More than 1 billion people travel internationally every year for pleasure, visiting friends and relatives, business or employment. Approximately 2 million of international travelers are children.

Travel medicine is an interdisciplinary specialty that deals with the prevention and management of the health problems of international travelers. For the pediatrician, travel medicine is concerned with: 1) pre-travel preventive care for the international pediatric or adolescent traveler, with a focus on education, personal safety, and the prevention of infectious diseases and environmental exposures; and 2) post-travel care, which includes post-travel counseling and management of an ill-returned international traveler.

However, because of continuous changes in the epidemiology of infectious diseases, drug resistance among organisms, an increase in travelers with chronic and complex disorders, availability of newer chemoprophylactic and therapeutic medications, as well as vaccines for international traveler, the practice of travel medicine has become increasingly complex.

A large number of international travelers to resource-limited countries are exposed to infectious diseases, such as malaria, hepatitis A, typhoid fever and yellow fever; and they are also at risk for traveler’s diarrhea, respiratory infections, and travel-related injuries like motor vehicle accidents and drowning. So many of these events are preventable with appropriate education, chemoprophylaxis and the appropriate vaccinations.

Counseling pediatric travelers is challenging because of age-specific health risks, varying immunity and varied activities due to age-dependent behaviors. In addition, malaria chemoprophylaxis needs to be prescribed according to body weight, and some vaccines are contraindicated in younger children.

Pre-travel counseling and preparation of families for international travel can be done by primary care providers, and clinicians who are knowledgeable and interested in travel medicine can successfully integrate travel medicine into their primary care practices. However, all primary care providers may not be able to provide this type of medical care because the need for specific vaccines depends on many factors such as destination of travel, duration of stay, and the purpose of travel. In addition, the primary care provider may not have access to certain vaccines, such as yellow fever. Therefore, many primary care providers seek the assistance of clinicians who have experience in travel medicine, or are trained in infectious diseases.

In this issue, Chokechai Rongkavilit, MD, discusses appropriate vaccines for the pediatric international traveler. International travelers to resource-limited countries are at risk of contracting infectious diseases which are endemic to that country, and many of these infectious diseases are preventable by vaccines.

Gastrointestinal infectious disease remains a major health problem in resource-poor countries, where 2 million children, mostly under 5 years of age, die annually due to diarrhea. Even though oral rehydration solution, breastfeeding, and supplementation with vitamin A and zinc have been effective to an extent, we still have a long way to go. Oral vaccines, in addition to clean water and improved hygiene and sanitation practices may reduce the incidence and mortality due to diarrhea in resource-poor countries. Sachin N. Desai, MD, and colleagues describe the current status and future use for vaccines against rotavirus, cholera, typhoid fever, enterotoxigenic E. coli, and Shigella.

In addition, a large number of adolescents participate in interna-
about the guest editor

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