

Child Travellers

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General Advice

Visas

Children with their own passports require visas just like adults.

Travel Insurance

Those travelling with children should ensure that they have adequate health and travel insurance, which covers their dependent children in case medical and/or dental assistance is required.

Schooling

For any would be traveller to a new country, finding out as much as possible for example about local customs and legends, places of interest, foods available, dominant language etc. can enhance and benefit their trip. Choice of schooling is very important for intending expatriate families. For older children boarding school away from the overseas family home may have to be considered if there would be serious local language difficulties or compatibility of courses with the desired examinations for entry into higher education. Teenage children often find changing schools difficult and if this also involves changing countries serious adaptation problems should be expected. Many would advise against families going abroad as expatriates for the first time if they have teenage children.

The Journey

Keeping children occupied, comfortable and as safe as possible may make a journey less stressful. Many airlines allow infants and young children at approximately 10% of the adult fare. On long haul flights it would be beneficial to pay for a child seat (usually 50% - 70% of the adult fare).

Sky cots or bassinets, if required, must be arranged at the time of booking. Infant carriers/capsules for use in motor vehicles can be used in flight, when a seat has been booked for the child. Standard airline seats are unsuitable for very young children as the child can slip underneath or out of them. Special children's restraining seat belts should be requested. It is important that the child is not placed inside a standard seat belt with an adult, children are best held securely in the arms of an adult where no other option is available.

Air travel is contra indicated for infants less than seven days of age. If travel is absolutely necessary for babies who are over seven days, but were born prematurely, medical advice should be sought in each case. Changes in cabin pressure may upset infants, this may be helped by feeding or giving a pacifier to stimulate swallowing

Remaining Healthy while abroad

Children and young adults are generally more liable to become ill while travelling than older adults in terms of travel related illness attack rates. It is essential that knowledge and awareness of risks and how to avoid them be explained, for example, how to avoid insect bites or how to make water safe for drinking. However, the most common illnesses experienced may include ear and eye infections, common colds, skin rashes, sunburn, diarrhoea, chest infections and trauma. All travellers with children should know how to treat minor ailments and when to seek medical treatment. Some antibiotics which may be available over the counter in some countries may affect the development of permanent teeth (e.g. tetracycline's) so travellers should be advised to consult a doctor or travel clinic abroad before giving these to children

Sunburn

It is important for skin to be protected from the sun even while bathing. It is wise to cover up with long loose clothing when in hot climates. Hats should be worn and sunscreens liberally applied. There is now a good range of swimwear, clothes and beach 'pods' available with good UV protection ratings from high street shops. The strong association between sunburn in childhood and skin cancer cannot be over emphasised, heat stroke is also a danger in unacclimatised small infants.

Should sunburn occur bathe the affected area with cool water or cold compresses. Apply calamine lotion and administer an analgesic e.g. paracetamol. If the area is blistered it should be kept dry and burned areas should be covered since there is a potential for infection. In children extensive sunburn can cause loss of body heat and result in hypothermia. Medical advice should be sought.

Prickly heat

Prickly heat is a common complaint in hot humid climates and can be particularly troublesome for children. It is caused by the sweat glands becoming congested as the skin sweats more in an attempt to cool the body. It leads to a distressing prickly sensation under the skin (usually on the neck, back and chest) accompanied by a fine red rash with tiny blisters.

- Keep in the shade as much as possible and dress in loose cotton clothing.
- Avoid oily cosmetics and limit the use of deodorants.
- Drink plenty of fluid enough to keep urine pale. Sometimes 5 or more liters a day are necessary.
- Take advantage of air conditioning if available.
- For those living in the tropics, a few weeks holiday at altitude (e.g. in a hill station) during the hottest months of the year is helpful.
- Regular showers or bathing can help and treatment can include powdering with talc or applying calamine lotion. Zinc and castor oil cream can help the itch.

Cuts, Sores and Insect bites

In hot moist climates any wound or break in the skin has the potential to become infected. The broken skin area should be cleaned and then kept dry and clean. This may require the use of a sticking plaster or a non-stick dressing e.g. Melolin.

Animal bites

Children should be encouraged to avoid and mistrust any dogs or other mammals because of the risk of rabies and other diseases. Any bite, scratch or lick from a warm blooded, furry animal should immediately be thoroughly cleaned. If there is any possibility that the animal is infected with rabies, immediate medical assistance should be sought.

Diarrhoea

Children become dehydrated more rapidly than adults so replacing lost fluid with rehydrating fluids is very important. Special sachets of sugar and salt powders to mix with boiled or sterile water can be bought at most chemists in Britain but may not easily be available abroad. Seek medical advice early for young children especially if vomiting is also present (see [travellers' diarrhoea](#)).

Malaria Prevention

Avoiding mosquito bites is always important and this includes using sensible clothing, bed nets and insect repellents. When indicated malaria prevention tablets should be used by children of all ages - there is often a choice. The doses are different from adults so always check carefully with doctor or pharmacist.

Vaccinations for Child Travellers

First confirm the British Childhood Vaccination Schedule is up to date

(See also [British Vaccination Schedule](#) and the [Vaccine Index for specific vaccine details](#))

Notes on vaccines sometimes given to child travellers which are outside the British Schedule.

- ***Meningococcal vaccine.*** The new conjugate type C vaccine given to young children in Britain and sometimes also at schools or colleges is effective against sero-type C but does not cover the sero-types A and W135 which are the prevalent strains in Africa - a different 'quadrivalent' vaccine has to be used.
- ***Hepatitis A vaccine*** is available for children from the age of 1 year. Some authorities consider this vaccine to be unnecessary for children below the age of 5-10 years because the illness is often mild at this age. However asymptomatic children can pass the virus on to others at playgroups, schools and at work and they may develop a more severe illness.
- ***Hepatitis B vaccine*** should be given to children going to live in countries in high-risk areas and can be given from birth. Hepatitis B in infants is more common from infection passed from the mother at birth. It can be acquired at playgroups and schools where bleeding cuts and scratches are common and later through sexual transmission. Transmission from contaminated needles can occur at all ages. This vaccine is now being used more frequently in travellers in response to WHO advice that it should become part of the normal childhood vaccination schedule worldwide.
- ***Typhoid vaccine.*** The Vi polysaccharide vaccine only gives limited protection under the age of 2 years. It is not normally administered below 1 year since the risk can usually be minimized through parental care with food and water hygiene.
- ***Rabies vaccine*** can be given to infants and children at risk.
- ***Japanese B encephalitis vaccine*** can be given to infants and children at risk
- ***Yellow fever vaccine*** is normally only given from around 9 months of age. There is an increased risk of the rare complication of encephalitis from the vaccine under this age. It may be wise to discourage infants under this age to travel to high-risk areas.