

Healthy Travel Abroad

VOLUME 1: PLANNING & PREPARING



By the editors of TripHealthy.com

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Disclaimer:

We are not offering medical or health advice, only the best tips we can find in our research. We, as usual, suggest that you discuss your individual health situation with your physician, nurse, dentist, physical therapist, pharmacist, insurance provider, and any other of your health care providers, before planning your trip.

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Introduction

The purpose of this book is to encourage you to join the over 63 million Americans who travelled abroad last year. Almost half of them ventured overseas with chronic illnesses. We believe that with excellent planning and preparation, you should not hesitate to join them. There is no experience as exhilarating as visiting new places and encountering different cultures, food and customs. You've seen the pictures and beauty of people enjoying foreign places. So join in song:

"Pack up all your pills and woes, here we go traveling, bye-bye U.S."

Why are we writing this book?

There are droves of books and websites about international travel. Many are excellent; some advice is questionable. Few discuss travelling abroad with chronic illnesses and, even fewer, provide information about what to do if you get sick while in a foreign country.

Our intent is to assemble reliable and accurate information for you in one place – *this book*. We will give links to respected websites, so that you can get additional information. You will be provided with medical and health forms to complete and lists of suggested items to carry abroad.

How does the reader know that the information that we provide is valid?

We have been writing a website triphealthy.com for almost three years on traveling abroad with chronic illnesses. We have received kudos from our readers, as well as, stories about their own health and travel experiences. Best of all, within our first year, *triphealthy* received and last year, renewed HONcode accreditation and certification from Health on the Net Foundation (HON). This certification is to guide lay persons or non-medical users and medical practitioners to useful and reliable online medical and health information.” (See the Appendix for a link to the Hon Code of Conduct).

So who are “WE”?

Eleanor and Ron Feldbaum and Morris Levitt are the authors and editors of this E Book. In the fall of 1989, they embarked on a one year international adventure to teach graduate courses for an American university under contract to provide masters’ degrees to members of the US Air Force. Eleanor and Morris were professors at different universities and had written books together on governmental policies and policy making, as well as the education of health professionals. Ron was an expert on administrative law.

The adventure continued for four years for the Feldbaums; Levitt popped in and out when he had breaks from his US teaching responsibilities. While in Europe, Morris conducted research and prepared a report on international organizational design and decision making structures for the World Health Organization. Eleanor designed courses in health administration, policy and health systems. She and Ron wrote five books comparing international health systems and change for the *Financial Times (UK)*.

All three of us continue to love and enjoy traveling abroad. We know that our fellow adventurers are educated and experienced. However, many have not learned about the pitfalls of traveling abroad and facing even a minor medical or health problem. Our friends, despite their chronic illnesses, travel extensively. However, we are always astonished to learn how unprepared they are for serious or minor health incidences.

In 2008, Eleanor, Ron and Morris created a blog/website entitled, triphealthy.com. The website is for everyone who travels abroad and wants to go, stay and return feeling good. Healthy people and those with asthma, diabetes, heart or lung disease, physical disabilities, and arthritis (etc.) take vacations, go on tours, visit relatives, and do business abroad. Our website is designed to open a dialogue about everyday health events that can, and do happen, to many of us while we travel abroad.

Because of the success of triphealthy.com, we have decided to write this E Book focusing on planning and preparing to go abroad. We provide you with questions to ask and factors to consider when planning an international trip. We discuss what

to do and bring as you prepare for your trip. You will find it easy to download and copy pages that you want to bring with you.

Chapter 3

How to Get There?

Going abroad involves long hours (even days) of travel. The two major transportation options are airplanes and ships. Which do you prefer, find easiest and most comfortable? Of course, if you are going to Canada or Mexico, you have other land based options.

Nearly 64 million Americans traveled internationally, during 2008. About 87% of them went by air; while 13% went by ship to their destinations. (Sources: US Department of Transportation, International Trade Administration, <http://tinet.ita.doc.gov>; and Cruise Lines International Association, <http://www.cruising.org>).

Most will agree that getting to your vacation destination can be stressful. Once you arrive at the departure venue, the “fun” begins. You must walk long distances, wait in long lines, and traverse hurdles; while carrying luggage and medical essentials. Too frequently, there are long delays during this effort.

For example: International airports are large. Business consultants design the interior space with an eye on how to move people from one point to another. They use passenger flow diagrams to enhance expeditious movement. Problems ensue because the consultants have been more concerned about how the airport and airline staff gets about, rather than you the passenger!

Of course, in your planning, talk with your medical providers about what mode of transportation is best for you. Discuss any restrictions you may have to consider, and what instructions you must follow either on a plane or a ship.

Whether you travel with a chronic illness, or you encounter a health problem while traveling, you should be aware of conditions you may find on either airplanes or ships.

3.1 Air Travel

3.1.1 What kind of health facilities can you expect?

Aircraft are not flying hospitals or health clinics! They are equipped for minimal first aid services, but not much more.

The Federal Aviation Administration (FAA) requires that planes be equipped with a first aid kit, stethoscope, needles and an intravenous kit, and a defibrillator. However, flight crews are not permitted to administer medications, start intravenous fluids, or use syringes or a stethoscope. They are basically capable of administering first aid.

Flight crews are not permitted to assist with eating or with restroom necessities. The rules protect staff from being expected to perform tasks that are beyond their training. Moreover, attendants may not provide special assistance to any particular passenger, to the detriment of their service to other passengers. *Indeed, passengers with major disabling health conditions may be required to have a nurse or other care giver travel with them.*

Will a plane land for a medical emergency? The decision is made by the pilot. This can depend on how urgent the passenger's condition is, and whether or not there is a nearby airport that is capable of accepting the aircraft landing.

An amazing list of what airlines must provide regarding boarding, disembarking, stowing, sight and hearing impairments, and other matters, as delineated by the Aviation Consumer Protection Division, Department of Transportation can be accessed on-line:

<http://airconsumer.ost.dot.gov/rules/rules.htm>

3.1.2 What airplane cabin conditions may you find?

A report by the World Health Organization, the International Civil Aviation Organization and the International Air Transport Association discusses several factors that can have an effect on health and well-being. These include:

1. **Cabin air pressure:** Air pressure on planes is lower than air pressure at sea level. As a result, less oxygen is taken up by the blood. The Report concludes that this reduced air pressure is usually well tolerated by healthy passengers.
2. **Oxygen:** A reduced oxygen level in the blood may not be tolerated by passengers with certain medical conditions. For example, some people with heart and lung disease, and anemia, may be affected. The Report suggests that such passengers are usually able to travel safely, if arrangements are made with the airline to provide an additional oxygen supply during flight, well in advance. (There will be fee.)
3. **Gas expansion:** As the plane climbs, gases expand; as the aircraft descends, gases contract. This can have effects where gas is trapped in the body. For example, pressure in the ear will usually be relieved by swallowing, yawning, or chewing. Recent gastrointestinal upsets or abdominal surgery may be aggravated. Ask your doctor about what you can do to prevent or alleviate gas discomfort.

People with ear, nose and sinus infections are cautioned against flying because of the inability of the body to equalize pressure differences. The Report suggests that if travel cannot be avoided, using decongestant nasal drops shortly before the flight, and again before descent, may be helpful.

4. **Cabin humidity:** The cabin's lower levels of humidity may cause skin dryness and discomfort of the eyes, mouth, nose and exposed skin, but apparently presents no risk to health. The Report suggests that a skin moisturizing lotion, saline nasal spray, and eye glasses (instead of contact lenses) can relieve or prevent discomfort.

3.1.3 An Interview with an experienced, international flight attendant

We interviewed Joe, who has been employed for 18 years as a flight attendant for a major international carrier. We asked Joe to answer a series of questions about air travel and health.

What type of training do airlines offer their in-flight staff?

When joining an airline, flight attendants are given full medical first aid training. This knowledge is refreshed and tested on an annual basis. Attendants are taught to recognize, assess and treat a multitude of conditions, from the straightforward nosebleed to life threatening cardiac arrest. With cardiac arrest, crews are fully trained to administer cardio-pulmonary resuscitation and to use defibrillators (a device used to restore electrical activity in a passenger's heart).

While they are not permitted to treat passengers, flight attendants receive medical training that includes recognizing symptoms of many illnesses and incidents, such as: Choking, hyperventilation, fainting, and stroke. With some conditions as angina, asthma, and diabetic hypoglycemia, attendants can help patients get their nitroglycerine, inhalators and rapidly absorbing sugars. In addition, they can recognize whether passengers with these conditions are in imminent need of emergency assistance.

What medical problems do flight attendants frequently face?

The most common medical incidents that Joe has encountered are: Headaches, motion sickness, sinus pain and blocked ears. He has dealt with diabetics who were in need of food immediately, as their eating schedule had been thrown off.

Fainting is incredibly common among passengers of all ages. On long haul flights, faints are caused by a combination of factors, which include prolonged sitting (which allows the blood to pool), low blood sugar, warm conditions, exhaustion and anxiety. A faint is not a serious medical situation, but the bigger problem usually arises because the passengers begin to feel unwell and then decide to get up. Once standing, they usually pass-out in seconds. They might fall and often injure themselves or others on the way down.

Mild forms of Hypoxia are also common. Hypoxia is caused by an insufficient supply of oxygen to the body's cells. People suffering from lung and/or circulatory conditions often find the cabin atmosphere problematic. Hypoxia on board usually manifests itself as confusion, lack of coordination, headache and shortness of breath.

A concerned-looking passenger, who had been trapped by the window for hours, once asked me. “What’s this grey area outside? We seem to have been flying over it forever.” *Upon inspection, Joe discovered it was the wing, and calmed the traveler.*

Joe’s top tip - If you feel unwell during a flight, don’t be afraid to ask for a crew member’s help. He/she regularly bring passengers into the galley area, where they can sit quietly on a crew seat and take some time to revive themselves. Many times a glass of water, a friendly chat and a burst of oxygen is all that’s required.

What types of medical equipment does an aircraft carry on board? Also, can a flight attendant use them?

Joe explained that the long haul aircraft that he works on carries multiple types of medical equipment that he is trained to use. These include: An in-flight wheelchair, oxygen and a defibrillator.

There are two types of medical kits on board. One is only for medical personnel to use. The other is for flight attendants to use; and contains bandages, splints, cool gel for burns, asthma inhalers and drugs for pain relief, diabetes, anxiety, diarrhea, vomiting, anaphylactic shock, angina, sinus blockage and allergies.

What happens in emergencies that cannot be attended to by cabin staff?

During any medical emergency, the crew will often contact Medlink, a ground-based US organization that is staffed by qualified medical practitioners. Medlink practitioners are able to give invaluable advice and support, which often prevents unnecessary aircraft diversions. They also assume legal liability for any medical incident in which they are involved.

If a situation is dire or becomes unmanageable, the flight crew will make immediate plans to divert the plane. It is also possible for attendants to seek advice and support from passengers who have medical knowledge and qualifications, and are willing to help.

There is a medical bag on board, that contains drugs and equipment, which is for sole use by health care professionals.

3.1.4 Morris' plans for air travel

In planning for my own next trip, I (Morris) read a report from the World Health Organization. It related to health considerations while traveling by air. And I was stunned...it appeared as if it were written for me!

I recently had some gum surgery in my mouth. I would never have thought that this was a travel problem, until I read the following:

“Recent dental work such as fillings is not usually a contra-indication to flying. However, unfinished root-canal treatment and abscessed tooth are reasons for caution and it is recommended that each individual seek advice with regard to travel plans from the surgeon or dental practitioner most familiar with their case.”

Next, as a smoker, I read this:

“Some smokers may find (the ban on smoking on board) stressful. Discuss this with a doctor before traveling. Nicotine replacement patches or chewing gum containing nicotine may be helpful during the flight, and the use of other medication or techniques may also be considered.”

Here is an interesting point (though it doesn't apply to me):

“Divers should avoid flying soon after diving because of the risk that reduced cabin pressure may lead to decompression sickness (the bends). It is recommended that they do not fly until at least 12 hours after the last dive; and this period should be extended to 24 hours after multiple dives or after diving that requires decompression stops during ascent to the surface. Passengers under-

taking recreational diving before flying should seek specialist advice from diving schools.”

Some good news also appeared in the report:

“Cosmic radiation from the sun and from outer space is more intense over polar regions than over the equator, because of the shape of the earth’s magnetic field and the ‘flattening’ of the atmosphere over the poles. Although cosmic radiation levels are higher at aircraft cruising altitudes than at sea level, research has not shown any significant health effects for either passengers or crew.”

Wow! That took a load off of my mind.

3.2 Ship Travel

Is a cruise for you? Our friends are very enthusiastic about taking cruises. They claim “Everything is taken care of for you; you do not have to do anything but show up.” Senior citizens, families with children, pregnant women and those with disabilities enjoy traveling by ship.

When we’re asked why we do not take cruises, our answer always reflects the truisms that you must have extra time and extra money to enjoy the sea. We note that planes are faster and people may be concerned about getting bored seeing the “sea”. This concern provokes laughter and loud guffaws. It seems you can swim, dance, see movies and shows, go to the gym, play cards, attend lectures, etc., etc., etc.,.... Advertisements for cruises make a point of showing that there are lots of activities to challenge your mind and energy.

Many people with chronic illnesses prefer cruises. They say that they feel safe, because ships have doctors and health facilities on board. They do, but the services provided are minimal and not complex. If the next port of call has reliable health care available, cruise staff will plan for you to be seen by medical personnel. However, it is important to be insured for possible medical evacuation. If you think

that it is possible that you may get seriously sick, you should notify the cruise line before booking.

Another advantage that cruises offer, is that you can decide on your level of stamina each day, when planning your activities. You can determine what land tours you want to take. If you do not feel up to touring, you can remain on the ship.

Cruise lines plan land tours. You can talk to passenger service staff to see which excursions would be best for you. You can devise your own tour and the staff will assist you in getting the help you need.

A word of caution: If you have your heart set on visiting a certain city or island, it is not a good idea to plan on a cruise to get you there. Cruise lines cannot guarantee a given port. Changes in itinerary are frequent, because of weather, time or some other reason.

3.2.1 Are cruises a popular mode of travel?

According to the Cruise Lines International Association (CLIA), 12.56 million people took cruises, in 2008, on member cruise lines. Moreover, additional millions are expected to cruise in future years.

U.S. ports handle about 75% of all embarkations. Approximately 78% of cruise passengers are U.S. residents. About 50 nationalities are represented among crew members, most from developing countries. The Caribbean is the top cruise destination, followed by the Mediterranean, Europe, and Mexico. A typical cruise is about 7 days long and includes 3,000 passengers and 1,000 crew members.

3.2.2 What kind of health facilities can you expect on a cruise ship?

A Report by the World Health Organization, in collaboration with the International Society of Travel Medicine, reminds us that we must view a ship's medical facility as an infirmary, not a hospital. While most medical conditions that arise aboard ship can be treated as they would at an ambulatory care center at home, more severe problems may require the passenger to be treated in a fully staffed and equipped land hospital.

The American College of Emergency Physicians (ACEP) has produced a health care consensus report, entitled “Guidelines for Cruise Ship Medical Facilities.” The report recommends appropriate facilities and staffing requirements for basic shipboard medical and emergency services, given the recognized limitations of offshore environments. Shipboard health care recommended in these guidelines includes provision for:

1. A medical infirmary with licensed medical staff (physician and registered nurse) on call 24 hours per day.
2. One intensive care unit (ICU) room.
3. One bed per 1,000 passengers and crew members.
4. One isolation room or the capability to isolate patients with communicable diseases.
5. Emergency and portable medical equipment, such as a bag valve mask, oxygen tank, endotracheal tube, defibrillator, and a cardiac monitor or external cardiac pacer.
6. Medications to handle medical emergencies.
7. Basic diagnostic and laboratory supplies for blood chemistry analyses, complete blood counts, urinalyses, chest x-rays, and electrocardiograms (EKGs).
8. A medical record and communication system.
9. Health, hygiene, and safety program for medical personnel.

The Centers for Disease Control and Prevention (CDC) report on whether or not large cruise lines, which operate in the US, meet or exceed ACEP guideline standards. CDC notes that medical care on these ships should be equated to that of community urgent-care centers, not full-service hospitals. Small ships or those run by independent ship operators may not follow the ACEP guidelines. Therefore, on such ships, medical provisions might not be available onboard.

A CDC study found that the most common illnesses among ship travelers are: respiratory tract infection (29.1%), injuries (18.2%), seasickness (9.1%), and gastrointestinal (GI) illness (8.9%).

An estimated 95% of illnesses seen in cruise ship medical facilities can be treated onboard. However, passengers with serious problems, such as heart attacks and strokes, need to be transferred to shore side hospitals after stabilization.

3.2.3 Are ships sanitary?

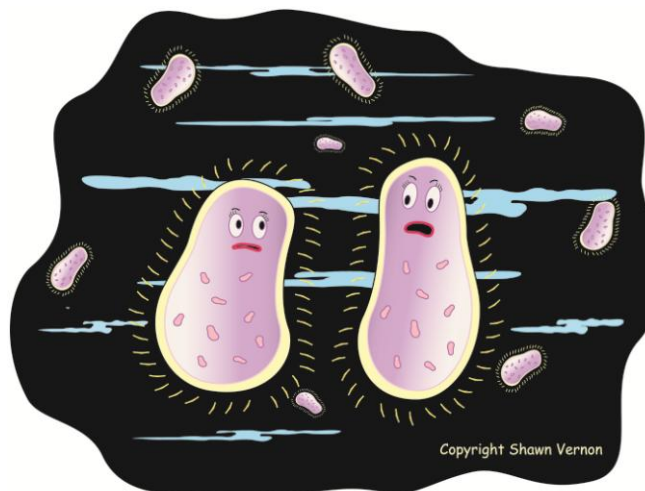
International health regulations address health requirements for ship operations. They focus on ship and port sanitation, and response to infectious diseases.

Remember: Because of the relatively closed and crowded environment of a ship, disease may spread among passengers and crew members. Also, an outbreak of some disease, while at a port of call, can contaminate a ship's environment. CDC operates the Vessel Sanitation Program (VSP) to assist the cruise ship industry to prevent and control the introduction, transmission, and spread of gastrointestinal (GI) illnesses on cruise ships. The VSP's jurisdiction includes ships that carry 13 or more passengers and that have a foreign itinerary with U.S. ports. It accomplishes its mission by:

- inspecting cruise ships, including both periodic, unannounced operational sanitation inspections and scheduled construction inspections;
- monitoring gastrointestinal illnesses and investigating or responding to outbreaks;
- training cruise ship employees on public health practices; and providing health education and reliable and current public health information to the cruise ship industry, the traveling public, public health professionals, state and local health authorities, and the media.

We strongly recommend when you select a ship, that you use the following link to ascertain recent sanitation scores and reports for specific cruise ships:

<http://www.cdc.gov/nceh/vsp>.



WHAT'S WRONG WITH ME? I MET THIRTY DISEASES ON THAT CRUISE BUT NOT ONE LOUSY GASTROINTESTINAL INFECTION!

3.2.4 Seek advice from your physician

Before choosing an international cruise vacation, you should visit your physician and inform him/her about the length of your trip, the ports you expect to visit, and the activities you would like to undertake on shore visits. Your health status should be reviewed and you should ask about which prevention medications, immunizations, and behaviors are appropriate for you.

3.3 Medical Equipment and Service Animals

For travelers who have special requirements, such as medical equipment and service animals, the choice between air and ship is not difficult. Both will accommodate your needs.

Delores needed continuous oxygen. She felt that air travel was best, as she could fly rapidly and non-stop to Paris, France. She discussed her needs with airline personnel and was told that she could use a Federal Aviation Administration (FAA) approved Portable Oxygen Concentrator (POC) or get her oxygen from the airline.

John who traveled abroad by ship had a POC. The cruise line had no problem with that and gave him permission to use the ship's electrical source to recharge batteries.

Marc wanted to use his power wheel chair on board his ship to England. The cruise line had no difficulty accommodating him and gave him permission to recharge his batteries by using the ship's outlets in his cabin. (If he went by air, his chair would be stored with luggage).

Frank has taken his service dog with him on planes for his many trips abroad. The dog lies quietly at his feet and is better behaved than many passengers.

Victoria traveled by ship to the Caribbean with her service dog, Bruce. She had no problem taking Bruce to activities on the ship or on the extra tours that she booked. She was impressed with the clean and odorless special area for Bruce to take care of "business."

Diabetics and those with cardiac, allergy and digestive conditions can order special meals on planes and cruises.

For those with kidney disease and who need dialysis, there are 15,000 dialysis centers in various cities in 114 countries around the world. There are special dialysis cruises that have the necessary equipment and trained medical doctors and personnel to administer the procedure. There are travel agents who specialize in dialysis cruises and treatments abroad.

Appendix

Certification:

TripHealthy.com has been verified as reliable and trustworthy by the Health On the Net Foundation and is in compliance with its HONcode. To learn more about the Hon Code of Conduct for medical and health websites (HONcode), visit: <http://www.healthonnet.org/HONcode/Conduct.html>

Forms:

Visit <http://www.healthytravelabroad.com/forms> to download the following forms:

Forms to Carry:

- My Medication List
- Health Records Part 1: Personal and Contact Information
- Health Records Part 2: Medical and Treatment Information