



A recent survey showed that 60% of travellers had fallen ill at some stage while on holiday.* The causes of these illnesses break down into the following categories: gastro-intestinal problems (including diarrhoea, food poisoning and gastroenteritis), sunburn or sunstroke, mosquito bites, ear or throat infections, viral infections and alcohol poisoning.

The commonest destinations that seemed to cause the most problems were Spain, Greece and Africa, although all foreign countries are featured on the list. The problem of travel to a foreign country is that there are many situations not normally experienced in the UK. Situations include stronger sun and heat, different diet with possible unhygienic cooking conditions, poor sanitation, poor living accommodation, poor access to medical advice, poor access to pharmacies and communication difficulties.

These problems could be costly to the airline and are potentially avoidable with the correct medical advice, common sense and a basic medical kit. Most GP surgeries have travel clinics where immunisations and travel advice can be obtained. Travellers are advised to start thinking about these issues four to six weeks in advance of their travel. If aircrew are rostered on a regular basis to foreign destinations, it would be worth them having a review of all issues pertaining to travel to these countries at a travel clinic or with their occupational health service.

A travel medical kit can be advised by your airline or surgery. Alternatively, you can put one together yourself, or purchase one commercially. Be sure that you are aware of, and are familiar with, all the items in the kit and that you have a list of medications and their function and expiry dates. A letter from your GP on headed notepaper explaining that the medication is for personal use is sometimes useful as there are drug import rules in some countries.

The following would be a suggested kit aimed at aircrew for minor medical problems, but it is by no means comprehensive. If one was travelling to remote areas for a prolonged time, a more comprehensive medical kit would be required.

- Alcohol hand sanitizer
- Assorted dressings
- First aid quick reference card
- Insect repellent
- Spare contact lenses/glasses
- Sun block
- Painkiller or medication to treat fevers, ideally paracetamol

Holiday Health

Dr Chris King examines the dangers and precautions that can make or break your trip.



“A different diet with possible unhygienic cooking conditions, stronger sun and poor sanitation all contribute to travellers falling ill on holiday.”

- Antihistamines, oral and cream
- Anti-diarrhoea tablet such as loperamide
- Calamine lotion
- Steroid cream such as hydrocortisone for rashes, sunburn or bites
- Oral rehydration sachets
- Malaria tablets if appropriate.

Immunisations

The immunisation schedule for common vaccines required by aircrew is given below. It is important that you ascertain which vaccines are required for specific countries being visited, and allow plenty of time prior to travel. Certain vaccines cannot be given together and need a three-week gap between them. For vaccination against rabies etc, specialist advice is required. Do not forget to check for malaria risk and obtain proper chemoprophylaxis, plus the use of nets, repellents and gels.

Travellers to remote areas need to consult a full travel clinic facility.

Yellow fever is a live vaccine (Stamaril) and is given as a single dose at designated yellow fever centres where an international certificate of vaccination will be issued, which is essential for travellers to yellow fever areas. Immunity starts 10 days after vaccination and lasts for 10 years.

Typhoid (Typhim Vi, Typherix) vaccine is given as a single dose. It is effective after

two to three weeks, and immunity lasts up to three years.

Diphtheria toxoid, tetanus toxoid and poliomyelitis inactivated vaccine

(Revaxis) is a booster vaccination used following primary immunization as a child. Immunity is immediate and lasts for 10 years.

Hepatitis A vaccine (Havrix Monodose, Avaxim) provides immunity for up to one year, and is effective after two to four weeks. A booster dose given between six and 12 months of the original dose and gives immunity up to 10 years, effective immediately.

Meningitis (ACWY Vax) vaccine is effective after two to three weeks and lasts up to five years in adults.

Hepatitis B (Engerix B) vaccination is a course of three injections, the second being administered one month after the first, and the third given six months after the second. Immunity lasts for at least 15 years. The need for a booster is uncertain, but some vaccination programmes recommend it.

Cholera vaccination is no longer routinely recommended for international travel.

If you return from abroad with any untoward symptoms, it is worth being checked out by a medical professional as soon as possible. Useful websites include www.nathnac.org/travel/index.htm and www.fitfortravel.nhs.uk/home.aspx ■

* This survey was carried out by 72Point and commissioned by the parent company of Bimuno, Clasado Ltd