



# Choose to travel in health while **Visiting Friends and Relations Overseas**



## **Background**

The world has become a 'global village' as has been stated many times over the past decades. Cheap and regular international flights mean that we can now visit friends and relations in the far distant reaches of our world. Areas where in the past we would not have considered possible are now well within our grasp. Nevertheless this easy accessibility has increased the risk of diseases being moved from place to place and also of our travellers being unprepared for the potential health risks of visiting regions of the world very different to our own.

## **Definition**

The term '**Visiting Friends and Relatives**' (VFR) is now widely used within travel medicine circles. It typically refers to the individual or family who have moved from their place of birth to live in another part of the world and, after a period of time (typically a few years), they now wish to return to their homeland for a brief visit. In their eyes they are returning 'home' and so the thought of any health risks associated with this trip is usually far from their minds. However there are some crucial health issues which must be born in mind in order that the trip is uneventful from the health point of view.

## **Childhood immunity**

The personal protection against many diseases gained by living in an area for many years is frequently lost once an individual moves to another region of the world where the disease is not prevalent. The best and most serious example of this is Malaria.

## **Malaria - the need for tablets**

This parasitic disease causes many deaths in West Africa every year - mainly among young children. Those who survive will develop some antibodies against the disease which helps to ensure that most future attacks as an adult are usually relatively mild. (Please note this only occurs in West Africa - where the exposure is very high and, even then, the level of immunity does not provide full protection against this horrific disease). However the individual who leaves their home in West Africa and comes abroad (eg to Ireland for study) will lose this immunity against Malaria very rapidly. Within as short a time as 6 months they will have hardly any antibodies left available to protect them against Malaria. If they then return to their place of birth they will be just as much at risk as the typical western European traveller. Under these circumstances it is essential that they take regular adequate malaria prophylaxis to provide the best protection possible against the disease.

## **Vaccinations**

It is understandable that those returning to their place of birth will be sceptical about the need to consider the recommended vaccines offered to the western European traveller. If they have stayed healthy and well during many years living in the area why would they now have to consider taking vaccines? It is essential to understand that in many cases the body only maintains the protective antibodies as long as it is constantly being exposed to the disease. If this stops for a period of time then the amount of protection drops and can only be returned to its protective levels by either exposure to the disease (and therefore getting the illness!) or through vaccines. The length of time that it takes to drop the body's internal protection varies greatly but taking it as 6 months (as known for Malaria) provides a good general guide.

## **Travelling with children**

It is very common for a family to move to western Europe before having children. Then, after a few years, when their children are born they wish to return to visit their parents, friends and relatives back in their place of birth. The children have no natural protection against many of the diseases which are present in this region and so great care needs to be taken in explaining this in detail. In some cases the child may be so young that they are unable to receive the recommended vaccines and this presents its own difficulties. The other problem which can arise is that giving regular malaria tablets to an infant (in fact at any age) may be very difficult. There are some specific problems which need to be considered.

## **Hepatitis B**

In a very young child the most common way they will be exposed to Hepatitis B is through salivary contact. This can be from the grandparents and friends kissing and cuddling them but also from the shared toys which are sucked and passed from child to child in any playgroup. In the slightly older child the risk tends to be from playing around with other children and having blood contact from a crash of heads, nose bleeds etc. The vaccination, which usually provides excellent protection, normally takes six months to be fully administered.

## **Rabies**

Only a few countries of the world (including Ireland) can claim to be free of this awful disease. It is widespread in Africa, India, SE Asia, Far East and of course the Americas (including the USA and Mexico). It would be uncommon for a very young infant to be at significant risk but once they start to crawl and toddle about the place this changes significantly. This is the time that they pull dogs tails and try to stroke a cat. Apart from the lacerations and bites which may occur there will always be the potential risk of their becoming infected with Rabies. It may be very difficult for the parents to know if their child has actually been at risk when the child does not (or cannot) report the incident.

## **Meningitis**

This bacterial disease is wide spread throughout the world. However there are different strains of the disease and the vaccine used (type C) against the typical western European strains (types B & C) may provide little to no cover against some of the 'tropical strains' (most commonly types A & W-135). The currently available vaccines against these particular 'tropical strains' are not licensed for those under 2 years of age which means that these children may unfortunately become infected with this rapidly fatal disease.

## **Sun Exposure and Dehydration**

Children tend to become dehydrated very quickly and need constant fluids to maintain a safe balance. They also can become sunburnt - despite the colour of their skin. This may easily increase their risk of future skin cancers.

## **Summary**

It is easy to understand the need to return to ones homeland and to meet with family and friends and tell something of the experiences gained while abroad. However this group (both adults and children) need special care and attention to try to ensure that they remain in good health while abroad and also after they return to their new home.

National Travel Vaccine Appointment Tel 1-850-48 76 74

Web Address: [www.tmb.ie](http://www.tmb.ie)

This leaflet has been prepared using information supplied from W.H.O. Center for Disease Control (US) and other International sources.

- ✓ Travel Accessories
- ✓ Tropical Diagnostic Laboratory
- ✓ Tropical Disease Screening Centre
- ✓ W.H.O. registered Yellow Fever Vaccination Centre
- ✓ International Vaccination and Malaria Advice Centres

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