

Know before you go: Safe travels

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During the annual examination of her two-year-old daughter, a mother mentioned that her family was planning a trip to the Dominican Republic during the upcoming spring break. The parents would be travelling with their three children (two, four and seven years of age). The primary reason for mentioning this plan was to obtain a prescription to prevent diarrhea. What other important issues should you discuss with this family before they leave on vacation?

LEARNING POINTS

- Over 6.2 million Canadians travelled internationally in 2005, with less than 10% seeking pretravel advice.
- Pretravel health advice encompasses not only the prevention of infectious diseases during travel by ensuring up-to-date recommended and travel-related immunizations, but also reinforcing personal safety and reviewing environmental risks (1) such as:
 - General preventive measures; eg, the importance of hand washing, peeling fruits and drinking bottled water or canned beverages;
 - The use of a sunscreen with a sun protection factor of at least 30 and a sun protection factor 15 lip balm;
 - Protection against insect bites with an insect repellent, such as N,N-diethyl-m-toluamide (DEET), and mosquito nets;
 - Injury prevention measures; eg, car seat safety, avoiding night-time driving, bike helmets and active supervision of children in or near water; and
 - Medications; eg, acetaminophen, antimalaria medications and oral rehydration solutions.
- Travel medicine is becoming increasingly complex due to the dynamic nature of disease, rapidly changing availability of prophylactic agents, emerging diseases and the nature of travellers and their geographical destinations, especially if travelling to Africa or India. It

is suggested that a minimum of five to 10 pretravel consultations per week are required to maintain clinical expertise in travel medicine (2).

- High-risk travellers, such as the long-term traveller, children and families 'visiting friends and relatives', and travellers to malaria-endemic regions, should be referred to clinicians or health units with expertise in travel medicine.
- The paediatric pretravel care survey of the Canadian Paediatric Surveillance Program documented that nearly 70% of the 650 respondents had referred children for pretravel care in the past 12 months; of these paediatricians, 64% provided pretravel advice to patients in addition to referrals. The most frequent travel destinations reported were Latin America and the Caribbean (69%).
- Health care providers can play an important role in addressing pretravel health care for their patients by inquiring about potential travel plans during regular visits, providing general preventive advice, and identifying and referring high-risk travellers.
- For more information
 - Public Health Agency of Canada. Travel health. <www.phac-aspc.gc.ca/tmp-pmv/>

REFERENCES

1. Hill DR, Ericsson CD, Pearson RD, et al. The practice of travel medicine: Guideline by the Infectious Diseases Society of America. *Clin Infect Dis* 2006;43:1499-539.
2. Public Health Agency of Canada, Committee to Advise on Tropical Medicine and Travel. Guidelines for the practice of travel medicine. <www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25sup/acs6.html> (Version current at January 20, 2009, revision in progress).

The Canadian Paediatric Surveillance Program (CPSP) is a joint project of the Canadian Paediatric Society and the Public Health Agency of Canada, which undertakes the surveillance of rare diseases and conditions in children and youth. For more information, visit our Web site at <www.cps.ca/cpsp>.

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