



## Travelling with Children (reviewed Feb 2010) - see also [www.cdc.gov/travel/child\\_travel.htm](http://www.cdc.gov/travel/child_travel.htm)

### INTRODUCTION

Travelling with children poses some challenges but can also be very rewarding. Children usually adapt better to time and climate changes than adults. Sharing new surroundings and cultures can be enriching for children and their families alike.



The resistance of children to illness, however, is generally lower than that of adults. A child can be overcome by dehydration within a few hours. But although children may become ill with alarming speed, their recovery is often also impressively rapid.

Travel-related illness in children is more likely to be due to common problems such as skin infections, injuries, respiratory infections and diarrhoea, than to exotic tropical diseases. **Malaria is an important exception, and it tends to be more frequent and severe in children than in adults.**

### IMMUNISATIONS

All children whether they travel or not should receive basic immunisations. Measles, Diphtheria, Poliomyelitis and Chicken Pox are still common in many countries.

Discuss additional vaccines (hepatitis A, typhoid, meningococcal, rabies, tuberculosis) with your doctor.

### DIARRHOEA

Diarrhoea is unfortunately common, for children and adults alike. However bacterial dysentery is more common in children. Also children, especially babies, are much more susceptible to dehydration.

Prevention involves eating and drinking safely and attention to personal hygiene, especially handwashing after bowel movements and before eating. Parents should carry safe water and snacks; waterless, child-safe hand wipes (alcohol based)

**Mild diarrhoea:** - give extra fluids such as water, oral rehydration solution (ORS eg Gastrolyte) or dilutions of drinks as follows:

- cordials (not low calorie) - 1 part to 6 parts water.
- lemonade (not low calorie) - 1 part to 4 parts water.
- fruit juice (not concentrated) - 1 part to 4 parts water.
- home made ORS solution - Using a 5 ml teaspoon, 8 level spoons of table sugar and half a level teaspoon of salt can be added to a litre of water.

**Severe diarrhoea:** give one cup of ORS for every watery stool. You should carry a supply of Gastrolyte sachets. If the child is hungry give a normal diet.

The most reliable signs of dehydration are weight loss and a fall in urine output. A dehydrated child will drink ORS avidly and should be given as much as he/she will drink. A child who vomits will retain some ORS if given frequent small sips.

Feeding, particularly breast feeding, should be continued. Solids should be stopped for no longer than 24 hours and preferably not at all. *Starvation delays recovery.*

Antidiarrhoeal drugs (lomotil and loperamide), and anti-nausea drugs such as metoclopramide (Maxolon) **should not be used** in young children because they can cause serious problems. Medical help should be sought if;

- there is blood in the stool
- a high fever is present
- diarrhoea persists for more than 3 days in a child or 1 day in a baby.

**Antibiotics:** These are sometimes recommended for diarrhoea with high fever and abdominal pain. Azithromycin is preferred (dose: 10mg/kg daily 3 days)

### Malaria

- Because young children are at increased risk of severe malaria, you should reconsider your travel plans.
- In a young child, medical advice (including a blood smear examination) should be sought within 24-36 hours of the onset of fever while in or after being in a malarious area.
- The risk of malaria (and the multitude of other insect-borne diseases) can be substantially reduced by minimising mosquito exposure. DEET, is the most effective mosquito repellent. Preparations containing more than 30% DEET should be avoided, and repellent should be applied sparingly & not to face (ears OK).
- Breast-fed babies are not protected by their mother's preventive medication, and require their own.

### Other Hazards

- Be prepared to sedate your child during the flight, but this may not be required until the 2nd leg of the flight. The most commonly used agent for this is promethazine (Phenergan). This has the additional benefit of assisting with motion sickness and is available without prescription. Try a test dose before your travel. In some children it causes hyperactivity rather than sedation. A larger dose may overcome this.
- Earache occurs in approx 15% of children during airplane descent. Encouraging children to chew or swallow at this time may be helpful to equalize the pressure in the middle ear. Local anaesthetic drops inserted into the ear are often effective. (Auralgan)
- Altitude sickness is more common in children especially under the age of 2 years.