Advice to Travellers

Department of Public Health

Primary Health Care Department
# CONTENTS

## INTRODUCTION

## SECTION 1: GENERAL ADVICE
- General Check-list
- Prescription medicines
- Pre-existing medical conditions
- First Aid Kits
- Travel sickness
- Prevention of Deep Vein Thrombosis
- Prevention of Excessive Exposure to Sun

## SECTION 2: VACCINATIONS
- General information on vaccinations
- International vaccination requirements
- Routine Vaccinations
- Mandatory vaccinations

## SECTION 3: SPECIAL CASES AND TRAVELLING
- Children
- Women and travelling
<table>
<thead>
<tr>
<th>Specific Diseases</th>
<th>Stay Healthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>While you are away</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Travellers' Diarrhoea and Food and Water-borne illness</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Prevention of Insect Bites</td>
</tr>
<tr>
<td>Malaria</td>
<td>Prevention of Injuries</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>The returning traveller</td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
</tr>
<tr>
<td>SARS (Severe Acute Respiratory Syndrome)</td>
<td></td>
</tr>
<tr>
<td>Avian Influenza</td>
<td></td>
</tr>
</tbody>
</table>
## SECTION 6: HEALTH INSURANCE

**Health Insurance**

**The European Health Insurance Card**

## SECTION 7: IMPORTANT CONTACTS

**EHIC Applications**

**Ministry for Health, Elderly and Community Care**

**National Immunisation Section**

**Disease Surveillance Unit**
INTRODUCTION ON THE USE OF THIS BOOKLET

- This booklet aims at providing general information and travel health advice and is not intended as a substitute to proper consultation with a healthcare professional.

- The first section provides general advice for planning your trip.

- The second section is about vaccinations and vaccination requirements during travel.

- The third section is about special cases and travelling.

- The fourth section provides information on specific communicable diseases, the preventive measures to be taken before leaving and the precautions that can be taken during travelling to prevent acquiring these diseases.

- The fifth section provides general advice for staying healthy during travelling, on avoiding accidents and what to do upon returning.

- Section Six is about health insurance and travelling.

- The last section guides to further information and lists useful contact details.
INTRODUCTION

Health problems are becoming more common in travellers, especially with the increasing numbers of people travelling to remote and unusual destinations and in persons spending time in developing countries. Awareness of risk and knowledge of preventive measures are important if problems are to be avoided. Vaccines can protect only against a minority of health problems but they can prevent serious infections which can also be fatal. Even if no vaccinations are recommended for your particular itinerary, travel health advice can help prevent illness in a number of other ways.

A little time invested prior to travel can make the holiday a much more enjoyable experience. General practitioners, health centre immunization clinics, the National Immunisation Section and the Disease Surveillance Unit can advise on a wide range of topics.

PLANNING FOR YOUR TRIP

- Before your trip, look at the potential health risks for the country you are going to. These will vary depending on what parts of the country you will be going to, the time of year, and what kind of accommodation you will be staying in. Health care professionals can help you in this.

- Your doctor and the National Immunisation clinic can give you advice and arrange for any immunisations and anti-malaria medication you need. Check your immunisation requirements at least two months before your trip - you might not be able to get all the immunisations you need in one go, and some take a while to become fully effective.

- You may also need to start taking anti-malaria medication which should be taken, a number of weeks before you leave.
Section 1: General Advice

Checklist

• Make sure that you have all the documents you need, including passport, European Health Insurance Card (EHIC) (where applicable) and vaccination certificates.

• Check your insurance policy and what it covers.

• Keep a list of names, addresses and telephone numbers of relatives and friends with your passport so that they can be contacted if necessary.

• Get information about your country’s embassy within the country you are visiting. Also obtain information from tourist offices, embassies or high commissions about getting treatment while you are abroad.
Section 1: General Advice

Prescription Medicines

Give the doctor a list with the generic names (not only brand names) of any medications you are taking.

If you are taking any prescription medicines, ask your general practitioner whether you will be able to get them while you are abroad. If not, your general practitioner may be able to prescribe enough for your whole trip. It is advisable to ask for a letter from your general practitioner giving details about the medications you will carry with you.

The medicines should be carried in correctly labeled containers.

Make sure to carry in your hand luggage any medicines that you might need to take during the flight.

If you suffer from any allergies to any medications, make sure that they are recorded with the list of medications or any medical records you are taking with you.

Make sure you have access to your preferred method of contraception while travelling.

Medication to help prevent illness

Make sure you have enough supplies of any drugs which you take routinely (e.g. asthma inhalers). You can also get advice on whether you need anti-malarial drugs, and if so which drug is most appropriate for you and when you need to start taking it. Anti-malarial drugs usually need to be at least one week before you travel, so seek advice well in advance.
Section 1: General Advice

Pre-existing medical conditions

Make sure that any medical condition you suffer from, is adequately con-
trolled before leaving. Contact your general practitioner well in advance of
the planned trip so that you leave enough time for any necessary check-ups.

Ask your doctor to give you a written record of any conditions you suffer
from, with a brief medical history and a list of medications you are taking.

Carry the medical record with you.

Travellers who have metal medical devices fitted (like joint replacements,
valve replacements, metal rods or pins and pacemakers) will need a certifi-
cate from their doctor explaining the case, as the devices can be detected at
security checks. In addition, certain pacemakers can be affected by security
screening equipment.

Check whether the health insurance excludes coverage of any pre-existing
medical conditions.

A medical certificate of fitness for air travel may need to be issued by your
general practitioner for certain conditions you suffer from.

Contact the airline early if you require any particular seating arrangement or
facilities (example: oxygen cylinder) during the flight.

Persons appearing to be suffering from contagious diseases may be denied
boarding on the plane.
**Dental check-ups**

If you haven't had a dental check up for some time, make sure that you make a dental check-up before leaving, especially if you are staying abroad for a long time. It can be difficult and/or expensive to get dental treatment when you are abroad.

**FIRST AID KITS**

It is a good idea to take a basic medical/first aid kit with you. You can get advice on whether there are any specific items it would be helpful to include for your destination.

A basic first aid kit could include:

- Some plasters, bandages, sterile dressings, cotton wool and other first aid articles
- A small scissors and tweezers
- Disinfectants, an antiseptic cream and water sterilisation tablets
- Insect repellants
- Treatment for insect bites
Section 1: General Advice

Make sure you have:

- Specific medicines to treat common ailments. These can include simple analgeasics (e.g. paracetamol), medicines for treatment of common colds (e.g. decongestants), anti-diarrhoeal agents, oral rehydration sachets. Certain medications should be carried together with a certificate signed by a physician, certifying that the traveler requires the medications for personal use. It is preferable to carry all medicines in the hand luggage to minimize the risk of loss and also just in case any of the medications may be necessary during the flight. Check with the airline if these medications can be carried as such.

- Medications for any pre-existing medical conditions you suffer from.

- Additional medications according to destination e.g. anti-malarial medications.

- Toilet items should be carried in sufficient quantities if there is uncertainty about their availability at the travel destination. These should include items for personal hygiene, skin care, eye care (including contact lenses and any necessary contact lenses cleaning and disinfecting solutions) and dental care products.

TRAVEL SICKNESS

- Persons who suffer from motion sickness should consult their doctor about medications that can be taken to prevent travel sickness. Some medications that are used for the prevention of travel sickness can make you drowsy, so attention should be paid if you plan to drive after taking such medications.

- Air travel does not usually give motion sickness except when passing through areas of turbulences. It may help to choose a seat in the middle of the aeroplane where movements are less pronounced, if you usually suffer from travel sickness.
Section 1: General Advice

Deep Vein Thrombosis

Deep Vein Thrombosis (DVT) is the formation of a blood clot in a deep vein, most commonly a leg vein. It may be associated with any form of long distance travel whether by air, car, coach or train. In particular, flights lasting longer than five hours where passengers remain immobile in the seated position for long periods of time may be associated with an increased risk.

To prevent deep vein thrombosis try to observe the following guidelines:

Discuss with your doctor family and personal history that might pre-dispose you to Deep Vein Thrombosis (DVT) and increase your risk during travel.

During the trip:

- Be comfortable in your seat
- Bending and straightening your legs, feet and toes while seated every half-hour or so during the flight
- Pressing the balls of your feet down hard against the floor or footrest will also help increase the blood flow in your legs and reduce clotting
- Avoid crossing your legs
- Elevate the legs if possible
- Take occasional short walks, when in-flight advice suggests this is safe
- Take advantage of refuelling stopovers where it may be possible to get off the plane and walk about
- Drink plenty of fluids
- Don't smoke
- Avoid alcohol, which in excess leads to dehydration and immobility
- Avoid taking sleeping pills, which also cause immobility
Section 1: General Advice

- Wear loose-fitting clothing
- Consider wearing compression stockings. They can help to prevent travel related DVT by compressing the calf muscles and thus improve the flow of blood in the deep veins. Many doctors recommend that you wear them if you are in any of the 'at risk' groups. Some doctors advise that all adults should wear them on long-haul flights. You can buy the stockings from pharmacies. Ask the pharmacist for advice about the correct sort and size. They need to be 'graduated compression' stockings, worn to the knee, with the correct amount of compression (class 2). The slight pressure from the stocking helps to prevent blood 'pooling' in the calf.

- Stockings do not replace the need for regular exercise of the legs as recommended above.

- Discuss with your doctor whether there is a need for anticoagulant medication if you are a high risk case.

- Leg exercisers: A number of companies make devices which are designed to enable you to do leg exercises when seated on a plane.

After the trip:

For the vast majority of air passengers there will be no problem. If however, you do develop swollen painful legs especially where one is more affected than the other, or breathing difficulties see a local doctor urgently or go to the nearest Accident and Emergency Department.
Section 1: General Advice

Prevention of sun exposure

Avoiding sunburn

The sun is often extremely strong in many holiday destinations. Too much sun, besides causing sunburn, can age your skin and increase your risk of getting skin cancer. Another risk is heatstroke or sunstroke.

Take the following precautions to protect yourself from the sun:

- Protect your eyes by wearing sunglasses with proper UV filters
Section 1: General Advice

- Avoid going out between 11am - 3pm, when the sun’s rays are the strongest.

- Stay in the shade whenever possible but also wear sunscreen then. The sun’s rays can be reflected from the sand, water, and concrete right onto you.

- Increase sun exposure gradually, with a 20 minute limit initially.

- Make sure you never burn. Always cover up. Wear protective clothing - sunhats etc.

- Use sun blocks of appropriate ‘SPF’ strength. A sun block that has a SPF of 15 or more and that protects against both UVA and UVB rays is recommended. Reapply protective sun block often and always after swimming and washing. Re-apply every 2 hours or right after swimming, towelling off, sweating or strenuous exercise. Those with very sensitive skin should start with factor 20+ and only work down towards the lower factors if they are not burning. Read manufacturer instructions. If you have sensitive skin, use a product that is hypoallergenic and test on a small area on the back of your hand to see if you are allergic to the product. If you develop a rash or itching, do not use it.

- Certain medications can make you burn easier than you normally would. Check with your pharmacist to determine if the sun and your medicine is an unsafe combination.

- Remember to take extra care with children. Children under 3 years should always have a minimum of SPF 25 and babies under 6 months should be kept out of the sun at all times.

- Drink extra fluids in a hot climate.

- Another risk is heatstroke or sunstroke. Don’t do anything too energetic during the hottest part of the day (usually between 11am and 3pm) and make sure you keep yourself hydrated by drinking lots of non-alcoholic liquids. If you are badly burnt make sure you drink plenty of fluids and use the after sun creams to lessen the effects.
Section 2: Vaccinations

General information on vaccinations

Immunisations

If immunisations are required or advisable for your travel, your GP can arrange for you to be vaccinated. Some vaccines need to be given a few weeks before you travel to give your body time to generate immunity to infection. The time required to develop full immunity will depend on the vaccine, the number of doses required and whether you have been previously vaccinated against the same disease.

The most common vaccinations are hepatitis A, hepatitis B, typhoid, tuberculosis (BCG), yellow fever and cholera. In high-risk areas, rabies, Japanese and tick-borne encephalitis vaccinations may be recommended. Most can be administered by your own GP or through the services offered through the National Immunisation Section.

Vaccines for travellers include:
- Routine vaccinations, particularly in children. It is important to note that such diseases as diphtheria, tetanus and polio which are no longer common in industrialised countries, may still be a problem in less developed countries. Adults in their country of residence often neglect to keep up the schedule of booster vaccinations. Thus you must make sure that you are up to date with your routine vaccinations, and if you should have a booster.
- Other vaccinations that are advisable before travel.
- Mandatory vaccinations. For mandatory vaccinations, make sure you get an international vaccination card, which has been signed and stamped, and take it with you on your holiday. Take a photocopy and keep them both in a safe place.

You should not assume that there is no risk of catching the diseases against which you have been vaccinated, and all additional precautions against infections should be followed carefully regardless of any vaccinations or medications that have been administered.
## Section 2: Vaccinations

### Vaccine schedules and administration

The World Health Organisation recommends the following schedules for vaccination of travellers:

<table>
<thead>
<tr>
<th>Category</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Routine vaccination</strong></td>
<td>Diphtheria /tetanus/pertussis (DTP)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (HBV)</td>
</tr>
<tr>
<td></td>
<td><em>Haemophilus influenzae</em> type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>Measles / Mumps / Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (OPV or IPV)</td>
</tr>
<tr>
<td><strong>2. Selective Use for travellers</strong></td>
<td>Cholera</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td></td>
<td>Hepatitis A</td>
</tr>
<tr>
<td></td>
<td>Japanese encephalitis</td>
</tr>
<tr>
<td></td>
<td>Lyme disease</td>
</tr>
<tr>
<td></td>
<td>Meningococcal disease</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal disease</td>
</tr>
<tr>
<td></td>
<td>Rabies</td>
</tr>
<tr>
<td></td>
<td>Tick-borne encephalitis</td>
</tr>
<tr>
<td></td>
<td>Tuberculosis (BCG) (given routinely in Malta)</td>
</tr>
<tr>
<td></td>
<td>Typhoid fever</td>
</tr>
<tr>
<td></td>
<td>Yellow fever (for individual protection)</td>
</tr>
<tr>
<td><strong>3. Mandatory vaccination</strong></td>
<td>Yellow fever (for protection of vulnerable countries)</td>
</tr>
<tr>
<td></td>
<td>Meningococcal disease (required by Saudi Arabia for pilgrims visiting Mecca for the Hajj or for the Umrah)</td>
</tr>
</tbody>
</table>
Section 2: Vaccinations

Routine vaccinations

**Diphtheria**

Diphtheria is a disease that affects the throat. Complications of diphtheria include damage to the heart and the nervous system.

**Occurrence:** diphtheria is found worldwide but is not common in developed countries due to longstanding use of the DTP (diphtheria/tetanus/pertussis) vaccine. Some epidemics have occurred in east European countries.

**Vaccine:** is usually given as a “triple vaccine” - DTP (diphtheria/tetanus/pertussis) in childhood. The primary course (often received in childhood) consists of three doses, with a 4 week interval between each dose.

**Dosage:** Adults and children over 7 years: 0.5ml, subcutaneously of low-dose diphtheria/tetanus or diphtheria vaccine.

**Effectiveness:** after the third dose.

**Duration of protection:** 10 years. A booster is recommended every 10 years.

**Tetanus**

Tetanus is a disease which can occur when spores in soil and dust are introduced into a wound when the skin is broken. Symptoms include muscle spasms, seizures and the disease can be fatal.

**Occurrence:** Worldwide

**Vaccine:** The primary course is usually given in the first three months of life. It consists of three doses at 4 week intervals.

**Dosage:** 0.5ml deep sub-cutaneous injection

**Effectiveness:** after the third dose

**Duration of protection:** 10 years. The immunisation regime is thus a primary course of 3 injections and two single booster doses at 10 yearly intervals which produce lifelong immunity.
Section 2: Vaccinations

**Pertussis**

Pertussis is a contagious bacterial disease that causes a severe cough of several weeks duration, with most serious cases and fatalities observed early in infancy and in developing countries.

**Occurrence:** Worldwide. Unprotected infants are at increased risk if they are not fully immunised. Children below the age of 7 should be protected by vaccination. Pertussis vaccination is not normally recommended beyond 7 years.

**Vaccine:** three doses are required for initial vaccination.

**Polio (IPV or OPV)**

Poliomyelitis is a disease of the central nervous system caused by the polioviruses 1, 2 and 3. The viruses are spread through the faeco-oral route, either person to person or through contaminated food or water. The disease can result in permanent paralysis.

**Occurrence:** Polio has been eradicated in industrialised countries and most developing countries and should be eradicated in countries in Asia and Africa. Until the disease is fully eradicated, all travellers to endemic countries should be protected by vaccination.

**Vaccine:** There are two types of vaccine:
- Live oral vaccine (OPV): Adults and children are given 3 drops orally
- Inactivated vaccine (IPV): Given as 0.5 ml, subcutaneous injection.

**Primary Course:** Three doses at 1 month intervals.

**Effectiveness:** after the third dose.

**Duration of protection:** The immunity produced by OPV is lifelong.
Section 2: Vaccinations

**Hepatitis B**

This disease is spread through contaminated blood or blood products or by intimate sexual contact with an infected person. Hepatitis B vaccination is particularly important for travellers from low-incidence areas to areas where Hepatitis B is common and for those at high risk.

**Vaccine:** The primary course consists of three doses at month 0, 1 and 6. An accelerated course can be given in three doses at month 0, 1 and 2. In such cases a booster should be repeated after 1 year. A combination vaccine that provides protection against both hepatitis A and hepatitis B may be considered in travellers who could possibly be exposed to both organisms. This vaccine is given at month 0, 1 and 6.

**Effectiveness:** The vaccine starts being effective about two months after the third dose in 90% of vaccinated persons.

**Duration of protection:** usually 3-5 years. It is recommended to check your immunity level to see if booster doses are required especially if you are a high risk category.

---

**Haemophilius influenzae type b**

*Haemophilus influenzae* type b is an organism that can cause meningitis and several other serious and life-threatening conditions including pneumonia.

**Occurrence:** the disease mostly affects children under the age of 5 years
Section 2: Vaccinations

particularly infants between the age of 4 to 18 months and is the commonest cause of bacterial meningitis in this age group. All unprotected children at least up to the age of 5 years are at risk and the risk is increased by travel from a country with low incidence to one with a high incidence.

**Vaccine:** The vaccine is often given as a combined preparation with the DTP vaccine.

**Effectiveness:** The vaccine has greatly reduced the incidence of *Haemophilus influenzae* type b meningitis in infants.

**Measles**

Measles is a highly infectious disease which presents with a red rash and fever. Complications include pneumonia and middle-ear infections.

**Occurrence:** Measles is found worldwide and occurs in a seasonal pattern. Travellers who have not been immunised are at risk when visiting developing countries.

**Vaccine:** The Measles/ Mumps/ Rubella triple vaccine is given in Malta at the age of 15 months. A further dose is given to children at the age of 8 years. The vaccine is a live vaccine and thus should be avoided during pregnancy.

Vaccinations for selective use in Travellers

Certain types of vaccines need to be given only to travellers who are going to specific travel destinations. The decision on which vaccinations are necessary depends on:

- the travel destination
- the vaccination status of the individual
- the risk of being exposed to the disease
- the health status of the traveller
- special risk factors
- and the risk of infecting others.
Section 2: Vaccinations

Vaccinations that need to be considered are:

- Cholera
- Influenza
- Hepatitis A
- Japanese encephalitis
- Lyme disease
- Meningococcal disease
- Rabies
- Tick-borne encephalitis
- BCG
- Typhoid fever
- Yellow fever (where it is not a mandatory requirement and is used for individual protection)

Mandatory vaccinations

Yellow fever (for protection of vulnerable countries)

Yellow fever vaccination is mandatory if visiting an endemic country where it is used as a form of protection of vulnerable countries against the risk of importation of the disease.

Meningococcal disease

Vaccination against meningococcal disease is required by Saudi Arabia for pilgrims visiting Mecca for the Hajj (annually) or for the Umrah (at any time) and or Medina. The current requirement is vaccination with the tetravalent vaccine (A, C, Y and W-135). This vaccination is valid for three years and should be given not less than ten days before travel.
Section 2: Vaccinations

- Mandatory vaccination as authorised by International Health Regulations, nowadays is related only to yellow fever vaccination and travellers must therefore be vaccinated if they enter a country that requires yellow fever vaccination (to protect vulnerable countries from the importation of the yellow fever virus).

- All travellers who arrive from a country where yellow fever is endemic (including travellers who have been in transit in airports in countries where the disease is endemic) will require a certificate of vaccination against yellow fever.

- A medical certificate is required for exemption of yellow fever vaccination for medical reasons.

- A yellow fever vaccination certificate is valid for 10 years and validity begins 10 days after vaccination.

- The National Immunisation Section can provide guidance on which countries request mandatory yellow fever vaccination certification as a requirement to entry.
Section 3: Special cases and travelling

Health risks associated with travelling are greater for certain categories of travellers. Susceptible individuals include young children and infants, pregnant women, persons with pre-existing health problems, immunosuppressed individuals and persons with special needs. Persons in these categories should enquire beforehand on the medical services available at the travel destination.

Travelling and children

- Air travel is usually contraindicated in infants less than seven days old as air travel can cause discomfort to the infants due to changes in cabin air pressure. Infants and young children are usually more sensitive to abrupt changes in altitudes.

- Travel sickness can affect children more badly. It is advisable to consult a general practitioner for advice on any medications which can be used in children to prevent travel sickness.

- In addition, infants and young children are very sensitive to a variety of environmental factors e.g. ultraviolet radiation due to exposure to sun. Children have to be protected from the sun. Prickly heat and nappy rashes are more common in hot climates.

- Children are more prone to dehydration when there is excessive loss of fluid as in hot climates and loss of fluid due to diarrhoea and when there is insufficient intake of fluids. Oral rehydration fluids should be given during episodes of diarrhoea.
Section 3: Special cases and travelling

- Children and infants are more susceptible to many infectious diseases.

- If a febrile illness occurs, one should seek medical advice promptly. Fever can be due to common infections such as throat and ear infections but malaria should be considered in areas where it is present. Other infections such as hepatitis, meningitis and typhoid are more common in certain countries. It is important to have an adequate supply of analgesic and anti-pyretic medications. Keep the medications out of reach of children.

- Infants and young children have special needs with regards to vaccinations and anti-malarial precautions.

- In certain travel destinations, it can be difficult to find certain items used in child care e.g. disposable nappies and baby food, so make sure you have an adequate supply.

Malaria and Children

- Babies and children are particularly susceptible to malaria and the infection can be more serious and more rapidly fatal in babies and children.

- Travelling with babies to malarious areas should be avoided.

- Children have to be protected from insect bites. Use of mosquito cot nets should be encouraged. Insect repellents known to be safe for use on children should be used. DEET (N,N-diethyl-m-toluamide) should only be used on clothing of children aged less than 5 years and not directly on the skin.

- The National Immunisation Section should be consulted on the appropriate anti-malarial medication of choice according to the destination of travel.

- If a child develops a febrile illness, medical advice should be sought promptly.
Section 3: Special cases and travelling

Women and travelling

Contraception

Make sure you have access to your preferred method of contraception while travelling. Talk to your doctor before you go.

If you are planning to take your usual oral contraceptive pill while you travel, remember to:

- Pack the instruction leaflet that came with your pills.
- Take enough pills for the whole trip, plus some spares - you never know what (or who) will delay your return.
- Take a supply of reliable condoms; the pill gives you no protection against sexually transmitted infections.
- If you suffer from traveller’s diarrhoea or vomiting, your contraceptive pills might not be absorbed properly. Use extra contraception while you are ill and for seven days afterwards. Your pill instruction leaflet will tell you exactly what to do.

Pregnant Women

Avoid travelling late in pregnancy - many airlines do not accept pregnant females after the 36th week of pregnancy. For multiple pregnancies, air travel is permitted only up to the end of the 32nd week. Some airlines insist for a certificate from an obstetrician certifying fitness to travel by airline. In general, travelling is not contra-indicated as long as there are no complications. The second trimester of pregnancy is usually the best time in which to travel as any morning sickness may have disappeared and there is less risk of vaginal bleeding, miscarriage or premature labour.

However, the following considerations have to be kept in mind:

- Avoid travel to areas where medical services may be poor
- Avoid unnecessary travel to malarious areas. Malaria is particularly dangerous in pregnancy, with risk of miscarriage, premature delivery
Section 3: Special cases and travelling

and stillbirth. Some anti-malarial drugs such as chloroquine are considered safe in pregnancy but others are potentially harmful to the unborn baby and should be avoided.

- Many health insurance policies do not cover pregnancy.
- Avoid dangerous sport activities and travelling to very high altitudes.

When on the aircraft:

- Place your seatbelt under your abdomen and across your lap.
- Request a seat beside an emergency exit if possible as these seats have more leg room. Wear antiembolic stockings, particularly on a long flight, as the lower cabin pressure may increase the risk of blood clots.
- Do frequent leg exercises while sitting.
- Walking in the aisle is not advisable as unexpected turbulence may cause you to fall over so avoid doing so unless you need to go to the toilet.
- Drink plenty of fluids before and during the flight as the dry cabin air may cause you to become dehydrated.

Always take a copy of your obstetric records with you or a letter from your obstetrician outlining your pregnancy history including your due date, any ultrasound scan and blood results etc.

Vaccination and Pregnancy

Ideally, any necessary vaccines should be given before pregnancy. Vaccination during pregnancy should be discussed with a doctor.

Vaccines that can be given include tetanus vaccine, inactivated polio vaccine and human normal immunoglobulin against hepatitis A.

Vaccines to be avoided include live vaccines namely oral polio, yellow fever, oral typhoid, BCG and MMR. If yellow fever vaccination is recommended for a country, travel to that country should be avoided in pregnancy: if yellow fever vaccination is required only for entry purposes, a letter of exemption will be requested.
General Advice for travellers with Pre-existing Medical Conditions

- Check whether you need a medical certificate of fitness for travel to be completed by your doctor.
- Ask your doctor for a summary of describing the condition you are suffering from, giving details about medications you normally take for the condition and any complications which can be expected to arise.
- It is always advisable to check whether your condition is adequately controlled before you leave.
- Carry an adequate supply of the usual medication and an emergency medical kit.
- Contact the airline crew well in advance, anticipating any problems which may arise and planning ahead for any special requirements as seating on the aeroplane and special facilities such as oxygen cylinders.

Diabetic travellers

Diabetes and travelling

Whenever you travel, it is essential to plan ahead. As soon as you are aware of your travel schedule, things that should be considered are:

- Length of stay
- What kind of food would be available: whether it would be possible to find healthy food and whether you would be able to adapt to the available food.
- The kind of activities you will take part in – Will you be more or less active than you usually are when you are at home?

It is essential to visit your general practitioner or diabetologist as soon as you are aware of the travel dates:
Section 3: Special cases and travelling

- A check-up is necessary and blood sugar levels should be put under control before departure.

- Ask your general practitioner to give you a letter confirming that you are diabetic, giving a brief history of the illness and any complications arising from it. Any treatment which is being taken should be listed. If you use insulin syringes or needles, it would be advisable to ask your doctor to produce a letter stating why you have needles in your possession.

- Make sure that you get a prescription for your medications and enough medications for the whole trip.

- It would be advisable to purchase a diabetic identity bracelet.

- Check whether your health insurance covers your condition. It is important to mention diabetes as a pre-existing condition.

**Travelling while on Insulin Treatment**

- During the flight, keep the insulin with you at all times.

- Insulin should always be carried with you in the hand luggage, away from direct sunlight or freezing conditions. When travelling in hot climates, the insulin should be kept in a cold pack.

- Carry with you some sweets just in case the blood glucose level becomes too low.

- Eat meals in a regular manner to avoid fluctuations in blood sugar levels. Avoid skipping meals.

  - If you normally use a blood glucose monitor, make sure to take the monitor with you with an adequate supply of lancets and blood glucose strips.

  - Monitor the blood glucose regularly and seek medical advice if control is inadequate.
Section 3: Special cases and travelling

Travelling and Pre-existing Respiratory Disease

- Patients suffering from respiratory disease, are likely to have problems during the flight and thus flight personnel should be informed before the flight. Special seating arrangements may be required during the flight. Patients should carry with them any medications or inhalers which they normally use.

- Passengers suffering from respiratory illnesses may need to contact the airline beforehand for the provision of extra oxygen during the flight.

- In addition care must be taken as respiratory tract infections that can aggravate a pre-existing respiratory condition are present throughout the world.

Travelling and Immunocompromised Patients

- Immunosuppressed patients are more prone to infections that can be contracted abroad. Thus, persons who are taking immunosuppressive medications should take the advice of their doctor and should avoid situations that can potentially put them at a greater risk of acquiring infections.

- Persons who suffer from HIV infection need to check well which vaccines are advisable and which are contra-indicated in their condition. An adequate, clearly labelled supply of medications sufficient for the whole trip must be ensured.
Contraindications for travel by air include:

- Cardiac failure
- Recent myocardial infarction, angina pectoris or chest pain at rest and cardiac rhythm disorders
- Recent stroke and sickle cell anaemia
- Severe, uncontrolled blood pressure
- Severe anaemia and sickle cell anaemia
- Acute mental disorders
- Pneumothorax
- Acute contagious diseases
- Uncontrolled mental illness
- Infants less than one week old
- Pregnant females after the 36th week of pregnancy or after the 32nd week in the case of multiple pregnancies.
- An acutely blocked Eustachian tube (as in the case of sinusitis and ear infections.)
Hepatitis A

Hepatitis A is caused by Hepatitis A virus (HAV). It is a liver infection. Hepatitis A virus is found in the stool of persons with Hepatitis A. The virus is acquired through:

- The faeco-oral route
- Poor sanitation or poor personal hygiene
- Contaminated food e.g. Shellfish, ice cream, water and beverages

Reservoir

Humans

Incubation period

10-40 days.

Signs and symptoms

- Loss of appetite
- Fatigue
- Fever
- Diarrhoea
- Nausea
- Jaundice (yellow colour of the skin and eye)

Prevention

People travelling to areas with intermediate or high incidence should give importance to good hygiene and vaccination. Most people travelling abroad can acquire hepatitis A through the consumption of contaminated food or water. It can also be spread from person to person since the virus is present in faeces of infected persons. Thus the following precautions should be taken:

- Take care over what you eat and drink. In particular, avoid shellfish, avoid ice in drinks and ensure that water supplies are safe or adequately treated. Boil drinking water or if possible use sealed bottled water.
- Wash your hands after going to the lavatory and before handling food.

Hepatitis A vaccination gives good protection. Short-term protection against hepatitis A is available from immune globulin.
Hepatitis B is caused by the Hepatitis B virus. The virus is found in the blood of infected persons. It is spread by:

- Sexual contact with an infected person
- Transfusion of infected blood or blood products
- Sharing of contaminated needles between drug addicts
- The use of contaminated equipment and needles in medical treatments, tattooing, piercing, acupuncture and electrolysis
- Exposure through skin penetration (when infected body fluids gain entry via inoculation into the bloodstream).

**Reservoir**
Humans

**Incubation period**
Usually 45-180 days, average 60-90 days but can be as short as two weeks and rarely as long as 6-9 months. The variation is related in part to the amount of virus in the inoculum, the mode of transmission and host factors.

**Signs and Symptoms**
- Loss of appetite
- Nausea and Vomiting
- Fever
- Joint pains
- Abdominal pain
- Jaundice (yellow colouring of skin and eyes)

**Prevention**
The best way to prevent infection is to avoid the high risk activities listed above. In addition an effective vaccine is available. It should be however kept in mind that for the vaccine to be effective, it should be taken months in advance of the travelling and that it is not 100% effective.
AIDS (Acquired Immune Deficiency Syndrome) is caused by the human immunodeficiency virus (HIV). There is no vaccine or cure for HIV infection and thus prevention of infection is the only means of protection. HIV is spread by:

- Sexual contact with an infected person
- Transfusion of infected blood or blood products
- Sharing of contaminated needles between drug addicts
- The use of contaminated equipment and needles in medical treatments, tattooing, piercing, acupuncture and electrolysis
- Percutaneous exposure (when infected body fluids gain entry via inoculation)

The following precautions should be taken:

- Adopt safe sexual practices. Never assume that a sexual partner is free from the infection. A person can have the virus and still look completely healthy.
- Don’t have tattoos, piercing, acupuncture or electrolysis done unless you are sure that the equipment used is sterile or disposable needles are used.
- Never share needles or syringes with others.
- Avoid unnecessary medical procedures and if they are necessary, make sure that the equipment used is sterile or taken from sealed packs.
- If a blood transfusion is necessary, demand that the blood to be transfused is screened.
Malaria is caused by a malaria parasite belonging to the Plasmodium species. This protozoal infection is transmitted to humans through the bite of an infected female Anopheles mosquito. Transmission also occurs through the transfusion of blood from an infected person or by use of contaminated needles and syringes. The disease is most common in Asia, Africa and Central and South America.

Reservoir
Humans are the only important reservoir.

Incubation period
Varies from 12 to 30 days, from the infected bite to development of signs of the disease.

Signs and Symptoms
Persons taking prophylactic antibiotics or who are partially immune and contract the disease may show an atypical clinical picture.
- Fever
- Headache
- Nausea
- Diarrhoea
- Jaundice
- Blood clotting defects
- Kidney and liver failure
- Acute encephalopathy
- Pulmonary and cerebral oedema
- Coma
- Death
- Shock

Control and Prevention
- Immunisation centres and the National Immunisation Section or the Disease Surveillance Unit can be contacted for information on travel to countries where anti-malaria medications are necessary and which type of anti-malarial medications are recommended. Some medications need to be taken some time before the trip and for a period after the trip. Instructions should be followed carefully.
In areas where malaria is present, one should try to prevent being bitten by mosquitoes by:

- Wearing clothes that cover arms and legs
- Using proper insect repellents
- Through the use of impregnated insect screens
- Sleeping under mosquito nets
- Night spraying of the sleeping area with a suitable insecticide.

Yellow fever

Yellow fever is caused by the Flavivirus genus. Infection causes a wide spectrum of disease, from mild symptoms to severe illness and death. Yellow fever in urban and some rural areas is transmitted by the bite of infective Aedes aegypti mosquitoes and by other mosquitoes in the forests of south America. The mosquitoes bite during daylight hours. Yellow fever is generally found in Central America and Central Africa.

Reservoir

In urban areas infection is transmitted among humans by the Aedes aegypti mosquito.
In forest and jungle areas monkeys are the main reservoir with monkey to monkey transmission through forest mosquitoes. Infective mosquitoes may then bite humans who enter the forest.

Incubation Period

Incubation period: Usually 2 - 5 days.
Signs and Symptoms

Yellow fever is an acute viral disease of short duration with a wide variation of severity. Some symptoms include:

- Headache
- Fever (mild or with chills and muscle pains)
- The triad of jaundice, haemorrhage and severe albuminuria is present only in a small number of severe cases.

Severe cases may progress to a second phase of the disease with recurrence of fever, development of jaundice, abdominal pain, vomiting and bleeding disorders and the disease is fatal in half of these patients.

Treatment

There are no medicines that are effective against this virus. Serious cases of yellow fever always need hospital treatment. As there are no products that combat the virus itself, the doctor can only treat the symptoms. Dehydration is treated by administering intravenous fluids. In mild cases, the pain may be relieved with simple painkillers.

Control and Prevention

- Travellers are at risk in all areas where the disease is endemic. In endemic areas, access of mosquitoes should be prevented (with mosquito nets and residual sprays).
- All travellers to endemic areas should be immunised. A yellow fever vaccination certificate is valid for 10 years and begins 10 days after vaccination.
- In some countries, yellow fever vaccination is obligatory for visitors.

Yellow fever vaccination and children

Children less than nine months of age should preferably not be taken to places where yellow fever is endemic as the vaccine which is available, cannot be used in this age group.
Section 4: Specific Diseases

Rabies

Rabies is an acute viral infection of the nervous system. You can get it if you are bitten by an infected animal (including dogs, raccoons and bats) in an endemic area. The symptoms include delirium and painful muscle spasms in the throat. Once the symptoms appear, rabies is usually fatal. If you do get bitten, scratched or licked over any skin lesion, you must get treatment as soon as possible to stop the disease developing.

Precautions to be taken in areas where rabies is endemic

Don’t touch any animals, even if they seem to be tame. If you do get bitten:

- Wash the wound immediately, using soap or detergent. Apply alcohol (70% ethanol) or iodine to the wound.

- Get medical attention immediately. You will need rabies vaccination and anti-rabies immunoglobulin if there are single or multiple bites with skin penetration or if there is contamination of mucous membranes by saliva from the animal. Ask for ‘human diploid cell vaccine’, if possible. Anti-rabies immunoglobulin is injected directly in and around the wound. Persons who have had a full course of rabies prophylactic vaccine do not require anti-rabies immunoglobulin.

- Take note of what the animal was, and whether it was domestic, wild or a stray.

- If the animal belongs to someone, try to find the owner as soon as you can. Ask them to keep an eye on the animal for two weeks, and to tell you if it gets ill or dies. Ask them if the animal has had the rabies vaccine. If it has, ask to see the certificate. Even if the animal has been vaccinated, there could still be at risk of infection.

- See your doctor as soon as you get back.

Before you leave

Unless you’re likely to be exposed to a high risk of infection, or are going on a long journey in a remote area, it’s unlikely that your doctor will recommend having a rabies vaccination before you go. Even if you do, you will still need urgent treatment if you get bitten by an infected animal.
Section 4: Specific Diseases

SARS (Severe Acute Respiratory Syndrome)

SARS (Severe Acute Respiratory Syndrome) is caused by a corona virus. Initial symptoms of infection include fever, muscle pains, headaches and rigors, followed later by a dry cough and progressing to respiratory distress in severe cases.

Transmission

Transmission is mainly from person to person when symptomatic cases of SARS cough or sneeze near other people or onto nearby surfaces on which the virus might persist for several days. Some cases have occurred through infection in laboratories.

Distribution

The disease appeared in November 2002 in the Guangdong province of China. Countries in which human-to-human transmission was reported were Hong Kong Special Administrative Region, Singapore, Hanoi in Vietnam, Taiwan in China and Toronto in Canada.

Precautions

- Currently no countries or areas of the world are reporting person-to-person transmission of SARS but if SARS re-emerges as an epidemic, World Health Organisation will provide guidance on risk of travel to affected areas. If any travel recommendations are issued by WHO, these should be followed.

- Frequent hand washing is recommended.
Section 4: Specific Diseases

Avian Influenza

There are no special travel restrictions, immunisations or precautions to countries affected by A/H5N1 because of the presence of that virus. Refer to the Disease Surveillance Unit’s website (http://www.health.gov.mt/dsu) for the latest updates on the affected countries.

**During Travel to affected countries:**

Travellers are reminded of the following standard precautions to avoid avian influenza:

- To avoid contact with live poultry and wild birds
- To avoid visiting live animal markets and poultry farms
- To avoid contact with surfaces contaminated with animal faeces
- To avoid handling birds found dead
- Not to eat or handle undercooked or raw poultry, egg or duck dishes
- Exercise good hygiene with frequent hand washing
- Do not attempt to bring any live poultry products back home.
Section 4: Specific Diseases

Avian Influenza

It is not recommended that travellers take with them the neuraminidase inhibitor, Oseltamivir (Tamiflu®) unless they may be exposed to avian influenza through their work e.g. veterinarians working to control HPAI.

After your return
(1) Monitor your health for 10 days.
(2) If you become ill with fever and develop a cough or difficulty in breathing, or if you develop any illness during this 10-day period after your return from abroad, consult your doctor.

It is important that you tell your doctor
- Your symptoms
- Where you travelled to
- If you had direct contact with poultry or ate poultry or any contact with a known or suspected human case of influenza A (H5N1) in an avian affected country. This will make your doctor aware that you have travelled to an area reporting avian influenza.
Section 5: Staying Healthy

Prevention of Traveller’s Diarrhoea / Food-borne illness / Water-borne illness

Travellers' diarrhoea and food / water-borne illnesses are the most common health problems encountered by travellers and may affect up to 80% of travellers to high-risk destinations. Food or water-borne illness is any illness resulting from the consumption of contaminated food or water. Symptoms are usually those of abdominal cramps, vomiting and fever followed by diarrhoea lasting for about 2-3 days.

To prevent traveller’s diarrhoea and food / water-borne illness, take the following precautions:

- Avoid cooked food that has been kept at room temperature for several hours
- Eat only food that has been properly cooked and is still hot
- Avoid uncooked foods and raw salads
- Avoid shellfish
- Avoid dairy products unless they are made from pasteurised milk and have been kept cold.
- Eat fruit you can peel yourself. Avoid fruits with damaged skins
- Avoid dishes containing raw or undercooked eggs
- Avoid food bought from street vendors or stalls
- Ensure water supplies are safe or adequately treated. Boil drinking water. Drink sealed bottled water
- Avoid ice in your drinks in countries where water is not considered safe
- If the water is untreated don’t use it to brush your teeth
- Avoid direct contact with polluted recreational waters
Prevention of Insect Bites and Other Vector-borne Diseases

A number of serious infections like malaria, yellow fever, tick-borne encephalitis and dengue are transmitted by insects and other vectors. Travellers should take precautions to avoid these insect bites where these diseases occur.

Mosquito bites can be prevented by:

- Wearing long-sleeved shirts, trousers, hats and shoes (rather than sandals)
- Protect exposed limbs with an appropriate insect repellent, possibly DEET (Diethyltoluamide)
- Re-apply insect repellents regularly according to the length of time they remain effective, as on the instructions
- Sleep in fully screened accommodations with the windows closed and use air conditioning instead of opening the windows
- Each evening, spray rooms with a knockdown insecticide to eliminate any mosquitoes that would have entered during the day
- Use permethrin -impregnated bed nets
- Mosquito coils can give some protection.

Prevention of tick bites
The use of boots is preferable to shoes and trousers should be tucked inside the boots to prevent tick bites on the legs. Removing any ticks right away using a tweezers may help to prevent infection.

Other Vectors
Other insect vectors which can transmit infectious diseases are mosquitoes which transmit dengue and chikungunya viruses and sandflies that transmit leishmaniasis.
Section 5: Staying Healthy

Preventing Accidents

There are more tourist deaths related to road traffic accidents and drowning than from diseases that travellers can be immunised against! The tourist on holiday or away from home is relaxed, and in an uninhibited environment away from social restrictions that they might live by at home - being off guard means a higher risk of having an accident!

- Beware of the risks on roads - driving 'on the other side', new signs, unfamiliar winding roads, badly maintained roads and different standards in car and moped safety. Always check a vehicle before renting - especially the brakes, seatbelts, insurance and emergency numbers.

- Never drink and drive

- Never drink and swim

- Always swim with others, keep check on tides, currents and strong winds. Allow at least one hour after eating before swimming and never fall asleep on an airbed in the sea! Check swimming pool depths before diving.

- Always look for emergency exits and check balconies and first aid arrangements on arriving at your chosen accommodation.

- If you try a new sport check that there is adequate instruction, well kept equipment and you are at a good level of personal fitness.

- Take all the necessary precautions against animal bites and animal attacks.
The returning traveller

- Some diseases which could have been contracted while abroad may take some time to develop symptoms. Common examples include malaria, sexually transmitted infections, viral hepatitis, and amoebic dysentery. It is thus important to mention a history of travel to your doctor.

- Upon return, a medical examination is indicated if you experience illness in the weeks following return, especially in persistent fever, jaundice, persistent diarrhoea, skin manifestations and genito-urinary symptoms.

- Medications taken to prevent malaria should not be stopped for 4 weeks after leaving the malarious area. Any person who has travelled to a place where malaria occurs should be investigated well especially if the person develops a fever.

- Chronic diarrhoea following travel should also be investigated.

- A medical examination is unnecessary after a short trip with no problems. However, a check-up is advisable in persons who suffer from chronic diseases and for persons returning from areas considered as high risk especially immigrants and persons who have lived and worked in developing countries.

- Persons who suffer from chronic conditions and who have been abroad could benefit from a check-up upon return to see whether the underlying condition is still under control.
Section 5: Health Insurance

HEALTH INSURANCE

The aim of travel health planning is to avoid getting sick, but if you do get ill while on holiday it’s important that you have adequate travel health insurance.

If you are travelling within the European Economic Area, you may be eligible for an EHIC card. This entitles you to free or reduced-cost emergency treatment only, and therefore you still require a travel health insurance.

Is private travel insurance necessary?
The EHIC complements private insurance but is not a substitute for it. It does not cover the cost of bringing you back to Malta in the event of serious illness, accident or death. You may still be faced with large bills to cover your share of the costs in some countries. Private insurance is therefore highly recommended.

The European Health Insurance Card

When do you need the EHIC? With the EHIC, if you will need unplanned medical treatment while visiting an EU country or Iceland, Liechtenstein, Norway and Switzerland, you will receive the treatment for free or at reduced cost if you possess the EHIC. However, to receive this beneficial treatment you will need to take your EHIC with you.
Section 5: Health Insurance

Applying for the European Health Insurance Card

To apply for an EHIC you need to either:

- Apply on line at: http://www.sahha.gov.mt/entities/entitlementunit.html
- Apply personally at the Entitlement Unit, 23 St John Street, Valletta, or
- Send the relative application form which you can obtain from any Local Council.

Who is eligible?

Only persons who meet the following criteria may apply for the European Health Insurance Card: If you are an ordinary resident in Malta and you belong to one of these categories:

- A national of Malta.
- A spouse or minor child of a Maltese national.
- A non-Maltese national and paying NI contributions or receiving a state pension from Malta.
- An EU or EEA national in possession of a Certificate of Entitlement.
- A stateless person or refugee.
- A full time student following a course at the University of Malta or MCAST.

The EHIC entitles you to receive the same treatment as the nationals of the member state you are visiting. Some of the countries where the EHIC valid offer free treatment but others ask the patient to pay a fee or partial payment. In the latter countries, holders of the EHIC will also have to pay the relative amount.

The EHIC has a validity period printed on the card. During this period, you can travel as often as you like in as many countries where the EHIC is valid as you like. Renewal of the card can be effected at the same unit.
Section 5: Health Insurance

This e service and all other EHIC-related services are provided by the Entitlement Unit.

Opening hours of the Entitlement Unit:

<table>
<thead>
<tr>
<th></th>
<th>Mondays, Wednesdays &amp; Fridays</th>
<th>09.00 – 12.30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer (16 June - 30 September)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mondays, Fridays</td>
<td>09.00 – 12.00</td>
</tr>
<tr>
<td>Winter (1 October- 15 June)</td>
<td>Wednesdays</td>
<td>09.00 – 12.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.00 – 16.00</td>
</tr>
</tbody>
</table>

Entitlement Unit

Address: 23, St. John’s Street, Valletta, VLT 1168.
Telephone: (+00356) 22992345 / 22992346 / 22992335 / 22992515
Fax: (+00356) 21230863
E-mail: entitlement.mhec@gov.mt
Website: http://www.sahha.gov.mt/entities/entitlementunit.html
### Section 6: Important Contacts

<table>
<thead>
<tr>
<th>Ministry for Health, Elderly and Community Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palazzo Castellania,</td>
</tr>
<tr>
<td>15, Merchants Street, Valletta, VLT 2000</td>
</tr>
<tr>
<td>Telephone: (+00356) 21224071</td>
</tr>
<tr>
<td>Website: <a href="http://www.sahha.gov.mt">www.sahha.gov.mt</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EHIC Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entitlement Unit,</td>
</tr>
<tr>
<td>23, St. John’s Street, Valletta, VLT 1168.</td>
</tr>
<tr>
<td>Telephone: (+00356) 22992345 / 22992346 / 22992335 / 22992515</td>
</tr>
<tr>
<td>Fax: (+00356) 21230863</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:entitlement.mhec@gov.mt">entitlement.mhec@gov.mt</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.sahha.gov.mt/entities/entitlementunit.html">http://www.sahha.gov.mt/entities/entitlementunit.html</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease Surveillance Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>37-39, Rue d’ Argens, Msida, MSD 1368</td>
</tr>
<tr>
<td>Telephone: (+00356)21324086</td>
</tr>
<tr>
<td>Fax: (+00356) 21319243</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:disease.surveillance@gov.mt">disease.surveillance@gov.mt</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Immunisation Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floriana Health Centre</td>
</tr>
<tr>
<td>Triq Frangisk Saver Fenech, Floriana, FRN 1940.</td>
</tr>
<tr>
<td>Telephone: (+00356) 21243314 Extension 222</td>
</tr>
</tbody>
</table>