

Preparing For Foreign Travel

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Basic Things You Should Understand About Traveling With Children:

- ◆ Young children have less reserve than older children and adults. They tolerate heat, dehydration, and decreased food intake often poorly, and they may not understand the need for behavioral restraint to prevent exposure to unsafe food, contaminated water, or dangerous animals.
- ◆ When traveling with children, parents should actively prepare to meet their children's health needs, plan to observe their children more closely, and be especially equipped to deal quickly with common health problems

Preparing For Your Foreign Trip:

- ◆ Medical preparation for travel should begin two months before departure, to allow enough time for vaccinations that may require several doses, and for initiation of necessary prophylaxis.
- ◆ Children with a chronic disease should travel with enough medication for the entire trip, with extra in the event some is lost.
- ◆ Before leaving home, a family needs to review its health insurance to determine the extent of coverage when out of the country.
- ◆ Parents should write down and bring with them the telephone numbers of every physician for every member of the family, and carry their children's immunization records, a list of food and medication allergies, and the names and dosages of the medications the child takes.
- ◆ Bring a car seat if your child needs one. Car seats are not routinely available in developing countries. Most airlines will check a car safety seat and not charge for it as extra baggage.
- ◆ Children should have sufficient quiet entertainment for the length of the journey, as well as the return journey. Be sure the child has plenty to drink, healthy favorite snacks to munch on, and a comfortable blanket and pillow for rest.
- ◆ For overnight or extended air travel, parents *may* choose to use diphenhydramine (Benadryl™) to help the child sleep. They should give the child a test dose of the medication *before* the trip, however, because *some* children have a paradoxical (opposite) reaction to Benadryl, and become *more* active and restless!
- ◆ If you're crossing a border, a valid passport is a must. Both parents must be present at the time of passport application. Plan for 3-6 weeks from application to receipt of the passport. For more information, check out <http://travel.state.gov/passport>
- ◆ If possible, reserve bulkhead seats. There will be no passengers in front of you, and the wall acts as a natural barrier, allowing kids to move without getting into trouble, or disturbing the passengers in front of you.
- ◆ Check out the latest security requirements at: www.tsa.gov

Traveling:

- ◆ Parents who use sleeping medication themselves are cautioned to make sure that one adult who is not under the influence of sedating medication is always available to tend to the children.
- ◆ Dry air on airplanes increases insensible fluid loss, so all airplane travelers should consume more liquids (water) regularly during flight. However, infants should *not* be fed more than usual, because higher altitude causes gases to expand, and infants may experience more abdominal distension during travel.
- ◆ Changes in altitude increase pressure in the middle ear, which may cause pain on descent. Do not awaken a sleeping infant, however, just because the plane is descending. For the awake infant or

toddler, having them breast feed, or suck on a pacifier or bottle can help reduce the risk of ear pain. Older children should be allowed to chew gum, especially for the last 30 minutes of the flight.

- ◆ Be sure to place a card with the child's personal information, including their name, address where the family is staying, and contact phone numbers in the child's pocket in the event the child becomes separated from his parents.

Traveler's Diarrhea:

- Most commonly occurs in child travelers under the age of 2 years, and with travel to Northern Africa, India, and Latin America
- It is usually caused by bacteria, such as *E.Coli*, *Campylobacter*, *Salmonella*, or *Shigella*. Occasionally, it may be caused by a virus, or by a parasite. For prevention, see the next section

Food Safety :

- ◆ Hand hygiene is crucial to preventing gastrointestinal infections. Washing hands with soap and water, even if the water is contaminated, provides adequate protection before eating
- ◆ Once visible dirt has been removed with soap and water, a water-free hand sanitizer, either in gel form or on prepared wipes, should also be used immediately before eating. Water-free sanitizer can also be used when water for hand washing is not available.
- ◆ Choosing safe foods while traveling in developing countries demands constant vigilance. Travelers should never consume tap water, juice mixed with tap water, or ice cubes made from tap water. Tap water should not even be used for brushing teeth.
- ◆ Safe water can be bought in sealed bottles. Because local vendors sometimes "recycle" old water bottles and fill them up with tap water, travelers should check that the seal is not broken or should buy carbonated water only.
- ◆ Water that has come to a rapid boil for at least one minute (three minutes at high altitude) is considered safe. Treating water with iodine kills bacteria and viruses but may not kill all parasites. Water filters remove most bacteria - and filters with an absolute pore size from 0.1 to 1 micrometer and labeled as reverse osmosis remove most parasites - but cannot filter out viruses. Iodine must be added to filtered water to kill viruses. Pregnant women should not consume iodinated water.
- ◆ The often-quoted phrase to remember for food safety is: boil it, cook it, peel it, or forget it. Some foods can be spotted and avoided easily: uncooked fruits or vegetables with their outer skin intact, undercooked meats, and drinks made with water. Any food that is washed in water should be cooked before eating. Milk should be avoided unless it is known to be pasteurized.
- ◆ Parents should always carry snacks with them when local food options are potentially unsafe.

Insect Safety:

- ◆ Insects in developing countries can carry life-threatening diseases such as malaria, dengue, filariasis, Japanese encephalitis, and Chagas disease. Barriers - including clothing, protective nets, and personal insecticides - are essential. When possible, parents should dress children in light-colored clothing that covers their arms and legs, and treat clothing with 0.5% permethrin to increase protection. Permethrin remains effective for 2 weeks, even after clothes are washed.
- ◆ Avoid mosquito-attracting dark-colored clothing, and floral fragrances (such as in perfumed soaps, lotions, hair care products, and deodorants)
- ◆ Controlled-release micro-encapsulated personal insecticide containing up to 20% DEET is safe and effective for children, though infants should not use any concentration higher than 10% DEET. DEET should be applied to all exposed areas of a young child's skin except hands and faces; older

children can use DEET on the hands and face. Reapply DEET every 6 hours for standard formulations, and every 12 hours for micro-encapsulated formulations.

- ◆ Recently, a new insect repellent, 7% to 15% picaridin, was released in the United States. Picaridin is as effective as DEET, but is odorless, and less likely to irritate the skin.
- ◆ Bed nets provide an effective barrier to insect bites, especially because they protect children during sleep. Nets can also be purchased to fit over car seats and strollers.
- ◆ Contact our office for advice on malaria prophylaxis (Mefloquine, or Atovaquone-proguanil) if traveling to a malaria-endemic country (e.g. sub-Saharan Africa, India, Southeast Asia, Indonesia, and much of Central and South America...for country-specific information, check out <http://travel.state.gov/travel/travel>)

What To Bring:

- ◆ Asthma medications (even if a child's asthma has been quiet for some time)
- ◆ The child's usual prescription medications in their original, labeled bottles. Adolescent females on oral contraceptives should not forget to bring them, and extra in the event some become lost.
- ◆ Cipro™, Septra™, or Zithromax™ for traveler's diarrhea, and Kao-pectate or Imodium for use in older children (older than age 6 years) with diarrhea.
- ◆ If planning on rafting or kayaking in the tropics, or playing in waterfalls, a prescription of Doxycycline should be initiated prior to and continued during travel (for children older than 8 years) to prevent leptospirosis. If possible, avoid swimming in tropical freshwater, which carries a risk for acquiring schistosomiasis, intestinal parasitic infections, traveler's diarrhea, and hepatitis.
- ◆ Basic first-aid supplies: bandages, moleskin for blisters, water-resistant tape, gauze to cover wounds, wound closure strips (Steri-strips), Neosporin, Tylenol, Motrin, 1% Cortisone Cream
- ◆ Water-resistant sunscreen (SPF 15), and DEET-containing (10-20%) insect repellent
- ◆ Benadryl™ for allergic reactions or itchy rashes (or for help with sleep!),
- ◆ Oral rehydration packets, water purification system and/or iodine tablets (if going someplace remote)
- ◆ Don't forget the dosage spoons or cups if traveling with young children, and bring plenty of diaper cream, petroleum jelly, an anti-fungal cream (e.g. Clotrimazole), and a rectal thermometer

Vaccinations:

- ◆ Be sure your child has received all the standard vaccinations for his or her age
- ◆ Infants 6-12 months traveling to a developing country should receive their MMR vaccine early
- ◆ Tetanus immunization should be updated every five years for travelers
- ◆ Adults and children older than 1 year should be vaccinated against Hepatitis A at least 2 weeks prior to travel. A booster will be needed in 6-12 months.
- ◆ To check which other vaccines (such as Yellow Fever, Typhoid Fever, and Japanese Encephalitis) might be needed for the country to which you are traveling, check out www.cdc.gov/travel/ or www.travemed.com. Locally, contact the International Travel Clinic at: 726-4640