



Texas Preventable Disease

NEWS

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TEXAS STATE DOCUMENTS
COLLECTION

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INTERNATIONAL TRAVEL PART III A: IMMUNIZATIONS*

INTRODUCTION

When planning for international travel, one of the first questions the potential traveler asks is "What shots will I need?" As with malaria prophylaxis and travelers' diarrhea (PDN Vol. 47, Nos. 15 and 19), the answer depends upon where the traveler is going and what he plans to do while traveling.

Immunizations for international travel fall into two groups: those required by a country as a condition of entry and those recommended for protection of the traveler's health. The risk of some vaccine-preventable diseases is usually so negligible for the average international traveler that the vaccine usually is not recommended (eg, cholera, typhoid, plague), while immunity to other diseases is recommended for all travelers (eg, measles, mumps, rubella, tetanus, diphtheria, pertussis, poliomyelitis).

REQUIRED IMMUNIZATIONS

At present, only two immunizations, cholera and yellow fever (YF), may be required of travelers by a country as a condition of entry. The rationale for requiring either or both immunizations is to prevent the introduction of the diseases into a country by international travelers. In the case of cholera, this argument is not scientifically valid, as the efficacy of cholera vaccine is not much more than 50%, and a vaccinated person can acquire cholera and transmit the disease to others.

The Centers for Disease Control (CDC) publication, *Health Information for International Travel*, provides country-specific information on required immunizations. This information should also be available through the various embassies and consulates. Biweekly, the CDC publishes a "Summary of Health Information for International Travel" (the "Blue Sheet") which provides a listing of countries with areas infected with quarantinable diseases and updates of revisions in vaccination requirements. The "Blue Sheet" should be used in conjunction with *Health Information for International Travel* to establish a traveler's specific vaccination needs. Health care providers and others supplying information to international travelers can be included on the "Blue Sheet" mailing list, free of charge, by writing the Division of Quarantine, Centers for Disease Control, Atlanta, GA 30333.

Not all countries apply the same specific immunization requirements uniformly to all travelers. Immunizations required of one traveler may not be required of another, depending upon the country of embarkation. To be acceptable for international travel purposes, cholera and YF vaccines must be approved by the World Health Organization (WHO), and the vaccinations must be validated by an official "Uniform Stamp" placed in the WHO-approved "International Certificate of Vaccination" (PHS-731). The "International Certificate of Vaccination" is generally available from the authorized centers administering the vaccinations or from local health departments.

NTSU LIBRARY

* Due to the length of this article, it will be presented in two consecutive issues.

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Cholera

Very few countries currently require cholera immunizations, and for most travelers, unless the vaccine is required for entry, its use is not recommended. Exceptions may exist for persons planning extended stays in cholera-endemic areas where access to basic sanitation and medical care is limited (eg, Peace Corps Volunteers, missionaries). Most tourists, even to countries with endemic cholera, are at extremely low risk of acquiring the disease and can be better protected with education on preventing food and waterborne illnesses.

For travelers who are required to have cholera vaccine, one dose is adequate for administrative purposes. Selected individuals, including persons planning extended stays in cholera-endemic areas or those who have reduced gastric acidity and will be exposed to potentially contaminated food and water, may be candidates for the two-dose primary series, with boosters at six-month intervals. Pregnant women generally should not be given cholera vaccine, and it is not recommended for infants less than 6 months of age. Vaccination may result in local reactions including pain, erythema, and induration at the injection site and may be accompanied by fever, malaise, and headache. Serious reactions are extremely rare.

Yellow Fever

In contrast to cholera, many countries, especially those in Africa and Asia, require YF vaccination of travelers arriving from areas within YF endemic zones or other areas infected with YF (see "Blue Sheet"). Also, where cholera vaccine generally is not required for international travelers from the US, the CDC does recommend YF vaccine for persons traveling to infected areas, even when the countries visited do not require it. A single dose of vaccine is valid for ten years, beginning ten days after administration. Unlike cholera vaccine, yellow fever vaccine is highly effective.

Yellow fever vaccine is a live virus vaccine, requiring special care in handling and administration. Availability of the vaccine is limited in many areas, and health care providers and others who provide travel information should be familiar with the closest sources. The TDH Immunization Division, (512) 458-7284 or STS 824-9284, maintains a list of Texas YF vaccine providers.

Persons with immune system disorders or who take immuno-suppressive drugs and children under 6 months of age are at increased risk of adverse effects following YF vaccination and should not be given the vaccine. Persons with allergy to eggs generally should not be given YF vaccine. Ideally, neither pregnant women nor children aged 6 to 12 months should be vaccinated, and travel should be postponed whenever possible. However, if such delays cannot be accomplished, both groups may be vaccinated. Reactions to YF vaccine are usually mild, with 5% to 10% of recipients reporting mild headache, myalgia, and low-grade fever five to ten days after vaccination.

Vaccine Scheduling

The serologic response to YF vaccine is not inhibited by administration of certain other vaccines either concurrently or at various intervals. If possible, however, cholera and YF vaccines should be administered three or more weeks apart; otherwise, they should be given simultaneously. If both YF vaccine and immune globulin are to be administered, they should be given simultaneously.



POISON CONTROL CENTERS IN TEXAS

Poison control centers serve as resource centers for health professionals, patients, employees, and businesses about exposures to toxic substances. There are two regional certified poison control centers in Texas (Table 1). These are certified by a rigorous process of the American Association of Poison Control Centers and are designated by the Texas Department of Health. Certified centers are staffed around the clock by poison information specialists, who are specially trained Registered Nurses or Registered Pharmacists. Records are kept, follow-up calls are made, and a medical toxicologist and board of consultants are on call.

Although acute poisonings and drug overdoses are the most typical problems handled by centers, other kinds of toxic exposures such as snake and insect bites, ingestion of plants and mushrooms, inhalation of smoke or toxic gases, and workplace and other toxic chemical exposures can be handled. As suicide and drug abuse rates increase, poison centers also are becoming more important as immediate sources of expertise within the community.

Table 1.
Selected poison control centers in Texas*

Certified Regional Poison Control Centers:			
North Central Texas Poison Center Parkland Memorial Hospital, Dallas	}	Dallas Tarrant County	(800) 441-0040 (214) 590-5000 (817) 336-6611
Texas State Poison Center University of Texas Medical Branch, Galveston	}	Galveston Houston Austin San Antonio†	(800) 392-8548 (409) 765-1420 (713) 654-1701 (512) 478-4490 (800) 392-8548
Other centers:			
Abilene	(915) 677-7762	Lubbock	(806) 793-4366
Amarillo	(806) 376-4292	Odessa	(915) 333-1231
Beaumont	(713) 833-7409	Plainview	(806) 296-5900
Corpus Christi	(512) 881-4559	San Angelo	(915) 653-6741 ext. 318
El Paso	(915) 533-1244	Tyler	(214) 597-0351
Harlingen	(512) 421-1859	Wichita Falls	(817) 322-6771
Laredo	(512) 724-6259		

*Space does not permit the listing of all poison control centers in a state as populous as Texas.
 †Former San Antonio center inoperative for the past two years.

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CPSC: CHILDREN'S LAWN CHAIR RECALL

In cooperation with the US Consumer Product Safety Commission, Action Industries, Inc, of Cheswick, Pennsylvania has announced a voluntary recall of a child's folding lawn chair because children's fingers may become caught when the chairs are collapsed.

The chairs were imported from Italy until 1985 and were distributed, primarily through national chain stores, from late 1982 through early 1986. The chair is a child-sized folding lawn chair with an aluminum square tubular frame, white plastic armrests, and a fabric seat and back with a rainbow-striped design or a clown design on red or blue background. Embossed on the top of both white plastic armrests are the words "Lerolin Thiene (1) made in Italy." The distributor estimates that over 64,000 of the chairs are still in use.

Twenty-two incidents have been reported in which children's fingers became caught when the chair was collapsed. In some cases severe laceration or loss of fingertip was reported. Consumers are urged to remove the chair from use immediately. To obtain a \$5.00 refund for the product, consumers should cut the entire fabric seat and back from the chair and mail them both, along with their name, address, and telephone number, to Action Industries, PO Box 116, Cheswick, PA 15024. Refunds will be made only for chairs which match the description above. Owners are also advised to dispose of the chair frame after the fabric seat has been removed.

Anyone wishing additional information may call the CPSC toll-free hotline number at 1-800-638-CPSC. A teletype-writer number for the hearing impaired is 1-800-638-8270.

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