Scheduling appointments

Please call **916-734-2737** and select option 1.
Capitated patients require provider referral

health.ucdavis.edu/ internalmedicine/infectious/ TravelersClinic



At the Travelers Clinic, the UC Davis Infectious Diseases team provides expert medical consultation for those planning international trips, including information on:

- Immunizations, vaccines, and other preventive therapies
- Food- and beverage-borne risks
- Diseases associated with insects and parasites
- Stress, sleep, motion sickness and jet lag

Our goal is to provide you with detailed guidance prior to departure so your travels are free of health worries.

Travelers who develop travel-related problems either during or up to one year after return are also advised to contact the clinic for diagnostic testing and treatment. Symptoms of particular concern include fever or flu-like illness, difficulty breathing, diarrhea, skin lesions or rashes.

Additional guidance

- Altitude illness Take Acetazolamide as instructed. Start the day before or day of ascent. Discontinue after staying at the same elevation for 2-3 days, or if descent is initiated.
- Jet lag Melatonin may be used for eastward travel starting the evening of arrival and continue for up to 5 days.
 Melatonin may be purchased over-thecounter without a prescription.
- Motion sickness Take Dramamine or Meclizine as instructed, typically 30 mins to 1 hour prior to travel. You may also try P6 acupressure manually or via wristbands. Consider a trial of hard ginger candy.
- Smart Traveler Enrollment Program
 (STEP) STEP is a free service to allow
 U.S. citizens/nationals traveling abroad
 to enroll with the local U.S. Embassy or
 Consulate. To enroll, visit step.state.gov.

For additional comprehensive travel information on these and other subjects, please visit wwwnc.cdc.gov/travel.

UCDAVIS HEALTH

Infectious Diseases



UCDAVIS HEALTH

Travelers Clinic

Lawrence J. Ellison
Ambulatory Care Center
4860 Y St., Suite 0100
(lower level)
Sacramento, CA
916-734-2737
hs-imreferrals@ucdavis.edu

Travelers Clinic

Dedicated to delivering expert medical consultation for international travel and providing tools for a safe and healthy journey

Travelers' diarrhea algorithm

Travelers' diarrhea is one of the most common travel-related illnesses. In otherwise healthy adults, diarrhea is rarely serious or life-threatening, but it can make a trip very unpleasant. This algorithm can help you understand your illness severity.

Onset of Diarrhea? (defined as ≥3 loose, watery, or liquid stools in 24 hours)

Begin Oral Rehydration (OR)

Purchase OR salts, or mix 6 teaspoon sugar, $\frac{1}{2}$ teaspoon salt and mix in 1 liter clean drinking water



Bloody Diarrhea



Loperamide

Trial of Loperamide; consider starting antibiotic

Consider antibiotic; avoid Loperamide

No Fever

Start antibiotic now

Fever

≥101° F

Illness severity grading

- Mild illness: Does not interfere with normally planned activities
- Moderate illness: Distressing; interferes with some activities
- Severe illness: Incapacitating; completely prevents activities

Dietary guidelines

It's a GO if...

- food has been thoroughly cooked and is consumed immediately
- fruit is washed in clean (non-tap) water and personally peeled by the traveler
- food is dry and/or packaged
- water for drinking or teeth brushing is bottled, treated, or boiled
- cold, wet surfaces on containers (that have mouth contact) have been thoroughly wiped clean
- drinks are steaming hot such as coffee or tea

It's a NO if...

- food cannot be thoroughly cooked, boiled/steamed, or peeled
- cooked food has been allowed to sit at warm temperature (such as a buffet)
- food is raw, such as salad, vegetables and meat or fish
- ice (ice is often made from tap water)
- fountain drinks and juices

Vector-borne diseases

Vector-borne diseases are those spread by an infected insect or parasite. These tips will help you protect yourself from vector-borne diseases.

- Protect yourself 24/7. Mosquitoes that spread disease are most active between dusk and dawn, but are also active during the daytime.
- Avoid areas with outbreaks of insectborne transmission. See real-time updates at cdc.gov/travel/notices.
- Minimize areas of exposed skin by wearing protective clothing such as long-sleeve shirts, pants, boots and hats.
- Treat your gear and clothing with permethrin if spending a significant amount of time in rural outdoor areas.
- Apply an EPA registered insect repellent as directed containing either DEET (30-50%), Picaridin, or a natural derivation thereof.
 Reapply as directed.
- Obtain and use a bed net on trips to at-risk regions that lack adequate window screens and air conditioning.
- Inspect your body and clothing for ticks during and after at-risk outdoor activity and remove as promptly as possible.

Malaria prophylaxis

In the event you are traveling to regions with substantial transmission of certain malaria species (*vivax* and *ovale*), for several months or more, and/or you experience significant exposure, you may need additional malaria prophylaxis. Please contact the travel clinic upon your return if this applies to you.

- Chloroquine Take 1 tablet by mouth weekly (with food) starting 1 week prior to your departure, and continue during and 4 weeks post-exposure.
- Doxycycline Take 1 tablet by mouth daily (with food) starting 1-2 days prior to your departure, and continue during and 28 days post-exposure.
- Malarone Take 1 tablet by mouth daily (with food) starting 1-2 days prior to your departure, and continue during and 7 days post-exposure.

Tafenoquine –

- Take 2 tablets by mouth daily (with food) starting 3 days prior to your departure.
- Seven days later, take 2 tablets weekly during travel.
- After exiting at-risk area, take your last 2 tablets one week after your last weekly dose taken during travel.
- Not applicable
- Other _____