

The Contest Traveler

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Notifying Others of Your Trip

So, you have decided where to go, when to go and how to go. Here are a few items to add to your preparations.

You should notify as many of the DX bulletins, magazines and QSL route lists as possible. Give them the following appropriate information:

- Where you are going.
- What dates will you be operating.
- Who is going.
- What contest category do you anticipate entering.
- What are your planned operating habits (bands, modes and targeted geographic areas to work).
- What call(s) will you use (if you know at this time).
- Is the trip "planned" or "firm".
- QSL route(s).
- Route to contact you before and/or after the operation, i.e. e-mail, snail mail, telephone number(s).

Here is a list I have assembled with e-mail, FAX, telephone number and snail mail information on as many as I could locate. If you know of others or of any corrections, please let me know.

- **Your local club(s) newsletter editor**

- **DX Reflector**

- **Ohio/Penn DX Bulletin**, e-mail: kb8nw@barf80.nshore.org or aq474@cleveland.freenet.edu or send a message via packet to KB8NW@WA8BXN.OH.USA.NA or use the voice or FAX answering machine at 440-237-8208, which shares the same phone line as BARF-80 BBS using a data/FAX/phone switch. To access: 1) dial number, 2) wait for first ring (the second ring should be a false ring from the FAX/data switch box) and then dial four quick ones ("1111") (Note: some FAX machines that send single "beeps" every second will not have to do this step), 3) the phone will pick up and after the "beep" leave your voice message or FAX.

- **425 DX News**, e-mail: iljqj@amsat.org

- **425 DX News QSL Editor**, e-mail: IK1GPG@amsat.org

- **DX Column, CQ Magazine - Carl Smith, N4AA**, e-mail: carl@dpub.com

- **DX-NL, c/o Robert Busch, DL7VOA**, e-mail: dxnl@darc.de
- **The GOLIST, John Shelton, K1XN, QSL manager list**, e-mail: support@golist.net, URL: <http://www.golist.net/>, voice: 901-641-0109, FAX: 901-641-0110, BBS: 901-641-0230
- **How's DX, QST Magazine - Bernie McClenny, W3UR**, e-mail: bernie@dailydx.com
- **QRZ DX and The DX Magazine**, e-mail: carl@dxpub.com
- **The 59(9) Report**, e-mail: the599rpt@aol.com
- **The 59 Magazine**, Toshikazu Kusano, JA1ELY, Editor, P.O. Box 59, Kamata, Tokyo 144, Japan, phone: 03-3733-3295, FAX: 03-3733-0234, e-mail: ja1ely@bb.mbn.or.jp
- **Japanese CQ Ham Radio**, CQ Publishing Co., Ltd., DX column, 1-14-2, Sugamo, Toshima-ku, Tokyo 170, Japan, phone: 81-3-5395-2149, FAX: 81-3-5395-2100, e-mail: jp1nwz@cqpub.co.jp and their Japanese web page is <http://www.cqpub.co.jp/>
- **The Daily DX**, Bernie McClenny, W3UR, e-mail: bernie@dailydx.com, phone: 301-854-5650, mail: The Daily DX, 3025 Hobbs Road, Glenwood, MD 21738 USA
- **WORLD RADIO**, DX Editor, Richard Olsen, N6NR, e-mail: n6nr@arrl.net
- **NG3K Contest DXpedition Web Page**, e-mail: wfeidt@cpcug.org (<http://cpcug.org/user/wfeidt/Misc/>)

Health Considerations

There is the health consideration, also. Check with your country's health organization about travel alerts and immunizations that may be required for entry at your destination and for re-entry to your country. The Center for Communicable Diseases (CDC) in Atlanta, Georgia, has a web page, <http://www.cdc.gov/travel> that covers different areas of the world and information regarding particular immunizations. Be aware of the health care available at your destination and plan accordingly.

There was a discussion of malaria prevention on the Internet. Prevention is the only route, as there is no cure for malaria at this time. Here are excerpts from well-travelled Peter, ON6TT, and Mike, K9AJ.

From Peter, ON6TT/5X1T (pcasier@iinet.be):

Beware though of those "once per week" pills (actually called Lariam). I know one guy who died from Lariam and I have seen others turned into hallucinating wrecks. If you have heart problems, Lariam is not the way to go.

There is some controversy in the medical world about malaria prophylaxis. Prophylaxis hides the first symptoms of malaria and makes it more difficult to treat malaria. I live with my family in Africa, in a high risk malaria area, and none of us take prophylaxis. Most of my friends over there do not.

Avoiding mosquito bites is much more important: wear long sleeved shirts, and long pants during the evenings. Put repellent on in the evenings. Sleep under a mosquito net if you do not stay in a well air-conditioned room.

If you think you got malaria (fever, hot/cold, heavy headache), have a blood test taken, and get treatment immediately. Cerebral malaria can kill you within 3 days.

I hope this helps a bit.

From Mike, K9AJ (MD):

With all due respect to my very good friend Peter, I would advise anyone going to an area where malaria is endemic to consider taking the proper prophylaxis. Anecdotal stories from someone who got away without taking proper prophylaxis are at variance with good medical practice.

Even in the suburban Chicago ED where I practice, we see a case of malaria yearly in returning tourists and almost always they did not take prophylactic medicines.

The guidelines to using Lariam are clear, and it should not be used by anyone with a history of psychiatric problems. There are alternative drugs that can be used. I will not list them all here, but the drugs approved by the CDC in Atlanta are listed in their malaria drug info web site:

<http://www.cdc.gov/travel/malariadrugs.htm>

Also, Lariam is not the only malaria prophylactic drug that is taken once a week, so do not confuse Lariam with the other once-weekly regimens.

The decision to use or not use prophylactic drugs should be an informed one between a knowledgeable patient and his/her physician. Look at the CDC web site and talk to your doctor. In the end, the decision is yours, but it should be an informed decision based on science and not anecdotes.

When I travel to malaria endemic areas, I take prophylactic medicines. I have taken Lariam without any problem (that's an anecdote, but maybe that means I do not have any psychiatric illness!).

Bev and I went to a local physician who specializes in traveler's medicine and immunizations. For malaria prevention, he lists Mefloquine (Lariam 250 mg), Chloroquine (Aralen 500 mg) (which is what we took) and Doxycycline (Vibramycin 100 mg). Lariam and Aralen are once-a-week medicines and Doxycycline is a once-a-day medicine.

You will not be able to be a blood donor for 3 years after taking a malarial medication.

This is your decision, and it is best made when you are well informed. As for the information above and regarding the following list, please contact your personal physician for accurate medical advice pertinent to your own specific health needs.

Traveler's Medical Kit

Here is a list of possible items for a traveler's medical kit. It was excerpted from *Travelers Health Information Guide* copyright by James E. Allen, MD, PhD, Infectious Diseases, Travelers Medical and Immunization Service, 1 Salt Creek Lane, Suite 105, Hinsdale, IL 60521 USA, phone: 630-654-4201.

General and Non-Prescription Items

- First aid: tape, gauze pads, Band-Aids, moleskin, sterile cotton, tweezers, small scissors, eyedropper
- Ace bandage
- Tincture of benzoin

- Dental floss or tape, oil of clove
- Extra eyeglasses or contact lenses (with cleaning solution), sunglasses, eyeglasses or contact lens prescription, eyeglass repair kit
- Thermometer
- Skin medications for itch or sunburn, i.e. Noxzema, aloe gels, mentholphenol (Sarna) or pramoxine (Pramegal)
- Burow's solution (Domeboro or Blurboro)
- Sunscreen
- Insect repellent, both skin and clothing
- Mosquito net
- Knockdown insect spray (containing pyrethrum)
- Water purification system: potable aqua iodine tablets
- Oral rehydration packets
- Foot powder: tonaftate (Tinactin), undecylenic acid (Desenex), or miconazole (Micatin)
- Analgesic: aspirin, ibuprofen or acetaminophen
- Antiseptic: Providone iodine (Betadine)
- Anti-constipation (laxative): Metamucil or Stenokot
- Anti-diarrheals: Loperamide (Imodium AD) or bismuth subsalicylate (Pepto Bismol)
- Antimotion sickness: meclizine (Bonine) or dimenhydrinate (Dramamine)
- Throat lozenges, cough syrup, nose drops (Afrin)
- Antihistamines: Diphenhydramine (Benadryl)
- Antacids
- Multivitamins

Specific Prescription Items

- Altitude sickness prophylaxis/treatment: acetazolamide (Diamox*)
- Antibiotics (oral): ciprofloxacin (for adults), trimethoprim-sufamethoxazole* (Bactrim, Septra), or erythromycin (for children or adults)
- Antibiotic skin compound: mupirocin (Bactroban) ointment
- Antifungal cream: clotrimazole (Lotrim) or nystatin (Mycolog)
- Antimotion sickness: Scopolamine gel (available through mail order if not found locally)
- Antimalarials: Mefloquine, chloroquine, or doxycycline
- Burn ointments: silver sulfadiazene cream (Silvadene*), or nitrofurazone (Furacin)
- Insect-sting emergency or allergy kit: Ana-Kit or Epi-Pen
- Ophthalmic (eye) solution, ointment: ophthalmic irrigating solution, antibiotics (erythromycin ophthalmic ointment or sulfacetamide* ophthalmic solution)
- Otic (ear) solution: polymyxin B sulfate/neomycin sulfate/hydrocortisone (Cortisporin Otic), antipyrine/benzocaine (Auralgan)
- Sleeping pills
- Snake-bite kit: specific antivenoms
- Steroid skin preparations: fluocinonide (Lidex gel) or hydrocortisone ointment or cream
- Suture kit with scissors, needle holder, skin suture material on a needle, small bottle of surgical soap, local anesthetic (Lidocaine or Xylocaine)
- Disposable syringes and needles (include a note on a physician's stationery explaining the need for these)
- Narcotics: codeine (Tylenol 3 or Empirin 3). Keep narcotics in their originally labeled containers to avoid problems at borders.
- Medications for specific illnesses (diabetes, cardiac, allergy, gastrointestinal, etc.) to be discussed with and provided by your personal physician. Take along extra amounts in addition to anticipated needs. Also, include a written prescription with the generic drug name in case new supplies are needed.

*Contraindicated if allergic to sulfa drugs.

While I have come up with rather extensive lists, you have to decide what you need and do not need. For the average traveler, if he/she tried to take everything, they would not be able to make it out of their door, let alone through customs.