

Worms

My least favorite infections are the helminthic infections, or diseases caused by intestinal worms. Unlike the more dramatic and deadly diseases, these parasites are easily caught through ingestion of bad water and food and cause long-term damage. Just to let you know what's out there, you can choose from angiostrongyliasis, herring worm, roundworm, schistosomiasis, capillariasis, pinworm, oriental liver fluke, fish tapeworm, guinea worm, cat liver fluke, tapeworm, trechinellosis, and the ominous-sounding giant intestinal fluke (who's eating who here?). All these little buggers create havoc with your internal organs, and some will make the rest of your life miserable as well. Your digestive system will be shot and your organs under constant attack, and the treatment or removal of these nasties is downright depressing. All this can be prevented by maintaining absolutely rigid standards in what you throw or breathe into your body. Not easy, since most male travelers find wearing a biohazard suit a major impediment to picking up chicks or doing the limbo.

Think of yourself as a sponge, your lungs as an air filter, and all the moist cavities of your body as ideal breeding grounds for tropical diseases. It is better to think like Howard Hughes than Pig Pen when it comes to personal hygiene.

The Fevers

The classic tropical diseases that incapacitated Stanley, Livingston Burton, and Speke are the hemorrhagic fevers. Many of these diseases kill, but most make your life a living hell and then disappear. There are so many versions that they are merely named after the places where you stumble across them. Needless to say, these are not featured in glossy brochures for the various regions. Assorted blood-thinning killers are called Chikungunya, Crimean, Congo, Omsk, Kyasanur Forest, Korean, Manchurian, Songo, Ebola, Argentinian, Hanta, Lassa, and yellow fever.

It is surprising that most of the African explorers lived to the ripe age that they did. The hemorrhagic fevers are carried by mosquitoes, ticks, rats, feces, or even airborne dust that gets into your bloodstream. These fevers let you die a slow, demented death, as your blood thins it trickles out your nose, gums, skin, and eyes. Coma and death can occur in the second week. Some come back on a regular basis.

The recent outbreaks of the Hanta and Ebola viruses in the United States have proved that North America is not immune from insect-, rodent-, and airborne afflictions. So far, the Ebola Restraint

WHAT'S IN THE BAG?

DP reader Dr. Kurt Schultz gives us his pick for his travel meds. The following list is provided to give you a starting point to discuss your ideal travel kit and your own personal needs with your doctor. Many people require instruction on usage of drugs (it's called a medical degree), and most drugs can have side effects, interactions caused by other medications and outside conditions. Many countries prohibit the importation and/or carrying of certain drugs, even for personal use. Warning: Many of these items are available over-the-counter in third-world countries but may be expired, defective, or placebos.

1. Bring prescription antibiotics for internal problems. Get a 20-day supply of Cipro or floxin. These drugs are of the fluoroquinolone class, the "patriot missiles" for traveler's diarrhea/dysentery and infectious diarrhea. They are also the drugs of choice for venereal diseases and will kill gonorrhea, chlamydia, and most causes of wiener drip.
2. Bring antibiotics for external problems (skin infection/cuts). The dirt in the third world is impregnated with 2,000 years of feces. Any trivial break in the skin (nick yourself shaving) can lead to a life-threatening cellulitis (a bacterial skin infection). Examples of drugs to bring: Keflex or Augmentin, a 20-day supply, which is also good for animal bites.
3. Take malaria prophylaxis as directed by the CDC and WHO. The argument rages as to what is best, but taking nothing is dumb. Sometimes this includes doxycycline, a prescription antibiotic.
4. Get all your vaccinations: get the routine tetanus and measles/mumps/rubella shots. Make sure you are up to date on your routine vaccinations. You should get both hepatitis A and B, which are very effective (90% effective in prevention), and also yellow fever, which is often required to even enter most developing countries.

Carry lots of over-the-counter, broad-spectrum antibiotic cream like Neosporin.

Anti-diarrheals (but go easy) like Immodium, an over-the-counter diarrhea medicine. The run is a normal part of acclimatization. Let it flow, drink lots of water, eat less food. If it persists, go to internal antibiotics (1). It helps to have rehydration powders to recover as well.

Buy or make first-aid kits for wound management, abrasion, and so on. These kits can be purchased in outdoor stores or over the Internet.

Carry lots of Tylenol or Motrin for pain control.

Bring tissue-adhesive glue. Cool stuff! It's basically glorified Krazy Glue, diluted slightly so the drug companies can charge obscene fees. Literally "glues" wounds together; it's easy to pack.

Bring ketamine. It's hard to score, but it's given as an intramuscular shot. You'll need a syringe and you'll need to know how to inject it. Ketamine disconnects the mind from the body without causing excessive sedation. The author uses this as a "battlefield anesthetic." You can set bones and do

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