Travel health tips

How to protect yourself.[1,8]

Good personal hygiene, including frequent handwashing or use of hand sanitizer, is important to help protect yourself. Safer eating and drinking habits can also make a difference. Listed below are some food and water guidelines for you to follow.[1,2]

DO

Drink:

- Bottled water, soft drinks and fruit juices.
- Alcoholic beverages without ice.
- Hot beverages.
- Pasteurized, properly refrigerated milk.

Eat:

- Fruits and vegetables that are freshly peeled or freshly cooked.
- Foods that are well cooked and served piping hot.

DON'T

Drink:

- Tap water.
- Beverages with ice cubes/crushed ice: (bottled water, soft drinks, fruit juices, alcoholic beverage).

Eat:

- Fruits that don't need peeling.
- Uncooked vegetables or salads.
- Undercooked or raw meat, fish or shellfish.
- Unpasteurized or unrefrigerated dairy products.
- Foods sold by street vendors.

Vaccine	Indication	Adverse events and contraindications
DukORAL®[3]	DukORAL® (Oral, Inactivated Travellers' Diarrhea and Cholera Vaccine) is indicated for protection against Travellers' Diarrhea and/or Cholera in adults and children 2 years of age and older who will be visiting areas where there is a risk of contracting Travellers' Diarrhea caused by enterotoxigenic *E. coli* or Cholera caused by *V. cholerae*.	Immunization with DUKORAL® should be deferred in the presence of any acute illness, including febrile illness, to avoid superimposing adverse effects from the vaccine on the underlying illness or mistakenly identifying a manifestation of the underlying illness as a complication of vaccine use. A minor illness such as a mild upper respiratory infection is not a reason to defer immunization. Allergy to any component of DUKORAL® is a contraindication to vaccination. Most common adverse events: abdominal pain (16%), diarrhea (12%), subjective fever (4%), nausea (4%) and vomiting (3%). Immunocompromised persons may not obtain the expected immune response, but DukORAL® can be given to HIV-infected persons. DukORAL® is not recommended for use in pregnancy, but may be given to lactating women.
AVAXIM®[4]	AVAXIM® (Hepatitis A Vaccine Inactivated) is indicated for active immunization against infection caused by Hepatitis A virus (HAV) in persons 12 years of age and older. AVAXIM® can be used for primary immunization or as a booster following primary immunization with AVAXIM® or other similar Hepatitis A vaccines.	Immunization with AVAXIM® should be deferred in the presence of any acute illness, including febrile illness, to avoid superimposing adverse effects from the vaccine on the underlying illness or mistakenly identifying a manifestation of the underlying illness as a complication of vaccine use. A minor illness such as a mild upper respiratory infection is not a reason to defer immunization. Allergy to any component of AVAXIM® or an anaphylactic or other allergic reaction to a previous dose of AVAXIM® is a contraindication to vaccination. Adverse events reported after vaccination with AVAXIM® were usually mild and transient. Most common local reaction was pain at the injection site (11.7%), occasionally associated with redness (0.5% over 3 cm). Other reactions included mild fever (5.2%), headache (9.7%), weakness (13.5%), muscle or joint ache (10.3%) or gastrointestinal disorders (6.1%) such as nausea, vomiting, diarrhea or pain.
AVAXIM®—PEDIATRIC[5]	AVAXIM®—PEDIATRIC (Hepatitis A Vaccine Inactivated) is indicated for active immunization against infection caused by Hepatitis A virus (HAV) in persons 12 months to 15 years of age inclusive. AVAXIM®—PEDIATRIC can be used for primary immunization or as a booster following primary immunization with AVAXIM®—PEDIATRIC or other similar Hepatitis A vaccines.	Immunization with AVAXIM®—PEDIATRIC should be deferred in the presence of any acute illness, including febrile illness, to avoid superimposing adverse effects from the vaccine on the underlying illness or mistakenly identifying a manifestation of the underlying illness as a complication of vaccine use. A minor illness such as a mild upper respiratory infection is not a reason to defer immunization. Allergy to any component of AVAXIM®—PEDIATRIC or an anaphylactic or other allergic reaction to a previous dose of AVAXIM®—PEDIATRIC is a contraindication to vaccination. Adverse events reported after vaccination with AVAXIM®—PEDIATRIC vaccine were usually mild and transient. Most common reactions were mild pain at the injection site (8.7%), headache* (5.4%), gastrointestinal disorders (4.0%), muscle/joint pain* (3.9%) and behavioural changes (3.4%). * Recorded only for age ≥4 years.
TYPHIM Vi®[6]	TYPHIM Vi® (Salmonella typhi Vi Capsular Polysaccharide Vaccine) is indicated for active immunization against *S. typhi*, the organism which causes Typhoid Fever. TYPHIM Vi® is recommended for active immunization in persons 2 years of age and older in the following situations: 1. Travellers to endemic or epidemic areas or where sanitary conditions may be doubtful and where travellers may be exposed to potentially contaminated food and water, particularly when prolonged exposure is anticipated. 2. Travellers with reduced or absent gastric acid secretion. 3. Persons with ongoing household or intimate exposure to an *S. typhi* carrier. 4. Laboratory workers who frequently handle cultures of *S. typhi*. No data are available on the response to TYPHIM Vi® in chronic carriers. HIV-infected persons may be safely immunized with TYPHIM Vi® but efficacy is significantly impaired in individuals with CD4 <200.	Immunization with TYPHIM Vi® should be deferred in the presence of any acute illness, including febrile illness, to avoid superimposing adverse effects from the vaccine on the underlying illness or mistakenly identifying a manifestation of the underlying illness as a complication of vaccine use. A minor illness such as a mild upper respiratory infection is not a reason to defer immunization. Allergy to any component of TYPHIM Vi® or its container, or an anaphylactic or other allergic reaction to a previous dose of TYPHIM Vi®, is a contraindication to vaccination. Adverse events reported after vaccination with TYPHIM Vi® were usually mild and short lasting. They consisted mainly of local reactions at the site of injection: tenderness (96.9-98%), pain (26.5-40.7%), induration (5.1-14.8%), redness (3.7-5.1%) and mild systemic reaction such as headache (16.3-20.3%) or malaise (8.3-24%).
ViVAXIM®[7]	ViVAXIM® (Combined Purified Vi Polysaccharide Typhoid and Inactivated Hepatitis A Vaccine) is indicated for simultaneous active immunization against infection caused by *S. typhi*, the organism that causes Typhoid Fever, and Hepatitis A virus (HAV) in persons 16 years of age or older. ViVAXIM® can be used for Hepatitis A primary immunization or boosters. ViVAXIM® is recommended for pre-exposure prophylaxis of individuals at increased risk of infection.	Immunization with ViVAXIM® should be deferred in the presence of any acute illness, including febrile illness, to avoid superimposing adverse effects from the vaccine on the underlying illness or mistakenly identifying a manifestation of the underlying illness as a complication of vaccine use. A minor afebrile illness such as a mild upper respiratory infection is not a reason to defer immunization. Allergy to any component of ViVAXIM® or an anaphylactic or other allergic reaction to a previous dose of ViVAXIM®, AVAXIM® or TYPHIM Vi® is a contraindication to vaccination. The most common side effects following administration with ViVAXIM® were those occurring at the injection site (90%). Headache, nausea, diarrhea, malaise, fever, myalgia, asthenia and arthralgia were commonly reported as well. In a clinical trial comparing ViVAXIM® with the two monovalent vaccines given simultaneously at separate sites, pain at the injection site was reported by 89.9% of subjects (4.5% severe) following administration of ViVAXIM® compared with 84.9% of subjects (5% severe) who received monovalent Vi polysaccharide Typhoid vaccine and inactivated Hepatitis A vaccine at separate injection sites.

Immunization with DukORAL®, AVAXIM®, TYPHIM Vi® or ViVAXIM® should be deferred in the presence of any acute illness, including febrile illness. A minor afebrile illness such as a mild upper respiratory infection is not usually reason to defer immunization. As with any vaccine, immunization with DukORAL®, AVAXIM®, TYPHIM Vi® or ViVAXIM® may not protect 100% of susceptible individuals.[3,7]
Allergy to any component of a vaccine or its container is a contraindication to vaccination with that vaccine.[3,7]
Refer to Product Monograph(s) for full Prescribing Information.

References: 1. Steffen R, DuPont H. Manual of Travel Medicine and Health. Hamilton, ON: BC Decker Inc. 1999. 2. Department of Communicable Disease Surveillance and Response. World Health Organization website. http://www.who.int/csr/disease/hepatitis/whocdscsredc2007/en/index.html. Accessed May 13, 2008. 3. DukORAL® Product Monograph, sanofi pasteur, November 2007. 4. AVAXIM® Product Monograph, sanofi pasteur, October 2005. 5. AVAXIM®—PEDIATRIC Product Monograph, sanofi pasteur, November 2005. 6. TYPHIM Vi® Product Monograph, sanofi pasteur, November 2005. 7. ViVAXIM® Product Monograph, sanofi pasteur, November 2005. 8. Kozicki M, Steffen R *et al.* "Boil it, Cook it, Peel it or Forget it": Does this Rule Prevent Travellers' Diarrhea? *Int J Epidemiol* 1985;14:169-172.

DUKORAL® AVAXIM® TYPHIM Vi® ViVAXIM®

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Toronto, Ontario M2R 3T4

TRV 020 DUK 03

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The vaccines division of sanofi-aventis Group

A wide range of travel vaccines

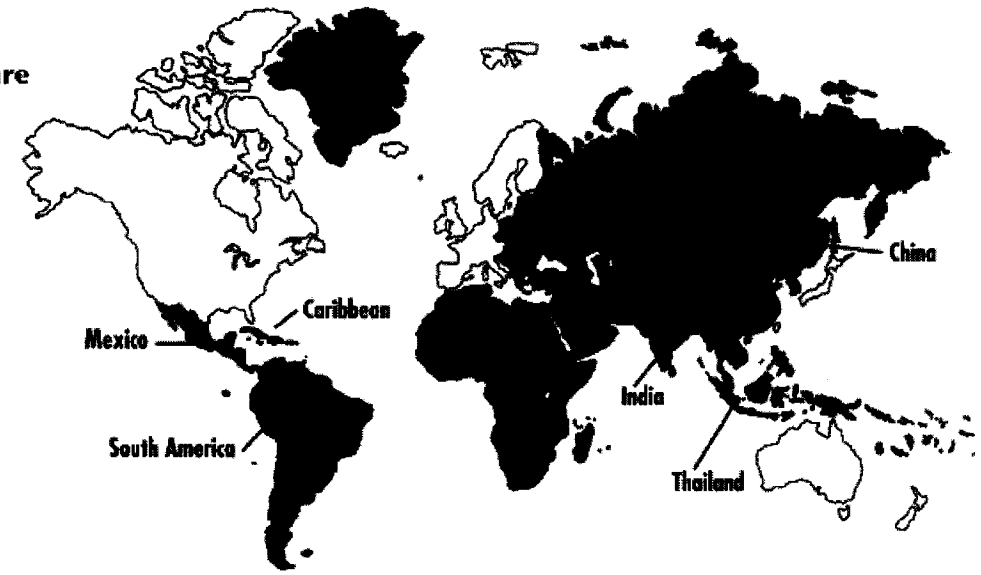
A single source of protection.

Proven protection against 3 risks that share common ground.[1,2]

- Travellers' Diarrhea*[1], Hepatitis A† and Moderate Typhoid Fever Risk Area
- Travellers' Diarrhea*[1], Hepatitis A† and High Typhoid Fever Risk Area
- Travellers' Diarrhea*[1] and Hepatitis A† Risk Area
- Travellers' Diarrhea*[1] Risk Area
- Hepatitis A Risk Area

* Travellers' Diarrhea caused by enterotoxigenic *E. coli* (ETEC) bacteria.
† Area with a risk of Hepatitis A and a moderate to high risk of Travellers' Diarrhea.

Adapted from the World Health Organization (www.who.org) and the Centers for Disease Control and Prevention (www.cdc.gov).



Vaccine	Disease	Age	Primary immunization	Booster	DIN numbers
DUKORAL®[3] Oral Inactivated Travellers' Diarrhea and Cholera Vaccine	Travellers' Diarrhea	2 years+	2 doses[‡] TAKEN ORALLY	1 dose every 3 months if at continuous/repeat risk	02247208
AVAXIM®[4] Inactivated Hepatitis A Vaccine	Hepatitis A	12 years+	1 dose I.M.	1 dose after 6-12 months[§]	02237792
PEDIATRIC AVAXIM®[5] Inactivated Hepatitis A Vaccine	Hepatitis A	1-15 years	1 dose I.M.	1 dose after 6-12 months[§]	02243741
TYPHIM Vi®[6] Polysaccharide Typhoid Preparation Vaccine	Typhoid Fever	2 years+	1 dose I.M.	3 years if at continuous/repeat risk[¶]	02130955
ViVAXIM®[7] Combined Purified Polysaccharide Typhoid and Inactivated Hepatitis A Vaccine	Hepatitis A and Typhoid Fever	16 years+	1 dose I.M.[§]	Hepatitis A[§] Typhoid Fever[¶]	02248361

Please refer to respective Product Monographs for complete dosing information.[3-7]

‡ Protection against Travellers' Diarrhea caused by ETEC can be expected approximately 1 week after completing the primary immunization series. Food and drink must be avoided for 1 hour before and 1 hour after vaccine administration. For primary immunization, doses are to be administered at intervals of at least 1 week, but not more than 6 weeks, apart. If more than 6 weeks pass between the 2 doses, the primary immunization series should be restarted.[3]

§ AVAXIM® may be used for Hepatitis A (HAV) primary vaccination or a booster. It is predicted that HAV antibodies persist for at least 10 years after the booster.[4]

¶ Re-immunization is recommended every 3 years for continued protection under conditions of repeated or continuous exposure to *S. typhi*.[6]