

Personal Care

Last updated March 2007

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Immunizations

Traveling in Rural Areas of Brazil

Safety (under construction)

Security (under construction)

Immunizations

Recommended in Brazil | United States | United Kingdom | Australia

Recommended immunizations vary from country to country. The schedules listed below are for reference only. For more details and the latest information, please check the appropriate government agency or website.

BRAZILIAN RECOMMENDED IMMUNIZATION SCHEDULE

PERSONS OVER 20 YEARS

http://portal.saude.gov.br/portal/svs/visualizar_texto.cfm?idtxt=21464

IDADE	VACINAS	DOSES	DOENÇAS EVITADAS
A partir de 20 anos	dT (Dupla tipo adulto) (1)	1ª dose	Contra Difteria e Tétano
	Febre amarela (2)	dose inicial	Contra Febre Amarela
	SCR (Tríplice viral) (3)	dose única	Contra Sarampo, Caxumba e Rubéola
2 meses após a 1ª dose contra Difteria e Tétano	dT (Dupla tipo adulto)	2ª dose	Contra Difteria e Tétano
4 meses após a 1ª dose contra Difteria e Tétano	dT (Dupla tipo adulto)	3ª dose	Contra Difteria e Tétano
a cada 10 anos, por toda a vida	dT (Dupla tipo adulto) (4)	reforço	Contra Difteria e Tétano
	Febre amarela	reforço	Contra Febre Amarela
60 anos ou mais	Influenza (5)	dose anual	Contra Influenza ou Gripe
	Pneumococo (6)	dose única	Contra Pneumonia causada pelo pneumococo

PERSONS AGED 0 – 10 YEARS

http://portal.saude.gov.br/portal/svs/visualizar_texto.cfm?idtxt=21462

IDADE	VACINAS	DOSES	DOENÇAS EVITADAS
Ao nascer	BCG - ID	dose única	Formas graves de tuberculose
	Vacina contra hepatite B (1)	1ª dose	Hepatite B
1 mês	Vacina contra hepatite B	2ª dose	Hepatite B
2 meses	Vacina tetravalente (DTP + Hib) (2)	1ª dose	Difteria, tétano, coqueluche, meningite e outras infecções causadas pelo <i>Haemophilus influenzae</i> tipo b
	VOP (vacina oral contra pólo)	1ª dose	Poliomielite (paralisia infantil)
	VORH (Vacina Oral de Rotavírus Humano) (3)	1ª dose	Diarréia por Rotavírus
4 meses	Vacina tetravalente (DTP + Hib)	2ª dose	Difteria, tétano, coqueluche, meningite e outras infecções causadas pelo <i>Haemophilus influenzae</i> tipo b
	VOP (vacina oral contra pólo)	2ª dose	Poliomielite (paralisia infantil)
	VORH (Vacina Oral de Rotavírus Humano) (4)	2ª dose	Diarréia por Rotavírus
6 meses	Vacina tetravalente (DTP + Hib)	3ª dose	Difteria, tétano, coqueluche, meningite e outras infecções causadas pelo <i>Haemophilus influenzae</i> tipo b
	VOP (vacina oral contra pólo)	3ª dose	Poliomielite (paralisia infantil)
	Vacina contra hepatite B	3ª dose	Hepatite B
9 meses	Vacina contra febre amarela (5)	dose inicial	Febre amarela
12 meses	SRC (tríplice viral)	dose única	Sarampo, rubéola e caxumba
15 meses	VOP (vacina oral contra pólo)	reforço	Poliomielite (paralisia infantil)
	DTP (tríplice bacteriana)	1º reforço	Difteria, tétano e coqueluche
4 - 6 anos	DTP (tríplice bacteriana)	2º reforço	Difteria, tétano e coqueluche
	SRC (tríplice viral)	reforço	Sarampo, rubéola e caxumba
10 anos	Vacina contra febre amarela	reforço	Febre amarela

PERSONS AGED 11 – 20 YEARS

http://portal.saude.gov.br/portal/svs/visualizar_texto.cfm?idtxt=21463

IDADE	VACINAS	DOSES	DOENÇAS EVITADAS
De 11 a 19 anos (na primeira visita ao serviço de saúde)	Hepatite B	1ª dose	Contra Hepatite B
	dT (Dupla tipo adulto) (2)	1ª dose	Contra Difteria e Tétano
	Febre amarela (3)	Reforço	Contra Febre Amarela
	SCR (Tríplice viral) (4)	dose única	Contra Sarampo, Caxumba e Rubéola
1 mês após a 1ª dose contra Hepatite B	Hepatite B	2ª dose	contra Hepatite B
6 meses após a 1ª dose contra Hepatite B	Hepatite B	3ª dose	contra Hepatite B
2 meses após a 1ª dose contra Difteria e Tétano	dT (Dupla tipo adulto)	2ª dose	Contra Difteria e Tétano
4 meses após a 1ª dose contra Difteria e Tétano	dT (Dupla tipo adulto)	3ª dose	Contra Difteria e Tétano
a cada 10 anos, por toda a vida	dT (Dupla tipo adulto) (5)	reforço	Contra Difteria e Tétano
	Febre amarela	reforço	Contra Febre Amarela

UNITED STATES RECOMMENDED IMMUNIZATION SCHEDULE

PERSONS OVER 18 YEARS

<http://www.cdc.gov/nip/recs/adult-schedule.htm>

Age group (yrs) ▶ Vaccine ▼	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1*}	1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ^{2*}	3 doses (females)		
Measles, mumps, rubella (MMR) ^{3*}	1 or 2 doses	1 dose	
Varicella ^{4*}	2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	
Influenza ^{5*}	1 dose annually	1 dose annually	
Pneumococcal (polysaccharide) ^{6,7}	1–2 doses		1 dose
Hepatitis A ^{8*}	2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B ^{9*}	3 doses (0, 1–2, 4–6 mos)		
Meningococcal ¹⁰	1 or more doses		

PERSONS AGED 0 – 6 YEARS

<http://www.cdc.gov/nip/recs/child-schedule.htm>

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	HepB <small>see footnote 1</small>			HepB				HepB Series	
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ¹			DTaP	DTaP	DTaP		DTaP					DTaP
Haemophilus influenzae type b ¹			Hib	Hib	Hib ³		Hib			Hib		
Pneumococcal ⁴			PCV	PCV	PCV		PCV				PCV PPV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza ⁵							Influenza (Yearly)					
Measles, Mumps, Rubella ¹							MMR					MMR
Varicella ⁶							Varicella					Varicella
Hepatitis A ¹							HepA (2 doses)				HepA Series	
Meningococcal ⁴											MPSV4	

PERSONS AGED 7 – 18 YEARS

<http://www.cdc.gov/nip/recs/child-schedule.htm>

Vaccine ▼	Age ►	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹		<small>see footnote 1</small>	Tdap			Tdap
Human Papillomavirus ²		<small>see footnote 2</small>	HPV (3 doses)			HPV Series
Meningococcal ³		MPSV4	MCV4		MCV4 ⁴	MCV4
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ¹			HepA Series			
Hepatitis B ¹			HepB Series			
Inactivated Poliovirus ¹			IPV Series			
Measles, Mumps, Rubella ¹			MMR Series			
Varicella ⁶			Varicella Series			

UNITED KINGDOM RECOMMENDED IMMUNIZATION SCHEDULE

PERSONS AGED 0 – 18 YEARS

<http://www.immunisation.org.uk/article.php?id=97>

WHEN TO IMMUNISE	WHAT IS GIVEN	HOW IT IS GIVEN
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Meningitis C (meningococcal group C) (MenC)	One injection
4 months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Meningitis C (meningococcal group C) (MenC)	One injection
	Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)	One injection
Around 12 months old	<i>Haemophilus influenzae</i> type b (Hib) and meningitis C (Hib/MenC)	One injection
Around 13 months old	Measles, mumps and rubella (German measles) (MMR)	One injection
	Pneumococcal infection (PCV)	One injection
3 years and 4 months to 5 years old	Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
13 to 18 years old	Diphtheria, tetanus, polio (Td/IPV)	One injection

AUSTRALIAN RECOMMENDED IMMUNIZATION SCHEDULE

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips>

Age	Vaccine
Birth	<ul style="list-style-type: none"> Hepatitis B (hepB) ^a
2 months	<ul style="list-style-type: none"> Hepatitis B (hepB) ^b Diphtheria, tetanus and acellular pertussis (DTPa) <i>Haemophilus influenzae type b (Hib)</i> ^{c,d} Inactivated poliomyelitis (IPV) Pneumococcal conjugate (7vPCV)
4 months	<ul style="list-style-type: none"> Hepatitis B (hepB) ^b Diphtheria, tetanus and acellular pertussis (DTPa) <i>Haemophilus influenzae type b (Hib)</i> ^{c,d} Inactivated poliomyelitis (IPV) Pneumococcal conjugate (7vPCV)
6 months	<ul style="list-style-type: none"> Hepatitis B (hepB) ^b Diphtheria, tetanus and acellular pertussis (DTPa) <i>Haemophilus influenzae type b (Hib)</i> ^c Inactivated poliomyelitis (IPV) Pneumococcal conjugate (7vPCV) ^e
12 months	<ul style="list-style-type: none"> Hepatitis B (hepB) ^b <i>Haemophilus influenzae type b (Hib)</i> ^d Measles, mumps and rubella (MMR) Meningococcal C (MenCCV)
12-24 months	<ul style="list-style-type: none"> Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) ^f
18 months	<ul style="list-style-type: none"> Varicella (VZV)
18-24 months	<ul style="list-style-type: none"> Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander children in high risk areas) ^g Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus and acellular pertussis (DTPa) Measles, mumps and rubella (MMR) Inactivated poliomyelitis (IPV)
10-13 years ^h	<ul style="list-style-type: none"> Hepatitis B Varicella (VZV)
15-17 years ⁱ	<ul style="list-style-type: none"> Diphtheria, tetanus and acellular pertussis (dTpa)
15-49 years	<ul style="list-style-type: none"> Influenza (Aboriginal and Torres Strait Islander people medically at-risk) Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at-risk)
50 years and over	<ul style="list-style-type: none"> Influenza (Aboriginal and Torres Strait Islander people) Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people)
65 years and over	<ul style="list-style-type: none"> Influenza Pneumococcal polysaccharide (23vPPV)

Traveling in Rural Areas of Brazil

Recent medical and dental exams should ensure that the traveler is in good health. Carry appropriate health and accident insurance documents and copies of any important medical records. Bring an adequate supply of all prescription and other medications as well as any necessary personal hygiene items, including a spare pair of eyeglasses or contact lenses, if necessary.

Drink only bottled beverages (including water) or beverages made with boiled water. Do not use ice cubes or eat raw seafood, rare meat or dairy products. Avoid roadside stands and street vendors.

SPECIFIC CONCERNS

MEDICAL FACILITIES

Medical care varies in quality, particularly in remote areas. Doctors and hospitals expect immediate cash payment for health services.

AIDS

Blood supply may not be adequately screened and/or single-use, disposable needles and syringes may be unavailable. When possible, treatment should be deferred until reaching a facility where safety can be assured.

INSECT-BORNE ILLNESS

These diseases are an important cause of ill health in rural areas:

- Dengue fever -- occurs
- Dengue hemorrhagic fever -- occurs
- Encephalitis -- occurs in northern areas
- Filariasis (Bancroftian type) -- prevalent
- Leishmaniasis (cutaneous and mucocutaneous) -- occurs
- Leishmaniasis (visceral) -- prevalent in northeastern areas, less frequent elsewhere
- Malaria
- Onchocerciasis (river blindness) -- occurs in northern areas (problem exists in isolated cases in rural areas; bites of blackflies, the carrier, may also transmit other filarial parasites or cause unpleasant and sometimes severe hemorrhagic reactions)
- Oropouche fever -- occurs (primarily in the Amazon River Basin; vector is a biting midge)
- Plague -- occurs
- Trypanosomiasis (Chagas' disease) -- occurs
- Yellow fever

A yellow fever vaccination certificate is required from travelers over 9 months of age coming from infected countries. Brazil recommends vaccination for travelers to rural areas in Acre, Amazonas, Goias, Maranhao, Mato Grosso, Mato Grosso do Sul, Para and Rondonia states, and the territories of Amapa and Roraima.

FOOD-BORNE AND WATER-BORNE ILLNESS

These diseases are common and include amoebiasis, diarrheal diseases and helminthic infections:

- Cholera -- occurs
- Brucellosis -- common
- Echinococcosis (hydatid disease) -- occurs
- Hepatitis -- prevalent
- Schistosomiasis -- occurs (coastal areas south of the "horn" and 2 pockets on northern coast)

OTHER HAZARDS

- Diseases such as measles and diphtheria are commonly reported.
- Influenza risk extends throughout the year.
- Brazilian purpuric fever -- occurs (Parana and São Paulo States)
- Meningitis (types B & C) -- occurs (Per WHO, incidence of types B and C have gradually increased over the past 10 years; 90% of the estimated 1,100 cases in 1995 were from the Rio de Janeiro metropolitan area, with about half from the city proper.)
- Rabies -- occurs
- Tuberculosis -- prevalent
- Significant air pollution hazards exist in São Paulo.
- Increase water intake during dry seasons to avoid dehydration.
- Dry season may also cause dry skin problems and create extra problems for contact lens wearers.
- Snakes and leeches may be hazards in some areas.

REPORTABLE DISEASE STATUS

- Cholera: Officially considered infected. Infection reported in these states: Acre, Alagoas, Amapa, Amazonas, Bahia, Ceara, Distrito Federal, Espirito Santo, Maranhao, Matto Grosso, Minas Gerais, Para, Paraiba, Parana, Pernambuco, Piaui, Rio de Janeiro, Rio Grande do Norte, Rondonia, São Paulo, Sergipe.
- Plague: Officially considered infected. Infection reported in these states: Bahia, Paraiba.
- Yellow Fever: Officially considered infected and endemic. Infection reported in these states: Amapa, Amazonas, Maranhao, and Para. Risk is considered to exist everywhere except urban centers.

Safety

Under construction

Security

Under construction