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Medical Suggestions

Vaccinations

- Required: Yellow Fever: W.H.O. recommends that no more than two boosters are given in whole life. Travellers of over 70 years who have been previously vaccinated should not have a booster. Vaccination is required only if you arrive in Kenya from Uganda or if after Kenya you intend to travel to Tanzania or South Africa. Risk of Yellow Fever in Kenya is negligible.
- Vaccines recommended – Hepatitis A, Hepatitis B and Typhoid Fever (Typhim VI i.m. by Aventis Pasteur).
- Cholera vaccine – Injection is useless and not mandatory. In case of an epidemic in the area of destination, there is a very good oral vaccine that will afford protection for 3 years.
- Meningitis – Not recommended unless there is evidence of an epidemic.

Malaria

Malaria is a serious parasitic disease, which is common in Africa, Asia and South America. It is spread by mosquito bites and may, after an incubation period 1 – 3 weeks, rapidly lead to life-threatening complications particularly in individuals with little or no immunity.

There is no 100 percent effective solution but there are a number of good prevention methods available, each with its advantages and disadvantages. The recommendations given below have been gathered from documented figures and our wide experience throughout East Africa.

Avoiding the mosquito bite is the cornerstone of protection. The malaria-carrying Anopheles mosquito usually feeds after dark, from about 21:00 until 06:00 hours.

Avoid the mosquito by using:

- Mosquito bed nets when not in a tent:
- Wear long clothing after dark
- Repellents/ insecticides (sprays, creams & mosquito coils) again after dark..

You have to consider the temperature of the place you are staying in; i.e. Nairobi, Nanyuki, Nakuru, Nyeri and Aberdares where temperatures at night are below 15^0 C, there is no malaria or rather no transmission, therefore no need for antimalarials. In other places like Kisumu, Lake Victoria and Western Kenya, where malaria is endemic (all year round), there is an effective risk. In other parts where malaria is epidemic (during and immediately after the rains) you should look at the date of arrival and climatic situation then. The Kenyan Coast has recorded a sharp decline in cases of malaria in the past five years.

In case you have decided to take prophylaxis for malaria, the best drug is Malarone.

- Malarone drug should be taken a day before exposure, daily during exposure and a week after return. The drug is available worldwide. It is expensive, but is much cheaper in Kenya. Here it is called Malanil (still original from GSK) '1 Euro per day instead of 3 Euros'. As the drug needs to be taken only the day before exposure, it is easy to procure it here. The drug cannot be taken by pregnant or lactating women but is safe for children above body weight of 11 kgs. Paediatric tablets are available in Europe and in Kenya.
- The alternative could be Doxicycline. Again the drug should be taken daily, a day before exposure, during and for 3 weeks after it one tablet a day. The drug is certainly more affordable, cannot be taken by pregnant or lactating women or by children less than 12 years old. Avoidance of exposure to sun is recommended.
- Mefloquine (Lariam). Not advisable because of severe side effects and because efficacy is declining.

Remember, whatever you do, you may still contract malaria. At the first sign of illness (flu-like symptoms, headaches, fevers and aching joints) consult your doctor and tell him or her that you may have malaria. DEMAND a blood slide for microscopic examination, especially if you have returned home and malaria is not a common condition in your home country or area. Early diagnosis and treatment will result in effective cure.

Information kindly supplied by:

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