Health & safety

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Before you go

Since most vaccines don’t provide immunity until at least two weeks after they’re given, visit a doctor four to eight weeks before departure. Don’t forget to take your vaccination certificate with you (aka the yellow booklet); it’s mandatory for countries that require proof of yellow-fever vaccination on entry.

Bring medications in their original, clearly labeled containers. A signed and dated letter from your physician describing your medical conditions and medications, including generic names, is also a good idea. If carrying syringes or needles, be sure to have a physician’s letter documenting their medical necessity.

If your health insurance doesn’t cover you for medical expenses abroad, get extra travel insurance. Find out in advance if your travel insurance will make payments directly to providers or reimburse you later for overseas health expenditures. (Many doctors in Peru, though, expect payment in cash.)

Online resources

There is a wealth of travel health advice on the internet. The World Health Organization (www.who.int/ith/) publishes a superb book called International Travel and Health, which is revised annually and is available online at no cost. Another website of general interest is MD Travel Health (www.mdtavelhealth.com), which provides complete travel health recommendations and is updated daily.

It’s usually a good idea to consult your government’s travel health website before departure, if one is available:

- Australia (www.dfat.gov.au/travel/)
- Canada (www.travelhealth.gc.ca)
- UK (www.doh.gov.uk/traveladvice/)
- USA (www.cdc.gov/travel/)

Further reading

For further information, see Lonely Planet's Healthy Travel Central & South America. If you’re traveling with children, Travel with Children, also by Lonely Planet, may be useful. The ABC of Healthy Travel, by E Walker et al, is another valuable resource.

Medical checklist

antibiotics
antidiarrheal drugs (eg loperamide)
acetaminophen (Tylenol) or aspirin
anti-inflammatory drugs (eg ibuprofen)
antihistamines (for hay fever and allergic reactions)
antibacterial ointment (eg Bactroban; for cuts and abrasions)
steroid cream or cortisone (for poison ivy and other allergic rashes)
bandages, gauze, gauze rolls
adhesive or paper tape
scissors, safety pins, tweezers
thermometer
pocket-knife
insect repellent containing DEET (for the skin)
insect spray containing permethrin (for clothing, tents and bed nets)
sunblock
oral rehydration salts
iodine tablets (for water purification)
syringes and sterile needles
acetazolamide (Diamox; for altitude sickness)

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Dangers & annoyances

Peru is often said to be one of the most dangerous countries in South America, but most travelers leave without ever feeling they’ve been in a sticky situation. Peru’s widespread poverty means that street crimes (eg pickpocketing, bag-snatching and muggings) are common. Don’t get too paranoid, though, since worrying can ruin your trip before it starts.

Remember that it’s often safer to be a tourist than a resident, given Peru’s tumultuous political climate. So, take the advice that locals give you with a grain of salt. However, warnings in heavily touristed areas such as Cusco and the Sacred Valley may sometimes be accurate. Robberies and fatal attacks on trekkers have occurred even on popular hiking trails, especially around Huascaran and in the Cordilleras Blanca and Huayhuash. In other places, both residents and foreign embassies and consulates overestimate the everyday dangers, for example in Lima, where the situation has recently improved.

Kidnappings receive a lot of press, but these usually don’t target foreigners. It’s usually a matter of foreigners being in the wrong place at the wrong time. Political and economic turmoil have made public protests a familiar sight in Peru, so it’s wise to stay aware of current events. Generally speaking, these protests have little effect on tourists other than blocking traffic. While waiting out a labor-related strike, some travelers put their bus seats into full recline and take a nap.

The military and police (even sometimes the tourist police) have a reputation for being corrupt. While a foreigner may experience petty harassment (usually to procure payment of a bribe), most police officers are courteous to tourists, or otherwise leave them alone. The policia de turismo (tourist police, aka Poltur) are found in major cities and tourist areas.

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Theft

Every year we hear from travelers who have been robbed. However, by taking basic precautions and exercising a reasonable amount of vigilance, you probably won’t be. Often travelers are so involved in their new surroundings and experiences that they forget to stay alert – and that’s when something is stolen.

Armed theft and ‘choke and grab’ attacks do not happen as frequently as sneak theft. Remember that crowded places are usually the haunts of pickpockets – bus terminals, train stations and bustling markets and fiestas are all common spots. Snatch theft can also occur if you place a bag on the ground for just a second, or while you’re asleep on an overnight bus. Hotels aren’t entirely trustworthy either: lock your valuables inside your luggage, or use safety deposit services where they are offered.

Thieves look for easy targets. Tourists carrying a wallet or passport in a hip pocket are asking for trouble. A small roll of bills loosely wadded under a handkerchief in your front pocket is as safe a way as any of carrying your daily spending money. The rest should be hidden. Always use at least a closable inside pocket (or preferably a hidden body pouch or money belt) to protect your money and passport.

Thieves often work in pairs or groups. While your attention is being distracted by one, another is robbing you. The distraction can take the form of a bunch of kids fighting in front of you, an elderly person ‘accidentally’ bumping into you or asking you a question, someone dropping something in your path or spilling something on your clothes etc.

Razor-blade artists may slit open your luggage, whether it’s a padlocked pack on your back or luggage on the rack of a bus, when you’re not looking. Some travelers carry their day packs on their chests to avoid having them slashed in markets and other crowded public spaces. It is always a good idea to walk purposefully wherever you are going, even if you are lost.

Take out traveler’s insurance before you leave. To make an insurance claim, you will need a police report of the theft. Airlines may reissue a lost ticket for a fee, if you have the original receipt. Stolen passports can be reissued at your embassy, though you may be asked for an alternative form of identification first. After receiving your new passport, go to the nearest Peruvian immigration office to get a new tourist card.

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In transit

Practical travel information on Health in Peru - Lonely Planet Travel Info... http://www.lonelyplanet.com/peru/practical-information/health
Deep Vein Thrombosis (DVT)

Blood clots may form in the legs during plane flights, chiefly because of prolonged immobility. The longer the flight, the greater the risk. Though most blood clots are reabsorbed uneventfully, some may break off and travel through the blood vessels to the lungs, where they could cause life-threatening complications.

The chief symptom of DVT is swelling or pain of the foot, ankle or calf, usually – but not always – on just one side. When a blood clot travels to the lungs, it may cause chest pain and difficulty breathing. Travelers with any of these symptoms should immediately seek medical attention.

To prevent the development of DVT on long aeroplane flights, you should walk about the cabin, flex the leg muscles while sitting, drink plenty of fluids and avoid alcohol and tobacco.

Jet lag

The onset of jet lag is common when crossing more than five time zones, resulting in insomnia, fatigue, malaise or nausea. To minimize jet lag, try drinking plenty of (nonalcoholic) fluids and eating light meals. Upon arrival, get exposure to natural sunlight and readjust your schedule (for meals, sleep etc) as soon as possible.

While you're there

Environmental hazards

Some of the hazards you might encounter in Peru include altitude sickness, earthquakes, avalanches, animal and insect bites, sunburn, heat exhaustion and even hypothermia. You can take precautions for most of these, while the rest are, thankfully, rare.

Availability of health care

There are several high-quality medical clinics in Lima open 24 hours for medical emergencies. They also function as hospitals and offer subspecialty consultations. For a guide to clinics in Lima, check out the website for the US embassy (lima.usembassy.gov/acs_peru.html). There are also many English-speaking physicians and dentists in private practice in Lima, which are listed on the same website. Good medical care may be more difficult to find in other cities and impossible to locate in rural areas.

Many doctors expect payment in cash, regardless of whether you have travel insurance. If you develop a life-threatening medical problem, you’ll probably want to be evacuated to a country with state-of-the-art medical care. Since this may cost tens of thousands of dollars, be sure you have insurance to cover this before you depart. You can find a list of medical evacuation and travel insurance companies on the website of the US State Department (travel.state.gov/travel/tips/brochures/brochures_1215.html).

The pharmacies in Peru are known as farmacias or boticas, and are identified by a green or red cross in the window. They’re generally reliable and offer most of the medications available in other countries. InkaFarma and Superfarma are two well-known pharmacy chains.

Cholera

An intestinal infection, cholera is acquired through ingestion of contaminated food or water. The main symptom is profuse, watery diarrhea, which may be so severe that it causes life-threatening dehydration. The key treatment is drinking oral rehydration solution. Antibiotics are also given, usually tetracycline or doxycycline, though quinolone antibiotics such as ciprofloxacin and levofloxacin are also effective.

Cholera occurs regularly in Peru, but it’s rare among travelers. Cholera vaccine is no longer required to enter Peru, and is in fact no longer available in some countries, including the USA, because the old vaccine was relatively ineffective and caused side effects. There are new vaccines that are safer and more effective, but they’re not available in many countries and are only recommended for those at particularly high risk.

Dengue fever

This is a viral infection found throughout South America. Dengue is transmitted by aedes mosquitoes, which usually bite during the daytime and are often found close to human habitations. They breed primarily in artificial water containers, such as cans, cisterns, metal drums, plastic containers and discarded tires. As a result, dengue is especially common in densely populated, urban environments, including Lima and Cuzco.

Dengue usually causes flu-like symptoms, including fever, muscle aches, joint pains, headaches, nausea and vomiting, often followed by a rash. The body aches may be quite uncomfortable, but most cases resolve uneventfully in a few days. Severe cases usually occur in children aged under 15 who are experiencing their second dengue infection.

There is no treatment for dengue fever except to take analgesics such as acetaminophen/paracetamol (Tylenol) and drink plenty of fluids. Severe cases may require hospitalization for intravenous fluids and supportive care.

Hepatitis A

A viral infection of the liver, hepatitis A is usually acquired by ingestion of contaminated water, food or ice, though it may also be acquired by direct contact with infected
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http://www.lonelyplanet.com/peru/practical-information/health

Taking malaria pills is strongly recommended for all areas in Peru except the central nervous system and lead to seizures, confusion, coma and death. The main symptom is high spiking fevers, which may be accompanied by chills, sweats, headache, body aches, weakness, vomiting or diarrhea. Severe cases may affect the central nervous system and lead to seizures, confusion, coma and death.

Ensure that you take precautions to minimize your chances of being bitten by mosquitoes. Symptoms may not occur for months. If you start self-medication, see a doctor at the earliest possible opportunity. If you develop a fever after returning home, see a physician, as malaria infection should never preclude treatment of serious medical conditions as the risk of infection remains very small.

There is a choice of three malaria pills, all of which work about equally well. Mefloquine (Lariam) is taken once weekly in a dosage of 250mg, starting one to two weeks before arrival in an area where malaria is endemic, and continuing through the trip and for four weeks after returning. The problem is that some people develop neuropsychiatric side effects, which may range from mild to severe. Atovaquone/proguanil (Malarone) is a newly approved combination pill taken once daily with food starting two days before arrival in an area where malaria is endemic, and continuing through the trip and for seven days after departure. Side effects are typically mild. Doxycycline is a third alternative, but may cause an exaggerated sunburn reaction.

In general, Malarone seems to cause fewer side effects than mefloquine and is becoming more popular. The chief disadvantage is that it has to be taken daily. For longer trips, you may not have access to medical care while traveling, you should bring along additional pills for emergency self-treatment, which you should take if you can’t reach a doctor and you develop symptoms that suggest malaria, such as high spiking fevers. One option is to take four tablets of Malarone once daily for three days. However, Malarone should not be used for treatment if you’re already taking it for prevention. If taking Malarone, take 650mg of quinine three times daily and 100mg doxycycline twice daily for one week. If you start self-medication, see a doctor at the earliest possible opportunity. If you develop a fever after returning home, see a physician, as malaria symptoms may not occur for months.

Ensure that you take precautions to minimize your chances of being bitten by mosquitoes.

A viral infection of the brain and spinal cord, rabies is almost always fatal unless treated promptly. The rabies virus is carried in the saliva of infected animals and is typically transmitted through an animal bite, though contamination of any break in the skin with infected saliva may result in rabies. Rabies occurs in all South American countries. In Peru, most cases are related to bites from dogs or vampire bats.

The rabies vaccine is safe, but a full series requires three injections and is quite expensive. Those at high risk for rabies, such as animal handlers and spelunkers (cave explorers), should certainly get the vaccine. In addition, those at lower risk for animal bites should also consider asking for the vaccine if they might be traveling to remote areas and might not have access to appropriate medical care if needed. The treatment for a possibly rabid bite consists of rabies vaccine with rabies immune globulin. It’s effective, but must be given promptly.

All animal bites and scratches must immediately be thoroughly cleansed with large amounts of soap and water, and local health authorities should be contacted to determine whether or not further treatment is necessary.
Tetanus

This potentially fatal disease is found in undeveloped tropical areas. It is difficult to treat, but it is preventable with immunization. Tetanus occurs when a wound becomes infected by a germ that lives in the feces of animals or people, so clean all cuts, punctures or animal bites. Tetanus is also known as lockjaw, and the first symptom may be discomfort in swallowing, or stiffening of the jaw and neck; this is followed by painful convulsions of the jaw and whole body.

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Typhoid fever

This fever is caused by ingestion of food or water contaminated by a species of salmonella known as *Salmonella typhi*. Fever occurs in virtually all cases. Other symptoms may include headache, malaise, muscle aches, dizziness, loss of appetite, nausea and abdominal pain. Either diarrhea or constipation may occur. Possible complications include intestinal perforation or bleeding, confusion, delirium or, rarely, coma.

Unless you expect to take all your meals in major hotels and restaurants, getting typhoid vaccine is a good idea. It’s usually given orally, but is also available as an injection. Neither vaccine is approved for use in children under two.

The drug of choice for typhoid fever is usually a quinolone antibiotic such as ciprofloxacin (Cipro) or levofloxacin (Levaquin), which many travelers carry for treatment of travelers’ diarrhea. However, if you self-treat for typhoid fever, you may also need to self-treat for malaria, since the symptoms of the two diseases may be indistinguishable.

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Yellow fever

A life-threatening viral infection, yellow fever is transmitted by mosquitoes in forested areas. The illness begins with flu-like symptoms, which may include fever, chills, headache, muscle aches, backache, loss of appetite, nausea and vomiting. These symptoms usually subside in a few days, but one person in six enters a second, toxic phase characterized by recurrent fever, vomiting, listlessness, jaundice, kidney failure and hemorrhage, leading to death in up to half of the cases. There is no treatment except for supportive care.

Yellow-fever vaccine is strongly recommended for all those who visit any jungle areas of Peru at altitudes less than 2300m (7546ft). Most cases occur in the departments in the central jungle. Proof of vaccination is required from all travelers arriving in Peru from an area where yellow fever is endemic in *Africa* or the Americas.

Yellow-fever vaccine is given only in approved yellow-fever vaccination centers, which provide validated vaccination certificates. The vaccine should be given at least 10 days before any potential exposure to yellow fever and remains effective for about 10 years. Reactions to the vaccine are generally mild, though some people may experience severe side effects. While you may not be required to have proof of a yellow-fever vaccination to enter Peru, after visiting a region where yellow fever occurs, you’ll need to have the vaccination to get to most other countries – even your home country. So you’re better off getting your jab before you leave home.

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Other infections

**Bartonellosis** (Oroya fever) is carried by sand flies in the arid river valleys on the western slopes of the Andes in Peru, *Colombia* and *Ecuador* between altitudes of 800m and 3000m. The chief symptoms are fever and severe bone pains. Complications may include marked anemia, enlargement of the liver and spleen, and sometimes death. The drug of choice is chloramphenicol, though doxycycline is also effective.

**Chagas’ disease** is a parasitic infection that is transmitted by triatomine insects (reduvoid bugs), which inhabit crevices in the walls and roofs of substandard housing in South and *Central America*. In Peru, most cases occur in the southern part of the country. The triatomine insect drops its feces on human skin as it bites, usually at night. A person becomes infected when he or she unknowingly rubs the feces into the bite wound or any other open sore. Chagas’ disease is extremely rare in travelers. However, if you sleep in a poorly constructed house, especially one made of mud, adobe, or thatch, you should be sure to protect yourself with a bed net and a good insecticide.

**Leishmaniasis** occurs in the mountains and jungles of all South American countries. The infection is transmitted by sand flies, which are about a third of the size of mosquitoes. In Peru, more cases have been seen recently in children aged under 15, due to the increasing use of child labor for brush clearing and preparation of farmlands on mountain slopes of the Andes. Most adult cases occur in men who have migrated into jungle areas for farming, working or hunting. Leishmaniasis may be limited to the skin, causing slowly growing ulcers over exposed parts of the body, or less commonly may disseminate to the bone marrow, liver and spleen. There is no vaccine. To protect yourself from sand flies, follow the same precautions as for mosquito bites, except that netting must be made of finer mesh (at least 18 holes to the linear inch).

**Leptospirosis** is acquired by exposure to water contaminated by the urine of infected animals. Outbreaks often occur at times of flooding, when sewage overflow may contaminate water sources. The initial symptoms, which resemble a mild flu, usually subside eventually in a few days, with or without treatment, but a minority of cases are complicated by jaundice or meningitis. There is no vaccine. You can minimize your risk by staying out of bodies of fresh water that may be contaminated by animal urine.

**Malaria** is a disease caused by parasites that are transmitted to humans by the bite of infected female mosquitoes. The illness is characterized by periodic episodes of fever, chills, sweats, nausea and vomiting. Malaria is divided into two forms: *Plasmodium vivax* and *Plasmodium falciparum*. Both are spread by mosquito bites, and both have the ability to cause severe illness or death.

**Typhoid fever** is caused by ingestion of food or water contaminated by a species of salmonella known as *Salmonella typhi*. Fever occurs in virtually all cases. Other symptoms may include headache, malaise, muscle aches, dizziness, loss of appetite, nausea and abdominal pain. Either diarrhea or constipation may occur. Possible complications include intestinal perforation or bleeding, confusion, delirium or, rarely, coma.

**Tuberculosis** is a disease caused by a bacteria that is transmitted from one person to another through the air. The bacteria enter the body through the nose or mouth when a person breathes, coughs, or speaks. The bacteria then enter the lungs and begin to multiply. Tuberculosis can cause a wide range of symptoms, from a mild cough to severe pneumonia. It can also cause fever, weight loss, and night sweats.

**Travelers’ diarrhea** is a common illness that affects many travelers. It is usually caused by eating or drinking contaminated food or water. Symptoms include diarrhea, vomiting, and abdominal cramps. In severe cases, travelers’ diarrhea can be deadly. There is no specific treatment for travelers’ diarrhea, but prevention is key.

**Yellow fever** is a potentially fatal viral infection transmitted by mosquitoes in forested areas. The illness begins with flu-like symptoms, which may include fever, chills, headache, muscle aches, backache, loss of appetite, nausea and vomiting. These symptoms usually subside in a few days, but one person in six enters a second, toxic phase characterized by recurrent fever, vomiting, listlessness, jaundice, kidney failure and hemorrhage, leading to death in up to half of the cases. There is no treatment except for supportive care.

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**Yellow fever vaccine** is given only in approved yellow-fever vaccination centers, which provide validated vaccination certificates. The vaccine should be given at least 10 days before any potential exposure to yellow fever and remains effective for about 10 years. Reactions to the vaccine are generally mild, though some people may experience severe side effects. While you may not be required to have proof of a yellow-fever vaccination to enter Peru, after visiting a region where yellow fever occurs, you’ll need to have the vaccination to get to most other countries – even your home country. So you’re better off getting your jab before you leave home.
Travelers’ diarrhea

You get diarrhea from taking contaminated food or water. If you develop diarrhea, be sure to drink plenty of fluids, preferably an oral rehydration solution containing lots of salt and sugar. A few loose stools don’t require treatment but if you start having more than four or five stools a day, you should start taking an antibiotic (usually a quinolone drug) and an antidiarrheal agent (such as loperamide). If diarrhea is bloody, persists for more than 72 hours or is accompanied by fever, shaking chills or severe abdominal pain you should seek medical attention.

Altitude sickness

Those who ascend rapidly to altitudes greater than 2500m (8100ft) may develop altitude sickness. In Peru, this includes Cuzco (3326m), Machu Picchu (about 2500m), and Lake Titicaca (3820m). Being physically fit offers no protection. Those who have experienced altitude sickness in the past are prone to future episodes. The risk increases with faster ascents, higher altitudes and greater exertion. Symptoms may include headaches, nausea, vomiting, dizziness, malaise, insomnia and loss of appetite. Severe cases may be complicated by fluid in the lungs (high-altitude pulmonary edema) or swelling of the brain (high-altitude cerebral edema). If symptoms are more than mild or persist for more than 24 hours (far less at high altitudes), descend immediately by at least 500m and see a doctor.

To help prevent altitude sickness, the best measure is to spend two nights or more at each rise of 1000m. Alternatively, take 125mg or 250mg of acetazolamide (Diamox) twice or three times daily starting 24 hours before ascent and continuing for 48 hours after arrival at altitude. Possible side effects include increased urinary volume, numbness, tingling, nausea, drowsiness, myopia and temporary impotence. Acetazolamide should not be given to pregnant women or anyone with a history of sulfite allergy. For those who cannot tolerate acetazolamide, the next best option is 4mg of dexamethasone taken four times daily. Unlike acetazolamide, dexamethasone must be tapered gradually upon arrival at altitude, since there is a risk that altitude sickness will occur as the dosage is reduced. Dexamethasone is a steroid, so it should not be given to diabetics or anyone for whom taking steroids is not advised. A natural alternative is gingko, which some people find quite helpful.

When traveling to high altitudes, it’s also important to avoid overexertion, eat light meals and abstain from alcohol. Altitude sickness should be taken seriously; it can be life threatening when severe.

Animal bites

Do not attempt to pet, handle or feed any animal, with the exception of domestic animals known to be free of any infectious disease. Most animal injuries are directly related to a person’s attempt to touch or feed the animal.

Any bite or scratch by a mammal, including bats, should be promptly and thoroughly cleansed with large amounts of soap and water, followed by application of an antiseptic such as iodine or alcohol. The local health authorities should be contacted immediately for possible postexposure rabies treatment, whether or not you’ve been immunized against rabies. It may also be advisable to start an antibiotic, since wounds caused by animal bites and scratches frequently become infected. One of the newer quinolones, such as levofloxacin (Levaquin), which many travelers carry in case of diarrhea, would be an appropriate choice.

Snakes and leeches are a hazard in some areas of South America. In the event of a venomous snake bite, place the victim at rest, keep the bitten area immobilized and move the victim immediately to the nearest medical facility. Avoid tourniquets, which are no longer recommended.

Earthquakes & avalanches

Peru is in an earthquake zone, and small tremors are frequent. Every few years, a large earthquake results in loss of life and property damage. Should you be caught in an earthquake, the best advice is to take shelter under a solid object, such as a desk or door frame. Do not stand near windows or heavy objects, and do not run out of the building. If you are outside, attempt to stay clear of falling wires, bricks, telephone poles and other hazards. Avoid crowds in the aftermath.

There’s not much you can do when caught in an avalanche. Be aware that the main danger times are after heavy rains, when high ground may subside.

Food

Salads and fruit should be washed with purified water or peeled when possible. Ice cream is usually safe if it is a reputable brand name, but beware of street vendors and ice cream that has melted and been refrozen. Thoroughly cooked food is safest, but not if it has been left to cool or if it has been reheated. Shellfish such as mussels, oysters and clams should be avoided, as should undercooked meat, particularly in the form of minced or ground beef. Steaming does not make bad shellfish safe for eating. Having said that, it is difficult to resist Peruvian seafood dishes such as ceviche, which is marinated but not cooked. This is rarely a problem, as long as it is served fresh in a reputable restaurant.

If a place looks clean and well run, and if the vendor also looks clean and healthy, then the food is probably safe. In general, places that are packed with travelers or locals will be fine, while empty restaurants are questionable.

Hypothermia

Too much cold is just as dangerous as too much heat, as it may cause hypothermia. If you are trekking at high altitudes, particularly in wet or windy conditions, or simply taking a long bus trip over mountains, mostly at night, be prepared.
It is surprisingly easy to progress from very cold to dangerously cold due to a combination of wind, wet clothing, fatigue and hunger, even if the air temperature is above freezing. It is best to dress in layers; silk, wool and some of the new artificial fibers are all good insulating materials. A hat is important, as a lot of heat is lost through the head. A strong, waterproof outer layer is essential, because keeping dry is vital. Carry basic supplies, including food containing simple sugars to generate heat quickly, and lots of fluid to drink. A space blanket – an extremely thin, lightweight emergency blanket made of a reflective material that keeps heat in – is something all travelers in cold environments should carry.

Symptoms of hypothermia are exhaustion, numb skin (particularly toes and fingers), shivering, slurred speech, irrational or violent behavior, lethargy, stumbling, dizzy spells, muscle cramps and violent bursts of energy. Irrationality may take the form of sufferers claiming they are warm and trying to take off their clothes.

To treat mild hypothermia, first get the person out of the wind and/or rain, remove their clothing if it’s wet and replace it with dry, warm clothing. Give them hot liquids – no alcohol – and some high-caloric, easily digestible food. Do not rub victims, as rough handling may cause cardiac arrest.

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Mosquito bites

To prevent mosquito bites, wear long sleeves, long pants, hats and shoes (rather than sandals). Bring along a good insect repellent, preferably one containing DEET, which should be applied to exposed skin and clothing, but not to eyes, mouth, cuts, wounds or irritated skin. Products containing lower concentrations of DEET are as effective, but for shorter periods of time. In general, adults and children aged over 12 should use preparations containing 25% to 35% DEET, which usually lasts about six hours. Children aged between two and 12 should use preparations containing no more than 10% DEET, applied sparingly, which will usually last about three hours. Neurologic toxicity has been reported from DEET, especially in children, but appears to be extremely uncommon and generally related to overuse. Compounds containing DEET should not be used on children under the age of two.

Insect repellents containing certain botanical products, including oil of eucalyptus and soybean oil, are effective but last only 1½ to two hours. DEET-containing repellents are preferable for areas where there is a high risk of malaria or yellow fever. Products based on citronella are not effective.

For additional protection, you can apply permethrin to clothing, shoes, tents, and mosquito nets. Permethrin treatments are safe and remain effective for at least two weeks, even when items are laundered. Permethrin should not be applied directly to skin.

Don’t sleep with the window open unless there is a screen. If sleeping outdoors or in an accommodation where mosquitoes can enter, use a mosquito net, preferably treated with permethrin, with edges tucked in under the mattress. The mesh size should be less than 1.5mm. If the sleeping area is not otherwise protected, use a mosquito coil, which will fill the room with insecticide through the night. Repellent-impregnated wristbands are not effective.

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Sunburn & heat exhaustion

To protect yourself from excessive sun exposure, you should stay out of the midday sun, wear sunglasses and a wide-brimmed sun hat, and apply sunblock with SPF 15 or higher and UVA and UVB protection, before exposure to the sun. Sunblock should be reapplied after swimming or vigorous activity. Be aware that the sun is more intense at higher altitudes, even though you may feel cooler.

Dehydration or salt deficiency can cause heat exhaustion. You should drink plenty of fluids and avoid excessive alcohol or strenuous activity when you first arrive in a hot climate. Long, continuous periods of exposure to high temperatures can leave you vulnerable to heatstroke, when body temperature rises to dangerous levels.

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Water

Tap water in Peru is not safe to drink. Vigorous boiling of water for one minute is the most effective means of water purification. At altitudes greater than 2000m (6500ft), boil for three minutes.

Another option is to disinfect water with iodine or water purification pills. You can add 2% tincture of iodine to one quart or liter of water (five drops to clear water, 10 drops to cloudy water) and let stand for 30 minutes. If the water is cold, longer times may be required. Otherwise you can buy iodine pills, available at most pharmacies in your home country. The instructions for use should be carefully followed. The taste of iodinated water may be improved by adding vitamin C (ascorbic acid). Iodinated water should not be consumed for more than a few weeks. Pregnant women, those with a history of thyroid disease, and those allergic to iodine should not drink iodinated water.

A number of water filters are on the market. Those with smaller pores (reverse osmosis filters) provide the broadest protection, but they are relatively large and are readily plugged by debris. Those with somewhat larger pores (microstrainer filters) are ineffective against viruses, although they remove other organisms. Manufacturers’ instructions must be carefully followed.

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Traveling with children

It’s safer not to take children aged under three to high altitudes. Also, children under nine months should not be brought to jungle areas at lower altitudes because yellow-fever vaccine is not safe for this age group.

When traveling with young children, be particularly careful about what you allow them to eat and drink, because diarrhea can be especially dangerous to them and because the vaccines for the prevention of hepatitis A and typhoid fever are not approved for use in children aged under two.

The two main malaria medications, Lariam and Malarone, may be given to children, but insect repellents must be applied in lower concentrations.

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Women's health

Although travel to Lima is reasonably safe if you’re pregnant, there are risks in visiting many other parts of the country. First, it may be difficult to find quality obstetric care, if needed, outside Lima, especially away from the main tourist areas. Second, it isn’t advisable for pregnant women to spend time at high altitudes where the air is thin, which precludes travel to many of the most popular destinations, including Cuzco, Machu Picchu and Lake Titicaca. (If you are still determined to visit these places regardless, then ascend more slowly than normally recommended.) Lastly, yellow-fever vaccine, strongly recommended for travel to jungle areas at altitudes less than 2300m, should not be given during pregnancy because the vaccine contains a live virus that may infect the fetus.

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- Work & study

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