

# Pre-travel consultation

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**2024**

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# Pretravel consultation

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- To go or not to go? Contra-indications
- Malaria
- Vaccinations
- Hygiene
- Other prescriptions

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# • To go or not to go? Contra-indications

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- **Maternal contra-indications**

- Cardiac disease, hypertension,
- History of thromboembolism,
- Hemoglobinopathies, anemia,
- Chronic respiratory insufficiency, severe asthma,
- Chronic kidney disease
- Severe immunosuppression

# • To go or not to go? Contra-indications

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- Maternal contra-indications

- Obstetrical contra-indications

- Risk of preterm birth:

multiple pregnancies, cervical incompetence

- Severe obstetrical conditions:

diabetes, toxemia, bleeding, Intrauterine growth restriction, PP

- Third trimester

# •To go or not to go? Contra-indications

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- Maternal contra-indications

- Obstetrical contra-indications

- Legal contra-indications

# •To go or not to go? Contra-indications

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- Maternal contra-indications

- Legal contra-indications

- Obstetrical contra-indications

- Geographical contra-indications

**Malaria**

**Zika**

**Other severe fetal/maternal infection**

**Country requiring a live vaccine**

**Low level of medical and obstetric care**

# Example : Dengue is more severe in pregnancy

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**Brazilian prospective study** : 99 pregnant women vs. 447 women of reproductive age with Dengue

**No increased incidence during pregnancy**

**Increased severity+++**

- **Haemorrhagic dengue** reported in 45 /99 (47%) versus 18% **X3**
- Hospitalization reported in 61 (62%) versus 26%
- **Death** reported in 3/99 (3%) versus 5/447 (1%) **X3**

**In multivariate analysis pregnancy and 3<sup>rd</sup> trimester significantly associated with DHF/ DSS (OR 3.4 and 3.8)**



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# Malaria

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- Avoid travel in endemic areas
- Insect repellents: as non pregnant population
- Use insecticide-treated bed nets, long clothing to prevent mosquito bites
- Chemoprophylaxis

Atovaquone-Proguanil: Malarone®

Mefloquine: Lariam®

Chloroquine: Savarine®, Nivaquine®

Doxycycline: Approved during T1, contraindicated during T2 and T3

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# Life-attenuated vaccines

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BCG

Varicella

Yellow fever

MMR

- No teratogenic effect
- No pregnancy test before administration
- Contra indicated during pregnancy **EXCEPT yellow fever**
- Reassuring in case of vaccination during early pregnancy
- Vaccination of next-of-kin OK during pregnancy
- Breastfeeding OK **EXCEPT yellow fever <M6**

# Life-attenuated vaccines

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BCG

Varicella

Yellow fever

MMR

- Breastfeeding OK EXCEPT yellow fever <M6
  - 2 fatal encephalitis in newborn whose mother vaccinated < M1
  - With the vaccinal life attenuated strain
- > Vaccinate at M6, or stop breastfeed for 2 weeks

# Other vaccines

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dTPC

Influenza

COVID

Hepatitis B

Hepatitis A

(typhoid fever)

Rabies

*N. meningitidis*

Japanese encephalitis ?

Tick born encephalitis?

RSV?

dTPC recommended in France 20-36 WG every pregnancy  
More efficient than the cocooning strategy

Influenza and COVID recommended on every pregnancy

- Reduction of maternal severity
- Reduction of neonatal documented influenza infection 50%

No contra-indication for post exposure rabies

Bivalent RSV vaccine Pfizer already in the US

# Japanese encephalitis

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Arbovirus

Flavivirus

South Asia / south east Asia

Monsoon ++

Not more frequent / not severe for pregnant mothers

## **Fetal losses**

4/4 fetal losses during T1/T2

5/5 fetal survival during T3

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# Hygiene

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## **Orofecal risks**

Traveller's diarrhea

Salmonellosis /Typhoid fever

Amoebiasis

Hepatitis A

Hepatitis E

Parasitic infections (taeniasis, fascioliasis, anisakiasis, trichinellosis, etc.)

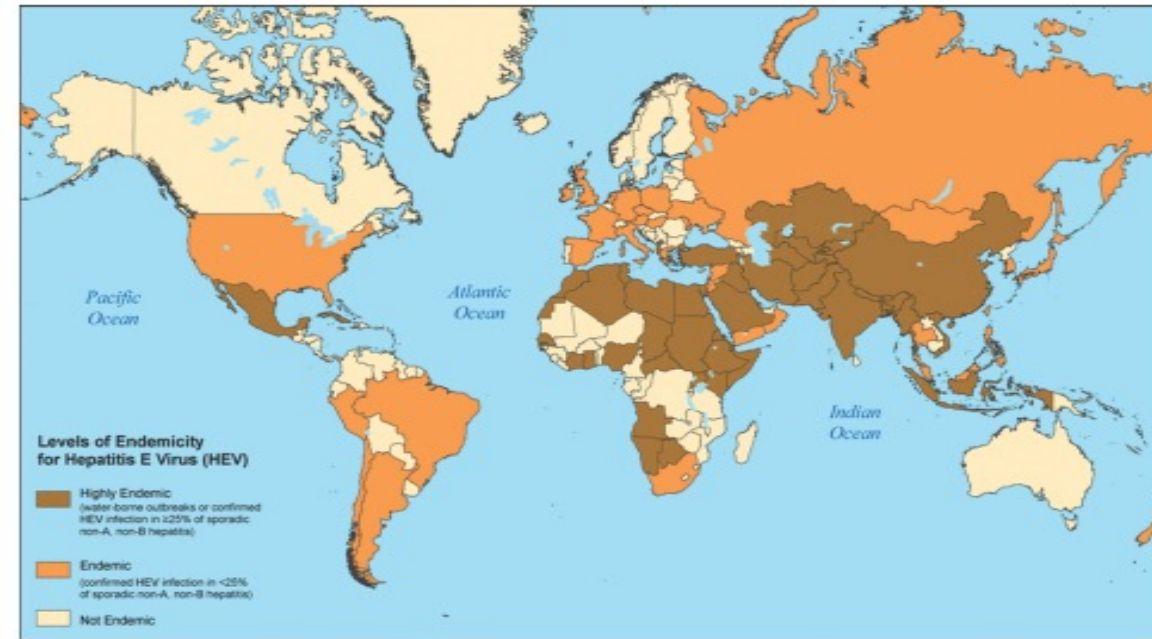
# Hepatitis E

Single stranded RNA virus

**4 genotypes**

**Oral transmission**

Genotype 3	Europe	Sporadic Human and animal reservoir	Raw liver (Figatelli in Corsica)
Genotype 1	Asia, Africa	Epidemic Human reservoir Fatal hepatitis pregnancy (T3)	Contaminated waters
Genotype 2	Mexico Africa		
Genotype 4	Asia		



# Hepatitis E

Single stranded RNA virus

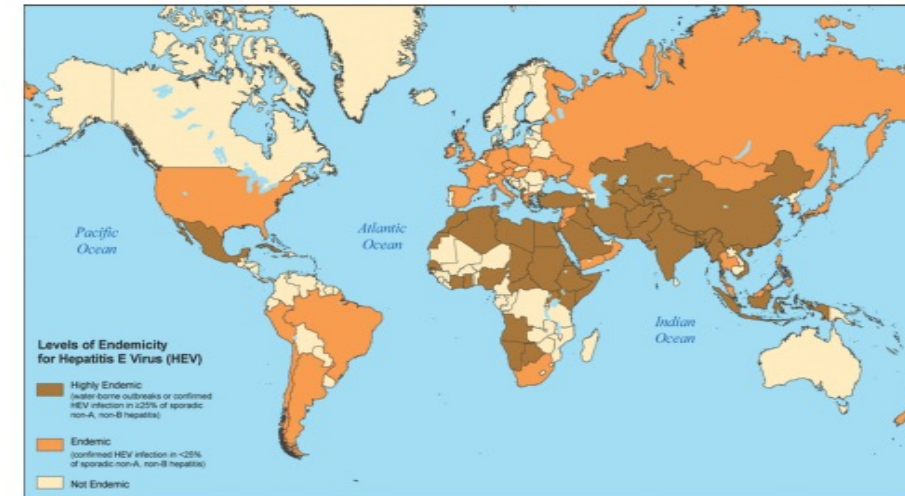
**4 genotypes**

**Oral transmission**

**Tropical genotypes associated**

- **with fulminant hepatitis in T3 pregnant mothers**
- **with obstetrical complications: fetal loss, premature delivery**

**30.000 attributed fetal losses / year worldwide**



Desramé J 2005, Begum Inr J Gynecol Obstet , Rein Hepatology 2011

# Hepatitis A

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RNA virus

Very resistant

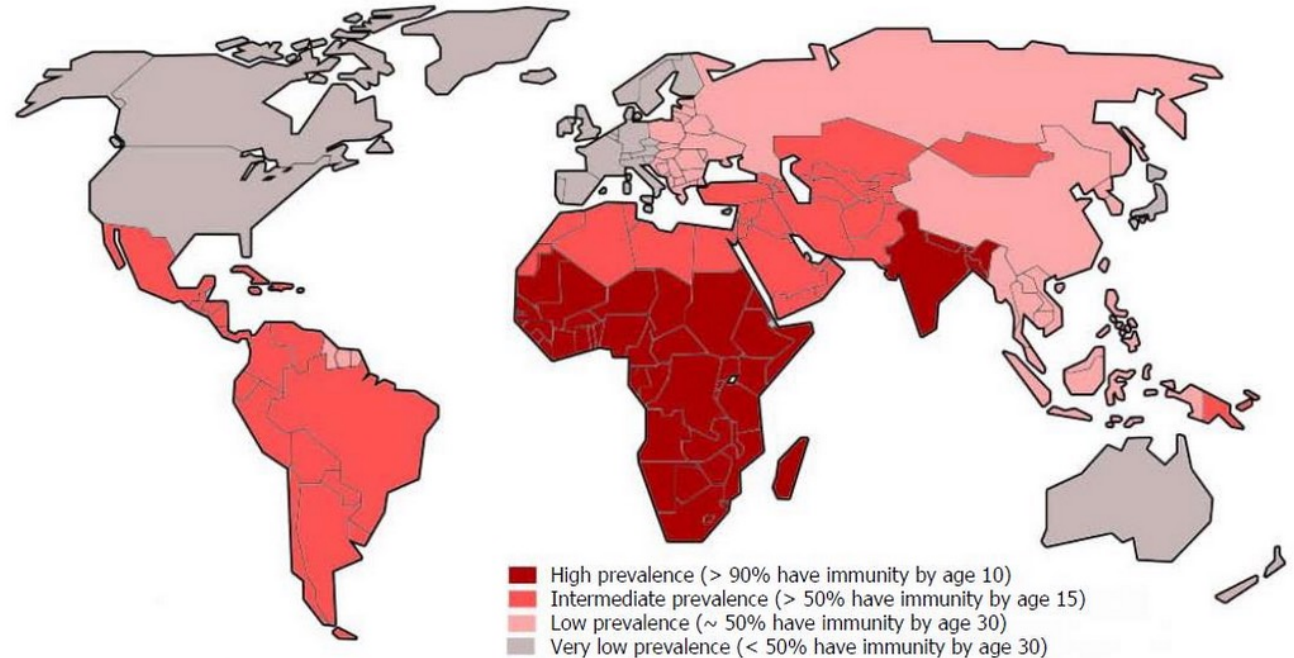
**Oral transmission**

**No increased risk during pregnancy**

**No severe hepatitis in the child if maternal-fetal transmission occurs**

**Breastfeeding is possible for women affected by the condition**

**Vaccination is possible**



# Hygiene

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## **Orofecal risks**

- > “cook it peel it or forget it”
- > boil water 5 min / encapsulated water
- > Filter (no Iode)
- > OK Chlorine tablets
- > wash hands +++++

# Hygiene

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## Plane travel

- > Compression stockings
- > Drink regularly
- > Walk every 30 minutes
- > Use a low-positioned seatbelt

# Hygiene

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## Other advices

- > Sun (Chloasma)
- > Freshwater baths (shistosomiasis/ leptospirosis)
- > Animal (rabies)
- > Barefeet : ancylostomiasis (hookworm)
- > Diving < 10m
- > Mountains < 2500m



# Hygiene

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How about Zika?



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# Medical kit

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- Racecadotril or loperamide for diarrhea.
- Avoid empirical antibiotic therapy.
- Paracetamol (not NSAIDs) for pain.
- Phloroglucinol for spasms.
- Metoclopramide for nausea/vomiting.
- Antihistamines for itching.
- Corticosteroids for allergies.
- Miconazole for vaginal yeast infections
- and fosfomycin for cystitis

Copy of medical records.  
Insurance documentation.