



# “Well”-Travel

By: Gary E. Foresman, MD

The scope of the problem is enormous - for every 100,000 people who journey to the tropics, 45,000 will experience some type of health problem, with nearly 35,000 cases of traveler's diarrhea (TD). Almost one in twelve travelers will become sick enough to require medical attention during or after their trip. Nearly seven million US citizens travel to countries where there is risk of malaria. Preventing travelers' illnesses is not a luxury, but a medical necessity.

“TD” will be the primary focus of our discussion. Starting with dietary precautions, follow the old adage “Boil it, cook it, peel it, or forget it.” Safe foods include carbonated bottled beverages, food cooked and served piping hot, and dried foods. Even brush your teeth with bottled water.

The first step in TD prevention is the taking of a supplement of “good bacteria” beginning one week before travel and continuing throughout and for one week after the vacation. Bring heat stable bacteria such as Culturelle, Primal Defense or Florastor, and avoid cheap supermarket, useless bacteria. Loading with good bacteria prevents more than just TD it also helps with preventing other infections, and in decreasing allergy symptoms, as well as other side-benefits. If you feel particularly at risk, taking pepto-bismol 2 tabs, 4 x daily can prevent almost 2/3 of the cases of TD, but can cause side-effects like ringing ears, a black tongue and black bowel movements. I do not recommend the use of daily antibiotics as a preventive. However, keeping a three-day course of the antibiotic Cipro (500 mg 2x/day) to take at the onset of loose stools for treatment is a very wise idea. If you tend towards allergies to antibiotics, I have had significant success with the use of Probioplex Intensive Care by Metagenics (a physician brand) at 3 tabs 4x per day at the onset of symptoms as a “natural” alternative to antibiotics. In the near future a non-absorbed antibiotic, Rifaximin, will be available for the prevention of TD and has a side-effect profile similar to placebo.

Clearly, Hepatitis A is the most common immunization-preventable illness to be aware of. Transmitted through food, water, or person-to-person, it is a more severe infection than most people and most physicians are aware of. Nearly 20% of twenty to thirty-year olds are hospitalized when infected and those over forty have a 2% mortality rate. Every eight days, one American dies from Hepatitis A infection. If anyone travels to anywhere but North America, Europe or Australia, they should receive a Hepatitis A vaccine. The recommended dose is one vaccination a minimum of 2 weeks (4 weeks is ideal) prior to travel with a booster at 6 months. The old gamma globulin shot is recommended if less than two weeks' notice is given for prevention of Hepatitis A.

There isn't enough room to discuss many other important interventions, but refer to these important websites for international travelers: [www.cdc.gov/travel](http://www.cdc.gov/travel) for infectious disease information (especially Malaria prevention) by travel destination, and <http://travel.state.gov> for non-health related travel information. Especially for people with chronic medical problems, look at the website for International SOS at [www.intsos.com](http://www.intsos.com) as they can offer an array of services for people with medical issues.

Have a great trip! In Good Health,  
Gary E. Foresman, MD