

International Travel after the COVID Pandemic

PassportHealth

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Objectives

- Be able to describe the COVID vaccine requirements for travel to the major international destinations.
- Identify the areas where YF-VAX is required/recommended.
- List three vaccines that are recommended for travel that are not on the regular schedule of vaccines.

PPH Client Destinations in San Diego Area

Destination	Average Trip Duration (Days)	Average Time Between Appointment and Departure Date (Days)
Kenya	19	48
India	18	18
Thailand	41	20
South Africa	23	35
Vietnam	44	24
Tanzania	19	66
Brazil	37	25
Indonesia	49	46
Philippines	34	18
Argentina	67	23

COVID Vaccine Recommendations to Return to the US

CDC's order requiring proof of vaccination for **non-citizen nonimmigrants** to travel to the United States is still in effect.

<https://travel.state.gov/content/travel/en/traveladvisories/covid-19-travel-information.html>

A **non-U.S. citizen** who is a nonimmigrant (not a U.S. citizen, U.S. national, lawful permanent resident, or traveling to the United States on an immigrant visa), will need to show proof of being fully vaccinated against COVID-19 before travel by air to the United States from a foreign country.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/proof-of-vaccination.html>

COVID Country Specific Information

 Travel.State.Gov U.S. DEPARTMENT of STATE — BUREAU of CONSULAR AFFAIRS						
U.S. Passports	International Travel	U.S. Visas	Intercountry Adoption	International Parental Child Abduction	Replace or Certify Documents	
Travel Advisories	COVID-19 Country Specific Information	COVID-19 Travel Information	Nightlight Christian Adoptions, Renewal of Accreditation			
Legal Resources	U.S. Passports	International Travel	U.S. Visas	Intercountry Adoption	International Parental Child Abduction	Replace or Certify Documents

[Travel.State.Gov](#) > [COVID-19 Country Specific Information](#)

COVID-19 Country Specific Information

COVID-19 Country Information

Please select from the list below for specific information related to COVID-19 in that country.

Enter Text To Filter Table Below ✕

[Afghanistan](#)

[Albania](#)

<https://travel.state.gov/content/travel/en/traveladvisories/COVID-19-Country-Specific-Information.html>

Yellow Fever Vaccine

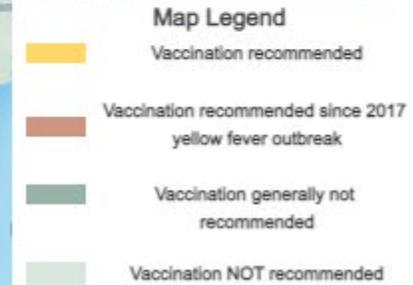
Yellow Fever is a mosquito-borne disease. Mosquitoes acquire the virus by feeding on infected primates (human or non-human) and then can transmit the virus to other primates (human or non-human). People infected with yellow fever virus are infectious to mosquitoes (referred to as being “viremic”) shortly before the onset of fever and up to 5 days after onset.



Yellow Fever Vaccine Recommendations



Visit CDC's [Travelers' Health](https://www.cdc.gov/travelers/health) website for regularly updated maps and information on yellow fever vaccine recommendations and requirements.



<https://www.cdc.gov/yellowfever/resources/training/mod-2/yellow-fever-module-2.html>

Symptoms

Most people infected with yellow fever virus will either have no symptoms or mild symptoms and completely recover. For people who develop symptoms, the time from infection until illness is typically 3 to 6 days.

- Initial symptoms can include sudden onset of fever, chills, severe headache, back pain, general body aches, nausea, vomiting, fatigue (feeling tired), weakness.
 - Most people who develop symptoms improve within one week.
 - For some people who recover, weakness and fatigue (feeling tired) might last several months.
- A few people will develop a more severe form of the disease.
 - For 1 out of 7 people who have the initial symptoms, there will be a brief remission (a time you feel better) that may last only a few hours or for a day, followed by a more severe form of the disease.
 - Severe symptoms include high fever, yellow skin or eyes (jaundice), bleeding, shock, and organ failure.
 - **Among those who develop severe disease, 30-60% die.**
- Once you have been infected, you are likely protected from future infections.

Treatment

- There is no medicine to treat yellow fever. However, a vaccine is available to prevent disease.
- Rest, drink fluids, and use over-the-counter pain relievers to reduce fever and relieve aching.
 - Avoid certain medications, such as aspirin or other nonsteroidal anti-inflammatory drugs, for example ibuprofen (Advil, Motrin), or naproxen (Aleve), which may increase the risk of bleeding.
- People with severe symptoms of yellow fever infection should be hospitalized for close observation and supportive care.
- If after returning from travel you have symptoms of yellow fever (usually about a week after being bitten by an infected mosquito), protect yourself from mosquito bites for up to 5 days after symptoms begin. This will help prevent spreading yellow fever to uninfected mosquitoes that can spread the virus to other people.

A safe and effective **yellow fever vaccine** has been available for more than 80 years.

- A single dose provides lifelong protection for most people.
- The vaccine is a **live**, weakened form of the virus given as a single shot.
- Vaccine is recommended for people aged 9 months or older and who are traveling to or living in areas at risk for yellow fever virus in Africa and South America.
- Yellow fever vaccine may be required for entry into certain countries.

Booster doses of the vaccine

In February 2015, the CDC Advisory Committee on Immunization Practices (ACIP) approved a new recommendation that a single dose of yellow fever vaccine provides long-lasting protection and is adequate for most travelers. The updated recommendations also identify specific groups of travelers who should receive additional doses and others for whom additional doses may be considered including:

- Woman who were pregnant when first vaccinated
- Persons who received a hematopoietic stem cell transplant following their last dose of yellow fever vaccine
- Persons who are HIV-infected
- Travelers who received yellow fever vaccine at least 10 years previously and who will be in a higher-risk setting based on season, location, activities, and duration of their travel
- Laboratory workers who routinely handle wild-type yellow fever virus

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

Certificat international de vaccination ou de prophylaxie

This is to certify that ① Jane Mary Doe ② 22 March 1960 F United States
 Nous certifions que (name - nom) (date of birth - né(e) le) (sex - de sexe) (nationality - et de nationalité)

[passport number] whose signature follows ③ Jane Mary Doe
 [national identification document, if applicable - document d'identification nationale, le cas échéant] dont la signature suit

has on the date indicated been vaccinated or received prophylaxis against ④ Yellow Fever in accordance with the International Health Regulations.
 a été vaccin(e) ou a reçu une prophylaxie à la date indiquée (name of disease or condition - nom de la maladie ou de l'affection) conformément au Règlement sanitaire international.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date	Signature and professional status of supervising clinician Signature et titre du professionnel de santé responsable	Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering center Cachet officiel du centre habilité
<u>④ Yellow Fever</u>	<u>⑤ 15 June 2018</u>	<u>⑥ John M. Smith, MD</u>	<u>[Batch (or lot) #]</u>	<u>⑦ 25 June 2018; life of person vaccinated</u>	<u>[⑧]</u>

Who is at risk?

Typhoid and paratyphoid fever are most common in parts of the world where water and food may be unsafe and sanitation is poor. Travelers to Eastern and Southern Asia (especially Pakistan India, and Bangladesh), Africa, the Caribbean, Central and South America, and the Middle East are at increased risk for typhoid and paratyphoid fever.

People visiting friends or relatives are more likely than other travelers to get typhoid fever because they may stay in the country longer, may be less cautious about the food they eat or the beverages they drink because they eat local food prepared in people's homes, and may not think to get vaccinated before traveling.

What can travelers do to prevent typhoid fever?

Getting vaccinated, choosing food and drinks carefully, and washing your hands are the best ways to avoid getting typhoid.

Check if the typhoid fever vaccination is recommended for your destination. Two typhoid vaccines are available in the United States. Visit your doctor or a travel clinic at least one month before traveling to discuss your options.

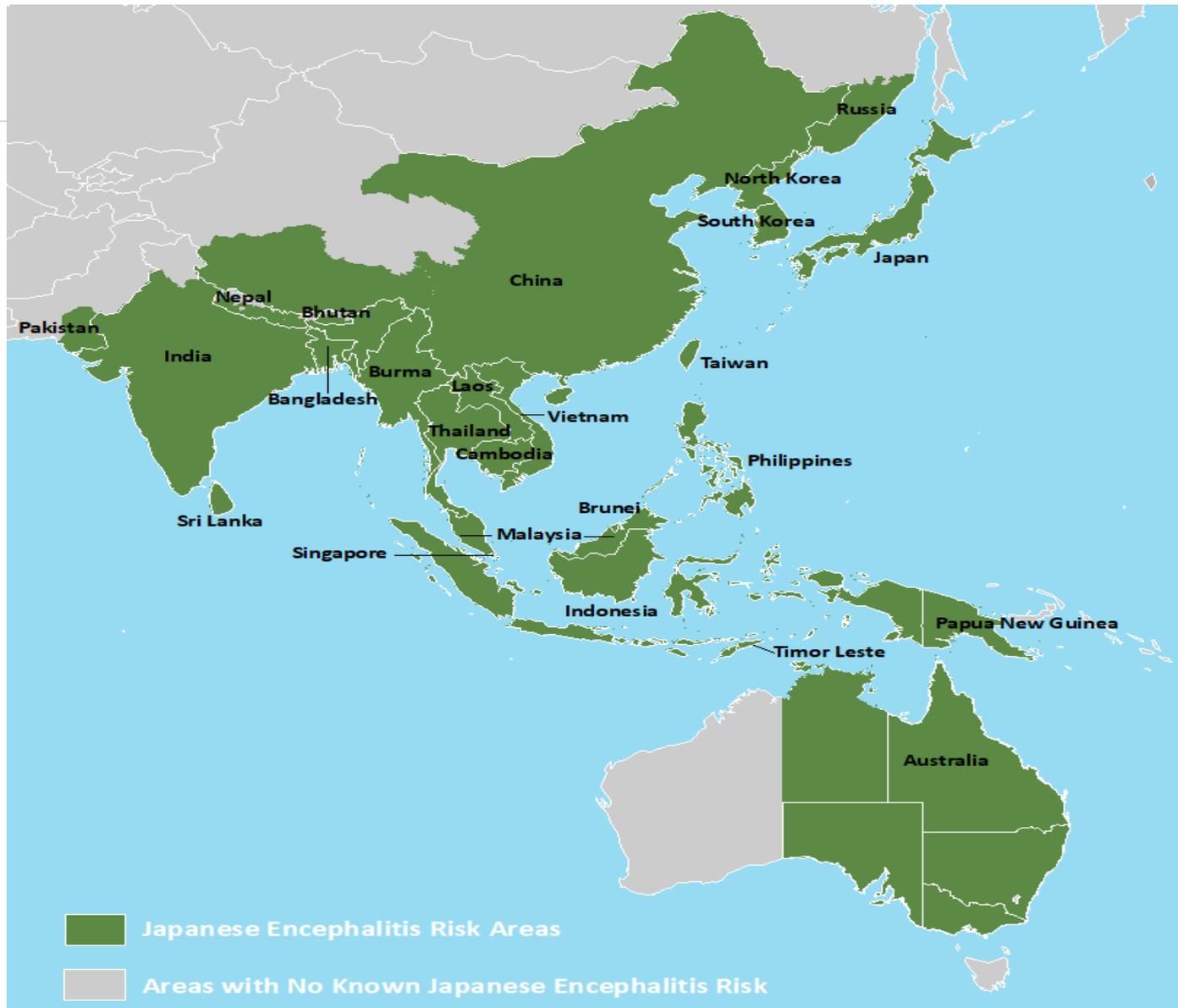
- Pill vaccine. People 6 years old and older can take the pill vaccine. Finish taking all four pills (one pill every other day) at least 1 week before travel.
- Shot vaccine. People 2 years old and older can get the shot vaccine. Get one shot (or a booster shot) at least 2 weeks before travel.

Japanese Encephalitis

Japanese encephalitis virus is spread to people through the bite of an infected mosquito.

JE virus transmission occurs primarily in rural agricultural areas, often associated with rice production and flooding irrigation. In some areas of Asia, these conditions can occur near urban centers.

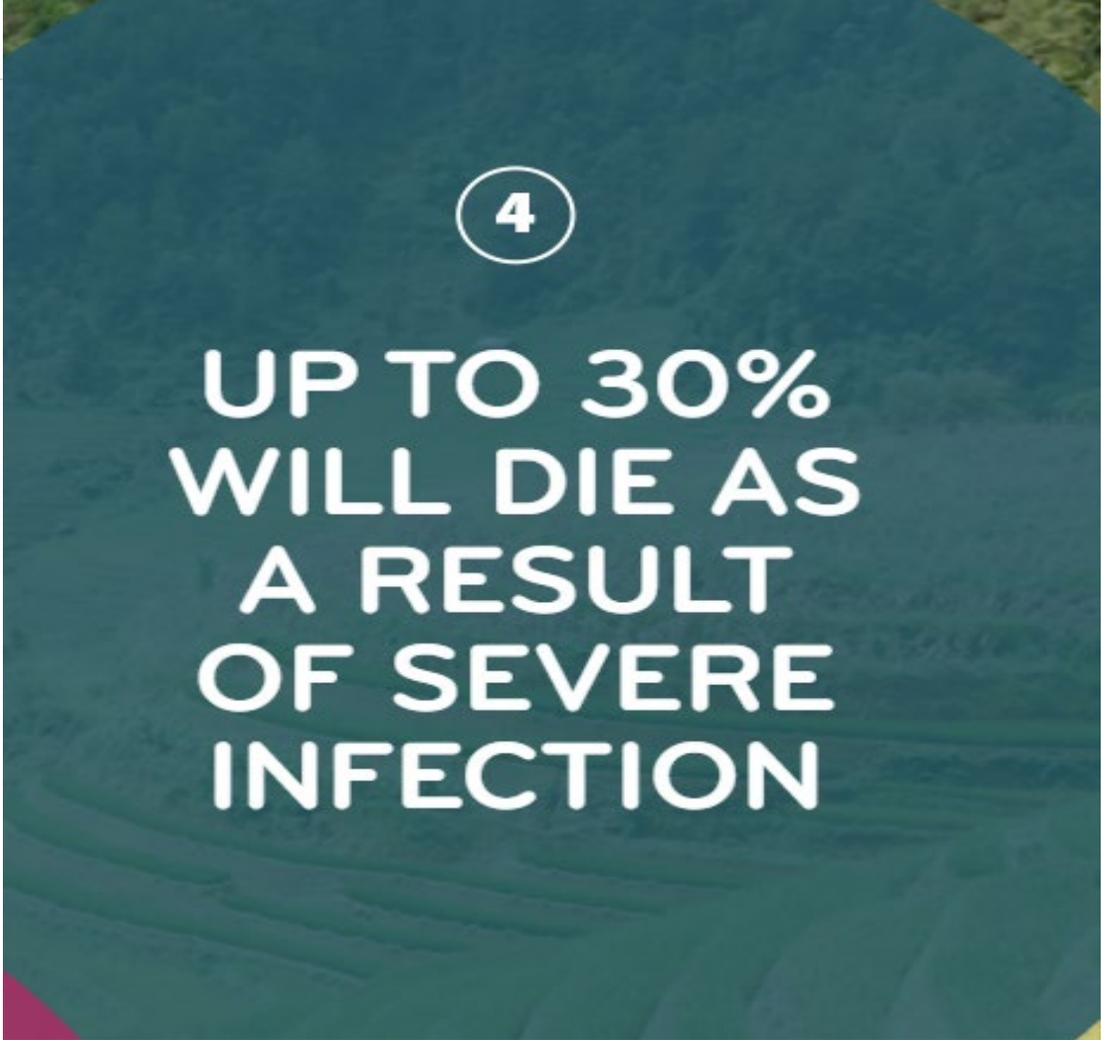
In temperate areas of Asia, JE virus transmission is seasonal. Human disease usually peaks in the summer and fall. In the subtropics and tropics, transmission can occur year-round, often with a peak during the rainy season.





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**MOST PEOPLE
INFECTED WITH JE
VIRUS ARE
ASYMPTOMATIC OR
EXPERIENCE ONLY MILD
SYMPTOMS.¹**



4

**UP TO 30%
WILL DIE AS
A RESULT
OF SEVERE
INFECTION**

5

UP TO 50% OF JE SURVIVORS SUFFER FROM PERSISTENT NEUROLOGICAL PROBLEMS

such as paralysis, recurring seizures,
or the inability to speak.

Vaccination with Ixiaro

Schedule	Age	Dose	Dosing Schedule
Standard	2mo-2yrs	0.25ml	2 doses 28 days apart with booster dose at 1-2 years after initial series
Standard	3yrs +	0.5ml	2 doses 28 days apart with booster dose at 1-2 years after initial series
Accelerated	18yrs +	0.5ml	2 doses 28 days apart with booster dose at 1-2 years after initial series

Rabies

Rabies is a preventable viral disease most often transmitted through the bite of a rabid animal. The rabies virus infects the central nervous system of mammals, ultimately causing disease in the brain and death. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) each year occur in wild animals like bats, raccoons, skunks, and foxes, although any mammal can get rabies.



Rabies is found on all continents except Antarctica. In most countries, the risk of rabies in an encounter with an animal and the precautions necessary to prevent rabies are the same as they are in the United States. When traveling, it is always prudent to avoid approaching any wild or domestic animal.

Each year, rabies causes approximately 59,000 deaths worldwide. Despite evidence that control of dog rabies through animal vaccination programs and elimination of stray dogs can reduce the incidence of human rabies, dog rabies remains common in many countries and exposure to rabid dogs is still the cause of over 90% of human exposures to rabies and of 99% of human rabies deaths worldwide.

Rabies affects only mammals. Mammals are warm-blooded animals with fur.

You can't tell if an animal has rabies by just looking at it—the only way to know for sure if an animal (or a person) has rabies is to perform laboratory testing. However, animals with rabies may act strangely. Some may be aggressive and try to bite you or other animals, or they may drool more than normal.

If you've been in direct physical contact with any wildlife or unfamiliar animals, particularly if you've been bitten or scratched, you should talk with a healthcare or public health professional to determine your risk for rabies or other illnesses.

Pre-exposure Series

Per CDC, Travelers should receive all 2 doses **before** travel. For full lifetime protection, a 3rd dose is recommended **within 3 years** of completion of the initial series.

Vaccine (brands interchangeable)	Dose (mL)	Number Doses	Schedule (days)	Route
Imovax (HDCV)	1mL	2	0, 7	IM
RabAvert (PCEC)	1mL	2	0, 7	IM

Boosters and Titers

Typical Populations	Titers	Boosters
General U.S population; Typical traveler	None	None
Rabies diagnostic lab workers, cavers, vet, animal control worker, wildlife or zoo worker, all people who handle bats	Every 2 years or as requested by client	If titer is low
Rabies research lab worker or rabies biologic production worker	Every 6 months	If titer is low

Post-Exposure Protocol

Immunization Status	Vaccine/Product	Dose (mL)	Number Doses	Schedule (days)	Route
Not previously immunized	RIG plus AND Imovax (HDCV) or RabAvert(PCEC)	*20 IU/kg body weight	1	0	Infiltrated at bite site (if possible); remainder IM
		1.0 mL	4 (5 if immuno-compromised)	0, 3, 7, 14 (28 if immuno-compromised)	IM
Previously immunized	Imovax (HDCV) or RabAvert(PCEC)	1.0 mL	2	0, 3	IM

Tickborne Encephalitis

Tickborne encephalitis (TBE) virus is spread through the bite of an infected tick. Occasionally, TBE virus can spread to people through eating or drinking raw milk or cheese from infected goats, sheep, or cows.

TBE virus can be found in parts of the region stretching from western and northern Europe through northern and eastern Asia. People who travel to these areas might be at risk for infection. TBE virus is not found in the United States. The ticks that spread TBE virus are most active in warmer months (April through November). People who spend time outdoors in or near forests are at highest risk of being bitten by a tick infected with TBE virus.



The risk for TBE for most U.S. travelers visiting TBE-endemic areas is very low. However, some people who travel abroad are at increased risk for infection based on travel season, location, activities, and duration. Key factors include:

- Traveling during the warmer spring and summer months.
- Participating in certain recreational outdoor activities (e.g., hiking, camping, hunting, fishing) in tick habitats in or on the edges of forests.
- Working in outdoor settings where there is an increased risk of coming into contact with infected ticks (e.g., forestry workers, farmers, military personnel, researcher undertaking field work).
- Staying for longer periods or repeated travel to endemic areas (which might increase the likelihood of exposure to TBE virus), although activities undertaken are more important than time spent abroad.

Vaccine Schedule

	1-15yrs of age (0.25ml)	16+ yrs of age (0.5ml)
First Dose	Day 0	Day 0
Second Dose	1-3 mo after first dose	14 days to 3 mo after first dose
Third Dose	5-12 mo after second dose	5-12 mo after second dose

A booster dose (fourth dose) may be given at least 3 years after completion of the primary immunization series if ongoing exposure or re-exposure to tick-borne encephalitis virus (TBEV) is expected.