

Travel Immunization

When? To Where? And Why?

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Got an itch to visit an exotic portion of the globe this summer? In many physician offices, including mine, calls about international travel peak in March and April. Now is the time to plan for special medical precautions and immunizations.

Travelers to Europe and ports of call in most major cities of the world usually need nothing more than what is needed for a trip to New York or Chicago. Make sure to hand-carry, rather than check, any prescription or other medications.

As for immunizations, certain updates may be needed even for a trip from Chalmette to the French Quarter. Everyone needs an annual influenza immunization. Some younger new grandparents are being told they need T-dap updates for diphtheria, tetanus, and whooping cough. Administering these for travel, along with boosters for polio and MMR (measles, mumps, and rubella) is usually guiding the lilly, but there may be situations when booster immunizations are needed to augment “baby shots” from long ago.

All health travel recommendations start with an itinerary review. A mere list of countries to be visited is not enough. Which specific cities and regions does the trip include? Will you be in a developed urban area or in the sticks? What is the duration of the trip and what are the planned activities? What type of lodging is involved? What are the travel arrangements within the country? Will the visit include jungle, mountainous, or otherwise remote terrain?

Most travelers, gone one week and back in a couple of weeks, are at low risk for any preventable infectious diseases if they have access to safe food and water. Simple precautions such as avoiding uncooked salads, sticking to bottled water and a good mosquito repellent in insect prone areas are protection enough in most major cities of the world, even when sanitation and food hygiene might not be up to par.

Street food is always a lure. Avoid anything raw or unpeeled, but I for one cannot pass up cooked food from street vendors. Fried fish in Cartagena, fried insects from a food stall in Bangkok and steamed snails from a vendor in Morocco come to mind.

Most insurance companies do not cover travel consultations and immunizations. For short-term grand hotel tours to Asia, Central and South America, and the top and very bottom of Africa, I usually don't recommend any specific immunizations. I do often recommend packing some antimicrobials to have on hand just in case. Even though resistance is growing, Cipro can be trip-saving if traveler's diarrhea strikes. Doxycycline is an antibiotic that covers the waterfront against many bacterial pathogens. It will even hold the fevers from malaria at bay.

Malaria is a real risk for some travelers, but most folks reading this magazine will never need travel medications for its prevention. Even for travel to countries with active malaria, most seasoned travelers prefer mosquito avoidance and liberal applications of 30-50 percent DEET to keep mosquitos away. More intense malarial prophylaxis is indicated for vacations to African game parks, jungle explorations around the Amazon, and for workers stationed abroad. In addition, persons on extended stays or staying with families in other regions including India, might want to consider specific malarial preventives.

Consumer beware. Hospitals and large clinics have turned travel immunization clinics into centers for revenue enhancement, and the unsuspecting traveler can easily spend more for travel immunizations, often unnecessary, than airfare.

For more specific immunization and cost information, visit our website at myneworleans.com/health.
