

Background Info - Immunizations for Short Term Personnel

The following immunizations and prophylactic drugs are recommended as basic immunizations regardless of the country where you are traveling.

You should begin the hepatitis immunizations as soon as possible after appointment in order to get them finished before departure for the field. The rest of the immunizations should be correlated with your departure time. All immunizations should be recorded in the World Health Organization (WHO) booklet.

SHOTS	INSTRUCTIONS
Tetanus	Booster at 10 years or at injury.
Typhoid	Optional for short term workers but recommended for those in rural areas in contact with potentially contaminated food and water. Every 3 yrs. intradermally. Repeat if exposed to typhoid.
Hepatitis A	Young persons (up to early middle age) should have Hepatitis A immunization – preferably 2 injections 6 months apart. For older people they can get the same, or get a blood test to see if they have immunities and don't need further immunization.
Hepatitis B	If exposed to blood (work in hospital). Series of 3 shots (1 st shot, wait one month – 2 nd shot, wait 6-18 months – 3 rd) [Most medical personnel already have had Hepatitis B series.]
**Malaria	No vaccination, but prophylactic medication should be taken regularly, usually weekly or daily, depending on the medicine and the area.

** Malaria

Central America and Mexico

Where there is no chloroquine resistance, chloroquine alone is satisfactory – 500 mg weekly – begin 1 week before (to make sure one has no reaction to the medicine) and continue for 4 weeks after leaving the field.

Africa and India

These areas have chloroquine resistant malaria organisms so other prophylactic meds need to be taken other than chloroquine. Mosquitoes are not found in certain areas of high altitude such as Mussoorie or Landour in India.

Zimbabwe, Zambia and Malawi (Malaria prophylaxis is similar for all three countries.)

Larium (mefloquine for long-term personnel) has not been recommended in the past. Although it is the drug recommended by the Center for Disease Control, it has lots of side effects, mainly neuropsychiatric (vivid dreams, unexplained anxiety, prolonged debilitation). Sometimes either doxycycline or maloprim (a combination of dapson and daraprim) is recommended, not available here but which can be obtained in Africa – sometimes has other names.

- Mefloquine - definitely should not be taken by those with seizures, head injuries, psychiatric history or arrhythmias.
- Doxycycline is a tetracycline antibiotic. It cannot be used by children under 8 or pregnant or nursing women. Its main side effect is GI upset if not taken on a full stomach. Another side effect of any antibiotic can be vaginal yeast infection in women. This needs to be taken daily. It is as effective as larium and more effective than dapson/daraprim.
- Maloprim, etc. (daraprim/dapson) is a once weekly medication, which has almost no side effects and is the most widely used prophylaxis among our missionaries in Africa. It is somewhat less effective than doxycycline but people have been happy with it in recent years. Dapson is a sulfone and so it cannot be taken by those allergic to sulfa drugs.

Note: Other countries in Africa may have completely different immunization requirements. Therefore, if you plan to travel in other African countries, you may want to check what the requirements are. Cholera immunization may be required in other parts of Africa. Keep in mind that it would be better to have immunizations in advance than to be forced to receive them under questionable conditions in an airport somewhere.