

Travel Advice

There are general recommendations that are important no matter where you are traveling- even within the US:

- Car accidents are actually the leading cause of injury for travelers. We strongly recommend bringing or renting **car seats** for your children based on weight. Make sure rental cars have working seat belts.
- If your children take a medication regularly, be sure to bring at least one week's EXTRA supply. If your child uses a medication, such as an asthma inhaler, only occasionally please err on the safe side and take it along. Make sure to CARRY-ON all medications.
- Find out if your health insurance is valid abroad- if not, consider travel insurance.
- Create a travel health “passport” for each member of your family, listing any medical conditions, allergies and medications taken. It can be hard to think well in an emergency- having such information on hand helps. Try these various online resources:

<http://www.accessmyrecords.com/>

<http://www.healthvault.com/>

Travel with young children:

Try to reserve an aisle or bulkhead row to provide extra space. For take-off and landing, chewing or sucking helps (for infants- nursing, a bottle or pacifier, for children- chewing gum or straw/sippy cup.

Diphenhydramine (Benadryl) can be sedating for some children, but others may become hyperactive. A test dose in the week prior to departure is a good idea, and consider reserving its use for children who are traveling with cold symptoms.

We recommend booking your infant/toddler their own airline seat if financially feasible, this will make travel safer and more comfortable. For regular air flight, an infant is safe in a caregiver's arms. During periods of severe turbulence, take-off and landing they are safest in their infant carrier. *Alternatives to carseats are various harnesses and vests that attach to the back of the seat or to a parent. However, these are NOT universally accepted. Check with your airline. Recently, the U.S. authorities approved the Child Aviation Restraint System (CARES) for children age one year and older and weighing between 22 and 44 pounds. It consists of a harness that goes around the back of the seat and attaches to the seat belt, eliminating the need for a toddler seat.*

Travel prepared for weather changes- light rain jackets, sunscreen, sunglasses, hats. Consider traveling with a carry-on change of clothing for everyone.

At your destination, childproof hotel rooms as you would your home. Make sure outlets are covered, and medications and other products safely out of reach. While hotel windows in the US usually cannot open far enough for a child to fall out, this is not necessarily true in other countries. If you are in a rental home, consider bringing a **carbon monoxide detector** with you.

A small **travel medical kit** should contain: sunscreen, insect repellent, antiseptic wipes, bandaids, acetaminophen and/or ibuprofen (for fever or pain), diphenhydramine (Benadryl) for allergic reactions or itch, digital thermometer, 1% hydrocortisone cream (for rashes/insect bites), antibacterial gel for cleaning hands. Add your physician's phone number and child's health history card.

Malaria prophylaxis:

Depending on your area of travel, you may require malaria prophylaxis. This will be discussed in your pre-travel visit. Also be prepared to avoid insect bites. Wear long sleeves and long pants as much as possible (many travel/outdoor stores carry lightweight, insect repellent clothing.) Use bed nettings. Avoid swampy areas and being outside at dawn and dusk when mosquitoes are most active. Insect repellents with DEET (30% concentration, for 2 months and older) are most effective. Avoid putting it on hands for infants/toddlers (apply to the clothing at the wrist and ankle.)

Travelers Diarrhea:

The best prevention is to be sure foods are cooked, boiled and peeled properly. Safe liquids are those bottled, filtered or iodinated. Make sure to brush teeth, and rinse toothbrushes, with safe water. Do not use ice unless from bottle or filtered water. If your child develops vomiting and/or diarrhea, oral rehydration solution (ORS) is readily available and cheap in all countries but the US (look for Pedialyte or Ricelyte in the US.) Use these liquids in small, frequent amounts and monitor your child's urine output. Lack of tears, repeated vomiting, refusal to drink, and/or a dry, sticky mouth can indicate dehydration and the need for medical attention.

Vaccinations:

We recommend you call at least 2 months prior to travel to confirm your child is up to date on their routine vaccinations. We recommend yearly influenza vaccination, as travel abroad may expose children to influenza outside of the typical US season. Adolescents may need a tetanus booster containing pertussis. Travelers to areas where polio is endemic or epidemic- areas of Africa and Asia - may need polio boosters. If traveling abroad, infants less than a year of age may need an early measles vaccination. Some travel vaccines, such as hepatitis A and B and meningococcal vaccine- can be given in the office. Typhoid vaccine can be supplied in an oral form. Yellow fever, Rabies, Japanese Encephalitis and other specialized vaccines can be arranged through the Department of Health. We will discuss in your visit exactly what vaccinations are required and where they can be obtained.

For information on various travel vaccines, please visit:

<http://wwwnc.cdc.gov/travel/content/vaccinations.aspx>

Traveling to Altitude:

Travelers to altitudes above 6,000-10,000 feet are at risk for altitude sickness. **Acute Mountain Sickness (AMS)** is not due to oxygen deprivation. *The percentage of oxygen remains the same: 20%, whether atop Mt. Everest (29,000 feet) or at sea level. But as you go higher atmospheric pressure decreases. There is less force to propel the oxygen from the air into the lungs and blood stream, resulting in less oxygen reaching vital body organs such as the heart and the brain.*

Be sure to allow up to several days on arrival to acclimate to the altitude, or ascend slowly, staying at an intermediate altitude for a day. Avoid over-exertion and maximize fluid intake. Acetaminophen or Ibuprofen can be used for headache, but if fatigue, shortness of breath, vomiting, inability to sleep, palpitations and/or headache become severe you should seek medical help and consider descending to a comfortable altitude.

Adolescents who have previously suffered altitude sickness can be pretreated with a medication called Acetazolamide (Diamox)- we will need to see your child for an exam and discussion prior to prescribing.

Helpful Online Travel Medicine

Resources:

<http://wwwnc.cdc.gov/travel/> (Centers for Disease Control and Prevention- general and country specific travel health information)

<http://wwwnc.cdc.gov/travel/content/vaccinations.aspx>
(Immunization information for children and adults.)

<http://www.astmh.org> (American Society of Tropical Medicine and Hygiene)

<http://www.travel.state.gov> (Travel warnings and consular information from the US State department)

<http://www.kidstraveldoc.com/> (Information from a pediatrician on traveling with children)

<http://www.who.int/ith/en/index.html> (World Health Organization)

<http://istm.org> (International Society of Travel Medicine- updates on travel medicine, outbreak information, directory of travel clinics.)