

CHILDREN AND TRAVEL

PRE-TRAVEL PLANNING

Traveling with children can be rewarding if you make some extra preparations and planning. Above all, plan a pace that accommodates children without hurrying and include frequent food, beverage, and rest stops so everyone can enjoy the experience.

IMMUNIZATIONS

Children should be up-to-date on all childhood vaccinations and also should be immunized as needed for infections that might be a risk during travel. If you have any questions call Travel Health at (707) 571-4343.

AIR TRAVEL

- Call your airline in advance (48 hours) to order special meals for children if you think they might not like the food offered. Bring along familiar foods or snacks that you know they will eat. Carry a 24-hour supply of food and beverages (e.g., boxed fruit juices, crackers, cookies, etc.) for infants and toddlers in case of extensive delays.
- Many airlines will allow you to carry an infant safety seat or collapsible stroller on board, but check your airline's policy and any applicable regulations.
- As a result of pressurization changes during flight, earaches are not uncommon in children, especially during descent. Encouraging older children to yawn, chew, or swallow may be helpful to equalize the pressure in the middle ear, another reason to bring along snacks and chewing gum. Infants can be breast or bottle-fed during take off or landing to alleviate any discomfort.
- Activity books and toys are helpful for entertaining bored children traveling in a confined space or waiting in a crowded airport lounge. New items not yet seen by the child can increase interest. In some cases sedation of a child may be useful as a comfort measure (to both child and parent). Over-the-counter antihistamines such as diphenhydramine (i.e. Benadryl or similar brand, following package directions) might make it easier for children to sleep during a long flight. Check with your pediatrician regarding the advisability of this medication for your child. A test dose should be administered before travel to ensure that the child does not have an unexpected reaction of excitability.

SAFETY, SAFETY, SAFETY

Injuries and accidents are responsible for far more deaths during international travel than are infectious diseases.

- Do not assume child or infant car seats can be rented at your destination-bring one with you unless you know a safe one will be available. You may also need a length of climbing rope or some other means of fastening the child's seat to the car's seat since seat belts often are not present or are inadequate.
- Traffic regulations may be different from those at home. Be sure children understand the rules in the countries you visit, especially if traffic lights or signs are different from those they already know.
- Each living and play area should be quickly inspected for safety hazards (e.g., electrical cords and outlets, balconies). Consider moving furniture away from window frames to keep children from climbing out window.
- Give your child a necklace or card to keep with him or her at all times in case he or she is lost. The card should include your address and phone number while abroad (but no names), as well as medical or emergency information. It is best for the child not to wear clothes with visible personal identification on them. Prearrange a meeting place with your child in case you are separated. Some people have children carry whistles to use if they become lost. Also, it is wise to carry pictures of your children in case they become lost. When only one parent is traveling with a child it is useful to carry a letter from the other parent giving permission to cross international borders. Single parents may want to carry copies of custody papers.

- In some developing countries, animal rabies is an important problem, especially among domestic dogs. Children should be warned to avoid all animals in these countries. Rabies immunization might be considered for long-stay travel.
- Currents and underwater hazards should be assessed before allowing children to swim. In addition, some ocean beaches, lakes, rivers, and streams are infected with organisms that can make your child sick. Ask your pediatrician and travel health care provider which bodies of water may be unsafe for swimming. Children avoid fresh water wading or swimming in most developing countries because of risk of schistosomiasis.
- Encourage your children to wear shoes or sandals when outdoors to avoid infection (parasitic infections acquired through the skin) or injury.
- Adolescents should be counseled on sexual activity, body piercing, and tattoos because of the higher risk of transmission of infectious agents by these activities in many developing countries. Also, they should be discouraged from unaccompanied activities in urban areas, especially at night.
- Call the Health Plan office with any questions about your medical coverage before you travel at (800) 464-4000. Consider travel insurance for your family to supplement your Kaiser coverage.
- You can contact **International Association for Medical Assistance to Travelers (IAMAT)** before you travel to assist you with medical services abroad.
- Once you have arrived at your destination, find out the phone number of the local hospital or clinic and keep it on hand in case of emergency.

DIARRHEA AND DEHYDRATION

Because children are more careless with personal hygiene and food and water precautions, they are more susceptible to gastrointestinal diseases such as traveler's diarrhea. In addition, children - and especially infants - are at greater risk of dehydration.

- **The most important treatment for diarrhea is rehydration (replacing lost fluids).**
- The best treatment for dehydration is the World Health Organization (WHO) cereal-based formula for **oral rehydration salts** or **ORS**. Flavored rice-based ORS (Ceralyte) is available in the U.S. You might want to consider bringing some with you. Generally, ORS packets are readily available and inexpensive in developing countries. The packet is added to boiled or treated water; package instructions should be checked carefully to be sure the correct amount of water is used. If commercial ORS is not readily available, you can make your own solution (recipe attached) until cereal-based packets can be found. Solution held at room temperature should be consumed or thrown away within 12 hours; if it has been kept refrigerated, it must be discarded after 24 hours. The dehydrated child will avidly drink the ORS solution, which can be given for the duration of dehydration. If the child vomits the ORS, try giving it by spoon in frequent, small sips.
- The use of loperamide (Imodium) and other antiperistaltic agents is not advised for children under 2 years of age. Also, bismuth subsalicylate (Pepto Bismol) is not recommended in children ages 12 and under because of the risk of salicylate intoxication and Reye's syndrome.
- You can ask your travel health provider about an antibiotic to carry along for your child. The antibiotic should be used only in the case of diarrhea with fever and/or severe cramps.
- **Immediate medical care is imperative for the infant with diarrhea who shows signs of moderate to severe dehydration, bloody diarrhea, fever over 102°F (38.9°C), or persistent vomiting.** Give ORS to the infant while seeking medical care.

SUN AND INSECT PROTECTION

- For children, insect repellents containing DEET should be used sparingly and at concentrations at or below 30%. See our hand-out on insect protection measures regarding use of mosquito netting, etc.
- To prevent sunburn and the risk of skin cancer in children, it is important to avoid the sun (particularly between 10am and 4pm), wear light-colored clothing, and use sunscreen (SPF 15 or greater).
- When using sunscreen and DEET together, the sunscreen should be applied first.

Adapted from Shoreland information on Children and Travel 1/22/03/ABW-Kaiser Santa Rosa

