



Clinton County Health Department
THE WORLD TRAVELER

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Public Health
 Prevent. Promote. Protect.



**Flu Season
 Just Around the Corner**

Who is most at risk for severe illness from the flu and should be vaccinated first.

- * Adults age 50 and over;
- * All children 6 months to 5 years of age;
- * All persons age 6 months and older with chronic medical conditions, including heart disease, pulmonary disorders (including asthma), diabetes, kidney disease, hemoglobinopathies, and compromised immune systems (HIV or immunosuppressive therapy);
- * People with conditions that can cause breathing problems (such as cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders).
- * Pregnant women;
- * All residents of nursing homes and chronic-care facilities;
- * All children and adolescents, age 6 months to 18 years, receiving long-term aspirin therapy;
- * Health care workers involved in direct patient care; and
- * Out-of-home caregivers and household contacts of children aged < 6 months.
- * Healthy individuals that want to protect themselves from the flu.

As a bit of a refresher, there are two kinds of vaccine. An inactivated, or killed vaccine (flu shot) is given by injection. More recently (and rapidly catching on), a Live but weakened vaccine, is sprayed into the nose. Because the flu season historically runs from late fall through early spring, you should be vaccinated somewhere between mid-October and late November. If traveling to the southern hemisphere, however, then vaccination through May is recommended.

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**Lead Alert for
 those traveling to China**



Recent scandals involving tainted food and toothpaste from China have resulted in new concerns to watch for while traveling to China and purchasing gifts - toys , makeup, glazed pottery and other products that contain significant amounts of lead.

Lead poisoning, once a concern mainly in dilapidated urban areas, can cause learning disabilities, kidney failure, anemia and irreversible brain damage in children, and kidney and blood pressure problems, anemia, reproductive problems and seizures in adults.

Children’s metal jewelry, including necklaces, bracelets, earrings and charms, were found to contain high levels of lead. Toy drums coated with red paint and children’s gardening gloves were found to have a stamp-painted logo on the backside containing high levels of lead. Bamboo game sets called “Anima” as well as Multi-colored sidewalk chalk packaged in a clear plastic backpack-type carrying case were also found to contain significant levels of lead. And even eye shadow, used to create black lines around the eyes, has been found to contain high lead levels.

Travelers should be aware of these warnings and be especially careful while purchasing gifts or using unknown local products.

Outbreak Notice



**Malaria in the Bahamas:
 Recommendations for Travelers**

The Centers for Disease Control and Prevention (CDC) has received official reports of two confirmed malaria cases in Great Exuma, Bahamas. Malaria transmission had not previously been reported from this area, until an outbreak was reported in late spring and summer 2006. One of the confirmed cases occurred in a U.S. citizen who traveled to Great Exuma in late July 2007. This patient’s illness has been confirmed as malaria caused by *Plasmodium falciparum*. Malaria is not considered endemic on the islands of the Bahamas.

Outbreak Notice



**Update on the Global
 Status of Polio**

The following countries have recently reported imported polio cases or cases related to an importation in the past 6 months: Angola, Burma (Myanmar), Chad, the Democratic Republic of the Congo (DRC), Niger, and Somalia.

**Current Vaccination Recommendations
 for U.S. Traveler**

Vaccination is recommended for all travelers to polio-endemic or –epidemic areas. These areas include Africa, South Asia, Southeast Asia, and the Middle East.

Infants and Children



- * CCHD recommends that all infants and children in the United States should receive 4 doses of inactivated poliovirus vaccine (IPV), administered at 2,4, and 6-18 months and 4-6 years of age.
- * If accelerated protection is needed, the minimum interval between doses is 4 weeks, although the preferred interval between the second and third doses is 2 months.

Adults

- * Travelers who have received a primary series with either IPV or oral polio vaccine (OPV) should receive another dose of IPV before departure.
- * Available data do not indicate the need for more than a single lifetime booster dose with IPV.
- * Adults who are unvaccinated, incompletely vaccinated, or whose vaccination status is unknown should receive a full series of IPV.

Did you know . . .

International Immunizations are now available at Urgicare (518)563-5900.
 79 Hammond Lane Plattsburgh, NY 12901

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Recommendations for Travelers:

Being Prepared in Case Disaster Strikes Before Travel

- * Visit CDC's Travelers' health website at <http://wwwn.cdc.gov/travel> to educate yourself and others who may be traveling with you about any disease risks and CDC health recommendations for travel in areas you plan to visit CDC issues four levels of notices about disease activity abroad: 1) In the News, 2) Outbreak, 3) Travel Health Precaution, and 4) Travel Health Warning (the only notice that recommends against nonessential travel).
- * Be sure you are up to date with all your routine vaccinations (i.e., measles mumps, rubella, tetanus, diphtheria, polio), and see your doctor or health-care provider, ideally 4-6 weeks before travel, to get any additional vaccinations, medications, or information you may need.
- * Prepare and bring with you in your baggage a travel health kit that includes any medications you may be taking, including a back-up supply; and antidiarrheal medication; alcohol-based hand gel (containing at least 60% alcohol); an antibiotic for self-treatment of most causes of acute bacterial illness; a thermometer; and insect repellent containing DEET.
- * Familiarize yourself with basic first aid so you can self-treat minor injuries should they occur.
- * Check your health insurance plan or get additional insurance that covers medical evacuation in case you become sick or injured.

If a disaster occurs while you are traveling (natural disaster, terrorism, etc)

- * Follow the instructions of emergency responders.
- * Notify family, friends, a trusted colleague or your employer as soon as possible after involvement in a disaster to advise them of your status.
- * If you are injured or sick, see a doctor or get medical care. A U.S. consular officer can assist you in locating medical services and informing your family or friends.

- * Clean any wound or rash immediately with soap and clean water to reduce risk of an infection.
- * If you are bitten or scratched by any animal, clean the wound well with large amounts of soap and water and a povidone-iodine solution, if available, and get medical attention right away.
- * See a doctor or get medical care if you develop diarrhea plus a high fever or bloody diarrhea.
- * Replace lost body fluids that can occur with diarrhea by drinking clean water or use oral rehydration solutions for severe diarrhea.
- * If you are visiting a malaria risk area and become sick with a fever or flu-like illness, get immediate medical attention.
- * If you are seriously ill, evacuation may be necessary to other parts of a country or outside the country to receive adequate medical care.

After Travel

On return from areas affected by a disaster, if you are not feeling well or have been injured, get medical attention, including psychological support and counseling, if necessary.

- * It is especially important for you to get health care if you have a fever, rash, cough or difficulty breathing, or any other unusual symptoms.
- * Get **immediate** medical attention and be sure to tell the doctor or health-care provider your travel history if you become sick with a fever or flu-like illness (for up to one year).



Hepatitis A Endemic Among Gay Men in Europe

Recent studies indicate that, because of the connection between male homosexual communities in Europe, hepatitis A is now endemic in this population. Between 1997 and 2005, large outbreaks of Hepatitis occurred among homosexual men in Denmark, Germany, the Netherlands, Norway, Spain, Sweden, and the United Kingdom. Hepatitis A is a serious highly contagious liver disease caused by a virus found in the stool of persons with Hepatitis A and spread by close personal contact and sometimes by eating food or drinking water containing the virus. Symptoms include fever, malaise,

of skin and eye whites (jaundice).

Globally, the homosexual communities across Europe are probably so large and interconnected that Hepatitis may circulate for years resulting in an endemic situation among homosexual men.

CCHD encourages vaccination for Hepatitis A for all travelers. The 2-shot series takes just 6 months to complete, although safe travel can be assumed after the first vaccination. Upon completion of the series, it is expected that immunity will last for life.

A combination vaccine that will also protect against Hepatitis B is also available. Hepatitis B is a liver disease that can cause lifelong infection, cirrhosis of the liver, liver cancer, liver failure and death. Hepatitis B is spread by direct contact with infected body fluid such as blood, and to a lesser extent saliva, semen and other body fluids.

The combination vaccine is a 3-shot series that takes just 6 months to complete, although those needing immediate protection can elect to receive the series over 4 weeks with a 4th dose given after a year.

Outbreak Notice

Malaria in Kingston, Jamaica: Recommendations for Travelers



The outbreak of malaria in Kingston, Jamaica, that was first reported in December 2006 appears to be waning. The date of onset of illness for the most recently reported case was June 10, 2007. However, risk of infection still exists and the preventive measures as outlined below continue to be recommended.

Antimalarial Medication

Since December 4, 2006, Centers for Disease Control and Prevention (CDC) has recommended preventive antimalarial medication for travelers who stay overnight in Kingston, Jamaica, only. Travelers to other areas of the island do not need to take an antimalarial drug. This recommendation is expected to be temporary.

Chloroquine, which is the recommended antimalarial chemoprophylaxis drug for Jamaica, has a long history of use and safety and well tolerated by most people, including children. People with an allergy to chloroquine should discuss an alternative antimalarial drug with their health-care provider.