

Contraceptive Advice for Foreign Travel

Combined Oral Contraceptive

If travelling long distances over different time zones, don't forget to take your pill at your regular time (set a digital watch or alarm clock to remind you). Remember that it is better to take your pill too early rather than too late.

- If you wish to avoid having a period while on holiday, you can start the next strip immediately after finishing the previous one, you will then not have a withdrawal bleed. Remember it is not a good idea to take more than 3 strips together as there is a greater chance of breakthrough bleeding.

If you forget to take a pill

- If you are less than 24 hours late. You are still protected against pregnancy. Take the pill you missed as soon as you remember and take the next pill at your normal time (this may mean that you have to take 2 pills in one day)
- If you are more than 24 hours late. Your protection against pregnancy might be reduced. Take the pill you missed as soon as you remember, and take the next pill at your normal time (this may mean taking 2 pills in one day, or even at the same time) then follow the 7-day rule. If *any* pill has been missed in the 3rd active pill week RUN ON to the next packet (skip any placebos) and uses protection for next 7 days. If you miss > 2 days or 2 pills in your 1st week and you have had sexual exposure since the last packet you will need emergency contraception.

If you have a stomach upset (being sick or having severe diarrhoea it is possible your pill has not been absorbed)

- If you get better within 12 hours after taking your pill: take an extra pill from a separate strip and continue to take your pill from your present strip as usual
- If your stomach upset lasts more than 12 hours: continue to take your pill but follow the 7 day rule
- Always pack condoms in case you suffer from vomiting or diarrhoea

The 7 day rule

- Keep taking your pill as usual but you must take extra precautions for the next 7 days
- If these 7 days run beyond the end of your strip, start the next strip as soon as you have finished the one you are taking at the moment. Do not leave a gap between strips.
- Use an extra barrier method of contraception (condom or cap plus spermicide) during this 7 day period

Mini Pill Users, progesterone only (with the exception of Cerazette which is up to 12 hours)

- If you are travelling across time zones, remember not to leave more than 3 hours from the usual time of taking your pill, then carry on as normal
- If you have diarrhoea and sickness, continue to take your pill, but use another method of contraceptive as well, such as a condom, from the first day of illness, until 72 hours after you have recovered.



KINGS ST & UNIVERSITY MEDICAL PRACTICE PRACTICE
ADVICE FOR TRAVELLERS JUNE 2006

USEFUL TRAVEL 'WEB SITES'

www.fitfortravel.scot.nhs.uk

www.doh.gov.uk

www.fco.gov.uk

ANTI-MALARIA PRECAUTIONS (ADULTS)

If you are travelling to a malarious area you run certain risks and it is **VERY IMPORTANT** to follow the advice given.

- Take the tablets as prescribed. Do not miss taking **any** tablets. It is vital that you **complete the course of tablets** to give yourself the best possible protection. It is possible (but rare) to catch malaria even if you take anti-malarials properly.
- You will be advised to take one or more of the following tablets. It is always advisable to take them with food and water.
- You should start taking them 1-3 weeks before departure, continue through your holiday and for **4 weeks** after you return (Doxycycline & Malarone different - see below)
- **Report to a doctor immediately** if you have any unexplained fever with or without other symptoms such as headache, muscular aching and weakness, vomiting, diarrhoea and cough. Initial symptoms of malaria may often be mild, that malaria should be suspected if, one week after entry into an endemic area the above symptoms occur or at any time within 3 months of your visit (some forms of malaria can occur up to 1 year following it)
- Some antimalarial drugs can cause serious side effects and medical help should be sought promptly if these occur. Mild nausea, occasional vomiting or loose stools should not prompt discontinuation of prophylaxis, but medical advice should be sought if symptoms persist.

MEFLOQUINE (LARIAM)

The adult dose is one 250mg tablet weekly, taken on the same day each week. Start 2 ½ weeks (ie 3 doses) before departure during your stay and continue for 4 weeks after leaving. These tablets are not advised if you are pregnant, planning a pregnancy or breast-feeding, if you have, or have ever had depression, epilepsy (or 1st degree relative) or psychiatric illness, kidney or liver problems and those with cardiac conduction disorders.

You will need a private prescription from your doctor (an appointment may be necessary) Approx. cost for 2-week holiday £19.50

DOXYCYCLINE

The adult dose is one tablet (100mg) taken once daily. Start 1 week before entry to a malarious area, during your stay and continue for 4 weeks after leaving. These tablets are not advised if you are pregnant or by children under 12 years of age. Rarely, may sensitise the skin to sun leading to an unpleasant rash - use efficient sun protection screen. May cause gastrointestinal upset, vaginal thrush and could interfere with oral contraceptive pill (extra precautions should be used for the first 3 weeks). Remain in upright position for at least 30 min after taking with full glass of water. You will need a private prescription from your doctor (an appointment may be necessary) Approx. cost for 2-week holiday £9.00

MALARONE (ATOVAQUONE/PROGUANIL)

The adult dose is one tablet daily. Start 2 days before entry to a malarious area, during your stay and continue for 7 days after leaving. The period of stay should not exceed 28 days. These tablets are not advised in persons under 40kg body weight, with severe renal failure or if pregnant. You will need a private prescription from the doctor (an appointment may be necessary) Approx. cost for a 2-week holiday £53.00

PROGUANIL (PALUDRINE) + CHLOROQUINE (AVLOCLOR OR NIVAQUINE)

This combination is sometimes used in malarious areas. Start 1 week before entry to a malarious area, continue during your stay and continue for 4 weeks after leaving. Approx. cost for 2-week holiday £15.50

CHLOROQUINE (AVLOCLOR OR NIVAQUINE)

The adult dose is 300mg (2 tablets) to be taken weekly, on the same day each week. Start 1 week before entry to a malarious area, during your stay and continue for 4 weeks after leaving. These tablets are not advised if you have epilepsy or convulsions, these tablets may worsen psoriasis. Chloroquine can be purchased from the chemist.

PROGUANIL (PALUDRINE)

The adult dose is 200mg (2 tablets) taken daily. Start 1 week before entry to a malarious area, during your stay and continue for 4 weeks after leaving. These tablets are not advised if you are taking anticoagulants (warfarin), or in severe renal failure (reduce dosage) Pregnant women should take

a folic acid supplement 5mg on alternate days(see doctor) Proguanil can be purchased from the chemist.

NON - PREGNANT WOMEN OF CHILDBEARING POTENTIAL

Both mefloquine and doxycycline prophylaxis may be taken, but pregnancy should be avoided during the period of drug intake and for three months after mefloquine and one week after doxycycline prophylaxis is stopped.

THE FOLLOWING MEASURES ARE EFFECTIVE IN REDUCING THE RISK OF MOSQUITO BITES

- Apply insect repellent to exposed skin between dusk and dawn when malaria mosquitoes commonly bite. Choose one containing either N,N-diethyl-m-toluamide (DEET) or diethyl phthalate. Repeat applications may be required every 2-3 hours, especially in hot humid climates. The manufacturers' recommendations should be strictly adhered to and the dosage must not be exceeded.
- Wear appropriate clothing at dusk - long sleeve shirts, trousers and socks
- Stay if possible, in a well - constructed and well maintained buildings, with screens over the doors and windows; if no screens available, windows should be closed at sunset.
- If accommodation allows entry of mosquitoes, use a mosquito net over the bed with the edges tucked under the mattress, ensure there are no holes in the net or that a mosquito is not inside it. Protection may be increased by use of nets impregnated with permethrin or deltamethrin.
- Use anti-mosquito sprays or insecticide dispensers (mains or battery operated) that contain tablets impregnated with pyrethroids, or burn pyrethroid mosquito coils in bedrooms at night.
- Don't forget to keep taking the tablets.
Always read the patient information leaflets enclosed with your medication.

TRAVELLERS DIARRHOEA

Traveller's diarrhoea is the commonest problem for traveller's abroad. There is not yet a vaccine available to prevent this illness and it spoils the holidays of as many as 50% of travellers. There

are certain measures you can take to reduce your risk of getting the illness these measures may also reduce the risk of acquiring other diseases such as Hepatitis A, Typhoid and Cholera. Water should only be drunk when you are sure of its purity. Don't drink it without boiling, chemical disinfection or using a reliable filter. This also applies to water used for making ice cubes and cleaning teeth. Bottled water is usually safe, as are hot tea and coffee, beer and wine.

- Meat should be thoroughly cooked and eaten hot whenever possible. Avoid leftovers and buffet foods, which may have been in the heat for some time.
- Milk should be boiled unless you are sure it has been pasteurised.
- Fish and shellfish can be hazardous at certain times of the year, even if well cooked. Take local advice about seafood, but when in doubt it is best to avoid them.
- Vegetables should only be eaten when thoroughly cooked.
- Fruit should be peeled, including tomatoes.
- Wash hands thoroughly before eating or handling food and always after using the toilet
- Green salads should be avoided.

If you have diarrhoea seek medical advice if :

- There is blood in the stool.
- The person is unable to drink (children and the elderly can quickly become dehydrated)
- The person is confused
- The diarrhoea persists for more than 3 days in adults, 2 days in children and the elderly.
- Avoid dairy products e.g. meat, cheese ,eggs
- Drink plenty of clear fluids - little and often is better than large, infrequent amounts
- Replace lost salts and sugars by using remedies like Dioralyte or flat Coke/Pepsi
- Alternately, make your own solution with a teaspoon of sugar and a pinch of salt in a glass of bottled or freshly boiled water. Children drink one-glass and adults two glasses after each bout of diarrhoea.
- Treated like this most diarrhoea will improve in 24 hours
- If the condition deteriorates seek medical help.
- If you have to be on the move and away from a toilet then a 'stopper' such as Loperamide (Imodium) may be used. (this may delay recovery but may be the only practical short term solution) This should not be given if there is any blood in the stool or to children. Kaolin preparations are not recommended.

HOW TO REDUCE THE RISK OF DEVELOPING DEEP VEIN THROMBOSIS (DVT-BLOOD CLOT) DURING LONG HAUL FLIGHTS

Based on recommendations by the Aviation Health Institute (www.aviation-health.org for more detailed information)

Exercise your legs (to stimulate walking), and regularly rotate and flex your shoulders, feet and ankles. Walk around the cabin as often as possible, at least once an hour. Breathe deeply at regular intervals to increase oxygen intake. Keep well hydrated by drinking water /soft drinks (drink at least two small glasses of water every hour, or take a bottle of water on board) Avoid excessive amounts of alcohol, tea, and coffee. Avoid sleeping in an uncomfortable position. Only use footrest if it extends your legs and is padded, do not use if it leaves your calves dangling. Avoid your calves making prolonged contact with your seat. If you have a history of venous thrombosis or feel you are above average risk, a doctor should be consulted prior to your travel.

