Traveling with Inflammatory Bowel Disease

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Overview

• What You Need to Do Now

• Pre-Travel Preparation

• While You Are Away

• When You Come Back

• Questions & Answers
Why does it matter?

• Immunosuppressive medications

  • Increases susceptibility to and severity of some infections

  • Can reduce response to vaccines

  • Can become sick after certain live vaccines

• Tuberculosis (anti TNF)
What you need to do now

• Stay healthy, get in remission, stay in remission

• Vaccines
  • Most effective when given several weeks ahead of time
  • Work with your gastroenterologist and your primary care provider to get your list up to date. You may need to see a travel medicine expert
  • Keep track of your vaccines/records
  • Certain vaccines are contraindicated depending on what medication you take
## Recommended Vaccines

### Table 1: Current recommended vaccination program for adult inflammatory bowel disease patients[^1-3]

<table>
<thead>
<tr>
<th>Illness</th>
<th>Vaccine</th>
<th>Recommendation</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus Diphtheria</td>
<td>Purified anatoxin</td>
<td>Recommended</td>
<td>Every 10 yr</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Injectable; inactivated</td>
<td>Recommended</td>
<td>Every 10 yr</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Acellular antigen</td>
<td>Authorized</td>
<td>Every 10 yr</td>
</tr>
<tr>
<td>Hepatitis B B</td>
<td>Recombinant peptide</td>
<td>Recommended</td>
<td>Single/double doses?</td>
</tr>
<tr>
<td>Pneumococcal disease</td>
<td>23-valent purified antigen</td>
<td>Recommended</td>
<td>Booster?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Every 5 yr</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Single/double doses?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Booster?</td>
</tr>
<tr>
<td>Influenza</td>
<td>Inactivated virus</td>
<td>Recommended</td>
<td>Annually</td>
</tr>
<tr>
<td>Human papillomavirus infection</td>
<td>Recombinant L1 protein</td>
<td>Authorized</td>
<td>??</td>
</tr>
<tr>
<td>Measles, mumps and rubella</td>
<td>Live attenuated</td>
<td>Contraindicated during immunosuppression</td>
<td>??</td>
</tr>
<tr>
<td>Varicella</td>
<td>Live attenuated</td>
<td>Contraindicated during immunosuppression</td>
<td>Double dose (4 wk interval)</td>
</tr>
<tr>
<td>Haemophilus influenza B disease</td>
<td>Conjugated capsular polyosidique antigen</td>
<td>Authorized</td>
<td>Single dose</td>
</tr>
</tbody>
</table>

Stay Organized

• Keep track of all of your vaccines with dates of all vaccines given

Pre Travel Preparation

• Decide where to travel (62% of patients with IBD say it limits where they travel)

• Decide when to travel: Avoid missing infusions if possible

• Meet with your doctor: Gastroenterologist, Primary, Tropical medicine
World Health Organization website

Hepatitis A

- Children, at risk groups
- Travel to high or intermediate risk countries*
- Chronic liver disease
- * Remember >4 wks before departure
- Remember to get the booster

* For multiple countries, estimates of prevalence of antibody to hepatitis A virus (anti-HAV), a marker of previous HAV infection, are based on limited data and might not reflect current prevalence. In addition, anti-HAV prevalence might vary within countries by subpopulation and locality. As used on this map, the terms “high,” “medium,” and “low” endemcity reflect available evidence of how widespread infection is within each country rather than precise quantitative assessments.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm#fig2
Accessed 10/25/2012
# Travel related Vaccines

<table>
<thead>
<tr>
<th>Illness</th>
<th>Regions with high and intermediate endemicity</th>
<th>Vaccine/schedule</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| **Hepatitis A**         | High: Africa  
South America, Middle East  
Southeast Asia, China  
Intermediate: Southern and Eastern Europe                                                                      | Inactivated virus (every 10 yr)                                                                                                     | Authorized           |
| **Yellow fever**        | Africa: Sub-Saharan Africa  
America: Central and South America                                                                            | Live attenuated (every 10 yr)  
17D strain (17D-204 /17DD)                                                                                                          | Contraindicated during immunosuppression                                          |
| **Meningococcal disease** | Europe: Serogroups B, C  
America: Serogroups B, C, Y  
Africa and Asia: serogroups A, C, W135                                                                        | Conjugate polysaccharide C  
Polysaccharide combined A+C  
Polysaccharide combined A+C+W+Y (single dose among persons aged 11-55)                                                      | Authorized           |
| **Typhoid**             | High: Southern Africa  
Western, Eastern South central and Southeastern Asia  
Intermediate: Eastern, Middle and Northern Africa,  
Western Asia, Latin America/Caribbean, Oceania                                                                   | Vi Capsular polysaccharide (single dose IM. Booster dose every 2-3 yr for those at risk)                                          | Authorized           |
| **Cholera**             | Africa: Congo, Kenya, Mozambique, Uganda, Tanzania and West Africa                                             | Oral Killed (2 doses at 1-6 wk interval with a buffer to protect the B-subunit against stomach acidity)                           | Authorized           |
|                         | South and Central America: Peru, Ecuador, Guatemala, Nicaragua  
Asia: Afghanistan, India, Cambodia, Malaysia, Nepal, Sri Lanka                                                | Oral live                                                                                                                         | Contraindicated during immunosuppression                                          |
| **Rabies**              | High: Africa, Asia, parts of Central and South America  
Intermediate: Eastern Europe, parts of central and South America (Chile, Argentina)                           | Cell culture-derived vaccine (travellers, not handling animals: 2 doses, at days 0-28.  
If risk continues booster dose at 6-12 mo)                                                                                       | Authorized           |
| **Japanese encephalitis** | Southeast Asia  
Far East                                                                                   | Cell culture-derived vaccine (2 doses, at days 0-28 booster dose?)                                                                    | Authorized           |
| **Tick-borne encephalitis** | Europe: Central and Eastern  
Europe, Russia  
Asia: China, Siberia, Russian Far East                                                      | Inactivated virus (3 doses at 0.1 and 12 mo)                                                                                       | Use with caution       |
No Live Vaccines If Immunosuppressed

- Steroids for at least two weeks (at or over 20mg/d prednisone)
- Thiopurines (azathioprine, 6MP)
- Methotrexate
- TNF blockers such as etanercept, rituximab, adalimumab, and infliximab
Live Vaccines

- BCG (TB vaccine - not used in US)
- Yellow Fever (recommended or required for travel to Brazil, certain parts of Africa)
- Influenza (live attenuated)
- Measles Mumps Rubella (MMR)
- Typhoid (oral)
- Varicella
At the Gastroenterologist’s Office

• Discuss Vaccines

• If you will be flying with medication, consider getting a letter that states you are on these medications

• Ask your doctor if OK to fly to certain destinations

• Ask your doctor if you need extra refills or antibiotics: don’t rely on getting prescriptions abroad

• Talk about the timing of your infusions
Packing Checklist

• Medications

• Ice pack for certain medications such as Humira

• Doctors office’s phone number

• Pepto bismol, anti diarrheal medications

• Hand sanitizer

• Mosquito repellent with DEET

• Sunblock

Getting There

• Airport
  • Keep your medications in your carry on in case your luggage gets lost
  • Consider a medical condition notification card

• Airplanes
  • Higher risk of flare if higher altitude?
  • What about Deep Vein Thrombosis?
    • stay hydrated, walk around during the flight
Flying with an Ostomy

Ostomies

Travelers with Disabilities and Medical Conditions

If a passenger uses an ostomy, he or she can be screened without having to empty or expose the ostomy. However, it is important for passengers to inform the officer conducting the screening about the ostomy before the screening process begins. Passengers can use TSA’s Notification Card to communicate discreetly with security officers. However, showing this card or other medical documentation will not exempt a passenger from additional screening.

Passengers with ostomies can be screened using imaging technology, metal detector, or a thorough patdown.

Regardless of whether the passenger is screened using imaging technology or a walk-through metal detector, the passenger’s ostomy is subject to additional screening. Under most circumstances, this will include the passenger conducting a self patdown of the ostomy, followed by an explosive trace detection sampling of the hands.

Links:
- Advanced Imaging Technology and Metal Detector Screening
- Pat-down Screening
- Disabilities and Medical Conditions
- TSA’s Notification Card

http://www.tsa.gov/traveler-information/ostomies accessed 10-25-12
Humira (adalimumab) & Cimzia (certolizumab)

- **How to travel with these medications?**
  
  - Store them in a cool carrier with an ice pack (but don’t freeze it)
  - Protect them from light
  - The company sometimes gives a cooler with the medication starter pack

When you are there: be smart

• Travel wisely

• Lots of hand washing, hand sanitizer

• In countries without clean water, get access to clean water (treated or bottled), clean food

• Protection from mosquitos and other insects: Use DEET, long sleeves, long pants

  • malaria, dengue, filariasis, Chagas, leishmaniasis, onchocerciasis, trypanosomiasis
Have a plan for symptoms

- Discuss with your doctor what to do if you have symptoms
- Consider antibiotics (Cipro, Z-Pak for example)
- Difficult differentiating flare vs. infection
- Have an exit strategy: trip insurance, access to doctor or airport
Research on Travel and IBD

- Patients with IBD have a higher rate of illness during trips to industrialized countries but not to developing or tropical regions (flares not infections)

Figure 1. The rate of illness during trips in the IBD and healthy control populations, stratified by countries of destinations. By definition, developing countries also include tropical countries, but the latter are also shown separately in the bars on the right for finer data presentation.
After you return

• Report any abnormal symptoms (fever, pain, diarrhea, rash, blood in stool) to your doctor

  • If you have symptoms: make sure your doctor knows where you were: you may need testing for certain infections that are specific to where you traveled in addition to looking for a flare

    • Giardia, Amebiasis, Strongyloides, Malaria, other

  • Consider testing for exposure to tuberculosis if you were in a high risk area

• Finish any pending vaccine schedules
Parting Thoughts

• Travel when you are doing well

• Keep your doctor posted

• Take your medications

• Be smart when you are there

• Be prepared