

Immunizations and Malaria Prevention

SHARE Kenya - Ohio 2006

GENERAL CONSIDERATIONS FOR IMMUNIZATION

1. Several vaccines have interactions with other vaccines and have specific instructions that need to be followed when administered. Check the CDC (www.cdc.gov/travel) and WHO (www.who.org) websites for the most current information on which vaccines are required and recommended.
2. One shot per arm (deltoid) is the recommended maximum allowed for each immunization session. *Exception is if the patient is traveling on short notice, then vaccines can be given at separate injection sites on same extremity.*
3. Up to three live viral vaccines can be given on the same date without affecting immunogenicity.
4. Vaccines should be administered at sites different than Immune Globulin (IG).
5. Avoid being vaccinated after arriving in a foreign country. Sterile needles are not always available.
6. Time sensitive vaccines must be given to travelers several days before entering the country. Typhoid, yellow fever, other live vaccines (OPV and MMR), and the primary inoculation of hepatitis A vaccine must be given before entering the country 7, 10, 10 and 28 days respectively.
7. Live viral vaccines (OPV, MMR and yellow fever) can impair the response to Tuberculin skin test (PPD). Therefore, PPD should be administered *prior to, on the same day, or 4-6 weeks after* the live viral vaccines. Given the high incidence of TB in Kenya, PPD is also recommended six months after completion of the program.
8. Live viral vaccines should be given on the same day or given 4-6 weeks apart.
9. When vaccines commonly associated with local or systemic reactions (like cholera, parenteral typhoid and plague) are given simultaneously, reactions may be accentuated. Therefore, it is preferable to administer these vaccines on separate occasions.
10. Patients with altered immune states should consult with a physician prior to receiving any immunizations.

GENERAL CONSIDERATIONS FOR MALARIA

1. **prevention** - malaria is transmitted through infected mosquitoes; it is recommended that you wear long sleeve shirts, long pants and hats. It is also recommended that you sleep with a mosquito net covering your bed. Insect repellent with as high a concentrate of DEET as you can tolerate is also recommended.

2. **prophylaxis** - Kenya is a chloroquine-resistant area. Recommended anti-malarial medications are:
 - atovaquone/proguanil
 - doxycycline
 - primaquine (in special circumstances)
 - mefloquine (note Lariam is not recommended for individuals with a history of mental health problems, including depression)

3. Prophylaxis guidelines change frequently; we recommended that you consult CDC guidelines at www.cdc.gov/travel/regionalmalaria/eafrica.htm, The Travel Doctor's at www.traveldoctor.co.uk and Virtual Naval Hospital at www.vnh.org/Malaria/ch2.html#2 before seeing a physician. Note that most regimens require starting prophylaxis prior to leaving the United States, but the time frames differ by medication; consult the references listed. You should review these websites as they provide good information on malaria biology, symptoms, prevention and treatment.