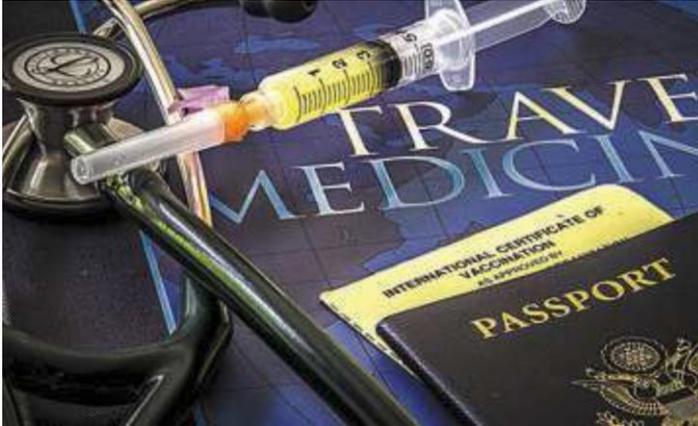


Think medically before your trip

BRIAN IRWIN FOR THE BOSTON GLOBE

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Consulting a specialist beforehand is wise travel planning.

of dung were scattered about the valley floor. Our cook, who was rinsing a freshly plucked chicken in the same water, taunted me by uttering in Quecha, his native language, a phrase that I later learned translated to “hope that water didn’t get in your mouth!” The valley had been the recent site of a typhoid outbreak.

I didn’t catch typhoid fever, a nasty disease that is prevalent in regions ranging from Mexico to Mongolia. I was vaccinated against this potentially fatal disease that can cause liver failure, psychosis, and a constellation of symptoms that can ruin not only your trip but also your life. My typhoid vaccine was part of my pre-travel immunization series that I received during a travel consult. A travel consult with a medical specialist is an exercise that is not embraced by all travelers. But it is well worth considering, especially if you’re traveling to foreign countries, remote or specific domestic destinations, or any place wild.

The purpose of a consult is to ensure a safe, healthy trip. Services provided reach far beyond a round of shots; rather they delve deep into your medical history, your planned itinerary, and the critical link between the two. Does that heart attack you had 10 years ago mean you need tests before you go hiking in Nepal or diving in Fiji? Should you avoid certain foods or locations given your diabetes or recent chemotherapy treatment? Are you at risk of catching malaria on a trip to developed parts of Costa Rica?

Think of your consult as one more thing you need to do before you leave. It is your toolbox of information and preventative measures that can keep your camera clicking. Following are some of the most common components of a travel consult. You may be surprised how many apply to almost every traveler:

VACCINATIONS One of the keystones to safe travel, foreign or domestic, is a complete set of appropriate immunizations. Almost all travelers should be vaccinated against hepatitis A and B. The former is contracted through a fecal-oral route. Those wild Ecuadorian plantains may look and taste great, but if they were washed in contaminated water you could go into liver failure if you’re not vaccinated.

Bolivia’s Altiplano, or “high plain,” is an arid, wind-whipped plateau at over 13,000 feet in elevation. We hiked along a gin-clear river toward the glacier-cloaked peaks of the Andes. A train of mules and porters marched a mile ahead of us toward our base camp, where we would plan our attempt to climb the towering mountains on the horizon.

Just before camp I stopped to splash water on my face. It ran over my lips as I pressed them tightly to keep out the certain germs that swirled in the stream.

I crested the final hill to find the fleet of mules drinking from and wading in the creek. Piles

Hepatitis B is transmitted by blood exposure. People often ask, “Why should I worry about hep B? I don’t shoot needles and I’ve been in a monogamous relationship for 30 years.” That logic is valid . . . until something goes wrong such as a car accident in Chad, where screening at blood banks is nonexistent. Suddenly, your exposure spikes.

Typhoid vaccination is advised for travelers to anywhere in the world outside of Australia, Europe, and North America. This is another condition that can be contracted by ingesting contaminated water sources. It’s easily prevented, but still affects 16 million people each year worldwide. You don’t want to be one of them.

Some diseases fly right up and bite you. Literally. Like yellow fever, a virus that is transmitted by mosquitoes. It’s present in tropical Africa and South America and kills over 10 percent of those who catch it. If the risk isn’t enough, consider that many countries will not permit passage through customs without proof of vaccination, often in an attempt to prevent migration of the disease. Yellow fever vaccines can be administered only by a certified yellow fever vaccination center. Japanese encephalitis is another mosquito-borne viral infection that attacks the nervous system; it has a seasonal pattern in many areas and is typically present in rural regions.

There are many other vaccinations that may be recommended depending on your destination. Rabies vaccine is advised for some situations, meningitis vaccination for others. Even routine vaccinations like polio boosters and tetanus shots shouldn’t be overlooked.

PREVENTATIVE MEDICATIONS AND MEASURES Malaria, a disease that is present worldwide, cannot yet be prevented with a vaccine, but it can with medications. In most cases, antibiotics should be taken by patients traveling to endemic areas. However, strains of malaria have become resistant to some medications in some parts of the world, making proper selection of prophylactic medications essential. This is a core part of a travel consult for warm-weather travelers. Likewise, DEET, bed nets, and other measures can prevent the transmission of malaria.

One of the most common medical complications during travel is diarrhea. Many cases are caused by e. coli, a bacteria that responds beautifully to antibiotics. However, not all types of e. coli are safe to treat with antibiotics.

Treat the wrong strain, for example O157:H7, with antibiotics and you could make things (like your kidneys) worse. Your travel consultant can help teach you when and if you should use your emergency supply of antibiotics.

Some travelers opt to take daily medications to prevent the development of traveler’s diarrhea, which can affect up to 60 percent of all visitors to developing countries. A half dozen Pepto Bismol tablets a day can be up to 75 percent effective; some antibiotics, if taken preventatively, can be 90 percent effective. However these measures have downsides, such as constipation, tendonitis, and others, so their benefit must be weighed against their risks.

SPECIAL CIRCUMSTANCES Travel consults can not only help prepare you for infection treatment and prevention, but also prep you for environmental issues. Altitude illness has been reported as low as 6,500 feet, so just because the water in Breckenridge, Colo., is safe, the thin air may not be. There are plenty of medications and protocols that can help prevent and treat altitude illness, including acetazolamide (which helps you acclimate), compazine (which treats the nausea that accompanies altitude illness), and codeine (which thwarts the headache of this condition).

The list of unique scenarios is long and matched by an equal number of common travel scenarios such as motion sickness, fear of flying, and jetlag.

POST-TRAVEL COMPLICATIONS Sometimes the trip of a lifetime gives you souvenirs you don’t want, like parasites in your gastrointestinal tract or chaga’s disease, a condition present in much of South and Central America (as far north as Southern California) that infects muscle, nerve, and heart

tissue. Infections have an incubation period, the time between when you “catch” a disease and when its symptoms declare. Considering this, you can present with dengue fever or campylobacter infection a week, or in the case of the latter, a month after you return home. If you’ve had a consult before your trip, and even if you’ve not, a travel consultant can hone in on the cause of your symptoms and get you back to work . . . even if you don’t want to be.

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