Burma

The following information must be viewed as a guide only. It is not intended, nor implied to be a substitute for professional medical advice.*

Specific recommendations on vaccinations, antimalarial medications & targeted travel health advice is always provided on an individual basis taking into account:

- the personal health of the traveller including past medical & vaccination history;
- intended activities;
- precise itinerary;
- style of travel;
- type of accommodation;
- time of year;
- altitude;
- length of stay.

In addition, some vaccines eg rabies & tuberculosis are very much influenced by local disease risk. Specific face-to-face advice is particularly important when recommending antimalarial medications & those for presumptive treatment eg for Traveller's diarrhoea.

We strongly recommend travellers seek an appointment with a doctor trained in travel health prior to departure.

Medical & nursing staff at The Travel Doctor-TMVC are trained in international public health issues with a focus on immunisations & preventive medicine. Many have travelled extensively and a number have worked in less developed areas of the world for extended periods. Travellers should undergo individual risk assessments whether they are short term holiday makers, business people or the long term expatriate worker. The Travel Doctor-TMVC has clinics Australia wide. In Australia the local centre may be contacted on 1300 658 844, or by visiting www.traveldoctor.com.au. It is recommended that you visit a travel health professional 6–8 weeks prior to departure. However, if that time frame is not possible, remember – “It’s never too late to vaccinate”.

Healthy Travelling in Burma

Healthy travellers have the most fun! Pre-travel preparation will help protect your health while you are away. To assist you in recognising & understanding some of the major travel health risks you may face while holidaying in Burma, The Travel Doctor-TMVC has prepared a summary of some of these issues in the following pages.

We hope you find this information useful in preparing for your trip. Remember it is advisable to consult a travel health specialist prior to departure.

Currency of your basic immunisations such as Tetanus & Diphtheria should be checked & others like Hepatitis A & Typhoid considered according to the criteria mentioned previously.

### Major Travel Health Issues & Considerations for Burma

<table>
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<tr>
<th>Disease</th>
<th>Description</th>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td>This is a viral disease of the liver which is transmitted through eating contaminated food or drinking contaminated water. It is the most common vaccine preventable disease that occurs in travellers to less developed areas of the world. It is strongly recommended for travel to Burma.</td>
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<tr>
<td><strong>Hepatitis B</strong></td>
<td>This is a viral disease of the liver that is transmitted via blood, blood products or bodily fluids. It is vaccine preventable. Hepatitis B immunisation is now part of the childhood immunisation schedule. Many adult travellers have missed this very important immunisation &amp; travel may be a good reason for vaccination.</td>
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<td><strong>Typhoid</strong></td>
<td>Typhoid Fever is caused by a bacteria found in contaminated food &amp; water. It is endemic in Burma.</td>
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<td><strong>Tetanus, Pertussis &amp; Diphtheria</strong></td>
<td>Tetanus is caused by a toxin released by a common dust or soil bacteria, which enters the body through a wound. Diphtheria is a bacterial infection of the throat &amp; occasionally of the skin. It is found world wide &amp; is transmitted from person-to-person by coughing &amp; sneezing. Pertussis (Whooping cough) is a highly infectious respiratory infection responsible for 300,000 deaths annually, mainly in children. Diphtheria &amp; pertussis vaccines can be added to the tetanus vaccine. Because many adults no longer have immunity from childhood immunisation it is advised that travellers to less developed countries have a tetanus, diphtheria &amp; pertussis booster.</td>
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<td><strong>Measles, Mumps &amp; Rubella</strong></td>
<td>Childhood immunisation coverage in many developing countries is not very good. As such, travellers whose birth date is after 1966 should check they have had 2 doses of measles vaccine. Since 1990 this may have been as the combination vaccine MMR [measles, mumps &amp; rubella]. Those born prior to 1966 are most likely to have long term immunity from previous exposure as a child.</td>
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<td><strong>Chickenpox</strong></td>
<td>This very common infectious disease can now be prevented through immunisation. Many people miss the disease in childhood only to have a significant illness as an adult. Travel puts one at higher risk of exposure &amp; if one cannot elicit a history of having had the illness, a test can show whether the traveller is at risk.</td>
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<td><strong>Influenza</strong></td>
<td>Individuals intending to travel out of an Australian winter might consider the current flu vaccine at the beginning of the season. Exposure to illness in airports &amp; commuter transport is common &amp; exposure may ruin a much needed break. In fact, influenza is likely to be the most common vaccine preventable disease faced by travellers.</td>
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Malaria
Malaria is transmitted by a night biting mosquito. The risk of exposure is low in Rangoon & Mandalay, but risk rises in all rural areas. Medications to reduce the risk of disease are generally recommended for all rural travel, & any illness which is flu-like in nature after returning should still be checked for malaria. See below.

Dengue fever
Dengue (pronounced den-gee) Fever is a viral disease with flu like symptoms that is transmitted by mosquitoes. There is no vaccine for dengue fever & prevention is based upon insect avoidance via repellents, nets & insecticides.

Japanese Encephalitis (JE)
JE is a mosquito borne viral disease prevalent in rural areas of Asia that can lead to serious brain infection in humans. Risk is usually greatest during the monsoon months. A vaccine is available & is particularly recommended for adults & children over 12 months of age who will be spending a month or more in rice growing areas of countries at risk (or who repeatedly visit such areas). It is also recommended for people travelling to an area where an outbreak is known to be occurring. Insect avoidance should be considered the primary means of defence.

Rabies
Rabies is a deadly viral infection of the brain transmitted to humans. The disease itself is rare in travellers, but the risk increases with extended travel & the likelihood of animal contact. The best way to avoid rabies is too avoid all contact with animals. Dogs are the main carriers, however monkeys, bats, cats & other animals may also transmit the disease. Pre-exposure vaccination is recommended for extended travel & those who work with, or are likely to come in contact with animals.

Traveller’s diarrhoea
Up to 40% of tourists may develop 3 or more loose bowel motions a day within the first week of travel. A variety of germs can be responsible for this infection. A Traveller’s Medical Kit containing appropriate therapy can rapidly improve the symptoms. It is also important to follow the rules of healthy eating & drinking to minimise risks. The new oral cholera vaccine has been shown to provide limited protection against some forms of traveller’s diarrhoea.

Malaria is a risk factor in much of Burma (see above). Malaria prevention options should be discussed with a travel health specialist prior to departure.

Additional fact sheets can be found at www.traveldoctor.com.au. These include fact sheets about:
- eating & drinking safely;
- cholera;
- Japanese encephalitis;
- insect avoidance measures;
- travellers’ medical kits.

Remember to check the DFAT ‘Smartraveller’ website www.smartraveller.gov.au prior to departure.