-borne diseases,
- Prescribe prophylaxis for malaria and traveler's diarrhea
- Administer travel vaccinations.

Please refer to the CDC, WHO and State Department websites below for up-to-date country travel alerts and information prior to your departure.

Vaccinations

Visit an authorized U.S. Yellow Fever vaccine center, which provides the official ICVP (International Certificate of Vaccination or Prophylaxis)

• Most Common Travel Vaccinations: Hepatitis A and B series, Typhoid (injection), Tetanus (Tetanus alone or Tdap - Tetanus, diphtheria and acellular pertussis).
• Destination-directed Vaccinations: Yellow Fever, Japanese Encephalitis Virus; Meningococcal meningitis vaccine, Rabies
• Other vaccinations: MMR (measles, mumps, rubella), Pneumococcal, Varicella vaccine, Polio (inactivated injection), Influenza vaccine

Certain countries have required vaccinations and you may need proof of vaccination to enter the country. For a complete list of country requirements, check the CDC or WHO web sites.

• Yellow Fever (YF) vaccination (>9 months of age) is required to enter several Sub-Saharan, Central African, and South American countries. The complete list of countries currently requiring YF vaccination can be found at:

Meningococcal vaccination is required to enter Saudi Arabia for the Hajj pilgrimage.

Pre-Travel Disease Prevention

The best way to stay healthy during travel is to prepare before you leave and take preventive measures while traveling. Most infections that you catch while traveling are minor, but in rare cases they can be severe and require medical attention.

Travelers' diarrhea is the most common infection in travelers. Diarrhea can sometimes be treated with rest and fluids. Your health care provider may prescribe an antibiotic (ciprofloxacin or azithromycin) to take if you get sick with severe diarrhea while traveling.

If the diarrhea continues, becomes bloody, or you develop a high fever or dehydration, seek immediate medical care. If you were sick with a fever while traveling, contact your health care provider when you return home.

Mosquitoes and Insects

Malaria is a serious disease that spreads by the bite of the female *Anopheles* mosquito. The disease is a risk mainly in tropical and subtropical climates. The regions in Peru where ACA works are malarious regions, including the city of Puerto Maldonado near the Peru-Bolivia border along the Madre de Dios river. Malaria can cause high fevers, shaking chills, flu-like symptoms, and anemia.

If you are traveling to an area where malaria is endemic, you may need to take medications that prevent the disease before, during, and after travel.

Steps to help reduce mosquito bites:

- Wear insect repellent containing DEET or picaridin when outdoors
- Wear long pants and long-sleeved shirts, particularly at dusk.
- Sleep only in screened areas or use a bed net

Food and Water

Many infectious diseases are transmitted by eating or drinking contaminated food or water. Undercooked or raw foods pose a significant risk for infection. Avoid the following (“boil it, peel it, cook it, or forget it”):

- Fruit that has not been washed with clean water and then peeled
- Raw vegetables, salads
- Cooked food that has been allowed to cool (such as from street vendors)
- Unpasteurized dairy foods such as milk or soft white cheeses (*queso fresco* or *queso blando*)
Drinking water that is not chlorinated enough or that is from areas with poor sanitation can lead to infection. Local water can be purified by boiling, or by treating it with certain chemical kits or water filters. Avoid using ice in your drinks and only drink the following liquids:

- Canned or unopened bottled drinks (water, juice, carbonated water, soft drinks)
- Drinks made with boiled water, such as tea and coffee

Frequently clean your hands using soap and water or an alcohol-based cleanser to help prevent infection.

**Post-Travel**

If you get sick during or post-travel, see a doctor who specializes in Travel Medicine. One option in D.C. for ill returning travelers is the Georgetown University Hospital Travel Clinic:

http://www.georgetownuniversityhospital.org/body_dept.cfm?id=779

Travel Clinic takes place on the 5th floor of the Pasquerilla Health Center at Georgetown University Hospital. For general information and scheduling, please call 202-444-0086.

**Important Tropical Diseases in Peru**

**Malaria:**

**CDC’s Yellow Book on Traveler’s Health**

Ch. 3: Travel Vaccines & Malaria Information by Country


**Peru**

**Related Maps**

Map 3-37. Peru reference map
Map 3-38. Malaria transmission areas in Peru
Areas with malaria: All departments <2,000 m (6,561 ft), including the cities of Iquitos and Puerto Maldonado. None in Lima province and coast south of Lima, and none in the cities of Ica and Nazca. None in the highland tourist areas (Cuzco, Machu Picchu, and Lake Titicaca) and southern cities of Arequipa, Moquegua, Puno, and Tacna.

Estimated relative risk of malaria for US travelers: Low.

Drug resistance: Chloroquine.

Malaria species: P. vivax 85%, P. falciparum 15%.

Recommended chemoprophylaxis: Atovaquone-proguanil, doxycycline, or mefloquine.

Map 3-38: Malaria transmission areas in Peru

ACA malaria recommendations: The regions in Peru where ACA works are malarious regions, including the city of Puerto Maldonado near the Peru-Bolivia
border along the Madre de Dios river, and all area <2000m (none in Lima, Cuzco, Machu Picchu)

Yellow Fever:

**Recommended** for all travelers ≥9 months of age going to the following areas at elevations below 2,300 m: the regions of Amazonas, Loreto, Madre de Dios, San Martin, Ucayali, Puno, Cuzco, Junín, Pasco, and Huánuco, and designated areas (see Map 3-17) of the following regions: far north of Apurimac, far northern Huancavelica, far north-eastern Ancash, eastern La Libertad, northern and eastern Cajamarca, northern and north-eastern Ayacucho, and eastern Piura. **Generally not recommended** for travelers whose itineraries are limited to the following areas west of the Andes: regions of Lambayeque and Tumbes and the designated areas of western Piura (see Map 3-17) and south, west, and central Cajamarca. **Not recommended** for travelers whose itineraries are limited to the following areas: all areas above 2,300 m in elevation,² areas west of the Andes not listed above, the cities of Cuzco, the capital city of Lima, Machu Picchu, and the Inca Trail (see Map 3-17). *(Updated Jan. 23, 2015)*

**ACA yellow fever vaccine recommendations**: anyone ≥9 months traveling to Peru should be vaccinated. The vaccine is not contraindicated in the elderly >60 years, but there is a higher risk in this age group of adverse events from vaccination. Returning travelers from Peru to the US do not need to show their ICVP yellow fever vaccine card, but travelers to field stations should have YF vaccine and bring their card to Peru.

**Dengue**:

Dengue is a mosquito-borne disease caused by any one of four closely related dengue viruses (DENV-1, -2, -3, and -4). Infection with one serotype of DENV provides immunity to that serotype for life, but provides no long-term immunity to other serotypes. Dengue, or “breakbone disease,” causes fevers, muscle aches or bone pain, eye pain and, when severe, bleeding and hemorrhage. Dengue viruses are transmitted from person-to-person by Aedes mosquitoes (most often *Aedes aegypti*) in the domestic environment, an aggressive daytime feeder. In the past 30 years, dengue transmission and the frequency of dengue epidemics have increased greatly in most tropical countries in the American region.
Leishmaniasis:

Leishmaniasis is a skin disease spread to humans through the bites of female *Lutzomyia* sand flies. There are three forms of leishmaniasis – Visceral, Cutaneous and Mucocutaneous. While Cutaneous Leishmaniasis (CL) is the most common form of leishmaniasis to acquire in Peru, there is also a risk of acquiring Mucocutaneous leishmaniasis (MCL), especially from the species *L. braziliensis*. It is important to diagnose and treat leishmaniasis early in the disease course, as if left untreated, MCL may cause life-long scars and serious disability.

Brucellosis:

This is a classic zoonotic bacterial infection, with animals infecting humans, that causes periodic fevers, muscle and joint aches, fatigue, and in severe cases organ involvement. The risk of acquiring Brucellosis to travelers to Peru or Bolivia is in those ingesting unpasteurized milk or soft white cheeses (*queso fresco* or *queso blando*) made from unpasteurized dairy, especially goat milk. Unpasteurized dairy products are not available at ACA field stations in Peru, but *Brucella* transmission does occur elsewhere in Peru, including Lima.

Resources:

**Centers for Disease Control and Prevention: Traveler’s Health**

http://wwwnc.cdc.gov/travel/  
- Information for travelers organized by destination and disease  
- Vaccine information  

**World Health Organization**

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

**International Society of Travel Medicine**

http://www.istm.org/
- Global Travel Clinic Directory

**State Department**


- Up-to-date country-specific information, including disease outbreaks, alerts, safety warnings, local embassies

**International Association for Medical Assistance for Travellers**

[http://www.iamat.org](http://www.iamat.org)

- Travel medical insurance and emergency medical evacuation

**References:**


Centers for Disease Control & Prevention - *Yellow Book on Traveler’s Health*