CHILE: Cultural Identity, Social Justice, and Community Development
GENERAL INFORMATION
To protect your health in Chile, 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 Chile 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 specific 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.

PREVENTION OF FOOD- AND WATER-BORNE ILLNESSES
Tap water is generally safe to drink and cook with in Santiago, Valparaiso, and other major cities and it is usually safe as well to eat fresh fruits, vegetables, and salads and to put ice in your drinks. Food and water safety however, cannot be guaranteed from street food purchases and the water quality is variable in rural areas.

If you are unsure of the food and water quality in the area you are visiting, check with a reliable source before using. If in any doubt, and for visits to rural areas, take all the recommended precautions and 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, beer, wine) from a trusted source (ensure caps are sealed).
- Hot beverages (coffee, tea).
- Water that has reached a rolling boil for at least one minute at sea level (longer at higher altitudes).
- Carbonated mineral water.
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).

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

Diarrhea-Producing Infections
In Chile, there is a mild to moderate incidence of diarrhea among travelers. Most common is “traveler’s diarrhea”, 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 (World Health Organization’s oral rehydration solution, which comes in package form). 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.

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.

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

OTHER ILLNESSES

Altitude
Students will be participating on a northern excursion to Putre which is well above sea level—the highest point is 13,780 feet. Even healthy, athletic individuals may become ill at altitudes over 10,000 ft. Common symptoms are unbearable headache and severe shortness of breath out of proportion to the mild fatigue most people experience while becoming acclimatized. Ascending gradually and resting during the first 12-24 hours can minimize the risk of altitude sickness. You may also wish to consult your physician about obtaining some acetazolamide (Diamox). Note that this is contraindicated for those allergic to sulfa drugs and that this possibility should be discussed with your physician. Also note that alcohol and sedatives may have greater effect at high altitudes.

Any symptoms of severe altitude illness should result in immediate descent. Individuals with chronic heart and lung disorders, such as asthma, and any other preexisting medical condition including sickle cell or diabetes should consult a physician before traveling to high altitudes. If your physician has given approval for high altitude travel, do let us know about the condition so that we can advise the Academic Director(s) and our local doctors accordingly. Bring full medical notes with you to help local doctors in case of need.

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, sexual contact (as with HIV), or skin-to-skin contact of mutual open cuts and sores, appropriate precautions to avoid these types of exposure are necessary. This includes avoiding getting tattoos, or ear/body piercings and avoiding cuddling children with sores or 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.

Air Quality
Students with a history of asthma or allergies should be warned that air pollution, particularly in urban settings like Santiago and Arica, is steadily worsening, resulting in an increasing incidence of respiratory illness. Asthmatics should carry emergency medicines for severe asthma attacks.

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.

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. Practice social distancing.** 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.

- **Contact ISOS and a medical 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**, 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**: especially during your Independent Study Project or Internship. 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.

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**IMMUNIZATIONS FOR CHILE**

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 7 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 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 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 merit of each with your doctor.

- **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 CHILE

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!

<table>
<thead>
<tr>
<th>Before the start of program</th>
<th>Immunizations</th>
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<tbody>
<tr>
<td>7 weeks</td>
<td>Influenza</td>
</tr>
<tr>
<td>5 weeks</td>
<td>Typhoid (injection or oral)</td>
</tr>
<tr>
<td>4 weeks</td>
<td>Tetanus (Td, Tdap) booster</td>
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<tr>
<td>3 weeks</td>
<td>Hepatitis A vaccine</td>
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With reasonable attention to health and hygiene rules, your stay in Chile 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!**