



MANAGEMENT FILE

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This leaflet is based on an article which first appeared in the ME Association's quarterly *ME Essential* magazine. MEA membership costs £18 a year for people living in the UK/BFPO. For contact details, see foot of this page.

the ME association



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GENERAL ADVICE ON VACCINES FOR OVERSEAS TRAVEL

Life is full of risks and there are plenty of anecdotal reports describing how various vaccines have triggered ME/CFS or exacerbated pre-existing ME/CFS.

But if someone with ME/CFS wants to travel to a country where specific vaccinations are strongly advised, or are even made compulsory with a certificate (as with yellow fever), it would be foolish to avoid the high level of protection that most forms of vaccination provide.

So, if you are well enough to start travelling outside the relatively disease-free area covering most of Europe, USA, Canada, Australia and New Zealand, where travel vaccinations aren't usually required, it's highly likely that you will have to consider the pros and cons of one or more vaccinations.

However, there are a few exceptions to the general rule about 'safe countries'. For example, the presence of tick-borne encephalitis in the warm forested areas of Central and Eastern Europe and Scandinavia, and the re-emergence of diphtheria in some parts of the former USSR.

Travel vaccinations often require more than one surgery appointment in order to complete a course. And, as with any vaccination and ME/CFS, they should normally be deferred if you are having a lot of flu-like symptoms, any sort of infection, or a relapse of symptoms.

A course of travel vaccinations should, wherever possible, be planned a couple of months before travelling, and be

VACCINATIONS and pre-travel health planning



completed at least two weeks before departure – in case side-effects occur. So you do need to consult your GP or travel clinic 6 to 8 weeks before travelling.

OBTAINING RELIABLE INFORMATION ON TRAVELLER'S HEALTH

Never leave pre-travel health planning to the last minute. And it's well worth checking on vaccination advice before even making a booking – just in case you don't then want to proceed.

Thanks to the internet, it is now very easy to locate accurate and up-to-date information and advice about health requirements for overseas travel. The

following sites are particularly useful here:

- Fit for Travel www.fitfortravel.nhs.uk
- Netdoctor www.netdoctor.co.uk
- Medical Advice Services for Travellers Abroad/MASTA www.masta-travel-health.com

This site provides sound advice on food, water, general hygiene, risks from specific infections, and appropriate methods of protection on a country-by-country basis.

Some GP surgeries run special travel clinics where advice can be obtained and arrangements made for whatever vaccinations, anti-malaria pills etc are going to be required.

There are also a growing number of private travel clinics run by companies such as MASTA and BUPA, sometimes operating in conjunction with travel companies, that offer a full but fee-paying service.

Advice contained in travel company brochures, and from travel agents, about health requirements abroad can be inaccurate and should not be relied on.

Homeopaths and other complementary practitioners may recommend other forms of protection. However, there is insufficient evidence of effectiveness to recommend their use.

SPECIFIC VACCINES THAT MAY BE RECOMMENDED OR REQUIRED

Some vaccines are contra-indicated in people who have evidence of immune system suppression or an allergy to egg. So any allergies or past adverse reactions should always be mentioned when deciding if a vaccine is appropriate.

All vaccines are capable of producing side-effects in perfectly healthy people – fairly common ones include dizziness, fever, fatigue, flu-like symptoms, headache, joint pain, paraesthesiae/ pins and needles and skin rash.

Oral vaccines such as cholera, live polio and live typhoid can cause gastrointestinal side-effects including nausea, stomach pain and cramps. Fortunately, these reactions are normally limited to a few days. Serious reactions, including neurological ones, are far less likely but can occur with vaccines such as the one for yellow fever.

So people with ME/CFS may well experience an exacerbation of some of their pre-existing symptoms post vaccination. And, as is well recognised, vaccines can occasionally cause a more significant exacerbation of symptoms or a relapse of ME/CFS.

A decision on whether or not to have a particular vaccine has to take

individual circumstances into account as well as the official printed guidance – which can be both under and over cautious. For example, where rabies is present, vaccination would be vital for someone travelling to a remote area away from medical attention. But it may not be necessary if your stay is confined to a hotel in the city.

POINTS TO CONSIDER IN RELATION TO SPECIFIC VACCINES

Cholera is spread through consumption of contaminated food and water. Oral cholera vaccine (Dukoral) does not provide complete protection. As with typhoid, scrupulous attention to food, water and personal hygiene is essential.

Hepatitis A is also spread through consuming contaminated food and water. This is a fairly common infection that can cause a severe relapse of ME/ CFS symptoms. It can also trigger ME/ CFS in previously healthy people. Outbreaks of hepatitis A infection occur quite frequently in less developed countries – even in hotels and holiday resorts. Long lasting protection is now available and there has been very little feedback about adverse reactions from people with ME/CFS who have had this vaccine.

Hepatitis B is spread through infected blood and blood products and sexual intercourse. Three or four doses are required for primary immunisation. The vaccine contains inactivated hepatitis B virus surface antigen (HbsAG) and this is one of the vaccines where anecdotal evidence indicates that it is capable of both triggering and exacerbating ME/ CFS.

Japanese B encephalitis is an infection that is present in Asia and the Far East. Protection requires two doses of the vaccine.

Measles occurs worldwide and is common in developing countries – so it's worth checking if you are immune from either a previous vaccination or natural measles infection.

Meningitis is spread by droplet

infection through close person-to-person contact.

Polio is spread by consuming contaminated food and water. Boosters are strongly recommended for countries where polio remains a problem. So if there is any risk of polio in the country being visited, it would be foolish to avoid having up-to-date protection. A list of countries with a high incidence of polio can be obtained from www.travax.nhs.uk. There is no evidence from a research study that people with ME/CFS have problems with polio vaccine.

Rabies is spread through contact with saliva from an infected animal (dogs and bats in particular), usually a bite, scratch or lick onto broken human skin. Risk is higher in remote areas – where access to emergency treatment may not be available.

Tetanus is spread through contamination of cuts, burns and wounds with tetanus spores from the soil. Boosters are strongly recommended for travel in countries where proper treatment of injuries may not be available. Up-to-date protection with a tetanus booster is important if you are taking part in activities that could involve exposure to tetanus infection.

Tick borne encephalitis is a brain infection that can be caught from an infected tick bite. Vaccination is therefore recommended for people who are working or walking in warm forested areas of Central and Eastern Europe, Scandinavia, parts of China and Japan – especially during April to November when ticks are most prevalent.

Typhoid is spread through contaminated food and water. So the best way of protecting against typhoid is to avoid taking risks with food and water that may carry the infection. Sensible self-help advice can easily be found elsewhere. Typhoid vaccine is only around 70 per cent effective – so good hygiene is essential as well. A live oral typhoid vaccine (Vivotif) is also available in capsule form – this is contraindicated if you have a congenital or acquired

immunodeficiency, which includes taking drugs that suppress the immune system response.

Yellow fever is spread by the bite from and infected, day-biting mosquito. The disease is mainly found in rural areas but urban outbreaks also occur. Yellow fever is a potentially fatal infection that is present in parts of Central and South America and parts of the Caribbean.

Countries affected are likely to require an International Certificate of Vaccination and you may have to go to a special centre to have this vaccine.

Surrounding countries may also require a certificate if you have recently travelled through a country at risk. So a careful check needs to be made on vaccination requirements well before departure.

Officially recognised protection lasts for 10 years.

Side-effects include headache, fever, fatigue and stiffness – which may occur 4 – 7 days after vaccination. Other less common side-effects include muscle pain, enlarged glands and a rash. Neurological complications such as meningo-encephalitis, and an unusual multisystem illness, have been reported.

Up-to-date protection against diphtheria and tuberculosis may well be necessary as well.

For travel to more exotic locations, particularly in Africa, the list of recommendations may be quite long and should include advice about other exotic infections like dengue fever from mosquito bites (which can also cause an ME/CFS like illness) and schistosomiasis – a nasty parasitic infection caught from bathing in fresh infected water lakes and rivers.

OTHER IMPORTANT ASPECTS OF PRE-TRAVEL HEALTH CARE

Air travel

Along with checking in and moving through the various security procedures

at an airport, this can turn out to be the most stressful part of an overseas trip.

If you think you are going to require assistance (eg needing a wheelchair) contact the airport operator well in advance.

It's also worth paying a little extra for speedy boarding (if available) and looking at one of the internet sites that point out good and bad seats on specific aircraft and booking a seat in advance.

One potentially serious medical problem associated with long-haul flights is developing a blood clot (deep vein thrombosis/DVT) in the legs. Inactivity associated with moderate/ severe ME/CFS may increase this risk.

If you think you are at risk of developing a DVT, see your GP before you travel. Don't leave it until the last minute in case you need to buy medication, compression stockings, or anything else for your flight.

Wearing compression stockings during flights of four hours or more can significantly reduce your risk of DVT, as well as leg swelling. Below-knee stockings apply gentle pressure to the ankle to help blood flow. They come in a variety of sizes and there are also different levels of compression. Class 1 stockings (exerting a pressure of 14-17 mmHg at the ankle) are generally sufficient. It's vital that compression stockings are measured and worn correctly. Ill-fitting stockings could further increase the risk of DVT.

Flight socks are available from pharmacies, airports and many retail outlets. Take advice on size and proper fitting from a pharmacist or another health professional.

You can reduce your risk of DVT occurring during a long-distance flight, train or car journey by:

- wearing loose, comfortable clothes
- wearing flight socks
- doing anti-DVT exercises
- walking around whenever you can
- drinking plenty of water

■ not drinking alcohol or take sleeping pills

More detailed information on DVT prevention can be found on the NHS Choices website:

<https://tinyurl.com/y3m3hbwy>

Heat

Sensitivity to changes in temperature, especially excessive heat, are a common feature of ME/CFS – so it's worth checking what the weather and humidity is going to be like in more exotic locations if you are already heat-sensitive. Taking a relaxing holiday in a warm dry location may be beneficial for ME/CFS. Taking a holiday in a very hot climate could well cause serious problems if you have ME/CFS.

It's also worth noting that some types of medication (eg antidepressants) have a potential to exacerbate problems with temperature regulation.

If you are visiting a county where it is going to be hot, or very hot, make sure you keep well hydrated, wear loose cotton clothing, wear plenty of sunscreen and stay cool during the hottest part of the day.

Jet lag, time changes and sleep disturbance

Long distance flights that involve a considerable number of time zone changes are likely to exacerbate any form of pre-existing sleep disturbance – which commonly occurs in ME/CFS. So it's worth checking on what the time zone change is going to be at your destination and following, where possible, the established general advice on how to cope with resetting your body clock when travelling.

Jet lag refers to a range of symptoms that are experienced while adapting to a different light-dark schedule following a flight to a new time zone. It is the result of your internal body clock not being able to adjust immediately to a new time zone. Jet lag can disturb your sleep at night and make you feel drowsy and lacking in energy during the day. It can also sometimes cause digestion

problems.

Crossing 6 to 12 time zones usually results in more severe jet lag than crossing three to six time zones. Crossing one or two time zones doesn't usually cause any problems. People usually report more severe jet lag for flights going east compared with westerly flights across the same number of time zones.

There are several things you can do to help reduce the effects of jet lag when you arrive at your destination:

■ **establish a new routine and try to get used to it as soon as possible** – eat and sleep at the correct times for your new time zone, not when you usually eat and sleep at home

■ **avoid napping as soon as you arrive at your destination** – even if you're tired after a long flight, try to stay active until the correct time to sleep; this will help your body adjust more quickly

■ **spend time outdoors** – natural light will help your body adjust to a new routine

The use of **melatonin**, which may be helpful for reducing jet lag, could be discussed with your GP.

Melatonin is a hormone and chemical messenger that is released in the evening. It helps to let your brain know that it's time for your body to go to sleep. Your body clock is synchronised to a diurnal (daytime) lifestyle by natural daylight and by the release of melatonin in your body later in the day. Melatonin is produced when it gets dark to help your body get ready for sleep. Your body stops producing melatonin at around dawn to help you wake up.

Some jet lag remedies contain melatonin to help you sleep at night when your body is finding it difficult to adjust to the new time zone. Melatonin has been found to help people sleep and reduce general feelings of jet lag in some (but not all) studies. At the moment there's not enough evidence to say whether melatonin supplements are effective. Some people find them helpful, but they're not currently licensed in

the UK for the prevention of jet lag.

Purchasing melatonin on the internet raises concerns because it's difficult to be certain how much melatonin they contain and whether other substances are present.

Some people find taking **sleeping tablets** can help to relieve sleep problems associated with jet lag. However, they're not usually recommended because of the risk of becoming dependent on them.

And if you are flying a very long way – to Australia for example – it's worth looking at the pros and cons of doing this in one go, or having a stop over half way in somewhere like Hong Kong.

■ Jetlag Rooster is useful website tool that provides advice based on the time of your flight and the destination: www.jetlagrooster.com

Malaria

There are various anti-malarial drugs available on prescription (which you will have to pay for). You can do this via your GP or via an on-line medical consultation and pharmacy such as Superdrug.

These drugs are normally very effective but have to be started before entering an at-risk country and continued after leaving.

Simple self-help measures – effective insect repellents, covering up exposed areas of skin, use of impregnated mosquito nets at night – are also very important.

Using the right drug, or combination of drugs, on a regular basis is absolutely vital – so do obtain accurate, up-to-date information on which drugs are currently being recommended for which country you visit from a website, or from a travel health adviser.

Lariam, also known as mefloquine, is very effective but needs to be used with caution (or not at all) if you have had neurological or psychiatric health problems. For people with ME/CFS, if there is a suitable and equally effective alternative this would probably be a better option.

Medication

Make sure you have an adequate supply of any regular medication and keep a separate written list of the names of any important drugs in case anything goes missing. Always keep any essential drugs with you in your cabin baggage. It's also worth writing down the foreign translations for any drugs you use and any medical conditions you have.

Traveller's diarrhoea

The most common cause of illness among travellers is diarrhoea, which can be caused by bacteria or viral infections. One of the most effective ways to avoid traveller's diarrhoea is to follow the Golden Rules about food preparation abroad: 'boil it, cook it, peel it, or forget it'. The most important self-help form of treatment for diarrhoea is rehydration: replacing lost fluids, and using an oral rehydration salt such as Dioralyte.

A drug called loperamide/Imodium (available over the counter from pharmacies) will quickly help to stop very loose bowel movements – but do read the cautionary notes in the instructions. It's probably worth buying some before you depart. Some doctors also advise taking a single dose (possibly continued for three days) of an antibiotic such as ciprofloxacin for a more severe attack – but you will need a prescription for this.

TRAVEL INSURANCE AND OTHER DOCUMENTATION

Failure to take what are regarded as adequate precautions may cause problems with a travel insurance policy if a claim has to be made. Hospitalisation from a serious infection such as malaria or yellow fever could easily run up an enormous bill.

The MEA has a separate leaflet covering travel insurance and this has a list of insurers who are generally sympathetic towards insuring people with ME/CFS.

UK travellers visiting other European Union countries should also carry the European Health Insurance Card (EHIC) as it entitles travellers to reduced cost,

sometimes free, medical treatment in most European countries. On-line applications normally arrive within seven days. Applications may also be made by telephone on 0300 330 1350 or by post using the form which can be downloaded from the website:

<https://tinyurl.com/pshjvmg>

(Beware – the situation may well change after Brexit).

CHECK LIST

- Written list of all essential medication and (if possible) enough medication to last the full trip
- Vaccinations – arranged well in advance and preferably all completed at least two weeks before departure
- Other prescription drugs – anti malaria tablets – that may be required
- Arrange airport assistance if required
- Knowing how to reduce the risk of DVT while flying
- Travel insurance and European Health Insurance Card
- Medical and first aid kit
- Please let us know if you have any helpful tips or advice regarding any aspect of health and disability in relation to travelling broad.

FURTHER INFORMATION

■ The MEA has a separate *To Whom It May Concern* leaflet that provides information about ME/CFS and how problems with mobility, cognition, standing, etc can cause problems for travellers. Also explains how tour operators, airports, hotels etc can help people with ME/CFS.

■ The Foreign and Commonwealth Office produces very useful country-by-country advice on all aspects of foreign travel – including the political situation in countries where caution is advised because of the political situation. Follow this link to find the FCO advice::

<https://tinyurl.com/cqv693w>

■ Information on travel with ME/CFS and travel vaccination can also be found on pages 219 – 220 and 363 – 365 of *Living with ME*.



The 11th edition of our clinical and research guide is a must-have for anyone who has been affected by – or has an interest in – ME/CFS.

It has been written by ME Association medical adviser, Dr Charles Shepherd, and consultant neurologist, Dr Abhijit Chaudhuri, from the Essex Centre for Neurosciences.

Free copies for health professionals

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