



Travelling with Children

Children under 7 years of age are at higher risk of getting sick from travel to tropical and developing countries. Speak with your health care provider or travel clinic staff for advice before travelling.

What should I bring?

- Insect repellent containing DEET or Icaridin in liquid and cream form, not aerosol.
- Oral rehydration solution (ORS) and water-disinfectant tablets.
- Medication recommended by your health care provider for a fever.
- Comfortable, closed-toe shoes, and loose fitting, cotton clothes and a sun hat if travelling to a destination with a hot climate.
- A waterproof sunscreen with SPF 30 (sun protection factor) or more.
- Your child's car seat. It may be used on the plane if they have their own seat.

Can I travel by air with my baby?

Do not travel by air with a premature infant (baby), or infant younger than 7 days old.

While the plane is taking off and landing, breastfeed or bottle feed your baby. Feeding your child gets them to swallow and prevents ear pain.

What immunizations will my child need?

Make sure that your child is up to date with their routine immunizations through their regular health care provider. Visit a travel clinic at least 6 to 8 weeks prior to travel.

Travel vaccines that may be recommended depending on where you are going, what you plan to do while you are there, how long you are staying, and the age of your child. Carry a record of your child's immunizations. Possible vaccinations include:

- Hepatitis A
- Hepatitis B
- Meningococcal
- Travellers' diarrhea and cholera

- Typhoid
- Yellow fever
- Japanese encephalitis
- Rabies
- Influenza (flu)

If you are travelling to an area with measles, the MMR (measles, mumps, and rubella) vaccine, which is given in Canada at 12 months of age, can be given to infants as young as 6 months of age. Two additional doses of measles containing vaccine must be administered after the child is 12 months to ensure long lasting immunity to measles.

Some vaccines should not be given to infants and young children. Contact your doctor, travel clinic, or public health nurse, about which vaccines your child needs and the risk of infection while travelling.

How can I prevent illness?

Breastfeeding is the best way to reduce the risk of foodborne and waterborne illness.

Water served to young children, including water used to dilute (water down) juice or prepare infant formula, should be purified, (boiled and cooled) prior to use.

Consider using ready to feed formula for short trips.

How can I protect my children from malaria?

Malaria is a disease caused by mosquito bites and tiny parasites that get into the bloodstream. The best way to prevent malaria is to avoid being bitten by mosquitoes.

If possible, do not take infants or young children to areas where there is malaria. The effects of malaria are much more serious in children. Malaria medications available for children are limited.

Breast fed babies whose mothers are taking medication to prevent malaria must also be given medication, since little of the mother's medication will be in the breast milk.

Children should sleep in rooms with screened windows, or under bed nets, when available. Mosquito netting should be used over infant carriers.

If you are taking part in outdoor activities between dusk and dawn, wear long sleeves and pants, and use insect repellent on all exposed skin. The most effective insect repellents contain a product called DEET or Icaridin. Icaridin is now preferred over DEET for children 6 months and older.

In Canada, DEET products are not recommended for use with children younger than 2 years of age. However, when children aged 6 months to 2 years live or travel in an area with malaria, the chances of severe illness is higher than the risks of DEET repellent when applied properly.

For more information on insect repellents, including specific recommendations for children under 2 years old, see [HealthLinkBC File #96 Insect Repellents and DEET](#).

How can I prevent traveller's diarrhea?

A vaccine is available to help protect against traveller's diarrhea caused by enterotoxigenic E. Coli (ETEC). It also protects against cholera. For more information on this vaccine, see [HealthLinkBC File #41k Traveller's Diarrhea and Cholera Vaccine](#).

The current vaccine only protects against 1 type of bacteria that causes traveller's diarrhea, so following good personal hygiene (cleaning) practices and being careful about what you eat and drink are the best ways to prevent traveller's diarrhea. For tips on how to properly wash your hands, see [HealthLinkBC File #85 Hand Washing for Parents and Children](#).

How can I treat traveller's diarrhea?

Children younger than 2 years of age who have a lot of diarrhea should receive medical care. Take your child to a health care provider right away if your child develops signs of:

- dehydration;
- bloody diarrhea;

- diarrhea accompanied by a high fever, or persistent vomiting; or
- does not improve despite the use of an oral rehydration solution (ORS).

In some cases, diarrhea may be a sign of another infection (for example, malaria), so it is important to see a health care provider, discuss your symptoms and remember to tell them where you have been travelling or living.

Do not give antibiotics or other medications to children to stop diarrhea unless advised by a health care provider. Avoid using bismuth subsalicylate (such as Pepto-Bismol) to treat diarrhea in children. Breastfeeding mothers should also avoid using bismuth subsalicylate. If your child has taken this kind of medicine and has changes in behavior with nausea and vomiting, call your health care provider. These symptoms could be an early sign of Reye Syndrome, a rare but serious illness. For more information about Reye Syndrome, see [HealthLinkBC File #84 Reye Syndrome](#).

Dehydration from diarrhea is more of a concern in children because they become dehydrated more quickly than adults. It is essential to drink extra fluids as soon as diarrhea starts, and an oral rehydration solution (ORS) should be considered.

Continue breast or formula feeding throughout the illness, in addition to ORS. Children who are no longer nursing should continue to eat solid food in addition to ORS.

For More Information

For more information, see the following HealthLinkBC Files:

- [HealthLinkBC File #41e Traveller's Diarrhea](#)
- [HealthLinkBC File #41f Malaria Prevention](#)
- [HealthLinkBC File #41k Traveller's Diarrhea and Cholera Vaccine](#)
- [HealthLinkBC File #99 How to Take a Temperature: Children and Adults](#)