Preventive Measures, Advice, and Vaccinations for Traveling US Veterans

To the Editor:

US veterans served our nation, often thousands of miles away from home. As international travel has become a part of modern life and depending on the destination, a significant number of travelers may report illnesses, either mild or self-limited such as diarrhea, or even serious like malaria.[1] Veterans travel to their country of origin to meet friends and relatives, for leisure, or even to visit previous war theaters, where they had served in the past. Travel evaluations are regularly offered in our Veterans Affairs Medical Center as part of the infectious diseases' clinic. Vaccines, medications, and advice have been provided according to the latest guidelines by the Centers for Disease Control and Prevention.[2] We reviewed the records of 175 veterans who were evaluated and got travel advice from 2014 to 2019.

Eighty-four percent of the veterans were men with median age of 59 years (range, 23–93 years); 71% were white, 18% were black, 6% were Hispanic, and 5% were Asian. Fifty-eight veterans had history of hypertension; 23, diabetes; and 10, chronic obstructive lung disease. Our veterans had traveled to 70 different countries around the globe. Figure 1 depicts the regional destinations. Typhoid vaccine was given to 148 patients, whereas 18 had received it within the last 2 years, during previous clinic visits. Eleven patients received the meningococcal vaccine, whereas 12 had received it prior. Twenty-six patients required yellow fever vaccination, whereas 17 had received it in previous visits. Because of yellow fever vaccination shortage in the United States, administration of the vaccine occurred outside the Veterans Affairs Medical Center or at the airport of destination.[3] Japanese encephalitis vaccine was given to 20 patients, and tetanus vaccine was given to 24. Rabies vaccination series was administered to 2 patients, cholera vaccine to 3, and polio vaccine to 1. Seventy-seven patients received hepatitis A vaccine, whereas 79 had received the vaccination series prior or had serologic immunity. Forty-three received hepatitis B vaccine, whereas 79 had completed the vaccination series or had serologic immunity. All vaccinations were tolerated well. Malaria prophylaxis with atovaquone/proguanil was prescribed to 112 patients, mefloquine to 9, chloroquine to 2, and doxycycline to 3 patients. Traveler's diarrhea prophylaxis with azithromycin was given to 25 patients, whereas 11 got ciprofloxacin. A patient with Crohn disease receiving immunosuppressive therapy returned from a leisure trip to Honduras with febrile illness and diarrhea. His stool culture showed *Plesiomonas shigeloides*, and diarrhea resolved with ceftriaxone therapy. Two patients developed diarrhea after trips to Guatemala and Colombia; infectious workup showed a negative result. One patient was diagnosed with lung cancer 1 year after travel to the Philippines; lung biopsy demonstrated *Histoplasma capsulatum* by immunofluorescence. Lastly, 1 patient returned with fever, rash, and arthralgias after a trip to Colombia; chikungunya IgM was >320. None of the returning veterans were diagnosed with malaria.

Veterans travel throughout the world using our clinic to receive advice, vaccinations, and prophylactic medications for malaria and diarrhea as appropriate. Although currently international travel is widely restricted because of the worldwide pandemic of coronavirus disease (COVID-2019), experts' advice with up-to-date Centers for Disease Control and Prevention guidance will be expectedly needed in the future for veterans who wish to travel.

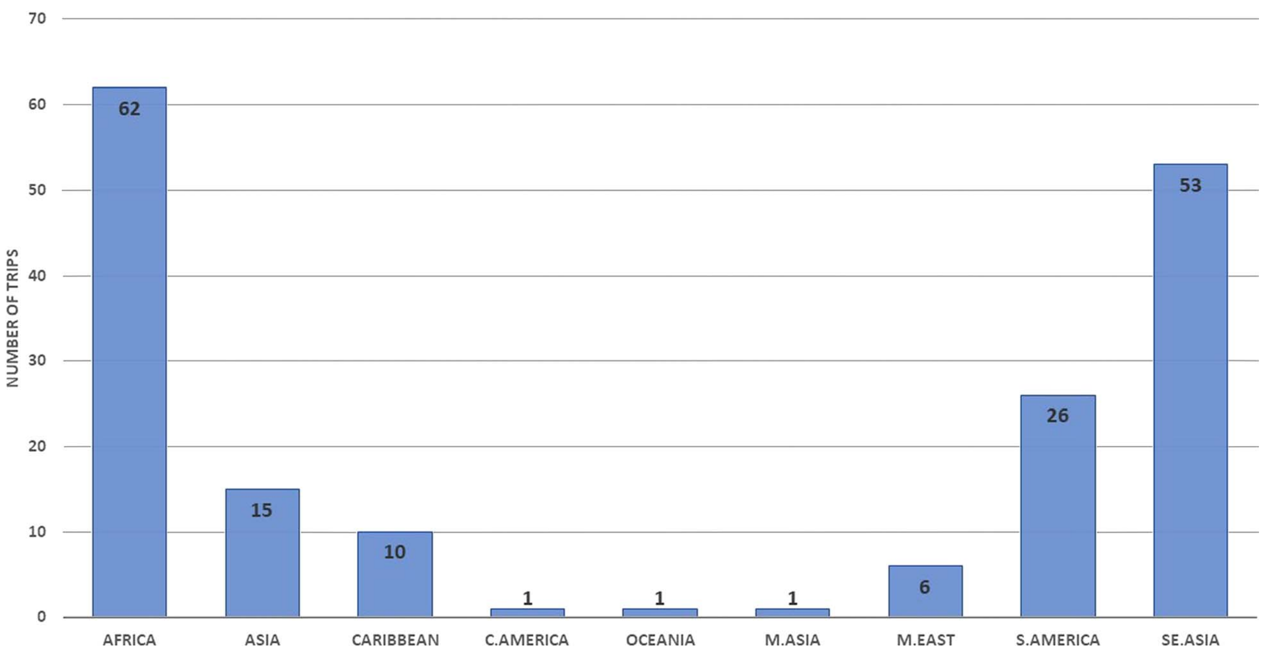

FIGURE 1. Regional travel destinations for US veterans.

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REFERENCES

1. Freedman DO, Chen LH, Kozarsky PE. Medical considerations before international travel. *N Engl J Med*. 2016;375:247–260.
2. Vaccines. Medicines. Advice. Available at: wwwnc.cdc.gov/travel. Accessed March 17, 2020.
3. Lucey DR, Donaldson J. Yellow fever vaccine shortages in the United States and abroad: a critical issue. *Ann Intern Med*. 2017;167:664–665.