

COMPLETE TRAVELER SAFETY GUIDE

Dengue & Mosquito-Borne Disease • Before • During • After Travel

WHY I CREATED THIS GUIDE

Created from Experience. Grounded in Research.

As a longevity strategist and dengue survivor, I learned firsthand that protecting longevity begins with protecting the health we have today.

Inspired by my experience and ongoing study of mosquito-borne disease, this guide connects travelers with trusted scientific and public health resources to help recognize risks and act earlier. The official resources here can also help check other serious travel-related infectious diseases.

Awareness before the emergency.

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Mosquito-Borne & Vector-Borne Disease*

KNOW BEFORE YOU GO. KNOW WHAT TO DO IF YOU GET SICK.

Mosquito-borne illnesses can begin with ordinary-looking symptoms. Fever, headache, profound fatigue, muscle or joint pain, nausea, vomiting, stomach symptoms or rash can resemble many other illnesses. If symptoms begin during travel—or after you return—where you have been matters.

Most dengue infections are asymptomatic or mild and most people who become ill recover. A minority develop severe dengue, and deterioration can occur rapidly, including around the time the fever resolves.

BEFORE YOU TRAVEL

CHECK WHAT IS CIRCULATING NOW — NOT WHAT WAS CIRCULATING LAST YEAR.

- Check WHO/CDC/regional sources and the national or local public-health authority for your destination.
- Know which mosquito-borne diseases are relevant to your itinerary.
- Check vaccines and preventive medicines, including malaria chemoprophylaxis where appropriate.
- Consider a travel-health visit 4–6 weeks before international travel when possible; last-minute travelers can still benefit.
- Know where you would seek medical care and review travel insurance/medical-evacuation coverage.
- Save this guide and key health information on your phone for offline access.

DO NOT UNDERESTIMATE DENGUE

Dengue is not simply a fever or an unpleasant vacation illness. Most infections are asymptomatic or mild, and most people who become ill recover. But severe dengue can become life-threatening within hours and can cause severe plasma leakage and shock, serious bleeding, or severe organ impairment.

IF YOU HAVE AN OPPORTUNITY TO PREVENT INFECTION, USE IT.

You cannot know in advance exactly how your body will respond to dengue. Preventing mosquito bites is therefore not a trivial travel precaution: use proven repellent, protect exposed skin, know the current risk at your destination, and follow current vaccine or preventive guidance when applicable.

PREVENTION IS EASIER THAN RECOVERY.

WHAT MOSQUITO REPELLENT SHOULD I PACK?

CHOOSE PROVEN PROTECTION — NOT JUST THE WORD “NATURAL.”

For mosquito-risk travel, choose an EPA-registered repellent and follow its label. Established active ingredients include DEET, picaridin/icaridin, IR3535, OLE/PMD and 2-undecanone.

Preferred practical options

✓ PICARIDIN / ICARIDIN — 20%

A strong practical choice for many travelers. It provides long-lasting protection and many people find it less oily and less pungent than DEET.

✓ DEET — 20–30%

A well-established, extensively studied option. Higher concentrations generally extend protection time rather than simply making the product “stronger.”

✓ OLE / PMD — REGISTERED FORMULATION

Do not confuse a registered OLE/PMD repellent with ordinary eucalyptus essential oil or homemade essential-oil mixtures.

FOR MOSQUITO-RISK TRAVEL, DON'T EXPERIMENT WITH PROTECTION.

Protect exposed skin

**ANKLES • TOPS OF FEET • LOWER LEGS • GAPS BETWEEN PANTS AND SHOES •
WRISTS • HANDS • NECK**

Wear loose-fitting long sleeves and pants when practical. Apply repellent to exposed skin according to the label; do not apply repellent under clothing. At the beach or pool, remember that a swimsuit leaves much more skin exposed.

SUNSCREEN FIRST → REPELLENT SECOND.

Clothing & lodging

- Use 0.5% permethrin-treated clothing/gear or pre-treated items when appropriate; never apply permethrin directly to skin.
- Choose air-conditioned or well-screened lodging when possible; use mosquito nets where appropriate.
- Reduce accessible standing water around lodging when it can be done safely.

PACK IT BEFORE YOU FLY

Purchase enough effective repellent before your trip. Do not assume your preferred product or concentration will be available after arrival.

BUY IT BEFORE YOU GO. PACK ENOUGH FOR THE TRIP. USE IT FROM DAY ONE.

PACK SMART — KEEP PROTECTION WITH YOU

Consider several small travel-size pump sprays or lotions in their original labeled containers rather than relying on one large container. Keep one in your beach bag, handbag, backpack, day bag or travel kit.

A large bottle left in the hotel room cannot protect you while you are out for hours. Choose the format you are most likely to carry, apply thoroughly and reapply according to its label.

PACK SMALL. KEEP IT CLOSE. STAY PROTECTED.

FIRST SIGNALS

**FEVER • CHILLS • HEADACHE • BODY OR JOINT PAIN • UNUSUAL EXHAUSTION •
NAUSEA/VOMITING • RASH**

These symptoms are not specific to one disease. If you become ill during or after travel, tell the clinician exactly where you were, your travel dates and when symptoms began.

YOUR TRAVEL HISTORY IS PART OF YOUR MEDICAL HISTORY.

IF YOU BECOME SICK WHILE TRAVELING

DON'T AUTOMATICALLY WAIT UNTIL YOU GET HOME.

Tell the clinician: "I recently traveled to [DESTINATION]. I was there from [DATES]. My symptoms began on [DATE]. Could dengue, malaria or another travel-related infection be relevant?"

DENGUE — VIRUS

Dengue is caused by four closely related viruses: DENV-1, DENV-2, DENV-3 and DENV-4. The illness classically progresses through febrile, critical and recovery phases.

NO SPECIFIC ANTIVIRAL DOES NOT MEAN NO MEDICAL CARE.

Supportive care and monitoring matter. Appropriate outpatients should receive clear warning-sign instructions and regular follow-up; warning signs or severe dengue require hospital management.

At home, when outpatient care is appropriate

- Rest and maintain oral hydration if tolerated.
- Use acetaminophen/paracetamol appropriately for fever or pain.
- Avoid aspirin and NSAIDs such as ibuprofen when dengue is suspected because of bleeding risk.
- Seek reassessment if you cannot maintain fluids, are repeatedly vomiting, urinating much less, becoming progressively weaker or developing warning signs.

The critical warning

FEVER DOWN ≠ AUTOMATICALLY RECOVERED

The dengue critical phase typically begins around defervescence, when the fever resolves, and commonly lasts about 24–48 hours. Warning signs can emerge during this transition.

Plasma leakage, platelets & IV fluids

In severe dengue, small blood vessels can become abnormally permeable, allowing plasma to escape the circulation. Significant leakage can reduce circulating volume, cause shock or contribute to respiratory distress.

SEVERE PLASMA LEAKAGE • SEVERE BLEEDING • SEVERE ORGAN IMPAIRMENT

Low platelets are common, but one platelet count does not determine severity. Clinicians assess symptoms, warning signs, vital signs, circulation, urine output, CBC/hematocrit trends and organ function when indicated.

Not everyone needs IV fluids. They may be needed when oral intake is inadequate, warning signs develop or severe dengue occurs. Fluid therapy must be managed carefully; IV fluids are not a way to “flush out” dengue.

Dengue warning signs

- Severe abdominal pain or tenderness
- Persistent vomiting
- Mucosal or significant bleeding
- Blood in vomit or stool
- Unusual drowsiness, confusion, irritability or restlessness
- New breathing difficulty or clinical fluid accumulation
- Rapid worsening, profound weakness, inability to maintain fluids or markedly reduced urination

SEVERE DENGUE IS A MEDICAL EMERGENCY.

Had dengue before?

Infection with one dengue virus generally gives long-lasting protection against that same type, not all four. A person can have dengue more than once, and a later infection with a different dengue virus is associated with a higher risk of severe disease.

OTHER MOSQUITO-BORNE DISEASES

MALARIA — PARASITE

Malaria is caused by Plasmodium parasites transmitted by infected Anopheles mosquitoes. Depending on destination, prescription preventive medication may be recommended. Fever during or after travel to a malaria-risk area requires prompt medical evaluation.

YELLOW FEVER — VIRUS

Yellow fever occurs in parts of Africa and South America and can cause severe disease. It is vaccine-preventable. Vaccination may be recommended, and proof of vaccination may be required depending on destination and itinerary.

ZIKA — VIRUS

Zika is primarily transmitted by Aedes mosquitoes and can also be sexually transmitted. Pregnancy changes the implications of infection; check current destination-specific guidance if pregnant, planning pregnancy or if a partner is pregnant/planning pregnancy.

CHIKUNGUNYA — VIRUS

Chikungunya commonly causes fever and prominent joint pain; joint symptoms can persist. Vaccination may be relevant for some travelers depending on current guidance.

WEST NILE — VIRUS

Most infections are asymptomatic, but a small proportion cause serious neurologic disease. Severe headache, neck stiffness, confusion, weakness, tremors or other neurologic symptoms require urgent evaluation.

JAPANESE ENCEPHALITIS — VIRUS

Risk depends on destination, season, trip duration, rural exposure and activities. Vaccination may be recommended for certain travelers.

SURVIVING DENGUE DOESN'T ALWAYS MEAN RECOVERY IS OVER

THE ACUTE INFECTION MAY BE OVER. RECOVERY MAY NOT BE.

Most people recover fully, but surviving the acute illness does not necessarily mean feeling normal immediately. WHO notes that fatigue can persist for several weeks after dengue. Severe dengue can also involve major acute complications, including shock, serious bleeding and organ impairment.

If fatigue, weakness, reduced stamina, new symptoms, or other health problems continue after dengue - especially after severe disease or hospitalization - seek appropriate medical follow-up. Persistent symptoms should be evaluated rather than automatically attributed to dengue.

SURVIVAL IS THE FIRST MILESTONE. RECOVERY CAN TAKE TIME.

AFTER YOU RETURN HOME

Some travel-related infections become apparent only after return. If you become ill, tell the clinician where and when you traveled—even if the trip no longer feels recent. Malaria deserves particular attention: fever after travel to a malaria-risk area requires prompt evaluation.

Continue mosquito-bite prevention after return when advised by current public-health guidance, including CDC guidance for travelers returning from areas with mosquito-borne viruses.

DON'T ASSUME

- I didn't see mosquitoes, so I wasn't bitten.
- It's daytime, so I don't need repellent.
- My fever went away, so dengue must be over.
- I've had dengue once, so I'm immune to all dengue.
- I'm taking malaria medicine, so mosquito protection is unnecessary.
- I'm home now, so my travel history no longer matters.
- There is no specific dengue antiviral, so medical care cannot help.

OFFICIAL SOURCES

- WHO Disease Outbreak News — who.int/emergencies/disease-outbreak-news
- CDC Travelers' Health — cdc.gov/travel
- PAHO Epidemiological Alerts & Updates — paho.org
- ECDC Surveillance & Disease Data — ecdc.europa.eu
- Destination-specific national/local public-health authority

DON'T PANIC. DON'T IGNORE. GET INFORMED.

Updated traveler information and direct links to reliable official public-health sources.

alinamartynenko.com

THE CARD TRAVELS. THE WEBSITE STAYS CURRENT.

Stay well,

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With a primary focus on Aedes aegypti mosquitoes, dengue and emerging arboviral threats.