

I'm leaving for India in 3 days -A Challenge for PCP's

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Introduction

A 24 year old male says he is leaving in 3 days for India and wants to get "shots for malaria". He is traveling with his girl friend for 1 month with no set itinerary. He has been booked for a 15 minute office visit. How do you best protect him?

Assessment

Assess the traveler, the trip and your level of expertise

1. The traveler

PMH- mild asthma uses inhaler 1-2x per yr
Meds- none (doesn't have an inhaler now)
Allergies- sulfa drugs
Immunizations

Td	4/05
Hep B	9/87, 11/87, 4/88
OPV	9/87,11/87,4/88,5/88
TIV	11/10
MMR	10/88,12/89
Meningococcal	4/05

2. The trip

Location- all over India . Risks for travelers – accidents, respiratory illness, food and water borne disease, insect borne disease, blood borne disease
Accommodations- small hotels, youth hostels , no camping
Activities planned /possible- may rent a car or motorcycle, touring, visit schools and ashrams
Length of stay- 28 days

3. Your expertise- when and who to refer to in your area

Risk Reduction

Safety – pedestrian, MVA, advise against car rental, no motorcycles. Association for Safe International Road Travel Give handout. www.asirt.org

Food and water precautions – Boil it, Peel it, Cook it or Forget it! Give handout.** Wash your hands, wash your hands, wash your hands!

Insect precautions – Cover up, use 30% DEET on skin and permethrin on clothes 24 hrs/day and mosquito netting, screens or air conditioning at night. Give handout.**

Vaccine Preventable Disease

Recommended Vaccines for anyone for this trip

1. Tdap
2. Hep A
3. Hep B
4. MMR
5. IPOL
6. TIV- flu vaccine
7. Rabies preexposure
8. Typhoid – oral or injectable
9. Japanese encephalitis
10. Meningococcal (some locales)

Recommended for this patient with this time frame

1. Tdap
2. Hep A #1
3. Typhoid injectable
4. IPOL
5. TIV (August thru June)

Prescriptions

Traveler's Diarrhea

Give Rx for either ciprofloxin 500mg BID x 3 d or azithromycin 500 mg one QD x 3 d for self treatment of traveler's diarrhea. May use anti motility agent for mild symptoms but antibiotic is more effective if taken early. Prevent dehydration- ORS packets

Malaria chemoprophylaxis

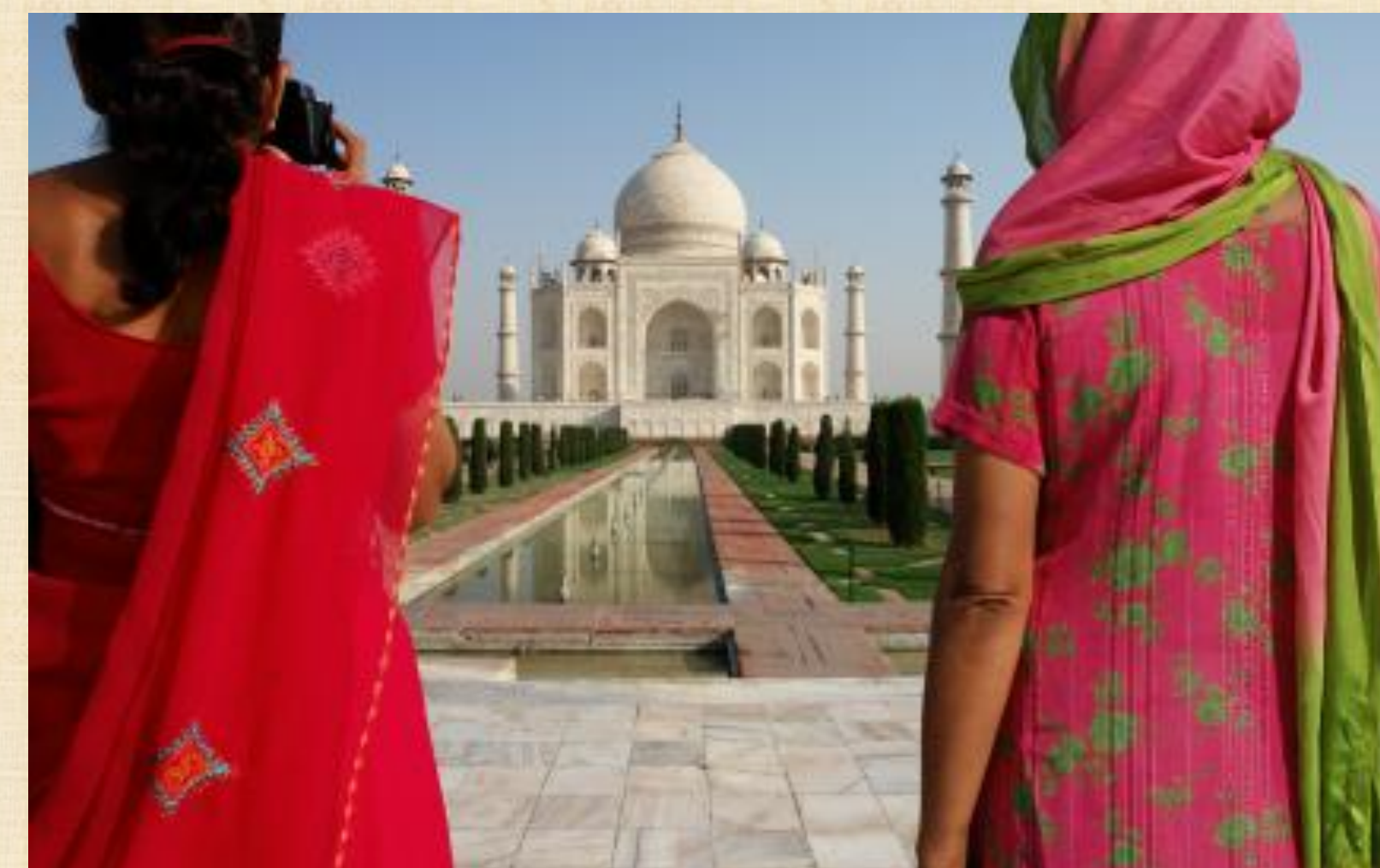
Doxycycline 100 mg one daily starting 1 d before entering malaria area, daily while there and daily for 1 month after leaving malaria area.

OR

Atovaquone and proguanil hydrochloride one daily starting 1 d before entering malaria area, daily while there and daily for 7 days after.

Discuss compliance, cost, and possible side effects.

www.malariahotspots.co.uk



Summary

For this patient with these time constraints I would:

1. Give handout on accident prevention, food and water precautions, and insect precautions
2. Ciprofloxin 500 mg BID for 3 d PRN travelers diarrhea #24
3. Doxycycline 100 mg one daily starting 1 d before entering malaria area, daily while there and daily for 1 month after leaving malaria area. # 61 because it is the most affordable
4. Give Tdap, typhoid injection, IPOL, TIV (August thru June) and Hep A #1 today and return in 6months to 1 yr for last Hep A
5. Albuterol HFA inhaler 1-2 puffs Q 4 hr prn asthma - to be prepared for possible problems due to air pollution

Discussion

Be prepared for seeing these types of patients. Train staff to know which patients you will see and who you will refer. Leave enough time for visit and get in as far ahead of departure as possible (4-6 weeks is ideal).

Have handouts ready to give patients for safety, prevention of food and water diseases, insect precautions, VIS for all immunizations, and web resource guide.

Stay current on travel health issues. Consider joining ATHNA- American Travel Health Nurses Association (www.athna.org) or International Society of Travel Medicine (www.istm.org)