

## Survey examines travel-related illnesses in children

More Canadians than ever are travelling overseas and many are bringing their children. In 2007, approximately 7.5 million Canadians travelled internationally, and an estimated 300,000 of them were children.

“These numbers could lead to an increase in travel-related health problems,” says Dr. Maryanne Crockett, an assistant professor of child and paediatric health and medical microbiology at the University of Manitoba. “There really isn’t good data at the moment in Canada, but also around the world, about travel-associated illnesses in children.”

Dr. Crockett and her co-investigators looked at this issue through a one-time Canadian Paediatric Surveillance Program survey in August 2008, sent to over 2,500 paediatricians. Of the more than 600 respondents, early data indicates that 30 per cent are seeing travel-related illnesses in their practices. The most common are malaria, enteric fever (typhoid fever), dengue fever, diarrheal diseases, parasitic infections and hepatitis A. Information gathered will help to assess the effect of travel-related illnesses on children and improve prevention measures.

“Canadian paediatricians need to make travel issues part of their dialogue with parents,” says Dr. Crockett.

This means asking about travel plans during regular appointments, offering preventative guidance and ensuring travel-related immunizations are up-to-date, as well as referring high-risk travellers to clinicians or health units with expertise in travel medicine.

“Children who travel with their parents to visit friends and relatives in their countries of origin are particularly at risk of developing travel-related infections,” says Dr. Crockett. “For example, people who grow up in countries where malaria is common and survive malaria infection may develop partial immunity, but this is lost when they are no longer exposed to the malaria parasite. So when they travel back to their home country, they will get just as sick as someone who has never had malaria before.”

Other at-risk groups included in the survey are children of tourists and immigrant children who acquire illnesses before coming to Canada.

“With Canada’s history of immigration, there is a definite need for paediatricians in urban and rural centres to educate themselves about the risks of overseas travel,” says Dr. Crockett. “Immigrants are settling in smaller centres and all paediatricians need to know about travel-related illness prevention.”

Highlights of the travel-related illnesses in paediatrics survey will appear in the March 2009 issue of *Paediatrics & Child Health*.

The Public Health Agency of Canada offers travel illness resources for practitioners online at [www.phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index-eng.php](http://www.phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index-eng.php). 🌐

## By-laws: Information for CPS members

The Canadian Paediatric Society recently completed a detailed review of its governing by-laws. The review ensures the by-laws address organizational needs in an appropriate and responsive way.

In 2006, a task force of members from across Canada was appointed to undertake the governance review. The task force surveyed both current and former board members to develop recommendations for amending the current CPS by-laws. The final recommendations were presented to members during the CPS Annual General Meeting this past June in Victoria.

Major changes will include:

- A member of the public will be appointed to sit on the board of directors.
- The president of the CPS Residents Section will become a voting member of the board.
- Residents Section vice president will become a non-voting board member.
- Residents will be eligible to vote for vice president.

“The changes represent the CPS recognition of the important role played by the Residents Section, as well as the need for CPS to be responsive to the needs of parents and the public,” said Dr. Robin Walker, chair of the CPS by-law review task force and former CPS president. “As CPS becomes more and more the organization parents and policy-makers turn to for evidence-based information on child health, so it becomes more important that our board represent the interests of both paediatricians of the future and the public in their child health concerns.”

The amended by-laws will be presented at the AGM in June for ratification by members.

For more information or to request a copy of the CPS by-laws, contact Mary Gauthier, CPS Director of Finance and Administration at 613-526-9397, ext. 230 or by e-mail at [maryg@cps.ca](mailto:maryg@cps.ca). 🌐