

Travel to Africa 2005

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General Advice:

- Overall risks are low for diseases other than Traveler's diarrhea
- Preventative measures to avoid exposure to mosquito bites and contaminated food are important [see CDC advice]
- Taking medications as directed best
- Take care of this now, not last minute

Recommended Vaccines

- REQUIRED: Yellow Fever (good for 10 years, need certificate)
- Meningococcal (good for 10 years, dry season through June)
- Hepatitis A: recommend vaccine (good for 6 months, after 2nd booster good lifetime) ; alternative - globulin (good only for 3 months)
- Typhoid: oral only available at present (good for 5 years)

Also to consider vaccines:

- Polio (one booster as adult)
- Hepatitis B – risk depends on behavior
- Tetanus update (need every 10 years, travel or not)
- Measles vaccination status (most immunized)

Medications:

- For Traveler's Diarrhea: Ciprofloxin 500 mg twice daily for three days at onset of symptoms
- For Malaria: Mefloquine 250 mg once a week, begin a week before, continue for 4 weeks after (10 pills); alternate – Malarone 250/100, one a day for day before, trip and 7 days after – (~50 pills)

Mefloquine (brand name: Lariam™ and generic)

- The adult dosage is 250 mg salt (one tablet) once a week.
- Take the first dose of Mefloquine 1 week before arrival in the malaria-risk area.
- Take Mefloquine once a week, on the same day each week, while in the malaria-risk area.
- Take Mefloquine once a week for 4 weeks after leaving the malaria-risk area.
- Mefloquine should be taken on a full stomach, for example, after a meal.

Mefloquine Side Effects and Warnings

The most common side effects reported by travelers taking Mefloquine include headache, nausea, dizziness, difficulty sleeping, anxiety, vivid dreams, and visual disturbances.

- Mefloquine has rarely been reported to cause serious side effects, such as seizures, depression, and psychosis. These serious side effects are more frequent with the higher doses used to treat malaria; fewer occurred at the weekly doses used to prevent malaria. Most travelers taking Mefloquine do not have side effects serious enough to stop taking the drug. (Other antimalarial drugs are available if you cannot tolerate Mefloquine; see your health care provider.)

Contraindications

Some travelers should **NOT** take Mefloquine (other antimalarial drugs are available; see your health care provider):

- persons with active depression or a recent history of depression;
- persons with a history of psychosis, generalized anxiety disorder, schizophrenia, or other major psychiatric disorder;
- persons with a history of seizures (does not include the typical seizure caused by high fever in childhood);
- persons allergic to Mefloquine;
- Mefloquine is not recommended for persons with cardiac conduction abnormalities (irregular heartbeat).

Atovaquone/proguanil (brand name: Malarone™)

- Fixed combination of two drugs, atovaquone and proguanil. In the United States, it is available as the brand name, Malarone™.
- **Directions for Use**
- The adult dosage is 1 adult tablet (250mg atovaquone/100mg proguanil) once a day.
- Take the first dose of atovaquone/proguanil 1 to 2 days before travel to the malaria-risk area.
- Take atovaquone/proguanil once a day during travel in the malaria-risk area.
- Take atovaquone/proguanil once a day for 7 days after leaving the malaria-risk area.
- Take the dose at the same time each day with food or milk.

Atovaquone/proguanil Side Effects and Warnings

The most common side effects reported by travelers taking atovaquone/proguanil are abdominal pain, nausea, vomiting, and headache. Most travelers taking atovaquone/proguanil do not have side effects serious enough to stop taking the drug. Other antimalarial drugs are available if you cannot tolerate atovaquone/proguanil; see your health care provider.

Contraindications

The following travelers should **NOT** take atovaquone/proguanil (other antimalarial drugs are available; see your health care provider):

- children weighing less than 11 kilograms (25 pounds);
- pregnant women;
- women breast-feeding infants weighing less than 11 kilograms (25 pounds);
- patients with severe renal impairment;
- patients allergic to atovaquone or proguanil.

Other medications:

- For mild symptoms of fever, pains, etc.
- For any chronic medical conditions
- For allergies
- For rashes

Scheduling visits at MIT Medical

- Groups traveling should coordinate clinical visits by having group leader call MIT Medical.
- Arrangements should be made in March and April, do not wait until late May as vaccines take 3 weeks to take effect.

Costs:

- Visits to MIT: free
- Travel vaccines: 20\$ each
- Travel prescription medications: depends on coverage, from 8\$ to 35\$ each medication
- Over the counter medicines: retail costs

Further information:

- <http://www.cdc.gov/travel/eafrica.htm>
- <http://www.cdc.gov/travel/wafrica.htm>

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