



TRAVELLING WITH CHILDREN

Breast-feeding is much easier than attempting to mix formula. Long-life milk and packaged juice in sealed cartons are safe and available. Toddlers can be fed safely on fruit, noodles, rice, soup, scrambled eggs and beans. Carry snacks (e.g. dried fruit, soft drink) on bus, car and train trips. A few jars of baby food are a good backup. Take a plastic bowl, spoon, and knife for peeling fruit, a trainer cup (fewer spills), and bottles for impromptu feeds.

AVOIDING INSECTS

Insects can carry malaria, dengue fever, Japanese encephalitis and other diseases.

Young children are at increased risk of severe malaria, which can be fatal if not treated rapidly. Protect children from insect bites – even if they are taking antimalarial medication - as these preventative medications may not be 100% effective. In fact, the only truly effective malaria protection is avoiding insect bites. Only a limited number of preventative anti-malarials can be taken by children. Always keep medications out of reach of children and ensure that they receive the correct dosage, at the right time. Antimalaria medications should always be taken with food. (Discuss medication options with your Travelvax doctor).

Use effective insect repellents containing up to 30% DEET, Citriodiol or Picaridin as directed. *(Higher DEET percentages are effective for longer periods of time but are only marginally more protective, and may be more likely to cause skin irritation and other health issues).*

Don't use products that combine insect repellents and sunscreen. As a general rule, apply the sunscreen 20 minutes before the insect repellent. It is possible that the effectiveness of the sunscreen may be minimised by the use of repellent so it's important to remember to 'slip slop slap' regularly.

Light-coloured clothing and long-sleeved shirts, long trousers, socks and screened or air-conditioned quarters or mosquito nets impregnated with a contact insecticide are advisable. Insecticides such as permethrin are safe and effective against mosquitoes, sandflies and ticks and can be applied to children's clothing. They will last for several weeks – even with washing.

Seek urgent medical aid for any illness with fever if you are in, or have been in, a malaria-infected area.

ANIMAL BITES

Rabies is present in many countries around the world and it's almost 100% fatal if left untreated—many of those killed are children. The cause is most often through dog bites, but any mammal can transmit rabies. Animals may carry and transmit Rabies through their saliva. Encourage children to avoid touching any animals – wild or domestic – and to report any bites. Animal bites should be washed with lots of soap and water, alcohol or iodine solution applied and medical advice sought immediately. Do not bind the wound tightly. Vaccination should be considered if travelling to risk areas.

COMMON TRAVEL HEALTH PROBLEMS

Diarrhoea

Children are more likely to get travellers' diarrhoea than adults, as their immune systems are still relatively immature and not as capable of killing the ingested bacteria. Dehydration is the main danger.

Mild diarrhoea: give extra fluids such as bottled water, oral rehydration salts (ORS) or diluted drinks:

Cordial – 1 part to 16 parts water

Lemonade (not flat or low cal) 1 part to 6 parts water

Fruit juice – 1 part to 4 parts water

Sugar water – 1 level teaspoon of sugar in 120ml of water

If they are still happy to eat, give them a normal diet.

Severe diarrhoea: give 1 cup of ORS such as Hydralyte, Gastrolyte or Pedialyte for every watery stool. As an alternative if ORS are not available, you can make up your own using a 5 ml teaspoon, adding 8 level teaspoons of table sugar and ½ a level teaspoon of salt to 1 litre of water.

Most important is to observe whether your child is still producing enough urine. Dehydrated children should drink as much ORS as they will drink. If they are vomiting still give them small frequent sips of ORS.

It is most important to **seek medical help**: if there is blood in the stool, they have a high fever, if diarrhoea persists for more than 3 days in a child or 1 day in a baby and there is significant dehydration and they are unable to tolerate oral fluids.

Over the counter 'stopper' medications used to treat diarrhoea are generally not suitable for children under the age of 6 years and some anti-vomiting medications can do more harm than good. Antibiotics are rarely used, however may be used to treat severe or prolonged cases of diarrhoea.

ALTITUDE SICKNESS

Acute mountain sickness (AMS) is a frequent, subtle, but often unrecognised problem in young travellers. It is compounded in infants and children by the fact that they are unable to articulate the symptoms. It is most important that any child that becomes unwell at altitude is suspected of having altitude sickness until proven otherwise.

Your Travelvax clinic can advise you on a medication, suitable for both adults and children, which can aid acclimatisation.

HEAT AND COLD INJURIES

Infants and children are more prone to the effects of temperature change and are less able to anticipate and avoid heat and cold stress. Be sure to: maintain fluid intake, dress appropriately, and avoid heat stress and sunburn.

The [US Centers for Disease Control](https://www.cdc.gov/) (CDC) also has some useful information for travelling with children.

More information on travelling with children is available during your pre-travel consultation with Travelvax. Call 1300 360 164 for the location of the clinic nearest to you.