



French Polynesia

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Summary of recommendations:

All travelers should visit either their personal physician or a [travel health clinic](#) 4-8 weeks before departure.

Vaccinations:

Hepatitis A	Recommended for all travelers
Typhoid	For travelers who may eat or drink outside major restaurants and hotels
Yellow fever	Required for travelers arriving from a yellow-fever-infected area in Africa or the Americas. Not recommended or required otherwise.
Hepatitis B	For travelers who may have intimate contact with local residents, especially if visiting for more than 6 months
Rabies	For travelers who may have direct contact with animals and may not have access to medical care
Routine immunizations	All travelers should be up-to-date on tetanus-diphtheria, measles-mumps-rubella, polio, and varicella immunizations



Medications

[Travelers' diarrhea](#) is the most common travel-related ailment. The cornerstone of prevention is *food and water precautions*, as outlined below. All travelers should bring along an antibiotic and an antidiarrheal drug to be started promptly if significant diarrhea occurs, defined as three or more loose stools in an 8-hour period or five or more loose stools in a 24-hour period, especially if associated with nausea, vomiting, cramps, fever or blood in the stool. A quinolone antibiotic is usually prescribed: either [ciprofloxacin \(Cipro\)\(PDF\)](#) 500 mg twice daily or [levofloxacin \(Levaquin\) \(PDF\)](#) 500 mg once daily for a total of three days. Quinolones are generally well-tolerated, but occasionally cause sun sensitivity and should not be given to children, pregnant women, or anyone with a history of quinolone allergy. Alternative regimens include a three day course of [rifaximin \(Xifaxan\)](#) 200 mg three times daily or [azithromycin \(Zithromax\)](#) 500 mg once daily. Rifaximin should not be used by those with fever or bloody stools and is not approved for pregnant women or those under age 12. Azithromycin should be avoided in those allergic to erythromycin or related antibiotics. An antidiarrheal drug such as loperamide (Imodium) or diphenoxylate (Lomotil) should be taken as needed to slow the frequency of stools, but not enough to stop the bowel movements completely. Diphenoxylate (Lomotil) and loperamide (Imodium) should not be given to children under age two.

Most cases of travelers' diarrhea are mild and do not require either antibiotics or antidiarrheal drugs. *Adequate fluid intake* is essential.

If diarrhea is severe or bloody, or if fever occurs with shaking chills, or if abdominal pain becomes marked, or if diarrhea persists for more than 72 hours, medical attention should be sought.

Though effective, antibiotics are not recommended prophylactically (i.e. to prevent diarrhea before it occurs) because of the risk of adverse effects, though this approach may be warranted in special situations, such as immunocompromised travelers.

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Immunizations

The following vaccinations are recommended for French Polynesia.

[Hepatitis A](#) vaccine is recommended for all travelers over one year of age. It should be given at least *two weeks* (preferably *four weeks* or more) before departure. A booster should be given 6-12 months later to confer long-term immunity. Two vaccines are currently available in the United States: [VAQTA \(Merck and Co., Inc.\) \(PDF\)](#) and [Havrix \(GlaxoSmithKline\) \(PDF\)](#). Both are well-tolerated. Side-effects,

which are generally mild, may include soreness at the injection site, headache, and malaise.

Travelers who are less than one year of age, are pregnant, or have less than two weeks before departure should receive a single intramuscular dose of gammaglobulin (see [hepatitis A](#) for dosage) instead of vaccine.

[Typhoid](#) vaccine is recommended for all travelers, with the exception of short-term visitors who restrict their meals to major restaurants and hotels, such as business travelers and cruise passengers. It is generally given in an oral form ([Vivotif Berna](#)) consisting of four capsules taken on alternate days until completed. The capsules should be kept refrigerated and taken with cool liquid. Side-effects are uncommon and may include abdominal discomfort, nausea, rash or hives. The alternative is an injectable polysaccharide vaccine ([Typhim Vi; Aventis Pasteur Inc.](#)) (PDF), given as a single dose. Adverse reactions, which are uncommon, may include discomfort at the injection site, fever and headache. The oral vaccine is approved for travelers at least six years old, whereas the injectable vaccine is approved for those over age two. There are no data concerning the safety of typhoid vaccine during pregnancy. The injectable vaccine (Typhim Vi) is probably preferable to the oral vaccine in pregnant and immunocompromised travelers.

[Hepatitis B](#) vaccine is recommended for travelers who will have intimate contact with local residents or potentially need blood transfusions or injections while abroad, especially if visiting for more than six months. It is also recommended for all health care personnel. Two vaccines are currently licensed in the United States: [Recombivax HB \(Merck and Co., Inc.\)](#) (PDF) and [Engerix-B \(GlaxoSmithKline\)](#) (PDF). A full series consists of three intramuscular doses given at 0, 1 and 6 months. Engerix-B is also approved for administration at 0, 1, 2, and 12 months, which may be appropriate for travelers departing in less than 6 months. Side-effects are generally mild and may include discomfort at the injection site and low-grade fever. Severe allergic reactions (anaphylaxis) occur rarely.

All travelers should be up-to-date on routine immunizations, including

- [Tetanus-diphtheria](#) vaccine (recommended for all travelers who have not received a tetanus-diphtheria immunization within the last 10 years.)
- [Measles](#) vaccine (recommended for any traveler born after 1956 who does not have either a history of two documented measles immunizations or a blood test showing immunity. Many adults who had only one vaccination show immunity when tested and do not need the second vaccination. Measles vaccine should not be given to pregnant or severely immunocompromised individuals.)
- [Varicella \(chickenpox\)](#) vaccine (recommended for any international traveler over one year of age who does not have either a history of documented chickenpox or a blood test showing immunity. Many people who believe they never had chickenpox show immunity when tested and do not need the vaccine. Varicella vaccine should not be given to pregnant or immunocompromised individuals.)

[Polio](#) vaccine is not recommended for any adult traveler who completed the recommended childhood immunizations. In October 2000, the World Health Organization certified that polio had been eradicated from the Western Pacific region.

[Cholera](#) vaccine is not recommended. Cholera is not being reported at this time.

[Rabies](#) vaccine is not recommended. Rabies has not been reported from French Polynesia in recent years.

[Yellow fever](#) vaccine is required for all travelers greater than one year of age arriving from a yellow-fever-infected country in [Africa](#) or [the Americas](#), but is not recommended or required otherwise. Yellow fever vaccine ([YF-VAX; Aventis Pasteur Inc.](#)) ([PDF](#)) must be administered at an approved yellow fever vaccination center, which will give each vaccinee a fully validated International Certificate of Vaccination. The vaccine should not in general be given to children less than nine months of age, pregnant women, immunocompromised travelers, or anyone allergic to eggs.

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Recent outbreaks

[Dengue fever](#), a mosquito-borne flu-like illness sometimes complicated by hemorrhage and shock, is being reported in increasing numbers. From January 1 to August 8, 2001, more than 27,000 cases were identified, including 156 cases of dengue shock syndrome and four deaths. See [World Health Organization](#) for details. Dengue is transmitted by Aedes mosquitoes, which bite primarily in the daytime and favor densely populated areas, though they also inhabit rural environments. No vaccine is available at this time. *Insect protection measures* are strongly advised, as outlined below.