

HEALTH INFORMATION

Please be aware that this program is physically and emotionally demanding. For example: climatic changes; high temperature, and/or high humidity; change in altitude; exposure to unfamiliar bacteria due to change in diet; long days and intense schedules; and extended travel in cramped vehicles.

These factors, combined with potential strains from culture shock, living away from regular support groups of friends and families, and intensive interaction with other group members can affect your health in ways you do not anticipate, putting stress on the body and emotions which make you more susceptible to illness. We ask that you assess your physical and emotional health carefully.

We encourage you to be open with yourself and with us regarding your health and medical history. Giving prior consideration to how your travels might affect you can be very important in maintaining your health during the semester. Pre-existing or past conditions will not exclude you from participating in the program; rather, in discussing them now you are more likely to have a healthier and more rewarding study abroad experience.

Finally, please note there is other useful information available in the Resources Section of Global Gateway account. These resources are:

- Emotional Health & Study Abroad
- Wellness Plan for Study Abroad
- International Travel & Health Insurance
- Alcohol Abroad Awareness
- Helpful Videos for International Travel

GENERAL INFORMATION – ALL PROGRAMS

See a Doctor before You Go

For recommended vaccinations and other health precautions you should take before departing for your destination, please check the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/travel/> Since we are not medical professionals, we cannot make recommendations that will be applicable to all individuals in all places, so you should make those decisions with a doctor. If you have ongoing health issues, it would be wise to check with your regular doctor about vaccines and other precautions.

It's important to schedule your appointment right away, if you haven't already. If you don't already have a regular family physician, google a list of travel clinics in your area.

Insurance

As a Center for Global Education student, you will be covered by Augsburg College's Foreign Travel Abroad insurance, underwritten by **Educational and Institutional Insurance Administrators**. This plan includes travel, accident and sickness coverage while you are outside of the U.S. Please note that it does not cover routine medical care, prescription drugs, or any expenses in the U.S. See **Benefits Summary**, **Member Card**, and **Global Tools through Europ Assist** (Group ID: C2EII ; Website Activation Code: 150424). We highly recommend that you create a profile at this website before departing for your program so you can familiarize yourself with the site and all its resources, and even use it to prepare for departure.

If you do incur medical expenses, you *may* need to pay for the services up-front, and be reimbursed by the insurance company. If so, make sure to save all receipts related to the injury/illness so you make request reimbursement. However, in most cases the provider/facility will be able to work directly with the insurance company.

Immunizations/Inoculations

As you begin to discuss health preparations with medical professionals and/or experienced travelers to the region, you will likely find varying and even conflicting information about how to best prepare yourself. We encourage you to call the Centers for Disease Control and Prevention at 877-394-8747 and listen to their extensive recording on health risks and precautions.

Some helpful online resources:

- US Department of State web pages on services for American citizens abroad: www.travel.state.gov
- Centers for Disease Control: www.cdc.gov/travel
- World Health Organization: www.who.org
- International Society of Travel Medicine: www.istm.org
- Travel Health Online: www.tripprep.com
- HTH Worldwide: an insurance company that specializes in insurance for international travelers, offers advice on the issues you might encounter abroad in a series of short [Youtube videos](#).

Basic recommendations:

- Make sure that you are up-to-date on all of your standard inoculations (polio, diphtheria-tetanus, etc.).
- We strongly recommend that you be vaccinated for Hepatitis A. There are two hepatitis A vaccines licensed for use in the United States, which to date have an excellent safety profile. Travelers can be considered to be protected four weeks after receiving the initial vaccine dose. The vaccine series must be completed for long-term protection. Estimates derived by modeling techniques suggest that vaccine may provide protective antibody against hepatitis A for at least 20 years.
- You may want to consider a vaccination for Hepatitis B, which is recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission, especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident). However, the likelihood of contracting Hepatitis B in Cuba is considered by the CDC to be to low

Check with your doctor on the possible side effects and the timing of shots. You may find it helpful to call the Centers for Disease Control (404/639-2572) to listen to their extensive recorded information about health risks and precautions for international travelers.

Diarrhea and Dysentery Prevention

We suggest certain rules for eating and drinking, keeping in mind that dirty hands, contaminated water, and raw fruits and vegetables are the most common carriers of infection.

1. Drink only boiled or bottled water (available at the study center), or bottled drinks, including soda water.
2. All meat, fish and vegetables should be well-cooked. Avoid all uncooked vegetables!
3. Be very careful about what you eat in sidewalk cafes and from street vendors. For example, fruit that you peel is the safest bet, avoid ice unless you are sure it is made from clean water, etc.
4. Check to make sure that milk is boiled or pasteurized and that cheese is pasteurized.

Treatment of Diarrhea

For mild diarrhea, stick to a light diet with lots of clear liquids to replace lost fluid. Caffeine-free soft drinks are good for restoring the electrolyte balance in your blood (salt and sugars in the proper proportion). There are also many herb teas thought to aid in the treatment of diarrhea, such as Raspberry, Comfrey, Peppermint, Ginger Root, Black, Boncha and Chamomile. Yogurt and/or acidophilus capsules (available in U.S. pharmacies and health food stores) have been helpful in settling upset stomachs, as are bananas. Note: Drugs such as Lomotil, Paragoric, and Kaopectate are not recommended, as they can hide the symptoms without curing the illness when one has infectious diarrhea. Again, our staff will discuss this with you in more detail at the beginning of the program.

REGION-SPECIFIC INFORMATION

For Mexico

For Namibia

For Central America

MEXICO PROGRAMS

Inoculations

The CDC recommend the following inoculations for travelers to Mexico and Central America:

- **Hepatitis A** or immune globulin (IG).
- **Hepatitis B**, if you might be exposed to blood (for example, health-care workers), have sexual contact with the local population, stay longer than six months, or be exposed through medical treatment.
- **Rabies**, if you might be exposed to wild or domestic animals through your work or recreation.
- **Typhoid**
- As needed, booster doses for **tetanus-diphtheria and measles**.

Check with your doctor about the timing for all of the inoculations and their side-effects (e.g., typhoid and Hepatitis B inoculations require a series of shots or pills over several weeks or months; Hepatitis A inoculation requires a second inoculation 6-12 months after the first injection). You may find it helpful to call the Centers for Disease Control (CDC) (888/232-3228 or 404/639-2572) and listen to their extensive recorded information about health risks and precautions for international travelers, or visit the CDC web page at <http://www.cdc.gov>.

Typhoid immunization is required. We require students to have had a typhoid immunization within the last three years. The immunization must be completed at least two weeks before arriving in Mexico. Again, if you have already been immunized, inoculation must have occurred within the last three years. The Typhoid vaccine does not guarantee absolute protection from Typhoid since there are over 100 strains of the disease. It does, however, offer some protection, and doctors have noticed a lessening of the severity of symptoms and quicker recovery from Typhoid among those U.S. patients who had received the inoculation.

Hepatitis A: The Centers for Disease Control recommends that travelers to Mexico and Central America receive an immune globulin (IG) shot or Hepatitis A vaccine for protection against Hepatitis A. According to the CDC, travelers to Mexico and Central America are at high risk for Hepatitis A, especially if travel plans include visiting rural areas and extensive travel in the countryside or eating in settings of poor sanitation. A study has shown that many cases of travel-related Hepatitis A occur in travelers to developing countries with “standard” itineraries, accommodations, and food consumption behaviors. Hepatitis A vaccine is preferred for persons who plan to travel repeatedly or reside for long periods of time in intermediate or high-risk areas. Immune globulin is recommended for persons of all ages who desire only short-term protection. The vaccine requires a series of injections, the first of which must take place at least four weeks prior to travel. The immune globulin is a single dose shot. Because it offers only short-term protections, it should be administered shortly prior to travel. Our most recent information, however, says that immune globulin is in very short supply.

Malaria: Of the places you are going, the possibility of contracting malaria is fairly low. However, some travelers to Mexico and Central America have opted to take an anti-malaria prophylactic. According to the Centers for Disease Control, Primaquine is the preferred antimalarial drug in Mexico and El Salvador. Atovaquone/proguanil, chloroquine, doxycycline, and mefloquine are alternative choices.

Zika Virus: On February 1, 2016, the World Health Organization (WHO) declared a public health emergency over the potential complications of Zika virus. WHO has *not* issued any trade or travel restrictions to the affected areas; however, WHO advises that women who are pregnant or planning to become pregnant should take extra care to protect themselves from mosquito bites.

Note that Zika virus is primarily spread to people through mosquito bites. Currently, there is no vaccine to prevent or medicine to treat Zika. Zika causes a relatively mild illness, and the most common symptoms of Zika are fever, rash, joint pain, or red eyes; four in five people who acquire Zika infection may have no symptoms.

Augsburg CGEE has not cancelled or withdrawing travelers from programming, however our staff are closely monitoring the situation and we will be following CDC/US Government recommendations and alerts and will provide updates as needed. A link the CDC alert can be found here which provides recommendations and precautions for travelers: <http://www.cdc.gov/media/releases/2016/s0315-zika-virus-travel.html>

Health Care Providers

The Center staff in Cuernavaca has done extensive research on health providers in the area, and can offer you reliable recommendations for general care, gastroenterology, gynecology, ear, nose and throat, mental health, and homeopathy. In addition, the Center has established an on-going relationship with specialists, some of them English-speaking, at a beautiful, modern hospital only a 15-20 minute drive from the Center house. Program participants can receive quality out-patient or emergency care at this hospital at a reasonable cost

HIV/AIDS

Students should also be aware that the state of Morelos (where Cuernavaca is located) has the second highest rate of HIV-AIDS infection in Mexico. If you plan on being sexually active while in Mexico, you should be aware of this and use condoms to reduce the risk of HIV infection.

Other Health Concerns

The altitude is high in both Cuernavaca (6,000 feet) and in Mexico City (7,300 feet); that, compounded with culture shock and the overall intensity of the program, may make you tire easily. Also be aware that pollution in Mexico City is a problem year round, but is especially acute during the dry season (October - May). If you have a history of respiratory illness or heart problems, you could experience complications while there. While strenuous walking is not a regular part of the program, there could be an occasion when this is necessary to reach a certain location. Varying road conditions can at times make anticipating this very difficult although our field staff will keep you informed whenever possible. If your particular health condition makes this a concern, please be prepared to communicate your limitations to the academic coordinators.

NAMIBIA PROGRAM

Inoculations

Although no inoculations are required, the Centers for Disease Control and Prevention recommend:

- **Hepatitis A** or immune globulin (IG).
- **Hepatitis B** if you might be exposed to blood (for example, health-care workers), have sexual contact with the local population, stay longer than 6 months, or be exposed through medical treatment.
- **Rabies**, if you might be exposed to wild or domestic animals through your work or recreation.
- **Typhoid**, particularly if you are visiting developing countries in this region.
- **Polio**, recommended for adult travelers who have received a primary series with either inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV). They should receive another dose of IPV before departure. For adults, available data do not indicate the need for more than a single lifetime booster dose with IPV.
- As needed, booster doses for [tetanus-diphtheria](#), [measles](#)

The likelihood of being exposed to rabies is small. Namibians do keep dogs, which could have rabies. Like in the U.S., you can avoid this risk by staying away from them, but you can't rule out the possibility.

Yellow fever is not necessary for Namibia, Botswana or South Africa, but is required by some other countries in the region, especially in East Africa. If you plan to travel beyond Namibia, you may want to get this vaccination before you go overseas, though it is available in Windhoek.

Check with your doctor about the timing for all of the inoculations and their side-effects (e.g., typhoid and Hepatitis B inoculations require a series of shots or pills over several weeks or months; Hepatitis A inoculation requires a second inoculation 6-12 months after the first injection). You may find it helpful to call the Centers for Disease Control (CDC) (888/232-3228 or 404/639-2572) and listen to their extensive recorded information about health risks and precautions for international travelers, or visit the CDC web page at <http://www.cdc.gov>

If traveling out of Namibia before or after the scheduled program, you should check to be sure you receive the appropriate vaccinations.

If you are allergic to sulfa drugs, it is essential that you obtain and wear a Medic Alert bracelet or necklace. Go to <http://www.medicalert.org>.

Meningitis

Namibia had a severe outbreak of meningitis in June 2010, which it managed to handle quite well by doing a massive local vaccination campaign. For some reason the risk of Meningitis in Namibia has escaped the notice of many health professionals, the CDC, and travel doctors. Your doctor may not recommend a meningitis vaccination, but if you choose to protect yourself in this way please insist upon one.

Yellow Fever

There has recently been an outbreak of Yellow Fever in Angola, just to the north of Namibia. Although Yellow Fever is not a risk in Namibia (there have been no cases reported there), we very strongly recommend that you consider getting this vaccination. Namibia may require proof of vaccination in the future if the outbreak in other parts of the region continue/worsen, and it may be required by other countries you choose to visit on Fall Break or at other times of personal travel. As with any other vaccination, consult with your physician or travel clinic.

Malaria

There are areas in Namibia, particularly in the north, but also less frequently in Windhoek, where malaria is a concern. You will find confusing, even conflicting information about the risk and prevention of malaria. We suggest you first consult your doctor for his/her recommendation and try to make sure you are able to take the medication you choose. We encourage you contact the Centers for Disease Control and Prevention Malaria Hotline at 770-488-7788 for the most current information. We ask that you pay close attention to the following information on Namibia, where health professionals do have substantial experience and expertise.

There is no medication that is proven to be 100% effective as a preventative measure; basically, you can take the medication of choice, hope it works if bitten by mosquitoes, and do your best not to be bitten. We recommend the following while here in Southern Africa:

- Take anti-mosquito precautions:
 - The CDC recommends an insect repellent with [DEET \(N, N-diethyl-m-toluamide\)](#) as the repellent of choice. Many DEET products give long-lasting protection against the mosquitoes that transmit malaria.
 - Wear clothing which covers the body, particularly after dark when mosquitoes are the most active, along with effective mosquito repellent, etc.
 - You may want to bring mosquito netting (or purchase it once you arrive) to cover yourself when sleeping in areas where the risk is highest if you plan on traveling before or after the program. CGEE will provide mosquito netting for participants in malaria risk areas.
- Anti-malarial drugs: As an anti-malaria prophylactic the U.S. Centers for Disease Control (CDC) recommend the following:
 - Atovaquone/proguanil (brand name Malarone)
 - Doxycycline (many brand names and generics are available)
 - Mefloquine (brand name Lariam and generic). Lariam has more side effects and should **not** be taken by anyone who is also taking anti-depressants or has a history of mental illness, as it tends to exacerbate the symptoms of mental illness and counteract the effectiveness of anti-depressants.

All are expensive, but effective. Doxycycline and Lariam must be taken for one month after leaving the malarial area; Malarone only needs to be taken for one week after leaving the malarial area.

*Note: Chloroquine is **NOT** an effective antimalarial drug in Southern Africa and should not be taken to prevent malaria in this region.

- Students should disclose all health problems, including mental health issues, to their travel doctors so they will not be prescribed a malaria prophylaxis which is contraindicated for them.
- The World Health Organization recommends Chloroquine plus proguanil (Malarone). Discuss the options with a health professional and decide which malaria protection makes most sense for you.
- Generally, you should begin taking the anti-malaria prophylactic two days – two weeks, depending upon the drug, before entering an area at risk for malaria. The city of Windhoek is considered a very low-risk area according the Ministry of Health and Social Services. Which ever of the main anti-malaria prophylactics you choose, they can be fairly expensive.

Whichever of the main anti-malaria prophylactics you choose, they can be fairly expensive. If the cost of this medication is not covered by your health insurance, you may want to consider buying them in Namibia where the price is lower.

Be prepared to seek medical attention should symptoms develop. CGEE staff in Namibia are experienced, and will let students know how to identify the symptoms. Malaria is commonly treated with a medication called Fanzidar, which is a sulfa drug (a classification of antibiotic).

HIV/AIDS

One great threat that you can not immunize yourself against is HIV/AIDS. The southern African region has the world's highest rate of HIV-AIDS infection. In Namibia, the rate is currently about 13% of the population. Students should be aware that any sexual activity is thus very risky and is discouraged by CGEE. If you choose to be sexually active, using protection is imperative, but not entirely effective.

However, in the unlikely event that it is required, The World Health Organization rates the blood supply as secure. There have been no reported cases of HIV infection through infected blood in Namibia. Needles are also safe in Namibia and Southern Africa. All hospitals and clinics have individually-packaged, sterile, disposable needles, so you do not need to worry about bringing your own.

Radiological Report

A radiological report of the chest for signs of tuberculosis is required from every foreign national entering Namibia. You will need to have a chest x-ray signed off on by a radiologist, and be verified to be free of tuberculosis in order to be granted a visa. A form from the Namibian government will be provided by the Center for Global Education. **Please note: a skin test is not adequate. A chest x-ray must be performed.**

General Health Care

There are two doctors in Windhoek that the CGEE staff recommends semester students visit for general health concerns. These doctors are familiar with CGEE students from past programs and therefore are comfortable and prepared to address general health care needs of U.S. students that may arise during the semester.

Students should follow guidelines in regards to eating and drinking, keeping in mind that contaminated water is the most common carrier of infection. In Namibia and South Africa, all piped water is potable, available in all urban and rural towns, and does not entail health risks, as in some other countries. Your health risk in regards to water is related to adequate consumption, not water quality. You will probably need to drink far more water daily than you do in other parts of the world.

When potable water is scarce, students will be provided with containers of safe water. You will likely find yourself becoming thirsty more often in this hot and dry climate, so you will need to have a water bottle to carry with you daily. Beverages such as soft drinks, fruit juices and beer are readily available, though relying on such as your primary source is not sufficient to protect you from dehydration, and in fact can exacerbate dehydration.

While strenuous walking is not a regular part of the program, there could be an occasion when this is necessary to reach a certain location. Varying road conditions may at times make anticipating this impossible, although our staff will keep you informed whenever possible. If your particular health condition makes this a concern, please be prepared to communicate your limitations to your program coordinators.

If you are accustomed to regular rigorous activity (e.g. jogging), you may find it difficult to maintain an equally active lifestyle during the semester. Discuss possible options for exercise when you arrive. Students may want to join a local health club.

CENTRAL AMERICA PROGRAM

Inoculations

The CDC recommends the following inoculations for travelers to Mexico and Central America:

- Hepatitis A or immune globulin (IG).
- Hepatitis B, if you might be exposed to blood (for example, health-care workers), have sexual contact with the local population, stay longer than 6 months, or be exposed through medical treatment.
- Malaria, if you are traveling to a malaria-risk area in this region.
- Rabies, if you might be exposed to wild or domestic animals through your work or recreation.
- Typhoid, particularly if you are visiting developing countries in this region.
- As needed, booster doses for tetanus-diphtheria and measles.

Hepatitis A: The Centers for Disease control recommend that travelers to Central America receive an immune globulin (IG) shot or Hepatitis A vaccine for protection against Hepatitis A. According to the CDC, travelers to Central America are at high risk for Hepatitis A, especially if travel plans include visiting rural areas and extensive travel in the countryside, frequent close contact with local persons, or eating in settings of poor sanitation. A study has shown that many cases of travel-related hepatitis A occur in travelers to developing countries with “standard” itineraries, accommodations, and food consumption behaviors. Hepatitis A vaccine is preferred for persons who plan to travel repeatedly or reside for long periods of time in intermediate or high-risk areas. Immune globulin is recommended for persons of all ages who desire only short-term protection. The vaccine requires a series of injections, the first of which must take place at least four weeks prior to travel, and the second at least six months after the first. The immune globulin is a single dose shot. Because it offers only short-term protection (3-5 months), it should be administered shortly prior to travel.

Malaria: Some travelers to Central America have opted to take a prophylactic medication for malaria. Consult with an international travel clinic or with your doctor about which medicines are prescribed currently. Of the places you are going, the possibility of contracting malaria would be the highest in Nicaragua. You may choose to take this prophylactic for the full semester or just the time you under the greatest risk of exposure. Prophylactic malaria medication can be very expensive and is taken daily a week before, during and after your travel so protecting yourself for the entire semester could be costly. Once again, consult with your doctor. Since no prophylactic will be 100% effective, you should come prepared to avoid mosquito bites with a repellent that includes DEET and with long pants and long-sleeved shirts to wear at dawn and dusk.

Primaquine is the preferred antimalarial drug in Nicaragua. Atovaquone/proguanil, chloroquine, doxycycline, and mefloquine are alternative choices. Again, discuss the options with your health care professional and decide which malarial protection makes the most sense for you. Please note that it is important to disclose all health problems, including mental health issues, to your doctor so that he/she will not prescribe a malaria prophylaxis that is contraindicated for you.

Typhoid: Typhoid fever is transmitted through food and water contaminated with infected human feces, and it is prevented by being careful with what you eat and drink and by proper hygiene. You can get typhoid even though you have been vaccinated though inoculation usually lessens the severity of the disease if contracted.

Tuberculosis

While Tuberculosis is present in Nicaragua, the CDC does not list it as a significant threat when traveling to Central America. However, exposure to the illness is not uncommon, and several students have tested positive for exposure. Doctors in Nicaragua advise that this is no cause to be alarmed, as the test indicates only exposure and does not mean the illness has been contracted.

Dengue Fever

Dengue fever is present in all three countries you will visit. No vaccine is available, but travelers can reduce their risk of acquiring dengue by remaining in well-screened or air-conditioned areas when possible, wearing clothing that adequately covers the arms and legs, and applying insect repellent to both skin and clothing. The most effective repellents are those containing N,N-diethylmetatoluamide (DEET).

Zika Virus

On February 1, 2016, the World Health Organization (WHO) declared a public health emergency over the potential complications of Zika virus. WHO has *not* issued any trade or travel restrictions to the affected areas; however, WHO advises that women who are pregnant or planning to become pregnant should take extra care to protect themselves from mosquito bites.

Note that Zika virus is primarily spread to people through mosquito bites. Currently, there is no vaccine to prevent or medicine to treat Zika. Zika causes a relatively mild illness, and the most common symptoms of Zika are fever, rash, joint pain, or red eyes; four in five people who acquire Zika infection may have no symptoms.

Augsburg CGEE has not cancelled or withdrawing travelers from programming, however our staff are closely monitoring the situation and we will be following CDC/US Government recommendations and alerts and will provide updates as needed. A link the CDC alert can be found here which provides recommendations and precautions for travelers:

<http://www.cdc.gov/media/releases/2016/s0315-zika-virus-travel.html>

Health Care Providers

CGEE staff in Central America have extensive experience with health care providers in the area, and can offer you reliable recommendations for general care.

Medical/Emergency Expenses

In the event that you become ill or are injured, and require hospitalization, you may need to have a **credit card** (not debit card) available **with at least \$1,000 credit available** (if the facility does not work with our insurer). Hospitals in the region do not take debit cards, and may require a deposit of at least US\$600. (If your expenses do not total that amount your credit card would be refunded.)

Other Health Concerns

Since so much travel will be done overland on mountainous roads and in boats, we encourage you to bring Dramamine or some equivalent if you are prone to motion sickness.

While strenuous walking is not a regular part of the program, there could be an occasion when this is necessary to reach a certain location. Varying road conditions may at times make anticipating this impossible, although our staff will keep you informed whenever possible. If your particular health condition makes this a concern, please be prepared to communicate your limitations to your program coordinators.