

May 1, 2022

In June 2022, Maika'i Health will roll out its newest service, Maika'i Health Travel Medicine. For a set fee, the multidisciplinary care team at Maika'i Health Community Clinic will work with travelers to develop a comprehensive care plan to facilitate safe and healthy journeys.

Prior to travel, patients will simply fill out a Pre-travel Questionnaire, providing details about their travel itinerary and medical information. The Maika'i Health team will review the questionnaire and create a customized travel health plan which may include prescribed medications and immunizations\* along with health and safety recommendations relevant to the specific itineraries. And for travelers visiting areas in which Yellow Fever is endemic, Maika'i Health Community Clinic in Hilo is one of a handful of providers certified to prescribe and administer the Yellow Fever Vaccine\*.

In addition, since Covid-19 requirements differ across the globe, the travel medicine team will help patients navigate the ever-changing international Covid-19 documentation requirements. Being that many destinations require boosters and/or a completed primary vaccination series, Maika'i Health is also certified to provide the Comirnaty (Pfizer) Covid-19 Vaccine.

Wherever the destination, the care team at Maika'i Health is preparing to provide individuals with safe travels through its new service, Maika'i Health Travel Medicine.

\*Patients may incur additional costs associated with medications and immunizations (including the Yellow Fever Vaccine) as provided by Maika'i Health or by their pharmacy of choice.

## Sample: Pre-Travel Questionnaire for Maika'i Health Patients

# MAIKA'I HEALTH Community Clinic

Pre-Travel Questionnaire  
Maika'i Health Patient

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## TRAVEL INFORMATION *(List all dates and destinations in chronological order)*

Destination	From (MM/DD/YY)	To (MM/DD/YY)	Length of Stay (Days)	NOTES

## Travel Questionnaire

<b>Reason for Travel:</b>	<input type="checkbox"/> Business	<input type="checkbox"/> Leisure	<input type="checkbox"/> Other:
<b>Accommodations:</b>	<input type="checkbox"/> Hotel	<input type="checkbox"/> Family/ Friend	<input type="checkbox"/> Cruise <input type="checkbox"/> Other:
<b>Do you plan to visit ONLY tourist areas/major cities?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Do you plan to visit RURAL areas?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "YES"</b>	<b>Will you visit the rural area in evening/night?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>Will you be hiking/backpacking?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Will you travel to high altitudes?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Will you go swimming?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "YES": (select all that apply)</b>	<input type="checkbox"/> Chlorinated Pool	<input type="checkbox"/> Freshwater <input type="checkbox"/> Ocean	
<b>Do you plan to scuba dive?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>If "YES":</b>	Are you certified?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	When is air travel scheduled after your first dive?		

**MEDICAL INFORMATION**

**Medical Questionnaire**

Have you had any new or worsening medical issues since your last visit with your care team?  YES  NO

*If "yes" please explain:*

*I attest the above information is accurate to the best of my knowledge. I understand that insurance may not cover Travel Medicine services, immunizations, and/or prescribed medication and I am responsible for all fees due at the time of service.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Sample: Pre-Travel Questionnaire for Non-Maika'i Health Patients

## Pre-Travel Questionnaire Non-Maika'i Health Patient

Name:	Date of Birth:	Sex:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Employer:	Phone:	
Emergency Contact:	Phone:	
Primary Care Provider:	Phone:	

### TRAVEL INFORMATION *(List all dates and destinations in chronological order)*

Destination	From (MM/DD/YY)	To (MM/DD/YY)	Length of Stay (Days)	NOTES

### Travel Questionnaire

Reason for Travel:	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other:	
Accommodations:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Cruise	<input type="checkbox"/> Other:
Do you plan to visit ONLY tourist areas/major cities?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you plan to visit RURAL areas?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES"	Will you visit the rural area during evening/night?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Will you go hiking/backpacking?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you travel to high altitudes?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you go swimming?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES": <i>(select all that apply)</i>	<input type="checkbox"/> Chlorinated Pool	<input type="checkbox"/> Freshwater	<input type="checkbox"/> Ocean	
Do you plan to scuba dive?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES":	Are you certified?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	When is air travel scheduled after your first dive?			

## MEDICAL INFORMATION

List any medical conditions that warrant regular medications and/or medical check-ups

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List All Current Medications

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List All Medication Allergies

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List All Vaccine Component Allergies

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List All Miscellaneous Allergies

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### Medical Questionnaire

Do you have heart problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you medicated for high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have bleeding problems or are you on blood thinners?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any lung disease (such as asthma, COPD, emphysema, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have stomach or bowel problems or take medication for stomach acid?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any skin conditions such as psoriasis, shingles, or eczema?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In the past 3 months have you received any blood products or immunoglobulin?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Pre-Travel Questionnaire Non-Maika'i Health Patient

Do you have diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", do you take insulin?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever tested positive for Tuberculosis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
At altitudes above 6000ft, have you had dizziness, headache, or shortness of breath?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had hives or urticaria?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you or any person you are in close contact with receive radiation treatment or take immune suppressing medications (such as prednisone, chemo, methotrexate, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you or any person you are in close contact with have cancer, leukemia, HIV/AIDs, or any other immune system problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have severe kidney problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have G6PF deficiency? ( <i>Caution with certain malaria medications</i> )	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have history of seizures and/or Guillain Barre Syndrome?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any conditions with your thymus gland?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever fainted after an injection or blood work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a history of depression or mental health condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had a Tuberculosis test (PPD) placed in the last 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any vaccines in the past 4 week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", Please indicate:		
Have you ever taken malaria pills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", did you have any side effects?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you pregnant or do plan to become pregnant in the next 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Previous Immunizations or Disease History (Please indicate "Child" for childhood series or vaccination/illness dates)

Chicken Pox	Hepatitis A	
Polio	Hepatitis B	
MMR	Rabies	
Flu	Japanese Encephalitis	
Meningitis	Yellow Fever	
Pneumonia	Typhoid	
Tetanus	Cholera	
COVID-19	Immunoglobulin (Indicate type)	

I attest the above information is accurate to the best of my knowledge. I understand that insurance may not cover Travel Medicine services, immunizations, and/or prescribed medication and I am responsible for all fees due at the time of service.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Sample: Travel Plan

<b>Traveler (DOB):</b>	Jane Doe (01/23/45)
<b>Travel Destination(s):</b>	Brazil (Rio de Janeiro, Sao Paulo); Bolivia (La Paz, day trips to surrounding areas)
<b>Purpose of trip:</b>	Business, Sightseeing

### Routine recommendations all destinations

- Covid requirements for travelers in other countries may differ from U.S. requirements. If you do not follow your destination's requirements, you may be denied entry and required to return to the United States. Please be aware of the most recent updates concerning the Covid-19 requirements through all your areas of travel.
- Confirm that you are up to date with all U.S. domestic vaccines:
  - Chickenpox (Varicella)
  - Diphtheria-Tetanus-Pertussis
  - Flu (influenza)
  - Measles-Mumps-Rubella (MMR)
  - Polio
  - Shingles
- Understand the location and contact information for your United States embassies located within or affiliated with your destination countries. Consider enrolling in the Smart Traveler Enrollment Program (STEP), a free service to allow U.S. citizens and nationals traveling and living abroad to enroll their trip with the nearest U.S. Embassy or Consulate. Enroll at <https://step.state.gov/>
- Bring enough prescription medication for the entirety of trip and know where to get medical care when traveling. Be sure to pack your prescription medications in your carry-on luggage and bring the pharmacy-provided drug information with you. Certain medications (primarily controlled substances) may or may not be allowed in the destination country. Verify with the country's respective American Embassy or consulate before travel to confirm whether your medications will be allowed.
- Consider insect repellent with at least 30%-50% DEET or up to 15% Picardin.
- Don't underestimate the power of the sun. Apply reef-safe sunscreen (at least 15 SPF) liberally and frequently in areas of prolonged sun exposure. Apply sunscreen *after* insect repellent when necessary.
- Stay hydrated, but exercise caution when ingesting local water sources (including ice). Drink bottled water when/where sensible.
- It is good practice to carry antibacterial wipes and/or hand sanitizer containing at least a 60% alcohol.
- Pack a basic first aid kit. (Remember to include your EpiPen if applicable.)
- Miscellaneous items may include water purification tablets or devices; over-the-counter pain/fever medications, condoms, and child safety seats.
- Maintain personal safety. Know your surroundings and exercise extra vigilance and precautions in the evenings. Avoid travel to or through areas with a high criminal activity. Stay informed of the political situation in your destination country.

### Brazil

*Rio de Janeiro, Sao Paulo*

COVID-19 Category	Recommendation
<b>Level 3 (High)</b>	Make sure you are vaccinated and up to date with your COVID-19 vaccines before traveling to Brazil. Bring a copy of your Covid vaccination card. <i>If you are not up to date with COVID-19 vaccines, avoid travel to Brazil.</i>

### Vaccine/Medication Preventable Diseases

Disease	Vaccine/Medication Recommendations
Hepatitis A <i>Disease spread through contaminated food/water.</i>	The <b>Hepatitis A Vaccine</b> is recommended for unvaccinated travelers one year old or older going to Brazil. The complete two-dose series is administered 6 to 12 months apart. For short term protection, the first dose should be completed > 2 weeks before potential exposure.
Hepatitis B <i>Blood-borne disease spread through exposure to infected bodily fluids.</i>	The <b>Hepatitis B Vaccine</b> is recommended for unvaccinated travelers of all ages to Brazil. A minimum of 2 doses of this three-dose series administered on months 0, 2, and 6 should be received > 2 weeks before potential exposure. (Hepatitis A and B vaccines are available as a single combination shot with the same administration schedule as the Hepatitis B vaccine.)
Malaria <i>Parasite spread by mosquitoes.</i>	<b>Malarone</b> , a prescription medication to prevent malaria, is recommended for travelers going to certain areas of Brazil. It should be started 1 – 2 days before potential exposure, continued daily, and discontinued 7 days after departure from the exposure area.
Rabies <i>Virus spread by bites from infectious wildlife</i>	The <b>Rabies Vaccine</b> is recommended before your trip if your activities mean you will be around dogs or wildlife as rabid dogs are commonly found in Brazil. If you are bitten or scratched by a dog or other mammal while in Brazil, rabies treatment is often locally available.
Typhoid <i>Bacteria spread by contaminated food and water.</i>	The <b>Typhoid Vaccine</b> is recommended for most travelers, especially for those staying with friends or relatives or visiting smaller cities or rural areas.
Yellow Fever <i>Virus spread by mosquitoes.</i>	The <b>Yellow Fever Vaccine</b> is recommended for all travelers ≥9 months of age going to the following areas: the entire states of Acre, Amapá, Amazonas, Distrito Federal (including the capital city of Brasília), Espírito Santo,* Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Paraná,* Rio de Janeiro (including the city of <b>Rio de Janeiro</b> and all coastal islands),* Rio Grande do Sul,* Rondônia, Roraima, Santa Catarina,* <b>São Paulo</b> (including the city of São Paulo and all coastal islands),* and Tocantins and designated areas (see map) of the following states: Bahia* and Piauí. Vaccination is also recommended for travelers visiting Iguazu Falls. Not recommended for travelers whose itineraries are limited to areas not listed above, including the cities of Fortaleza and Recife (see map). *Note: In 2017, CDC expanded YF vaccination recommendations for travelers to Brazil in response to a large YF outbreak in multiple eastern states. The expanded YF vaccination recommendations for these states are provisional.  <b>*However, due your age and medical history, the Yellow Fever vaccine is not recommended, and a WAIVER shall be issued.</b>
Traveler's Diarrhea	Available over-the-counter, <b>Loperamide</b> may be used alone to alleviate mild to moderate symptoms. For moderate to severe symptoms (defined as those which

## TRAVEL HEALTH PLAN

<i>Accidental ingestion of harmful bacteria (a.k.a food poisoning).</i>	interfere with planned activities) the prescription antibiotic <b>Azithromycin</b> may be taken as a single daily 500 mg dose for 3 continuous days to significantly reduce the symptoms. Loperamide may be used in combination with azithromycin to further reduce the effects of Traveler's Diarrhea.
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### Non-Vaccine/Medication Preventable Diseases

Category	Disease	Vector	Recommendation
Contaminated Water	Leptospirosis	Bacteria spread by animal urine/bodily fluids.	Avoid contaminated freshwater/soil
	Schistosomiasis	Parasite spread by freshwater snails.	
Bug Bites	Chagas disease (American Trypanosomiasis)	Parasite from feces of an infected triatomine insect (kissing bug). Infection may occur if a bug bite is scratched; accidental ingestion of bug feces; blood transfusion, organ transplantation, or from mother to infant.	Cover up.  Wear 0.5% Permethrin treated clothing when appropriate.  Use insect repellent made up of at least 30%-50% DEET or 15% Picardin
	Dengue	Virus spread by mosquito bites.	
	Leishmaniasis	Parasite spread by sand fly bites.	
	Zika	A virus spread through the bite of an infected mosquito.	
Airborne and Droplet	Hantavirus		
	Tuberculosis (TB)		

### Bolivia

*La Paz, day trips to surrounding areas*

COVID-19 Category	Recommendation
<b>Level 2 (Moderate)</b>	Make sure you are vaccinated and up to date with your COVID-19 vaccines before traveling to Bolivia.

### Vaccine/Medication Preventable Diseases

Preventable Disease	Vaccine/Medication Recommendations
Rabies <i>Virus spread by bites from infectious wildlife.</i>	The <b>Rabies Vaccine</b> is recommended before your trip if your activities mean you will be around dogs or wildlife as rabid dogs are commonly found in Bolivia. If you are bitten or scratched by a dog or other mammal while in Bolivia, there may be <i>limited or no rabies treatment</i> available.
Yellow Fever <i>Virus spread by mosquitoes.</i>	Yellow Fever vaccine is required if traveling from a country with risk of YF virus transmission and $\geq 1$ year of age.  Recommended for all travelers $\geq 9$ months of age traveling to the following areas $< 2,300$ m (7,546 ft) in elevation and east of the Andes Mountains in the entire departments of Beni, Pando, Santa Cruz, and designated areas (see Map 2-07) of Chuquisaca, Cochabamba, <b>La Paz</b> , and Tarija departments. Not recommended for travelers whose itineraries are limited to areas $> 2,300$ m (7,546 ft) in elevation and all areas not listed above, including the cities of La Paz and Sucre.
Altitude Sickness	La Paz is at 3640 meters. Altitude sickness can cause fatigue, dizziness, appetite suppression, headache. Stay hydrated and take <b>Acetaminophen</b> starting 24 hours before ascent and continue until 2-3 days after peak arrival or upon descent as prescribed.

\*\*\*All other recommendations are similar for Bolivia and Brazil.\*\*\*