



Malaysian Borneo

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 travel health advice is recommended 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;
- length of stay.

In addition, some vaccines eg rabies & tuberculosis are very much influenced by local risk & length of stay. Specific face-to-face advice is particularly important when recommending antimalarial medications & vaccines.

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. In Australia the local centre may be contacted on 1300 658 844, or by visiting www.traveldoctor.com.au.

Healthy Travelling in Malaysian Borneo

Malaysian Borneo has become one of the most popular new destinations for Australian's over the last few years. While part of Malaysia it has a number of distinct travel health issues that should be recognised.

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 travelling in Malaysian Borneo, The Travel Doctor-TMVC has prepared a summary of some of these issues in the following pages.

Table 1 provides a brief description of some of the major travel health issues & vaccinations that should be considered for travel to Malaysian Borneo.

Table 2 provides a summary of these major travel health issues & preventative measures that should be considered.

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.

Table 1: Major Travel Health Issues & Considerations for Malaysian Borneo

| | |
|---------------------------------|---|
| 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 Malaysian Borneo. |
| 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. It is highly endemic in Malaysian Borneo. |
| 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. |
| 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. |
| 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. |
| Cholera | Cholera is a severe, infectious diarrhoeal disease common in developing countries. It is associated with conditions of poverty & poor sanitation. It causes a sudden onset of extremely profuse, watery diarrhoea within one or two days after contact with the bacteria. Rapid dehydration can occur. Travellers who follow guidelines for eating & drinking safely will minimise the risk of contracting cholera. An oral vaccine is now available. |
| Malaria | Malaria is transmitted by a night biting mosquito. The risk of exposure is very low in the main tourist areas. Medications to reduce the risk of disease are not generally recommended but any illness which is flu-like in nature after returning should still be checked for malaria. Malaria is a year round problem in rural areas of Malaysian Borneo. |



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| Dengue Fever | Dengue (pronounced den-gee) Fever is a viral disease with flu like symptoms that is transmitted by mosquitos that bite during the daytime & in urban regions. There is no vaccine for dengue fever & prevention is based upon insect avoidance via repellents, nets & insecticides. |
| Japanese Encephalitis (JE) | JE is a mosquito borne viral disease prevalent in rural areas of Asia & Indonesia 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. |
| 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. |

Table 2: Summary of travel health issues for Malaysian Borneo & preventative options available

| | Vaccine Available | Healthy Eating & Drinking | Insect Avoidance |
|---------------------------------|-------------------|---------------------------|------------------|
| Hepatitis A | ✓ | ✓ | |
| Hepatitis B | ✓ | | |
| Typhoid | ✓ | ✓ | |
| Tetanus, Diphtheria & Pertussis | ✓ | | |
| Measles, Mumps & Rubella | ✓ | | |
| Chicken Pox | ✓ | | |
| Influenza | ✓ | | |
| Dengue Fever | | | ✓ |
| Malaria | | | ✓ |
| Japanese Encephalitis | ✓ | | ✓ |
| Cholera | ✓ | ✓ | |
| Traveller's diarrhoea | +/- | ✓ | |


+/- The new oral cholera vaccine has been shown to provide limited protection against some forms of traveller's diarrhoea. You should discuss this with your travel health specialist
 ✓ indicates preventative considerations

Malaria is a year round risk factor in Malaysian Borneo, where chloroquine resistance is reported to be common. Malaria prevention options should be discussed with a travel medicine specialist prior to departure.

Altitude Sickness – or Acute Mountain Sickness (AMS) is a consideration for anyone thinking of climbing Mt Kinabalu. At 4090 metres, Mt Kinabalu is the highest mountain in SE Asia. AMS is rare below 2400m & mostly starts to occur between 2400m & 5500m. Anyone considering climbing Mt Kinabalu should discuss this with their travel medicine specialist. Potential climbers should also make sure they are physically fit & prepared. While described by some as 'the easiest high mountain climb in the world', the arduous climbing schedule & potential effects of Altitude Sickness make it a difficult climb.

Additional fact sheets can be found at www.traveldoctor.com.au. These include fact sheets about:

- eating & drinking safely;
- Malaria;
- Japanese encephalitis;
- insect avoidance measures;
- travellers' medical kits.



Remember to check the DFAT 'Smartraveller' website www.smartraveller.gov.au prior to departure



Travel Health Fact Sheet **Malaysian Borneo**
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Clinics Australia Wide. To find your nearest clinic call **1300 658 844** or visit www.traveldoctor.com.au