So, you’ve finally done it. You’ve decided to go to see the beautiful Mayan pyramids at Chichén Itzá or joined the Peace Corps in the Dominican Republic to help build houses as part of their community development projects. Wait, you really let loose and decided to go into the Amazonian jungle and learn how to use blowguns and spears from the indigenous population (yes, you can do that with several travel agencies). Well, before you pack up those sandals there are a couple of preventive actions you need to take -- and I’m talking more than suntan lotion and bug spray. If you want to have better memories of your travels than starting at the bottom of the hotel toilet bowl vomiting your contents, make sure you obtain the required vaccinations and that you are up-to-date with routine immunizations.

The Centers for Disease Control and Prevention is the best place to obtain health information regarding the necessary precautions against insects, food, and water safety tips. The Centers for Disease Control (CDC) is part of the U.S. Department of Health and Human Services. On their site they have the Travelers’ Health Home Page that includes current information on destinations, recommended vaccinations, and preventive measures that travelers should take to protect their health. The CDC site is comprehensive, current, respected, and travel health topics cover things as your standard information on immunizations and vaccinations to traveling with pets and children. They even have a section on recent outbreaks, useful for last minute travel. Additionally, the CDC publishes every two years the Health Information for International Travel (the "Yellow Book") booklet.

(Continued on Page 2)
WHEN GOING SOUTH OF THE BORDER... continued from page 1

The Yellow Book is written primarily for health care providers, although it is useful for everyone and it can be read online or downloaded from the CDC site.

Before you even bother dusting off that old Spanish-English dictionary, make sure that the immunizations you received as a child are still current including Tetanus-Diphtheria, Measles, Varicella (Chickenpox), and Polio. If they are not current, get a booster shot for the vaccination you are lacking. At the end of this article is an itemized table displaying the diseases travelers should watch out for and take preventive measures when traveling south of the border according to the CDC. The table is only a guide, each person is different and the way they react to disease differs. What is lethal in one person may not apply to another. Additionally, the level of preventive action and risk will depend on your travel itinerary (mosquito infested jungle vs. air-conditioned hotel in a city), your level of exposure to the local population and animals, visiting areas of high-risk such as areas of outbreaks, and your medical history. All travelers should visit a physician 4-8 weeks before departure and see their physician if they report any symptoms even one year after travel.

So use your noggin – eat well-cooked food, drink bottled or boiled water, use insect repellent spray and suntan lotion, use condoms, and obtain the appropriate vaccinations. Follow these simple rules and you may not have to spend your entire vacation asking “¿Dónde está el baño?”

Vaccine Preventable and other Common Diseases in the Caribbean, Latin America and South America

Please refer to the chart located on page 5 which describes the symbols, abbreviations, and colors.

<table>
<thead>
<tr>
<th>Diseases and Preventive Recommendations</th>
<th>Region where disease is most prevalent</th>
<th>Symptoms</th>
<th>Onset and Duration of Symptoms</th>
<th>LEVEL OF RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases carried by insects and/or animals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td>Ca, CeMe, SoAm</td>
<td>Fever, flu-like symptoms, severe headaches, nausea, vomiting, diarrhea, muscle aches, chills; may cause anemia, jaundice; if untreated kidney failure, seizures, confusion, coma, and death</td>
<td>Onset: 10 days to 1 month (can be 8 days to 1 year)</td>
<td>Ranging from High risk to fatal</td>
</tr>
<tr>
<td><strong>Dengue Fever</strong></td>
<td>Ca, CeMe, SoAm</td>
<td>Sudden high fever, severe headache, joint and muscle aches, nausea, vomiting/rash</td>
<td>Onset: Immediate</td>
<td>High risk in urban areas</td>
</tr>
<tr>
<td><strong>Lymphatic Filariasis</strong></td>
<td>Ca, CeMe, SoAm</td>
<td>No symptoms to allergic reactions such as itching, rashes, and swelling; enlargement of the leg or arm and genitals, lymphatic and kidney damage</td>
<td>Variable; can be months or years before symptoms are recognized</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on page 3)
# Vaccine Preventable and other Common Diseases in the Caribbean, Latin America and South America...continued from page 2

Please refer to the chart located on page 5 which describes the symbols, abbreviations, and colors.

<table>
<thead>
<tr>
<th>Diseases and Preventive Recommendations</th>
<th>Region where disease is most prevalent</th>
<th>Symptoms</th>
<th>Onset and Duration of Symptoms</th>
<th>LEVEL OF RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leishmaniasis</td>
<td>Ca, CeMe, SoAm</td>
<td>Open or closed skin sores, fever, enlargement of the spleen and liver, anemia</td>
<td>Onset: Weeks to years Duration: Variable; can be months or years before symptoms are recognized</td>
<td>High risk in tropical and rural areas</td>
</tr>
<tr>
<td>Onchocerciasis (River Blindness)</td>
<td>Ca, CeMe, SoAm</td>
<td>Visual impairment, including blindness; inflammation of the lymph nodes and skin</td>
<td>Onset: 1 to 3 years Duration: Variable; can be months or years before symptoms are recognized</td>
<td>Low risk when staying less than 3 months</td>
</tr>
<tr>
<td>American trypanosomiasis (Chagas Disease)</td>
<td>CeMe, SoAm</td>
<td>No symptoms to enlarged lymph glands, red and hard skin at site of infection, painless swelling of the eyes; fever, malaise, enlarged and painful lymph nodes, general swelling, central nervous system symptoms, heart failure, death</td>
<td>Onset: Few days to 20 years Duration: Usually 4 to 10 weeks; severe cases can be years or decades</td>
<td>Avoid homes with mud, palm thatch, or adobe roofs, especially those with cracks</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>Ca, CeMe, SoAm</td>
<td>Initial: fever, chills, headache, muscle aches, backaches, loss of appetite, nausea, vomiting Toxic phase: recurrent fever, vomiting, listlessness, jaundice, hemorrhage, kidney failure, death</td>
<td>Onset: 3 to 6 days Duration: 3 to 4 days</td>
<td>Rare; vaccine is only required if you are coming primarily from Africa or another Latin American country</td>
</tr>
<tr>
<td>Diseases carried in food and water: (BELOW)</td>
<td></td>
<td>No symptoms to fever, malaise, anorexia, nausea, abdominal discomfort, jaundice</td>
<td>Onset: Few hours Duration: 1 to 2 weeks</td>
<td>Most common vaccine preventable disease travelers</td>
</tr>
</tbody>
</table>

(Continued on page 4)
Vaccine Preventable and other Common Diseases in the Caribbean, Latin America and South America...continued from page 3

Please refer to the chart located on page 5 which describes the symbols, abbreviations, and colors.

<table>
<thead>
<tr>
<th>Diseases and Preventive Recommendations</th>
<th>Region where are most prevalent</th>
<th>Symptoms</th>
<th>Onset and Duration of Symptoms</th>
<th>LEVEL OF RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escherichia coli (E. coli)</td>
<td>Ca, CeMe, SoAm</td>
<td>No symptoms to bloody diarrhea, abdominal cramps, fever; hemolytic uremic syndrome, kidney failure,</td>
<td>Onset: Few hours Duration: 3 to 10 days</td>
<td>♣ Most common cause of travelers' diarrhea</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>Ca, CeMe</td>
<td>Fever, headache, muscle aches, malaise, anorexia, dizziness, intestinal perforation or bleeding, diarrhea or constipation, enlarged spleen, some infections, coma</td>
<td>Onset: 1 to 2 weeks; can be 1 to 2 months Duration: 1 month</td>
<td>♣ Most common cause of travelers’ diarrhea</td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>Ca, SoAm</td>
<td>Acute phase: no symptoms to fever, lack of appetite, stomach pain, weakness, headaches, joint and muscle pain, cough, diarrhea, nausea Chronic phase: liver, lung, intestinal, and/or bladder damage</td>
<td>Onset: Few hours, typically 2 to 3 weeks Duration: 6 to 8 weeks for presence of Schistosome eggs, sometimes years</td>
<td>♣ High risk only in contaminated fresh water (not in salt water such as oceans)</td>
</tr>
<tr>
<td>Cholera</td>
<td>Ca, CeMe, SoAm</td>
<td>No symptoms to mild/severe diarrhea and vomiting, dehydration, death</td>
<td>Onset: Few hours to 5 days Duration: Few days</td>
<td>♣</td>
</tr>
<tr>
<td>Diseases from person-to-person contact:</td>
<td>Ca, CeMe, SoAm</td>
<td>Acute phase: abdominal discomfort, weakness, nausea, vomiting, anorexia, jaundice, rashes, joint pain Chronic phase: liver damage (cirrhosis), liver cancer, death</td>
<td>Onset: Immediate Duration: Few weeks to several months; can have it for life</td>
<td>♣ High risk for those that have sexual contact with local population or will have local medical/dental treatment</td>
</tr>
</tbody>
</table>

(Continued on page 5)
This chart can be used to understand the table of common diseases in Latin America, South America, and the Caribbean.

<table>
<thead>
<tr>
<th>CeMe</th>
<th>Central America and Mexico:  (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ca</td>
<td>Caribbean:  (Anguilla, Antigua &amp; Barbuda, Bahamas, Barbados, Bermuda, Cayman Islands, Cuba, Dominican Republic, Grenada, Guadeloupe, Haiti, Martinique, Montserrat, Netherlands Antilles, Puerto Rico, St. Lucia, St. Vincent &amp; the Grenadines, St. Kitts &amp; Nevis, Trinidad &amp; Tobago, Virgin Islands)</td>
</tr>
<tr>
<td>SoAm</td>
<td>South America:  (Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Background</td>
<td>CDC Recommended Vaccinations</td>
</tr>
<tr>
<td>Blue Background</td>
<td>Preventive Vaccinations Available / Advisable to Vaccinate or Use Preventive Drugs When Going to High Risk Areas</td>
</tr>
<tr>
<td>Red Background</td>
<td>No Preventive Vaccinations or Drugs Available, Effective, or Recommended</td>
</tr>
</tbody>
</table>

**LEVEL OF RISK:** risk is determined on a rough estimation based on a combination of risk factors such as risk for infection, risk of incidence/prevalence, the severity and length of symptoms, and the quality of treatments that may be necessary

- **Low Risk**
- **Moderate Risk**
- **High Risk**
- **Particularly Fatal; especially if not treated**

### Vaccinations offered by the Student Health Services at CSULB:

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A &amp; Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
</tr>
</tbody>
</table>

**THE NEXT ARTICLE BEING FEATURED IS:**

"AN AMERICAN GUIDE TO VISITING AFRICA"
Ebola is a disease that many people are familiar with because it has been highly publicized in the past by the media. In fact, this disease created a huge scare for many Americans. This disease is widespread in Central Africa, initially in Zaire and Sudan and recently in Gabon. A new strain, Ebola Tai, was discovered recently in Cote d'Ivoire (Ivory Coast), West Africa. There are four species of Ebola virus identified in humans: Ebola-Zaire, Ebola-Sudan, Ebola-Reston, and Ebola-Ivory Coast. Researchers believe that this virus is zoonotic (animal borne) and is maintained by an animal host on the African continent. This disease is named after a river in the Democratic Republic of the Congo (formerly Zaire) in Africa, where it was first recognized.  

The Ebola virus is not airborne. However, it is spread in many ways, such as breast milk, vaginal secretions, seminal fluid, blood, and other bodily secretions. The incubation period can be anywhere from 2 to 21 days, although 7 to 14 days is the most common interval. This disease affects liver cells and the lining of blood capillaries. When the capillaries are affected, this causes leakage of fluid and eventually this leads to shock because of the low water volume in the body. This also causes low tissue oxygenation, which causes organ failure. All forms of Ebola usually begin with muscle aches and fever. As the disease begins to develop, symptoms may be comprised of chills, headaches, muscle aches, and loss of appetite. As the disease becomes more severe, vomiting, bloody diarrhea, abdominal pain, sore throat, and chest pain may occur. When experiencing this disease, the individual’s blood will not clot, therefore continuous bleeding will transpire upon injection of needles. Uncontrollable bleeding will also occur in the gastrointestinal tract, skin, and internal organs due to the illnesses. Ebola-Zaire virus is estimated to be fatal in 90% of the cases and Ebola-Sudan, 60% of the cases. Ebola-Reston is not known to be lethal in humans, but is terminal in monkeys. 

There is no vaccine or cure for this disease. Treatment of this disease consists of careful management of fluid and electrolyte balance. However, if death is imminent, the infectious corpse must be handled cautiously. Survival depends on which type of virus the individual has. Once the patient is completely recovered from this illness, they do not pose a serious risk for spreading the infection. However, the disease may be present in genital secretions for up to 7 weeks after recovery. Therefore it is possible to spread this disease during sexual contact. Monkeys are victims and vectors (carriers) of this disease. Other vectors are unknown.

To avoid the transmission of this disease, universal precautions are sufficient with face shields for splashing. Monkeys are victims and vectors (carriers) of this disease. Other vectors are unknown. 

References:
1. www.cdc.gov
2. www.infowire.net
Planning to travel to Asia? Read ahead and find out what you need to do to protect yourself from deadly diseases. Understand now, that this is a very important matter that should not be ignored. In fact, taking accurate precautions can easily protect you and those you love from contracting preventable illnesses.

Food and waterborne diseases are commonly the cause for infecting travelers in Asia. This is due to the contamination of soil which give rise to contaminated fruits, vegetables and polluted water supply. An example is a disease commonly known as Typhoid Fever. Other common diseases found in Asia are Japanese Encephalitis, Malaria, and Rabies. These diseases are usually transmitted via vectors or carriers of diseases that are animals and insects.

Japanese Encephalitis is categorized as a flavivirus. Its form of transmission is by numerous mosquito vectors, which encounter the disease when feeding off of pigs and wild birds. Therefore, travelers should avoid mosquito bites and should probably find out if there is an epidemic of Japanese Encephalitis in the particular country of Asia in which they are planning to visit. There are countries in Asia where the epidemic is year round, so travelers are urged to take with them insect repellents, or use any other method useful for keeping mosquitoes away. Travelers visiting areas where there is an epidemic or who are planning to stay longer than a month, are urged to take the Japanese Encephalitis virus vaccine before leaving home. It is assuring to know that this disease is not transmitted person-to-person. If a traveler should get infected due to a mosquito bite, they should immediately get vaccinated. Symptoms usually include headaches, high fevers, and meningeal signs, although some cases are asymptomatic (no signs or symptoms). This disease can be very fatal because of no specific treatment available.

Another commonly known disease in Asia is Malaria. Malaria is an extremely fatal disease if left untreated. Because malaria-infected mosquitoes transmit this disease, a traveler must protect themselves from mosquito bites. Sadly so, this disease can also be transmitted from person-to-person through infected blood transfusions. Those who are bitten by an infected mosquito show signs and symptoms at least 10 days to 4 weeks after contracting the disease. Symptoms include chills, headaches, flu-like illnesses, nausea, vomiting, and eventually cause chronic illnesses such as anemia, jaundice, liver and/or kidney failure. A traveler can be cured, if
A SUMMER TRIP TO ASIA...continued from page 7

(Continued from page 7) diagnosed and treated immediately, with the help of prescription drugs. It is extremely important that before traveling to Asia, one must visit their physician and get prescribed anti-malarial drugs, which are taken to help prevent this disease.

The third disease most prevalent in Asia is a virus called Lyssavirus. This virus is what causes a widespread disease commonly known as rabies. It is an acute virus, which includes symptoms such as fever, malaise, headaches, and lost of appetite and eventually paralysis, and difficulty swallowing. Once this disease if left untreated and symptoms persist, it becomes almost always fatal. Rabies is an infection most common in developing countries although the disease may be found in animals of developed countries worldwide. Its form of transmission is by a bite from an infected wild animal. Travelers are at risk if they come in contact with a wild animal, or even domestic animals such as cats and dogs that are carriers of the disease. There is no harm in petting or feeding an infected animal, for it is not an airborne disease although you take the risk of being bitten by the animal. There is no vaccination requirement before entering Asia or any country although there is a Preexposure Prophylaxis vaccination, which is recommended for those who are at high risk such as veterinarians and animal handlers, etc. Therefore, those who intend to stay outdoors should be extremely cautious. If on your trip, an infected animal should bite you or someone close to you, you must administer first aid by disinfecting the wound with either soap or detergent and water. After thorough washing, add either ethanol or iodine. Immediately after, the person wounded should be taken to nearest hospital to receive a vaccination called Post-exposure Prophylaxis.

The fourth common disease is Typhoid Fever. It is a common sickness caused by Salmonella Typhi. As the name has it, typhoid fever causes fever, anorexia, malaise, headaches, etc. So, how do you get it? Eating or drinking contaminated food sources transforms this disease. This also includes contaminated water. It is usually transmitted by the fecal to oral contamination cycle. For example, if an animal drops its feces into a crop-growing environment, and people then eat from the land, they are transmitting the mixture of animal feces with that of the fruit or vegetable and then completing the cycle by eating it, hence fecal to oral. Some developing countries, including those in Asia, use night soil, a mixture of natural soil and animal feces as a fertilizer. It is called night soil because it is done late nights. Drinking milk or eating milk products that have been contaminated can also cause harm to the traveler. A typhoid vaccination is not required, but always recommended for travelers. There are two forms of vaccinations, the Vivotif Berna vaccine and the V1 Capsular Polysaccharide vaccine. Travelers should be warned that vaccinations are not 100% effective, so it is crucial to watch what you eat.

What you should do before taking trip
- Visit health care provider and request appropriate vaccinations (1 month prior to departure date)
- Take with you anti-malarial drugs or drugs administered by doctor
- Insect repellent that contains DEET (Diethylmethyliodamide)
- Over-the-counter anti-diarrheal medication
- Water bottles, water filters or iodine tablets to purify water
- Pack long sleeve shirts and pants to protect yourself from insects bites
- Pack a mosquito bed net to protect yourself from mosquitos while sleeping

What you should avoid doing while on your trip:
- Drinking unfiltered water
- Eating raw or undercooked foods, this includes fruits and vegetables
- Eating or drinking unpasteurized dairy products
- Contact with wild animals this also includes cats and dogs
- Contact with insects such as mosquitos to avoid bites

Above all this, remember to enjoy your trip!!

References:

TRAVELING TO EUROPE...by Ellainne Valderrama

Since students frequently travel to Europe during the summer months, it’s important to know the facts about the illnesses, diseases and preventative measures to take while planning a vacation. Students who travel should anticipate the health risks associated with visiting foreign countries. Therefore, to prevent diseases such as tickborne encephalitis (TBE), malaria, Lyme disease, and traveler’s diarrhea that can afflict European travelers, students should educate themselves about the precautions to take and plan ahead for any health problems that may arise.

Tickborne encephalitis (TBE), also known as a spring-summer encephalitis, is a viral infection of the central nervous system transmitted by bites of certain carrier ticks, usually after travel to rural or forested areas and may also be acquired by ingesting dairy products. The incubation period begins as a flu-like illness, including fever, headache, and vomiting, followed by the development of neurologic symptoms, including neck stiffness, dizziness, tremors, drowsiness (Continued on page 8)
(Continued from page 8)  

TRAVELING TO EUROPE...by Ellainne Valderrama

delirium, and coma. Although there are no proven treatments for tickborne encephalitis, the most commonly used vaccine is TicoVac, which consists of an inactivated, purified whole virus. Another vaccine is Encepur, like Tico-Vac, the usual schedule consists of three doses over a one-year period. However, limited data indicates that an accelerated schedule, consisting of two doses separated by one week, may offer immunity in most people. A third dose should be given three-to-four weeks later, followed by a fourth dose in one year’s time.

Travelers should be advised to avoid tick-infested areas and to protect themselves from tick bites by dressing appropriately and using repellents. Repellents containing N, N-diethylmetatoluamide (DEET) can be applied directly to the skin. Travelers with extensive unprotected outdoor, evening, and nighttime exposure in rural areas might be exposed while bicycling, camping, or engaging in certain occupational activities, might be at high risk even if their trip is brief.

Malaria is a serious, sometimes fatal, disease caused by a parasite. There are four kinds of malaria that can infect humans: Plasmodium falciparum, P. vivax, P. ovale, and P. malariae. The WHO (World Health Organization) estimated that yearly 300-500 million cases of malaria occur and more than 1 million people die of malaria. Humans get malaria from the bite of a malaria-infected mosquito. When a mosquito bites an infected person, it ingests microscopic malaria parasites found in the person’s bloodstream. The malaria parasite must grow in the mosquito for a week or more before infection can be passed to another person. If, after a week, the mosquito then bites another person, the parasites go from the mosquito’s mouth into the person’s blood. Once inside the red blood cells, the parasites grow and multiply. The red blood cells burst, freeing the parasites to attack the other red blood cells and toxins from the parasite are released into the blood, making the person feel sick.

Persons living in, and travelers to, any area of the world where malaria is transmitted may become infected and therefore at risk for malaria. Treatment for malaria can be cured with prescription drugs. The type of drugs and length of treatment depend on which kind of malaria is diagnosed, where the patient was infected, and the patient, and how severely ill the patient was at start of treatment. In order to prevent malaria and other travel-related illnesses from occurring visit your health care provider 4-6 weeks before foreign travel for any vaccinations and a prescription for an antimalarial drug, prevent mosquito and other insect bites with repellent, wear long pants and long-sleeved shirts, especially from dusk to dawn, and sleep under a mosquito net that has been dipped in permethrin if you are not living in a screened or air-conditioned housing.

Lyme disease results from infection with spirochetes transmitted to humans through the bite of infected ticks. Symptoms of Lyme disease include an expanding rash at the site of tick attachment, fever, arthritis, and neurologic manifestations, including facial palsy. A vaccine is available for protection from Lyme disease, however, because of the diversity of species that cause Lyme disease in Europe, the vaccine is not likely to be highly effective outside North America, but can usually be cured by an appropriate antibiotic treatment. Travelers to endemic areas should be advised to avoid tick habitats if possible. Since transmission is unlikely to occur in the first 36 hours of tick attachment, prompt removal of any ticks will help prevent infection.

Food and waterborne diseases are the number one cause of illness in travelers. Travelers’ Diarrhea is caused by viruses, bacteria, or parasites ingested through fecal contaminated food and water. Infections may cause diarrhea and vomiting (E. coli, Salmonella, cholera, and parasites), fever (typhoid fever and toxoplasmosis), or liver damage (hepatitis). The CDC does not recommend use of antibiotics to prevent TD because they can cause additional problems; therefore, paying close attention to the choice of foods and beverages consumed is the best way to prevent TD. For treatment, oral fluids (fruit juices, soft drinks without caffeine) should be taken to sufferers of diarrhea. Most episodes of TD resolve in a few days, but if diarrhea is severe, bloody, or does not resolve and is accompanied by fever and chills, travelers should seek medical help.

In summary, if you are planning to take a trip to another country, such as Europe, you should educate yourself about the health risks in the country you are visiting, vaccinate yourself to those diseases found in that country, and have fun while visiting your destination, but be cautious. Always drink only commercially bottled and sealed beverages or water that has been boiled or treated, avoid raw vegetables, unpeeled fruits, meat, seafood, and tap water. The last thing you want is to be in need of medical care in a foreign country, so prepare yourself and avoid the common mistakes many travelers have made before you.

References:
Health Resource Center, Room 268
Student Health Services
CSULB Division of Student Services

1250 Bellflower Blvd.
Long Beach, CA 90804-0201
Phone: 562-985-4609
Hotline: 562-985-5413
Fax: 562-985-8404
Email: hrc@csulb.edu

HEALTH RESOURCE CENTER
PROGRAMS
ATOD
Alcohol, Tobacco, & Other Drug Use
Prevention Workshop will provide important facts regarding substance use and abuse.

SHAW
Sexual Health Awareness Workshop helps enhance your knowledge of contraception, STD’s, breast and testicular examination

HIV Testing & Counseling
Free and confidential

Nutrition Counseling
Individual counseling to meet your nutritional needs

Outreach Presentations
Presentations on alcohol, tobacco, drugs, STD’s, birth control, and eating disorders are available upon request for all classes.

Men’s Health Clinic
Physical exam, laboratory testing and counseling are available for men who are seeking the attention needed for healing their minds and bodies.

VACCINATIONS OFFERED BY
THE CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
2525 Grand Ave., Long Beach, CA 90815
(562) 570-4000

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>TIME PERIOD</th>
<th>PRICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>10 YEARS</td>
<td>$26.00 (Adult) &amp; $20.00 (Child)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>10 YEARS</td>
<td>$35.00</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>10 YEARS</td>
<td>$60.00</td>
</tr>
<tr>
<td>Cholera</td>
<td>6 MONTHS (2 series)</td>
<td>$16.00</td>
</tr>
<tr>
<td>Rabies</td>
<td>2 YEARS (3 series)</td>
<td>$134.00 each</td>
</tr>
<tr>
<td>Typhoid Injection</td>
<td>2 YEARS (2 doses)</td>
<td>$15.00</td>
</tr>
<tr>
<td>Typhoid Injection</td>
<td>2 YEARS (1 dose)</td>
<td>$40.00</td>
</tr>
<tr>
<td>Typhoid Oral</td>
<td>5 YEARS (4 capsules)</td>
<td>$28.00</td>
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<tr>
<td>Diphtheria-Tetanus</td>
<td>5 YEARS</td>
<td>$12.00</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>$51.00</td>
</tr>
</tbody>
</table>

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