



ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

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4 November 2017

Ms Maria Asvesta

Assistant Head/Trip Leader of the English School

Subject: School trip to Kerala, Southern India

I would like to refer to your letter received on the 26th September 2017 regarding a school trip of a group of students in July 2018 to Mitraniketan village, in Kerala, Southern India, to let you know the following:

According to the International Travel and Health Guidelines (WHO) and the US Center for Disease Control and Prevention Traveller's Health,site the following guidance should be considered:

Vaccinations:

Routine vaccinations should be up to date (poliomyelitis, diphtheria, tetanus, measles, mumps, rubella, hepatitis B). In addition and taking into consideration the hygienic conditions of staying during their trip and possibly the activities to be undertaken the option to be further vaccinated against Hepatitis A and possibly against Typhoid fever should be considered.

Despite India is an endemic region for Japanese encephalitis the vaccine is only recommended for Long term travelers (one month or more) or if they intend to spend substantial time outdoors in rural or agricultural areas and

staying in accommodation without air conditioning, screens or bednets. This should possibly be discussed with the local organizers of the event.

Rabies vaccine is only recommended for travelers that will be engaged in activities directly dealing with animals. During their stay the students should not come in direct contact (touching) with stray animals such as dogs, cats, monkeys, squirrels, birds, foxes, bats. We should not be able to differentiate between an ill and a healthy animal. The possibility to be attacked by an animal if we do not challenge them is extremely low. Even a small abrasion by a suspect animal is sufficient to make someone visit the nearest hospital and let the doctors know about it. In that case you may need to initiate a series of vaccines which you will later continue in Cyprus after your return.

Malaria

India is a malaria endemic country with malaria being present in all areas throughout country including cities of Bombay (Mumbai) and Delhi, except non in areas above 2,000m. The malaria parasite is transmitted by female *Anopheles* mosquitoes, which bite mainly between dusk and dawn. Therefore, although malaria transmission risk in India is considered of moderate risk, travelers should be advised that personal protection from mosquito bites is their first line of defense against malaria.

Travellers may protect themselves from mosquito bites by the means outlined in the following paragraphs as described by the World Health Organisation:

“Insect repellents are substances applied to exposed skin or to clothing to prevent human/vector contact. The active ingredient in a repellent repels insects but does not kill them. Choose a repellent containing DEET. Insect repellents should be applied to provide protection at times when insects are biting. Care must be taken to avoid contact with mucous membranes; insect repellents should not be sprayed on the face, applied to the eyelids or lips, or applied to sensitive, sunburned or damaged skin or deep skin folds. Always wash the hands after applying the repellent. Repeated applications may be required every 3-4 hours, especially in hot and humid climates when sweating may be profuse. When the product is applied to clothes, the repellent effect lasts longer. However, label instructions should be followed to avoid damage

to certain fabrics. Repellents should be used in strict accordance with the manufacturers' instructions and the dosage must not be exceeded.

Mosquito nets are excellent means of personal protection while sleeping. Nets can be used either with or without insecticide treatment. However, treated nets are much more effective. Pretreated nets may be commercially available. Nets should be strong and with a mesh size no larger than 1.5 mm. The net should be tucked in under the mattress, ensuring first that it is not torn and that there are no mosquitoes inside. Nets for hammocks are available, as are nets for cots and small beds.

Mosquito coils are the best known example of insecticide vaporizer, usually with a synthetic pyrethroid as the active ingredient.

A more sophisticated product, which requires electricity, is an **insecticide mat** that is placed on an electrically heated grid, causing the insecticide to vaporize. Battery-operated vaporizers are also available. Such devices can also be used during daytime if necessary.

Aerosol sprays intended to kill flying insects are effective for quick knockdown and killing. Indoor sleeping areas should be sprayed before bedtime. Treating a room with an insecticide spray will help to free it from insects, but the effect may be short-lived. Spraying before bedtime, combined with the use of a vaporizer or a mosquito net, is recommended. Aerosol sprays intended for crawling insects (e.g. cockroaches and ants) should be sprayed on surfaces where these insects walk.

Protective clothing can help at times of the day when vectors are active. The thickness of the material is critical. Insect repellent applied to clothing is effective for longer than it may be on the skin. Extra protection is provided by treating clothing with permethrin or etofenprox, to prevent mosquitoes from biting through clothing. In tick- and flea-infested areas, feet should be protected by appropriate footwear and by tucking long trousers into the socks. Such measures are further enhanced by application of repellents to the clothing. Travellers camping in tents should use a combination of mosquito repellents and screens. The mesh size of tent screens often exceeds 1.5 mm, so that special mosquito screens have to be deployed. Screening of windows, doors and eaves reduces exposure to flying insects. Accommodation with these features should be sought where available.

Air-conditioning is a highly effective means of keeping mosquitoes and other insects out of a room as long as the room has no gaps around windows or doors. In air-conditioned hotels, other precautions are not necessary indoors.

Malaria chemoprophylaxis

In addition, travelers to India are recommended to have an appropriate antimalarial drug. The usual antimalarial drugs given with medical prescription are either Mefloquine tablets or Doxycycline tablets. Dosing schedules for children should be based on body weight.

Weekly mefloquine should preferably be started 10 days before departure in order to achieve protective drug blood levels and to allow possible side effects to be detected before travel so that possible alternatives can be considered. Before mefloquine is prescribed, all users should be made aware of the possible adverse effects associated with its use.

Daily prophylaxis with doxycycline should be started 1-2 days before arrival in the malaria risk area (or earlier if drug tolerability needs to be checked before departure).

All prophylactic drugs should be taken with unfailing regularity for the duration of stay in the malaria risk areas, and should be continued for 4 weeks after the last possible exposure to infection since parasites may still emerge from the liver during this period.

Zika virus

India is also an endemic country to Zika virus. The above described measures for protection against mosquito bites are usually sufficient for protection.

However, for staff accompanying the students it is important to know that:

Pregnant women should not travel to India because Zika virus infection during pregnancy can cause serious birth defects. Further to this, a woman travelling to such an endemic country, should avoid becoming pregnant for the next 6 months after visiting the endemic area.

As Zika virus can be transmitted during sex, partners of pregnant women who visit these areas after their return, should use condoms when having sex or avoid having sex, for the rest of the pregnancy.

It is of utmost importance to Immediately seek Diagnosis and treatment if a fever develops 1 week or more (and up to one year) after entering an area where there is a malaria risk after departure from a risk area.

Further advice:

Eat and drink safely

- Avoid cooked food served at room temperature
- Avoid raw food, including raw vegetables unless they can be washed thoroughly
- Drink only beverages from sealed bottles or cans
- Water is safe if it has been boiled or chemically treated
- Avoid ice unless made from bottled/disinfected water
- Consider prescribing an antibiotic for self –treatment of travellers' diarrhea, factoring in resistance issues at the destination.

We avoid to swim or wash our hands or face in lakes, rivers or stagnant water. One can swim only in organized beaches or in hotel swimming pools as long as you trust it.

For more individualized guidance on prophylaxis and vaccinations you can contact our immunization center in Nicosia tel. 22801609 and also consult your family doctor.

For more information you can also visit the site:

<https://wwwnc.cdc.gov/travel/destinations>



(Δρ Μαρία Κολιού)
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