

Medical Advice for Missionaries

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In our First World you have grown accustomed to ever present, good quality, prompt medical care. You know if an emergency arises, you will receive medical care first, without prejudice or regard to payment. In fact, these factors may be so ingrained that you have never really stopped to consider them.

As missionaries to a developing country, you must consider what it is like not to have the best medical care available. Are you ready to accept less than the best care? Are you prepared to travel great distances to receive care? Are you prepared to accept the fact that some medical conditions CANNOT be properly treated where you serve? Can you even know the answer to these questions without having experienced the situation?

You must think and pray about these dilemmas. I strongly advise the following:

- 1) That you receive as much medical counseling and teaching as possible before you embark upon your field of service, and
- 2) That you take certain medical references with you (recommendations to follow);

Your Medical Care

Some Factors to Consider

(For both short and long-term missionaries going to the field)

INSURANCE: You must have health insurance! You would never consider NOT having it in the USA. Don't be cavalier about this. In the developing world you usually have a greater chance for injury and sickness; therefore, health insurance is mandatory. It is irresponsible for your sponsoring church or organization not to provide you with health insurance. Your insurance policy should have coverage (rider) for foreign care, emergency transport, and transport in the event of death.

LOCAL MEDICAL CARE: You should ask reliable missionaries or other ex-patriots about adequate medical care in your area of service. Check this out BEFORE any emergencies arise! Have a plan. Don't wait until something happens. Just think of how many situations you have heard of where missionaries react rashly in the "heat of emergency". This could be you!

WHAT IS AN EMERGENCY? Begin to get a grasp on the answer. Learn when to become concerned. Learn when you need to seek consultation versus when you can wait awhile. If you don't have proper medical care close by, begin to learn how to respond in

an emergency situation and how to treat common problems (fever, diarrhea, malaria, respiratory infections, skin infections, etc.)

MEDICAL CONSULTANT: As I stated before, have a proper medical consultant available via telephone or e-mail to answer your medical questions. This should not be “good old Dr. Joe”; it should be someone knowledgeable, who has experience with Third World (tropical) medicine.

MEDICAL TEAM MEMBER: It is desirable to have a medical person on your team. This could be a doctor, nurse, or nurse practitioner. Once again, there is no substitute for experience in the field.

REFERENCES: Take certain select references with you (books, articles, descriptions of disease, list of medicines with their use and side effects, and proper treatment options for common diseases). [Specific references, medicines, and diseases will be dealt with in future articles].

**** CAUTION!** You are not a doctor! You do need advice. It is a medical axiom that, “a little knowledge is dangerous”. You will have a little knowledge. Do not begin to think that “you know it all” or that “I know the best for me and my family”. Remember, the key is to get advice from a proper and experienced medical person.

**** CAUTION!** Another caution is to NOT become CAVALIER! Missionaries fall into the trap of thinking, “Oh, it won’t happen to me”, or “I know what I am doing”, or “Don’t worry, malaria isn’t that bad; I’ve had it many times”. You must not let your guard down in being careful. Being in your Third World setting for several years does not magically bestow upon you some kind of immunity.

MEDICAL KIT: You need to have certain medicines and medical supplies for the more common problems and disorders. Get these before you go to the field and learn how to use them. Have this information written and available. [In a later article we will supply a sample list for your “Medical Kit”]

Immunizations and Some Odds and Ends

IMMUNIZATIONS: Be sure to keep up to date on all immunizations needed in your area. These will vary according to location and certain disease outbreaks. The immunizations you need also vary according to your level of contact with people (health care workers, for example, have greater exposure). [A later article will deal specifically with immunizations.]

FEAR FACTOR: That is what I call the factor that takes over at a certain point – varying from person to person. This is the time when reasoning often becomes impossible – when fear takes over; over-reaction frequently ensues (a medical “frenzy”, if you will). It is at such times that a “home medical consultant” is needed more than ever (via

telephone or e-mail). This will enable you to know more about what to do and what not to do. Some of the responsibility (and resultant “fear”) is taken from you. A timely consultation will help prevent impulsive decisions and possibly poor judgment.

DENTAL: Do not forget proper dental care! Have the needed dental services finished before you go to the field as well as proper examinations when you return on furlough.

MEDICAL CHECK-UPS: Have proper medical examinations done before you go to the field as well as follow-up examinations when you return on furlough. You need to understand as much as possible about any problems you have or about any medicines you take.

Cholera

Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae*. The infection is often mild or without symptoms, but sometimes it can be severe. Approximately one in 20 infected persons has severe disease characterized by profuse watery diarrhea, vomiting, and leg cramps. In these persons, rapid loss of body fluids leads to dehydration and shock. Without treatment, death can occur within hours.



Fetching contaminated water from a local pond

A person may get cholera by drinking water or eating food contaminated with the cholera bacterium. In an epidemic, the source of the contamination is usually the feces of an infected person. The disease can spread rapidly in areas with inadequate treatment of sewage and drinking water.

Malaria

Malaria is almost synonymous with developing countries. It is to be taken seriously. There is more and more resistance to some types of therapy. Don't become cavalier about malaria. Take prophylactic medication; use mosquito nets.

Preventive Medicines: A word of caution is in order regarding medicines. You may become confused. Why? It seems that ‘everyone’ considers themselves an authority on malaria – especially if they have ever been to a malaria infested area. There is a lot of poor information circulating out there and many anecdotal stories about problems, etc.

Stick with knowledgeable, experienced medical people in deciding about malarial prophylaxis and treatment. CDC (Centers for Disease Control) serves as our reference center **

Choices in Chloroquine Resistant Areas

1) **Mefloquine (trade name Lariam):** Currently the drug of choice per the CDC (Centers for Disease Control) in Atlanta for malarial prophylaxis (prevention). The adult dose is one 250mg tablet per week. This is started one week before going to the country, taken on the same day each week while there, and continued for four weeks after your return. [I start it so that my second tablet is due the day I arrive in-country]. Side effects are minimal. It is safe in children (dose adjusted for weight). If you have questions, ASK! We can get mefloquine for about \$3.00 per tablet.

** Mefloquine should not be taken concurrently with **halfan (halofantrine)**. Halfan is an anti-malarial – not sold in the USA. **

** Use in pregnancy: The PDR states that the "potential benefit should be weighed against the potential risk". What does this mean? It means that it is probably alright to take. Lariam has not been on the market long enough to be firm on this issue.

2) **Doxycycline (Vibramycin):** The preventive dose is 100mg daily for adults. It is contraindicated in children under age 8. Be aware of photosensitivity!

3) **Malarone (Atovaquone/proguanil):** This is a new combination just out from Glaxo Wellcome in 2000. Initially it seems to be doing well. The preventive dose in adults is one 250 mg tablet per day. Children can take it adjusted for weight.

4) **Chloroquine:** There is so much chloroquine resistance in Africa that as a single medicine, it has almost no place. Some people take it once weekly (300mg base) combined with another medicine = Paludrine (proguanil) at 200mg per day. [paludrine cannot be obtained in the USA]. Okay in pregnancy.

5) **Fansidar (pyrimethamine-sulfadoxine):** This combination is my 'good old standby'. I have taken it many times for the treatment of active malaria. The treatment is easy = Three tablets taken at one time. Allergy to sulfa drugs is about the only contraindication. I would not recommend that fansidar be taken long term as a preventive medicine. It is difficult to obtain in the USA.

6) **Artemisinin:** This is a medicine you'll be hearing about. It originated in China and is not currently available in the USA. It is being used by missionaries, whom I know, as treatment for active malaria – and with good success. It only comes in tablet form.

Treatment of Active Malaria

If you have an unexplained illness with a high fever and chills, usually a severe headache, possibly either vomiting or diarrhea, and generally feel like ‘you’ve been run over by a truck’, you might have the Big ‘M’. [If you have ever had bona fide influenza, this is similar to the way you feel with malaria – only worse]. I have seen someone get malaria after being in-country for only ten days. And Yes, you can get it while taking your preventive medicine – even if you are doing it 100% correctly. So, if you do have such a febrile illness that is unexplained, you should try and get a malaria smear of your blood. However, you should know that at times when you are taking preventive medicine, the smear will be negative even if you indeed have malaria. Occasionally more than one smear (malaria prep) taken at different times will show the malarial organism. I have taken treatment for active malaria when the smear was negative. Generally a case of malaria is much less severe if you get it while taking preventive medicine.

Medicines:

1) Mefloquine (Lariam): The dose is five tablets taken at one time with a large glass of water. If you want, you can also take two tablets initially, then two tablets 4 hours later, then two more tablets 4 hours after that (total of six tablets). Either way the medicine itself will make you feel badly (dizzy, nausea, etc.). Not to be taken concurrently with Halfan.

[All medicines adjusted for children based on their body weight]

2) Fansidar: Three tablets taken at one time. [not to be taken if you have allergy to sulfa compounds].

** Like I said; it’s my ‘old standby’. I have advised people to take fansidar as ‘self treatment’. This would occur when they think acute malaria is present but are unable to be seen by a qualified medical person. It is easy to take, effective, and has basically no side effects. [remember about the above contraindication]

3) Malarone: Four tablets taken as a single dose daily for 3 consecutive days.

4) Chloroquine: Remember, there is more and more chloroquine resistance. Dose for treatment of acute malaria in adults: Two tablets initially (600mg base), one tablet (300mg base) after 6-8 hours, then one tablet per day for two consecutive days. ** Approved in pregnancy.

5) Artemisinin: ** Check with physician **

General Treatment Measures

- Go to bed!

- Drink plenty of liquids (water, tea, kool-aid, gator-aid, sodas, broth, etc.). You won't be hungry. Don't worry about it.

- Take something for your fever and aches every four hours (Tylenol, aspirin, ibuprofen).

** Generally you should begin to feel better the second day – or certainly by the third.

** WAIT!! Don't keep taking different anti-malarials. The medicines themselves can make you feel sick. If you have taken the proper TREATMENT dose, then wait and see. If it is clear after 2-3 days that you are not responding (or are getting worse), you should check with a proper medical consultant. It is possible with severe malaria that you will need intravenous therapy.

** With pregnancy it is very important to properly take the preventive medicine. You should see a physician if you think acute malaria is present.

** SEEK PROPER MEDICAL ADVICE WHEN NECESSARY: Stay calm. Go and see, call, or e-mail your consultant.

Medical Bag

The Medical Things You Need To Take With You

“OK, here I am ready to go to the missionary field. Since we don't have a medical person in our group, what do I do for medical care? And the place we're going has uncertain medical care at best. Besides, we'll be traveling around a lot.”

The above scenario may be your refrain right now. But don't panic; don't worry; just prepare!

PREPARATION:

A) Read and learn about the conditions and diseases that may be expected in the locale where you're going (CDC website: www.cdc.gov or from their fax number: 888/232-3299; IHCF website: www.ihcf.net ; plus many other various references)

B) 'Pick the brain' of a doctor you know who is knowledgeable in Travel Medicine. Or you might have access to a 'Travel Clinic'. ** [You will need the cooperation of some doctor in writing the prescriptions needed in your 'Medical Bag']

C) Be up-to-date on all immunizations needed – varies according to your locale and particular contacts

D) Make sure your health insurance covers you in foreign locations. In addition it must be one that includes emergency transfer or evacuation in event of severe illnesses/injuries or death. If it does not, there are certain ‘riders’ or separate Travel Insurance policies you can obtain. [By the way, take all insurance cards]

E) Take a medical reference for non-medical people -[something like the “Layman’s Merck Manual”, etc.]

F) Have a source in the USA available for “e-mail consultation”. [This is the 21st Century, and you will not be out of e-mail contact very often]. This may be through us at IHCF, (medical consultation for missionaries - please check this out) some knowledgeable physician or clinic in the USA, or a ‘for pay’ consulting service – such as: www.travdocs.com

G) Find out from missionaries in the foreign locale where you’ll be (or from trustworthy nationals) about good quality medical personnel or facilities available [yours truly did just this when I had surgery at Nairobi Hospital in Kenya – 1996]

CAUTIONS:

A) Think! Think again when you’re sick or hurt and don’t PANIC!! By far, most matters can wait while you pray, think, and diligently decide what is best to do.

B) “Prevention is the greatest Cure”. Seems like you’ve heard this one before, huh? Think ahead. Don’t put yourself into “harm’s way”. Don’t take chances.

C) Even though you’re being advised how to take care of ‘you and yours’, do not become arrogant or cavalier about it. You are not a doctor or a nurse! Seek proper medical help when you can – either locally or through the ‘magic’ of the phone or e-mail. When you have to make medical decisions initially, they may serve only as temporizing measures - pending proper consultation later.

“MEDICAL BAG” – CONTENTS:

These do not come in any order of importance. The list is not sacrosanct. If someone else’s differs, that’s fine. Add or delete as needed according to your personal needs and location.

The items needing a prescription I will so code (**). Relating to the number to get, it depends on where you are. If you are out in the ‘boonies’, I would recommend perhaps enough for two courses of treatment. The number (#30) would be a good number for most prescription medicines.

Some items are certainly optional (on this already optional list), depending once again on your particular situation.

1. To be Definitely included: a sufficient supply of all the prescription medicines you take regularly (have enough to hold you until you can be certain of replenishing your supply). Don't forget the prescription items that you may need on a periodic basis (such as for headaches, allergies, etc.). -- Don't forget to include the non-prescription medicines you take regularly or intermittently!!
2. Water filter: A hand held micropore water filter (Katadyn and other brands) may be needed in your situation. [Very handy!]
3. Blood Pressure Unit (automatic and/or cuff with stethoscope): Important if you need to help regulate blood pressure control, medicines, etc.
4. First-Aid Supplies: tape, gauze, band-aids, elastic bandage (Ace dressing), small scissors, tweezers, antibiotic ointment, etc.
5. Sunscreen – at least 20% SPF – lip balm with sunscreen is helpful
6. Mosquito repellent: with at least 20% DEET
7. Dental supplies: Dental cement and temporary filling material may come in quite handy
8. Glasses: Extra glasses and contact lenses [don't forget sunglasses]
9. Antacid tablets: ** also some pepcid, zantac, or prevacid may come in handy
- 10 Gatorade Powder: Most helpful when reconstituted and used for fluid replacement in vomiting & diarrhea
11. Benadryl: An antihistamine good for itching and swelling due to allergic reactions. Also can be used as a mild sleeping pill. Comes across the counter in 25mg tabs/capsules (adult dose: 50mg)
12. Antifungal cream: Athletes foot or groin fungus is common in hot, moist climates
13. Diarrhea: a) plenty of clear liquids b) Imodium or ** Lomotil (my choice) – to slow down the peristalsis and cramping c) ** Ciprofloxin (first choice) or ** Bactrim at the onset

[For those of you with children, don't forget liquid or chewable medicines with a knowledge of the proper doses]

14. Motion Sickness: Dramamine can be gotten without prescription. ** Antivert with a prescription (if the problem is severe).

15 Decongestant and cough medicine (OTC = over the counter). A long acting decongestant nasal spray, such as Afrin, can be very helpful - especially when flying.

16. Corticosteroid cream or ointment - ** prescription strength

17. Sleeping medicine: ** Ambien 5mg (Some recommend this for air travel)

18. Fever and pain: Acetaminophen, aspirin, or ibuprofen-type (according to preference). Don't forget the liquid form for the children. I recommend a narcotic pain reliever for certain very painful, urgent situations: such as ** hydrocodone

19 Antibiotics: ** To fit different needs (in addition to allowing for allergic problems), I would recommend several different antibiotics: ones such as amoxicillin and cephalosporin are good for general use; one from the ciprofloxacin category for diarrheas and certain skin and pulmonary infections. You might want to include some zithromax.

20.Malaria: [We have an entire write-up on "Malaria" on our website. Please check this.] In short, check with someone about the occurrence of malaria in your area and then check as to any particular medicine resistance. Preventive treatment is the key. Malaria is not to be laughed at – you do not want to get it! ** Chloroquine is still recommended in most Central and South American countries (300mg of chloroquine base taken once weekly). Much chloroquine resistance is present in Africa and the Orient. In these locations ** mefloquine is recommended by the CDC (250mg taken once weekly). There are various other alternatives, though not as effective ** (doxycycline [100mg] and **malarone [250mg] are two – these are both taken once daily!). I also recommend taking some **fansidar – difficult to obtain in the USA. It is a good curative drug should you get malaria while on another medicine [should not take if allergic to sulfur medicines]. The dose is only three tablets taken simultaneously.

You will have questions! SIMPLY ASK! Ask someone who knows.

Now that you're armed with knowledge, references, and your "Medical Bag", you're all set. CHARGE!! Welcome to your adventure in missions. The 'Great Physician' is always with you.

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