

Belize trip preparation/safety, international travel issues, recommended vaccines/medications:

Please consult your physician before departure for individual preventive health care.

For Belize: Vaccines: Hepatitis A, Hepatitis B, Typhoid, and as needed Td (tetanus) booster; Chloroquine malaria prophylaxis

Vaccinations recommended:

- [Hepatitis A](#) or [immune globulin \(IG\)](#)
- [Hepatitis B](#) or [Immune Globulin](#)
- [Typhoid](#) vaccination is particularly important because of the presence of *S. typhi* strains resistant to multiple antibiotics in this region.
- [tetanus/diphtheria](#) - if not covered which indicates not vaccinated within the last 10 years.

International travel issues and recommended vaccines/medications

The following information is taken from the CDC website at:

<http://www.cdc.gov/travel/> with specific Central America recommendations at:

<http://www.cdc.gov/travel/camerica.htm>

1. Food and waterborne diseases are the number one cause of illness in travelers.

[Travelers' diarrhea](#) can be caused by viruses, bacteria, or parasites, which are found throughout the region and can contaminate food or water. Infections may cause diarrhea and vomiting (*E. coli*, *Salmonella*, [cholera](#), and parasites), fever ([typhoid fever](#) and toxoplasmosis), or liver damage (hepatitis). Make sure your food and drinking water are safe. ([See below.](#))

- We recommended daily Pepto-Bismol tablets, 1-2 tabs three times a day starting 1-2 days before leaving. Stools will turn black from the sub-salicylate.
- Some people take a prescription of Ciprofloxacin.
- If you cannot wash it, peel it, or boil it, don't eat it.

Malaria Prophylaxis: Chloroquine is the recommended drug **Belize**. For specific information on malaria, see

<http://www.cdc.gov/travel/regionalmalaria/camerica.htm>

Chloroquine (brand name Aralen™ and generics)

Directions for Use

- The adult dosage is **500 mg chloroquine phosphate once a week.**
- Take the first dose of chloroquine **1 week before arrival** in the malaria-risk area.
- **Take chloroquine once a week, on the same day of the week, while in the malaria-risk area.**
- **Take chloroquine once a week for 4 weeks after leaving the malaria-risk area.**
- Chloroquine **should be taken on a full stomach** to lessen nausea.
- **Chloroquine Side Effects**

The most common side effects reported by travelers taking chloroquine include nausea and vomiting, headache, dizziness, blurred vision and itching. Chloroquine

may worsen the symptoms of psoriasis. Most travelers taking chloroquine do not have side effects serious enough to stop taking the drug. Other antimalarial drugs are available if you cannot tolerate chloroquine; see your health care provider.

- **Contraindications**

The following travelers should not take chloroquine (other antimalarial drugs are available; see your health care provider): patients allergic to chloroquine

Protect Yourself from Mosquito Bites (*Personal note: do not use high strength DEET: it is oily, stains clothing, messy, and affords no better protection with higher toxicity potential.*)

Malaria is transmitted by the bite of an infected mosquito; these mosquitoes usually bite between dusk and dawn. If possible, remain indoors in a screened or air-conditioned area during the peak biting period. If out-of-doors, prevent mosquito bites by wearing long-sleeved shirts, long pants, and hats; apply insect repellent to exposed skin. Use insect repellents that contain [DEET \(diethylmethyloamide\)](#) for the best protection.

When using repellent with DEET, follow these precautions:

1. Read and follow the directions and precautions on the product label.
2. Use only when outdoors and wash skin with soap and water after coming indoors.
3. Do not breathe in, swallow, or get into the eyes. (DEET is toxic if swallowed.) If using a spray product, apply DEET to your face by spraying your hands and rubbing the product carefully over the face, avoiding eyes and mouth.
4. Do not put repellent on wounds or broken skin.
5. Higher concentrations of DEET may have a longer repellent effect; however, concentrations over 50% provide no added protection.
6. Timed-release DEET products may have a longer repellent effect than liquid products.
7. DEET may be used on adults, children, and infants older than 2 months of age. Protect infants by using a carrier draped with mosquito netting with an elastic edge for a tight fit.
8. Children under 10 years old should not apply insect repellent themselves. Do not apply to young children's hands or around eyes and mouth.

Stay healthy:

- Wash hands often with soap and water. **Take with you plenty of Handi-wipes, antibacterial gels, or similar hand cleansing products.**
- Drink only boiled water, or water and carbonated (bubbly) drinks in cans
- Avoid tap water, fountain drinks, and ice cubes.
- Eat only thoroughly cooked food or fruits and vegetables you have peeled yourself. Remember: **boil it, cook it, peel it, or forget it.**
- Protect yourself from insects by remaining in well-screened areas, using repellents (applied sparingly at 4-hour intervals) and permethrin-impregnated mosquito nets, and wearing long-sleeved shirts and long pants **from dusk through dawn.**
- Prevent fungal and parasitic infections, keep feet clean and dry, and do not go barefoot.
- Do not travel at night.
- Traffic accidents are frequent, be careful.
- Don't eat food purchased from street vendors.
- Use [chloroquine](#) as malaria prophylaxis.