…for a safe and healthy journey

India - Travel Health Fact Sheet

The following information must be viewed as a guide only. It is not intended, nor implied to be a substitute for professional medical advice.

Specific recommendations on vaccinations, antimalarial medications and targeted travel health advice is always provided on an individual basis taking into account:

- the personal health of the traveller including past medical and vaccination history;
- intended activities;
- precise itinerary;
- style of travel;
- type of accommodation;
- time of year;
- altitude;
- length of stay.

As well, some vaccines eg rabies and tuberculosis are very much influenced by local disease risk. Specific face-to-face advice is particularly important when recommending antimalarial medications and those for presumptive treatment eg for travellers diarrhoea.

We strongly recommend travellers seek an appointment with a doctor trained in travel health prior to departure.

Medical and nursing staff at Travel Doctor (TMVC) are trained in international public health issues with a focus on immunisations and preventive medicine. Many have travelled extensively and a number have worked in less developed areas of the world for extended periods. Travellers should undergo individual risk assessments whether they are short term holiday makers, business people or the long term expatriate worker. The Travel Doctor (TMVC) has clinics Australia wide. In Australia the local centre may be contacted on 1300 658 844, or by visiting www.traveldoctor.com.au. It is recommended that you visit a travel health professional 6-8 weeks prior to departure. However, if that time frame is not possible, remember – "It's never too late to vaccinate".

Healthy Travelling in India

India is becoming more & more popular with Australian travellers. The Travel Doctor's own website statistics show that it consistently ranks in the top 2 or 3 destinations that people make travel health enquiries about!

Pre-travel preparation will help protect your health while you are away. To assist you in recognising and understanding some of the major travel health risks you may face while holidaying in India, the Travel Doctor (TMVC) has prepared a summary of some of these issues in the following pages. Table 1 provides a brief description of some of the major travel health issues and vaccinations that should be considered for travel to India.

Table 2 provides a summary of these major travel health issues and preventative measures that should be considered.

We hope you find this information useful in preparing for your trip. Remember it is advisable to consult a travel health specialist prior to departure.

Currency of your basic immunisations such as Tetanus and Diphtheria should be checked and others like Hepatitis A and Typhoid considered according to the criteria mentioned previously.

Table 1: Major Travel Health Issues & Considerations for India

Disease	
Hepatitis A	This is a viral disease of the liver which is transmitted through eating contaminated food or drinking contaminated water. It is the most common vaccine preventable disease that occurs in travellers to less developed areas of the world. It is strongly recommended for travel to India.
Hepatitis B	This is a viral disease of the liver that is transmitted via blood, blood products or bodily fluids. It is vaccine preventable. Hepatitis B immunisation is now part of the childhood immunisation schedule. Many adult travellers have missed this very important immunisation and travel may be a good reason for vaccination. The vaccine is currently provided to all children as part of our childhood immunisation program.
Typhoid	Typhoid Fever is caused by a bacteria found in contaminated food & water. It is endemic in the developing world and vaccination is recommended for travellers to areas where environmental sanitation and personal hygiene may be poor. The adventurous eater venturing 'off the beaten' path should certainly consider vaccination.
Tetanus & Diphtheria	Tetanus is caused by a toxin released by a common dust or soil bacteria, which enters the body through a wound. Diphtheria is a bacterial infection of the throat and occasionally of the skin. It is found world wide and is transmitted from person-to-person by coughing and sneezing. Diphtheria vaccine is usually added to the tetanus vaccine. Because many adults no longer have immunity from childhood immunisation it is advised that travellers to less developed countries have a tetanus and diphtheria booster. While the current recommendation is for an update at 50 yrs of age in Australia, Travel Doctor believes that all travellers to less developed areas should be current within the last 10 years making any booster in the event of injury unnecessary.
Measles, Mumps and Rubella	Childhood immunisation coverage in many developing countries is not very good. As such, travellers whose birth date is after 1966 should check they have had 2 doses of measles vaccine. Since 1990 this may have been as the combination vaccine MMR (measles, mumps and rubella). Those born prior to 1966 are most likely to have long term immunity from previous exposure as a child.
Chickenpox	This very common infectious disease can now be prevented through immunisation. Many people miss the disease in childhood only to have a significant illness as an adult. Travel puts one at higher exposure and if one cannot elicit a history of having had the illness a test can show whether at risk.
Poliomyelitis	All travellers to developing countries should be up to date with vaccination against polio. Poliomyelitis is a viral infection that can lead to paralysis and sometimes death. Transmission is by faecal contamination of food, usually by unhygienic food handlers or flies, or directly from infected nasal secretions. Although most Australian's & New Zealanders will have been immunised in childhood, it is important to note that efficacy wanes after 10 years & a booster dose is recommended if travelling to a country where the disease is still found, such as India.
Malaria	Malaria is transmitted by a night biting mosquito. The decision to use or not use anti-malarial drugs should be made after consultation with a travel health specialist, taking into consideration the relative malaria risk of areas on the traveller's itinerary as well as potential side effects and cost of available drugs. Insect avoidance measures should be followed throughout the trip. Upon return, any flu like illnesses should be investigated by a travel health specialist.
Meningitis	Meningitis is an inflammation of the membrane overlaying the brain. It can be caused by bacteria, a virus or a fungus. Bacterial meningitis is the form of most concern to travellers. It is a serious disease & can rapidly become life threatening. It is transmitted from person-to-person through close contact (ie droplet infection – the same way you catch a cold). Vaccination might be considered for those backpacking off the beaten path, in northern India or those working in health areas where crowded conditions occur.
Japanese Encephalitis (JE)	JE is a mosquito borne viral disease prevalent in rural areas of Asia & Indonesia that can lead to serious brain infection in humans. Risk is usually greatest during the monsoon months. A vaccine is available & is particularly recommended for adults & children over 12 months of age who will be spending a month or more in rice growing areas of countries at risk (or who repeatedly visit such areas). It is also recommended for people travelling to an area where an outbreak is known to be occurring. Insect avoidance should be considered the primary means of defence.
Rabies	Rabies is a deadly viral infection of the brain transmitted to humans. The disease itself is rare in travellers, but the risk increases with extended travel and the likelihood of animal contact. The best way to avoid rabies is too avoid all contact with animals. Dogs are the main carriers, however monkeys, bats, cats and other animals may also transmit the disease. More than 25,000 people are estimated to die from rabies in India each year. Pre-exposure vaccination is recommended for extended travel and those who work with, or are likely to come in contact with animals.
Cholera	Cholera is a severe, infectious diarrhoeal disease caused by a bacteria. It is common in developing countries & is associated with conditions of poverty & poor sanitation. Cholera causes severe & rapid dehydration. Travellers who follow the rules of eating & drinking safely will minimise their risk. There is also a new oral vaccine available for cholera which may be recommended under certain circumstances.

Table 2: Summary of travel health issues for India & preventative options available - ✓ indicates preventative considerations.

	Vaccine Available	Healthy Eating & Drinking	Insect Avoidance	Animal Avoidance
Hepatitis A	✓	✓		
Hepatitis B	✓			
Typhoid	✓	✓		
Tetanus & Diphtheria	✓			
Measles, Mumps & Rubella	✓			
Chicken Pox	✓			
Polio	✓			
Malaria			✓	
Meningitis	✓			
Japanese Encephalitis	✓		✓	
Rabies	✓			✓
Cholera	✓	✓		

Malaria is a risk factor in India. Malaria prevention options should be discussed with a travel medicine specialist prior to departure.

Yellow Fever vaccination is required for all travellers arriving from or transiting through Yellow Fever infected areas, such as Africa or the Americas.

Additional fact sheets can be found at http://www.traveldoctor.com.au/healthy.asp?UnqID=0.3751715&PageID=18. These include fact sheets about:

- eating and drinking safely;
- cholera;
- Japanese encephalitis;
- insect avoidance measures;
- Yellow Fever;
- travellers' medical kits.

Remember to the check the DFAT 'Smartraveller' website (http://www.smartraveller.gov.au) prior to departure