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Planning a Vac(cin)ation

By **MICHELLE HIGGINS**

GETTING vaccinated may be the last thing on your mind when heading off on vacation, but it's important — whether you are traveling to an exotic destination or not.

Case in point: the Centers for Disease Control and Prevention issued a [health advisory](#) last month pointing out that the [United States](#) is currently experiencing the highest number of [measles](#) cases since 1996, many of which were acquired overseas. As of June 17, 156 confirmed cases of measles had been reported to the center this year; 136 of them involved unvaccinated Americans who had recently traveled abroad, unvaccinated visitors to the United States and people who didn't travel but may have caught the disease from those who did.

The advisory, which encourages travelers planning trips abroad to make sure they have had the M.M.R. (measles, [mumps](#) and [rubella](#)) vaccine before they leave, illustrates that it isn't just far-flung places that are a source of concern — outbreaks are occurring in places like [France](#), [Britain](#), [Spain](#) and [Switzerland](#). "Those of us who run travel clinics are very used to seeing people going to developing countries or tropical countries" getting the relevant shots, said Dr. David O. Freedman, a board member at the International Society of Travel Medicine and a professor of medicine and epidemiology at the University of Alabama at Birmingham. "But nobody thinks about it when they go to [Europe](#)."

The thinking is similar, he said, for other popular destinations, including [Mexico](#) and parts of [Central America](#). "There's not a perception that you need to go and get a bunch of shots if you're going to [Cancún](#)," Dr. Freedman said. But in fact, he added, you should consider being vaccinated for certain food- and water-borne diseases like [hepatitis A](#) — one of the most common vaccine-preventable infections acquired during travel — which is prevalent in Mexico and other destinations in Latin America. In 2007, international travel was the most frequently identified risk factor for hepatitis A among United States cases for which exposure information was collected, according to the Centers for Disease Control and Prevention. As in previous years, most of those travel-related cases (85 percent) were associated with travel to Mexico, Central America or [South America](#). Though many people

recover from hepatitis A within a few weeks, in some cases the symptoms — fatigue, nausea, **diarrhea** and **jaundice** — can last two months or longer.

As a general rule, travelers should be up to date on routine immunizations “no matter where they are going and what they are doing,” said Dr. Phyllis Kozarsky, a travel health consultant at the C.D.C. and a professor of medicine at Emory University in **Atlanta**. In addition to the M.M.R., these **vaccinations** include a **tetanus** booster every 10 years and the **influenza vaccine** during **flu** season each year.

As for measles, the highly contagious disease has always been a risk for travelers in the developing world, experts say. But the increase in cases in the United States and large outbreaks occurring in Europe are recent issues, stemming in part from fears of parents who refuse to vaccinate their children because they believe immunizations cause illnesses, particularly **autism**, even though multiple studies have found no reputable evidence to support such a claim.

Although most Americans have been vaccinated for measles or are immune because they’ve had the disease, public health officials are concerned about those who have not been immunized, including babies and those born after 1957 (the cut-off year for people likely to be immune since the disease was endemic then), but before 1970, when vaccination became routine.

Before any international travel, infants 6 months through 11 months of age should have at least one dose of **measles vaccine**, according to the Centers for Disease Control and Prevention. Children 12 months or older should have two doses separated by at least 28 days — whether traveling or not. And adults should review their vaccination records to ensure they’re up to date. The Web site **cdc.gov** offers a “Q&A” page about measles that includes more guidance on how to know if you need a vaccine.

You can also look up recommended vaccinations and information about disease prevention by destination on the agency’s **Web site**. But be sure to consult a travel medicine expert, ideally four to six weeks before your trip, for a complete risk assessment. The International Society of Travel Medicine offers a searchable directory of its members at **istm.org**.

“A backpacker going to the **Thailand**-Cambodian border visiting a refugee camp versus a C.E.O. of an international company staying at a deluxe hotel in **Bangkok** versus someone going on a honeymoon to the **beaches** are all very different, and very different risks,” said Dr. Kozarsky of the C.D.C.

A good doctor who specializes in travel medicine will go through your entire itinerary carefully, and consider everything from the regions you will be visiting (urban versus rural), your travel style (backpacking versus luxury hotel) and the time of year (which can influence exposure to mosquitoes, which spread [malaria](#) and dengue) to determine if the recommended vaccines or prevention measures are really necessary for your vacation.

Malaria and Japanese encephalitis are among the diseases listed under the C.D.C.'s travel health page for [China](#), for example. But travelers visiting only major cities, like [Beijing](#) or [Shanghai](#), don't need to carry malaria pills or get a shot for Japanese encephalitis (a mosquito-borne disease endemic to rural areas in China).

Travel medicine experts can also be helpful in determining whether you need a [yellow fever](#) vaccine, which is required under international health regulations for travel to certain countries, including parts of sub-Saharan [Africa](#) and tropical South America, and must be administered at certified yellow fever vaccination centers, which can be found on the agency's [Web site](#).

Many countries require an "international certificate of vaccination or prophylaxis" signed by a medical provider for the yellow fever vaccine from travelers coming from an infected area. For example, Indian health regulations may ask for evidence of vaccination against yellow fever if you are arriving from sub-Saharan Africa or other yellow fever areas. If you do not have such proof, you could be subject to immediate deportation or a six-day detention in a yellow fever quarantine center, according to the State Department's [India](#) information sheet. If you travel through any part of sub-Saharan Africa, even for one day, you are advised to carry proof of yellow fever immunization.

To be sure, travel vaccines aren't cheap. And for the most part, insurance won't cover them. The Travel Clinic of [New York City](#), for example, charges \$130 for a yellow fever shot and \$90 for hepatitis A, according to its Web site, [travelclinicnyc.com](#). That's in addition to an \$80 consultation fee.

But as long as you aren't paying for unnecessary immunizations, the shots are worth it. Bottom line, said Dr. Freedman of the International Society of Travel Medicine, "Vaccines are your insurance policy."

