

TRAVEL PREP & POST-TRAVEL PROTOCOL

Stay Parasite-Free Before, During, and After Your Trip

International travel is one of the most common ways people acquire parasites. This protocol covers everything from pre-trip preparation to post-travel testing, ensuring you return home healthy.

This guide applies to all international travel, but is especially important for trips to developing countries, rural areas, tropical regions, or anywhere with questionable sanitation.

PHASE 1: PRE-TRAVEL PREPARATION (4-6 WEEKS BEFORE DEPARTURE)

Medical Consultation

- Schedule travel medicine clinic appointment (ideally 6 weeks before departure).
- Review destination-specific parasite risks with healthcare provider.
- Update routine vaccines: Hepatitis A, Hepatitis B, Typhoid (if applicable).
- Obtain malaria prophylaxis if traveling to endemic regions (must start before departure).
- Discuss need for Japanese Encephalitis, Yellow Fever, or Rabies vaccines based on itinerary.
- Request prescription for traveler's diarrhea treatment (azithromycin or ciprofloxacin).
- Get a baseline stool test if you have existing GI symptoms (for comparison post-travel).

Travel Kit Assembly

- Water purification tablets (iodine/chlorine): 50-100 tablets. Emergency water treatment when filter not available.
- Portable water filter (Sawyer Squeeze / LifeStraw): 1 unit. Primary water treatment for all drinking water.
- Hand sanitizer (70%+ alcohol): 3-4 small bottles. Hand hygiene when soap/water unavailable.
- Soap sheets or travel soap: 1 pack. Handwashing in accommodations without soap.
- Oral rehydration salts (ORS): 10-20 packets. Prevent dehydration from diarrhea.
- Loperamide (Imodium): 1 box. Control diarrhea during travel (not for bloody diarrhea).
- Probiotics (refrigerated or shelf-stable): 30-day supply. Support gut microbiome during dietary changes.
- Activated charcoal capsules: 1 bottle. Bind toxins during digestive upset.
- Digestive enzymes: 1 bottle. Aid digestion of unfamiliar foods.
- Broad-spectrum antibiotic (prescription): As prescribed. Severe traveler's diarrhea treatment.

- Insect repellent (DEET 20-30% or picaridin): 2-3 bottles. Prevent mosquito-borne diseases (malaria, dengue).
- Permethrin-treated clothing or spray: 1 can / 1 set. Clothing protection against mosquitoes and ticks.
- Bed net (if no AC or screened windows): 1 compact net. Malaria prevention in endemic areas.
- Sunscreen (SPF 30+): 2 bottles. Skin protection (compromised skin = infection entry).
- First aid kit with bandages, antiseptic: 1 kit. Wound care to prevent infection.

Pre-Trip Gut Preparation (2 Weeks Before)

- Start high-quality multi-strain probiotic (50-100 billion CFU) to strengthen gut barrier.
- Increase fermented foods: kimchi, sauerkraut, kefir, kombucha.
- Reduce sugar and processed foods (weaken gut microbiome).
- Ensure adequate vitamin D levels (test if unsure; supplement if low).
- Consider starting *Saccharomyces boulardii* (probiotic yeast that prevents traveler's diarrhea).
- Avoid starting new supplements right before travel (don't know how you'll react).

PHASE 2: DURING TRAVEL

The "Boil It, Cook It, Peel It, or Forget It" Rule

This simple rule is the foundation of travel food safety. If you can't verify how food was prepared, don't eat it.

- **BOIL IT:** Water, tea, coffee (if served steaming hot), soups, boiled vegetables.
- **COOK IT:** All meat and fish must be thoroughly cooked; no pink, no raw centers.
- **PEEL IT:** Fruits with peels you remove yourself: bananas, oranges, mangoes, papayas.
- **FORGET IT:** Raw salads, unpeeled fruits, raw vegetables, unpasteurized dairy, street vendor ice.

Water Safety On-the-Ground

- **Drink only:** Bottled water with intact seal, boiled water, water filtered through your portable filter, or UV-treated water.
- **Avoid:** Tap water, well water, river/lake water, ice in drinks (freezing doesn't kill parasites).
- **Brush teeth with:** Bottled or boiled water. Never tap water in high-risk areas.
- **Wash produce with:** Purified water, not tap water.
- **Swimming:** Don't swallow water in pools, lakes, rivers, or oceans; shower after swimming.
- **Bottled water check:** Ensure seal is intact; carbonated water is harder to counterfeit than still water.

Food Safety in Restaurants & Markets

- Choose busy restaurants with high turnover (food is fresher).

- Avoid buffets that have been sitting out (especially in hot climates).
- Order food cooked to order, not pre-prepared.
- Avoid raw/undercooked: sushi, ceviche, rare steak, runny eggs, unpasteurized cheese.
- Street food: High risk but popular; if you must, choose items cooked fresh in front of you at high heat.
- Salads: Avoid raw salads unless you can verify they were washed in purified water.
- Fruits: Only eat fruits you peel yourself; avoid pre-cut fruit from unknown sources.

Insect & Vector Protection

- Apply DEET 20-30% or picaridin to exposed skin every 4-6 hours (reapply after swimming).
- Wear long sleeves, long pants, and closed shoes in mosquito-dense areas (dawn and dusk).
- Sleep under permethrin-treated bed net if no AC or screened windows.
- Use indoor insecticide spray or plug-in repellent in hotel rooms.
- Avoid stagnant water near accommodations (mosquito breeding grounds).
- Check for ticks after hiking or walking in grassy/wooded areas.

Daily Hygiene Routine

- Wash hands with soap before eating and after using bathroom (carry soap sheets).
- Use hand sanitizer when soap/water unavailable.
- Keep fingernails short and clean (parasite eggs hide under nails).
- Avoid touching face, especially mouth and eyes, with unwashed hands.
- Shower daily, especially after outdoor activities or swimming.
- Wear shoes at all times outdoors (hookworm prevention).

PHASE 3: POST-TRAVEL PROTOCOL (0-12 WEEKS AFTER RETURN)

Many parasites have incubation periods of days to months. Symptoms may not appear immediately. This phased approach ensures early detection and treatment.

Week 1-2: Immediate Post-Travel

- Monitor for symptoms: diarrhea, abdominal pain, fever, fatigue, skin rashes, cough.
- Continue probiotics for 2 weeks post-return to restore gut microbiome.
- Maintain hydration and nutrient-dense diet to support recovery.
- If any GI symptoms appear: Start BRAT diet (bananas, rice, applesauce, toast) and increase fluids.
- If symptoms are severe or bloody: Seek medical attention immediately; do not self-treat.

Week 2-4: Early Testing Window

- If you have ANY symptoms: Request stool O&P test (3 samples on different days).

- Request PCR stool panel if available (higher sensitivity for Giardia, Cryptosporidium, Entamoeba).
- Inform your doctor of your exact travel destinations and activities.
- If you took malaria prophylaxis: Continue as prescribed (some require post-travel doses).
- Watch for delayed symptoms: Some parasites (Strongyloides) can cause symptoms months later.

Week 4-12: Extended Monitoring

- If initial tests negative but symptoms persist: Repeat testing at 6 and 12 weeks.
- Some parasites (Giardia, Entamoeba) may take weeks to become detectable.
- Strongyloides can persist for years; request serology if you had soil exposure in endemic areas.
- Schistosomiasis: If you swam in freshwater in Africa, Middle East, or South America, test at 6-8 weeks.
- Malaria: Can present months after travel; any fever within 1 year requires malaria testing.

Post-Travel Testing Decision Tree

- Watery diarrhea, bloating, gas (1-2 weeks post-travel): Likely Giardia or Cryptosporidium. Stool PCR for Giardia/Crypto. Urgency: Within 1 week.
- Bloody diarrhea, fever, abdominal pain: Likely Entamoeba histolytica or Shigella. Stool O&P + culture. Urgency: URGENT, same day.
- Itchy rash after freshwater swimming: Likely Schistosomiasis (swimmer's itch). Serology at 6-8 weeks. Schedule within 2 weeks.
- Cough, fever, wheezing 1-2 weeks after travel: Likely Ascaris (larval migration) or Strongyloides. Stool O&P + serology. Urgency: Within 1 week.
- Fever, chills, sweats (any time within 1 year): Likely Malaria or Babesia. Blood smear + rapid antigen test. Urgency: URGENT, same day.
- Chronic fatigue, anemia, no GI symptoms: Likely Hookworm or Strongyloides. Stool O&P + serology + CBC. Urgency: Within 2 weeks.
- Seizures, severe headache, confusion: Likely Neurocysticercosis (tapeworm larvae). CT/MRI brain + serology. Urgency: EMERGENCY.

POST-TRAVEL RED FLAGS. SEEK IMMEDIATE MEDICAL CARE

- Fever above 101°F (38.3°C), especially with chills or sweats.
- Bloody diarrhea or black tarry stools.
- Severe abdominal pain or distension.
- Confusion, severe headache, or seizures.
- Jaundice (yellowing of skin or eyes).
- Difficulty breathing or chest pain.
- Severe dehydration (dizziness, very dark urine, inability to keep fluids down).
- Any neurological symptoms (numbness, weakness, vision changes).

TIP: When seeking medical care post-travel, always mention your recent travel destinations and dates. Many doctors in non-endemic areas may not immediately consider parasites without this context.

TRAVEL PARASITE PREVENTION QUICK CHECKLIST

- Consulted travel medicine clinic 4-6 weeks before departure.
- Updated vaccines (Hep A/B, Typhoid, Yellow Fever as needed).
- Obtained malaria prophylaxis (if applicable).
- Packed water purification method (filter + tablets).
- Packed hand sanitizer, soap, and ORS packets.
- Started probiotics 2 weeks before departure.
- Have travel health insurance.
- Registered with embassy (if extended stay).
- During travel: Followed "Boil, Cook, Peel, or Forget It" rule.
- During travel: Used only purified/bottled water for drinking and brushing teeth.
- During travel: Wore insect repellent and protective clothing.
- During travel: Wore shoes outdoors at all times.
- Post-travel: Monitored for symptoms for 12 weeks.
- Post-travel: Sought testing if any symptoms appeared.
- Post-travel: Continued probiotics for 2 weeks after return.

This protocol is for educational purposes only. Travel medicine recommendations vary by destination and individual health status. Always consult a travel medicine specialist for personalized advice before international travel.
