



so what DID you BRING back FROM YOUR HOLIDAY?

DID YOU KNOW?

- * Every year, there are about 500 million cases of malaria, leading to around 3 million deaths. About 2,000 Britons catch malaria every year.
- * Bilharzia is the second most common tropical disease, affecting more than 200 million worldwide.
- * Since 1970, more than 30 previously unknown diseases have been identified.
- * More than half of Britons who visit exotic locations fail to get the appropriate vaccinations.

Hepatitis A, malaria and hookworm – these are a few holiday souvenirs you don't want. But tropical diseases are on the rise, so how do you protect yourself on a long-haul trip? Jane Hughes reports

Every year, the British make 56 million trips abroad, travelling more often and further afield than ever before. But as our destinations become more exotic, so our attitude towards health protection becomes more complacent. Over half of us who visit exotic locations do so without vaccinations against tropical diseases, while two-thirds do not seek any medical advice before travelling.

As long-haul travel is now readily available in the shape of package tours, we have started to view all holidays as the same, whether we're off to Africa or Italy. 'It's so easy to buy a last-minute holiday to the tropics that people think it is just like going to Spain, only hotter,' says Vanya Gant, clinical director of The Hospital for Tropical Diseases (HTD) in London. But we are exposing ourselves to deadly diseases in our millions. Last year, around 1 million Britons went to Africa, the same number to Asia and 2 million to Latin America. Without vaccinations or medication, we can catch anything from malaria, hepatitis and typhoid to parasites and worms.

Problems mainly arise from poor sanitation and mosquitoes. About 2,000 Britons catch malaria annually. Dengue fever, another mosquito-borne disease, affects up to 100 Britons a year, while another five per cent of travellers to the tropics contract serious intestinal infections, such as typhoid, cholera and dysentery, from bacteria, viruses or parasites in contaminated food and water.

Britons are also bringing back more obscure illnesses. 'The vogue for going off the beaten track means that we are more likely to encounter some real nasties,' says Dr Gant, who is heading a new centre for surveillance and information at the HTD. Every year, at least 200 Britons catch bilharzia (caused by worms which can damage internal organs) from contaminated freshwater, and cases of leishmaniasis (a potentially fatal disorder caused by a tiny parasitic bug transmitted by sandflies) and loiasis (caused by loa loa worms which migrate into the bloodstream) are also on the rise. 'The main reason holidaymakers get ill is because they don't take responsibility for their healthcare,' explains Larry Goodyear, director of backpacking specialist Nomad Travel. 'Some people are failing to get up-to-date medical advice on vaccinations or malaria tablets, or are not taking medication as directed.'

The professionals suggest you seek advice from your GP or travel clinic in plenty of time before you travel, and take extra precautions when you are abroad. 'Use insect repellents and mosquito nets, cover up, keep your shoes on and don't swim or bath in contaminated water,' says Goodyear. Consider taking water-sterilising tablets, rehydration solutions and sterilised needles with you. Once away, drink only purified, bottled or boiled water and practise good hygiene.'▷



'I got hookworm'

Catherine Hood (third from left, wearing hat), a 32-year-old lawyer, was infected by hookworm while travelling in Venezuela for three weeks last January.

'Normally, hookworm larvae penetrate the soles of the feet, but I think I got them from a boat trip when I sat on a muddy, wet seat that everyone walked over. I was on a three-week expedition-style holiday before starting my new job. I'd had all the recommended vaccinations and malaria tablets, but knew nothing about worms. When a raised red rash appeared on my bottom, I put it down to sitting in wet clothes and getting swamped by river water.'

'The rash was unbearably

itchy at first, and when I got home, I had diarrhoea. After enduring it for five days, I went to my GP, but he found no evidence of blood, fever or bacteria, so dismissed the idea I had caught something in Venezuela.

'But the diarrhoea continued, with terrible stomach cramps. A few days later, I went to the HTD, where the doctors first thought I might have giardiasis – a form of travellers' diarrhoea. I didn't think to tell them I had a rash until a couple of weeks later, when they began to suspect a worm infection.

'They gave me some drugs, but I wasn't getting better and had internal bleeding. I gave so many stool samples, I got used to the embarrassment. After a few more days, I was so pale and thin that the specialist admitted me to hospital. The first drugs helped expel some parasites and, once the doctors discovered I had hookworm, they were able to kill it quite quickly with the right pills. After seven weeks of diarrhoea, I was feeling very weak. It was such a relief to finally know what was wrong and that it could be cured within days.'

'I had internal bleeding. I gave so many stool samples I got used to the embarrassment. Soon, I was so thin I was admitted to hospital'

10 STEPS TO TRAVEL SAFETY

- 1 Buy travel insurance** and make sure that repatriation (bringing you back home) is included. Get a T6 leaflet from the post office (Health Advice for Travellers), which includes an E111 form for free emergency medical treatment in the European Union.
- 2 Plan ahead.** Seek advice from your GP and arrange vaccinations at least two months before departure. Some vaccines, like hepatitis B, can take six months to give full protection. If your plans are last-minute, vaccination is still beneficial, as it will give you some protection. Some vaccinations are free on the NHS.
- 3 Be informed.** British Airways Travel Clinics offer up-to-the-minute information on worldwide health risks, plus vaccines customised to your itinerary. Call 020-7439 9584 for an appointment or use the walk-in service at 156 Regent Street, London W1. Try to visit six to eight weeks before departure.
- 4 Know the risks.** For a country-by-country checklist of the health hazards associated with your destination, visit the Department of Health's website at www.doh.gov.uk/traveladvice/tables.htm.
- 5 Malaria** is a major health problem throughout the tropics. Even if you're not staying long in a malarial country, ask your GP about precautions – you can buy some tablets over the counter. It is also wise to use an insect repellent containing DEET

(diethyltoluamide), keep covered after sunset, and ensure you have screens in your room and a net around the bed that is sprayed with insecticide.

6 Yellow fever certificates from your doctor, which confirm you have been vaccinated, are required on arrival in some African and South American countries. Check with your travel agent before you leave to find out if you are going to an infected country.

7 Take condoms and don't have unprotected sex. Outside Western countries, HIV is mainly spread through heterosexuals, and Asia, Africa and South America have a high population of infected people. Other risks are gonorrhoea, chlamydia and hepatitis B.

8 Invest in an emergency medical travel kit that contains syringes and needles, swabs and dressings. Also take fluid-replacement powders for diarrhoea.

9 Blood transfusions can be risky, as not all developing countries screen blood. If you are pregnant, you're more at risk of blood loss, so it may be wise to avoid these regions until after the birth.

10 Take water-sterilisation tablets for when you can't find bottled water. Brush your teeth with bottled or sterilised water, peel fruit and avoid salads.



'Sandflies gave me a skin disease'

Gina Wong, a 29-year-old optician, caught the parasitic skin disease cutaneous leishmaniasis during a four-month trip to South America last summer.

'I think the sandfly bite that caused my leishmaniasis happened while I was trekking in the Amazon with a friend. We'd been canoeing and sleeping out under mosquito nets. I wore repellent and made sure I was covered up, but I could feel the insects biting through my clothes.

'One bite on my forearm failed to heal, and by the time I got home, my arm had swollen up and was very painful. The bite turned into a huge scab,

and the infection began to affect my lymph nodes. I was shocked when a biopsy revealed I had cutaneous leishmaniasis, a tiny parasite that divides inside skin cells. I spent three weeks in hospital having powerful toxic drugs injected into my bloodstream. The swelling went down, but the sore didn't heal. After I was discharged, it started getting bigger and turned into a weeping ulcerous hole, about 3½cm by 2½cm.

I had to wait three months for another biopsy, and then I was readmitted to hospital.

'Every second night for the next seven and a half weeks, I spent seven hours on a drip. In the morning, I struggled to work, but the drugs made me feel very ill. I lost my appetite and had chills, headaches and no energy. I worried the doctors might not be able to kill the parasite, but eventually, the sore closed up. The scar is healing now, though, and I'm waiting for the all-clear.'

'I spent three weeks having very powerful toxic drugs injected into my bloodstream'

'I caught malaria on a package holiday'



Sarah Nice, 24, a software training consultant, caught malaria while on a week's package holiday to The Gambia.

'I booked the holiday with my flatmate on the Internet. I'd been to Africa before, and my vaccinations were still in force. This time, I decided not to take malaria tablets, partly as it was the dry season and also because the recommended drug for the region was lariam, which can have side-effects. We used DEET repellent and covered up in the evenings, and I was bitten only five times.

'Back at work, everyone was getting flu. I started to feel ill and feverish, so went to the doctor, but I didn't mention I had been to Africa. That weekend, I went home to my parents' house in Surrey, but started being sick. On the Monday, I had a malaria test, and within a couple of hours, I had turned completely yellow. By the time the result came back positive, my parents had taken me to A&E, and soon I was being rushed by ambulance to specialist care in London.

'I had the lethal *falciparum* strain, and my blood was too heavily infected to be treated. The parasites were breeding in my liver and attacking my lungs and spleen. I was given a six-pint blood transfusion, then the doctors told my parents I might not make it through the night.

'I was in intensive care for two weeks. I was unconscious and having hallucinations, because I was on so many drugs – mainly quinine. I also caught pneumonia and then methicillin-resistant *Staphylococcus Aureus* (MRSA). When I began to recover, I moved to a ward in London's Hospital For Tropical Diseases (HTD). At that stage, my own antibodies started attacking me, and I developed encephalitis [inflammation of the brain]. Despite all the complications, I was well enough to go back to work in six weeks, but the whole experience still feels very surreal. I think I'm blocking out the shock.' ■

TROPICAL CRAWLERS



BILHARZIA

***What is it?** Parasitic worms which breed in the liver and migrate through the blood to lay eggs around the body. Can cause irreversible damage

to the kidneys, liver, lungs and bladder.

***How you catch it** Swimming in high-risk areas, such as Lake Malawi in central Africa, where larvae released from freshwater snails penetrate the skin. Also spread through washing in or consuming contaminated water. Other regions at risk include the Middle East, South-East Asia and some areas of the Caribbean.

***Symptoms** An itchy rash. Fever, weight loss, enlargement of the liver and blood in the urine may only occur when the disease is well established.

***Prevention** Avoid swimming in lakes and rivers, opt for a chlorinated swimming pool instead.

***Cure** Living worms can be treated with drugs.

***Prevention** Where possible, dry towels and clothes indoors and always use mosquito repellent.

***Cure** Block the air supply by smothering the hole in Vaseline, then remove the maggots with forceps.



DENGUE FEVER

***What is it?** A severe flu-like virus. Although rare, dengue haemorrhagic fever, can be fatal, particularly in children.

***How you catch it** Carried by mosquitoes during the rainy season; more common in urban areas.

***Symptoms** Similar to malaria, including fever, aching muscles, headache, itchy rash and diarrhoea.

***Prevention** Keep covered up, apply insect repellent and sleep under a mosquito net.

***Cure** Rest, drink lots of fluid and take rehydration salts to alleviate the symptoms.

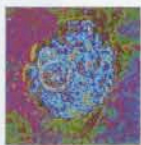


MYIASIS

***What is it?** Infestation by fly larvae which can occur anywhere in the body, but commonly in the skin.

***How you catch it** Tumbu flies, found in Africa, lay eggs in drying clothes or towels; bot fly eggs (Latin America) are carried by mosquitoes.

***Symptoms** Both larvae hatch and burrow into the skin, causing itchy sores and painful boils or ulcers. Maggots, or a single worm, in the case of bot flies, may create an airhole and stick their heads out to breathe. However, they will eventually leave the body.



DYSENTERY

***What is it?** An acute infection of the gut by bacteria (shigella) or amoebic parasites.

***How you catch it** Consuming contaminated food or water and physical contact.

***Symptoms** Severe diarrhoea and vomiting with blood and pus, fever, headache and abdominal pain.

***Prevention** Eat freshly cooked food, drink bottled water and peel fruit yourself. Avoid salads, raw vegetables and ice in drinks.

***Cure** Antibiotics and other drugs.

For more information

***The Hospital for Tropical Diseases:** www.thehtd.org, 0839-337733.

***Travel Clinic at The HTD:** 020-7388 9600.

***World Health Organisation:** www.who.int/ith.

***www.surfforsafetravel.com.**

***Trailfinders Travel Clinic:** 020-7938 3999.

***Reading:** *The Mini Rough Guide to Travel Health* by Dr Nick Jones (£5, Rough Guides); *Travellers' Health* by Dr Richard Dawood (£14.99, Oxford University Press).