

The next area of concern is simply breathing and existing. Keep your hands clean. Pocket lotion that has an antibacterial element is all the rage, but imagine what kind of things you are breathing in. It might be okay (although an adventure fashion faux pas) to wear a simple surgical mask in places like Karachi or Lagos, but the black-brown residue after a day of wearing one might change your mind. It is quite common to get respiratory ailments in areas with a lot of dust, animals, and traffic.

Another major tip is to forget those adventure morons on TV who wear shorts and T-shirts in the tropics. Cover your damn skin. Wear thick socks (I wear wool) and boots instead of those rafting sandals, and wear a floppy hat. This will protect you from mosquito bites (these tend to occur around your ankles at dusk), the sun, and general scrapes, nicks, and cuts (infection in open cuts is a major danger).

Finally, carry an appropriate first-aid and medical kit. Talk to your doctor about the use of antibiotics, painkillers, and first-aid medications. You can buy pretty much any drug you want in the third world, but there is no guarantee that it will work. Medications like Cipro for intestinal bugs, wound management kits (with gloves!), antibiotics for infections, painkillers, and anti-inflammatories can often require prescriptions. Take hydrogen peroxide for cuts and bruises. Talk to your doctor about a small collection of drugs for "just in case." Don't go overboard because customs is going to want to know just what you are dying of. It is also important to carry a first-aid kit and perhaps a medical manual. Make sure you carry the pills in their original container so you don't get dinged for drug smuggling.

When it comes to medical books, *Where There Is No Doctor* is a good choice. I carry a photo first-aid guide (very gory, but if I have to grunt and point to a Samaritan, I don't have time to teach him English), and a U.S. army first-aid manual. My namesake Robert W. Pelton (no relation, but he writes good books) has a small medical first-aid book for sale, and there are a number of good hiking and military manuals available, too.

Hopefully the worst run-ins you have are sunburn and a great time. Keep in mind that many bugs take time to incubate. You could get bitten on the last day of your trip and wonder why you feel so sweaty and headachy back in Sheboygan. So always have full medical tests upon your return. Give that same doctor a little background on your trip and he will ask for a donation. This means giving a little bit of yourself to the lab to run blood, stool, and urine tests. Your doctor may ask you to come back again because of the long incubation time of some of the nasties. This is not hypochondria, but common sense. Early detection will increase your odds of successful treatment.

### TEN LEAST WANTED

The following top ten killer diseases are primarily third-world, celebrity-free, low-visibility killers of children.

Acute Respiratory Tract Infections	4.4 million
Diarrheal Diseases (cholera, typhoid, dysentery)	3.1 million
Tuberculosis	3.1 million
Malaria	2 million
Hepatitis B	1.1 million
HIV/AIDS	1 million +
Measles	1 million +
Neonatal Tetanus	460,000
Whooping Cough	350,000
Intestinal Worms	135,000

Source: World Health Organization

### Malaria

Malaria is a very dangerous disease, affecting 500 million people worldwide and killing at least 2 million people every year. More than 30,000 European and American travelers will come down with malaria this year.

The mosquito-borne disease is carried by 60 of the 380 types of the anopheles mosquito. It is found in 102 countries (primarily in tropical and subtropical areas) and threatens 40 percent of the world's population. The female anopheles mosquito is small, pervasive, and hungry for your blood, and likes to bite in the cool hours before and after sunset. As the mosquitoes suck out blood to nurture their own procreation, they leave the plasmodium parasites in your blood system.

### MALARIAL CYCLE

Mosquito bites infected human, ingesting a gametocyte  
 Gametocyte breeds internally, creating oocytes  
 Sporozoites burst and travel to mosquito's salivary glands  
 Mosquito bites another human and sporozoites enter bloodstream  
 In 45 minutes sporozoites penetrate the liver  
 In 9 to 16 days, merozoites develop and invade red-blood and liver cells  
 Red cells rupture, releasing gametocytes and merozoites into the bloodstream, causing the cycle of chills and fevers