



OffChartCPD

Health, Safety & Vaccinations for Remote Travel

A practical guide for travellers to remote and wilderness destinations

Vaccinations, malaria prevention, altitude, insects, medical kit, insurance, and emergency planning. Plain language, no medical background needed.

WHAT'S INSIDE

- Seeing a travel doctor — when and why
- Routine and travel vaccinations by destination
- Malaria prevention
- Altitude sickness
- Sun, heat, and UV
- Animal and insect risks including rabies
- Your travel medical kit
- Travel insurance and emergency communications
- Mental health in remote environments

Before you go — the most important step

The single most important thing you can do for your health on a remote trip is to visit a travel medicine clinic or your GP at least 6–8 weeks before departure. Some vaccines require multiple doses spaced weeks apart. Some preventive medications need to be started before you arrive in a risk area. Leaving this until the week before you fly means you won't have full protection.

Action: Book a travel health appointment 6–8 weeks before you depart. Bring your destination itinerary, dates, planned activities, and your vaccination history.

Vaccinations

Vaccinations for travel fall into three groups: routine vaccines you should already have, recommended vaccines for your specific destination, and required vaccines (where proof of vaccination is compulsory to enter a country).

Routine vaccines — check these are up to date

Vaccine	Why it matters for travellers
Tetanus / diphtheria / pertussis (TDaP)	Tetanus risk from cuts and wounds in remote settings. Booster every 10 years.
Measles, mumps, rubella (MMR)	Measles outbreaks occur in many travel destinations. Two doses required for protection.
Influenza (flu shot, annual)	Flu spreads easily during long travel days, on planes, and in group settings.
COVID-19	Up-to-date boosters recommended for international travel.
Hepatitis B	Spread through blood and body fluids — relevant if any medical care or minor procedures overseas. Three-dose course.

Recommended travel vaccines — depends on destination

Vaccine	When to consider it	Notes
Hepatitis A	Most travel outside Australia, Western Europe, North America, NZ, Japan	Very common — contaminated food/water. Two doses, 6–12 months apart.
Typhoid	South/Southeast Asia, Africa, Latin America, Central Asia	Oral or injected vaccine. Not 100% effective — food/water hygiene still essential.
Japanese Encephalitis	Rural Asia, Southeast Asia, Pacific — especially with outdoor/rural exposure	Mosquito-borne. Two-dose course. Important for longer stays.

Rabies	South/Southeast Asia, Africa, Latin America, Central Asia — especially outdoor/remote travel	Pre-exposure course (3 doses). Buys time if bitten — you still need post-exposure treatment, but urgency is lower.
Meningococcal ACWY	Africa (meningitis belt), Sub-Saharan Africa, Hajj pilgrimage	Required for Saudi Arabia during Hajj. Recommended for Sub-Saharan Africa.
Yellow fever	Sub-Saharan Africa, tropical South America	Required for entry to some countries. Single dose, lifelong protection. Must be given at certified centre.
Cholera	South/Southeast Asia, Africa — high-risk areas with poor sanitation	Oral vaccine (Dukoral). Also gives partial protection against traveller's diarrhoea.
Tick-borne encephalitis	Eastern Europe, Russia, Central Asia — forested areas	Two or three dose course. Important for hiking/camping in affected areas.

Useful resource: The Australian Government's Smartraveller website (smartraveller.gov.au) has a health and safety section for every country. The Australian Immunisation Handbook (immunisationhandbook.health.gov.au) has detailed vaccine recommendations by destination. The CDC's Travelers' Health Yellow Book (wwwnc.cdc.gov/travel) is a comprehensive resource.

Malaria prevention

Malaria is a serious infection spread by mosquito bites. There is no vaccine (though one is in limited use in parts of Africa for children). Prevention is a combination of avoiding mosquito bites and taking preventive medication if you're in a risk area.

Avoiding mosquito bites

- Use DEET-based insect repellent (at least 30%) on all exposed skin — apply after sunscreen.
- Wear long sleeves and trousers at dawn and dusk — when Anopheles mosquitoes bite.
- Sleep under a permethrin-treated mosquito net if accommodation is not air-conditioned or well-screened.
- Permethrin spray on clothing provides additional protection.

Preventive medication (antimalarials)

Whether you need antimalarial medication and which type depends entirely on your destination and the specific malaria strains present there. This must be discussed with your travel health doctor. Common options include:

Medication	When used	Key points
------------	-----------	------------

Atovaquone-proguanil (Malarone)	Most destinations — broad resistance coverage	Start 1–2 days before, take daily, continue 7 days after. Can cause vivid dreams. Most common choice.
Doxycycline	Most destinations — broad resistance coverage, cheaper	Start 1–2 days before, daily during and 4 weeks after. Increases sun sensitivity — use sunscreen.
Mefloquine (Lariam)	Chloroquine-resistant areas	Weekly dose. Can cause mood changes, vivid dreams, anxiety — not recommended if history of mental health issues.
Chloroquine	Only where malaria is still chloroquine-sensitive (limited areas)	Rarely used now due to widespread resistance.

If you develop a fever during or after a trip to a malaria area, treat it as malaria until proven otherwise. Seek medical assessment promptly — do not wait to see if it gets better.

Altitude sickness

Altitude sickness (Acute Mountain Sickness, or AMS) happens when you ascend to altitude faster than your body can adapt. It affects people regardless of fitness level — and fitness does not protect you. It can be dangerous if ignored.

Symptoms of AMS: headache, nausea, fatigue, dizziness, poor sleep. Usually begins 6–12 hours after arriving at altitude above 2,500m.

→ **The golden rule:** if you have altitude sickness symptoms, do not ascend further until they've gone. Descending even a few hundred metres usually improves symptoms rapidly.

→ **Acetazolamide (Diamox):** A prescription medication that helps your body acclimatise faster. Take 125–250mg twice daily, starting 24 hours before ascent. Discuss with your doctor before travel — it's a sulfonamide drug and not suitable for people with sulfa allergies.

→ **Ascent rate:** Above 3,000m, gain no more than 300–500m of sleeping altitude per day. Rest days every 2–3 days of ascent are important.

High Altitude Pulmonary Oedema (HAPE) and High Altitude Cerebral Oedema (HACE) are life-threatening emergencies. If anyone develops confusion, extreme breathlessness at rest, cough with frothy sputum, or cannot walk a straight line — descend immediately and get to medical care. Do not wait for morning.

Sun, heat, and UV

UV exposure increases significantly at altitude (roughly 4% more per 300m), near the equator, and in snow and glacial environments (snow reflects up to 80% of UV back at you). Sunburn, heat exhaustion, and heat stroke are genuine risks in remote environments.

- Sunscreen SPF 30+ minimum — apply and reapply every 2 hours. Don't forget neck, lips, ears, and tops of feet.
- Sunglasses with UV400 or CE EN ISO 12312 certification. At altitude and on snow, wraparound glacier glasses or goggles are important.
- Stay hydrated — heat increases fluid needs significantly. Urine should be pale yellow.
- **Heat exhaustion:** heavy sweating, pale skin, weakness, nausea. Treat with cool water, shade, and rest. Oral fluids if able.
- **Heat stroke:** high body temperature (above 40°C), confusion, hot dry skin, loss of consciousness. Life-threatening — cool by any means available and evacuate urgently.

Animals and insects

Bites and stings

- Ticks: check daily, especially after walking through long grass or forest. Remove with fine-tipped tweezers, grasping close to the skin. Don't twist, squeeze, or burn. Ticks can transmit Lyme disease and tick-borne encephalitis.
- Mosquitoes: covered in the malaria section above. Also transmit dengue fever, Zika, chikungunya, Japanese encephalitis, and other illnesses. DEET repellent is the key intervention.
- Spiders and scorpions: shake out shoes and clothes before putting them on. Don't reach into dark spaces. Know what dangerous species are present in your area.

Animal bites

Rabies is a fatal infection transmitted through bites and scratches from infected animals (including dogs, bats, and monkeys). It is present in most of Asia, Africa, and Latin America. The risk is higher in rural and remote areas where domestic animal vaccination rates are low.

- **Pre-exposure rabies vaccination** (3 doses) is strongly recommended for remote travel in affected countries. It doesn't eliminate the need for post-bite treatment, but it simplifies the regimen and buys you time to get to a medical facility.
- **If you are bitten or scratched by an animal in a rabies-affected country:** wash the wound thoroughly with soap and running water for at least 15 minutes, apply antiseptic, and seek medical care immediately. Do not wait to see if you develop symptoms — once symptoms appear, rabies is fatal.

Your travel medical kit

The right kit depends on where you're going, how far from medical care you'll be, and the size of your group. The following covers a solid baseline for most remote destinations:

Category	Item	What for
----------	------	----------

Wound care	Wound closure strips, non-stick dressings, roll bandage, surgical tape, antiseptic wipes	Cuts, abrasions, blisters
Wound care	Blister plasters (Compeed or similar)	Blisters — treat early
Wound care	Triangular bandage + sling	Sprains, fractures, improvised sling
Pain/fever	Paracetamol (acetaminophen)	Pain and fever — safest first-line choice
Pain/fever	Ibuprofen or naproxen (NSAID)	Pain, inflammation, fever — take with food
GI illness	ORS sachets (Gastrolyte)	Diarrhoea, vomiting, dehydration
GI illness	Loperamide (Imodium)	Slows diarrhoea for travel emergencies
GI illness	Antiemetic (ondansetron or prochlorperazine — prescription)	Nausea and vomiting
Skin	Sunscreen SPF 50+	Sun protection
Skin	DEET 30%+ insect repellent	Mosquitoes, ticks, biting insects
Skin	Antifungal cream (clotrimazole)	Tinea, fungal infections in hot/humid climates
Eye/ENT	Chloramphenicol eye drops or ointment (Rx)	Conjunctivitis
Throat/ear	Throat lozenges	Sore throat, dry air
Altitude	Acetazolamide (Diamox) — prescription	AMS prevention and treatment
Other	Digital thermometer	Monitoring fever
Other	Scissors, tweezers, safety pins	Splinters, ticks, repairs
Other	Tick removal card or fine-tipped tweezers	Tick removal
Other	Your personal medications (extra supply)	In case of delays or loss
Prescription	Antibiotic for traveller's diarrhoea (azithromycin)	Discuss with GP
Prescription	Epinephrine auto-injector (EpiPen) if allergic	Anaphylaxis

Travel insurance

In a remote environment, a helicopter evacuation can cost tens of thousands of dollars. Medical care in some countries is only available at private hospitals, and payment is required upfront. Without appropriate travel insurance, a medical emergency could be financially catastrophic — and you may not receive care you need.

→ **Medical evacuation (medevac) cover is essential.** Standard travel insurance often has low limits. For remote and adventure travel, look for policies with unlimited or high medevac cover (World Nomads, Battleface, and similar adventure-focused insurers are worth looking at).

→ **Check the fine print:** many policies exclude or limit cover for "adventure activities" like mountaineering, trekking above a certain altitude, skiing off-piste, and similar. Know what your

policy covers before you go.

- **Pre-existing conditions:** Declare them. Undeclared conditions can void your policy entirely.
- Keep your insurer's emergency contact number saved in your phone and given to your trip leader.

Communication and emergency planning

In remote areas, mobile phone coverage may be non-existent. Before you leave, think about how you would call for help if something went wrong.

- **Personal locator beacon (PLB) or satellite communicator (Garmin inReach, SPOT):** Essential for any backcountry or wilderness travel. A PLB triggers a free rescue by search and rescue. A satellite communicator also allows two-way messaging and trip tracking.
- **Register your PLB** with the Australian Maritime Safety Authority (AMSA) — beacons.amsa.gov.au — so rescue services know who to look for. It's free.
- **Leave a trip plan** with someone at home: where you're going, what route, when to be concerned, who to call. Text them when you're safely back.
- **Local emergency numbers:** Research the local emergency number for your destination (it's not always 000 or 911). Mountain rescue services in some countries require direct contact.
- **Register with Smartraveller:** smartraveller.gov.au — Australian consular assistance is far more effective when the government knows you're there.

Mental health in remote environments

Physical and psychological stressors combine in remote environments — fatigue, reduced sleep, dehydration, altitude, cold, isolation, interpersonal conflict, and uncertainty. It's normal to struggle at times.

- Know your triggers and warning signs. If you're prone to anxiety, depression, or burnout, have a plan for managing them before you leave.
- Maintain regular routines where possible — consistent sleep, mealtimes, and downtime matter.
- Watch for changes in mood and behaviour in your group. Irritability, poor decision-making, and withdrawal can be early signs of stress, fatigue, or altitude effects.
- If someone is struggling, naming it and talking about it is more useful than ignoring it. Psychological distress in a remote group can have real safety implications.

When you get home

Some travel-acquired illnesses — including malaria, typhoid, and parasitic infections — can present days to weeks after you return home. If you develop a fever, prolonged diarrhoea, rash, or any unexplained symptoms after a trip to a high-risk area, tell your doctor where you've been.

→ See a doctor and mention your travel history — even if it was weeks ago.

→ A post-travel health check is worthwhile after longer or higher-risk trips.

Sources: Australian Immunisation Handbook (ATAGI 2024) · Smartraveller.gov.au · CDC Travelers' Health Yellow Book 2026 · WHO International Travel and Health · Wilderness Medical Society Clinical Practice Guidelines

OffChartCPD · Serious Medicine. Challenging Places. · offchartcpd.com Version 1.0 — 2026. For general information only — not a substitute for personalised medical advice.