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# Preparing Families With Children for International Travel

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“Traveling is a brutality. It forces you to trust strangers and to lose sight of all that familiar comfort of home and friends. You are constantly off balance. Nothing is yours except the essential things—air, sleep, dreams, the sea, the sky...” (Cesare Pevase). This romanticized statement from the early 1900s still captures the essence of many peoples’ approach to international travel, that is, until they or their children develop traveler’s diarrhea and wish that at some point they had made better preparations for their trip. Pre-travel medical care can play a crucial and often overlooked role in preventing illness and injury. With the globalization of society, this role has become increasingly important. Although we do not have vaccines or therapies for every risk that can be encountered, we have compiled a massive amount of evidence-based research that can help the traveler to minimize their risks.

As stated in the introductory article, there are over 1 billion airplane trips involving international travel annually to the U.S.<sup>1</sup> Although generalizations can be made, advice is more pertinent when tailored to the traveler. The majority of patients presenting for a travel appointment are preparing for vacation. Identifying high-risk groups such as patients with chronic illnesses, visits to friends and relatives (VFR), relief workers, and adventure seekers is important because they have unique risk factors associated with their travel plans.

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When a healthcare practitioner is faced with a child or family who will be traveling internationally, it is best to have a structured approach to ensure completeness. If at all possible, patients should be seen in clinic more than 4 weeks prior to traveling and ideally with a copy of their medical records that includes their immunization records. Patients should also be prepared to share accurate and specific information regarding their proposed itinerary and regions to be visited since this will greatly shape the pre-travel advice. The clinic should be equipped with the ability to provide the medications and vaccinations necessary for patients to follow-through with recommendations. If not, providers should be aware of where their patients can access these resources in a timely fashion. For providers who frequently encounter international travelers, access to a website such as Shoreland Travax<sup>®</sup> is ideal.<sup>2</sup> Sites like this are consistently updated to help medical providers better advise their patients about emerging or changing risks and potential therapeutics. Unfortunately, it may be cost prohibitive for smaller practices, which brings up the additional point that a practitioner needs to be committed to being up to date on the latest recommendations.

## Organization of the Pre-Travel Counseling Session

Experienced travel clinics will adopt a similar organized approach to each family and each patient within that family, to ensure thoroughness in preparation. Many clinics use their own established electronic or printed checklists and forms that ensure that all vital areas are covered. In general, there are 5 main areas that need to be addressed by the pre-travel health visit. These include (1) routine health maintenance, (2) medical care abroad, (3) injury prevention, (4) itinerary-specific disease prevention, and (5) empiric (self) therapy for anticipated illness in the

traveler. This organizational chart is depicted in [Figure 1](#).

### *Routine Health Maintenance*

As with any encounter, travel appointments are a prime opportunity to ensure that *recommended* health maintenance is being addressed. If planned excursion overseas will be longer than 6 months then families should be encouraged see their primary care manager, particularly with young children, to ensure that their exam, growth, and development are normal because it is unlikely that there will be adequate resources to fully assess or treat while overseas. Arguably the most important part of travel clinic is to ensure that all routine immunizations are up to date for the traveler. Many of the vaccine-preventable illnesses that are part of the routine schedule may be encountered at a higher incidence in travel destinations. The risk of acquiring a particular infection is constantly changing although many trends remain consistent. The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) maintains current recommendations.<sup>3</sup>

Though travelers often fear contracting malaria or some other more exotic disease, it turns out that influenza is the most frequently occurring vaccine-preventable disease associated with travel.<sup>4</sup> While influenza and other respiratory viruses are seasonal illnesses in the temperate climates, transmission in tropical and subtropical regions tends to be year round.<sup>5</sup> Travelers should be offered an annual influenza vaccination even if the season in North America has passed.

Measles is a timely example of how infectious threats can fluctuate. From 2001 to 2010, there were only 159 imported cases reported in U.S. residents.<sup>6</sup> More recently, in 2014, there were 644 cases,<sup>7</sup> and from 1 January to 6 February 2015, there have already been 125 reports of patients in 17 states with measles.<sup>8</sup> Families planning to travel or live abroad should have their children vaccinated against measles by 6 months and then resume the normal schedule of vaccinating at 12 through 15 months and 4 through 6 years. However, if the child is over 12 months of age and traveling to an area where measles is endemic or epidemic, they should receive their second dose, provided the interval between doses is at least 28 days.<sup>9</sup>

Polio is yet another reminder of why we must continue to vaccinate. The last wild poliovirus case

in a U.S. resident traveling abroad occurred in 1986 and the virus had almost been eradicated. However, an increase in circulating wild-type virus has recently been observed. The CDC released interim guidance in July 2014.<sup>10</sup> stating that all travelers to countries with wild poliovirus circulation during the last 12 months should have completed a primary series of inactivated polio vaccine before departure. These countries include Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Israel, Nigeria, Pakistan, Somalia, and Syria. In addition, travelers who plan to stay for >4 weeks in countries where circulation has been observed over the prior 12 months, and whose last dose of polio vaccine was administered >12 months before the date that they will be leaving the country, should receive an additional dose of IPV before leaving the U.S. Polio vaccine administration should be documented on an International Certificate of Vaccination or Prophylaxis. Furthermore, travelers within a polio-infected country may be required to present proof of polio vaccination when departing. At this time, the requirement to present proof of documentation only applies to Cameroon, Equatorial Guinea, Pakistan, and Syria.

Vaccination against hepatitis A is relatively new; it has been available in the United States since 1995. It was finally incorporated into the routine vaccination schedule in 2006. Many of our children who were born before 2005 remain unvaccinated. Similar to the measles vaccine, maternal antibody interferes with efficacy when given earlier than 12 months. However, although response to Hepatitis A vaccine administered at 6–12 months of age is blunted, it may still provide some protection<sup>11</sup> and could be considered as an off-label alternative to immune globulin which is recommended by CDC for all travelers less than 12 months of age who are visiting countries that have intermediate to high rates of Hepatitis A, particularly if immune globulin cannot be obtained.<sup>12</sup>

[Table 1](#) provides recommendations for common immunizations that are administered to travelers. These recommendations are constantly being updated to reflect the current need and so providers should use the references to ensure recommendations are current.

### *Medical Care Abroad*

All patients should be provided information on locating medical services in case a need arises such as acute illness or injury, or a new disease outbreak for which the family is not prepared. The U.S. State

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