

# Guidelines for Safe Travel Onboard Merchant Ships

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## 1. Introduction

Aware of the importance of lifestyle aspects to the health of seafarers, the International Seafarers' Welfare and Assistance Network is launching "SAFE TRAVEL" as a topic in the Seafarers' Health Information Programme (SHIP), sponsored by the Shipowners' Club.

A ship on which seafarers not only work but spend all their time during a voyage is an excellent place for health intervention.

Seafarers are travellers and are exposed to the same health risks as all travellers. Although the maritime industry has a tradition of working with periodic health checks, vaccinations and international health regulations, the preparation for a voyage by individual seafarers is not always up to modern-day standards.

These guidelines provide an outline for better preparation for a seagoing trip at individual ship level. While not every thing here is applicable to every trip, all of them are worth considering at some point in a seafaring career.



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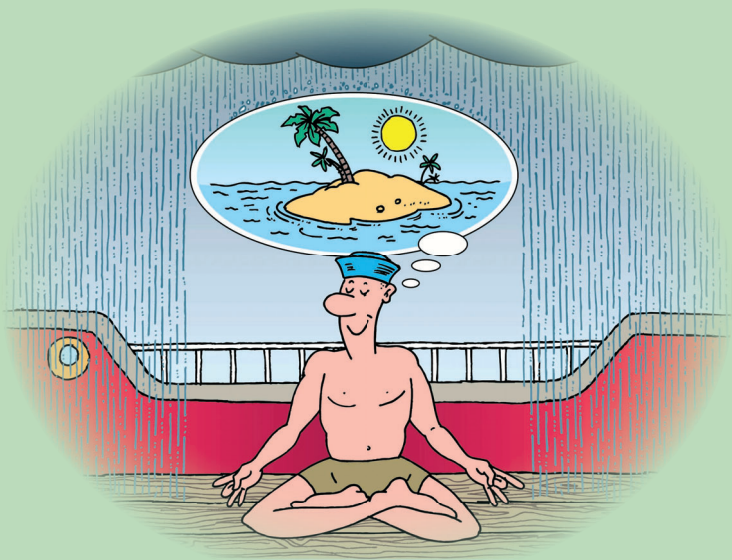


[iswan@iswan.org](mailto:iswan@iswan.org)

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## 2. Tips for Successful Implementation of Safe Travel



Encourage crew members to prepare well for a trip. Always give safe travel advice at meetings and make sure that travel advice is an obligatory part of medical check-ups or periodic medical examinations.

Use different approaches to inform and motivate seafarers to prepare for their stay on board. Communicate very clearly what kind of prevention is offered onboard and what kind of prevention and protection is necessary during a trip.

Every briefing on an itinerary or change in schedule must include a part on the health risks in those regions and the kind of protection that is needed there. There must be a travel health programme for each voyage and the whole vessel must support it: captain and officers must show their commitment.

Take sufficient time to implement a safe travel programme on board. Behavioural changes take several months and benefits may take even longer to become measurable.

Draw up a systematic plan of what you want to achieve in respect to health protection and over what period of time. Involve key persons such as the company medical adviser, the pharmacist and tropical and travel clinics, and link the plan with a company policy on health.

Display details of the continuous health protection necessary for the voyage, not only regarding vaccinations and malaria tablets, but also general protection e.g. against heat and cold.

Provide information (SHIP posters, leaflets, cartoons and calendars) on safe travel, disease prevention and protection on board.

Give crew members the opportunity to ask questions on travel prevention on board and to make suggestions.

Keep track of the measures taken, make a note of vaccinations on a vaccination list, and organise booster vaccinations if necessary.

Link SAFE TRAVEL with the topics MALARIA and HIV/AIDS, STDs of the Seafarers' Health Information Programme (SHIP), for more information contact [www.seafarershealth.org](http://www.seafarershealth.org).

## 3. Personal Preparation

- Board a ship only if you are in a perfect state of health. Don't travel if you feel sick, especially if you have a fever.
- Plan health protection
  - List the ports on the itinerary
  - Gather information about the health hazards in the ports to be visited
  - Communicate with the company about the precautions taken
  - Organise disease prevention
  - Visit your doctor or travel clinic and obtain the necessary prescriptions, vaccinations and prophylactic (protective and preventive) medication

- Visit your dentist for a check-up, especially if your last check-up dates back more than six months
- Plan activities and organise prevention accordingly. Carry appropriate medical information such as conditions, allergies that you have and medications you are taking, in written format, in English.
- Carry necessary travel documents:
  - Blood Group Card
  - International Vaccination Card
  - Allergy Card or a medical alert bracelet
- Obtain a doctor's letter pertaining to any prescription medicines, syringes, etc. being carried. Some countries require not only a doctor but also the national health administration to sign this certificate. (See example below)
- Medication needed should be carried in sufficient quantities for the whole voyage. All medicines should be carried in hand luggage to minimize any risk of loss during the journey. A duplicate supply carried in the checked-in luggage is a good safety precaution in case of loss or theft.
- If you wear glasses, take an extra pair.

## 4. Travelling by aeroplane

- Many seafarers board their ship in a foreign port having travelled to that port by plane.
- Cabine pressure is similar to an altitude of 1200-1800 m. The general condition of travellers is determining their tolerance, but with a recent heart attack, cardiac decompensation, lung disease, eye injury or recent surgery, medical advice should be taken before travelling by plane.
- Put the medication you need in your hand luggage.
- During take-off and landing, clear your ears by closing your mouth and nose and trying to breathe out.
- Air-conditioning causes dry eyes; eye drops may be helpful.
- To avoid the inflammation and/or formation of a blood clot in a vein, walk around from time to time and avoid alcohol. On long flights it may be useful for people with a blood vessel problem to use aspirin or other medication. Consult your doctor about this.

Medical Health Centre - full address

Date: \_\_\_\_\_, 200\_\_\_\_\_

Mr/Mrs

I, \_\_\_\_\_ MD, certify that

\_\_\_\_\_ carries with him/her a medical kit that

includes prescribed medications, syringes and needles to be used by a doctor during

his/her trip in case of emergency. These are recommended for personal use only,

to avoid the risk of accidental transmission of infectious diseases. They are not to be sold.

\_\_\_\_\_  
Medical Doctor, MD

## 5. Personal Protection

- Protect yourself from the sun by:
  - wearing sunglasses
  - applying a good sunscreen with a high protection factor
  - wearing a cap, e.g. SHIP's "COOL CAP"
- Protect yourself from heatstroke by:
  - drinking adequate amounts of liquid
  - adding extra salt to normal food preparation
  - taking sufficient rest
- Protect yourself from the cold by wearing loose clothing in several layers and keep clothes dry; eat enough and avoid alcohol



- Protect yourself from insects by:
  - covering ventilation holes with nets
  - using insect repellents
  - using impregnated bed nets and sleeping in screened accommodation (the main risk time for insect bites is over night in ports)



- Leave animals alone; seek medical advice if you are bitten
- Avoid casual sexual encounters, which often occur under the influence of alcohol! Sexual contact without protection is dangerous! Take and wear condoms! Check quality and expiry dates of condoms and keep them in a cool, dark place.



## 6. Infectious Disease Prevention\*

- \* The information in these guidelines is based on the general recommendations of the World Health Organisation. The maps are reproduced by permission from: International Travel and Health, WHO, Geneva, 2005.

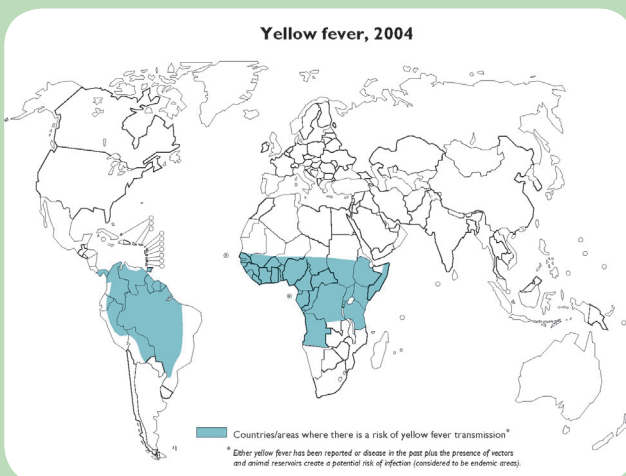
### Vaccine-preventable diseases

A vaccine works in two stages. In the first phase, a particular part (antigen) of a germ (virus or bacterium) is injected to provoke a reaction of the immune system against this intruder. In the second phase, the body produces "memory cells", storing information on the first aggression in readiness to attack the virus quickly and effectively. This "memory" is supported by booster vaccinations.

Although this list is not exhaustive, the following vaccinations are considered important for seafarers, especially since, for some of the infections listed, treatment is not available or is complicated:

## YELLOW FEVER

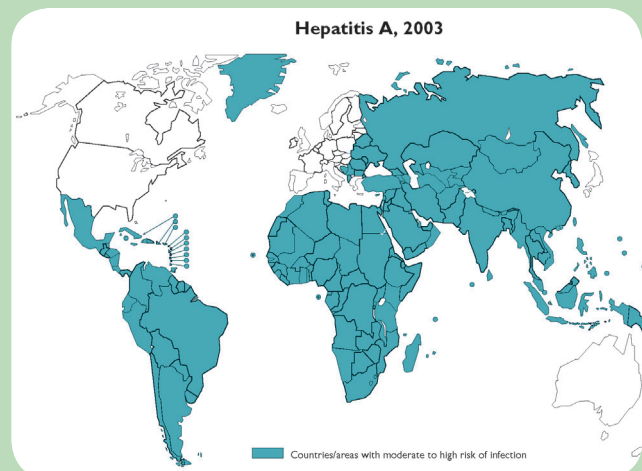
- **Cause:** The yellow fever virus.
- **Transmission:** Yellow fever is transmitted by the bite of infective (*Aedes aegypti*) mosquitoes. The mosquitoes bite during daylight hours. In urban areas, infection is only transmitted among humans by mosquitoes. Introduction of infection into densely-populated urban areas can lead to large epidemics of yellow fever. Monkeys act as a reservoir in jungle and forest areas.
- **Nature of the disease:** Although some infections are asymptomatic, most lead to an acute illness characterized by two phases. Initially, there is fever, muscular pain, headache, chills, anorexia, nausea and/or vomiting, often with a slow pulse rate. About 15% of patients progress to a second phase after a few days, with resurgence of fever, development of jaundice, abdominal pain, vomiting and bleeding; half of these patients die 10–14 days after onset of illness.
- **Geographical distribution:** The yellow fever virus is endemic in some tropical areas of Africa and Central and South America. The number of epidemics has increased since the early 1980s. Other countries are considered to be at risk of introduction of yellow fever due to the presence of the mosquitoes and suitable hosts.



- **Risk to seafarers:** Seafarers are at risk in all areas where yellow fever is endemic. The risk is greatest to visitors who enter forest and jungle areas.
- **Prevention:** Vaccination. In some countries, yellow fever vaccination is mandatory for visitors.
- **Precautions:** Avoid mosquito bites during the day as well as at night

## HEPATITIS A

- **Cause:** Hepatitis A virus (HAV)
- **Transmission:** The virus is acquired directly from infected persons by lack of hygiene, by close contact, or by consumption of contaminated food or drinking water.
- **Nature of the disease:** Acute viral hepatitis starts with an abrupt onset of fever, malaise, nausea and abdominal discomfort, followed by the development of jaundice a few days later. The disease is more severe in adults, with illness lasting several weeks and recovery taking several months.
- **Geographical distribution:** Worldwide, but most common where sanitary conditions are poor and the safety of drinking water is not well controlled.

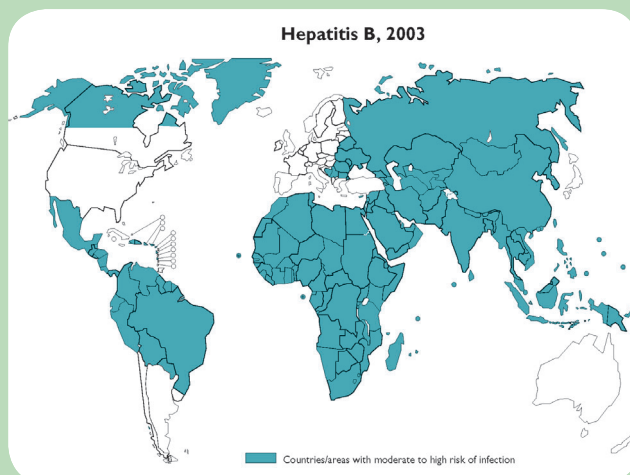


- **Risk to seafarers:** Non-immune seafarers visiting developing countries are at significant risk of infection. The risk is particularly high for seafarers exposed to poor conditions of hygiene, sanitation and drinking-water control.
- **Prevention:** Vaccination by intra-muscular injection 14-30 days before departure followed by a second inoculation from 6 months up to 12 months later. Protection is at least 25 years after this schedule and probably lifelong. In fact, the vaccination procedure never has to be restarted; even if the second injection was forgotten, it can be given at any time and the inoculations can be added up.
- **Precautions:** Seafarers who are not immune to hepatitis A (i.e. have never had the disease and have not been vaccinated) should take particular care to avoid potentially contaminated food and water.



## HEPATITIS B

- **Cause:** Hepatitis B virus (HBV).
- **Transmission:** Infection is transmitted from person to person by contact with infected body fluids. Sexual contact is an important mode of transmission, but infection is also transmitted by transfusion of contaminated blood or blood products or by use of contaminated needles or syringes for injections. There is also a potential risk of transmission through other skin-penetrating procedures including acupuncture, piercing and tattooing. HBV is not transmitted by insects or animals.
- **Nature of the disease:** Many HBV infections are asymptomatic or cause mild symptoms, which are often unrecognized in adults. When clinical hepatitis results from infection, it develops gradually, with anorexia, abdominal discomfort, nausea, vomiting, painful joints and rash, followed by the development of jaundice in some cases. In adults, about 1% of cases are fatal. Chronic HBV infection persists in a proportion of adults, some of whom later develop cirrhosis and/or liver cancer.
- **Geographical distribution:** Worldwide, but with differing levels of endemicity. In North America, Australia, northern and western Europe and New Zealand, prevalence of chronic HBV infection is relatively low (less than 2% of the general population)



- **Risk to seafarers:** Negligible for those vaccinated against hepatitis B. Unvaccinated seafarers are at risk if they have unprotected sex or use contaminated needles or syringes for injection, acupuncture, piercing or tattooing. An accident or medical emergency requiring injections, infusions or blood transfusion may result in infection if the blood has not been screened for HBV.

- **Prevention:** Vaccination at 0-1-6 months or 0-1-2-12 months or even shorter schemes such as 0-7-21 days and after 12 months depending on the time and risk.
- **Precautions:** Adopt safe sexual practices and avoid the use of any potentially contaminated instruments for injection or other skin-piercing activity.

## TYPHOID FEVER

- **Cause:** *Salmonella typhi*, the typhoid bacillus, which infects only humans.
- **Transmission:** Infection is transmitted by consumption of contaminated food or water. Shellfish taken from sewage-polluted beds are an important source of infection. Infection occurs through eating fruit and vegetables fertilized by night soil and eaten raw, and milk and milk products that have been contaminated by those in contact with them. Flies may transfer infection to foods, resulting in contamination that may be sufficient to cause human infection. Pollution of water sources may produce epidemics of typhoid fever when large numbers of people use the same source of drinking water.
- **Nature of the disease:** Severe cases are characterized by gradual onset of fever, headache, malaise, lack of appetite and sleeping problems. Without treatment, the disease progresses with sustained fever, slow pulse, enlarged liver and spleen, abdominal symptoms and, in some cases, pneumonia. In white-skinned patients, pink spots (papules), which fade on pressure, appear on the skin of the trunk in up to 50% of cases. In the third week, untreated cases develop additional gastrointestinal and other complications, which may prove fatal. Around 2–5% of those who contract typhoid fever become chronic carriers, as bacteria persist in the biliary tract after symptoms have resolved.
- **Geographical distribution:** Worldwide. The disease occurs most commonly in association with poor standards of hygiene in food preparation and handling and where sanitary disposal of sewage is lacking.
- **Risk to seafarers:** Generally low risk to seafarers, except in parts of North and West Africa and in south Asia. Elsewhere, seafarers are usually at risk only when exposed to low standards of hygiene with respect to food handling, control of drinking water quality, and sewage disposal.
- **Prevention:** Vaccination with one injection for three years or by three tablets also for three years.
- **Precautions:** Observe all precautions against exposure to

food-borne and waterborne infections. See also “*ICSW SHIP Guidelines on Food Safety on Merchant Ships*”. “Boil it, cook it, peel it or forget it.”

## TETANUS

- **Description:** Tetanus is acquired through exposure to the spores of the bacterium *Clostridium tetani*, which are universally present in soil. The disease is caused by the action of a potent neurotoxin produced during the growth of the bacteria in dead tissue, e.g. in dirty wounds. Tetanus is not transmitted from person to person. A person usually becomes infected with tetanus when dirt enters a wound or cut. Tetanus germs are likely to grow in deep puncture wounds caused by dirty nails, knives, tools, wood splinters and animal bites.
- **Prevention:** Vaccination is indispensable for seafarers. A full vaccination needs at least three inoculations in one year at 0-1-12 months and a booster every ten years. If the last vaccination dates back 20 years, two vaccinations are necessary. Sometimes in combination with other vaccines against Diphtheria, Pertussis and/or Poliomyelitis given by intra-muscular route.

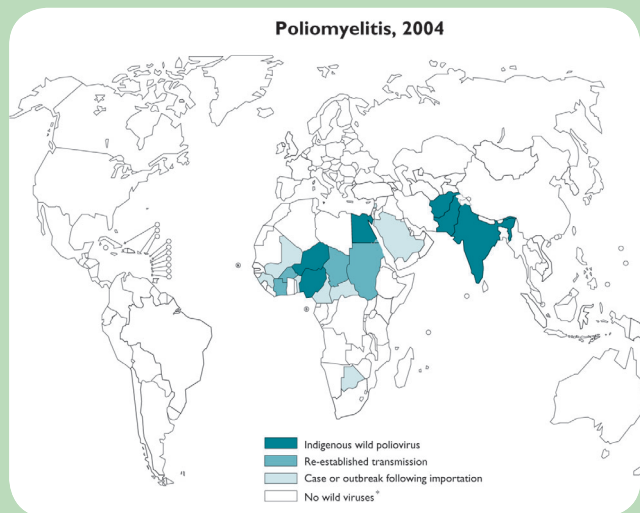
## DIPHTHERIA

- **Description:** Diphtheria is a bacterial infection caused by *Corynebacterium diphtheria*, transmitted from person to person through close physical and respiratory contact. It can cause infection of the nose and throat, which may lead to breathing difficulties and death.
- **Prevention:** Vaccination, indispensable for travellers to former Soviet Union countries and recommended for tropical and subtropical countries. An adult seafarer must be given a booster every ten years, in combination with a tetanus vaccine.

## POLIOMYELITIS

- **Description:** Poliomyelitis, or polio, is a crippling disease caused by any one of three related viruses, poliovirus types 1, 2 or 3. The virus enters the body through the mouth when people eat food or drink water that is contaminated with faeces. The virus then multiplies in the intestine, enters the bloodstream and may invade certain types of nerve cells, which it can damage or destroy. Polioviruses spread very easily in areas with poor hygiene

- **Prevention:** A seafarer should take one booster in his adult life if he has been fully vaccinated as a child. Two types of vaccine exist: oral or intramuscular. Can also be given in combination with tetanus and diphtheria vaccine.



## INFLUENZA

- **Cause:** Influenza viruses of types A, B and C; type A occurs in two subtypes (H1N1 and H3N2). Type A viruses cause most of the widespread influenza epidemics; type B viruses generally cause regional outbreaks, and type C are of minor significance for humans. Influenza viruses evolve rapidly, changing their antigenic characteristics, so that vaccines need to be modified each year to be effective against the currently circulating influenza strains. Other types and subtypes of influenza viruses occur in animals and birds; transmission and reassortment between species may give rise to new subtypes able to infect humans.
- **Transmission:** Airborne transmission of influenza viruses occurs particularly in crowded enclosed spaces. Transmission also occurs by direct contact with droplets disseminated by unprotected coughs and sneezes and contamination of the hands.
- **Nature of the disease:** An acute respiratory infection of varying severity, ranging from asymptomatic infection to fatal disease. Initial symptoms include fever with rapid onset, sore throat, cough and chills, often accompanied by headache, muscle pain and running nose. Influenza may be complicated by viral or more often bacterial pneumonia.
- **Geographical distribution:** Worldwide. In temperate regions, influenza is a seasonal disease occurring in winter: it affects

the northern hemisphere from November to March and the southern hemisphere from April to September. In tropical areas there is no clear seasonal pattern, and influenza may occur at any time of the year.

- **Risk to seafarers:** Seafarers, like local residents, are at risk in any country during the influenza season. Seafarers visiting countries in the opposite hemisphere to which they are normally resident, during the influenza season are at special risk, particularly if they have not built up some degree of immunity through regular vaccination.
- **Prevention:** Vaccination before the start of the influenza season. However, a vaccine for visitors to the opposite hemisphere is unlikely to be obtainable before arrival at the travel destination.
- **Precautions:** Whenever possible, avoid crowded enclosed spaces and close contact with people suffering from acute respiratory infections.

## Other infectious diseases

### MALARIA

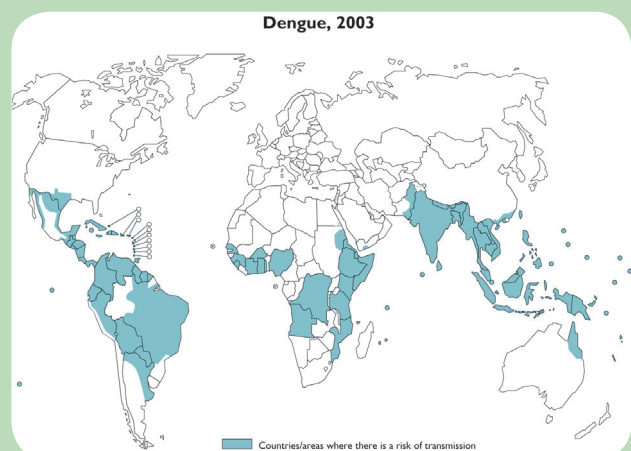
- See “ICSW SHIP Guidelines on Malaria on Merchant Ships”
- **Prevention:** Take anti-malaria prophylactic tablets.
- **Precautions:** Use insect repellents and avoid mosquito bites during the day as well as at night

### HIV / AIDS

- see “ICSW SHIP Guidelines on HIV / AIDS and STDs on Merchant Ships”
- **Prevention:** None.
- **Precautions:** Adopt safe sexual practices and avoid the use of any potentially contaminated instruments for injection or other skin-piercing activity

## DENGUE

- **Cause:** The dengue virus, of which there are four types.
- **Transmission:** Dengue is transmitted by the *Aedes aegypti* mosquito, which bites during daylight hours. There is no direct person-to-person transmission. Monkeys act as a reservoir in South-East Asia and West Africa.
- **Nature of the disease:** Dengue occurs in three main clinical forms:
  - “Dengue fever” is an acute febrile illness with sudden onset of fever, followed by development of generalized symptoms and sometimes a skin rash. It is known as “breakbone fever” because of severe muscular pains. The fever may be in two separate episodes or waves of fever. Most patients recover after a few days.
  - “Dengue haemorrhagic fever” involves an acute onset of fever followed by other symptoms resulting from reduced blood coagulation and bleeding.
  - “Dengue shock syndrome” develops in a small proportion of cases. A severe drop in blood pressure develops, requiring urgent medical treatment to correct. Without appropriate treatment, 40–50% of cases are fatal but with timely therapy, the mortality rate is 1% or less.
- **Geographical distribution:** Dengue is widespread in tropical and subtropical regions of Central and South America and south and South-east Asia and also occurs in Africa; in these regions, dengue is limited to altitudes of below 600 metres (2000 feet).



- **Risk to seafarers:** There is a significant risk to seafarers in areas where dengue is endemic and in areas affected by

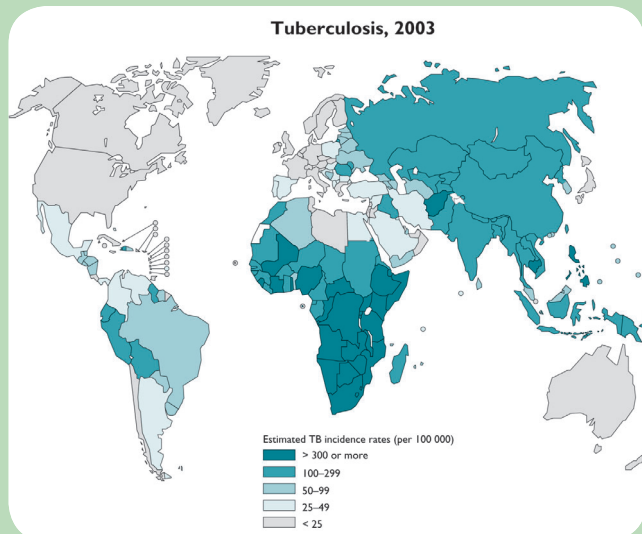


epidemics of dengue.

- **Prevention:** None.
- **Precautions:** Seafarers should take precautions to avoid mosquito bites both during the day and at night in areas where dengue occurs.

## TUBERCULOSIS

- **Cause:** *Mycobacterium tuberculosis*, the tubercle bacillus. Humans can also become infected by bovine tuberculosis, caused by *M. bovis*.
- **Transmission:** Infection is usually by direct airborne transmission from person to person.
- **Nature of the disease:** Exposure to *M. tuberculosis* may lead to infection, but most infections do not lead to disease. The risk of developing disease following infection is generally 5–10% during the lifetime, but may be increased by various factors, notably immunosuppression (e.g. advanced HIV infection). Multidrug resistance refers to strains of *M. tuberculosis* that are resistant medication normally used. The resistant strains do not differ from other strains in infectiousness, likelihood of causing disease, or general clinical effects; however, if they do cause disease, treatment is more difficult and the risk of death will be higher.
- **Geographical distribution:** Worldwide. The risk of infection differs between countries, as shown on the map of estimated TB incidence.
- **Risk to seafarers:** Seafarers, like local residents, are at risk in any country with a higher incidence of tuberculosis than their own. As well as the duration of the visit, living conditions are important in determining the risk of infection. Living close together like on a ship gives a high-risk if an infected person is onboard.
- **Precautions:** Seafarers should avoid close contact with known tuberculosis patients. For seafarers from low-incidence countries who may be exposed to infection in relatively high-incidence countries, a baseline tuberculin skin test is advisable in order to compare with retesting after return. If the skin reaction to tuberculin suggests recent infection, the seafarer should receive, or be referred for, treatment for latent infection. Patients under treatment for tuberculosis should not travel until the treating physician has documented, by laboratory examination of sputum, that the patient is not infectious and therefore of no risk to others. The importance of completing the prescribed course of treatment should be stressed.



- **Prevention:** Immunization with the Bacille Calmette-Guérin vaccine (BCG) is not recommended after 12 months of age because the protection provided is variable and less certain.

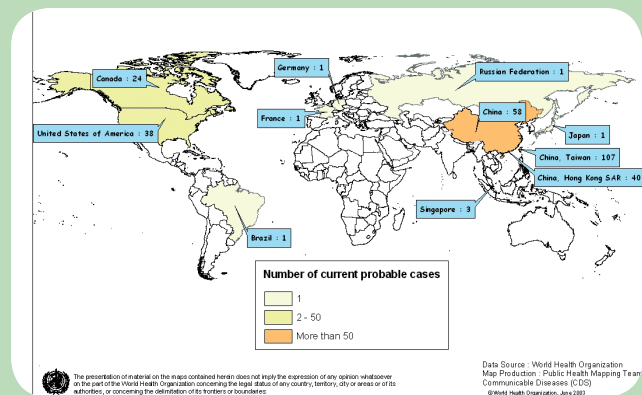
## SARS

### (SEVERE ACUTE RESPIRATORY SYNDROME)

- **Cause:** SARS corona virus (SARS-CoV) identified in 2003.
- **Transmission:** Primarily from person to person when symptomatic cases of SARS coughing or sneezing expel infected respiratory secretions either directly onto the eyes, nose or mouth of other people or onto nearby surfaces on which, without cleaning, the virus may last for up to several days.
- **Nature of the disease:** Initial symptoms are flu-like and include fever, malaise, muscle aches and pains (malign), headache and shivering (rigors). No individual symptom or cluster of symptoms has proven specific to a diagnosis of SARS. Severe cases develop rapidly, progressing to respiratory distress and requiring intensive care. Up to 70% of SARS cases develop diarrhoea which has been described as large-volume and watery without blood or mucus.
- **Geographical distribution:** The distribution is based on the 2002–2003 epidemics. The disease appeared in November 2002 in the Guangdong province of southern China. This area is considered a potential zone of re-emergence of SARS. Other countries/areas in which chains of human-to-human transmission occurred after early importation of cases were Hong Kong Special Administrative Region and Taiwan in China, Toronto in Canada, Singapore, and Hanoi in Viet Nam. In other countries,

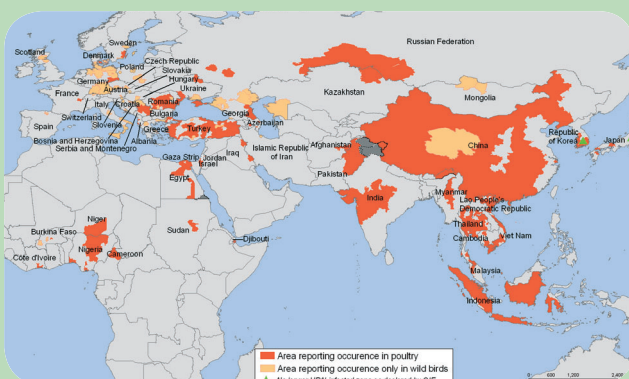
imported cases did not lead to local outbreaks.

- **Risk to seafarers:** Currently, no areas of the world are reporting person-to-person transmission of SARS. Should SARS re-emerge in epidemic form, WHO will provide guidance on the risk of travel to affected areas. Seafarers should stay informed about current travel recommendations.
- **Prevention:** None.
- **Precautions:** Follow travel recommendations if any are issued by WHO. Frequent hand-washing.



## AVIAN INFLUENZA

- **Cause:** The present epidemic is caused by the H5N1 avian influenza virus.
- **Transmission:** Primarily a very infectious disease for almost all species of birds. To date a few people have become infected by respiratory exposure through intensive contact with poultry. A few cases of human-to-human infection have been reported in people nursing sick relatives or patients.
- **Nature of the disease:** Initial symptoms are flu-like and include fever, malaise, muscle aches and pains, headache, and shivering.
- **Geographical distribution:** The two maps below show the areas where cases of avian flu in birds have been reported and the regions where human cases have been reported.



- **Risk to seafarers:** There is a risk to seafarers in epidemic areas if in contact with birds and poultry. WHO provides guidance on the risk of travel to affected areas. Seafarers should stay informed about current travel recommendations.
- **Prophylaxis:** None. Vaccination of persons at high risk of exposure to infected poultry, using existing vaccines effective against currently circulating human influenza strains, can reduce the likelihood of co-infection of humans with avian and influenza strains and thus reduce the risk that genes will be exchanged. The vaccination does not protect against infection with avian flu as such. Antiviral products can be carried on board in order to treat a suspected case as early as possible (i.e. at the first symptoms of a possible flu).
- **Precautions:** Follow travel recommendations if any are issued by WHO. Frequent hand-washing. Avoid direct contact with birds: stay away from farms and bird markets. Food is not a problem if prepared well; when heated to 70° Celsius, the virus is eliminated but it is not advisable to buy eggs or poultry in infected areas.

## 7. Disinsection

- Insects may act as vector of serious infectious diseases. Infected insects, transported on a vessel, may introduce serious infectious diseases, normally not found in a region, for example (air)port - malaria.
- Therefore it is important that everybody onboard pays attention to, and reports the presence of insects.
- Eventually action has to be taken in accordance with WHO advice on the latest methods and materials for use in disinsection.
- A competent authority may require disinsection to prevent a dangerous disease from being introduced.
- Materials and equipment used for disinsection onboard should be regularly checked and maintained. Vessels must be disinfected in accordance with the instructions issued by the manufacturers of such products and equipment.

## 8. Personal hygiene

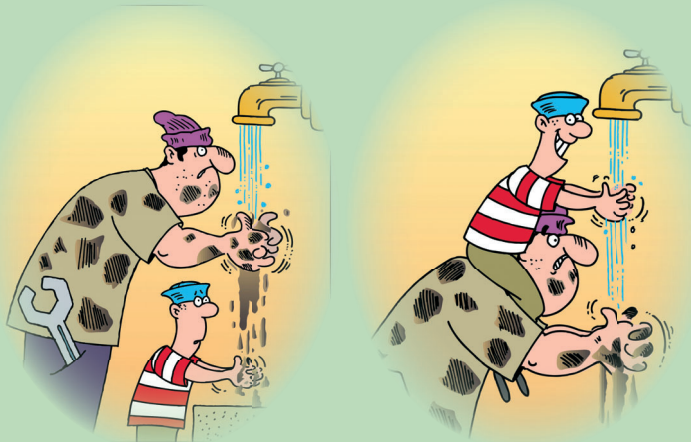
- Regular bathing
- Washing your hands; this is the best way of preventing infectious diseases from spreading on board.  
See also SHIP topic on FOOD SAFETY
- Using shampoo,
- Regular hair cuts; keep it short
- Brushing your teeth after meals and before sleeping
- Cleaning your cabin
- Washing your clothes regularly
- Keeping to a regular pattern of sleeping

## 9. Preventing travellers' diarrhoea

- While staying in a foreign country:
  - Drink water from unopened bottles only
  - Preferably take drinks made with boiled water such as tea and coffee
  - Avoid using ice cubes
  - Brush your teeth with bottled water or boiled water
  - Avoid:
    - Raw vegetables
    - Raw milk, ice-cream
    - Raw or uncooked fish and shellfish
    - Raw meat
    - Fruit that you did not peel yourself

## 10. Personal security

- Dress inconspicuously
- Leave expensive jewellery and watches onboard
- Drink alcohol in moderation
- Do not allow people to see how much cash you have
- Avoid travelling at night or on your own
- Beware of local transport
- When using a car, check for seatbelts, good tyres and brakes.
  - Hire a large vehicle if possible
  - Avoid overcrowded public transport
  - Avoid riding on motorcycles
  - Do not drink alcohol when driving



## 11. General health aspects on board



- Smoking is a major health risk - don't do it!
- Keep fit, eat healthily and control your weight. See SHIP topics on FIT ON BOARD, HEALTHY FOOD and OVERWEIGHT ([www.seafarershealth.org](http://www.seafarershealth.org))
- Follow work procedures strictly

## 12. After returning home

- Report to your doctor:
  - Any case of fever during or after the voyage
  - Any other disease whether treated or not during the voyage
  - Any fever, chills, rashes, diarrhoea or vomiting after the voyage
  - If you have spent more than 3 months in a developing country

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Fever after returning from a malaria-endemic area is a medical emergency and seafarers should seek medical attention immediately.

## 13. The Responsible Traveller

Seven Tips for Responsible Travel (International Society of Travel Medicine)

- Be informed. Travel allows us to discover natural beauties, historical sites and above all the diversity of other societies and people.
- Be an informed traveller before leaving home
- Be open-minded and patient. Experience other cultures and lifestyles.
- Be respectful. Local people welcome you. Show them gratitude.
- Avoid exploitation. As seafarers, we are perceived as rich.
- Be generous in a constructive way by promoting the local economy.
- Avoid and denounce exploitation of the local people (e.g. low salaries, overwork, child abuse and sex).

Protect the environment. Avoid overuse of water, wasting food, littering and damaging sites.

Leave a good impression. A positive experience with local people will pave the way for those coming after you leave.

Respect and mutual discovery will make your trip a wonderful experience and will promote your security and your health too! So enjoy yourself and have a good trip!

(Thanks to "The International Society of Travel Medicine")



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If you want to do more and get more information and material to improve the condition of seafarers onboard, go to [www.seafarerswelfare.org](http://www.seafarerswelfare.org) where you can download guidelines, posters, leaflets on fitness and also on other health topics for seafarers: Food Safety, Safe Travel, Healthy Food, Malaria, Obesity and HIV/AIDS.