

Student's Name \_\_\_\_\_

Drew University Health Service  
Standing Orders for Travel to China  
Summer 2009

**VACCINES: Recommended per Centers for Disease Control (CDC)**

1. MMRs up to date as required by Drew University
2. Tetanus/diphtheria booster within the past ten year
3. Hepatitis A vaccine: one dose to be given **at least one month** prior to travel with a booster dose recommended at 6-12 mos.
4. Hepatitis B vaccine: 3 doses given on a 0-1-6 month schedule or on a 0-1-2 month schedule (an approved accelerated schedule for travelers, with a 4<sup>th</sup> dose recommended at 12 mos).
5. Japanese encephalitis - Recommended if you plan to visit rural farming areas and under special circumstances, such as a known outbreak of Japanese encephalitis.

**MEDICATIONS to Prevent Malaria (Antimalarial drugs) – Recommended per Centers for Disease Control (CDC)**

If you will be visiting a malaria risk area in China, you will need to take one of the following antimalarial drugs: only malarone or [doxycycline](#) along the China-Burma border in the western part of Yunnan province; malarone or [doxycycline](#) in Hainan and the other parts of Yunnan province ([see map](#)). [Chloroquine](#) in all other areas. **Malaria risk area in China:** Travelers to cities and popular tourist areas, including Yangtze River cruises, are not at risk and do not need to take chemoprophylaxis. Rural areas only of the following provinces: Hainan, Yunnan, Fujian, Guangdong, Guangxi, Guizhou, Sichuan, Tibet (in the Zangbo River valley only), Anhui, Hubei, Hunan, Jiangsu, Jiangxi, and Shandong. In provinces with risk, transmission exists in rural communities below 1,500 m only during warm weather: north of latitude 33°N, July-November; between latitude 25°N and 33°N, May-December. South of latitude 25°N, transmission occurs year-round.

**PRECAUTIONS**

1. Food and water (see CDC handout)
2. Sunscreen, at least SPF 15
3. Insect repellent (30-33% DEET – see CDC handout)

I have read, understood, and received a copy of the above recommendations for travel. If I have further questions, I understand that I may consult with Drew University Health Service or the health care provider of my choice.

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

I have advised the student regarding these travel recommendations.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date