

Travel vaccinations and medications - Q & A

This fact sheet lists a range of questions on travel vaccinations and medications which were posted by visitors to the Better Health Channel. Our experts provide the answers.

Q. What vaccinations do I need if I'm going to Bali for seven days? My friends say I do not need to consult a doctor because I'm staying at a good resort.

Although many of your friends may have travelled to Bali and not had any problems, the statistics do not agree. Large studies have shown that illness occurs in 15 to 55 per cent of all travellers, and 11 per cent need to see a doctor while away from home.

In addition to the travel health tips that are available from the Better Health Channel, see your doctor for advice on how to pack an appropriate medical kit and provide necessary prescriptions. For travellers to Bali, the following vaccinations are recommended:

- **Hepatitis A** - the risk of catching hepatitis A is estimated at one in every 1,000 travellers per month of stay. This incidence applies to a stay in a high class hotel. The incidence is three times higher in backpackers.
- **Typhoid** - modern vaccines for the prevention of typhoid are well tolerated and advisable if staying more than two weeks in Bali. However, it is reasonable to have this vaccination for a shorter stay as well.
- **Routine vaccinations** - childhood vaccines should be brought up to date if required. Boosters for tetanus and diphtheria (ADT) and whooping cough (DTPa - MMR with Priorix), poliomyelitis (IPV) may be advised. Measles, mumps, rubella (MMR) vaccine should be given if you were born after 1965 and have not received a second dose of the MMR vaccine. Meningococcal C, hepatitis B and chicken pox vaccines are now part of the routine list recommended by the NHMRC.
- **Flu vaccine** - this is a consideration, because influenza is prevalent all year round in tropical countries. Vaccination against pneumonia may also be advisable for higher risk groups.
- **Cholera** - new effective vaccines are now available but, in general, are not considered necessary.

For people staying in Bali for very long periods (over six months), prevention of tuberculosis and Japanese encephalitis will need to be considered. At present, there does not appear to be a risk of rabies on the island of Bali, but bordering islands do pose a risk.

Malaria

Although not a vaccine-preventable disease, travellers should consult a travel clinic for the best advice on malaria prevention, including the need for tablets, depending on the specific area to be visited.

Q. My doctor has advised me to take the antimalarial drug Larium but I am worried about the side effects.

All tablets may have side effects; however, it's worth keeping in mind that *Falciparum* malaria illness can kill a person within three days. Larium (mefloquine) is commonly recommended by most authorities for travel to areas where a significant risk of life-threatening malaria exists, including India and North Africa.

Larium used in the doses required to **prevent** malaria has a similar incidence of side effects to other antimalarials, with the exception of doxycycline. However, Larium can cause serious side effects in the doses required to **treat** malaria. It is best commenced three weeks before you leave, which allows time to detect worrying side effects and change to another medication.

This is a complex area that requires current knowledge about the specific region to be visited. It is best to discuss the need or otherwise for malaria preventive tablets, and the risks and benefits of antimalarial medications, at a travel clinic or with a doctor well versed in travel health.

Q. I recently travelled throughout Thailand (North and South) and, on advice from my doctor, I took Doryx 100 capsules as an antimalarial for the entire time. My questions concern the photosensitive side effects that occurred as a result. Is it necessary to take these tablets if only travelling in the South of Thailand? Is there an alternative antimalarial?

The risk of malaria in Thailand is limited to rural forest areas rarely visited by most travellers. The border regions also pose a risk, including:

- Myanmar in the west - Tak Province
- Cambodia in the south-east - Trat Province
- Laos in the north.

There is no risk in the interior of Thailand or in the cities and main tourist resorts (for example, Bangkok, Chiang Mai, Chiang Rai, gulf islands, Pattaya, Phuket Island, Ko Samui, Koh Pee Pee and Koh Samet). Antimalarial medication is not required for these areas.

Unfortunately, the strain of malaria contracted in Thailand is multi-drug resistant. Until recently, doxycycline (Doryx and Vibramycin) was the only effective medication available. Side effects of this medication include:

- **Exaggerated sunburn reaction** - this occurs in approximately three per cent of people. It can be minimised by avoiding sunlight, using sunscreen and taking the drug in the evening.
- **Thrush.**
- **Stomach and bowel upsets** - particularly if the medication is taken on an empty stomach. So, eat before you take it.
- **Heartburn** - drinking lots of water after swallowing the drug helps to reduce this effect.
- **Contraceptive failure** - using doxycycline may also make the contraceptive pill unreliable for the first few weeks.

There is now a very effective but expensive alternative for those at risk. Malarone is a combination of atovaquone and proguanil in a single tablet. Malarone is taken once a day, starting one day before travel and continuing for one week after leaving the malarial area. Side effects of the medication are uncommon at preventive doses; however, nausea, vomiting, abdominal pain and diarrhoea occur when higher doses of the drug are used to treat malaria.

Q. I am backpacking through Thailand, Cambodia and Vietnam during August and September for a total of six weeks. I am not sure whether I should have the Japanese encephalitis vaccination because I've been advised there are side effects and that only long term travellers require it. What is your opinion?

The Centre for Disease Control, Atlanta USA provides the following risk information for Japanese encephalitis:

- **Thailand** - prevalent in the north and sporadic cases in the south from May to October. Annual outbreaks occur in Chiang Mai Valley and sporadic cases in Bangkok suburbs.
- **Vietnam** - prevalent in all provinces from May to October. The highest rates are in and near Hanoi.
- **Cambodia** - presumed to be most prevalent countrywide from May to October. Cases have been reported from refugee camps on Thai border.

Generally, the risk is higher after monsoons and if staying in rural areas. The virus is transmitted by rice-field breeding mosquitoes. Pigs, horses and wild birds are the hosts for this virus. When pigs live close to humans, it increases the chance of transmission.

Australian authorities recommend vaccination for 'travellers spending one month or more in rural areas where Japanese encephalitis is prevalent'. You fit into this category and so vaccination is recommended.

Side effects of the vaccine are usually restricted to tenderness, redness and swelling at the injection site (20 per cent of vaccinations) and a mild flu-like illness with fever and headache (10 per cent of vaccinations).

Occasionally, there can be a severe allergic reaction to the vaccine; consequently, persons receiving the vaccine should remain within ready access to medical care for 10 days following vaccination. The risk is increased if a person has a past history of allergic reactions. A vaccination program conducted in the Torres Strait Islands in 1995 showed no serious reaction in the 9,000 people vaccinated.

Q. I am going to Hong Kong and China for 10 months starting in late August. What vaccinations do I need?

You should check that all your routine vaccinations are up to date: for example, tetanus, diphtheria and poliomyelitis. The other vaccinations that you should consider include:

- **Measles** - if you were born after 1965 and have not received a second dose of MMR vaccine.
- **Hepatitis A** - always recommended.
- **Typhoid** - there is a significant risk in Hong Kong and China. The vaccine is 70 to 80 per cent effective.
- **Cholera** - an oral vaccine is available, which is 90 per cent effective for six months.
- **Rabies** - given the length of your stay, this vaccination may be advised if you may or could have regular contact with animals. Dogs are the main risk (97 per cent) and cycling could increase that risk. There were 208 documented cases in China in 1998 and 208 deaths. Rabies is always 100 per cent fatal. Stray dogs in Hong Kong carry rabies (estimated 10 per cent).
- **Tuberculosis** - vaccination is not recommended for adults unless they're at very high risk.
- **Japanese encephalitis** - recommended only if staying in remote rural areas of China. The disease occurs in epidemics during the summer or wet season months.
- **Routine vaccinations** - childhood vaccines should be brought up to date if required. Boosters for tetanus and diphtheria and whooping cough (pertussis) and polio may be advised. Measles, mumps, rubella (MMR) vaccine should be given if you were born after 1965 and have not received a second dose of the MMR vaccine. Meningococcal C, hepatitis B and chicken pox vaccines are now part of the routine list recommended by the NHMRC.
- **Flu vaccine** - this is a consideration, because influenza is prevalent all year round in tropical countries. Vaccination against pneumonia may also be advisable for higher risk groups.

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Q. Are vaccinations necessary when travelling to developed countries?

As a general rule, I advise all travellers to visit their local doctor regardless of overseas destination. Although developed countries generally pose no more health threats than travel within Australia, there are a few exceptions. Some of the following may be recommended:

- **Routine vaccinations** - childhood vaccines should be brought up to date if required. Boosters for tetanus and diphtheria and whooping cough (pertussis) and polio may be advised. Measles, mumps, rubella (MMR) vaccine should be given if you were born after 1965 and have not received a second dose of the MMR vaccine. Meningococcal C, hepatitis B and chicken pox vaccines are now part of the routine list recommended by the NHMRC.
- **Influenza** - this is a significant risk to travellers to Europe and USA, and is a year-round risk in tropical areas. A vaccination could save you from a wasted week of recuperation.
- **Pneumonia** - may also be advisable for higher risk groups.
- **Hepatitis A** - The Centre for Disease Control, Atlanta USA advises there is some risk in Southern Europe and the countries bordering the Mediterranean, as well as in Portugal.
- **Hepatitis B** - a vaccine is recommended for those planning a long extended trip and if you may be sexually active with new partners.
- **Rabies** - consider if cycling around Eastern Europe in particular.

It's a good idea to take a broad spectrum antibiotic with you (which requires a prescription) to cover, for example, an infected cut, sinusitis or cystitis. This may save an unsettling experience, particularly in a non-English speaking country. Legionnaires' disease is more common in some Mediterranean countries.

Where to get help

- Your doctor

- Travel Clinics Australia Tel. 1300 369 359 (for appointments)
- Travel Clinics Infoline Tel. 1900 969 359 (*calls charged at 99 cents per minute incl. GST - higher rates from mobiles & public phones*)
- Department of Foreign Affairs and Trade Travel Advice Tel. 1300 139 281

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Go to More information for support groups, related links and references.

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Travel Clinics Australia

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