



# Sri Lanka

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; &
- length of stay.

Some vaccines eg rabies & tuberculosis are also 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 Sri Lanka

Sri Lanka, or the “pearl of the Indian ocean” is a picturesque tropical island of 20 million inhabitants just south east of India. The Tamil conflict has dissuaded some tourists in recent times, but if the conflict resolves the country can expect a surge of tourism. Intending tourists should keep a close watch on the DFAT, Smartraveller web site.

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 Sri Lanka, 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 Sri Lanka.

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 Sri Lanka


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 Sri Lanka.
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. Travellers who are visiting family & friends are at particular risk.
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 very good. As such, travellers whose birth date is after 1966 should check they have had 2 doses of measles vaccine. Since 1990 this may have been as the combination vaccine MMR (measles, mumps & rubella). Those born prior to 1966 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.
Dengue	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 yet & prevention is based upon insect avoidance via repellents, nets & insecticides.
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. In fact, influenza is likely to be the most common vaccine preventable disease faced by travellers.
Malaria	Rural parts of Sri Lanka have malaria transmission, but not in Colombo district. 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 & cost of available drugs. Insect avoidance measures should be followed throughout the trip. Upon return, any flu like illnesses should be investigated by a travel health specialist.
Chikungunya fever	This mosquito borne disease has recently affected large numbers of Sri Lankans. It causes similar symptoms to dengue fever, & once again prevention is based on avoidance of mosquito bites.
Japanese Encephalitis (JE)	JE is a mosquito borne viral disease prevalent in rural areas of SE 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.

**Malaria** – Malaria is present in rural parts of Sri Lanka. The risk is variable, being greatest in the northern & eastern districts. There is no malaria transmission in Colombo province. Malaria prevention options should be discussed with a travel medicine specialist prior to departure.

**Yellow Fever** vaccination may be required for all travellers arriving from or transiting through Yellow Fever infected areas, such as Africa or the Americas.



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



Travel Health Fact Sheet **Sri Lanka**  
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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)