



**Encore (A Special Report)**  
**Germ Fighters: A 'travel clinic' can offer a dose of preventive medicine before you head overseas.**

By Paulo Prada

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For the health-conscious traveler, staying well while abroad once amounted to little more than drinking bottled water and avoiding uncooked meats and vegetables.

But the ease and frequency of international travel these days means that germs and diseases are getting around more, too. And health scares in recent years -- think SARS, avian flu, new strains of influenza -- are now prompting even the most adventuresome among us to think twice before leaving home.

To address these concerns, a growing group of physicians are beginning to specialize in preventive medicine for travelers. By staying abreast of real and imagined threats in remote corners of the globe, these doctors advise clients of precautions to take abroad and, more important, what measures to consider before they depart.

We asked the owners of one successful "travel clinic" to explain how their practice goes beyond the basics we've all read about in travel guides and public-health brochures. In addition to vaccinating and alerting travelers to risks in specific regions, Mitchell Blass and Robert Capparell, of World Travel Care in Atlanta, say they help clients understand why their state of health and fitness at home plays a large part in defining their vulnerability overseas.

At the end of a hallway plastered with maps and vintage quarantine posters, the two physicians discussed subjects ranging from allergies, vaccines and foreign hospitals to illnesses like rabies, hepatitis and dengue fever.

THE WALL STREET JOURNAL: How would you define travel medicine and the concept of a travel clinic?

DR. BLASS: It's preventive medicine -- a subspecialty of infectious diseases that focuses on preventive medicine for the individual traveling abroad and availability [of care] in the event of trouble when they come back.

WSJ: What drives the demand for services like yours?

DR. CAPPARELL: A couple of things. One is just the desire for travel in the American public. I had no idea there were so many international travelers going to exotic places where there are dangers. The other thing is the corporate world. And they're driving it because they want people placed in India, Southeast Asia, China, South America.

WSJ: What do you offer clients that they wouldn't get from a general practitioner or the basic dos-and-don'ts from a public-health clinic?

DR. CAPPARELL: We're trained in the diagnosis and treatment of infectious diseases. And once you take an interest in this area, you can really focus on a lot of the information that's out there. The

world can be a very dangerous place, and it takes a long time to learn what we do, how we do it, how we address the people who travel.

DR. BLASS: It's the way we approach a new client when they come to us. We look at what you bring to the table as a client or patient, looking at your underlying medical conditions, what medications you're taking and the status of your health.

Then we look at the destination that you're going to and what you plan on doing while you're there. It would be very different for the corporate traveler who may be staying at a luxury hotel versus the college student who may be going to raft in the Amazon River. So we look at the planned itinerary and then review specifically for what diseases are endemic there, which are preventable by vaccines, which areas would require malaria prophylaxis, and then talk about other common problems that patients may run into, like travelers' diarrhea.

From there you actually counsel them with regard to what may be recommended and help the client choose what vaccines may be appropriate for them. For example, if a person with an underlying immunodeficiency is deciding to travel, it would not be wise for them to take some vaccines.

WSJ: We often assume that certain regions like Europe are safe. How do travelers know if they really need medical advice before a trip?

DR. CAPPARELL: I think Western Europe may be the only area that is relatively safe -- and even so, I would recommend that people get vaccinated for hepatitis A. Heck, we should get vaccinated for hepatitis A here in the U.S. There was a huge outbreak in Pennsylvania [in 2003], when 500 people got sick from the same restaurant.

And it's more than just vaccinations. Even though that's where we hang our hat and where we generate most of our business, we do a lot of travel recommendations -- things that you should watch for, things that you should look out for.

WSJ: Such as?

DR. CAPPARELL: Well, water. It's not a cliché. It really isn't. If you don't watch what you drink, you're bound to get sick in most places. Let me tell you: bottled water only. Make sure the cap is on normally and hasn't been broken. Do not use their tap water to brush your teeth. Don't get ice cubes. Don't eat anything that's been washed in their water. It's just not safe. People don't take this seriously enough.

WSJ: What are other important areas of prevention?

DR. BLASS: Insects. People should carry repellent in areas that have illnesses that are transmitted through the bites of mosquitoes. That may be malaria, but it could also include other things like dengue fever. [Dengue, also known as breakbone fever, is a tropical, mosquito-borne disease that causes joint pain, headaches, rashes and a high temperature.]

DR. CAPPARELL: Other animals, too. Our best advice to people who travel is: Don't go near pets or animals of any kind.

DR. BLASS: Any dog in a foreign country [could be] rabid. The thing to remember about rabies -- and that I always tell clients and patients -- is that rabies is a universally fatal illness [after symptoms set in].

WSJ: There's a sign in your lobby that says, "Mosquitoes do not know the difference between third world and first class."

DR. BLASS: They don't know the difference. And again, the No. 1 problem is food and water safety. And you still don't know who the first-class resort is employing in their kitchen, either. Hopefully they're following that sign that says wash your hands after leaving the restroom.

WSJ: Aside from insect-, water- and food-borne diseases, are there any particularly common illnesses that affect travelers?

DR. CAPPARELL: Influenza. It's world-wide. And in many places in the world it's year-round, which means a lot of these travelers think, "Oh, gosh, it's May. We don't have influenza anymore. I don't need that [vaccine]." But they do. If they're going to a place that has year-round influenza, they need to be vaccinated. So if they skipped it this year, they should get the shot.

WSJ: What should travelers do if they get sick overseas?

DR. BLASS: That was a question just a couple of days ago when I had a woman in the hospital. Her choice when she was in rural India, visiting her son in a small town, with no Western anything available, was either eat the food that's there or not eat.

So it's a problem sometimes, and what do you do? Have a plan in your own mind. How do you get out, and how do you locate a health facility? How can I access medical care, and how do I find and pay for that care, and how do I get evacuated if I need to be? Know where the American consulate is in the country, and know where Western hospitals are.

WSJ: What sort of health papers or documentation should travelers carry?

DR. BLASS: Your passport and a certified copy of it, in the event that it gets lost. A certificate of your vaccines is very important.

DR. CAPPARELL: A list of medications that you take and your allergies.

DR. BLASS: Your health-insurance card. And it would be nice to know whether your health insurance will cover you while you're overseas.

WSJ: What advice do you give older travelers?

DR. BLASS: Think of it this way: An 18-year-old who goes to West Africa and acquires malaria is going to have a hard enough time as it is recovering from that. You add heart disease, diabetes and kidney disease to that mix, and that same case of malaria, that same bite from that mosquito, may be lethal.

I don't want to scare a person age 75 from traveling, but the reality is they have to have an understanding of their underlying medical conditions, the medicines that they are taking, and be cognizant of those things. With any infectious-disease-related problem, the older the individual is, the more co-morbid medical problems, the more likely that illness is to be more complicated or perhaps fatal. [Co-morbid medical problems are two or more separate conditions that may occur concurrently but independently in a patient.]

WSJ: Do older travelers often forget their age?

DR. BLASS: You aren't going to find an 80-year-old that's, in general, fit enough to climb Kilimanjaro.

DR. CAPPARELL: I'm sure plenty have tried it. People need to understand their own limitations when they travel abroad. Leaving the country and going on an adventurous journey, you tend to start breaking your own rules. You really have to be cognizant of them. If somebody says, "Hey, let's climb up the Eiffel Tower," think, "Well, let's take the elevator."

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