



IMMUNIZATION RECOMMENDATIONS

(Taken from the website: www.mdtravelhealth.com)

All travelers should visit either their personal physician or a [travel health clinic](#) 4-8 weeks before departure.

Iowa volunteers can call Passport Health in Moline, Il at 309.757.1252 or access the web site at <http://www.passporthealthusa.com/moline/> OR

The University of Iowa Travel Services at 319.356.4252.

Atlanta Volunteers can access Passport Health via <http://www.passporthealthatlanta.com>.

Summary of Immunizations*

Malaria Medication:

Prophylaxis with chloroquine is recommended for all areas except the cruise port of Labadee.

Vaccinations:

Hepatitis A	Recommended for all travelers
Typhoid	Recommended for all travelers
Polio	Recommended for all travelers
Yellow fever	Required for travelers arriving from a yellow-fever-infected area in Africa or the Americas
Hepatitis B	Recommended for all travelers
Rabies	For travelers spending a lot of time outdoors, or at high risk for animal bites, or involved in any activities that might bring them into direct contact with bats
Measles, mumps, rubella (MMR)	Two doses recommended for all travelers born after 1956, if not previously given
Tetanus-diphtheria	Revaccination recommended every 10 years

*See below for more detailed information on medications and vaccinations.

Medications

Travelers' diarrhea is the most common travel-related ailment. The cornerstone of prevention is *food and water precautions*, as outlined below. All travelers should bring along an antibiotic and an antidiarrheal drug to be started promptly if significant diarrhea occurs, defined as three or more loose stools in an 8-hour period or five or more loose stools in a 24-hour period, especially if associated with nausea, vomiting, cramps, fever or blood in the stool. A quinolone antibiotic is usually prescribed: either [ciprofloxacin \(Cipro\)\(PDF\)](#) 500 mg twice daily or [levofloxacin \(Levaquin\) \(PDF\)](#) 500 mg once daily for a total of three days. Quinolones are generally well-tolerated, but occasionally cause sun sensitivity and should not be given to children, pregnant women, or anyone with a history of quinolone allergy. Alternative regimens include a three day course of [rifaximin \(Xifaxan\)](#) 200 mg three times daily or [azithromycin \(Zithromax\)](#) 500 mg once daily. Rifaximin should not be used by those with fever or bloody stools and is not approved for pregnant women or those under age 12. Azithromycin should be avoided in those allergic to erythromycin or related antibiotics. An antidiarrheal drug such as loperamide (Imodium) or diphenoxylate (Lomotil) should be taken as needed to slow the frequency of stools, but not enough to stop the bowel movements completely. Diphenoxylate (Lomotil) and loperamide (Imodium) should not be given to children under age two.

Most cases of travelers' diarrhea are mild and do not require either antibiotics or antidiarrheal drugs. *Adequate fluid intake* is essential.

If diarrhea is severe or bloody, or if fever occurs with shaking chills, or if abdominal pain becomes marked, or if diarrhea persists for more than 72 hours, medical attention should be sought.

Though effective, antibiotics are not recommended prophylactically (i.e. to prevent diarrhea before it occurs) because of the risk of adverse effects, though this approach may be warranted in special situations, such as immunocompromised travelers.

Malaria in Haiti: prophylaxis is recommended for all areas except for the cruise port of Labadee. Risk is greatest in certain forest areas in GrosMorne, Hinche, Maissade, Chantal and Jacmel. The drug of choice is chloroquine, taken once weekly in a dosage of 500 mg, starting one-to-two weeks before arrival and continuing through the trip and for four weeks after departure. Chloroquine may cause mild adverse reactions, including gastrointestinal disturbance, headache, dizziness, blurred vision, and itching, but severe reactions are uncommon. *Insect protection measures* are advised.

For further information about malaria in Haiti, go to the [World Health Organization](#).

Vaccinations

The following are the recommended vaccinations for Haiti:

Hepatitis A vaccine is recommended for all travelers over one year of age. It should be given at least *two weeks* (preferably *four weeks* or more) before departure. A booster should be given 6-12 months later to confer long-term immunity. Two vaccines are currently available in the United States: [VAQTA \(Merck and Co., Inc.\) \(PDF\)](#) and [Havrix \(GlaxoSmithKline\) \(PDF\)](#). Both are well-tolerated. Side-effects, which are generally mild, may include soreness at the injection site, headache, and malaise.

Older adults, immunocompromised persons, and those with chronic liver disease or other chronic medical conditions who have less than two weeks before departure should receive a single intramuscular dose of immune globulin (0.02 mL/kg) at a separate anatomic injection site in addition to the initial dose of vaccine. Travelers who are less than one year of age or allergic to a vaccine component should receive a single intramuscular dose of immune globulin (see [hepatitis A](#) for dosage) in the place of vaccine.

Typhoid vaccine is recommended for all travelers. An outbreak of typhoid fever was recently reported from Haiti (see "Recent outbreaks" below). Typhoid vaccine is generally given in an oral form ([VivotifBerna](#)) consisting of four capsules taken on alternate days until completed. The capsules should be kept refrigerated and taken with cool liquid. Side-effects are uncommon and may include abdominal discomfort, nausea, rash or hives. The alternative is an injectable polysaccharide vaccine ([Typhim Vi; Aventis Pasteur Inc.\) \(PDF\)](#), given as a single dose. Adverse reactions, which are uncommon, may include discomfort at the injection site, fever and headache. The oral vaccine is approved for travelers at least six years old, whereas the injectable vaccine is approved for those over age two. There are no data concerning the safety of typhoid vaccine during pregnancy. The injectable vaccine (TyphimVi) is probably preferable to the oral vaccine in pregnant and immunocompromised travelers.

Polio immunization is recommended. Eight cases of poliomyelitis were identified between July 2000 and July 2001. All cases occurred in people who were either unvaccinated or incompletely vaccinated. A mass vaccination campaign brought the outbreak under control. For further information, go to [MMWR](#) and the [World Health Organization \(PDF\)](#).

Any adult who received the recommended childhood immunizations but never had a booster as an adult should be given a single dose of inactivated polio vaccine. Adults who are unvaccinated or incompletely vaccinated should be fully immunized (see [polio](#) for schedule). All children should be up-to-date in their polio vaccinations before departure. Adverse reactions to polio vaccine are uncommon and may include pain at the injection site. Since inactivated polio vaccine includes trace amounts of streptomycin, neomycin and polymyxin B, individuals allergic to these antibiotics should not receive the vaccine.

Hepatitis B vaccine is recommended for all travelers if not previously vaccinated. Two vaccines are currently licensed in the United States: [Recombivax HB \(Merck and Co., Inc.\) \(PDF\)](#) and [Engerix-B \(GlaxoSmithKline\) \(PDF\)](#). A full series consists of three intramuscular doses given at 0, 1 and 6 months. Engerix-B is also approved for administration at 0, 1, 2, and 12 months, which may be appropriate for travelers departing in less than 6 months. Side-effects are generally mild and may include discomfort at the injection site and low-grade fever. Severe allergic reactions (anaphylaxis) occur rarely.

Rabies vaccine is recommended for travelers spending a lot of time outdoors, for travelers at high risk for animal bites, such as veterinarians and animal handlers, for long-term travelers and expatriates, and for travelers involved in any activities that might bring them into direct contact with bats. Children are considered at higher risk because they tend to play with animals, may receive more severe bites, or may not report bites. A fatal case of rabies was recently reported in an American traveler who had been bitten by a dog while in Haiti. A complete preexposure series consists of three doses of vaccine injected into the deltoid muscle on days 0, 7, and 21 or 28. Side-effects may include pain at the injection site, headache, nausea, abdominal pain, muscle aches, dizziness, or allergic reactions.

Any animal bite or scratch should be thoroughly cleaned with large amounts of soap and water and local health authorities should be contacted immediately for possible post-exposure treatment, whether or not the person has been immunized against rabies.

Tetanus-diphtheria vaccine is recommended for all travelers who have not received a tetanus-diphtheria immunization within the last 10 years.

Measles-mumps-rubella vaccine: two doses are recommended (if not previously given) for all travelers born after 1956, unless blood tests show immunity. Many adults born after 1956 and before 1970 received only one vaccination against measles, mumps, and rubella as children and should be given a second dose before travel. MMR vaccine should not be given to pregnant or severely immunocompromised individuals.

Yellow fever vaccine is *required* for all travelers arriving from a yellow-fever-infected country in [Africa](#) or [the Americas](#), but is not recommended or required otherwise. Yellow fever vaccine (**YF-VAX; Aventis Pasteur Inc.**) ([PDF](#)) must be administered at an approved [yellow fever vaccination center](#), which will give each vaccinee a fully validated International Certificate of Vaccination. The vaccine should not in general be given to anyone who is less than nine months old, pregnant, immunocompromised, or allergic to eggs (since the vaccine is produced in chick embryos).

Cholera vaccine is not recommended. Cholera is not reported from Haiti.