Summer brings travel for many, and this issue of Pediatric Annals, guest edited by board member Deepak Kamat, MD, PhD, FAAP, is devoted to a series of articles that relate to the proper immunization of children who travel abroad, to vaccines against enteric illnesses that could be used in developing countries, and to the dermatologic conditions that can be found once children and adolescents return home, among other topics.

Minimizing the risks of international travel is the general theme of the articles by our contributors. Chokechai Rongkavilit, MD, the author of “Immunization for Pediatric International Travelers” (see page 346), writes on the importance of being aware of relevant vaccines from hepatitis A to rabies, yellow fever, and Japanese encephalitis (JEV). Recommendations for the JEV vaccine have changed very recently, as the only formulation licensed for children is no longer available in the US. Options for dealing with this issue with our patients are provided.

Sachin N. Desai, MD, and colleagues have contributed a very interesting review of enteric vaccines that may be useful for those traveling to resource-poor countries (see page 351), as well as a report on where the future lies in terms of enteric-vaccine development. In her article on the health implications of adolescent travel (see page 358), Linda S. Nield, MD, very nicely reviews adolescent travel and covers a very wide range of topics including immunization, risk-taking behaviors, and the importance of communicating safe-sex advice and injury prevention. Gregory Juckett, MD, MPH (see page 362), provides a very comprehensive review of dermatologic infections and conditions in the returning traveler.

Jane R. Rosenman, MD, and Philip R. Fischer, MD (see page 371), explore the importance of travel clinics. Whether visited before travel stateside or after arrival at the patient’s destination, they are a welcome respite whenever and wherever illness strikes.

Lastly, for those health care professionals and students who seek a global health experience in a developing country, the review by Theresa A. Townley, MD, MPH, features a number of excellent resources that are useful in identifying global-health opportunities (see page 376). It is not an overstatement that an opportunity to participate in the provision of global health care is invaluable and can be a life-changing experience.
health care in a resource-poor country can be a career- and life-changing experience for many, well worth the slight risks that might be incurred.

In 1892, to prove his theory, [von Pettenkofer] drank a culture of cholera bacillus from Robert Koch’s laboratory...

The yellow stamp (see page 332) from Nigeria celebrated the 40th anniversary of the UN Children’s Fund (UNICEF) in 1986. Its theme is to “Treat Diarrhea at Home” (note the misspelling!), and it highlights ORT, oral rehydration therapy, for treating diarrhea to prevent dehydration. ORT has had wide usage abroad and has saved countless lives of infants and young children in developing countries where inpatient facilities are insufficient to treat the very large numbers of patients with acute infectious gastroenteritis and dehydration.

The green stamp from Ghana (see page 332) was issued for the 25th anniversary of the World Health Organization in 1973. The severely malnourished infant depicted here is a symbol of WHO’s campaign against malnutrition, a condition which was so prevalent in many developing areas in past decades and remains significant today in some areas, particularly in those with high rates of HIV and tuberculosis.

Finally, Max Josef von Pettenkofer (1818-1901) of Bavaria is shown on the brown stamp from DDR (East Germany). Von Pettenkofer is considered the founder of Experimental Hygiene. From the collection of Dr. Shulman, with permission.

In 1892, to prove his theory, von Pettenkofer drank a culture of cholera bacillus from Robert Koch’s laboratory, experienced only mild diarrhea from which he recovered, and then claimed that the absence of passage of the bacillus through ground water prior to his ingestion had resulted in only mild disease. Von Pettenkofer also became well-known for emphasizing the importance of quarantining travelers from areas endemic for cholera and plague as a public health measure. Today there is a Max von Pettenkofer Institute of Hygiene and Medical Microbiology at the Ludwig-Maximillians-University in Munich, where he was the founding director in 1897.

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