



EXPEDITION HEALTH PREPARATION AND IMMUNISATION ADVICE MEDEX RESEARCH EXPEDITION 2010

IMMUNISATIONS should be discussed with your own doctor or practice nurse for the most up to date guidelines. Vaccinations are also available from commercial centres such as British Airways travel clinics. Remember that a course can take several weeks so book in early. This information is not exhaustive but all of the following should be carefully considered:

Essential routine UK Vaccinations – please ensure that these are up to date:

<p>Polio (L)</p> <p>Diphtheria</p> <p>Tetanus</p>	<p>Tetanus is contracted through dirty cuts and scratches and poliomyelitis spread through contaminated food and water. They are serious infections of the nervous system. UK advice is for lifetime total of 5 tetanus shots unless at particular risk of soil-contaminated wounds such as farmers. 10 yearly boosters advised for travelers to countries with poor access to post-exposure tetanus immunoglobulin.</p>
--	--

Additional essential recommendations for Nepal:

<p>Typhoid</p> <p>Hepatitis A</p>	<p>Typhoid and hepatitis A are spread through contaminated food and water. Typhoid causes septicaemia and hepatitis A causes liver inflammation and jaundice. A single dose of inactivated Hepatitis A vaccine is effective and recommended, with a booster at 12 months for life-long immunity. Typhoid vaccine requires a booster every 3 years. <u>NB:</u> Climber with typhoid evacuated from Medex Kangchenjunga expedition in 1998!</p>
<p>Rabies</p>	<p>Rabies is endemic in Nepal and is spread through bites or licks on broken skin from infected animals. It is always fatal without post-exposure treatment. Vaccination is advised since we will be very remote from any reliable source of vaccine. Even when pre-exposure vaccines have been received urgent medical advice should be sought after any animal bite. Strongly recommended to have 3-dose course (day 0, 7, 28) <i>intramuscularly</i>. Those with 2-dose course, or given <i>intradermally</i>, or whose last vaccine >2 years ago, are <u>incompletely immunised</u> and will require further vaccines plus immunoglobulin which may be difficult to obtain in Nepal. Completely immunised individuals need only 2 doses of post bite vaccine and have more time to obtain it. Injections whilst taking chloroquine/mefloquine may be less effective. Boost at 2 years.</p>
<p>TB (L)</p>	<p>Tuberculosis is most commonly transmitted via droplet infection. Endemic in Nepal with increased risk if in contact with locals. Dept. of Health recommends if >1 month in Asia. Re-immunisation for those who received standard UK single BCG is not required.</p>
<p>Meningitis</p>	<p>Meningococcal meningitis is spread through close personal contact. Vaccination is recommended. Risk mostly <u>Group A</u> strain so ensure Meningococcal <u>AC</u> vaccine.</p>
<p>Hepatitis B</p>	<p>Hepatitis B is spread through infected blood, contaminated needles and sexual intercourse, It affects the liver, causing jaundice and occasionally liver failure. Carriage in the local population said to be high (>10%). Vaccination recommended for health care workers, those who may be handling blood or bodily fluids. Those previously immunised should check antibody levels.</p>

MEDEX Porter Mortality Project 2010

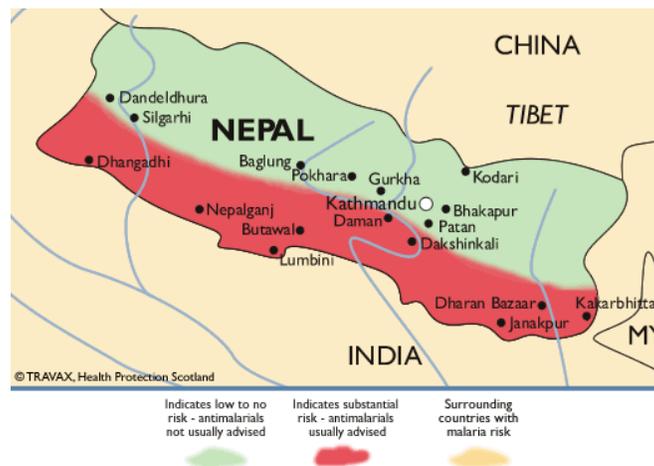
To be considered:

Japanese B Encephalitis	<p>Japanese B encephalitis is spread by mosquitoes. It is a serious infection of the brain and vaccination is advised for those in risk areas unable to avoid mosquito bites, staying for long periods (e.g. more than 4 weeks) or visiting rural areas. Two doses 1-2 wks apart, booster every 1-4 years.</p> <p><u>NB.</u> December 2005, nearly 3000 cases of Japanese encephalitis were reported of which >300 people died. The most affected areas were in the western, mid-western and far-western regions of Nepal. For further details of areas affected please see the WHO Regional Office for S.E. Asia website.</p>
Influenza and Pneumococcus	For those at risk of serious disease or complications e.g. those with heart/chest disease or chronic illness such as diabetes.
MMR	Measles, Mumps, Rubella – in those not previously infected or immunised.
Yellow Fever	Is not required for Nepal, BUT vaccination <u>with certificate</u> is required if arriving from or through an infected country (neither India nor China is considered an infected zone).

(L) = Live vaccine

Malaria

No malarial prophylaxis is required in Kathmandu or areas over 1300m. Most malaria transmission in Nepal is in the low lying southern plains or 'terrai' districts of Bara, Dhanukha, Kapilvastu, Mahotari, Parsa, Rautahat, Rupendehi and Sarlahi. Risk here is low but there are anecdotal reports of altitude climbers contracting malaria when being evacuated by helicopters which have put down transiently to refuel in the lowlands.



If you are planning to travel to areas below 1300m for any substantial time period then mosquito bite avoidance and malaria tablets are advised. Current recommendations are:

- **Chloroquine** 300mg weekly (2x 150mg tablets supplied as Nivaquine or Avloclor)
- **PLUS Proguanil** 200mg daily (2x 100mg tablets, Paludrine)

If you are planning on visiting malarial areas before or after the expedition please remember to start tablets at least 1 week before exposure, continue the whole time in the risk area and for 4 weeks after leaving. A different regime and drug may be required if you are travelling to another malaria area before or after Nepal – please consult your travel clinic/GP. It is important to note that the tablets don't prevent malaria but interfere with its life cycle once inside the body. The only real prevention is not to get bitten.

Bite Avoidance: Malaria mosquitoes bite mostly from dusk to dawn and like the thin skin of ankles and wrists. Avoid mosquito bites by covering up with long sleeves and trousers especially after sunset, using insect repellents (DEET is most effective) on exposed skin and, when necessary,

MEDEX Porter Mortality Project 2010

sleeping under an insecticide impregnated mosquito net. For a discussion from the CIWEC Travel Clinic in Kathmandu, please see <http://www.ciwec-clinic.com/immune/malaria.html>

If you have been traveling in a malarial area and develop a fever, seek medical attention promptly. Remember malaria can develop even up to one year after exposure

Other health considerations

Medical treatment is expensive at Western clinics in Nepal. Healthcare is poor in most areas outside Kathmandu valley and Pokhara. You should be aware that it may be difficult to obtain rapid helicopter evacuation if you were to fall ill or suffer a serious accident in a remote area.

In the 2006 Report on the Global AIDS Epidemic the UNAIDS/WHO Working Group estimated that around 74,000 adults aged 15 years or over in Nepal were living with HIV; the prevalence rate was estimated at around 0.5% of the adult population. This compares to the prevalence rate in adults in the UK of around 0.2%. You should exercise normal precautions to avoid exposure to HIV/AIDS.

Useful health information including infectious and non-infectious diseases, vaccinations, and travel safety advice can be obtained from the National Travel Health Network and Centre website at <http://www.nathnac.org/travel/index.htm>. This site has excellent advice sheets regarding common expedition and altitude related illnesses and their treatment, camp hygiene, water purification, travelers' diarrhoea etc. These can be downloaded and printed.

Personal Medical Kit

You should take along a basic medical kit.

Fitness

If you are planning to trek any length of time, remember that you will enjoy the experience more if you have done some fitness training ahead of time and tested out your boots!

Dentist

Please visit in good time before the expedition. Toothache quickly spoils any trip and there is a limit to dental procedures that can be performed in the field. Most of us don't fancy having teeth out in the safety of a dental surgery – it is highly unlikely that the idea will seem any more palatable in remote corners of Nepal.

Insurance

This is mandatory and must cover any climbing, rafting or other activities in which you intend to partake whilst in Nepal. Cover must include medical eventualities, search and rescue, and air ambulance repatriation to your country of residence. Average travelers insurance may not cover you for all your planned activities and including search and rescue is essential in case you need to be evacuated by helicopter.

Safety

Check the UK Foreign Office Website regularly for updates regarding the political situation in Nepal <http://www.fco.gov.uk/en/travelling-and-living-overseas/travel-advice-by-country/asia-oceania/nepal>. The wealth of information on this site also includes details regarding visas for UK citizens and currency.

Further queries

If you have any general or specific medical queries or concerns, please feel free to contact me and I will do my best to answer them.

Dr Simon Currin

Medex