

HEALTH GUIDELINES



& REQUIREMENTS

India: Traditional Medicine and Healthcare Practices

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GENERAL INFORMATION

To protect your health in India, you need certain pre-departure immunizations followed by reasonable health precautions while in the country. The following health guidelines and requirements are based on years of experience and the current recommendations from the US Centers for Disease Control and Prevention. They are designed to inform you of health concerns that may be present in India especially as you venture to smaller cities off the usual tourist track, or spend time in small villages and rural areas for extended periods. Although no information sheet can address every conceivable contingency, the following health guidelines and requirements are an attempt to provide you with a standard, which if followed, should optimize good health during your stay abroad.

You may find that local customs and practice, as well as varying US physicians' approaches, at times conflict with these guidelines. It is essential that you review these health guidelines and requirements with your physician, to discuss individual issues such as pre-existing medical problems and allergies to particular drugs. Any further questions or concerns should be directed to the US Centers for Disease Control and Prevention (CDC) in Atlanta (www.cdc.gov/travel) or to your own physician.



SIT Study Abroad programs may venture off the usual tourist track. Pay careful attention to health and safety guidelines.

PREVENTION OF INSECT-BORNE ILLNESSES

Malaria

Malaria is present in India. Risk is widespread though patchy, in the whole country. There is low risk of malaria in New Delhi the program base and the scheduled destinations of the program including the state of Himachal Pradesh. Insect precautions are usually sufficient for this program, however, CDC reports that risk of transmission *does* exist in the above areas at altitudes below 2000 meters (6561feet). CDC guidelines suggest that prevention of malaria is possible if you carefully follow personal protective measures as described below and take one of the following antimalarial drugs (listed alphabetically) as directed by your health care provider: atovaquone/proguanil (Malarone), doxycycline, mefloquine, or tafenoquine (Arakoda). **The selection should be discussed with your physician or health-care provider.** If, in spite of adherence to these preventive measures, you develop symptoms of malaria, prompt medical attention lessens the severity of the illness.

The following measures should be followed, to prevent mosquito bites:

- Wear long-sleeved shirts and long pants.

- Use insect repellents on bedding and netting. (e.g. permethrin – commonly known as Permanone).
- Use insect repellents on skin and clothing. DEET-containing products (e.g. Off, Off Deep Woods, Jungle Juice, and Muskol) may be used on skin in concentrations up to 30–40% and on clothing in higher concentrations. Permethrin (Permanone) may also be used on clothing.

SIT Study Abroad suggests that if you have further questions; do not hesitate to contact the Malarial Division of CDC at 888-232-3228 for recorded information or visit the CDC website:

<http://www.cdc.gov/malaria/travelers/index.html>

Dengue

This is a viral disease and, like malaria, is transmitted by mosquitoes. Significant risk occurs in urban as well as rural areas including New Delhi. Low risk exists in the states of Uttarakhand and Himachal Pradesh. There is no licensed vaccine against it, but personal protective measures against mosquito bites are effective in prevention. The disease causes considerable discomfort (fever, body aching), but is self-limited in adults.

Chikungunya

Chikungunya is an arboviral infection that is transmitted by day-biting *Aedes* mosquitoes. It is prevalent in tropical Africa and Asia, parts of Central and South America, and the Caribbean. Symptoms are typically fever and joint pain. There is no licensed vaccine against it, but insect precautions and personal protective measures (especially during peak times (early morning and late afternoon) are the main prevention strategy.

PREVENTION OF FOOD- AND WATER-BORNE ILLNESSES

Diarrhea-producing infections

“Traveler’s diarrhea” (Delhi belly) is the most common form of diarrhea in India. This is a self-limited diarrhea lasting from a few to several days, characterized by watery, non-bloody bowel movements. Traveler’s diarrhea usually requires no treatment other than fluid replacement including ORS (the World Health Organization’s oral rehydration solution which comes in package form)

or other homemade solutions such as 1 teaspoon salt, 1/2 teaspoon baking soda, and 2–3 tablespoons sugar or honey in 1 liter of **clean** water; or carbonated soda diluted by one half. Antidiarrheals such as Imodium or Lomotil may be used short-term in some circumstances. Pepto Bismol in large amounts and certain antibiotics (doxycycline, sulfa-TMP, ciprofloxacin) can prevent or attenuate the infection. Antibiotics are indicated for more severe cases of traveler’s diarrhea.

More protracted and disabling diarrheal illnesses may be due to giardiasis and amoebic dysentery (caused by parasites) and bacillary dysentery (caused by bacteria), including cholera and typhoid. These infections (as well as “traveler’s diarrhea”) are caused by contaminated food and water. Therefore, the best way to avoid such infections is to respect certain do’s and don’ts:



DO WASH your hands scrupulously with non-contaminated water and soap before eating and snacking.

DO DRINK

- Bottled or canned beverages (water, soda, soft drinks) from a trusted source (ensure caps are sealed).
- Hot beverages (coffee, tea).
- Water that reached a rolling boil for at least one minute at sea level (longer at higher altitudes).
- Carbonated mineral water.

DON'T DRINK

- Tap water, even in ice; don't risk using it for brushing your teeth either.
- Tap water in larger cities is often safe, but the water in rural areas is probably not, so be sure

to check with a reliable source before using, and if in any doubt, take all the recommended precautions.

DO USE

- Commercial iodide or tinctured liquid iodine to treat water, **ONLY** if bottled water (from a trusted source) is not available and boiling water is not possible. Chlorine in various forms is less reliable than iodine. These provide substantial protection when added to tap water.

DO EAT

- Cooked vegetables, fruits with thick covering (citrus, bananas, and melons); and well-washed raw fruits and vegetables.
- Meat or fish that is thoroughly cooked (pork and lamb should be very well done).
- Pasteurized dairy products from large commercial dairies.

DON'T EAT

- Unwashed or unpeeled raw fruits and vegetables.
- Fruits that do not have a thick, disposable outside covering.
- Rare or raw meat or fish or shellfish.
- Dairy products from small, independent vendors without pasteurizing facilities, including food of any kind that has been left out in the sun, especially custards, creams, and mayonnaise.
- Raw (unpasteurized) milk or milk products. Tuberculosis and brucellosis, both serious diseases are transmitted in this way, so the consumption of unpasteurized milk and milk products should be strictly avoided.

There may be times when refusing an offer of food or beverage, even a drink with ice or avoiding a salad will be considered rude. You must decide for yourself, but polite refusals, thought out in advance, are often handy. Discuss these alternatives with your Academic Director(s).

Hepatitis A

Hepatitis A is a highly contagious virus that causes liver inflammation. It is most commonly spread through contaminated food and water. Most Americans have not previously been exposed to the hepatitis A virus and are at risk of contracting the disease during travel to areas where the disease is more prevalent. A very effective vaccine

is now available and should be administered 2–3 weeks prior to travel.

Typhoid Fever

Typhoid is an infection caused by a particular species of the salmonella bacterium. It is spread by contaminated food and water. Symptoms include fever, severe toxicity, rash, and in about half the cases, bloody diarrhea. Untreated, there is a 30% mortality rate. Vaccines are 60–70% effective in prevention. One vaccine involves a single injection, with immunity lasting 2 years. A second one is administered orally every other day for 4 doses, and lasts 5 years. Antibiotic resistance has been developing, but treatment of the disease with certain well-known antibiotics is usually effective. As with all diarrheal illnesses, careful dietary discretion continues to be the main line of defense.

A note on swimming: Avoid swimming or wading in fresh water. In India, many parasites and bacteria live in fresh water and can cause serious problems. Properly chlorinated pools and salt water are generally safe from infectious diseases.

Cholera

Cholera is an acute intestinal infection caused by a bacterium (*vibrio cholerae*). It is usually mild and self-limited but can be associated with severe, profuse watery diarrhea requiring medical attention for fluid replacement. *The guidelines for preventing diarrheal infections apply to preventing cholera as well including strict food and beverage precautions and hygiene measures.* The Cholera vaccine is now available in the US and should be administered at least 10 days prior to travel.



OTHER DISEASES

Rabies

Rabies is a viral disease almost always caused by animal bites (especially dogs and bats). Risk occurs in India and, therefore, you should take measures to prevent it. Given the serious danger posed by rabies as a uniformly fatal disease, follow these important guidelines:

- Consider pre-exposure immunization (if available).
- Avoid bites from all animals and especially avoid handling or feeding puppies, kittens, monkeys, or other animals. They can have rabies before it is obvious.
- If you have been bitten or have had direct contact with the saliva of a suspected rabid animal, immediately wash the affected area with a soap solution and running water thoroughly to neutralize and to rinse out the virus. **Then proceed immediately for post-exposure treatment**, the sooner the better; depending on the location of the bite, you may have little time.
- If at all possible, the animal should be captured and kept under cautious surveillance until the diagnosis and therapy are completed. If capture is not possible, a clear description of the animal and the circumstance of contact should be carefully recorded.

Tuberculosis

Tuberculosis (TB) is a bacterial disease spread by airborne droplets from a person with untreated pulmonary TB or by ingestion of TB-contaminated unpasteurized milk products. Transmission is more likely in conditions of crowding and poverty. A TB skin test can indicate prior exposure to tuberculosis and is recommended prior to travel (unless already known to be positive). A repeat test is also recommended after returning to the US even if the pre-departure test was negative.

HIV/AIDS and Blood Supplies

HIV/AIDS is a concern worldwide. The HIV virus is transmitted by way of bodily fluids from an infected person. HIV is spread mainly by having anal or vaginal sex or sharing drug injection equipment with a person who has HIV. AIDS is an acquired immune deficiency that can result in life-

threatening infections and is the most advanced stage of the HIV infection. It is the student's responsibility to protect him /herself from acquiring the disease through sexual transmission. Students anticipating even the possibility of sexual activity are strongly urged to bring their own condom supply. Other potential routes of infected blood transmission such as tattooing, body piercing, and needle sharing must be strictly avoided.

With regard to blood transfusions, our Academic Directors have identified hospitals, through consultation with the local US embassy, where safe blood is available. In a life-threatening situation, the risks versus benefits of an emergency blood transfusion must be examined carefully and a decision made based on the best information at hand.



Hepatitis B

Hepatitis B is a serious and often chronic viral infection of the liver. Since this type of hepatitis is most often acquired from contact with infected blood, or sexual contact (as with HIV), or from skin-to-skin contact of mutual open cuts and sores, appropriate precautions to avoid these types of exposure are necessary. This includes avoiding tattooing, ear/body piercing, and cuddling children with sores and draining insect bites. A series of three immunizing injections is recommended. This series should be initiated as early as possible so that at least two doses are taken prior to departure. This will provide partial protection. The third shot should be taken five months after the second dose, and may be given after returning home to achieve full, long-lasting immunity. An accelerated schedule can also be used as an alternative.

Avian Influenza H5N1

Avian influenza H5N1, a particularly virulent strain of influenza virus, has been confirmed in India in birds and poultry. No human cases have ever been reported. It is excreted in the droppings of infected birds. Currently, the risk to travelers is minimal, but it is important to avoid poultry farms and live animal markets. Well-cooked chicken is safe to eat. Current influenza vaccines are not protective. The anti-viral medicines oseltamivir (Tamiflu) and Baloxavir are effective against this virus.

Coronavirus COVID-19

COVID-19 is a newly identified respiratory virus that was discovered in China. Cases of the virus have spread rapidly in China and have also been reported in over 100 other countries, including the United States. The World Health Organization (WHO) has declared this disease a global pandemic for the worldwide spread of a new disease for which most people do not have immunity. COVID-19 is usually spread through direct contact with an infected person as well as through respiratory droplets produced when an infected person coughs or sneezes. It is unknown if the virus can spread from contact with contaminated surfaces or objects. Symptoms of COVID-19 are fever, cough, and shortness of breath, and may appear **2-14 days after exposure**. The illness can also cause body aches, sore throat, vomiting and diarrhea. Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). **The best way to prevent illness is to avoid being exposed to this virus and protect yourself!**

- **Clean your hands often**-wash your hands carefully and frequently with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash.
- **Clean AND disinfect** frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **Avoid close contact** with people who are sick. Put distance between yourself and other people if possible.
- **Inform your Academic Director immediately** if you have a pulmonary disease or any respiratory illness; have a fever or feeling sick; if you have been in close contact with a person known to have COVID-19; and/or have recently traveled from an area with widespread or ongoing community spread of COVID-19.
- **Seek medical care, contact ISOS and a doctor**, if you develop symptoms;
- **Avoid travel if you are sick or have a fever.** Your Academic Director will make appropriate accommodations for students who are ill.
- **Wear a facemask** if you are sick, especially when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office.
- **Most importantly, stay connected:** Communicate daily with your SIT Academic Director. SIT continues to update its contingency and evacuation plans to ensure that we are prepared to take appropriate action in the event of a change in circumstances.

Air Quality

Students with a history of asthma or allergies should be warned that air pollution in all major cities is steadily worsening, resulting in an increasing incidence of respiratory illness. Asthmatics should carry emergency medicines for severe asthma attacks.

IMMUNIZATIONS FOR INDIA

Immunizations fall under two categories: 1) those that are required for SIT Study Abroad admission and 2) those that are recommended to protect your health and well-being by building up your immune defenses against specific prevalent diseases. In addition, certain basic immunizations are required by US law.

Plan ahead at least 8 weeks, as laid out in the sample schedule at the end of these instructions

since some immunizations require more than one dose for effectiveness. The physician administering the inoculations should record all immunizations on the International Certificate of Vaccination or Prophylaxis (ICVP, also known as the WHO card). The WHO card should be kept with you at all times while in the host country. ***If for some reason you are unable to obtain a WHO card or your WHO card is lost it will be sufficient to carry a copy of your immunization record with you.***

REQUIRED (for participation in the program):

- **MMR (measles, mumps, rubella):** You will need to be immunized if you have not had 2 doses of live measles vaccine.
- **Tetanus, diphtheria, pertussis:** The primary child series is required. Boosters (Td or Tdap) are effective for 10 years. If you are uncertain when you had your last injection, we recommend that you get another booster.

RECOMMENDED (as a health precaution – consult your physician):

- **Typhoid:** This vaccine is strongly urged as a viable protective measure. The vaccine is given either orally or by injection. Discuss the relative merits of each with your doctor.
- **Rabies:** Follow carefully the special instructions in the section on rabies.
- **Hepatitis A:** Hepatitis A vaccine, which provides long-term immunity, is recommended.
- **Hepatitis B:** A series of 3 immunization injections is recommended. See section on Hepatitis B.

- **Influenza:** Influenza vaccine should be considered for any individual wishing to decrease risk of influenza or non-specific respiratory illness especially those who are at high risk for complications from influenza including those with asthma, COPD, diabetes, chronic cardiovascular disease and immunocompromised conditions.

SAMPLE IMMUNIZATION SCHEDULE FOR INDIA

To assist your planning, we suggest the following schedule for required and recommended immunizations. For your own comfort and protection, do not leave shots to the last minute!

Before the start of program	Immunizations
8 weeks	First rabies pre-exposure (Imovax, RabAvert)
7 weeks	Second rabies; influenza
6 weeks	Tetanus (Td, Tdap) booster
5 weeks	Typhoid (injection or oral)
4 weeks	Third rabies
3 weeks	Cholera vaccine

With reasonable attention to health and hygiene rules, your stay in India should be a healthy one. Aside from minor ailments due to adjustments to the new food, water and climate, this is the experience of the large majority of SIT Study Abroad students. We do, however, recommend you see your physician on returning to the US in order to test for any possible lingering infection contracted overseas.

Take good care of yourself!