

How do I know which shots I need to travel?

International Travel and Teens: Know Before You Go

Why scoop ice cream if you can throw snowballs in the Yukon?

Each year there are more and more teen adventure travel options available. While envious parents juggle the myriad forms, bills and plane reservations required to ship their kids out for the summer, they are surely feeling a certain amount of unease and uncertainty about sending kids off to foreign and remote lands. Security concerns (terrorism where you don't expect it), diseases (malaria is making a comeback) and natural disasters (tsunamis, earthquakes, and avalanches) have us wondering how to help kids make the most of these wonderful opportunities.

Preparation, common sense and luck are the key ingredients to success.

Let's keep in mind that the more common calamities are still common.

- Unsafe road, vehicle and driving conditions contribute to accidents at a rate that may be as much as 80% higher in some foreign countries than at home.
- Risky teen behaviors, sometimes in the presence of alcohol, contribute to drowning and motor vehicle accidents.
- Nonchalance about the blazing tropical sun sears the skin of many teen travellers.
- Kids with chronic conditions need to remember to take a supply of their medications so that they avoid emergency or clinic visits as much as possible.

What about immunizations?

There are six immunizations to consider:

Tetanus. By age fifteen most teens have had a tetanus booster. Better to have one within the last five years if students are engaging in activities that put them at risk for puncture wounds (e.g. construction projects in developing countries)

Hepatitis B. Most teens are up to date and have had the three part series by the time they are old enough to travel independently.

Hepatitis A. This two part immunization series is important to protect against hepatitis A which is a viral illness transmitted by contaminated food and water.

Typhoid. Frequently recommended for international travellers, this is an oral vaccine that needs to be taken over the course of a week, finishing the course at least a week before departure.

Meningococcal vaccine. Although not specifically required for all international travel, this vaccine is now highly recommended at most college campuses for freshman and sometimes for visiting high school students.

Tuberculosis testing (PPD). It's a good idea to have a PPD (Skin test) done before and within a few months after a trip to any impoverished place where close contact with potentially infected people has occurred (e.g. volunteering with young kids or in hospitals in the developing world).

How do I know if I need to take malaria pills? And which ones?

The best source of information on this is www.mdtravelhealth.com where travellers can find a wealth of information on malaria in all countries of the world. The site is exhaustive and well organized about all aspects of travel and will tell you if the county or province you are planning to visit requires malaria prophylaxis. There is also a discussion of the different types of medications that are currently used. I recommend this site to all of my travelling patients and their families. I ask them to do the research and bring it to me so we can make decisions together. The website has links to all sorts of interesting maps and resources, including the Center for Disease Control in Atlanta.

What is the best advice on preventing insect bites?

Some places will provide mosquito nets for sleeping. If the nets are not pre-treated, it's not a bad idea to spray some insect repellent on the netting each night.

Insect repellents with 5-50% DEET will repel mosquitoes, chiggers, ticks, fleas, and biting flies. It is useless to buy anything more concentrated than 50% as there is no added benefit. If repellents are used daily, it is best to apply them to collars, socks, hair and pant cuffs rather than directly on the skin. Despite early negative reports, DEET appears to be quite safe, even in younger children.

What about traveller's diarrhea?

"Montezuma's revenge" or E. coli diarrhea is common. However, there are a number of other viral, bacterial and parasitic organisms that can cause GI upset. The best advice to give kids is to prevent it in the first place by practicing good hygiene and hand washing and by avoiding water if it is not bottled and sealed. Even tooth brushing should be done with clean water. All uncooked and unpeeled vegetables, unpasteurized milk or dubious foods should be avoided.

Prophylactic antibiotics for traveller's diarrhea are not recommended. However, it's not a bad idea to send some along with the traveller so that if a severe (more than 3 loose stools in 8 hours or more than 5 in 24 hours accompanied by nausea, vomiting, fever, cramps or bloody diarrhea) attack occurs, medication is handy. Imodium, sold over the counter, is also good to have in the travel bag, accompanied by instructions on when and how to use it. Remind your child to stay hydrated-before, during, and after any diarrheal illness.

Does medical insurance cover services when traveling abroad?

It depends. It is probably worth inquiring before your child goes abroad. Some teen travel organizations also insist on Evacuation Insurance, a scary thought when nothing is going on, but a comforting one should relocation for sophisticated medical care become necessary.,

What about motion sickness and long plane rides?

If a traveller is prone to motion sickness it is prudent and safe (and considerate of others traveling) to send her with Dimenhydrinate (Dramamine) which is available over the counter and works well for most people.

Parents sometimes ask about “sleeping” or “anxiety” pills for long plane rides. I discourage their use because staying up and jet lag are part of the group experience. And it sends a message about taking drugs for “normalizing” extraordinary activities which is not a good one for young people to hear. Overcoming jet lag is best managed with plenty of daylight and exercise upon reaching destination. Short naps, if necessary, may help ease the transition.

Following is a starter list of basic medications and equipment that one might include in a youngster’s travel kit:

Medications:

- Acetaminophen (Tylenol)
- Ibuprofen
- Benadryl
- Insect repellent
- Sunscreen (spf 30 is plenty)
- Topical cortisone cream (OTC)
- Antibiotics for diarrhea (by prescription only)
- Antibiotic ointment (e.g. Neosporin)

Equipment:

- Bandages
- Band-aids
- Gauze
- Tape
- Ace bandages
- Tweezers
- Dental floss (Ya never know)
- Dressings for severe blisters

What about security and terrorism issues and natural disasters?

The website noted above has links to the State Department and other sources which are continuously updated if activity arises in the country where your child is destined to travel. Addresses of embassies and local contacts are also readily available there.

Finally, it is important to remember once the bags are packed that the kids are going off to adventures they (hopefully) cannot get at home. All of these do carry some risk--risk of illness, risk of trauma and risk to safety. But, they also carry the risk of discovery and growth. Good preparation and planning will ensure that the memories will be good ones even if there is some hardship along with the adventure.