What the Primary Care Providers Need to Know About Travel Medicine?

Jennifer Burns, APN

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Learning Objectives

Understand worldwide risks of disease in travelers

Describe general principles of a travel clinic

Review routine immunizations needed for travel

Identify other travel precautions for traveler and provider

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Pediatric Travel

- 1.8 billion people will cross an international border by 2030
- 66% of those travelers will develop a travel-related illness
- 900 million people traveled internationally in 2022
- An estimated 4% of these people are children
- Approximately 8% of these travelers need to seek medical attention while traveling
- TFR=Traveler's visiting Friends and Relatives
  - More likely to get ill with staying with

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General Principles of Travel Clinic

- Most insurances do not offer or have limited coverage for travel vaccines
- The most common thing not covered is the professional fee for counseling
- Travel clinic is a fee for service. Payment is required at the end of the visit

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General Principles of Travel Clinic

- Ideally the travel visit should be the second reservation after the flight arrangements
- Review itinerary
- Destinations: purpose, time, duration and accommodations
- Potential exposure to insects and animals
- Immunization Records
- Vaccines
- Recommended VS Required

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General Principles of Travel Clinic

- Routine Immunizations
- Malaria Prophylaxis
- Protective Measures
- Traveler's Diarrhea
- Preventive measures
- Pediatric Travel Kit
- Other important documents and items

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Child and Adolescent Immunization Schedule

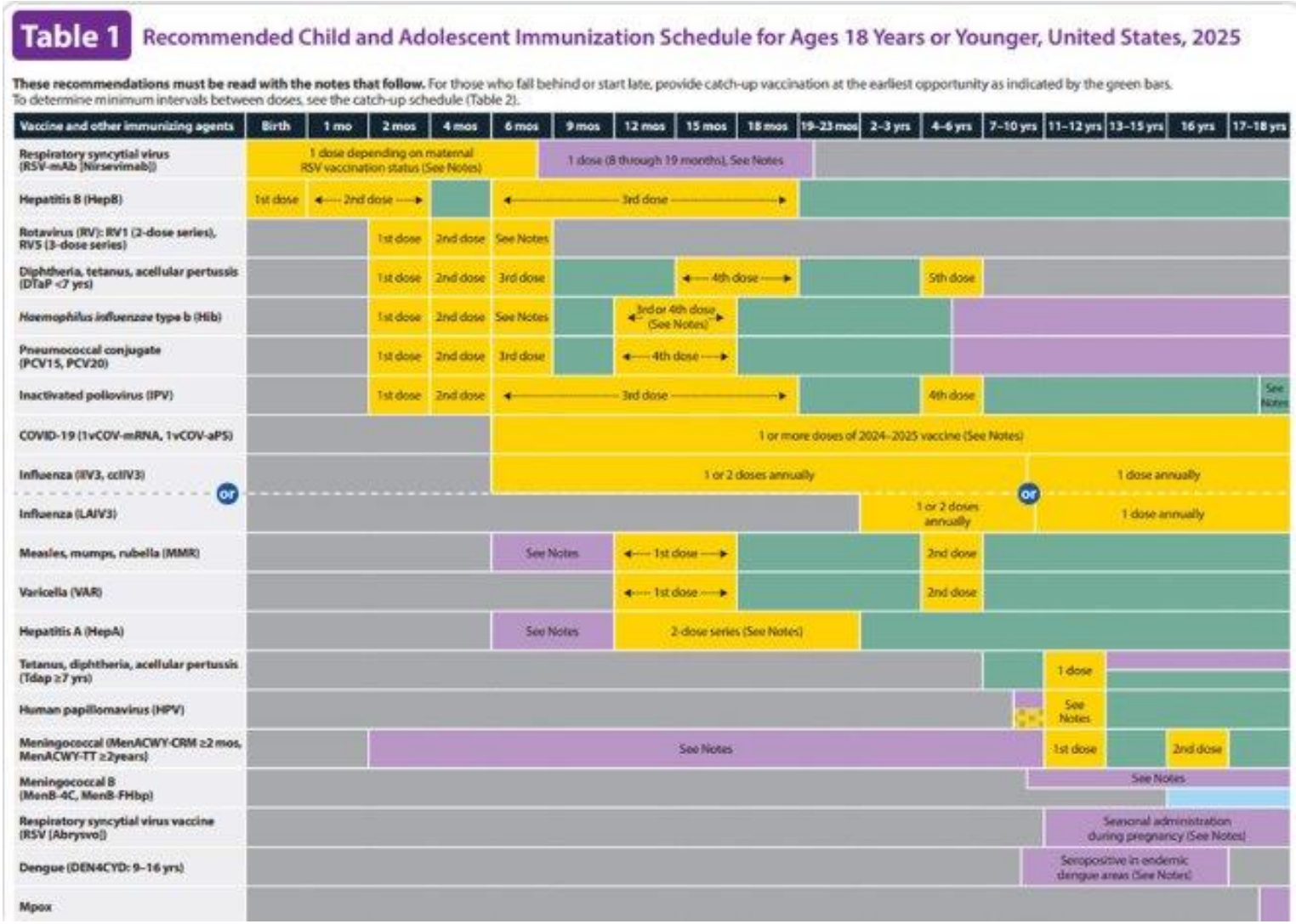

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes											
Hepatitis B (HepB)	1st dose	◄ 2nd dose ►			◄ 3rd dose ►												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose		◄ 4th dose ►					5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		◄ 3rd or 4th dose (See Notes) ►										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		◄ 4th dose ►										
Inactivated poliovirus (IPV)			1st dose	2nd dose	◄ 3rd dose ►							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2024–2025 vaccine (See Notes)												
Influenza (IIV3, ccIIV3)					1 or 2 doses annually									1 dose annually			
or																	
Influenza (LAIV3)											1 or 2 doses annually			1 dose annually			
Measles, mumps, rubella (MMR)					See Notes		◄ 1st dose ►					2nd dose					
Varicella (VAR)							◄ 1st dose ►					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)			
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)			
Mpox																	

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Adult Immunization Schedule

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IIV3, ccIIV3) **Influenza recombinant** (RIV3)	1 dose annually			1 dose annually (HD–IIV3, RIV3, or aIIV3 preferred)
Influenza inactivated (aIIV3; HD–IIV3) **Influenza recombinant** (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)		60 through 74 years (See Notes)	≥75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For health care personnel (See Notes)
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			See Notes	See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			Adult Immu
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			

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Which vaccine preventable disease will the traveler most encounter?

HEPATITIS A

MENINGOCOCCAL DISEASE

VARICELLA

INFLUENZA

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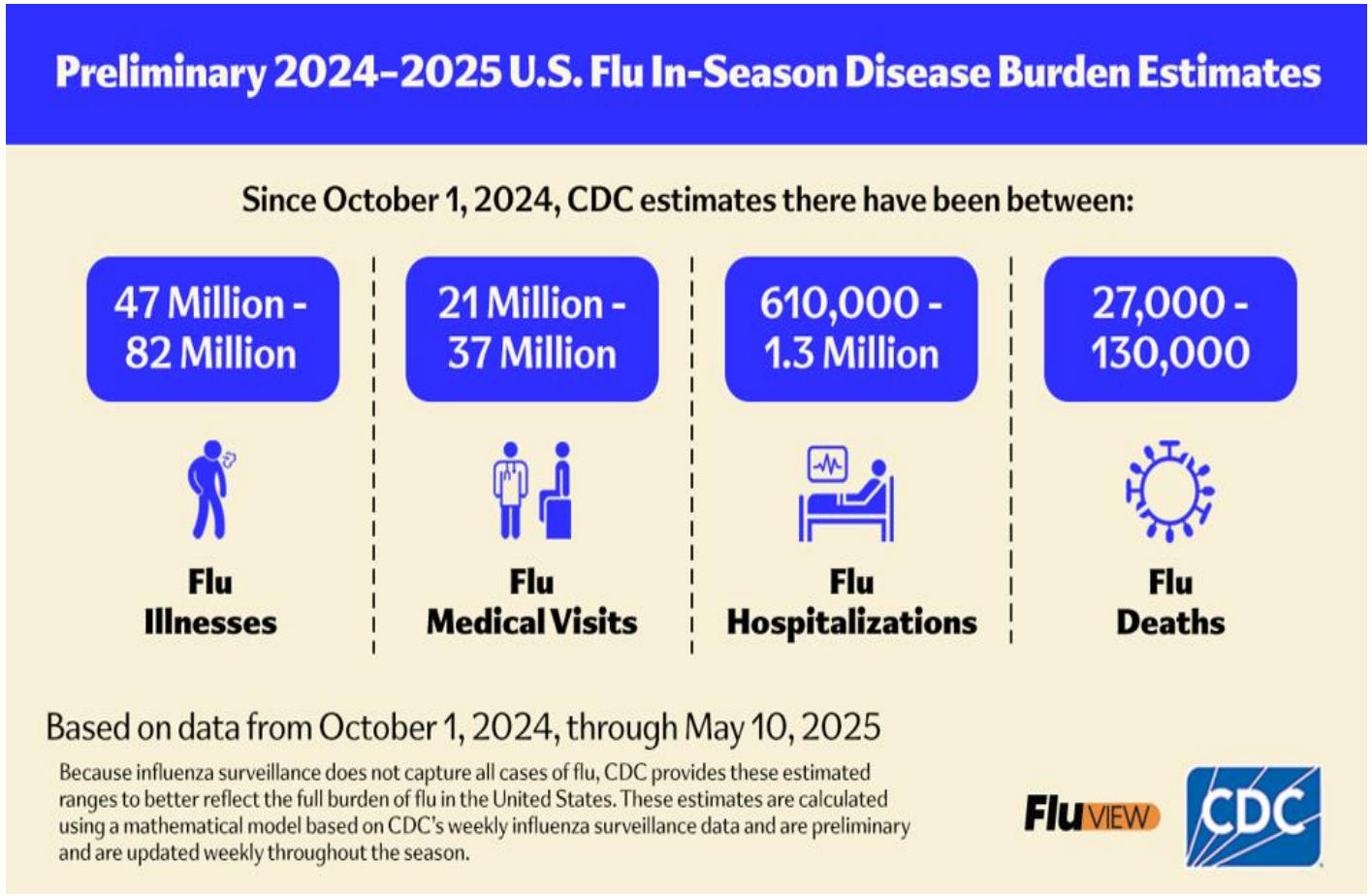
Influenza



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Routine Immunizations

- Polio
  - Global eradication targeted for 2005
  - Between 2002 to 2005, 21 countries previously polio free documented polio infections
  - www.polioeradication.org

- MMR
  - More than ½ million children die of measles annually
  - Children less than 1 year of age have the highest risk of severe disease
  - Children 6 to 12 months of age traveling to endemic countries should receive a dose of MMR

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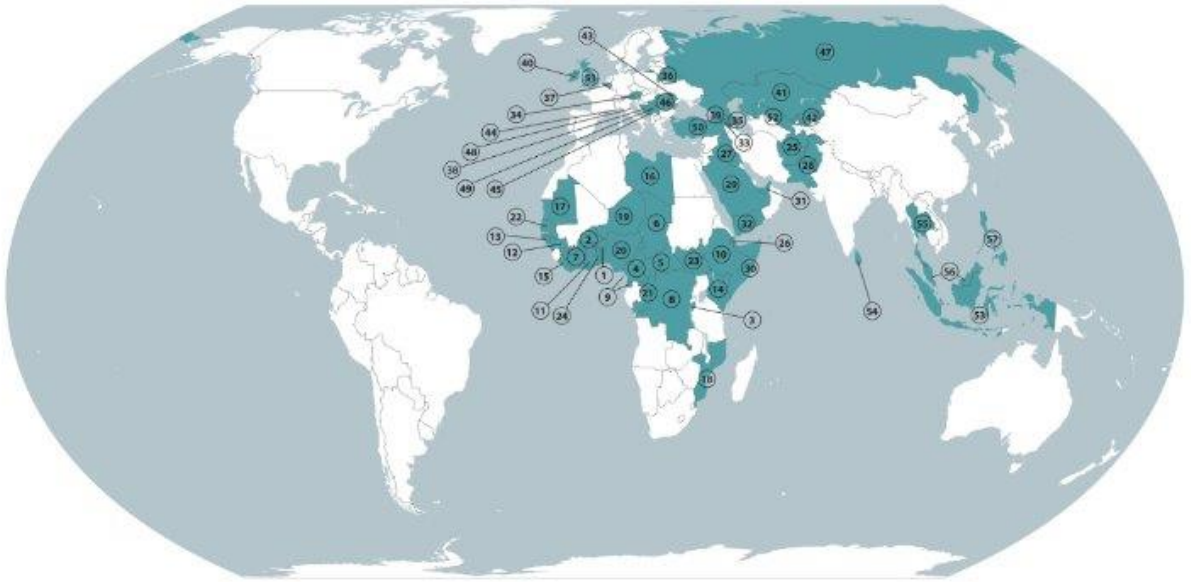
Measles Worldwide



Measles THN

AFRICA
1. Benin
2. Burkina Faso
3. Burundi
4. Cameroon
5. Central African Republic
6. Chad
7. Cote d'Ivoire
8. Dem. Rep. of the Congo
9. Equatorial Guinea
10. Ethiopia
11. Ghana
12. Guinea
13. Guinea-Bissau
14. Kenya
15. Liberia
16. Libya
17. Mauritania
18. Mozambique
19. Niger
20. Nigeria
21. Rep. of the Congo
22. Senegal
23. South Sudan
24. Togo

EASTERN MEDITERRANEAN
25. Afghanistan
26. Djibouti
27. Iraq
28. Pakistan
29. Saudi Arabia
30. Somalia
31. United Arab Emirates
32. Yemen

EUROPE
33. Armenia
34. Austria
35. Azerbaijan
36. Belarus
37. Belgium
38. Bosnia and Herzegovina
39. Georgia
40. Ireland
41. Kazakhstan
42. Kyrgyzstan
43. Moldova
44. Monaco
45. Montenegro
46. Romania
47. Russia
48. San Marino
49. Serbia
50. Türkiye (Turkey)
51. United Kingdom
52. Uzbekistan

SOUTH-EAST ASIA
53. Indonesia
54. Sri Lanka
55. Thailand

WESTERN PACIFIC
56. Malaysia
57. Philippines

Measles Travel Health Notice

Names and boundary representation are not necessarily authoritative.

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Routine Immunizations

- Varicella
  - For children with unknown varicella status, serotesting is recommended before immunization for children 5 years and older
- Hepatitis A
  - The majority of Hep A is imported to the US from Mexico and Central America
  - In children, Hep A causes asymptomatic or mild infection, but virus may be shed for prolonged period
  - Immunoglobulin recommended for a child under 1 year of age

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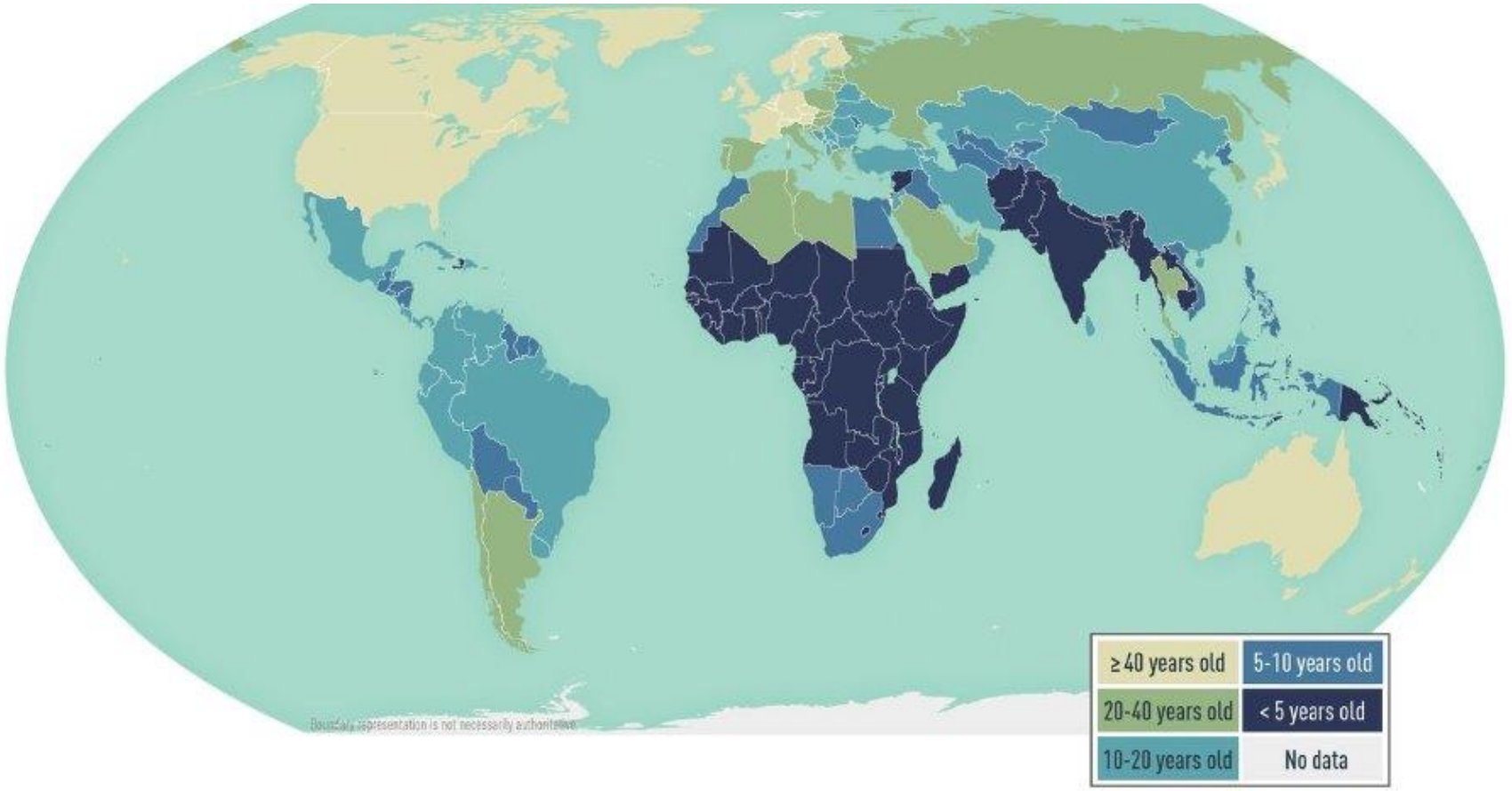
World Hepatitis A Prevalence



https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-a#6324

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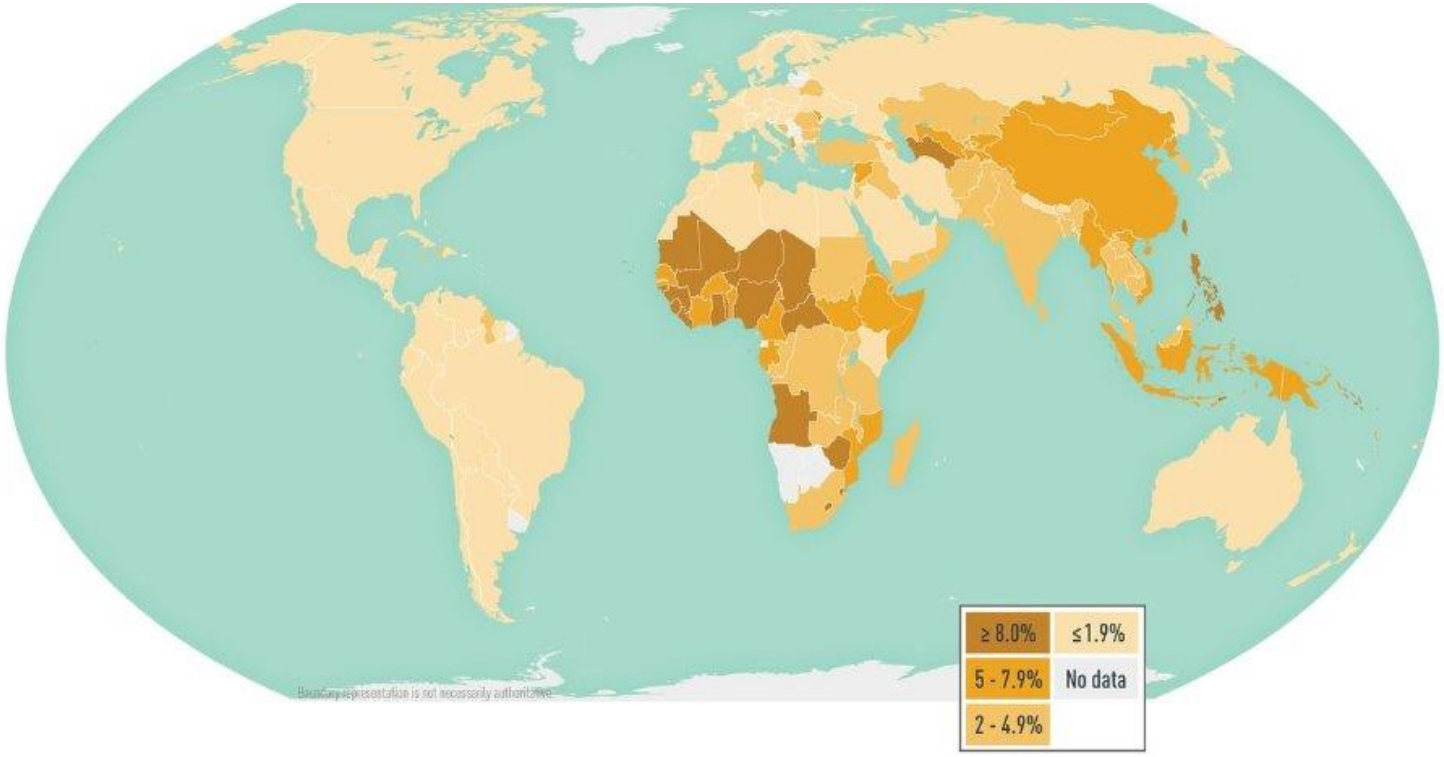
Worldwide Hepatitis B Prevalence



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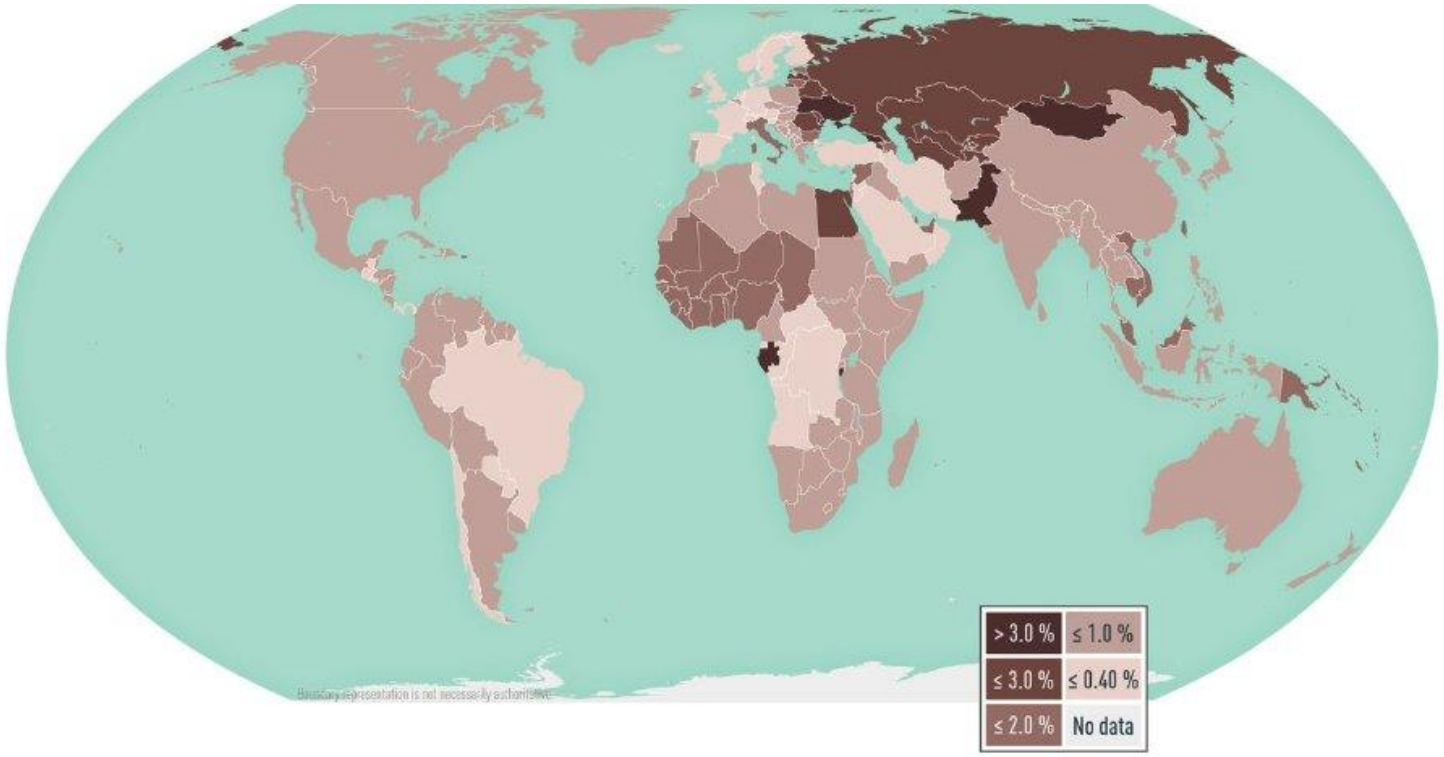
Disease data source: 2021 estimates of hepatitis B virus disease burden. CDA Foundation Polaris Observatory. Available from: https://cdafound.org/polaris-countries-distribution/.

Worldwide Hepatitis C Prevalence



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Disease data source: 2019 estimates of hepatitis C virus disease burden. CDA Foundation Polaris Observatory. Available from https://cdafound.org/polaris-countries-distribution/.

Routine Immunizations

- Meningococcal Vaccines: MenACWY, MenB and MenABCWY
  - Menveo ™ or MenQuadfi ™ or Penbraya ™
  - Part of the routine immunization schedule for 11 to 12 y.o. adolescets.
  - Meningococcal vaccinations required to Hadj in Saudi Arabia

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Meningitis Vaccination Risk-based

Risk-based Recommendations for Persons with Underlying Medical Conditions or Other Risk Factors		
TARGETED GROUP BY AGE/OR RISK FACTOR	**PRIMARY DOSE(S)[1]**	**BOOSTER DOSE(S)[1]**
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic, people present during outbreaks caused by a vaccine serogroup,[2] and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*).		
For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible, vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter, as long as risk remains. If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter, as long as risk remains.
For age 7 through 23 months who have not initiated a series of MenACWY	Give 2-dose series of Menveo.[3] Separate the 2 doses by at least 12 weeks.[4]	
For age 2 years and older	Give 1 dose of any MenACWY vaccine.	
People with persistent complement component deficiencies[5]		
For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible, vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter, as long as risk remains. If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter, as long as risk remains.
For age 7 through 23 months who have not initiated a series of MenACWY	Give 2-dose series of Menveo. Separate the 2 doses by at least 12 weeks.[4]	
For ages 2 years and older	Give 2 doses of MenACWY (any vaccine), 8 weeks apart.[6]	
People with HIV infection or functional or anatomic asplenia (including sickle cell disease)		
For age 2 through 6 months	Give 3 doses of Menveo, 8 weeks apart, and a 4th dose at age 12–18 months. If possible vaccination should begin at age 2 months.	If primary vaccination is completed before the 7th birthday: give one booster dose 3 years after primary series, then every 5 years thereafter. If primary vaccination is completed at age 7 years or older: give a booster dose every 5 years thereafter.
For age 7 through 23 months who have not initiated a series of MenACWY-CRM	Give 2 doses of Menveo.[3] Separate the 2 doses by at least 12 weeks.	
For ages 2 years and older	Give 2 doses of MenACWY (any vaccine), 8 weeks apart.[6]	

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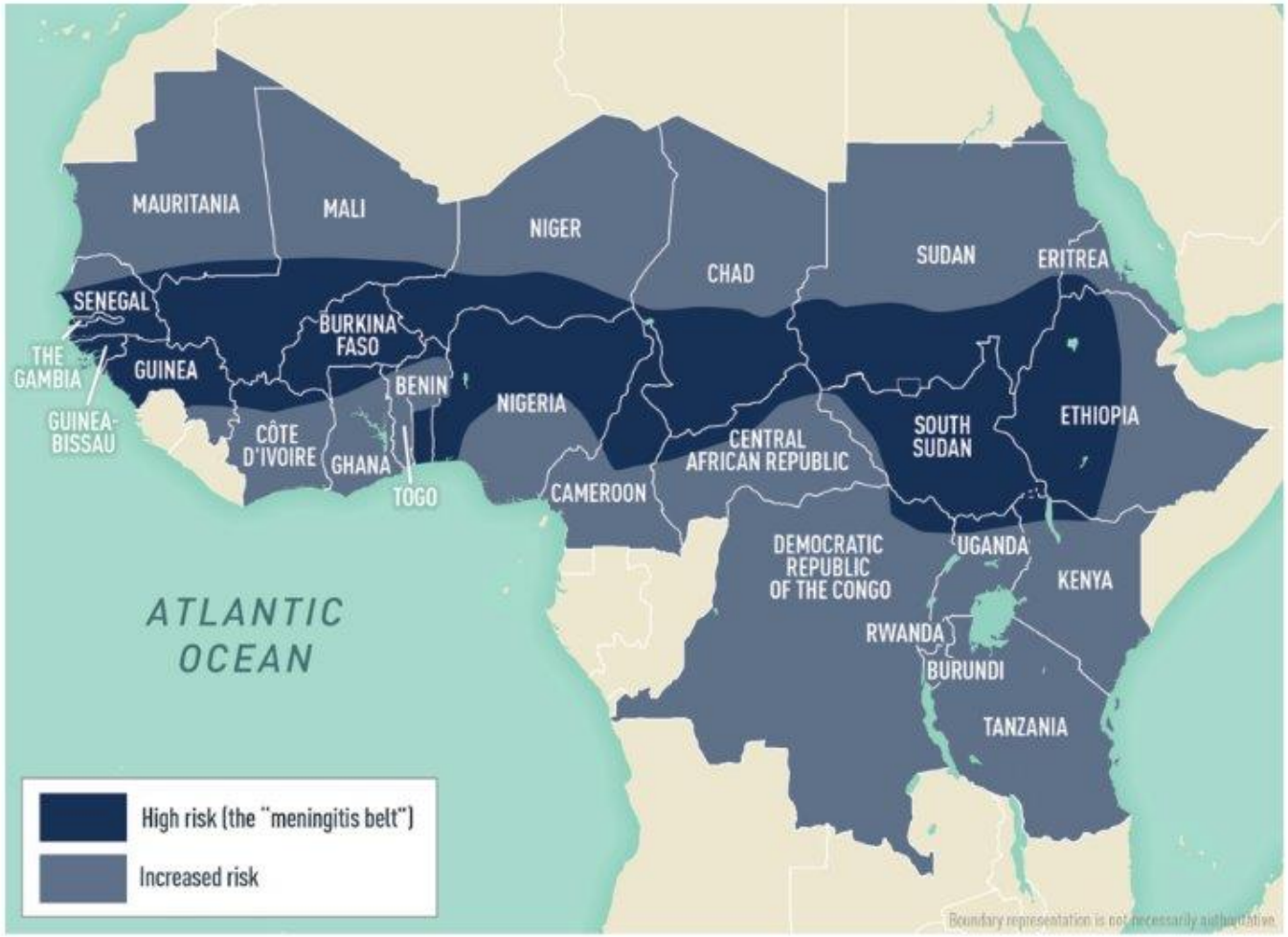
Sub-Sahara Meningococcemia Belt

Map 5-01 The meningitis belt & other areas at risk for meningococcal meningitis epidemics



CDC Yellow Book, 2023, https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/meningococcal-disease

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Vaccines Specific for Travel

- Typhoid
- Yellow Fever
- Japanese Encephalitis
- Rabies
- BCG (Not in USA)
- Cholera (Not in USA)

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Typhoid

- Enteric fever caused by salmonella (S. typhi & S. paratyphi)
- Children are at risk of getting disease and becoming chronic carriers
- Areas of risk:
  - Eastern and Southern Asia, Middle East, Africa and Latin America
  - As of 2019, there is an estimated of 9 million cases of typhoid fever annually, resulting in ~110,000 deaths per year
- Types of Vaccine (70% to 80%)
  - Vivotiff or Ty21a (live attenuated)
    - Oral
  - Typhim (Capsular polysaccharide)

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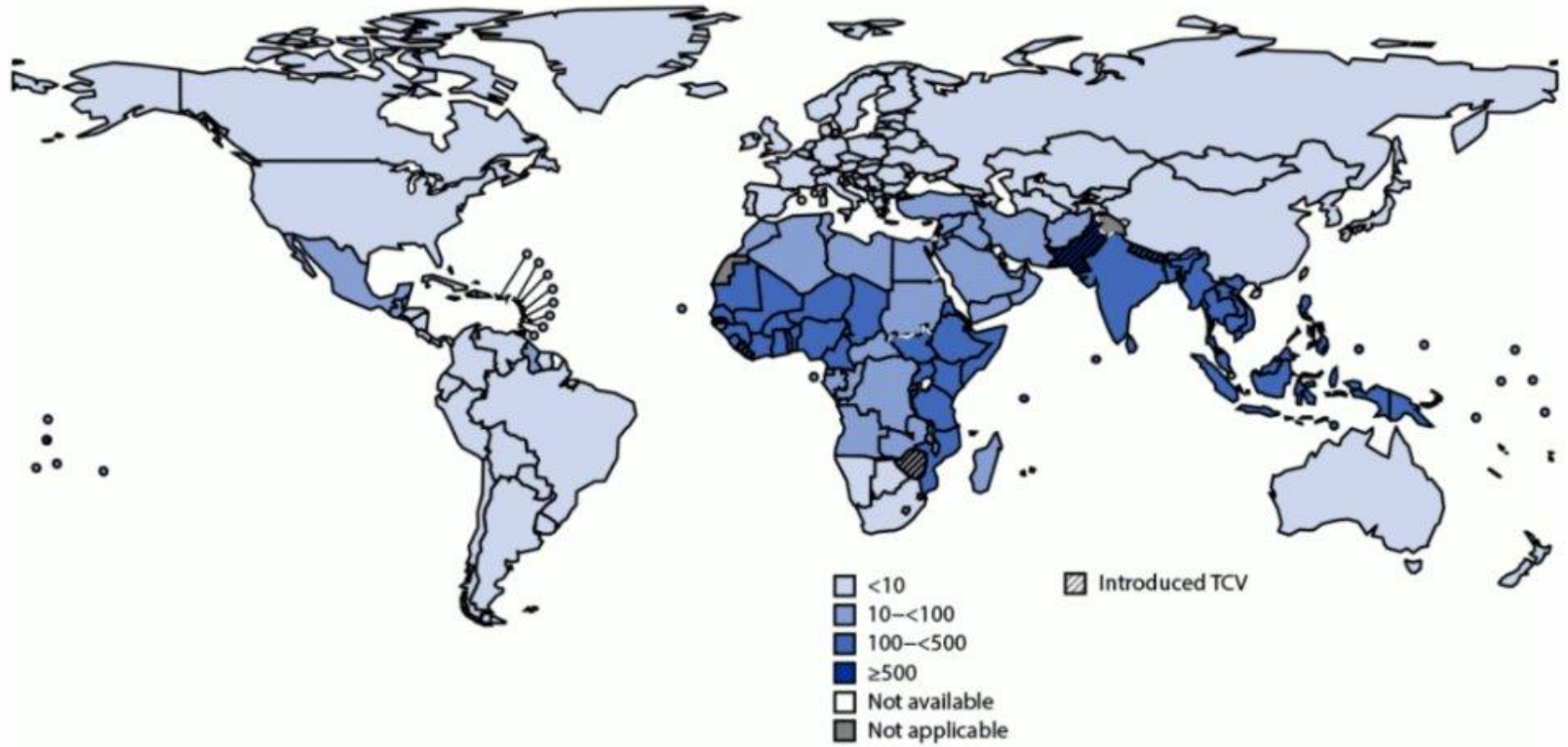
Typhoid Risk Worldwide

FIGURE. Estimated national typhoid fever incidence* and typhoid conjugate vaccine introduction† status — worldwide, 2019 and 2022



Source: Global Burden of Disease Collaborative Network, Global Burden of Disease study, 2019. https://www.healthdata.org/gbd/gbd-2019-resources

Cases per 100,000 cases; TCV = Typhoid Conjugate Vaccine

https://www.cdc.gov/mmwr/volumes/72/wr/mm7207a2.htm

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Yellow Fever

- Caused by an arbovirus of the Flavus virus group
- Human disease occurs through bites from infected mosquitoes, Aedes aegypti.
- Some countries require this for entry

Yellow Fever Endemic Zones

CDC Yellow book, 2023, https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/yellow-fever

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Yellow Fever Vaccination Proof

Table 5-25 Countries that require proof of yellow fever (YF) vaccination from all arriving travelers[1]

AFRICA		
Angola	Côte d'Ivoire	Niger
Benin	Democratic Republic of the Congo	Sierra Leone
Burkina Faso	Gabon	South Sudan
Burundi	Ghana	Togo
Cameroon	Guinea	Uganda
Central African Republic	Guinea-Bissau	
Congo, Republic of the	Mali	
THE AMERICAS		
French Guiana		

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https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/yellow-fever#icvp

Yellow Fever Vaccine

Table 4-26. Contraindications and precautions to yellow fever vaccine administration

CONTRAINDICATIONS	PRECAUTIONS
• Allergy to vaccine component[1] • Age <6 months • Symptomatic HIV infection or CD4 T-lymphocytes <200/mm^3 (or <15% of total in children aged <6 years)[2] • Thymus disorder associated with abnormal immune-cell function • Primary immunodeficiencies • Malignant neoplasms • Transplantation • Immunosuppressive and immunomodulatory therapies	• Age 6–8 months • Age ≥60 years • Asymptomatic HIV infection and CD4 T-lymphocytes 200–499/mm^3 (or 15%–24% of total in children aged <6 years)[2] • Pregnancy • Breastfeeding

[1] If vaccination is considered, desensitization can be performed under direct supervision of a physician experienced in the management of anaphylaxis.
[2] Symptoms of HIV are classified in 1) Adults and Adolescents, Table 1. CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR Recomm Rep 1992;41(RR-17). Available from: www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm and 2) Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the use of antiretroviral agents in pediatric HIV infection. 2010. Available from: http://aidsinfo.nih.gov/ContentFiles/PediatricGuidelines.pdf (PDF). p. 20-2.

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Japanese Encephalitis Virus Vaccine

- An arboviral infection is transmitted by the Culex mosquito
- Risk
  - Endemic in rural areas of Asia
  - Temperate regions April to November
  - All year round in tropical and subtropical areas
  - Transmission to travelers is low
  - Vaccine recommended for traveler's who will be in rural areas for a month or longer
- Vaccine
  - Ixiaro®- licensed for persons 2 months and older
  - 2 months to <3 years old 0.25 mL
  - Associated with hypersensitivity reaction should be observe for at least 30 minutes and complete vaccine 10 days prior to travel

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JE Endemic Areas

Distribution of Japanese encephalitis risk
CDC Yellow Book, 2024, https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/japanese-encephalitis

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Rabies

- Pre-exposure vaccination
  - Not recommended for your average traveler related to manufacturer shortage
- Risk
  - Endemic in Africa, Asia (India) and Latin America
  - Risk to traveler is low
  - Children have been recommended to receive pre-exposure b/c they interact with animals and do not report bites

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Rabies Pre-exposure immunization

Table 5-18 Preexposure immunization for rabies[1]

VACCINE	DOSE (mL)	NUMBER OF DOSES	SCHEDULE (DAYS)[2]	ROUTE
HDCV, Imovax (Sanofi)	1.0	2	0 and 7	IM
PCEC, RabAvert (Bavarian Nordic)	1.0	2	0 and 7	IM

Footnotes show / hide

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Rabies Postexposure Immunization

Table 5–19 Postexposure immunization for rabies[1]

IMMUNIZATION STATUS	PRODUCT	DOSE	NUMBER OF DOSES	SCHEDULE (DAYS)[2]	ROUTE
Not previously vaccinated[3]	RIG	20 IU/kg body weight	1	0	Infiltrate bite site (if possible) Give remainder IM
	Vaccine (HDCV or PCEC)	1.0 mL	4[4]	0, 3, 7, 14 (and 28 if immunocompromised)[5]	IM
Previously vaccinated[6,7]	Vaccine (HDCV or PCEC)	1.0 mL	2	0, 3	IM

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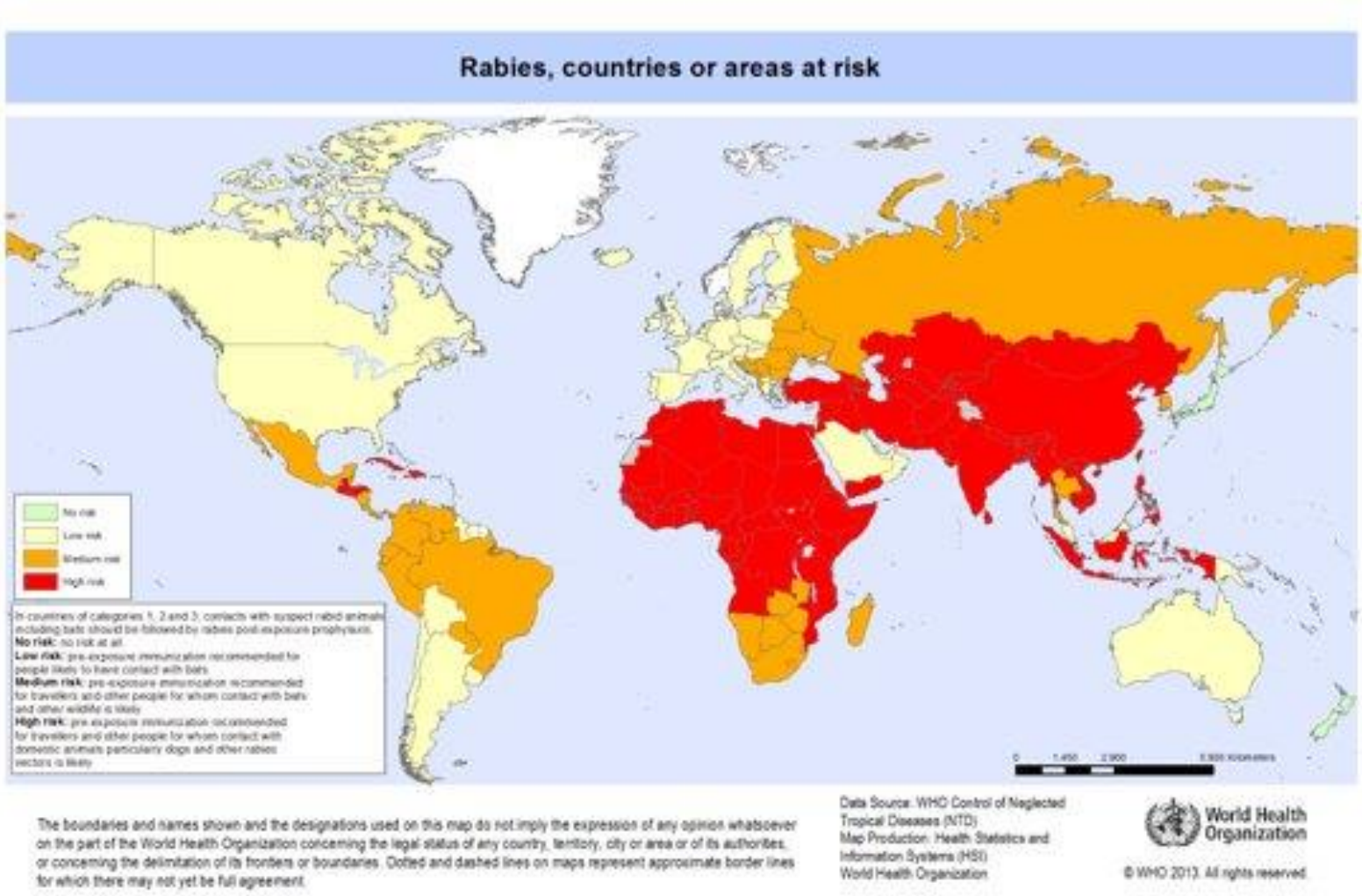
Rabies Map



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TB Meningitis - BCG Vaccine

- Not available in the USA
- It is part of routine vaccination schedule in many countries
- BCG prevents CNS TB infection
- You need to instruct parent that they may need this vaccine while living in the country
- Recommend young infants and children who will be traveling/living in TB endemic countries

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Malaria

- Leading cause of death among children under 5 years of age
- Causing more than ½ billion infections a year and 1 million deaths a year
- Infection is caused by Plasmodium species through the bite of an infected female Anopheles mosquito
- At risk:
  - Young children
  - Pregnant women
- Vaccine
  - Not available

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Risk for Malaria in the Americas

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Risk for Malaria in Africa and Asia

https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/malaria

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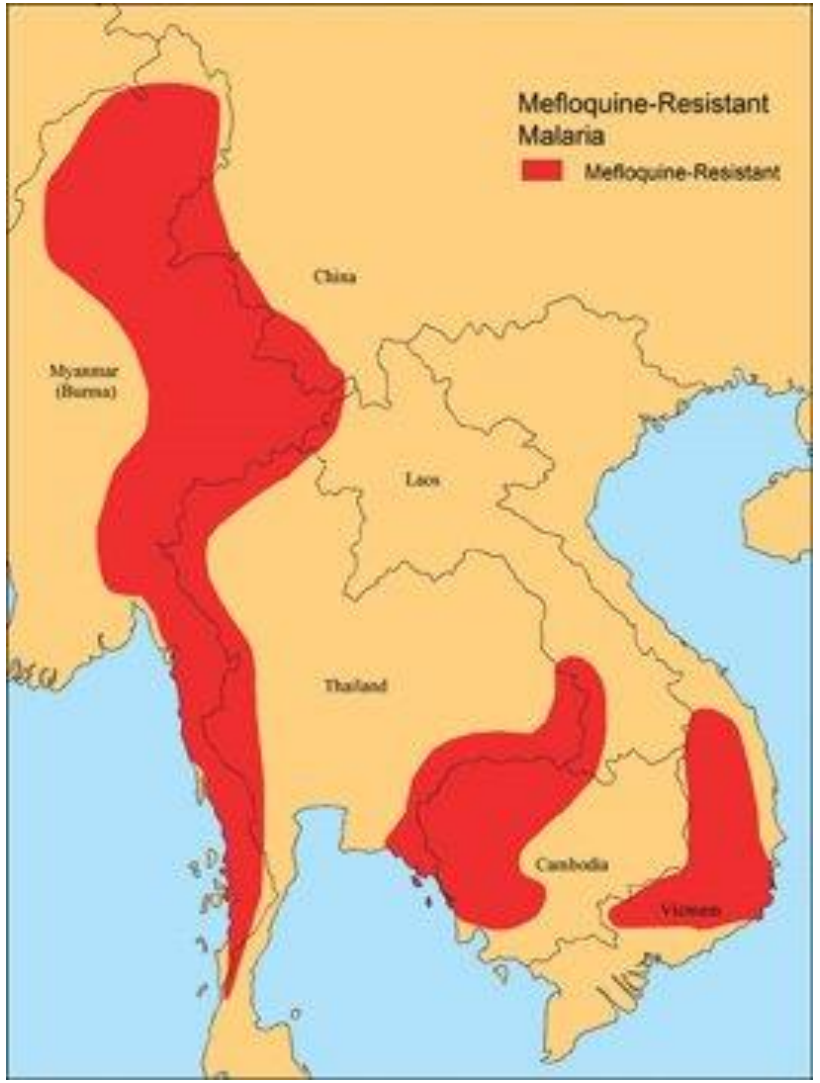
Mefloquine-Resistant Malaria



https://www.cdc.gov/malaria/travelers/country_table/g.html

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Malaria Medications

- May not be covered by insurance
- Not all malaria medications are appropriate for all regions
- Medications have side-effects
- Need to know where patients are traveling and prescribe based the CDC recommendations

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Dengue Fever in South America

Dengue risk in the Americas & the Caribbean
CDC Yellow Book, 2023, https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/dengue

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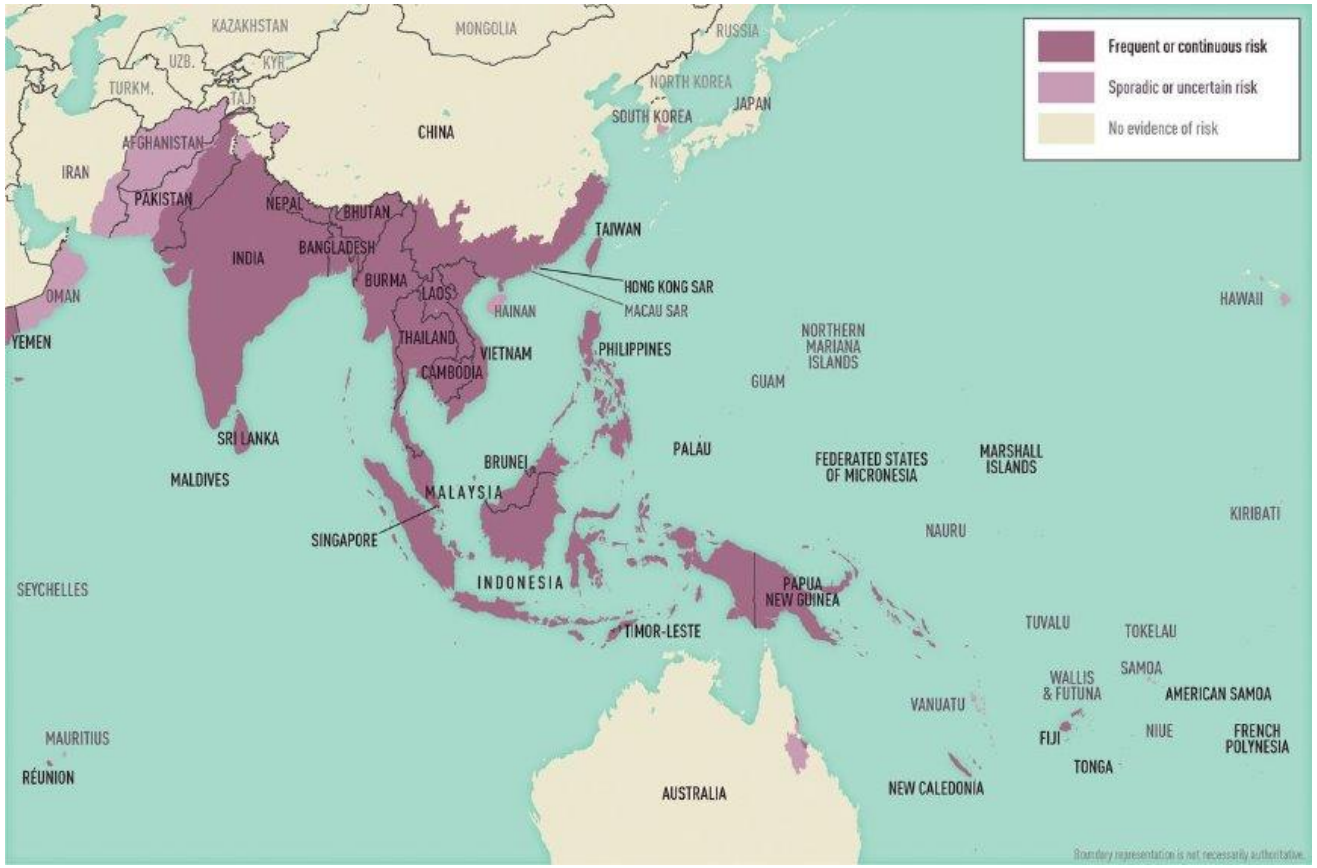
Dengue Fever in Africa and Asia



CDC Yellow Book, 2023, https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/dengue

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Protective Measures

- DEET
  - Use at least 30% concentration
  - Can be use on infants older than 2 months of age
- PERMETHRIN
  - Insecticide that may be used to treat bed nets and clothing
- Clothing
  - Light colored clothing with long sleeves and pants

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Precautions for Use of Diethyltoluamide (DEET)

- Use repellents containing > 30% DEET only
- Apply sparingly to exposed skin
- Apply only to intact skin
- Apply to face by wiping, avoid eyes and mouth
- Do not spray directly on face
- Wash off with soap and water when coming indoors
- Do not inhale or ingest repellent
- Do not apply on hands or other areas that are likely to come in contact with the eyes or mouth
- Do not allow children under 10 years to apply DEET themselves
- Apply to your own hands then apply to the child
- Do not use on children less than 2 months of age

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Traveler's Diarrhea

- Risks
  - Most common illness among travelers
  - 9 to 40% of pediatric travelers
- Etiology
  - E. Coli
  - Salmonella
  - Campylobacter
  - Shigella

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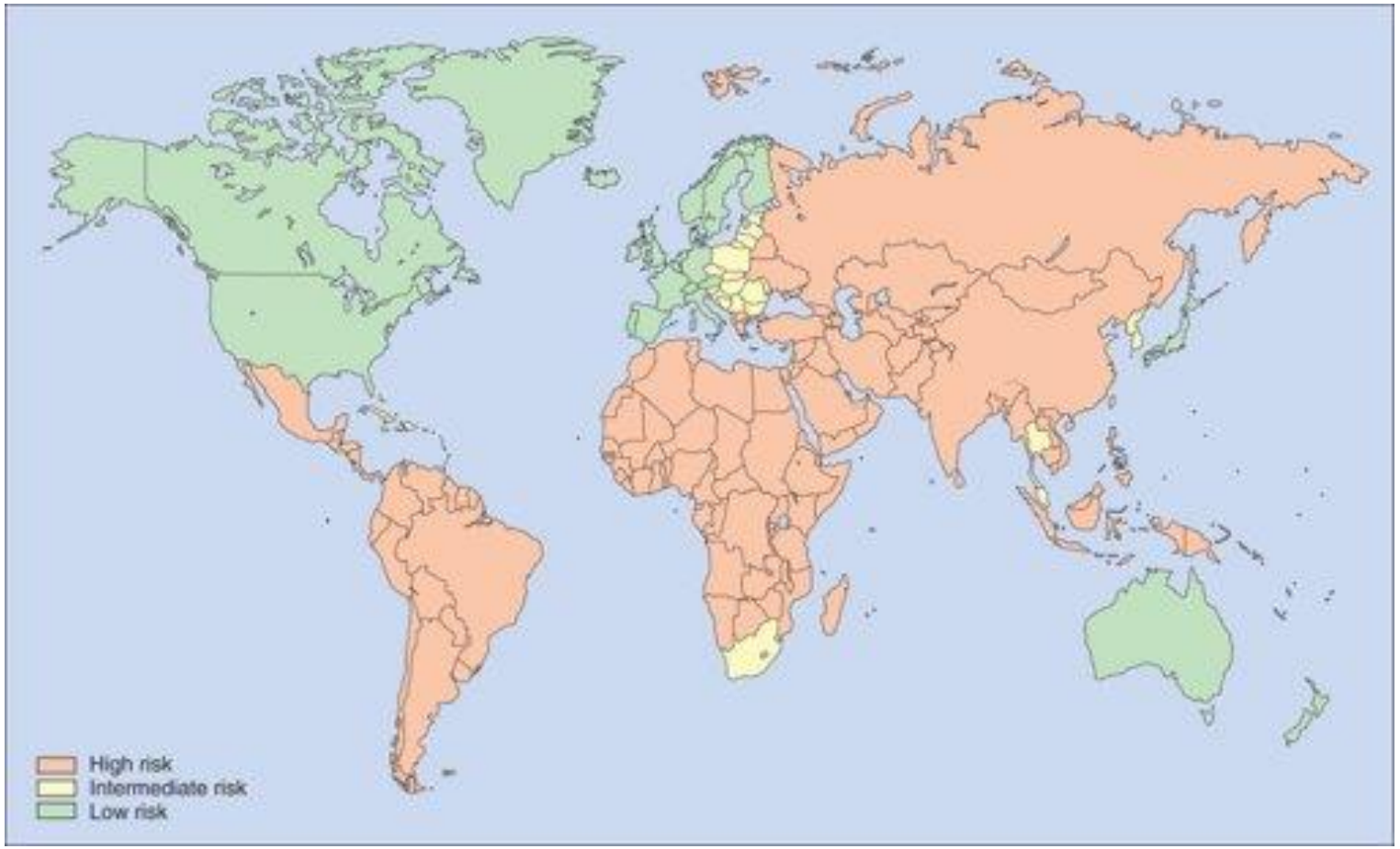
Traveler's Diarrhea



Epidemiology of Traveler's Diarrhea, 2019
https://doi.org/10.1016/B978-0-323-54696-6.00018-5c

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Traveler's Diarrhea

- Oral Rehydration
- Antibiotics
  - Azithromycin
    - *If prescribing as a liquid, make sure to have the med dispensed as a powder b/c once mixed only good for 2 weeks*
- Zinc
  - Found to decrease duration of diarrhea
  - 20 mg once a day for 10 to 14 days (< 6 months 10 mg daily)
- If traveler's diarrhea does not respond to a course of antimicrobial therapy, medical attention should be sought
- Pepto Bismol: Recommended for 18 y.o. and older R/T ASA

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Prevention of Traveler's Diarrhea

DO	DO NOT
• Eat only thoroughly cooked food served hot • Peel fruit • Drink only bottled, carbonated, boiled, chemically treated, or filtered water • Prepare all beverages and ice cubes with boiled or bottled water • Wash hands before eating or preparing foods • Continue breastfeeding throughout travel period	• Eat raw vegetables or unpeeled fruit • Eat raw seafood or shellfish or undercooked meat • Eat food from street vendors • Drink tap water • Consume milk or dairy products unless labeled as pasteurized or irradiated

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If you cannot

BOIL IT

PEEL IT

OR COOK IT

DO NOT EAT IT

”

Travel Notifications

- Notifications from CDC that informs travelers and clinicians about current health issues in different destinations that could impact a traveler's health
  - Disease outbreaks
  - Special events or gatherings
  - Natural disasters

- https://wwwnc.cdc.gov/travel/notices

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Medications

- Personal prescription medications in their original containers Antimalarial medications, if applicable
- Over-the-counter antidiarrheal medication (e.g., bismuth subsalicylate, loperamide)
- Antibiotic for self-treatment of moderate to severe diarrhea
- Antihistamine
- Decongestant, alone or in combination with antihistamine
- Anti-motion sickness medication
- Acetaminophen, aspirin, ibuprofen, or other medication for pain or fever
- Mild laxative
- Cough suppressant/expectorant
- Throat lozenges
- Antacid
- Antifungal and antibacterial ointments or creams
- 1% hydrocortisone cream
- Epinephrine auto-injector (e.g., EpiPen), especially if history of severe allergic reaction. Also available in smaller-dose package for children

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Traveling with Medications

- Each country has their own laws about which medications travelers can bring
- Check with the destination country's embassy to check which medications are authorized
  - Travelers may need to bring a medical certificate from their provider
- Copies of all prescriptions should be carried, including the generic names for medications, and a note from the prescribing physician on letterhead stationery for controlled substances and injectable medications

- https://wwwnc.cdc.gov/travel/page/travel-abroad-with-medicine

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Other Items

- Insect repellent containing DEET (up to 50%)
- Sunscreen (preferably SPF 15 or greater)
- Aloe gel for sunburns
- Digital thermometer
- Oral rehydration solution packets
- Basic first-aid items (adhesive bandages, gauze, ace wrap, antiseptic, tweezers, scissors, cotton-tipped applicators)
- Antibacterial hand wipes or alcohol-based hand sanitizer containing at least 60% alcohol (1)
- Moleskin for blisters
- Lubricating eye drops
- First aid quick reference card

- Other items that may be useful in certain circumstances
- Mild sedative (e.g., zolpidem) or other sleep aid
- Anti-anxiety medication
- High-altitude preventive medication
- Water purification tablets
- Commercial suture/syringe kits (to be used by local health-care provider. These items will also require a letter from the prescribing physician on letterhead stationery.)
- Latex condoms
- Address and phone numbers of area hospitals or clinics

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Traveler's Insurance

- Trip cancelation insurance
- Travel health insurance
- Medical evacuation insurance
- https://wwwnc.cdc.gov/travel/page/insurance

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Smart Traveler Enrollment Program (STEP)

- Smart Traveler Enrollment Program (STEP) - free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country
- STEP allows you to enter information about your upcoming trip abroad so that the Department of State can better assist you in an emergency
- STEP also allows Americans residing abroad to get routine information from the nearest U.S. embassy or consulate

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Smart Traveler Enrollment Program (STEP)

- Security/Safety
  - Smart Traveler – http://travel.state.gov/
  - To Enroll: https://step.state.gov/step/

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Other Helpful Resources

- CDC: https://wwwnc.cdc.gov/travel/
- Yellow book: https://wwwnc.cdc.gov/travel/page/yellowbook-home
- Travax.com

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Thank you!

Questions? Comments?

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Check Out Our Social Media Toolkits!

ICAAP has several immunization social media toolkits that allow you to download images, copy and paste pre-written captions, and share on your social media pages.

Find the toolkits on our respiratory virus, VFC, and school resources webpages.

We recommend you check out the Vaccine Safety Toolkit now!

- Share quick and helpful information about the benefits of the flu vaccine, co-administration, signs and symptoms of RSV, ways to limit the spread of germs, tips for taking care of sick children, Nirsevimab, and more! Simply post the graphic or personalize it by writing your own caption.

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Upcoming ICAAP Immunization Events

- **IDPH In-Person VFC Trainings** – ***limited seating!***
  - June - September
- **Immunizations Webinar: Preparing for Back to School Season and Exemptions in IL**
  - Wednesday, June 18 from 12-1pm

https://illinoisaap.org/upcoming-events/

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