PITZER COLLEGE
A MEMBER OF THE CLAREMONT COLLEGES

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Instructions for the *Pitzer in Nepal* Supplementary Application

1. Please review the attached **health information**. Return the signature page with your completed application to indicate that you have read and understood the guidelines. Keep the health guidelines for future reference.

Updated 12/15/08

Health Information for *Pitzer in Nepal* Applicants

Note: Acceptance to the Pitzer in Nepal program is not contingent upon completion of immunizations prior to the application deadline. However, students are expected to receive all **highly recommended** immunizations and prophylactic medications before participating on the program.

Immunizations

For current information, visit the Center for Disease Control's (CDC) website at http://wwwn.cdc.gov/travel/destinationNepal.aspx.

Nepal does not currently require any certificate of immunizations for entry, but other countries along your route may. For this reason, and for your own records, you should have all immunizations recorded in a yellow "World Health" handbook or "International Certificate of Vaccination" (or on letter-head from your doctors office or clinic) that is available from your doctor or health clinic. **Contact your doctor or local county health clinic** to set up a schedule for your shots. Some immunizations come in a series that may take weeks or even months to complete.

All of the immunizations recommended below afford partial or full protection against diseases that still occur frequently in Nepal. Without an up-to-date immunization, any of these diseases could have serious, potentially life threatening consequences. **Please consult your doctor. Unless there is a medical reason why you shouldn't receive any particular immunization, we urge you to follow the recommendations below.**

Typhoid: This vaccination, in either the oral or the injectable form is **highly recommended;** this is a serious and widespread disease in Nepal.

Polio: **Highly recommended** if you haven't had a booster in the last five years. Enhanced Inactivated Polio Vaccine (eIPV) is recommended for this dose. [The CDC recommends that this additional dose of eIPV be received only once during the adult years.]

Diphtheria-Tetanus: Good for 10 years; **highly recommended** if you haven't had one in the last five years.

Hepatitis A: Infectious Hepatitis (Type A) is a viral disease of the liver that is transmitted primarily by the fecal-oral route via water or contaminated food. Hepatitis A is rampant in Nepal and serious cases that can keep you in bed for up to a month are common among Nepalis and foreigners. The **Hepatitis A vaccine (Havrix)** is recommended for persons who plan to travel repeatedly to or reside for long periods in high risk areas. It is **highly recommended (in place of immune globulin) for all students on the *Pitzer College in Nepal* program.** The first dose provides adequate protection beginning four weeks after it is administered and lasting six to 12 months. Another dose is recommended six to 12 months after the first to provide long-term protection that will last for at least four years and maybe (as research results come in) much longer. A simultaneous dose of immune globulin is necessary *only* if you travel to a high risk area *less* than four weeks after your initial dose of the Hepatitis A vaccine, before it becomes completely effective. The best course of action is to get both doses of the Hepatitis A vaccine before you leave. If this is not possible, it makes sense to get your first dose exactly one month before you go abroad so as to assure adequate protection from the time you arrive until the end of your program, without having to take IG. For persons who are allergic to the Hepatitis vaccine or otherwise elect not to receive it, immune globulin (5cc's) is still a viable option. You should get 5cc's of immune globulin just a few days before you leave the US to assure maximum effectiveness and coverage for your entire trip (up to four months). There is some concern that taking immune globulin for Hepatitis A at the same time or too close to some of your other immunizations may reduce their effectiveness. For this reason, if you elect to get IG rather than the Hepatitis A vaccine, we suggest that you complete all of your other immunizations at least one month before the beginning of your program, and then take your immune globulin just a few days before departure.

Tuberculosis: A TB Skin Test is **highly recommended** before leaving home and again after returning from the program. A change in the skin test indicates exposure and will alert you to the need for observation by a physician.

Malaria: Malaria is a serious, potentially lethal disease that still occurs in the Terai (flatlands at the base of the Himalayas) and in other tropical lowland areas of throughout the year. It does not occur in Kathmandu or Kalimpong, and other hill and mountain areas above 3,900 ft. in elevation, so it is not necessary to consider prophylaxis for the entire length of the program. Although unlikely, exposure is possible during your independent study period should you choose to work or travel in the lowlands, and during the program study trip to the Terai. Since there is no vaccine for malaria, drug prophylaxis is **highly recommended. The program recommends all students bring enough prophylaxis for a one week stay in a malaria area (e.g., 16 pills if you use Malarone - See below). You would only need to bring more if you plan to travel in malarial areas of Nepal before or after the program, or in the very unlikely case that you do your ISP in a malarial area.** In addition, when you are in a mosquito area, liberal use of bug juice, protective clothing (loose, long-sleeve shirts and full-length pants) and mosquito nets for sleeping are essential. **The program provides you with mosquito nets.**

The CDC now considers the entire Indian subcontinent a "Chloroquine-Resistant Area" and recommends either Lariam (Mefloquine), Malarone or Doxycycline as effective malarial prophylaxis for the region. Lariam and Malarone may not be available on-site.

The most frequently recommended of these drugs by US physicians continues to be Lariam. You should know that some side effects have been reported by previous students and other travelers who have taken Lariam. While it is hard to know for sure if these were due to the Lariam or to other possible causes such as parasites or adjustment stress, you should discuss the pros and cons of Lariam thoroughly with your health provider before making a final choice. Should you choose to go with Lariam, one 250 mg pill is taken orally, once a week, starting one week before entering an infected area, continued while in the area, and for four weeks after leaving the infected area. **Important Note: You should not take Ciprofloxin (commonly prescribed in Nepal for bacterial dysentery) while taking Lariam. Severe side-affects from this combination of drugs are possible.**

Doxycycline is another option – and the only option that may be easily available locally--but while taking it, one may become extremely photosensitive and prolonged sun-exposure must be avoided by the use of hats, protective clothing and sun block lotion. Women who take Doxycycline for prolonged periods of time also increase their risk of developing vaginal yeast infections and should discuss this possibility with their doctor. The dosage for Doxycycline is 100 mg every day, beginning the day before entering a malarial area, while there, and continuing for four weeks after leaving.

Malarone is a new antimalarial drug in the United States. It is a combination of two drugs (atovaquone and proguanil) and is an effective alternative for travelers who cannot or choose not to take doxycycline or mefloquine. The dosage for Malarone is 1 adult tablet (250 mg atovaquone/100 mg proguanil) once a day, beginning 1or 2 days before travel to the malaria-risk area, continuing while there and for 7 days after leaving the malaria-risk area.

All of these drugs are potentially dangerous for people with certain medical conditions and should be taken only after consulting your doctor. Most major Asian cities (Bangkok, Hong Kong, Singapore, the airport in Calcutta) do *not* have a malaria problem.

Consult your doctor and consider the latest information from the CDC along with your own travel and independent study plans to decide on a prophylactic treatment plan that is best for you.

Cholera: A shot is only **recommended** for those with compromised gastric conditions such as ulcers, but **optional** for others due to the very low chance of contacting this disease, and serious doubts about the effectiveness of the vaccination.

Rabies Prophylaxis: Dog bites during the course of the program have been rare and can usually be prevented with a little awareness and proper training. You may want to consider this vaccination, however, if you plan to do research in or trek to areas at a considerable distance from medical facilities

and you think you may come into close contact with the local animal population. It should not be taken if allergic to eggs, feathers, or chicken. This vaccination consists of three shots, each administered one week apart, followed by a booster three months later. This doesn't prevent rabies, but delays the onset of symptoms enough (an additional seven to ten days) to allow you to get to a hospital. **Optional**.

Meningitis: Meningococcal disease (bacterial meningitis) is a bacterial infection in the lining of the brain or spinal cord, which is transmitted through respiratory droplets when an infected person sneezes or coughs on you. Until very recently, there was a year-round risk of this disease in Nepal. Cases among foreigners were not uncommon, especially for those who interacted closely with the local population. Additionally, there are occasional outbreaks of this disease among college students in the US. Pitzer continues to **highly recommend** a Meningococcal vaccine for students on the program. Good for one year. (See the CDC web site at http://wwwn.cdc.gov/travel/contentDiseases.aspx#menin for additional information.)

Japanese Encephalitis: Is **highly recommended** by travel clinics in Nepal, though doctors in the Darjeeling areas say it is not so much a problem. We **highly recommend** this vaccination if you plan to travel on your own in the Nepal Terai during the monsoon season. This is a mosquito-borne viral disease that occurs in lowland rice growing areas, and usually during or right after the monsoon season. The mosquitoes that transmit this disease usually bite in the late afternoon and early evening so the same precautions used to prevent malaria (insect repellents, protective clothing, mosquito nets for sleeping) will be helpful in preventing Japanese Encephalitis. The risk is probably very small but there is an effective vaccine, JE-VAX, which is licensed and available in the US. The vaccine consists of three shots given over a one month period and **should be seriously considered** in consultation with your doctor and the latest information from the CDC.

Hepatitis B: This type of hepatitis is transmitted through body fluids such as blood and semen and is a much more serious form of the disease than type A (above). While there are compelling cultural, health and legal reasons for avoiding sexual contact or intravenous drug use in Nepal/Darjeeling, the need for an emergency blood transfusion is possible for anyone and this vaccination is **highly recommended.** Three shots are necessary for full protection although partial immunity is acquired after the first two, which are administered one month apart. The third shot is given six months after the first shot. If you cannot complete the series before you leave, you may consider getting the first two shots before leaving and the third shot after your return to the US. Please remember that in both the fall and spring programs you will be in village areas during the third month of the program and, depending on the location of your independent study project, possibly during most of the fourth month as well, so your series of shots must be timed accordingly.

Updated 8/1/08

KEEP THIS DOCUMENT FOR REFERENCE

HEALTH INFORMATION ACKNOWLEDGEMENT

I have read and understood the *Health Information for Pitzer in Nepal Applicants*. I understand that they are Pitzer College's recommendations for my health and safety on this program. It is my responsibility to consult with my personal physician and the Center for Disease Control website http://cdc.gov/travel regarding these preventative measures and their applicability to my personal health.

_____	_____
Student Name Printed	Signed at (City Name)
_____	_____
Student Signature	Date

SIGN AND RETURN THIS PAGE WITH YOUR APPLICATION

Return to: Pitzer College Study Abroad
1050 N. Mills Avenue
Claremont, CA 91711