Advice for Families Traveling or Moving to Developing Countries with Young Children

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Objectives

- To formulate a clear disease prevention plan for families traveling or moving to developing countries
- To understand geographic differences in diseases and their treatment
- To recognize diseases unusual in the United States but common in other regions
Disclosures

- Speaker: American Academy of Pediatrics
- Speaker: Infectious Diseases Society of America
Who Travels

- Mission trips
- Exotic vacations
- Immigrants
- Naturalized citizens
- Business
- Moving
- Missionaries
Travel Clinic

- Historical: Quarantinable Diseases
  - Small pox
  - Plague
  - *Yellow fever
  - *Cholera

- Counseling for travel
Items of Focus

- Vaccines/meds
- Yellow fever
- Malaria
- Hepatitis A
- Typhoid

- Counseling
  - Rabies, Zika
  - Travelers’ diarrhea
  - Altitude sickness
Limitations of Preventive Interventions

- Too close to departure time
- Immune suppression
- Cost: e.g. Japanese encephalitis vaccine is $400 for each of 2 doses; typhoid $100. rabies $338 for each of 3 doses
- Age
- Inadequate studies of vaccines and medications e.g. oral typhoid vaccine in the U.S.; travelers’ diarrhea meds
Age Limitations

- <6 months: many important vaccines, e.g. MMR, yellow fever, meningococcal (Menactra) can give Menveo
Early Immunization

- MMR -> 6 mo.
- Hepatitis A > 6 mo.
- Meningococcus: 2 mo
Active Immunizations

- **Age Limitation**
  - Yellow fever 9 mo.
  - Typhoid 2 yr. IM; 6 yr oral
  - Meningococcal Menactra 9 months
  - Menveo 2 months
Routine Immunizations

- TdaP, pneumocococcus, polio, Hib, MMR

- Note: Hep. A -14 years
- Hep. B 32 years
Tetanus Immunization

- Routine rec.:
  - every 10 years
  - tetanus prone
  - wound: 5 years

- Some countries reuse needles
Malaria

- Recommendations and maps are on the CDC site
- Note chloroquine resistance in Africa and Asia and occasional mefloquine resistance in Asia
- Mefloquine, doxycycline, malarone
Chloroquine Prophylaxis

- Most of Mexico and Central America

- Weekly: begin 2 weeks before travel and continue for 4 weeks after returning
Malaria

- Mefloquine: Weekly; begin during 2 weeks prior to travel and continue for 4 weeks after returning. Note- less expensive
- Malarone: Daily; begin 1-2 days before travel and continue for 7 days after returning
- Doxycycline: Daily; begin 1-2 days before travel and continue for 4 weeks after returning
Yellow Fever Vaccine

- Required vs. Recommended
- Layover > 12 hours in country where yellow fever is endemic
- Not recommended for children < 9 months of age – encephalitis
- Only given at Ochsner currently – informed consent required
Typhoid Vaccine

- Street food
- Staying with family or friends vs. hotels
- Adventurous eaters
- Oral vs. injectable vaccine
Japanese Encephalitis Vaccine

- Asia and all of India
- Risk is extremely low
- Cost is $800 (2 doses a month apart)
Conclusions

- Review yellow fever requirements and recommendations
- Don’t pet the dogs or other animals
- Avoid street food
- Don’t drink the water
- Take your malaria medicine
- Travelers’ diarrhea and altitude sickness meds probably not necessary
CDC Travel Sites

- Travelers’ Health/CDC
- Google: Travel advice

- Handout for patients available at the check-in desk