

Travel Tips



Travelling after your transplant? Here's what you need to know.

This presentation includes information about:

- Medications,
- Immunisations,
- food safety,
- Travel related illnesses,
- Reciprocal health care agreements
- Travel insurance

From strategies on forward planning so you don't run out of scripts or medication while away, to practical tips for avoiding and managing travel sickness and bugs, along with information on travel insurance options for recipients, and details about countries that allow recipients to access basic medical care for free, this information pack offers a comprehensive overview for transplant travelers

It is advisable for solid organ recipients to wait at least a year before embarking on overseas travel. Bone marrow recipients need to wait a minimum of 2 years before travelling.

The information provided here is available in more detail on the Transplant Australia website at www.transplant.org.au. We strongly recommend reading all available information on the website before planning your overseas holiday.

The Transplant Australia website contains downloadable vaccination resources that include everything a transplant recipient needs to take to their GP when preparing for an overseas holiday. These resources detail exactly what vaccinations transplant recipients can have at home or while travelling, and what vaccinations their families/those close to them will need.

Plan and consult with your transplant doctor well in advance of your trip to be reviewed and assessed for risks associated with travelling. You will be at the highest risk of infections during periods of greater immunosuppression. This is usually during the first year following transplantation or during intense treatment for rejection.

Travel can be unsafe for recipients especially if you are travelling to places where infectious diseases are common, sanitation is poor and quality medical care is limited. Updated travel advisories can be obtained from the Department of Health or Centers for Disease Control and Prevention.

Medications



Helpful hints for smooth flying:



Take enough medication in your hand luggage and in your checked-in baggage. If your luggage is lost, you will have enough in your hand luggage, and if your hand luggage is stolen, you have enough in your checked-in luggage.



Keep your medicines in their original packs even if you're tempted to put them in smaller containers to save space. Once medicines are taken out of their packaging, they're affected by moisture. If you have several medications, it may be easier to ask your pharmacist to make up a Webster pack for you. Keeping all medications in their original packs can also help if you're questioned by customs/baggage inspectors as you go through airport security.



Request a letter from your doctor specifying all medication you take, including the dosage and frequency. Carry this letter on you as you go through baggage screening.



Liquid medicines are subject to the same volume restrictions as any other liquids (100 ml per container). Carry a doctor's letter if you need more than the allowable limit of medicines on-board.



While travelling overseas with PBS medicines use a medicine declaration form to declare the medicines you are carrying. This form can be downloaded at www.servicesaustralia.gov.au/pb302



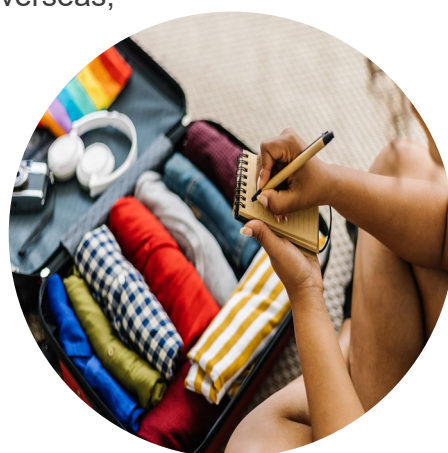
Consult your doctor for flexibility with taking medicines. Prepare a schedule to adapt to changes in time zones.



Always take a greater supply of medicines than you need in case your trip is extended, you experience delays or miss flights. When travelling overseas, talk to your doctor about stocking up. Your doctor can communicate with the pharmacist for extra supplies



Print a list of your medications, doses and include the names and contacts of your transplant doctor, transplant unit and other emergency details. Try to keep this list in a pocket or wallet at all times when travelling



Immunisations



Transplant recipients **can receive inactivated vaccines** to shield them from infectious diseases. For example, during the flu season, a recipient can get the flu vaccine. They're also encouraged to vaccinate against Hepatitis A and B.

Recipients cannot receive live vaccines as they can activate the disease instead of shielding recipients from it. For example, the chicken pox vaccine is risky for you after a transplant but won't affect you if you've had it pre-transplant.

Quick checklist on what you should and should not receive:

SAFE to use vaccines

- Pneumococcal vaccine
- Diphtheria, tetanus, pertussis (DPT)
- Influenza
- Inactivated polio vaccine (IPV)
- Hepatitis A & hepatitis B
- Meningococcal vaccine
- Human papillomavirus vaccine (HPV)

UNSAFE vaccines (which contain live organisms)

- BCG (Bacillus Calmette-Guérin)
- Yellow fever
- MMR (mumps, measles and rubella)
- Varicella-zoster virus (also known as chicken pox)
- Small pox
- Oral polio (live) Sabin

Travel and vaccinations for solid organ transplant recipients

Travelling after your transplant can be a rewarding experience. For your safety, ensure that you discuss your travel plans with your transplant team when you start planning your holiday. It is advisable for you to consult a travel medicine specialist who understands about people having a suppressed immune system and your medications. Ask your clinic for recommendations, such as the examples below:

- The Travel Doctor www.traveldoctor.com.au
- Travel Medicine Centre, Perth www.travelmedicince.com.au

You must receive vaccinations for travel several months before your trip and if possible, your transplant doctor may need time to review and reduce the amount of immunosuppression. This is in addition to the routine vaccination (non-travel related) schedule recommended for transplant recipients. The vaccinations you receive for travel safety depend on your travel destination and the time lapsed after your transplantation.

If you are travelling with a child that has been transplanted, ensure that all vaccination schedules/routine immunisations are up to date. See the next page for recommendations for travel related vaccines

Immunisations



Vaccine	Recommended before transplant	Recommended after transplant	Comments
Salmonella typhi (intra muscular)	Yes	Yes	This is an inactivated vaccine. You must maintain food and water hygiene during your travels despite receiving this vaccine. First dose recommended in children over 6 years of age
Salmonella typhi (Vivotif®, oral)	Yes	No	This is a live vaccine and must not be taken after your transplant.
Yellow fever vaccine	Yes	No	This is a live vaccine and you must not receive it after your transplant. If you do not receive this vaccination, you are advised to carry a vaccine waiver letter. The letter must bear the stamp of an official, approved yellow fever immunisation centre.
Rabies	See Comments	See Comments	Recommended before travelling only if you have a very high risk of exposure and are far away from medical facilities. If there is a potential risk of rabies exposure, you should seek treatment immediately after exposure. You must receive multiple doses of the intramuscular vaccine along with the rabies immunoglobulin. Children can receive it at any age
Japanese encephalitis	Yes	Yes	Please be aware that some Japanese encephalitis vaccines in Asia contain live virus. You must not receive this after your transplant. Some vaccines are not approved for paediatric use. Check with your transplant unit for the appropriate vaccine for your transplanted child
Cholera vaccine	Yes	Yes	Adults and children aged >6 years Two doses are required, given a minimum of 1 week and up to 6 weeks apart. If the 2nd dose is not administered within 6 weeks, re-start the vaccination course. For children between 2-6 years Three doses are required, given a minimum of 1 week and up to 6 weeks apart. If an interval of more than 6 weeks occurs between any of the doses, re-start the vaccination course 5
Information in this table has been adapted from the Australian Immunisation Handbook 10th edition and the 2013 American Journal of Transplantation. For a full list of references visit transplant.org.au			

Food Safety



Food safety: why it's important

Food safety is relevant for everyone but more so for transplant recipients. Recipients are at a higher risk of food poisoning due to immunosuppressants but can reduce the risk of getting foodborne illnesses with a few simple steps.

Ideally, only eat **freshly-cooked food** and **well-washed** fruit and vegetables. If there's any doubt about hygienic preparation or storage, don't risk it. Leftovers can be eaten if they are refrigerated promptly and kept no longer than a day.

Refrain from eating raw shellfish. Shellfish can sometimes carry **Vibrio vulnificans**, a bacteria harmful to immunocompromised people.

Listeria monocytogenes (Listeria) is a bacteria found in soil, water and some animals, including poultry and cattle. It can be present in some processed meats and foods made from unpasteurised or raw milk; for example, yoghurt or pudding. Listeria loves to grow in the cold temperature of the refrigerator and can be killed by cooking and pasteurisation.

Food safety when travelling

In developing countries where sanitation and hygiene standards are poor, you are at greater risk of water and foodborne bacteria.

Avoid ice cubes when travelling to countries with untreated tap water like Thailand. Stay away from uncooked foods like salads, and ensure you eat foods that are well cooked and heated through at the time of serving.

Foods containing raw or under-cooked meats and fish, such as sushi in Japan, can be risky for recipients. Stay away from shellfish like oysters, uncooked prawns and crabs as they can contain harmful bacteria. For more information on which foods to choose abroad, visit the Transplant Australia website.

Take-aways and restaurant foods

When eating out, it can be difficult to find safe and healthy options. Post-transplant, there are certain restaurant foods recipients must be wary of.

Hot foods are safest, while uncooked seafood (sashimi, oysters) and cold cut meats (ham, salami) are risky for transplant recipients.

Sauces and salad dressings containing raw egg products which recipients need to avoid include (but are not limited to) aioli, Caesar salad dressing and hollandaise sauce.

Desserts with uncooked products like raw eggs are risky for recipients and should be avoided. Examples include meringue and tiramisu which contain raw egg whites.

For individualised dietary advice, please speak to your doctor or dietitian.



Travel related illness



Managing and preventing travel-related illness

Whether travelling by car, boarding a flight or on a cruise, you can overcome motion sickness with over-the-counter medications. Consult your transplant doctor to determine drugs and dosages that are safe to have with transplant medicines.

Some medications used to manage altitude sickness, like diamox (Acetazolamide), can have side effects that are risky for transplant recipients.

If travelling to high altitudes like Nepal or Peru, it's advisable to avoid vigorous activities for the first few days. The chance of altitude sickness is greater if you ascend rapidly while hiking, or at altitudes over 2500m. The best way to manage this is by climbing slowly, stopping for 24 hours during the climb to allow the body to adjust to the height, and taking it easy the first couple of days.

Stomach bugs, insect/bloodborne diseases and STDs

Diarrhea is the most common condition among travelers. Dehydration from diarrhea can lead to anti-rejection drug toxicity. Ensure you carry the appropriate antibiotics for self-treatment along with electrolyte tablets and oral rehydration powders like hydralyte.

Anti-diarrhea drugs like loperamide that slow diarrhea must be used with caution because they can prevent your body from getting rid of the bacteria or virus that made you unwell.

Hand-washing thoroughly (after using the toilet, changing nappies and before meals) is one of the most effective ways of staying safe from the spread of viruses and bacteria that can cause diarrhea.

Insect-borne diseases: malaria and dengue prevention

Consult your transplant doctor on anti-malarial medications that have a low impact on the efficacy of immunosuppressants.

In countries like India and Bangladesh where insect-borne diseases such as chikungunya and dengue fever are common, reduce the risk of bites by using repellents, bed nets, well-screened rooms or air-conditioning and protective clothing. For up-to-date information on dengue, refer to the information on the dengue map. (www.healthmap.org/dengue/en)

Bloodborne and sexually transmitted diseases

Protect yourself from infections related to exposure to non-sterile needles, syringes and other medical equipment. Use clean injecting equipment, safe injecting practices and avoid sharing needles to avoid risk.

You can get bloodborne diseases like hepatitis B, hepatitis C, and HIV by receiving infected blood or blood products, sharing injection equipment (including needles and syringes), the use of unsterile or contaminated medical equipment and unsterile body piercing or tattooing procedures.

Reciprocal Health Care Agreements & Travel Insurance



Understanding reciprocal health care agreements

Australia has reciprocal healthcare arrangements with certain countries which allows you to access basic medical treatment for free. If you're an Australian citizen, free basic medical treatment is available to you in the following countries:

- New Zealand
- United Kingdom
- Republic of Ireland
- Sweden
- Netherlands
- Finland
- Italy
- Belgium
- Malta
- Slovenia
- Norway.

To view more about RHCA and the details of entitlements in individual countries go to www.humanservices.gov.au/customer/services/medicare/reciprocal-health-care-agreements#a8

RHCA arrangements with each country differ. To be eligible to receive this care, you must have a valid passport and Medicare card.

The RHCA is **not** intended to replace travel insurance because there are limits to the amount it will cover and type of conditions it will support. Multiple conditions, chronic conditions, and related issues may fall outside the boundaries of this cover; hence, it is advisable to buy travel insurance that will give peace of mind.

Travel insurance for transplant recipients.

Travel insurance is strongly recommended to cover you in case you require medical attention while overseas. Transplant recipients have some options although not all companies provide insurance, especially to those with multiple pre-existing conditions.

Insurance companies are unlikely to cover recipients if they've had their transplant less than 12 months. Before buying insurance, it may be helpful to get a 'fit to fly' letter from your GP or transplant specialist stating that you've had an up-to-date health check and are considered strong enough to travel.

Transplant recipients are more likely to receive travel insurance if their vaccinations are up-to-date.

Once you select your travel destination, talk to a GP about next steps. Remember, transplant recipients **cannot take any live vaccine.**

Vaccinations depend on the country of travel and the time lapsed after transplantation. Visit the Transplant Australia website to find a table of travel-related vaccinations.

Notes

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