

# FOXHALL INTERNISTS, P C



## FOXHALL INTERNISTS

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## Immunization

### UpDate

Immunizations Available:

#### *Routine & Travel*

- Hepatitis B
- Influenza
- Measles/Mumps/Rubella (MMR)
- Polio
- Pneumococcal
- Tetanus/Diphtheria
- Varicella-Zoster (chickenpox)

#### *Travel & Specific Situations*

- Hepatitis A
- Japanese Encephalitis
- Meningococcal
- Rabies
- Twinrix
- Typhoid
- Yellow Fever



**W**E ALL LOVE TO TRAVEL THE WORLD, and Foxhall Immunizations would like to help you travel safely. Our in-house, full-service immunization clinic provides advice and medical care prior to international travel. Our staff will review the necessary interventions prior to your travel, as well as general health and safety guidelines for each country you are planning to visit.

After you have made your travel plans, call us to schedule an appointment for a travel consultation. We will instruct you as to what immunizations you will need and help you decide what, if any, antimalarial medications are required. We can administer all routine travel immunizations and are certified to administer yellow fever vaccination.

### Why Immunize?

**T**HE BODY GOES through a series of steps in fighting vaccine-preventable disease.

Most vaccines are administered through injection or by taking liquid by mouth. An alternative needle-free route involves the use of inhalation by aerosol and powder. Most vaccines contain weakened or dead disease-causing agents or parts of disease-causing agents. Some of the bacteria that cause

disease do so by producing toxins that invade the bloodstream, so some vaccines use inactivated toxins.

The body reacts to immunization by producing antibodies against the weakened or dead agents in the vaccine. The antibodies recognize and fight disease agents to which a person may be exposed, preventing illness. Protective antibodies remain in the immunized person's body to safeguard against disease. After exposure to a live, weakened, or dead germ, antibodies or mem-

ory cells fight infectious diseases and usually stay in the immune system for a lifetime, protecting a person from getting sick again. This protection is called immunity.

**T**HE FOLLOWING websites contain helpful information on travel, routine and pediatric immunization:

[CDC National Immunization Program](http://www.cdc.gov/nip)

<http://www.cdc.gov/nip>  
Direct access to Centers for Disease Control (CDC)

immunization recommendations, vaccination schedules, vaccine safety information, publications, and links to other immunization-related websites.

<http://www.cdc.gov/travel>  
A CDC website with information on immunization and other issues for travelers.

[American Academy of Pediatrics](http://www.aap.org/pediatrics)

<http://www.aap.org/health-topics/immunizations.cfm>  
Information on childhood immunization.

[American Academy of Family Physicians](http://www.aafp.org)

<http://www.aafp.org/x10631.xml>  
Information on immunization for infants, children, adults.

[Immunization Action Coalition](http://www.immunize.org)

<http://www.immunize.org>  
Extensive provider and patient information, including translations of Vaccine Information Statements into multiple languages.

### Those Other Travel Problems

**W**E WILL ALSO provide recommendations or medications to ameliorate or prevent problems which may make travel difficult.

#### **Traveler's Diarrhea**

In areas with poor hygiene, it is important to avoid foods that have not been peeled by you, and tap water, including ice. This is, of course, very difficult and, in spite of all efforts, bacterial infections caus-

ing diarrhea are common.

Lomotil or Imodium are an effective treatment for most diarrhea. Ciprofloxacin (Cipro) 500 mg, in a single dose, is often used to treat the infection in adults. If the diarrhea is severe or associated with a fever or bloody stools, ciprofloxacin 500 mg, twice a day for seven days, is recommended. Adequate fluid replacement is mandatory.

Bismuth subsalicylate (Pepto Bismol) can also prevent diarrhea in travelers who take two tablets four times daily.

#### **Altitude Illness**

Altitude illness is characterized by headache, shortness of breath, and light-headedness. Risk factors include fast ascent (greater than 3,000 feet per day), altitude greater than 6,000 feet, strenuous activity at high alti-

tude, and a previous history of altitude illness. The best prevention of altitude illness is a slow ascent. Overexertion during the first few days and excess dietary salt should be avoided.

Acetazolamide (Diamox) is often effective in preventing altitude illness. It is taken at a dose of 125 to 250 mg twice daily beginning before the ascent and continuing for two days after arrival. Altitude

illness can occasionally be very severe and may require prompt medical attention. Acetazolamide should not be used by those who are allergic to sulfa drugs or those with liver or kidney disease.



# Update

## Immunizations Provided by Foxhall Internists

### Hepatitis A

This viral liver disease is a traveler's number one health threat. It can survive on a dry surface for twelve days and can live on the hands for up to four hours. A food- and waterborne disease, it is transmitted through the fecal-oral route (by persons who use the bathroom and don't wash their hands). Hepatitis A occurs worldwide and is such a growing threat in the United States that many western states routinely vaccinate children. The highest rates of Hepatitis A occur in the Caribbean, Mexico, Asia, Africa, India, Central/South America, and Southern and Eastern Europe.

### Hepatitis B

Hepatitis B is a liver infection spread by contact with blood and other body fluids. Immunization is recommended for healthcare workers or for persons who may have unprotected sex or use intravenous drugs.

### Twinrix

This vaccine combines Hepatitis A and Hepatitis B

vaccines. This vaccine confers protection against both diseases in three, rather than five, separate shots.

### Polio

This food- and waterborne disease can cause paralysis. Although children are routinely vaccinated, the protective benefit of the vaccine wanes during adulthood. We recommend one booster shot after age 18 before travel to areas with increased risk. The CDC reports most polio transmission in Afghanistan, India, Pakistan, Nigeria and Niger, but a booster is recommended for travel to neighboring countries.

### Typhoid Fever

This bacterial infection is spread through contaminated food and water. It is a special concern in areas with substandard sanitation. Immunization is suggested for those traveling to areas with a risk of exposure, especially those traveling in small cities, towns, and rural areas off the usual tourist itineraries. Travelers to India, southeast Asia, Africa, and parts of Central

and South America incur the greatest risk.

### Yellow Fever

Carried by mosquitos, yellow fever produces a viral infection of the liver cells. It occurs in Africa and South America. Proof of yellow fever vaccination may be required for entry into certain countries and for persons who have traveled through yellow fever-endemic countries.

### Rabies

Rabies affects the lining of the brain and is transmitted through scratches and bites from dogs, cats, bats, raccoons, skunks, and foxes. It is endemic in Africa, India, Asia, and Latin America. If not treated, rabies is fatal. Pre-exposure vaccine should be considered for persons working with animals. Travelers to countries with a heightened risk of rabies should consider vaccination, especially if they will be in rural areas for an extended time.

### Tetanus

This organism is found in the soil and enters the body

through cuts or wounds. It affects the nervous system and can cause severe spasm of the jaw and other muscles. It is common worldwide. A booster should be given every ten years.

### Measles/Mumps/Rubella

This vaccine is recommended for persons born after 1956 who have not received two doses of MMR (measles, mumps, and rubella) after their first birthday.

### Meningitis

A serious bacterial infection that affects the lining of the brain, meningitis is transmitted by exposure to respiratory secretions (from coughs or sneezes or from eating with utensils which may not have been properly cleaned). The vaccine is recommended for persons who live in close contact with others (dorms, military barracks), travelers who come in contact with indigenous populations, persons traveling to the "meningitis belt" (sub-Saharan Africa from

Senegal eastward through Ethiopia) from December through June, and persons who travel to Saudi Arabia for the pilgrimage to Mecca (Hajj).

### Japanese Encephalitis

This mosquito-borne disease is a risk to persons traveling to rice field or pig farming regions in India or Southeast Asia for four weeks or more. Although it is relatively uncommon, it is potentially fatal.

### Varicella

Also known as chicken pox, this vaccine is recommended for anyone who has not had the disease.

### Influenza

This vaccine, which provides protection against the flu, is usually administered from September - February.

### Pneumovax

This vaccine provides protection against pneumococcal pneumonia and is recommended for people 65 and older or for younger people with certain diseases or exposures. A booster may be needed after five years.

## Facts For Travelers

Be aware of the following information when traveling:

### Food & Water Safety

In areas with poor sanitation, tap water may be unsafe. Boiled water, beverages made with boiled water, canned or bottled carbonated beverages, beer, and wine are generally safe to drink. Drinking from a can or bottle is safer than drinking from a container that may not have been cleaned and dried. The area of the container that touches the mouth should be clean and dry.

Travelers should not brush their teeth with tap water if the water may be contaminated. Water can

be chemically disinfected with either iodine or chlorine. These preparations can be found in sporting goods stores or some pharmacies. Read and follow the manufacturer's directions.

Select foods that have been cooked and are still hot. Meats should be well done. Avoid raw foods, including salads and uncooked fruits and vegetables, unless you peel them yourself.

### Malaria

Malaria is a risk in many places. It is caused by one or more of the four species of the parasite *Plasmodium: P. falciparum, P. vivax, P. ovale, and P. malariae.* Transmitted by the bite of

an infected female Anopheles mosquito, malaria occurs primarily in tropical and subtropical regions of Africa, Asia, Central and South America, and Oceania (islands of central and south Pacific). Travelers in an area where malaria is present should take preventive medications.

The Centers for Disease Control (CDC) recommends taking one of the following medications to protect against malaria:

- Aralen (chloroquine phosphate)
- Lariam (mefloquine)
- Malarone (atovaquone and proguanil phosphate)
- Doxycycline

Aralen and Malarone are preferred for malaria pro-

tection. Aralen and Lariam are taken once a week beginning one week prior to entry into the infected area and continuing for four weeks after departure. Malarone is taken daily beginning two days prior to entry into the infected area and continuing for seven days after departure. Doxycycline is taken daily beginning two days prior to entry into the infected area and continuing for four weeks after departure.

The best defense against malaria is to avoid exposure to mosquitos. This entails sleeping inside screened areas, wearing clothing that covers the arms and legs, avoiding outdoor activities in the

evening, and using mosquito repellent. Recommended topical repellents contain N-diethylmethyltoluamide (DEET) in a 30-35% concentration. Some of the brand names are DEET Plus, Deep Woods Off, and Repel. Permethrin clothing spray is also used to repel insects from clothing and mosquito netting. Permethrin bonds tightly to the treated fabric and is effective, even after multiple washings, for a minimum of two weeks. These products can be purchased from any outdoor clothing and supply store, mail order, or internet travel supply company. High concentrations of DEET may cause severe skin reactions and are not recommended for children or pregnant women.

## Frequently-Asked Questions

*Why do I need travel shots?*

GETTING IMMUNIZED with travel vaccines is a good investment in your health.

- Some countries require proof of vaccination against diseases like yellow fever and meningitis before they permit entry
- In many countries, diseases such as polio and hepatitis A are endemic (always present) and present a major health threat
- Many diseases are spread through contaminated food and water (hepatitis A, polio, typhoid fever) and, since travelers

consume food and water from local supplies, it is wise to be protected against these diseases

- Several travel vaccines also protect against diseases found in the United States (Tetanus, Hepatitis A and B, and Meningitis)
- As an added benefit, many vaccines offer protection for 10 years to a lifetime, which means safe and worry-free travel for years to come

*How do I know which shots I should receive?*

FOXHALL IMMUNIZATIONS recommends vaccines based on the Centers for Disease

Control and The World Health Organization protocols and outbreak notifications. We carry all vaccines and are a certified yellow fever vaccination center.

*Do some countries require certain vaccines for entry?*

YELLOW FEVER IS THE only vaccine that is required by some countries for entry. There is one exception: Saudi Arabia requires proof of meningitis vaccination for all travelers arriving for Hajj or Umra. All other vaccines are recommended to travelers depending on the country to be visited,

the length of stay, and the travel itinerary.

*How far ahead of my trip should I receive travel vaccines?*

IDEALLY, TRAVEL VACCINE should be given at least two to four weeks before travel. This delay allows the immune system time to produce protective antibody levels. Some vaccines are given in a series and should be started four to five weeks before travel. It is never too late to protect yourself!

*Are there other requirements for travel beside vaccinations?*

DEPENDING ON your destination, you may need a prescription for anti-malaria pills. Sometimes travelers can also benefit from medications that prevent high-altitude and seasickness. Insect repellent with DEET is also useful for many destinations.

### Foxhall Internists

We are available five days a week to help with your travel needs. If you have any questions, please call 202.362.4467 and ask for Foxhall Immunizations. We hope that wherever life takes you, you remain safe, happy and healthy.