

We're looking forward to seeing you . . .

. . . at the CHI Health Travel Clinic.

Roaring conga drums, rattling maracas, and clanging cymbals amid the chant of a Haitian band are not the usual accompaniment to the closing of a clinic.

Yet that's exactly what was heard by one of our clinic's doctors when he traveled to the rural Dominican Republic some years ago.

It was exciting. Intriguing glimpses of unfamiliar cultures are one of the appeals of travel.

You may be planning to explore archaeological ruins, walk the paths of history, savor an exotic cuisine, view masterpieces of art, come face to face with wildlife of the African savanna, give service to those in great need—or make new friends, see family, adopt a child, or accomplish some business.

Whatever your plans, the possibilities are enormous.

When you come to the Travel Clinic, we talk about shots for exotic infections, the possibility of malaria, and what to do about travelers' diarrhea. That sort of talk is important—but don't let it distort your trip.

Do look out for yourself. Omsk is not as safe as Omaha. Nor is Nairobi Nebraska. Like everything else in medicine, the advice, prescriptions, and shots we give are not 100% effective or 100% safe. If you have questions or concerns, don't guess. Ask.

Each year thousands of us venture abroad. Most come back with pleasant memories, not with unusual tropical diseases.

In the Travel Clinic, we may spend time talking about infections. You may worry about contagious disease. *But our wish is that the only thing you will "catch" is our enthusiasm for travel.*

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What to expect at clinic

The clinic is at **Creighton University Medical Center-CHI Health Clinic Building, 7710 Mercy Road, Suite 3000** in Omaha. Patient parking is located on the corner of 78th and Mercy Road in the Lot D parking garage.

Please come on time. If you expect a delay, please call us. **If you need to cancel your appointment, please call us.** Our number: (402)717-0740.

First, you will **check in with the clerk**. Please bring your insurance card. Please bring your driver's license (or another picture ID).

A **medical doctor will see you**. The doctor will be a specialist in internal medicine and a subspecialist in infectious diseases who is a faculty member of the Creighton University School of Medicine.

You might see Dr. Marvin J. Bittner. He is a graduate of Harvard Medical School and Harvard School of Public Health. He is a member of the International Society of Travel Medicine. He has been certified in Clinical Tropical Medicine and Travelers' Health by the American Society of Tropical Medicine and Hygiene. He is a past president of the Metro Omaha Medical Society and past Governor of the Nebraska Chapter of the American College of Physicians. You might see one of our newer Creighton University School of Medicine faculty members, such as Dr. John Horne. Even though Dr. Horne is early in his career, he has already won an award as the best course or clerkship director in the Creighton University School of Medicine. You might see a physician who has completed training in internal medicine and who is studying infectious diseases at an advanced level as a fellow. The doctor will look at your Patient Questionnaire.

What will be discussed?

Allergies. Maybe you should stay away from some drugs and some shots. (Special message about allergies: Some people have close relatives who are allergic to drugs. Does that mean you are allergic to the same drugs? No. You might be allergic to those drugs, but you might not. We need to know about *your* allergies, not your brother's.) Do you have some health problems? Are you taking any drugs? They might interfere with certain medicines used in travel.

The doctor will review your shots. Did you get some shots recently? Maybe you don't need them again.

Your travel plans will need review. Where are you going? What are you doing? That can make a difference. Let's say you're going to Thailand. Will you stay two days in a Bangkok hotel? Or will you work for two months on the border with Cambodia? That is very different.

You will talk with the doctor. Maybe the doctor will give you prescriptions for diarrhea medications or malaria pills. The doctor will help you decide what shots to get.

You will see one of the clinic staff next. That's when you'll get your shots. Based on your shots, we'll prepare an International Certificate of Vaccination. This is sometimes called the "Yellow Card." It has your shot record. Keep it with your passport.

How long will it take? It depends. Some people have very complicated trips and many health problems. They take longer. Add up the time to check in, see the doctor, get shots, and check out. It can be 40 minutes, an hour, or even more. But sometimes it's shorter. Sometimes it's longer. What if you have to come back for a return visit for more shots? It will usually be much shorter than the first time.

How much will it cost? It depends. Which shots will you need? If you need more shots, it costs more. If you need expensive shots, it costs more.

*Talk to the doctor. Find out which shots you need. It depends on your health, your travel, and the shots you've already had. It's a medical decision. PLEASE REMEMBER: **THE CLERKS DO NOT HAVE MEDICAL OR NURSING SCHOOL TRAINING. THE CLERKS CAN'T TELL YOU IN ADVANCE WHICH SHOTS YOU NEED.*** What if you want more information? Read our information material. Check the web site of the Centers for Disease Control and Prevention. <http://www.cdc.gov/travel>

After your visit. Do you have a question? Call us.

What you must bring to the clinic

*Fill out the Patient Questionnaire. Bring it with you. **FIND OUT WHAT SHOTS YOU'VE HAD.*** Bring records. If you have to, call your mother. If you have

to, call your doctor's office. Know what shots you've had. It will help us make plans. That includes tetanus shots. It's good to be up to date on tetanus when you're traveling.

*Do you have a yellow "International Certificates of Vaccination" booklet? **IF YOU'VE GOT A YELLOW CARD ALREADY, BRING IT TO THE CLINIC.*** It's about the size of a passport. It has places to officially certify shots against diseases including yellow fever. A look at your record may save money—and a sore arm.

Do you have an itinerary listing that shows when and where you are traveling? Bring it with you. Sometimes it helps us figure out what shots you need.

Do you already have some recommendations for travelers' diarrhea? For malaria? If you have some papers with recommendations, bring them with you.

And before you come to the clinic . . . don't forget to have lunch! Is your appointment in the afternoon? Don't skip lunch. Sometimes we see people who haven't had lunch. They are more likely to have reactions from shots.

Important advice about travel and your health . . . is available from the Centers for Disease Control. <http://www.cdc.gov/travel>

Do you really need an appointment . . .

IF you've seen us before to plan another trip. Yes. Recommendations may have changed since that last trip a year or two ago. Now and then, new vaccines come out. Take advantage of them. Also, your health may have changed. Maybe some medications are no longer the right ones for you.

IF you don't need to see a doctor. Drugs, vaccines, and advice for travel are complicated. At this clinic, you ordinarily see a doctor each time you plan a trip. When some people talk with a doctor, they are surprised. They learn that they don't need as many shots as they had thought. Other people are surprised to learn about new shots. Public health experts update their travel advice almost every year. (Sometimes we can't give all your shots at the first visit. Then we'll give you follow-up appointments. For those appointments, you can go straight from the clerk to get your shots if you don't have a special problem that needs a doctor.)

What NOT to bring to the clinic

Vaccines. Please don't ask us to inject something you got somewhere else. We can't be sure it was stored at the right temperature under the right conditions. Also, please don't ask us to give you injectable vaccines for you to take to someone else for injection. We can't be sure you will always find a place to store them at the right temperature under the right conditions. This is especially a problem if you are taking a long airplane flight.

About insurance and money

At the clinic. You must pay us your copayment at the time of your clinic visit. Please bring money.

We will accept your cash. We will accept your personal check. We will accept MasterCard or Visa.

What if you have insurance? Will it cover Travel Clinic? Maybe yes, maybe no. Maybe it will only cover part of your bill, and you will need to pay us the rest.

When you're traveling. What if you get sick while you're outside the US.? Will your insurance cover it? Find out. Often, Medicare doesn't pay. Here is a link to information about Medicare:
<https://www.medicare.gov/coverage/travel-outside-the-u.s>. What if you are sick and need to be flown back to the U.S. in a special airplane? Will your insurance cover it? Do you need to get special insurance to cover these things? **This is very important.** Check with your insurance agent or your travel agent.

Working with missionaries?

Are you going abroad as a missionary? Will you be working in a service project with a mission group? If so, we've got a special message for you.

“Considerable opportunity exists in the field of disease prevention and health promotion to protect the health of mission personnel and their families.” That was the conclusion of authors from the Johns Hopkins Medical Institutions in Baltimore in 1987 in the *American Journal of Preventive Medicine*. The title of their article: “Missionary Health: The Great Omission.” The authors were concerned.

Malaria and hepatitis were the leading health problems reported by the mission boards. But “only 72 percent of boards recommend malaria prophylaxis, 57 percent ascribe to regular immune globulin use, and 31 percent advocate hepatitis B immunization.” The authors were also concerned about the need for more use of rabies and typhoid vaccines.

Would you like a copy of the article? Let us know. Let us know if you'd like us to send it to your mission board.

Important information about immunizations

Vaccines can save lives. But sometimes there are side effects. Some are serious. Read this section. Learn about immunizations. Then . . . decide what you want.

The U.S. government approves vaccines. So they must all be safe. Right? Wrong. Now and then immunizations cause serious problems. They may cause seizures, permanent paralysis, death, or other serious problems. Like drugs, vaccines may cause problems that doctors don't even know about yet.

How can the government approve dangerous vaccines? A vaccine might help protect most people against a terrible disease. But that same vaccine might hurt a few people. If the vaccine does a lot more good than harm, the government might approve it. Most people figure that it's worth it to protect themselves against a terrible disease—even if it means taking a small chance of getting hurt.

Suppose you get an immunization against some disease. Once you've gotten your immunization, there's no way you can get that disease. Right? Wrong. Medicine doesn't have guarantees. Vaccines don't always work.

International Health Regulations require some vaccines for certain places. Those required vaccines are important for your health. Right? Not always. Year after year, many changes occur in medical practice. Changes occur quickly. However, sometimes International Health Regulations don't stay up to date. International Health Regulations sometimes require outdated approaches to health.

Suppose you get just the shots required by International Health Regulations. Then you've got all you really need to protect your health. Right?

Wrong. The International Health Regulations say nothing about malaria. But, during 2017, 1,494 people in the U.S. came back with the worst form of malaria. Seven died. Many could have stayed well if they had taken the right medicine.

That's not all that's left out of the International Health Regulations. They leave out medicines for travelers' diarrhea. They even leave out keeping your tetanus shots up to date.

Once you have your plans, discuss them with your doctor. Your doctor can advise on immunizations and medications. Practically all doctors give the same advice. Right?

Wrong. There's a lot of controversy. Doctors disagree on shots and medications. For example, we might give a child all the standard U.S. shots. Then you might take the child to Nairobi. You might see a doctor there who had excellent training—in Britain. Because doctors here disagree with doctors in Britain, the Nairobi doctor might tell you that we did everything wrong!

Why do doctors disagree on immunizations and medications for international travel? Nobody has all the answers. Medicine is not an exact science. Some doctors believe in certain research studies. But others have doubts.

If doctors disagree on what shots to get, how can you decide what you should get? Learn about the choices. Think about the pros and cons.

Sometimes it is hard to decide. Sometimes you can't be sure what will happen either way. We can recommend. But only you can decide.

If the U.S. Food and Drug Administration hasn't okayed a vaccine, don't use it. Right? Maybe not. A few years ago the FDA had not approved Japanese encephalitis vaccine. Yet the Centers for Disease Control and Prevention in Atlanta thought the vaccine was useful. They even published a recommended dose of the vaccine!

Are you scared? Do all these risks worry you? Keep it in perspective. There are risks and uncertainties in just about everything.

Sure, there are serious risks with vaccines. But the odds are a lot slimmer than for other risks people face every day.

Kids' shots are for kids. Right? Wrong. Tetanus is one of the kids' shots. But adults need tetanus shots every 10 years. Suppose you cut yourself while traveling. If it's been more than 10 years since your last tetanus shot, don't count on it to protect you.

Suppose you've already had polio vaccine as a child. Do you need another polio vaccination? Maybe. Polio is still a problem in parts of the world. Some U.S. adults have low levels of protection against polio—even if they have had polio vaccine already. These adults might come home paralyzed with polio. Are you going to a place where polio is a problem? Maybe you will need an extra polio shot now.

Hepatitis A, Hepatitis B—what's the difference? Hepatitis A is usually spread by contaminated food. Hepatitis B is often spread by blood—even tiny amounts of blood. Hepatitis B spreads 100 times as easily as AIDS. Hepatitis A can make you sick. But usually it's milder than hepatitis B. To reduce the risk of hepatitis A, take hepatitis A vaccine. This vaccine has almost completely replaced immune globulin or gamma globulin. For hepatitis B, take hepatitis B vaccine.

Do you get flu shots every year? You should. Public health experts at the Centers for Disease Control and Prevention recommend flu shots for everyone 6 months of age and older. There are very few exceptions.

In what part of the body are vaccines injected? Almost always in the arm. For very small children, in the thigh.

What side effects can you expect from shots? You may feel a prick when the needle goes in. We use small needles . . . so you may not feel very much. You may feel pain as the vaccine is injected. A few hours or so later the site of injection may hurt. Also, you might notice a fever. Usually this goes away after two or three days. You may notice other side effects, depending on the particular shots you get.

Where can you get information about vaccinations? When you get a shot, the clinical staff will give you the official Vaccine Information Statement for that shot. You can also find these statements online. A good source of information is the CDC. See:

<http://www.cdc.gov/vaccines/>

Do you have any questions? Ask us. Now or later. We'll try to answer them.

Buying medicines for your trip

Finding malaria medicines in Omaha. Malaria is not common in Omaha. Pharmacies here don't sell malaria pills every day. But . . . you can buy your malaria pills right here in Omaha. Here are some tips:

Don't wait til the last minute. Suppose your pharmacist has run out of malaria medicines. Don't worry. Maybe they can order some more. But it may take a few days. Don't wait til the last minute to give them your prescription. Give them a chance to order more medicines if they have to.

Stick to standard medicines. Suppose your pharmacy has run out of the malaria pills we prescribed. But they have another kind in stock. Stick to the standard medicines. Don't switch. Usually there's a reason why we prescribed your medicine. Now and then, we have heard reports that certain malaria medicines are no longer available. Is that what you heard? Check out the report with us, please.

Finding good prices. Prescription prices sometimes vary. So do prices of drugs that don't require prescriptions. Shop around to find good prices.

Using medicines from your last trip. Maybe you bought some drugs for your last trip. Maybe you still have some pills left. Is it okay to use them this time? It depends. Look for an expiration date. Are the pills still good? Have you stored them properly? If you're not sure, ask your pharmacist.

Saving money as a couple with a single prescription. Often we see couples who are traveling to the same place. Perhaps both of them will need the same malaria medicine. We will write a separate prescription for malaria medicine for each of them. Some couples ask: "Why don't you just write a single prescription? It would have twice the number of pills as the prescription you wrote for each of us. That way we could save money with one prescription, not two." Here's why we don't write a single prescription for a couple who asks for one: It's a violation of regulations. The rule is that a prescription should be written for a person who needs a

medicine with the drug and amount of drug for that person. Writing a double prescription is against the rules. Please don't ask us to break the rules.

Avoiding customs problems. Some countries have very strict drug laws. They have jailed people from the U.S. for drug law violations. How can you avoid customs problems?

Here's the key: Carry documentation showing that your medicines were prescribed for you.

Consider keeping your medicines in the original bottles from the pharmacy with the pharmacist's label.

Check to see that the name of the patient on the prescription label matches your name. Don't use another person's medicines.

Consider making photos or copies of your prescriptions or the pharmacy's documentation. This may make it easier to get replacements if you lose your medicines.

An important reminder: NEVER PACK YOUR MEDICINES IN CHECKED LUGGAGE. What if your checked bags are lost or delayed? You may be separated from your medicines.

What about buying your medicines abroad, rather than in the U.S.?

Generally, not a good idea. Here's why:

Quality of medicines is under better control in the U.S. than abroad. In some places, medicines are mislabeled. In some places, they don't store them properly. With improper storage, medicines deteriorate. Deteriorated medicines may be too weak to help you. They might contain dangerous chemicals.

With some malaria pills, you need to start before you arrive in a malaria zone. Why? You'll have a good level of protection in your blood before your very first mosquito bite abroad. Also, if you have a side effect from your first pill, you'll have it while you're in the U.S. You'll be close to usual sources of help. If you're going to start taking pills before you leave the U.S., you'll have to buy them here anyway.

Sometimes drugstores abroad use different names for medicines. If you buy pills in the U.S., you don't have to worry about confusing foreign names of medicines.

Some drugstores abroad aren't well stocked. They may not have what you really need.

Some countries allow their drugstores to sell drugs so dangerous that they aren't allowed in the U.S. Some drugstores give injections in the store with dirty needles.

Here are some of the reason you might want to buy medicines abroad: Save money. Get medicine recommended by the Centers for Disease Control and Prevention—but not available in the U.S. Get more medicine when you're abroad for a long trip (2 years, for example) and can't carry and store your entire supply.

A respected textbook of travel medicine warned:

All travelers need to be aware of the global problem of counterfeit medications. [Keystone JS. Travel Medicine, 4th ed., Chapter 39]

The general recommendations is: Get your medications in the U.S.

If you decide to buy medicines abroad, be very careful about finding a reputable pharmacy.

Using your medications

This section has some important information about medications. If we prescribe or recommend any medications for you, please read this information carefully. Also, read the information we provide about the particular drugs you are taking.

Read the bold information first. Then go back and read the rest. If you don't understand something, call. Ask.

What if some of the information causes you special concern? What if you are thinking about NOT taking medicine that we prescribe or recommend? Please stop and check with us (or another doctor) first. This is very important.

Take your drugs only as directed by your doctor. **Do not take them for other things. Do not give them to other people.**

Be sure to tell us if you

- **Have ever had any unusual or allergic reaction to the drugs or to any other medicine. Also, let us know if you have a history of allergy. This includes hay fever, asthma, etc.**
- Are pregnant, intend to become pregnant, or are breast-feeding while using the medicine.
- Are taking any other prescription or nonprescription medications (or have any other medical problems). **Are you taking birth control pills? Sometimes drugs, vaccines, or illnesses (like malaria or travelers' diarrhea) may affect them. They might not work. Check with the doctor who prescribed your pills. Ask if this will be a problem for you.**

How to store the drugs

KEEP THESE AND ALL OTHER DRUGS OUT OF THE REACH OF CHILDREN. OVERDOSE OF DRUGS CAN KILL. STORE IN CHILD-PROOF CONTAINERS.

Store away from heat and direct light.

Do not store in the bathroom medicine cabinet. The heat or moisture may damage the medicine.

Do not keep outdated medicine. Do not keep medicine that is no longer needed.

If you see another physician or dentist, mention the medicines that you are taking. Mention all of them.

These drugs may cause side effects that doctors don't know about yet. If you notice other side effects, check with your doctor.

Special risks

Insects and ticks. In many places, malaria is a big problem. But malaria isn't the only disease you can get from insects. For example, Zika virus causes serious birth defects. Insects can give you other diseases. Dengue fever and Chikungunya can be serious. *Advice:* Avoid mosquito and other insect bites. Avoid tick bites. See our information on malaria for advice on avoiding bites. Mosquitoes that spread malaria tend to bite during

the evening and night. But other insects may bite at other times, too. **Special advice about Zika for a man who is thinking about fathering a child and for a woman who is thinking about having a baby: Get the latest facts about Zika from the CDC website. You may need to cancel your trip.**

Fresh water. Contaminated water can cause diarrhea. But that's not the only problem you can get. In some areas, fresh water that looks safe can actually give you schistosomiasis—even if you don't drink it. All you have to do is wade in it, swim in it, or bathe in it. You can get schistosomiasis through your skin if it touches contaminated water. Schistosomiasis is sometimes called bilharziasis. It can be serious, even deadly.

This is a problem in parts of the Americas, Africa, and Asia.

Advice: There's no practical way for you to tell if fresh water is safe. (Salt water is safe from schistosomiasis. However, you can run into other problems at some beaches.) If you're thinking about exposing your skin to fresh water, consult someone who is knowledgeable about local health risks. Otherwise, be careful. Don't swim in fresh water in rural areas of countries with schistosomiasis. The same goes for wading or bathing or other skin contact. What if you treat water to purify it as if you were going to drink it? That is safe. What if you swim in a properly chlorinated pool? That is virtually always safe. Or try filtering water with paper coffee filters. Or, if you can't do anything else, let bathing water stand for 3 days. If you are exposed to suspected water: (1) Immediately and vigorously dry yourself with a towel or apply rubbing alcohol to the exposed areas and (2) see a physician when you get back home.

Sex. The risk of sexually transmissible infection is high in some parts of the world. This includes HIV, the virus that causes AIDS.

The pill you take. Think about the pill you take every day. Or maybe you take many pills every day. Maybe you take them to control your blood pressure. Maybe you take them for another reason. Suppose you get diarrhea. Maybe the diarrhea will prevent your body from absorbing not only food, but also the pills you take. Would this cause a problem? How would you deal with this? Also, think about devices that you need clean water to rinse. Do you have dentures? Do you have something else that you put somewhere in your body? Will there be clean water to wash it?

Pregnancy. Doctors generally avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Are you pregnant? Do you think you might get pregnant while you are abroad? Do you think you might get pregnant within a month of getting a shot or taking drugs? Are you breast-feeding? If so, you should check with a doctor before getting drugs or vaccines.

Malaria is a special problem. Malaria can hurt or kill a pregnant woman. Malaria can hurt or kill her baby. But the standard malaria prevention advice will *not* prevent all cases of malaria. So you're taking a chance if you get pregnant and go to a place with malaria. What about the medicines for preventing resistant malaria? Are they safe in pregnancy? Some doctors say "yes," but some doctors say "no." *Advice:* Are you traveling to a place with malaria? Don't get pregnant.

Blood transfusions. Blood transfusion has some risk. This is true even in the best of conditions. In less developed countries, transfusions are riskier. They might not do as good a job of HIV screening, for example. *Advice:* Consider alternatives to blood. Consider urgent evacuation home. Where transfusion cannot be avoided, try to screen for transmissible diseases, including HIV. Try to prevent injuries that would require transfusions.

Medical care. Many physicians and medical facilities abroad are excellent. But standards are different. Sometimes there may be problems. *Advice:* Be cautious in seeking care.

Constipation. Many travelers have constipation. Why? Maybe they drink less liquid and eat less fruit and vegetables out of fear of diarrhea. This can cause constipation. Also, they may sit in airplanes or buses for hours with no exercise. This can cause constipation. *Advice:* Look for safe sources of liquid drinks, fruit, and vegetables. Try to get appropriate exercise.

Motion sickness. Have you come across some ideas for preventing motion sickness? Many ideas have been discussed. However, they aren't always reliable ways of preventing motion sickness. Antihistamine drugs are available without prescription, and they sometimes work. However, they sometimes cause drowsiness or other side effects. The CDC has information about motion sickness:

<https://wwwnc.cdc.gov/travel/page/motion-sickness>

Scopolamine patches (Transderm Scōp®) are often effective. They come with directions. It is important to follow the directions very carefully. This includes washing your hands before and after handling the patches. The usual adult dose is one patch behind one ear. After 72 hours, remove the patch. Place another if you're still at risk of motion sickness. The patches have many side effects that sometimes happen. They include difficulty with near vision, dry eyes, dry mouth, dry skin, difficulty with urination (especially in men with prostate problems), constipation, and abnormal behavior. You can read more information from the manufacturer: <http://www.transdermscop.com>. You can also read information from the National Library of Medicine: <http://www.medlineplus.gov>

Jet lag. Are you taking a long airplane trip to a time zone many hours different from Omaha? This may disturb your cycle of sleeping and waking. You may get jet lag. How can you deal with jet lag? There are many theories. Doctors generally agree that you will get over jet lag after several days. The bigger the time zone difference, the longer it takes. What about drugs or diet for jet lag? They might work. However, there isn't much evidence showing that they are safe and effective. For that reason, we don't like to recommend them.

Altitude sickness. When you ascend rapidly to high altitudes, you may develop certain illnesses. One problem is acute mountain sickness. Many people get this even at altitudes of 2000 meters (or about 7500 feet). Headache is common in mountain sickness. Some people have other symptoms. They include poor appetite or upset stomach. Some people just feel weak.

Here are three rules for dealing with acute mountain sickness: Don't go higher until you're better. If treatment doesn't work, go lower. If it gets worse and it looks like brain damage, go lower right away.

Often, we prescribe acetazolamide to prevent acute mountain sickness. You may know it by the brand name of "Diamox." The usual dose is a 125 mg pill taken by mouth twice a day. You start 24 hours before your ascent. You keep taking it during your ascent. You don't stop until you've spent 48 hours at your highest altitude.

However, acetazolamide has some side effects. Your fingers may tingle. The area around your lips may feel numb. You may urinate very, very frequently. A special problem happens if you try to drink carbonated

beverages. These include soft drinks, soda water, beer, and champagne. These drinks will taste like pepper!

Acetazolamide is related to sulfa drugs. Some people with sulfa allergy can have allergic reactions to acetazolamide. However, in general, people with sulfa allergy don't have allergic reactions to acetazolamide.

Should you take medical supplies?

Maybe.

What if you need medical care on your trip?

In the U.S., we expect sterile medical supplies when we get medical care. Sometimes, other countries don't do a good job of sterilizing medical supplies, like needles and syringes.

What diseases can you catch from an unsterile needle? There is a long list. AIDS is on it. So is hepatitis B.

Maybe you want to take your own sterile needles and syringes. Maybe you don't.

Do you need to take your own medical supplies?

You need sterile medical supplies for certain procedures. These include: Drawing blood from your veins with a needle. Pricking your finger with a needle to get a drop of blood for a malaria test. Injecting drugs through your skin with a needle. Injecting a wound with an anesthetic before sewing it together. Using a needle and thread to sew a wound together. Using a needle to puncture your skin and put medicine or blood into your veins.

In some countries they don't always have sterile medical supplies. They stick a needle in one patient. Then they take out the needle. They don't sterilize it. Then they use the same needle in another patient.

Suppose the first patient had AIDS. The needle might pick up the AIDS virus. The needle might spread it to the other patient.

Which countries don't always have sterile medical supplies? We wish we could give you an exact list. But it's hard to be sure. Usually it is the poorer countries.

Sometimes a country will have some doctors who use sterile medical supplies and other doctors who don't.

You need to find a reliable doctor. Maybe you have friends who can help you find a doctor. Some people use the resources of IAMAT. IAMAT is the International Association for Medical Assistance to Travellers. <http://www.iamat.org>

Maybe you have a special reason for taking sterile medical supplies. Maybe you will be in a remote area. Maybe you will travel for a long time. Maybe you will be in an especially risky country.

Maybe you don't have much reason for taking sterile medical supplies. Maybe you will be on a cruise ship with a well-equipped medical area. Maybe you will be at a mission with a well-equipped hospital.

What are the disadvantages of taking your own medical supplies?

Cost. A bottle of lancets—like the ones diabetics use to prick their fingers for blood tests and which can be used to check your blood for malaria—might cost \$10 at a pharmacy. A kit of needles, syringes, and other supplies might cost \$20 or \$30 or much more. But . . . if it saves you from a getting a serious illness, it could be worth it.

Customs. Maybe a customs officer will see your needles. Maybe the customs officer will think you are a drug addict and send you to prison. U.S. customs officers might also cause trouble if you bring back needles. But . . . if you show the customs officer a prescription or an authorization form signed by a doctor, maybe the officer will believe you really aren't a drug addict.

Clean needles, dirty medicine. Maybe you will use your clean, sterile needles to have medicine injected. But maybe the medicine itself will be dirty. Maybe the medicine will make you sick. Maybe the medicine will no longer be fresh. Maybe the medicine will be the wrong choice for your illness. Maybe they will give you a transfusion with blood that hasn't been tested for AIDS and hepatitis B. But . . . maybe the medicine will help you recover from a serious condition. *In many cases, the best way for you to deal with a serious injury or illness is to travel to a well-equipped center where good medical care is available. Often, it is a good idea to avoid procedures that involve piercing or cutting your skin—unless you are in a place where good technique is used.*

Not enough supplies. Maybe you will get sick. Maybe you will need lots of medical supplies. Maybe there won't be enough in the kit that you take. But . . . maybe the kit is small enough to carry easily but stocked well enough to take care of your problems.

Outdated supplies. Maybe you'll keep the kit long enough that the expiration date for its sterility will pass. But . . . maybe you'll use it soon.

What medical supplies should you take?

For diagnosing malaria. Are you going to a place with malaria? Will you spend at least 8 days there? That's long enough to get sick with malaria. Maybe you will get sick. Maybe the doctor will wonder if you have malaria. The doctor might want to prick your finger to get a drop or two of blood. The doctor could look at the blood under the microscope to see if you have malaria. You might want to take a few lancets for pricking your finger. These are the lancets that diabetics use to check their blood sugar.

For common medical emergencies. You might buy a kit with sterile supplies. You might search Google with "sterile supply kit for travel."

How do you get medical supplies?

Lancets to diagnose malaria. Go to a pharmacy. Ask for the lancets that diabetics use to stick their fingers for blood sugar testing.