



# *The referee abroad;*

## *General travel advice*

### **Advice includes...**

#### **Before you go**

- Immunisations and malaria
- Personal medical kit

#### **Travel jet lag and DVT**

#### **Diet and fluids**

#### **Illness abroad**

- Travellers diarrhoea
- Chest infection

#### **Before you go**

##### **Immunisations and malaria**

See your GP a few weeks before the departure date to check what cover you will require. Some immunisations must be given a couple of weeks before you leave to be effective.

You should have tetanus and poliomyelitis cover. You probably had both as a child but check if you need a booster. Other immunisations to consider include...

- For travel to Africa and South America Yellow fever immunisation is recommended.
- Protection against Hepatitis A is recommended for travel to high-risk areas outside Northern and Western Europe, North America, Japan, Australia and New Zealand.
- In areas where typhoid is common Typhoid vaccine should be considered, but vaccination is no substitute for precautions with food and drink.
- Advice on diphtheria, Japanese encephalitis and tick-borne encephalitis depends on the destination.

Advice on immunisations changes regularly and you should check of up to date information with your GP, the Department of Health web site for travellers or the embassy of the appropriate country.

## **MALARIA**

Malaria is a parasitic disease spread by the bites of infected mosquitoes. Malaria produces fever and, in some cases, complications affecting the kidneys, liver, brain and blood; it can be fatal. Malaria is a major health problem throughout the tropics. If you are going to visit, travel through, or even just stop-over, in a malarial country, even if you have lived there before, take the following precautions:

### **Ask your doctor about anti-malarial measures.**

Tell your doctor which countries you will be visiting. Many areas have malaria parasites that are resistant to anti-malaria medicines. If in any doubt about which anti-malaria medicines are most suitable for you, your doctor may wish to check with the Public Health Laboratory Service Malaria Reference Laboratory, the Scottish Centre for Infection and Environmental Health or other professional sources of information. You should take the medication after food, for a week before travelling, throughout your stay, and for a month after returning.

### **Avoid mosquito bites.**

Use insect repellent, preferably one containing DEET (diethyltoluamide). Keep your arms and legs covered after sunset. Sleep in properly screened rooms and employ a 'knockdown' spray to kill any mosquitoes in the room. Use a mosquito net around the bed at night. Preferably the net should be impregnated with an insecticide. You should ensure that there are no holes in it and that it is well tucked in. Nets can be bought in the UK from shops and from travel clinics, such as those run by British Airways and Trailfinders.

However, none of these precautions will give absolute protection. So if you develop a fever, or feel ill, while abroad or up to three months after returning, it is essential to seek medical attention immediately. If you develop these symptoms after you have left a malarial region, tell the doctor that you have been to a country where malaria is a health risk.

### ***Travel and Jet Lag***

Jet lag occurs when the body has not adapted to a change in time zone such that the body rhythms are "out of synch" with local time. This leaves you feeling tired, difficulty in sleeping, headaches etc. Some simple steps and a bit of forward planning can reduce the impact.

- In the days prior to the departure, adjust your eating, sleeping and training times towards those of the destination. Once the trip begins, set your watch to the time at the destination and be guided by that as to when you eat and sleep, and try to remain active.
- The timing of sleep on long flights can help a lot to minimise jet lag once you arrive at the destination. For a morning arrival, try to sleep in the hours before arrival. For an evening arrival, try to sleep earlier in the flight depending on its duration. When it is time to sleep, recline the seat fully, ensure you are warm and use the pillows provided or an inflatable pillow. Eyeshades and earplugs may be useful.

- It is important to exercise when you get the chance. Regular walking up and down the aisle improves circulation, permits a chance to get extra water from the water fountain and can also provide you an opportunity to stretch in some roomy parts of the plane (eg near some exits). You should take advantage of stopovers to stretch and walk. Jogging or more aerobic exercises are not recommended, as your muscles will be tight and your joints stiff.
- Overeating may be a problem on longer flights as airlines offer at least four substantial meals within a 24-hour period. You may wish to skip one of these meals. Consume some fruit if possible. If you think the airline food may not be to your liking, bring appropriate snacks in your hand luggage.
- The dry atmosphere of the aircraft cabin tends to lead to dehydration, which may be aggravated by drinking coffee or alcohol, both of which have a diuretic effect. One way of ensuring that you drink adequate amounts of fluids is to ask for two drinks each time drinks are offered. Most appropriate drinks are water, fruit juice or lemonade. Caffeine containing drinks such as coffee tea or cola and alcohol should be avoided. Too much fizzy drinks or sparkling mineral water can lead to abdominal discomfort in the low pressure cabin environment.
- On arrival at the destination, adopt local time and eating habits. Make every effort to stay awake during the day even if you feel very tired. Some exercise can help if you feel likely to doze off. Where possible, avoid using sleeping tablets as they delay acclimatisation of normal circadian patterns. On arrival, weather permitting, try to spend some time in the natural sunlight to help your body adjust to the new time zone.

### ***Travel-Related Deep Vein Thrombosis***

A possible link between deep vein thrombosis (DVT) and long haul air travel was first suggested by reports in the 1950s. These early reports of DVT pointed to immobility as a risk factor.

DVT may be associated with any form of long distance travel whether by air, car, coach or train. In particular long-haul air travel (flights lasting longer than five hours) where passengers remain immobile in the seated position for long periods of time, may be associated with an increased risk

***The important point to remember is that the vast majority of air passengers do not need to take any medication on long haul flights to prevent DVT. All air passengers, even those at greatest risk can reduce the chances of getting DVT by doing the simple exercises set out in this advice.***

#### ***What is DVT?***

DVT is a serious condition where blood clots develop in the deep veins of the legs. It must be distinguished from blood clots in superficial varicose veins in the legs, called phlebitis, which is much less serious.

#### ***The risk of DVT from air travel***

There is some evidence that long-haul flights, especially when passengers have little or no exercise, may increase the risk of developing DVT. While it is difficult to be certain what the exact causes of travel-related DVT are, experts agree that lack of exercise or immobility are major underlying risks.

### ***How to reduce the possible risk of DVT on long haul flights***

#### Before the trip:

Consult your doctor if you have

- ever had a DVT or PE
- a family history of clotting conditions
- an inherited tendency to clot (thrombophilia)

Although less likely among referees, the following are included for completeness.

- cancer or had treatment for cancer in the past
- undergone major surgery in the last three months
- had hip or knee replacement within the last three months or
- ever suffered from a stroke.

Use of elastic stockings if you are in a high-risk group. There is some evidence that elastic stockings may prevent travel-related DVT. Elastic stockings are widely available from pharmacies and pharmacists can provide advice on use and fitting.

#### During the trip:

- be comfortable in your seat
- bending and straightening your legs, feet and toes while seated every half-hour or so during the flight is advised
- pressing the balls of your feet down hard against the floor or foot-rest will also help increase the blood flow in your legs and reduce clotting
- upper body and breathing exercises can further improve circulation
- take occasional short walks, when in-flight advice suggests this is safe
- take advantage of refuelling stopovers where it may be possible to get off the plane and walk about
- drink plenty of water
- be sensible about alcohol, which in excess leads to dehydration and immobility
- avoid taking sleeping pills, which also cause immobility.

After the trip: For the vast majority of air passengers there will be no problem. If, however, you do develop swollen painful legs especially where one is more affected than the other or breathing difficulties see a local doctor urgently or go to the nearest Accident and Emergency Department.

### ***Personal medical kit***

Consider taking your own supplies of the following

- Simple pain killers eg paracetamol, ibuprofen etc
- Loperamide for diarrhoea,
- Cold, 'flu and sore throat symptomatic remedies
- Antihistamines
- Insect repellent
- Sun screen and block
- Water sterilisation tablets

Don't forget any regular prescribed medication you may need. If travelling to countries with strict drug policies it is a good idea to get a letter from your GP stating what medication you are on, why you need it, dose etc.

### ***Diet and fluids***

Wherever you are in the world, be careful what you eat and drink. Food and water may be contaminated in a variety of ways – and that includes the water in swimming pools, lakes, rivers and the sea, so try not to swallow water when you are bathing.

Travellers' diarrhoea is very common, especially in hot countries. Travellers' diarrhoea, as well as diseases such as cholera, typhoid and hepatitis A can all be caught from contaminated food and water.

#### **BUT THEY CAN LARGELY BE AVOIDED BY SIMPLE PRECAUTIONS:**

- Always wash your hands after going to the lavatory, before handling food and before eating.
- If you have any doubts about the water available for drinking, washing food or cleaning teeth, boil it, sterilise it with disinfectant tablets or use bottled water - preferably carbonated with gas - in sealed containers.
- Avoid ice unless you are sure it is made from treated and chlorinated water. This includes ice used to keep food cool as well as ice in drinks.
- It is usually safe to drink hot tea or coffee, wine, beer, carbonated water and soft drinks, and packaged or bottled fruit juices.
- *Avoid sharing water bottles during training and matches.*
- Eat freshly cooked food that is thoroughly cooked and still piping hot.
- Avoid food that has been kept warm.
- Avoid uncooked food, unless you can peel or shell it yourself.
- Avoid food likely to have been exposed to flies.
- Avoid ice cream from unreliable sources, such as kiosks or itinerant traders.
- Avoid - or boil - unpasteurised milk.
- Fish and shellfish can be suspect in some countries. Uncooked shellfish, such as oysters, are a particular hazard.

After long haul trips, often to hot climates, plus fluid losses from training and refereeing, there is a real risk of dehydration. You must maintain an adequate fluid intake – remember alcohol and caffeine containing drinks add to dehydration. Aim to pass clear dilute urine about every 2 hours during the day – increase your intake if the urine is dark and concentrated (urine is always concentrated first thing in the morning!)

## **Illnesses abroad**

### **Traveller's diarrhoea**

If despite taking the above measures you develop diarrhoea it will usually be mild and self-limiting. Just increase your fluid intake. A solution containing glucose and electrolytes made with bottled water is best. More severe case will respond to treatment with loperamide (Imodium), which you can buy at a pharmacy before you leave; always check the drug information leaflet and tell the pharmacist if you are taking other medication. Take two tablets initially and one after each loose bowel movement until symptoms are under control. If symptoms persist or you feel unwell with fever or sweating seek medical advice.

## Respiratory infections

These are common when moving to new environments, risks increase with air conditioning in planes and in hotels. Consider taking antihistamines, throat pastilles and steroid nose sprays for symptomatic relief. As a referee you are not subject to the same drug restrictions as players and so can take symptomatic remedies containing “banned substances” such as decongestants.

*Have a good trip!*

