

Environmental health risks

Travellers often experience abrupt and dramatic changes in environmental conditions, which may have detrimental effects on health and well-being. Travel may involve major changes in altitude, temperature and humidity, and exposure to microbes, animals and insects. The negative impact of sudden changes in the environment can be minimized by taking simple precautions.

Altitude

Barometric pressure falls with increasing altitude, diminishing the partial pressure of oxygen and causing hypoxia. The partial pressure of oxygen at 2500 m, the altitude of Vail, Colorado, for example, is 26% lower than at sea level; in La Paz, Bolivia (Plurinational State of) (4000 m), it is 41% lower. This places a substantial stress on the body, which requires at least a few days to acclimatize; the extent of acclimatization may be limited by certain medical conditions, especially lung disease. An increase in alveolar oxygen through increased ventilation is the key to acclimatization; this process starts at 1500 m. Despite successful acclimatization, aerobic exercise performance remains impaired and travellers may still experience problems with sleep.

High-altitude illness (HAI) results when hypoxic stress outstrips acclimatization. HAI can occur at any altitude above 2100 m but is particularly common above 2750 m. In Colorado ski resorts, incidence of HAI varies from 15% to 40%, depending on sleeping altitude. Susceptibility is primarily genetic, but fast rates of ascent and higher sleeping altitudes are important precipitating factors. Age, sex and physical fitness have little influence.

The spectrum of HAI includes common acute mountain sickness (AMS), occasional high-altitude pulmonary oedema and, rarely, high altitude cerebral oedema. The latter two conditions, although uncommon, are potentially fatal. AMS may occur after 1–12 h at high altitude. Headache is followed by anorexia, nausea, insomnia, fatigue and lassitude. Symptoms usually resolve spontaneously in 24–48 h and are ameliorated by oxygen or analgesics and antiemetics. Acetazolamide, 5 mg/kg per day in divided doses, is an effective chemoprophylaxis for all HAI; it is started one day before travel to altitude and continued for the

first two days at altitude. Acetazolamide should not be given to individuals with allergies to sulfa drugs.

Only a few conditions are contraindications for travel to altitude; they include unstable angina, pulmonary hypertension, severe chronic obstructive pulmonary disease (COPD) and sickle-cell disease. Patients with stable coronary disease, hypertension, diabetes, asthma or mild COPD and pregnant women generally tolerate altitude well but may require monitoring of their condition. Portable and stationary oxygen supplies are readily available in most high-altitude resorts and – by removing hypoxic stress – remove any potential danger from altitude exposure.

Precautions for travellers unaccustomed to high altitudes

- Avoid one-day travel to sleeping altitudes over 2750 m if possible. Break the journey for at least one night at 2000–2500 m to help prevent AMS.
- Avoid overexertion and alcohol for the first 24 h at altitude; drink extra water.
- If direct travel to sleeping altitude over 2750 m is unavoidable, consider prophylaxis with acetazolamide. Acetazolamide is also effective if started early in the course of AMS.
- Travellers planning to climb or trek at high altitude will require a period of gradual acclimatization.
- Travellers with pre-existing cardiovascular or pulmonary disease should seek medical advice before travelling to high altitudes.
- Travellers with the following symptoms should seek medical attention when experiencing, at altitude:
 - symptoms of AMS that are severe or last longer than 2 days;
 - progressive shortness of breath with cough and fatigue;
 - ataxia or altered mental status.

Heat and humidity

Sudden changes in temperature and humidity may have adverse effects on health. Exposure to high temperature results in loss of water and electrolytes (salts) and may lead to heat exhaustion and heat stroke. In hot dry conditions, dehydration is particularly likely to develop unless care is taken to maintain adequate fluid intake. The addition of a little table salt to food or drink (unless this is contraindicated for the individual) can help to prevent heat exhaustion, particularly during the period of adaptation.

Consumption of salt-containing food and drink helps to replenish the electrolytes in case of heat exhaustion and after excessive sweating. Travellers should drink enough fluid to be able to maintain usual urine production; older travellers should take particular care to consume extra fluids in hot conditions, as the thirst reflex diminishes with age. Care should be taken to ensure that infants and young children drink enough liquid to avoid dehydration.

Irritation of the skin may be experienced in hot conditions (prickly heat). Fungal skin infections such as tinea pedis (athlete's foot) are often aggravated by heat and humidity. A daily shower, wearing loose cotton clothing and applying talcum powder to sensitive skin areas help to reduce the development or spread of these infections.

Exposure to hot, dry, dusty air may lead to irritation and infection of the eyes and respiratory tract. Avoid contact lenses in order to reduce the risk of eye problems.

Ultraviolet radiation from the sun

The ultraviolet (UV) radiation from the sun includes UVA (wavelength 315–400 nm) and UVB (280–315 nm) radiation, both of which are damaging to human skin and eyes. The intensity of UV radiation is indicated by the Global Solar UV Index, which is a measure of skin-damaging radiation. The Index describes the level of solar UV radiation at the Earth's surface. The values of the Index range from zero upwards — the higher the Index value, the greater the potential for damage to the skin and eyes and the less time it takes for harm to occur. Index values are grouped into exposure categories, with values greater than 10 being “extreme”. In general, the closer to the equator the higher is the Index. UVB radiation is particularly intense in summer and in the 4-hour period around solar noon. UV radiation penetrates clear water to a depth of 1 m or more.

The adverse effects of UV radiation from the sun are the following:

- Exposure to UV radiation, particularly UVB, can produce severe debilitating sunburn particularly in light-skinned people.
- Exposure of the eyes may result in acute keratitis (“snow blindness”), and long-term damage leads to the development of cataracts.
- Exposure to sunlight may result in solar urticaria – a form of hives associated with itching and redness on areas of skin exposed to sunlight. It can occur within minutes of exposure to the sun and is usually short-lasting.
- Long-term adverse effects on the skin include:
 - the development of skin cancers (carcinomas and malignant melanoma), due mainly to UVB radiation;

- accelerated ageing of the skin, due mainly to UVA radiation, which penetrates more deeply into the skin than UVB.
- Adverse reactions of the skin result from interaction with a wide range of medicinal drugs that may cause photosensitization and result in phototoxic or photoallergic dermatitis. A variety of different types of therapeutic drugs such as antimicrobials as well as oral contraceptives, some prophylactic antimalarial drugs may cause adverse dermatological reactions on exposure to sunlight. Phototoxic contact reactions are caused by topical application of products, including perfumes, containing oil of bergamot or other citrus oils.
- Exposure may suppress the immune system, increasing the risk of infectious disease, and limiting the efficacy of vaccinations.

Precautions

- Avoid exposure to the sun in the middle of the day, when the UV intensity is greatest.
- Wear clothing that covers arms and legs (covering the skin with clothing is more effective against UV than applying a sunscreen).
- Wear UV-protective sunglasses of wrap-around design plus a wide-brimmed sun hat.
- Apply a broad-spectrum sunscreen of sun protection factor (SPF) 15+ liberally on areas of the body not protected by clothing and reapply frequently.
- Take particular care to ensure that children are well protected.
- Avoid exposure to the sun during pregnancy.
- Take precautions against excessive exposure while on or in water.
- Check that medication being taken will not affect sensitivity to UV radiation.
- If adverse skin reactions have occurred previously, avoid any exposure to the sun and avoid any products that have previously caused the adverse reactions.

Foodborne and waterborne health risks

Many important infectious diseases (such as cholera, cryptosporidiosis, cyclosporiasis, giardiasis, hepatitis A and E, listeriosis, *Campylobacter*, *Salmonella*, *Shigella* and typhoid fever) are transmitted by contaminated food and water. Information on these and other specific infectious diseases of interest for travellers is provided in Chapters 5 and 6.

Travellers' diarrhoea

Travellers' diarrhoea is a clinical syndrome associated with contaminated food or water that occurs during or shortly after travel. It is the most common health problem encountered by travellers and, depending on length of stay, may affect up to 80% of travellers to high-risk destinations. Travellers' diarrhoea most commonly affects persons travelling from an area of more highly developed standards of hygiene and sanitation to a less developed one. Diarrhoea may be accompanied by nausea, vomiting, abdominal cramps and fever. Various bacteria, viruses and parasites are the known causes of travellers' diarrhoea, but bacteria are responsible for the majority of cases.

The safety of food, drink and drinking-water depends mainly on the standards of hygiene applied locally in their growing, preparation and handling. In countries with low standards of hygiene and sanitation and poor infrastructure for controlling the safety of food, drink and drinking-water, there is a high risk of contracting travellers' diarrhoea. To minimize any risk of contracting foodborne or waterborne infections in such countries, travellers should take precautions with all food and drink, including that served in good-quality hotels and restaurants. While the risks are greater in poor countries, locations with poor hygiene may be present in any country. Another potential source of waterborne infection is contaminated recreational water (see next section).

It is particularly important that people in more vulnerable groups, i.e. infants and children, the elderly, pregnant women and people with impaired immune systems, take stringent precautions to avoid contaminated food and drink and unsafe recreational waters.

Treatment of diarrhoea

Most diarrhoeal episodes are self-limiting, with recovery in a few days.

It is important, especially for children, to avoid becoming dehydrated. When diarrhoea starts, fluid intake should be maintained with safe liquids (e.g. bottled, boiled or otherwise disinfected water). Breastfeeding should not be interrupted. If moderate to heavy diarrhoeal losses continue, oral rehydration salt (ORS) solution should be considered, in particular for children and elderly persons.

Amounts of ORS solution to drink

Children under 2 years	$\frac{1}{4}$ – $\frac{1}{2}$ cup (50–100 ml) after each loose stool up to approximately 0.5 l a day.
Children 2–9 years	$\frac{1}{2}$ –1 cup (100–200 ml) after each loose stool up to approximately 1 l a day.
Patients of 10 years or older	As much as wanted, up to approximately 2 l a day.

Intestinal parasites: risks for travellers

Travellers, particularly those visiting tropical and subtropical countries, may be exposed to a number of intestinal parasitic helminth (worm) infections. The risk of acquiring intestinal parasites is associated with low standards of hygiene and sanitation, which permit contamination of soil, water and foodstuffs with human or animal faeces. In general, the clinical effects are likely to become apparent some time after return from travel and the link with the travel destination may not be apparent, which in turn may delay the diagnosis or lead to misdiagnosis. The following are the main intestinal parasitic helminths to which travellers may be exposed.

- **Hookworms.** Human and canine hookworms, particularly *Necator* and *Ancylostoma* species, may be a risk for travellers, notably in places where beaches are polluted by human or canine faeces. Humans become infected by larval forms of the parasite which penetrate the skin. *A. caninum* produces a characteristic skin lesion, cutaneous larva migrans, which is readily treated by anthelmintics such as albendazole or ivermectin.
- **Tapeworms.** The tapeworm *Taenia saginata* is acquired by consumption of raw or undercooked beef from cattle that harbour the larval form of the parasite. *T. solium* is similarly acquired from raw or undercooked pork. Cattle and pigs become infected with the larval stages of tapeworm as a result of access to human faeces, from which they ingest tapeworm eggs, spread by human tapeworm carriers. Humans, who are the usual definitive host of the parasite may also become an intermediate host by direct ingestion of *T. solium* eggs in food contaminated by human faeces; this is particularly dangerous, since the larval forms of the parasite cause cysticercosis, which may cause serious disease. The tapeworm *Echinococcus granulosus* causes cystic hydatid disease due to infection by the larval form of the parasite; the adult tapeworms infect dogs, which excrete eggs in the faeces. Human infection is acquired by ingestion of eggs following close contact with infected dogs or consumption of food or water contaminated by their faeces.
- **Roundworms and whipworms.** The intestinal roundworm (nematode) parasites *Ascaris lumbricoides* and whipworm *Trichuris trichiura* are transmitted in soil. Soil containing the eggs of these parasites may contaminate foods such as fruit and vegetables, leading to infection if the food is consumed without thorough washing; infection may also be transmitted by the hands following handling of soil-contaminated foods, for instance in street markets, or by contaminated water.

If ORS solution is not available, a substitute containing 6 level teaspoons of sugar plus 1 level teaspoon of salt in 1 l of safe drinking-water may be used, in the same amounts as for ORS. (A level teaspoon contains a volume of 5 ml.)

Antibiotics such as fluoroquinolones (e.g. ciprofloxacin or levofloxacin) may be used as empirical therapy in most parts of the world and usually limit the duration of illness to an average of about one day. However, increasing resistance to fluoroquinolones, especially among *Campylobacter* isolates, may lower their efficacy in some parts of the world, particularly in Asia. In such cases, azithromycin may be taken as an alternative treatment. Azithromycin is a first-line antibiotic therapy for children and pregnant women. When travellers need immediate control of symptoms, antidiarrhoeal drugs such as loperamide may be additionally used, but such antitomotility drugs are contraindicated in children less than 3 years of age and not recommended for children under the age of 12.

Prophylactic use of antibiotics is controversial. There is a role for their use in travellers with increased susceptibility to infection, e.g. people with hypochlorhydria or small intestinal pathology and individuals on critical missions. Antidiarrhoeal medicines such as loperamide are always contraindicated for prophylactic use.

Medical help should be sought if diarrhoea results in severe dehydration or has not responded to empirical therapy within 3 days and particularly when bowel movements are very frequent and watery, or when there is blood in the stools, repeated vomiting or fever.

In the event of distressing symptoms suggesting a diagnosis other than travellers' diarrhoea, medical advice should be sought rapidly.

Recreational waters

The use of coastal waters and freshwater lakes and rivers for recreational purposes has a beneficial effect on health through exercise, and rest and relaxation. However, various hazards to health may also be associated with recreational waters. The main risks are the following:

- Drowning and injury (Chapter 4).
- Physiological:
 - chilling, leading to coma and death;
 - thermal shock, leading to cramps and cardiac arrest;
 - acute exposure to heat and UV radiation in sunlight: heat exhaustion, sunburn, sunstroke;
 - cumulative exposure to sun (skin cancers, cataract).

- Infection:
 - ingestion or inhalation of, or contact with, pathogenic bacteria, fungi, parasites and viruses;
 - bites by mosquitoes and other insect vectors of infectious diseases.
- Poisoning and toxicoses:
 - ingestion or inhalation of, or contact with, chemically contaminated water, including oil slicks;
 - stings or bites of venomous animals;
 - ingestion or inhalation of, or contact with, blooms of toxigenic plankton.

Exposure to cold: immersion hypothermia

Cold, rather than simple drowning, is the main cause of death following immersion. When the body temperature falls (hypothermia), there is confusion followed by loss of consciousness, so that the head goes under water leading to drowning. With a life jacket capable of keeping the individual's head out of water, drowning is avoided, but death due directly to hypothermic cardiac arrest will soon follow. However, wearing warm clothing as well as a life jacket can greatly prolong survival in cold water. Children, particularly boys, have less fat than adults and chill very rapidly in cool or cold water.

Swimming is difficult in very cold water (5 °C or below), and even good swimmers can drown suddenly if they attempt to swim even short distances in water at these temperatures without a life jacket. Life jackets or some other form of flotation aid should always be worn in small craft, particularly by children and young men.

Alcohol, even in small amounts, can cause hypoglycaemia if consumed without food and after exercise. It causes confusion and disorientation and also, in cold surroundings, a rapid fall in body temperature. Unless sufficient food is eaten at the same time, small amounts of alcohol can be exceedingly dangerous on long-distance swims, as well as after rowing or other strenuous and prolonged water-sports exercise.

Those engaging in winter activities on water, such as skating and fishing, should be aware that whole-body immersion must be avoided. Accidental immersion in water at or close to freezing temperatures is extremely dangerous: the median lethal immersion time (time to death) is less than 30 mn for children and most adults.

Immediate treatment is much more important than any later action in reviving victims of immersion hypothermia. A hot bath (the temperature no higher than the immersed hand will tolerate) is the most effective measure. In case of drowning,

cardiac arrest and cessation of breathing should be treated by giving immediate external cardiac massage and artificial ventilation. Cardiac massage should not be applied unless the heart has stopped. People who have inhaled water should always be sent to hospital to check for pulmonary complications.

Infection

In coastal waters, infection may result from ingestion or inhalation of, or contact with, pathogenic microorganisms, which may be naturally present, carried by people or animals using the water, or present as a result of faecal contamination. The most common consequences among travellers are diarrhoeal disease, acute febrile respiratory disease and ear infections. Skin abrasions from corals are frequently contaminated by live coral organisms and severe skin infections can ensue quickly.

In fresh waters, leptospirosis may be spread by the urine of infected rodents, causing human infection through contact with broken skin or mucous membranes. In areas endemic for schistosomiasis, infection may be acquired by penetration of the skin by larvae during swimming or wading. (Chapter 5.)

In swimming pools and spas, infection may occur if treatment and disinfection of the water are inadequate. Diarrhoea, gastroenteritis and throat infections may result from contact with contaminated water. Appropriate use of chlorine and other disinfectants controls most viruses and bacteria in water. However, the parasites *Giardia* and *Cryptosporidium*, which are shed in large numbers by infected individuals, are highly resistant to routine disinfection procedures; they are inactivated by ozone or eliminated by filtration.

Contamination of spas and whirlpools may lead to infection by *Legionella* and *Pseudomonas aeruginosa*. Otitis externa and infections of the urinary tract, respiratory tract, wounds and cornea have also been linked to spas.

Direct person-to-person contact or physical contact with contaminated surfaces in the vicinity of pools and spas may spread the viruses that cause molluscum contagiosum and cutaneous papillomas (warts); fungal infections of the hair, fingernails and skin, notably tinea pedis (athlete's foot), are spread in a similar manner.

Precautions

- Adopt safe behaviour in all recreational waters (Chapter 4).
- Avoid consumption of alcohol before and during any activities in or near recreational waters.

- Provide constant supervision of children in the vicinity of recreational waters.
- Avoid temperature extremes in spas, saunas, etc; this is particularly important for users with pre-existing medical conditions, pregnant women and young children.
- Avoid contact with contaminated waters.
- Apply antiseptic to coral cuts and abrasions.
- Avoid swallowing any water.
- Obtain advice locally about the presence of potentially dangerous aquatic animals.
- Wear shoes when walking on shores, riverbanks and muddy terrain.

Animals and insects

Mammals

Undomesticated animals tend to avoid contact with humans and most do not attack unless provoked. Some large carnivores, however, are aggressive and may attack. Animals suffering from rabies often become aggressive and may attack without provocation. Wild animals may become aggressive if there is territorial intrusion, particularly when they are protecting their young. Animal bites may cause serious injury and may also result in transmission of disease.

Rabies is the most important infectious health hazard from animal bites. In many developing countries, rabies is transmitted mainly by dogs, but many other species of mammals can be infected by the rabies virus. After any animal bite, the wound should be thoroughly cleansed with disinfectant or with soap or detergent and water, and medical or veterinary advice should be sought about the possibility of rabies in the area. Where a significant risk of rabies exists, the patient should be treated with post-exposure rabies vaccination and immunoglobulin (Chapter 5). A booster dose of tetanus toxoid is also recommended following an animal bite.

Travellers who may be at increased risk of exposure to rabies may be advised to have pre-exposure vaccination before departure (Chapter 6). Pre-exposure rabies vaccination does not eliminate the need for treatment after the bite of a rabid animal, but it reduces the number of vaccine doses required in the post-exposure regimen.

Precautions

- Avoid direct contact with domestic animals in areas where rabies occurs, and with all wild and captive animals.
- Avoid behaviour that may startle, frighten or threaten an animal.
- Ensure that children do not approach, touch or otherwise provoke any animal.
- Treat any animal bite immediately by washing with disinfectant or soap and seek medical advice.
- If a significant risk of exposure to rabies is foreseen, seek medical advice before travelling.

Travellers with accompanying animals should be aware that dogs (and, for some countries, cats) must be vaccinated against rabies in order to be allowed to cross international borders. A number of rabies-free countries have additional requirements. Before taking an animal abroad, the traveller should ascertain the regulatory requirements of the countries of destination and transit.

Snakes, scorpions and spiders

Travellers to tropical, subtropical and desert areas should be aware of the possible presence of venomous snakes, scorpions and spiders. Local advice should be sought about risks in the areas to be visited. Most venomous species are particularly active at night.

Venom from snake and spider bites and from scorpion stings has various effects in addition to tissue damage in the vicinity of the bite. Neurotoxins are present in the venom of both terrestrial and aquatic snakes, and also often in the venom of scorpions and spiders. Neurotoxins cause weakness and paralysis. Venom contacting the eyes causes severe damage and may result in blindness. Most snake venoms affect blood coagulation, which may result in haemorrhage and reduced blood pressure. Toxins in the hair of spiders such as tarantulas may cause intense irritation on contact with the skin.

Poisoning by a venomous snake, scorpion or spider is a medical emergency requiring immediate attention. The patient should be moved to the nearest medical facility as quickly as possible. First-aid measures involve immobilizing the entire affected limb with splints and firm, but not tight, bandaging to limit the spread of toxin in the body and the amount of local tissue damage. However, bandaging is not recommended if local swelling and tissue damage are present in the vicinity

of the bite. Other traditional first-aid measures (incisions and suction, tourniquets and compression) are harmful and should not be used.

The decision to use antivenom should be taken only by qualified medical personnel. Antivenom should be administered in a medical facility and should be given only if its stated range of specificity includes the species responsible for the bite.

Precautions

- Obtain local advice about the possible presence of venomous snakes, scorpions and spiders in the area.
- Avoid walking barefoot or in open sandals in terrain where venomous snakes, scorpions or spiders may be present; wear boots or closed shoes and long trousers.
- Avoid placing hands or feet where snakes, spiders or scorpions may be hiding.
- Be particularly careful outdoors at night.
- Examine clothing and shoes before use for hidden snakes, scorpions or spiders. Sleep under a mosquito net.

Aquatic animals

Swimmers and divers may be bitten by certain aquatic animals, including conger and moray eels, piranhas, seals and sharks. They may be stung by venomous cnidaria jellyfish, fire corals, sea anemones stingrays, weever fish, scorpionfish, stonefish and other invertebrate aquatic species including octopus. Severe and often fatal injury results from attack by crocodiles, which inhabit rivers and estuaries in many tropical countries, including the tropical north of Australia. Injuries from dangerous aquatic organisms occur as a result of:

- being in contact with a venomous organism while bathing or wading;
- treading on an animal with venomous spines;
- handling venomous organisms during sea-shore exploration;
- invading the territory of large animals when swimming or at the water's edge;
- swimming in waters used as hunting grounds by large predators;
- interfering with, or provoking, dangerous aquatic organisms.

Precautions

- Obtain local advice on the possible presence of dangerous aquatic animals in the area.
- Avoid behaviour that will provoke attack by predatory animals.
- Wear shoes when walking on the shore and at the water's edge.
- Avoid contact with jellyfish (both live jellyfish in water and dead jellyfish on the beach).
- Avoid walking, wading or swimming in crocodile-infested waters at all times of year.
- Seek medical advice after a sting or bite by a venomous animal.

Treatment

Treatment of envenomation by aquatic animals will depend on whether there is a wound or puncture or a localized skin reaction (e.g. rash). Punctures caused by spiny fish require immersion in hot water, extraction of the spines, careful cleaning of the wound and antibiotic therapy (and antivenom in the case of stonefish). If punctures were caused by an octopus or sea urchin the treatment is basically the same but without exposure to heat. In the case of rashes or linear lesions, contact with cnidaria should be suspected; the treatment is based on the use of 5% acetic acid, local decontamination and corticosteroids (antivenom for the box jellyfish *Chironex fleckeri*), with adequate follow-up for possible sequelae.

Insects and other vectors of disease

Vectors play an essential role in the transmission of many infectious diseases. Many vectors are bloodsucking insects, which ingest the disease-producing microorganism during a blood meal from an infected host (human or animal) and later inject it into a new host at the time of another blood meal. Mosquitoes are important insect vectors of disease, and some diseases are transmitted by bloodsucking flies. In addition, ticks and certain aquatic snails are involved in the life cycle and transmission of disease. The principal vectors and the main diseases they transmit are shown in Table 3.1 at the end of this chapter. Information about the diseases and specific preventive measures are provided in Chapters 5, 6 and 7.

Water plays a key role in the life-cycle of most vectors. Thus, the transmission of many vector-borne diseases is seasonal as there is a relationship between rainfall and the existence of breeding sites. Temperature is also a critical factor, limiting the distribution of vectors by altitude and latitude.

Table 3.1 **Principal disease vectors and the diseases they transmit^a**

Vectors	Main diseases transmitted
Aquatic snails	Schistosomiasis (bilharziasis)
Blackflies	River blindness (onchocerciasis)
Fleas	Plague (transmitted by fleas from rats to humans) Rickettsiosis
Mosquitoes	
<i>Aedes</i>	Dengue fever Rift Valley fever Yellow fever Chikungunya
<i>Anopheles</i>	Lymphatic filariasis Malaria
<i>Culex</i>	Japanese encephalitis Lymphatic filariasis West Nile fever
Sandflies	Leishmaniasis Sandfly fever (<i>Phlebotomus</i> fever)
Ticks	Crimean–Congo haemorrhagic fever Lyme disease Relapsing fever (borreliosis) Rickettsial diseases including spotted fevers and Q fever Tick-borne encephalitis Tularaemia
Triatomine bugs	Chagas disease (American trypanosomiasis)
Tsetse flies	Sleeping sickness (African trypanosomiasis)

^a Based on extensive research, there is absolutely no evidence that HIV infection can be transmitted by insects.

Travellers are usually at lower risk of exposure to vector-borne diseases in urban centres, especially if they sleep in air-conditioned rooms. They may, however, be exposed to the vectors of dengue which are frequent in urban centres in tropical countries and which bite mostly during the day. Travellers to rural areas or to areas with low standards of hygiene and sanitation are usually at higher risk of exposure to disease vectors, and personal protection is therefore essential. Evening/night-time activities outdoors may increase exposure to malaria vectors.

Protection against vectors

Travellers may protect themselves from mosquitoes and other vectors by the means outlined in the following paragraphs.

Insect repellents are substances applied to exposed skin or to clothing to prevent human/vector contact. The active ingredient in a repellent repels but does not kill insects. Choose a repellent containing DEET (*N,N*-diethyl-3-methylbenzamide), IR3535 (3-[*N*-acetyl-*N*-butyl]-aminopropionic acid ethyl ester) or Icaridin (1-piperidinecarboxylic acid, 2-(2-hydroxyethyl)-1-methylpropylester). Insect repellents should be applied to provide protection at times when insects are biting. Care must be taken to avoid contact with mucous membranes. Insect repellents should not be sprayed on the face, applied to the eyelids or lips, or applied to sensitive, sunburned or damaged skin or deep skin folds. Always wash the hands after applying the repellent. Repeated applications may be required every 3–4 h, especially in hot and humid climates when sweating may be profuse. When the product is applied to clothes, the repellent effect lasts longer. However, label instructions should be followed to avoid damage to certain fabrics. Repellents should be used in strict accordance with the manufacturers' instructions and the dosage must not be exceeded, especially for young children and pregnant women.

Mosquito nets are excellent means of personal protection while sleeping. Nets can be used either with or without insecticide treatment. However, treated nets are much more effective. Pretreated nets may be commercially available. Nets should be strong and with a mesh size no larger than 1.5 mm. The net should be tucked in under the mattress, ensuring first that it is not torn and that there are no mosquitoes inside. Nets for hammocks are available, as are nets for cots and small beds.

Mosquito coils are the best known example of insecticide vaporizer, usually with a synthetic pyrethroid as the active ingredient. One coil serves a normal bedroom through the night, unless the room is particularly draughty. A more sophisticated version, which requires electricity, is an insecticide mat that is placed on an electrically heated grid, causing the insecticide to vaporize. Battery-operated vaporizers are also available. Such devices can also be used during daytime if necessary.

Aerosol sprays intended to kill flying insects are effective for quick knockdown and killing. Indoor sleeping areas should be sprayed before bedtime. Treating a room with an insecticide spray will help to free it from insects, but the effect may be short-lived. Spraying combined with the use of a coil, a vaporizer or a mosquito net is recommended. Aerosol sprays intended for crawling insects (e.g. cockroaches and ants) should be sprayed on surfaces where these insects walk.

Protective clothing can help at times of the day when vectors are active. The thickness of the material is critical. Exposed skin should be treated with a repellent. Insect repellent applied to clothing is effective for longer than it may be on the skin. Extra protection is provided by treating clothing with permethrin or etofenprox, to prevent mosquitoes from biting through clothing. In tick- and flea-infested areas, feet should be protected by appropriate footwear and by tucking long trousers into the socks. Such measures are further enhanced by application of repellents to the clothing.

Travellers camping in tents should use a combination of mosquito coils, repellents and screens. The mesh size of tent screens often exceeds 1.5 mm, so that special mosquito screens have to be deployed.

Screening of windows, doors and eaves reduces exposure to flying insects. Accommodation with these features should be sought where available.

Air-conditioning is a highly effective means of keeping mosquitoes and other insects out of a room as long as the room has no gaps around windows or doors. In air-conditioned hotels, other precautions are not necessary indoors.

Avoid contact with freshwater bodies such as lakes, irrigation ditches and slow-running streams in areas where schistosomiasis occurs.

Summary of practical measures for food and water hygiene and to avoid mosquito bites

Common sense precautions for avoiding unsafe food and drink

- Avoid food that has been kept at room or ambient temperature for several hours, e.g. uncovered buffet food, food from street and beach vendors.
- Avoid uncooked food, apart from fruit and vegetables that can be peeled or shelled, and avoid fruits with damaged skins.
- Avoid ice unless it has been made from safe water.
- Avoid dishes containing raw or undercooked eggs.
- Avoid ice cream from unreliable sources, including street vendors.
- Avoid brushing the teeth with unsafe water.
- In countries where poisonous biotoxins may be present in fish and shellfish, obtain advice locally.
- Boil unpasteurized (raw) milk before consumption.

- Always wash your hands thoroughly with soap and water before preparing or consuming food.
- Boil drinking-water if its safety is doubtful; if boiling is not possible, a certified, well-maintained filter and/or a disinfectant agent can be used.
- Bottled or packaged cold drinks are usually safe provided that they are sealed.
- Beverages and thoroughly cooked food served at a temperature of at least 60 °C are usually safe.

Treating water of questionable quality

- Bringing water to a visible rolling boil is the most effective way to kill disease-causing pathogens.
- Chemical disinfection of clear, non-turbid water is effective for killing bacteria and viruses and some protozoa (but not, for example, *Cryptosporidium*).
- A product combining chlorine disinfection with coagulation/flocculation (i.e. chemical precipitation) will remove significant numbers of protozoa, in addition to killing bacteria and viruses.
- Turbid water should be cleared of suspended solid matter by letting it settle or filtering it before chemical disinfection is attempted.
- Portable point-of-use (POU) devices (such as ceramic, membrane and carbon-block filters) remove protozoa and some bacteria. Selecting the most appropriate filter pore size is crucial; a size of 1 mm or less for the filter media pore is recommended to ensure removal of *Cryptosporidium* in clear water. Some filtering devices also employ iodine impregnated resins to increase their efficiency.
- Unless water is boiled, a combination of methods (e.g. filtration followed by chemical disinfection or boiling) is recommended, since most POU filtration devices do not remove or kill viruses. Reverse osmosis (very fine pore filtration that holds back dissolved salts in the water) and ultrafiltration devices (fine pore filtration that passes dissolved salts but holds back viruses and other microbes) can theoretically remove all pathogens.
- A carbon filter can improve taste and, in the case of iodine treatment, can remove excess iodine.

Protection against vectors

- Insect repellents (eg repellents containing DEET (*N,N*-diethyl- 3-methylbenzamide), IR3535 (3-[*N*-acetyl-*N*-butyl]-aminopropionic acid ethyl ester) or

Icaridin (1-piperidinecarboxylic acid, 2-(2-hydroxyethyl)-1-methylpropyl-ester).

- Mosquito nets.
- Mosquito coils. Aerosol sprays.
- Protective clothing.
- Screening.
- Air-conditioning.

Further reading

A guide on safe food for travellers. Geneva, World Health Organization, 2007 (available at: www.who.int/foodsafety/publications/consumer/travellers/en/index.html).

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Foodborne disease: a focus on health education. Geneva, World Health Organization, 2000. (See annex for comprehensive information on 31 foodborne diseases caused by bacteria, viruses and parasites.)

Guidelines for drinking-water quality, incorporating the first and second addenda. Vol. 1: Recommendations, 3rd ed. Geneva, World Health Organization, 2008 (available at: www.who.int/water_sanitation_health/dwq/gdwq3rev/en/index.html).

Guidelines for safe recreational water environments. Vol. 1: Coastal and fresh waters. Geneva, World Health Organization, 2003 (available at: www.who.int/water_sanitation_health/bathing/srwe1execsum/en/index3.html).

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Pesticides and their application for the control of vectors and pests of public health importance. Geneva, World Health Organization, 2006 (WHO/CDS/NTD/WHOPES/GCDPP/2006.1, available at: whqlibdoc.who.int/hq/2006/WHO_CDS_NTD_WHOPES_GCDPP_2006.1_eng.pdf).

Preventing travellers' diarrhoea: how to make drinking-water safe. Geneva, World Health Organization, 2005 (WHO/SDE/WSH/05.07, available at: www.who.int/water_sanitation_health/hygiene/envsan/sdwtravel.pdf).

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WHO advice on sun protection: www.who.int/uv/en