

RECOMMENDATIONS CONCERNING MISSION
to Honduras short stay

All general information concerning vaccinations, malaria prevention and travelers' diarrhea can be found on the intranet site of the medical service Brussels: http://www.europarl.ep.ec/inside/staff/medical/voyage/voyage_bru_en.htm.

1. Vaccinations

- Vaccination against yellow fever is NOT required.
- Please update your baseline vaccinations:
 - **tetanus-diphtheria-polio**
 - **measles**
 - **whooping cough**
- Strongly recommended: **Hepatitis A** vaccination
- Recommended: **Hepatitis B** vaccination
- **Typhoid fever** vaccination (in certain conditions)

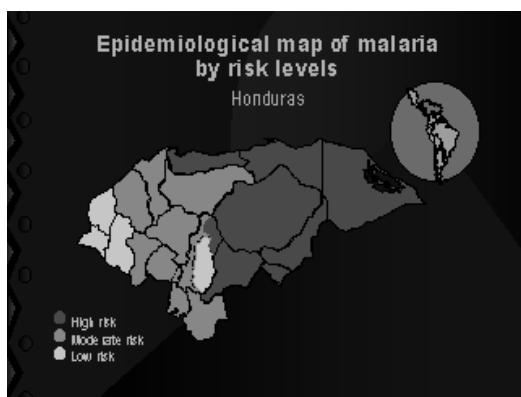
2. Traveller's diarrhoea :

DIARRHOEA is a frequent problem when travelling. Even when travelling in good conditions, it is not always possible to avoid it. Some advice and the correct medications from a travel pharmacy are very useful. Please consult the general text on travellers' diarrhoea attached.

3. Prevention of malaria

There is no malaria risk in the large towns of Honduras.

For most of the tourist and business trips to Honduras, there is no need to take antimalaria tablets.



There is a Plasmodium falciparum malaria risk (the dangerous type of malaria) in the rural areas of the Colon and Gracias a Dios departments. The risk is lower in the Atlantida and Olancho departments. In the rural areas of Gracias a Dios there is high risk of P. vivax malaria (mild type of malaria); the risk is moderate in the provinces of Atlantida, Colon, Islas de la Bahia, Olancho, Valle and Yoro.

Precautions against mosquito bites in the evenings and at night are always essential to protect against malaria.

map legend:
red: high risk
blue: moderate risk
yellow: low risk

⇒ **For well-organized trips, spending the night in very good conditions (luxury hotels), mosquito bite prevention in the morning, the evening and at night is sufficient and no chemoprophylaxis is required.**

Precautions against mosquito bites between dusk and dawn:

- keep to air-conditioned buildings as much as possible
- sleep in a mosquito free room (air-conditioned) or under mosquito netting (preferably be impregnated)
- apply insect repellents (DEET based) and wear long sleeves and trousers, (especially when going out); do not leave the hotel without a bottle of DEET in case you can not return to the hotel before dusk.

Remark:

stays in risk areas without spending the night in good hotels, preventive oral antimalaria treatment (Nivaquine) may be indicated. This can be discussed at a consultation at the medical service.

Only if your mission includes **overnight**

4. Chagas disease (or American trypanosomiasis).

This information leaflet is based on information of the Antwerp Institute of Tropical Medicine.

You will find more detailed information on their website: www.itg.be

This information only applies to you if your mission requires you to stay in primitive hotels in rural areas:

Travelers to rural areas in Latin America should be aware of the risk of infection caused by a single cell parasite, called Trypanosoma cruzi, and transmitted by large bugs. In these areas, travelers should certainly not stay the night in primitive huts or in open air. If this is unavoidable, and even when staying in cheap hotels, you should always sleep under a mosquito net (and even better, put a sheet over the net to avoid contact with falling faeces from the triatomines). It is best to use an insect spray if large insects are found in the room (mostly behind picture frames, in drawers or even under the mattress). You should also apply insect repellent to bare skin in the evening

5. Prevention of Dengue

Dengue is a viral illness, increasing in numbers in various tropical regions.

Dengue is transmitted by a mosquito that bites during daytime.

Classical dengue, with favourable course, is characterised by a sudden onset of fever, headache, and muscle and joint aches. Serious forms are rare but need medical attention.

There is no vaccine available. Precaution against mosquito bites during the day is the only possible prevention.

*Therefore (during excursions) you will need the mosquito repellent (DEET) around the clock:
"during the day for dengue" and "at night for malaria" ..*

This will also offer you some protection against other arthropod borne infections.

5. Outbreak news:

- No other outbreaks, relevant to the business travelers, have been reported

6. Deep venous thrombosis prophylaxis

- For all travellers taking flights >8 hours, the following general measures are recommended:
 - avoidance of constrictive **clothing** around the lower extremities or waist
 - maintenance of adequate **hydration** (non alcoholic beverage)
 - make efforts to **walk and stretch** at regular intervals (calf muscle contraction)

- For all travellers with high risk of deep venous thrombosis*:

(*risk factors include: recent trauma or surgery; spinal cord injury, malignancy, congestive heart failure or respiratory failure, previous venous thromboembolism, hypercoagulable condition, pregnancy, age, obesity, ...)

- use properly fitted, (below-knee) **graduated compression stockings (GCS)**
- to be discussed with your doctor: **prophylactic low-molecular-weight heparin (LMWH)** injected prior to departure
- (for long-distance travelers, we recommend against the use of aspirin for VTE prevention)

7. Altitude sickness

- If mild symptoms of altitude sickness do occur (headache, shortness of breath, nausea, dizziness, insomnia):
 - rest and if possible go 500 m lower
 - paracetamol: 1 gram for headache (min interval 4 h, max daily dose 4 grams)
 - acetazolamide: 2 x 250 mg a day for 2-3 days (present in the missions emergency kit)
 - drink a lot
- If the complaints get worse (vomiting, cough, increasing shortness of breath), you have to descend to below 2500m and go to the hospital (oxygen and other treatments)
- **Persons, who have suffered from acute altitude sickness before, are requested to contact the medical service prior to departure.** They should take acetazolamide prophylactically, 2 x ½ tablet a day. Starting 1 day before the ascent and continuing for 2 days after reaching the final height.

8. Rabies

Rabies is a major problem in many developing countries.
It is a viral disease transmitted by contact (scratch, lick, bite ...) with an infected mammal.

For business travellers pre-exposure vaccination is not recommended.

If you are staying for several weeks or longer, or if your mission is bound to put you at increased risk of contact with animals, please consult the medical service at least 1 month before departure.

The incubation time can be very long (from days/weeks up to several months or even years; this allows for "post-exposure vaccination" after a risk contact (see below).

Once symptoms of the disease have appeared, the outcome is fatal. There is no treatment or cure.

**Do not stroke or feed "tame" wild animals, stray animals and even domestic animals or household pets.
Do not touch dead animals.**

In case of a bite/scratch/lick by a possibly infected animal it is extremely important to:

1) Clean the wound thoroughly (however small or superficial):

- scrub it with water and soap (as the virus is very sensitive to detergents),**
- rinse it thoroughly,**
- then thoroughly disinfect it (with isobetadine or ethanol 60-80%)**

2) Consult a doctor immediately to get post -exposure prophylactic vaccination (more information in attached leaflet). If the vaccine is not available immediately you should either go to an appropriate facility (e.g. in one of the main cities) or have the vaccine transported to you ASAP within 24hrs. If that is not possible you should travel to Europe ASAP and contact the rabies centre.

Please inform the EP's medical service ASAP. We can help organise the completion of the vaccination scheme.

Please consult the general text on rabies attached:



Rabies