



Medical advice

FACTSHEET

Travelling to any foreign country means thinking about health and safety, in tropical and developing countries this is even more important. It needs preparation and planning to ensure you remain healthy during your stay.

Although there are a number of public and private hospitals in Madagascar's capital and in Toliara the nearest city to our camp site (27km), only routine operations can be handled. For complex surgery you would need to be evacuated to South Africa or La Reunion so your insurance must cover air ambulance evacuation. Remember, you also need dive and travel insurance - see our Insurance factsheet.

Preparation for your trip should begin 6-12 weeks before your departure with a visit to your doctor or a travel clinic to establish which vaccinations and malaria prophylaxis you need.

Since much of your time with us will be spent participating in our diving surveys, we also require that you have filled in our diving medical certificate.

Vaccinations

It is important that you consult your doctor or a travel clinic as early as possible and let them know the length of your stay.

You must have the vaccinations or boosters below to be allowed to participate on our program:

Must Have;

- **Diphtheria - a booster if you have been immunised**
- **Poliomyelitis - a booster if you have been immunised**
- **Tetanus - a booster if you have been immunised**
- **Hepatitis A & B**
- **Typhoid**

In addition, we recommended, that you consider vaccinations against:

- Cholera
- Tuberculosis - if you have not had a BCG, this can take up to 12 weeks

For most vaccinations you do not need certificates, but if you have been to a Yellow Fever infected area in the last six months, you will need a Yellow Fever vaccination certificate to enter Madagascar. Check with your doctor for information about Yellow Fever infected areas.

Malaria

Malaria precautions are essential all year round in all areas of Madagascar, and medication needs to begin before you depart. No anti-malaria prophylaxis is entirely effective or without side effects, so you need to discuss the level of risk with your doctor or travel clinic.

The most likely options are:

- Doxycycline (start one week before departure)
- Atovaquone / proguanil – brand name Malarone (start two days before departure)

Remember to bring enough malaria medicine to cover your entire stay in Madagascar.

ReefDoctor recommends not taking Lariam / Mefloquine as the UK HSE Medical Advisory Service advises against this for divers. Please inform our Dive Officer if you are taking Lariam.

Bite prevention

ReefDoctor advises all personnel to take bite prevention measures. This does not mean that taking malaria prophylaxis is not necessary, but that you should still avoid being bitten – there are other diseases associated with mosquito bites.

Malaria is transmitted to humans via the bite of an infected female Anopheles mosquito. Anopheles mosquitoes generally bite between sunset and sunrise and are attracted to humans by several factors including heat, odour and carbon dioxide.

Avoid mosquito bites by wearing long sleeves and trousers; use insect repellent on exposed skin, we suggest 20% DEET; and sleep under a mosquito net, ReefDoctor has mosquito nets in its accommodation but remember to bring your own if you plan to travel after your stay with us.

NB - Adequate immunisation is important, if you have not had all the required vaccines before you arrive in Toliara you may be asked to remain in Toliara until you have.

Other health considerations:

Food and water hygiene

ReefDoctor makes every effort to ensure that your food and water are safe. Our drinking water is brought from local wells along with our cooking water, both being filtered and treated with chlorine-based purifiers. However, conditions in Ifaty and Toliara are such that traveller's diarrhoea is always a risk.

When you are away from the ReefDoctor camp, only drink water from bottles where the seals are unbroken at the time of purchase, and ensure that ice in drinks has been made with bottled mineral water.

Ensure that you practise good hygiene at all times; wash your hands with an anti-bacterial soap (we have Santex on site for this) and be conscious about general hygiene when eating or preparing food.

Sun protection

We advise the use high factor sunscreens all year round in Madagascar – while you are on the boat at the end of a dive you may not feel the sun but it is still strong. Between December and February the sun is very strong and we advise wearing a hat and using sunscreens or covering up all the time.

Bring enough sunscreen for the length of your stay in Madagascar – we suggest Factor 30, or higher if you are fair or burn easily. Note that Doxycycline anti-malaria and other prophylaxis can make your skin more sensitive to sunlight, so be conservative.

Diseases with no immunisation

Unfortunately there are some diseases for which there are no vaccinations or preventive medicine. The most widely reported of these are Dengue fever and the Chikungunya virus, both are transmitted by mosquitoes so follow bite avoidance advice at all times - the carrying mosquitoes for these are also active in the day.

Sexually transmitted diseases

Sexually Transmitted Diseases (STDs) include HIV / AIDS, hepatitis B, gonorrhoea, chlamydia and syphilis are all prevalent throughout Madagascar.

Please be alert to the dangers of unprotected sex, we advise that you bring good quality condoms with you - you may not think you'll need them, but ...

In the case of HIV / AIDS also be aware of the cleanliness of medical facilities – we suggest you carry an emergency kit with sterile needles and syringes.

Parasites

Parasitic diseases are prevalent in Madagascar. Avoid swimming in fresh water (well chlorinated swimming pools are safe) as Schistosomiasis, or Bilharzia, has been recorded in the north of Madagascar.

More common are parasites such as ticks, fleas and lice. In themselves they do not represent a big problem, but they can carry more serious diseases.

Always follow precautions to avoid bites and bring a high percentage DEET repellent to spray around your sleeping area - we periodically check our accommodation and treat it if necessary and provide tips on parasite prevention upon arrival.

What are the vaccinations for?

Tetanus is contracted through dirty cuts and scratches and **poliomyelitis** is spread through contaminated food and water. They are serious infections of the nervous system.

Typhoid and **Hepatitis A** are spread through contaminated food and water. Typhoid causes septicaemia and Hepatitis A causes liver inflammation and jaundice.

Cholera is spread through contaminated water and food and is more common during floods and rainy seasons. It is an acute diarrhoeal disease.

Tuberculosis is transmitted via droplet infection through personal contact. It is a serious lung infection.

Diphtheria is spread by droplet infection through close personal contact. It is a bacterial disease that causes local tissue destruction.

Hepatitis B is spread through infected blood, contaminated needles and sexual intercourse. It affects the liver and causes jaundice and occasionally liver failure.

Rabies (Only needed if you are going to be working with animals though some Drs may advise you to take this) is spread through bites or licks on broken skin from an infected animal. It is always fatal. Even when pre-exposure vaccines have been received urgent medical advice should be sought after any animal bite.

Further information and factsheets about diseases and vaccinations are available on the National Travel Health Network and Centre web site at www.nathnac.org.