

Health Tips for Travelers

Consider Climate & Accommodations

Tropical oasis or alpine adventure

Hot, cold, high altitude, or low at sea level, “all travelers should familiarize themselves with conditions at their destination that could affect their health....”¹

Heat & Radiation

Whether hot and humid tropics or dry desert climate, don't underestimate the heat and radiation from the sun. Heat combined with *humidity* can result in loss of water and electrolytes (salts) and may lead to [heat exhaustion and heat stroke](#). Heat combined with *dry* conditions makes one particularly

susceptible to dehydration if adequate fluid intake is not sought. Additionally, ultraviolet radiation (UVA and UVB) from the sun can result in damage to the skin and eyes, including severe sunburn, sunstroke, and long-term conditions such as skin cancer and cataracts.²

To prevent heat and radiation problems:

- Consume extra fluids (older travelers and children should take extra care to get enough).
- Consume salt-containing food and drink, or add a little table salt (unless this is contraindicated for the individual) to help replenish electrolytes in case of heat exhaustion, after excessive sweating, or when initially adapting to a hot climate.
- Liberally apply sunscreen with sun protection factor (SPF) 15+ on all areas of the body not protected by clothing. Reapply frequently.
- Wear a wide-brimmed hat, clothing that covers the arms and legs, and wrap-around 100 percent UV-protective sunglasses (check the label).²



“All travelers should familiarize themselves with conditions at their destination that could affect their health....”¹

Cold & Altitude

The sun can also have negative effects (e.g., severe sunburn and “snow blindness”)² when in cold temperatures and at a high altitude. So, although you may be covered head to toe in clothing, don't forget to use sunscreen on your face, use UV protective eye wear, and drink plenty of fluid (especially because you may not feel as thirsty as you would in a hot climate).

When traveling to a higher altitude than your home, altitude illness can result. “Altitude illness is the result of traveling to a higher altitude faster than the body can adapt to that new altitude.”³ “Travelers vary considerably in their susceptibility to altitude illness, and no screening tests are available to predict someone's risk for altitude illness. Susceptibility to altitude illness appears to be inherent in some way and is not affected by training or physical fitness.”³



Common symptoms are headache, fatigue, loss of appetite, nausea, and occasionally vomiting. More severe forms of altitude illness, however, can result in confusion, lethargy, inability to coordinate body movements, increased breathlessness with exertion and eventually increased breathlessness even at rest, and possibly death. Symptoms usually begin 6–12 hours after arrival, but occasionally 24 hours after ascent.³

Though some symptoms of altitude illness may be unavoidable, avoiding severe problems is the goal when traveling to high altitudes:

- Drink extra water.
- Avoid overexertion for the first 24 hours at the higher altitude to allow your body to acclimate.
- Ideally, you should ascend to high altitude slowly, and slowly acclimate to the height. Plan a gradual ascent, with extra rest at intermediate altitudes. Avoid one-day travel to sleeping altitudes over 9,000 feet, if possible. Break the journey for at least one night at 6,000–7,000 feet.
- Ask your doctor about medications, especially if direct travel to high altitudes is unavoidable.
- Know the early symptoms of altitude illness.

- Acknowledge and verbalize symptoms. Often, people take risks because of a set itinerary or group pressures (whether perceived or real).
- Refrain from further ascent until all symptoms of altitude illness have disappeared.
- If you are in a trekking group or on an expedition into remote high altitude areas where descent to a lower altitude could be problematic, take a pressurized bag and foot pump (e.g., Gamow bag, about 6.5 kg) in which a person can be zipped inside where the pressure can mimic descent pressure.
- Seek immediate medical attention if you have symptoms that are severe or last more than two days, progressive shortness of breath with cough or fatigue, inability to coordinate body movements, or altered mental status (e.g., confusion).
- Don't take risks with altitude – descend.^{2,3,4}

Travel to high altitudes may be inadvisable for some individuals. Talk with your doctor if you have unstable angina, pulmonary hypertension, severe chronic obstructive pulmonary disease (COPD), sickle-cell disease, or another chronic condition. People with diabetes, women who are pregnant, and young children can usually safely travel to high altitudes, but talk with your doctor about how to exercise caution.³

Insects & Illness

Domestically, West Nile virus and Lyme disease... Internationally, malaria, yellow fever, dengue fever, and Japanese encephalitis... these are some of the illnesses carried by a variety of insects including mosquitoes, fleas, and ticks. That's why protecting yourself from insect bites is key to

staying healthy when you travel. Check your [destination](#) at the Centers for Disease Control and Prevention travel site to see what risks there are for such diseases (see [Health Issues Abroad](#)).

To prevent infection from insect bites, follow these guidelines:

- Do not wear perfume, cologne, aftershave, or other scented cosmetics that may attract insects.
- Wear a hat, light-colored clothing with long sleeves, and long pants. The light color will attract fewer insects and allow you to more easily see and remove ticks.
- Tuck shirts into pants, and tuck pants into socks; wear boots or other enclosed shoes – not sandals – when visiting areas with ticks and fleas.



- Avoid dusk and dawn activity when mosquitoes are most active.
- Use a mosquito net if recommended and necessary for accommodations at your destination abroad. Drop it, and tuck it in around the bed in late afternoon so you won't have mosquitoes in the bed when it is time to go to sleep.
- Spray clothes, bed, walls, windows, and mosquito nets with a permethrin spray.
- Use an insect repellent with 30–50 percent DEET on all exposed skin. You do not need

100 percent DEET; 30 percent is fine. Be sure to wash your skin with soap and water when you come indoors at the end of the day. Reapply insect repellent as necessary. Insect repellents with picardin (7–15 percent) are also available, but they require more frequent application. Note: DEET should not be used on infants under 2 months. To protect infants, use a carrier draped with mosquito netting with an elastic edge for a tight fit. Also, do not apply repellent to the hands of young children who are likely to put their hands in their mouths. To apply to the face, spray the repellent into your hands, and apply to the face avoiding the eyes, mouth, and inside the ears.

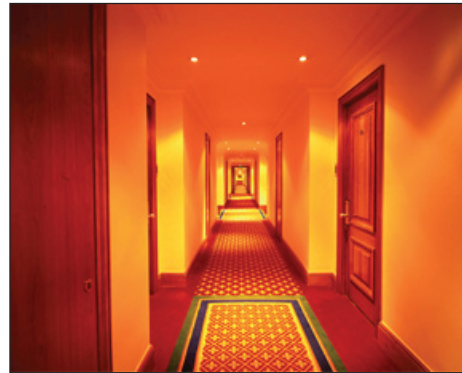
- Do not use insect repellents combined with sunscreen. Sunscreen needs to be reapplied frequently, but you don't want to keep reapplying the repellent.
- Take prescribed preventative (prophylactic) malarial pills in areas where these medicines are necessary.^{4, 5, 6, 7}

Accommodations

Health risks & precautions

In addition to climate, your choice of accommodations also contributes to associated health risks. "A business trip to a city, where the visit is spent in a hotel and/or conference center of high standard, or a tourist trip to a well-organized resort involves fewer risks than a visit to a remote rural area, whether for work or pleasure."⁸ Behavior within the area, however, also plays an important role in health risks. Camping and going outdoors in the evenings in a malaria-endemic area without taking precautions, for instance, may result in infection. Exposure to insects, rodents, or other animals

as well as infectious agents and contaminated food and water, combined with the absence of medical facilities all play a role in increased health risk and makes travel in many remote regions particularly hazardous.⁸



Even seemingly high-standard accommodations, however, come with some health risks. Recently, news broadcasts on hotel room sanitation have brought some seemingly hidden health hazards to light. How bed linens, drinking glasses, and even the remote control are handled and sanitized are important for your health. Because there is no way for you to know how items have been handled, it is important to take health precautions. Here are some hotel-room tips that may help keep you germ-free:

- Remove hotel bedspreads. The bedspread is often the most germ-laden item in the room.⁹ Bedspreads aren't routinely washed, so you should take them off the beds and stash them in the corner.¹⁰ If you're cold, ask for another blanket. The good news is that some hotels have started to use duvet covers or comforters that can be washed between visitors, so if your bed has one of these, you don't have to remove it.¹⁰
- Examine furniture, linens, and carpeting for rust-colored stains – this can be a sign that bedbugs are present.^{9, 11} "Bedbugs were virtually eradicated in the

United States after World War II, but they've returned to every state, and to luxury and budget hotels alike. Bedbugs are hard to get rid of, and if you contract them in your hotel, you're almost certain to carry them back to your home in your clothing and suitcases.... Pull back all the sheets from the bed and inspect your mattress; be sure to closely examine the mattress seams. Look for little red or brown spots, which could be a sign that bedbugs have been there. Sometimes, you can see the bugs themselves; they grow to the size of apple seeds. A flashlight can make it easier to find these pests. Another great trick is to aim a hairdryer at a spot on the mattress for a couple of minutes. Bedbugs are attracted to heat, so if they've burrowed into your mattress, the hair dryer will draw them out. More and more hotels are encasing mattresses and pillows in plastic (this also helps stave off dust mites), which makes it impossible for bed bugs to take up residency."¹⁰

- Travel with sanitizing wipes. Cold viruses, e. coli, and other germs can live on hard surfaces for more than four days.^{10, 12} "This means if the person who stayed in the room before you had a cold, there's a chance you'll get sick, too."¹⁰ Wipe down items that people touch a lot, such as the phones, light switches, door knobs, ice buckets, toilet handles, hotel room pens, menus, phone books, and remote controls.^{9, 13} You may also want to give a quick wipe down to the shower floor and sink faucets.¹⁰
- Never use the whirlpool function in a hotel. "The pipes of the whirlpool, rather than the tub itself, are where the germs

hide. At home, you would regularly flush these pipes with bleach, but that's simply not happening in hotels."¹⁰

- Wear flip flops or other rubber sandals in hotel showers to avoid any chance of contracting athlete's foot.¹⁰
- Wear socks, slippers, or other footwear around a hotel room to avoid germs from carpets.¹⁰
- Do not use the hotel drinking glasses in your room – even if they are covered with a paper lid. Occasionally, these glasses are wiped with the same cloth that was used to clean the rest of the bathroom.¹¹ Tuck in a few paper cups, your own beverages, or choose drinks from a vending machine or the room service menu.
- Wash your hands. The main way germs are transmitted are from touching germ-infected items/ areas and then transferring them through the mucous membranes (e.g., eyes, nose, mouth). Use soap and warm water, and wash for as long as it takes to sing the ABCs. Dry your hands on a clean, disposable towel if available. If these are unavailable, use a hand-sanitizer with at least 60 percent alcohol to kill germs, and don't share a hand towel with anyone who shows signs of illness.

According to a report done by ABC News, "while cleaning crews may dust, vacuum and disinfect daily, most hotels say they do deep cleaning only four times a year, on average – unless stains are visible."⁹ Still, there is no need to panic or over-stress about hotel cleanliness. Everywhere you go – the office,



the mall, at school – you're going to encounter germs.¹⁰ Just don't assume hotel rooms and other public accommodations are cleaner than they really are.¹⁰ Take precautions from the beginning, using the tips given here, and always keep your hands washed when traveling for the best chance at avoiding illness during your travels.

Post-Travel Care

When to see your doctor

Travelers should be advised to see their health care provider for an examination after their travels if they:

- suffer from a chronic disease (e.g., cardiovascular disease, diabetes mellitus, chronic respiratory disease, etc.);
- have spent more than three months in a developing country;
- experience illness in the weeks following their return home (particularly fever, persistent diarrhea, vomiting, jaundice, urinary disorders, skin disease, or genital infection); or
- believe they have been exposed to a serious infectious disease while traveling.⁸

Note: "Travelers who pick up infections overseas usually become ill in the first 12 weeks after they return home. Some diseases, such

as malaria, may not cause problems until six months to a year later, however, and may occur even if you took antimalarial medication.

If you get sick, be sure to tell your doctor when and where you traveled. If you don't get better or can't get a clear diagnosis, consider consulting a doctor who specializes in international or travel medicine."¹⁴

Enjoy Your Travels

Plan ahead

Whatever your plans for travel – plan ahead. Take time to find out about your destination. Make sure you have all necessary items and documents packed and readily available if needed. Check your insurance coverage and how to handle medical needs when away from home. Take necessary health precautions in transit and at your destination.

By doing these things, you can travel with the least risk to your health, knowing you are prepared if illness or injury is not evaded, and having the most potential for enjoyment.



To view the references used in this newsletter, go to:
<http://fcs.tamu.edu/health/healthhints/2008/jul/ref.php>

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