January 23, 2008

MEMORANDUM FOR: MEMBERS OF THE PRESS WHO INTEND TO TRAVEL TO AFRICA IN FEBRUARY 2008

FROM: WHITE HOUSE TRAVEL OFFICE

SUBJECT: Medical Advisory for the President's Trip to Africa, February 2008

This advisory is based on the White House Travel Office's understanding of the probable itinerary as of this date.

Immunizations
Summary of Recommended Vaccines

- Routine/childhood vaccines[1]
- Hepatitis A (once every 10 years)
- Typhoid (every 2 to 3 years)
- Polio Booster (once as adult)
- Tetanus booster (once every 10 years)
- Influenza (annual)[2]
- Yellow Fever (every 10 years)
- Meningitis (every 3 to 5 years)

Detailed Vaccination Information:

Yellow fever is a medical concern for all countries on the probable itinerary. In addition, many of the countries administratively require proof of vaccination for any traveler when entering their country.

In order to obtain the appropriate visas, the White House Travel Office will require a copy of official documentation along with your visa applications. Further information regarding visa applications is forthcoming.

Documentation of current yellow fever vaccination, more than 10 days prior to "arrival in country" but less than 9 years, 6 months, is required for entry to some countries. Each traveler will be required to submit their own yellow colored "shot card," International Certificates of Vaccination PHS-731, with current proof of receiving vaccination against yellow fever.

Single dose yellow fever vaccine is not currently available in the U.S. Only multi dose vials are currently available; therefore, all yellow fever vaccination locations require prior coordination.

The White House Travel Office strongly recommends meningococcal vaccine for the upcoming trip to Africa. In addition to the routine childhood vaccinations, we also recommend vaccination against Hepatitis A (a viral infection of the liver usually transmitted by unclean food handling; vaccine is a two-shot series, good for ten years). Vaccination against typhoid (a bacterial infection also transmitted by

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[1] Information on recommendations for "routine vaccines":
- Tetanus/diphtheria: Primary series (usually completed as a child) plus one dose within the last 10 years.
- Mumps/measles: For those born in 1957 or later without either a history of having mumps/measles or of having had 2 adequate doses of vaccine (typically "MMR" vaccine) at any time during their life.
- Pneumococcal: All adults over 65 and those with chronic disease or significant medical conditions.
- Polio: Adequate primary series and 1 adult dose. (Not always required, but increasingly recommended for world-wide travel, countries on this itinerary have been declared "polio free" by the WHO)

[2] All eligible travelers are highly encouraged to receive the current influenza vaccine.

unclean food handling; injected vaccine is effective for two years, oral vaccine is effective for five years) is also strongly recommended.

Immunizations achieve optimal benefit when administered at least 10 to 14 days ahead of travel.

Malaria

Malaria is a risk in all areas on this trip. Personal protection against mosquitoes is the best prevention. Wear long sleeves and long pants. Do not open windows in your hotel room. Use insect repellent with at least 35% DEET. Minimize outdoor exposure between dawn and dusk. Recommended medicines that protect against malaria include doxycycline, and atovaquone/proguanil (*Malarone*).

General Precautions

Unfortunately, there is a high risk for food-borne illness, even in some deluxe accommodations in major African cities. Eating outside of your hotel, from smaller restaurants, or from street vendors is highly discouraged. We advise strict avoidance of undercooked fish, shellfish, raw vegetables and salads outside of deluxe establishments in all these countries.

- Drink only bottled water or carbonated (bubbly) drinks in cans or bottles
- Avoid tap water and ice cubes
- Brush your teeth only with bottled water
- Eat only thoroughly cooked food or fruits, and vegetables you have peeled yourself
- Cooked foods should be eaten while hot
- Remember: boil it, cook it, peel it, or forget it
- Don't eat food purchased from street vendors
- Don't eat dairy products unless you know they have been pasteurized

Specific Precautions

Jet lag can be severe when traveling eastward to the African continent, and may take a few days to overcome. Usually, jet lag is best overcome by adapting to destination sleep/wake and meal patterns as quickly as possible. Staying well hydrated and getting some light exercise will help you feel better. Sleeping pills will aid in initiating sleep, but will not reset your internal clock. Sleeping pills are best prescribed by your personal physician; if possible, please address the use of such medications with your physician prior to departure.

Motor vehicle accidents are one of the top health threats in Africa. We recommend seat belt use and special caution toward unfamiliar traffic patterns and driving practices.

HIV/AIDS and other sexually transmitted diseases are prevalent. The nations of Africa have HIV/AIDS rates between 12% and 39% of the adult population putting them in the top tier for prevalence of HIV/AIDS. The blood supply is not considered safe.

Routine medical supplies. For your convenience, be sure to bring additional contact lens solutions, glasses, personal prescription medications, over-the-counter cold and allergy remedies, and pain/headache relief preparations. People who are prone to asthma or other respiratory conditions should take precautions. People with known asthma should ensure they have an adequate supply of their medication.

Tuberculosis is common in all developing countries. Travelers should avoid crowded public places and public transportation whenever possible. Most authorities no longer recommend routine pre- or post-travel testing, but travelers who develop significant respiratory symptoms (especially fever with

productive cough) within the year after travel should tell their provider about their travel history.

Illnesses transmitted by insects (especially mosquitoes) are common in Africa. In addition to malaria, diseases such as African trypanosomiasis have been reported. Dengue fever occurs in rural and urban areas, and is carried by "day time biting" mosquitoes. There is no treatment, hence prevention is paramount. Protect from biting insects by wearing long sleeves and long pants at all times, and by applying insect repellent containing 35% or more DEET, (e.g., "*Deep Woods Off*") to areas of exposed skin.

Avoid heat and sun-related illness by using sunglasses, wide-brimmed hats (when appropriate), and sunscreen (SPF 30 or greater).

Rabies is prevalent in Africa. All dog bites or scratches while in these countries should be taken seriously and post-exposure prophylaxis sought. If an animal bites you, immediately wash it thoroughly with soap and water and contact medical personnel as soon as possible.

Cholera has been frequently reported in Africa. Strict vigilance to safe water and food ingestion should prevent cholera illness. There is no vaccine available in the US for cholera.

Schistosomiasis (bilharzia) occurs in several regions. Avoid freshwater exposure; specifically, do not wade or swim in lakes, or streams.

Tick-borne typhus occurs in South Africa. Persons hiking in bush areas should take protective measures against ticks and check themselves for ticks on a daily basis.

Conclusion

Additional global travel medicine information or assistance with individual concerns is available from the Centers for Disease Control website, www.cdc.gov/travel.