



# India

The following information must be viewed as a guide only. It is not intended, nor implied to be a substitute for professional medical advice.

Specific recommendations on vaccinations, antimalarial medications & targeted travel health advice is always provided on an individual basis taking into account:

- the personal health of the traveller including past medical & vaccination history;
- intended activities;
- precise itinerary;
- style of travel;
- type of accommodation;
- time of year;
- altitude; and
- length of stay.

As well, some vaccines eg rabies & tuberculosis are very much influenced by local disease risk. Specific face-to-face advice is particularly important when recommending antimalarial medications & those for presumptive treatment eg for travellers diarrhoea.

We strongly recommend travellers seek an appointment with a doctor trained in travel health prior to departure.

Medical & nursing staff at The Travel Doctor-TMVC are trained in international public health issues with a focus on immunisations & preventive medicine. Many have travelled extensively & a number have worked in less developed areas of the world for extended periods. Travellers should undergo individual risk

assessments whether they are short term holiday makers, business people or the long term expatriate worker. The Travel Doctor-TMVC has clinics Australia wide. In Australia the local centre may be contacted on 1300 658 844, or by visiting [www.traveldoctor.com.au](http://www.traveldoctor.com.au). It is recommended that you visit a travel health professional 6-8 weeks prior to departure. However, if that time frame is not possible, remember – “It’s never too late to vaccinate”.

## Healthy Travelling in India

Healthy travellers have the most fun! Pre-travel preparation will help protect your health while you are away. To assist you in recognising & understanding some of the major travel health risks you may face while holidaying in India, the Travel Doctor-TMVC has prepared a summary of some of these issues in the following pages.

The table below provides a brief description of some of the major travel health issues & vaccinations that should be considered for travel to India.

We hope you find this information useful in preparing for your trip. Remember it is advisable to consult a travel health specialist prior to departure.

Currency of your basic immunisations such as Tetanus & Diphtheria should be checked & others like Hepatitis A & Typhoid considered according to the criteria mentioned previously.

## Major Travel Health Issues & Considerations for India


Hepatitis A	This is a viral disease of the liver which is transmitted through eating contaminated food or drinking contaminated water. It is the most common vaccine preventable disease that occurs in travellers to less developed areas of the world. It is strongly recommended for travel to India.
Hepatitis B	This is a viral disease of the liver that is transmitted via blood, blood products or bodily fluids. It is vaccine preventable. Hepatitis B immunisation is now part of the childhood immunisation schedule. Many adult travellers have missed this very important immunisation & travel may be a good reason for vaccination.
Typhoid	Typhoid Fever is caused by a bacteria found in contaminated food & water. It is endemic in the developing world & vaccination is recommended for travellers to areas where environmental sanitation & personal hygiene may be poor. The adventurous eater venturing 'off the beaten' path should certainly consider vaccination.
Tetanus, Pertussis & Diphtheria	Tetanus is caused by a toxin released by a common dust or soil bacteria, which enters the body through a wound. Diphtheria is a bacterial infection of the throat & occasionally of the skin. It is found world wide & is transmitted from person-to-person by coughing & sneezing. Pertussis (Whooping cough) is a highly infectious respiratory infection responsible for 300,000 deaths annually, mainly in children. Diphtheria & pertussis vaccines can be added to the tetanus vaccine. Because many adults no longer have immunity from childhood immunisation it is advised that travellers to less developed countries have a tetanus, diphtheria & pertussis booster.
Measles, Mumps & Rubella	Childhood immunisation coverage in many developing countries is not good. As such, travellers under the age of 40 years should have their measles, mumps & rubella immunisation complete. Those over the age of 40 years are most likely to have long term immunity from previous exposure as a child.
Influenza	Individuals intending to travel out of an Australian winter might consider the current flu vaccine at the beginning of the season. Exposure to illness in airports & commuter transport is common & exposure may ruin a much needed break.



Chickenpox	This very common infectious disease can now be prevented through immunisation. Many people miss the disease in childhood only to have a significant illness as an adult. Travel puts one at higher exposure & if one cannot elicit a history of having had the illness a test can show whether at risk.
Poliomyelitis	All travellers to developing countries should be up to date with vaccination against polio. Poliomyelitis is a viral infection that can lead to paralysis & sometimes death. Transmission is by faecal contamination of food, usually by unhygienic food handlers or flies, or directly from infected nasal secretions. Although most Australians & New Zealanders will have been immunised in childhood, it is important to note that efficacy wanes after 10 years & a booster dose is recommended if travelling to a country where the disease is still found, such as India.
Malaria	Malaria is transmitted by a night biting mosquito. The decision to use or not use anti-malarial drugs should be made after consultation with a travel health specialist, taking into consideration the relative malaria risk of areas on the traveller's itinerary as well as potential side effects and cost of available drugs. The risk is low in Delhi, Mumbai, Agra, Bangalore, Chennai and Hyderabad, but increases in Calcutta, Goa and central rural areas especially after rain. The risk remains high all year in Assam. Insect avoidance measures should be followed throughout the trip. Upon return, any flu like illnesses should be investigated by a travel health specialist. See below.
Dengue fever	Dengue (pronounced den-gee) Fever is a viral disease with flu like symptoms that is transmitted by mosquitoes. There is no vaccine for dengue fever and prevention is based upon insect avoidance via repellents, nets and insecticides. The mosquito is a day time biter and the risk is greatest in urban areas.
Meningitis	Meningitis is an inflammation of the membrane overlaying the brain. It can be caused by bacteria, a virus or a fungus. Bacterial meningitis is the form of most concern to travellers. It is a serious disease & can rapidly become life threatening. It is transmitted from person-to-person through close contact (ie droplet infection – the same way you catch a cold). Vaccination might be considered for those backpacking off the beaten path, in northern India or those working in health areas where crowded conditions occur.
Japanese Encephalitis (JE)	JE is a mosquito borne viral disease prevalent in rural areas of Asia that can lead to serious brain infection in humans. Risk is usually greatest during the monsoon months. A vaccine is available & is particularly recommended for adults & children over 12 months of age who will be spending a month or more in rice growing areas of countries at risk (or who repeatedly visit such areas). It is also recommended for people travelling to an area where an outbreak is known to be occurring. Insect avoidance should be considered the primary means of defence.
Rabies	Rabies is a deadly viral infection of the brain transmitted to humans. The disease itself is rare in travellers, but the risk increases with extended travel & the likelihood of animal contact. The best way to avoid rabies is too avoid all contact with animals. Dogs are the main carriers, however monkeys, bats, cats & other animals may also transmit the disease. Pre-exposure vaccination is recommended for extended travel & those who work with, or are likely to come in contact with animals.
Cholera	Cholera is a severe, infectious diarrhoeal disease caused by a bacteria. It is common in developing countries & is associated with conditions of poverty & poor sanitation. Cholera causes severe & rapid dehydration. Travellers who follow the rules of eating & drinking safely will minimise their risk. There is also a new oral vaccine available for cholera which may be recommended under certain circumstances.
Traveller's Diarrhoea	Up to 40% of tourists may develop 3 or more loose bowel motions a day within the first week of travel. A variety of germs can be responsible for this infection & a Traveller's Medical Kit containing appropriate therapy can rapidly improve the symptoms. It is also important to follow the rules of healthy eating & drinking to minimise risks. The new oral cholera vaccine has been shown to provide limited protection against some forms of traveller's diarrhoea.

**Malaria** is a risk factor in parts of India (see above). Malaria prevention options should be discussed with a travel health specialist prior to departure.

Additional information & fact sheets can be found at the Travel Doctor-TMVC website [www.traveldoctor.com.au](http://www.traveldoctor.com.au).



**Remember to check the DFAT 'Smartraveller' website [www.smartraveller.gov.au](http://www.smartraveller.gov.au) prior to departure**



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Clinics Australia Wide. To find your nearest clinic call  
**1300 658 844** or visit [www.traveldoctor.com.au](http://www.traveldoctor.com.au)