HIV and Travel

Introduction

As travel health advisors we realise that people living with HIV are often extremely well informed about managing their condition. However we would encourage you to read through these notes and ensure you are fully prepared for travel.

Increasing numbers of aid workers, mission partners and other travellers are HIV positive and come from countries where HIV is common. Those who have no symptoms are rarely refused work on occupational health grounds or in travelling to any part of the world. There are however a few special considerations and some suggested guidelines below.

Special considerations

Those working internationally need to be aware that:

- A small number of countries still discriminate against those who are HIV positive. This includes the USA. Check with the embassy that there are no restrictions about living or working in the country of your destination.

- Although the risk of passing on HIV through health care activities is very low, it is still necessary to avoid Exposure Prone Procedures when HIV positive.

- Any follow-up tests such as CD4 counts and others recommended by your HIV specialist must be carried out on time at good quality labs and you may need to check ahead that such facilities exist within easy reach of where you are travelling to.

Before travel - Medical screening

As part of best practice for all those working internationally you will need:

- A medical examination to assess your state of health. This can either be done by your HIV specialist, at a Travel Clinic or by a well informed General Practitioner or Physician.

- Blood tests including a haematology and biochemistry profile, CD4 count, viral load and any other tests recommended by your specialist. These should include those which monitor the side effects of any anti-retroviral drugs you may be taking.

If you are free from symptoms and your CD4 count is above 500 you are considered to have adequate immunity. If your count is below 200 and/or you have symptoms of AIDS or a recent HIV related illness, your immunity is seriously affected, and you should generally not work or travel abroad except for short trips to areas with a relatively low health risk. If your count is between 200 and 500 you may have moderately reduced immunity and will need to take extra care as described below.

Immunisations

These are the main things to be aware of:

- In general you should not receive any live vaccines, though there are some exceptions depending on your CD4 count and where you will be travelling to. Live vaccines are yellow
fever, chickenpox, oral typhoid, BCG against TB, intranasal influenza, and oral polio. MMR against mumps measles and rubella, though live, is considered safe.

- You should have the full range of non-live travel vaccines recommended for your destination. In addition you should have pneumococcal vaccine every 5 years and the current annual injectable flu vaccine recommended for your country or the area you will be travelling to.

- It is important that you have had all your normal childhood immunisations. If you haven’t you need to talk to your travel health advisor.

- There may be a decreased response from some vaccines especially if your CD4 count is low, in other words the higher your count the more likely it is that the vaccine will protect you. So even if you have been fully vaccinated you should take additional precautions to try and avoid vaccine preventable diseases. In particular if you had courses against hepatitis A or B in the past when your CD4 was low you may not have full immunity. You can either have a booster dose of vaccine or arrange a blood test to confirm the level of immunity where available.

**Antimalarials and antidiarrhoeals**

Your risk of getting malaria is probably no greater than anyone else if your immunity is good, unless you are also pregnant. For those with severe immunosuppression, malaria may occur more frequently. Most malaria prevention and treatment tablets can be taken, but for those taking Protease Inhibitors (PIs) as part of their ART drug regime, Malarone may be less effective both in prevention and treatment. So for those taking ritonavir, lopinavir, or atazanavir it is best not to use Malarone. Co-artemether (Riamet) is best avoided in those taking protease inhibitors (and probably also Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)) as should any other preparation containing lumefantrine (there is the danger of heart irregularities). PIs and NNRTIs also increase the level of quinine, which is still sometimes used to treat malaria.

According to both the UK Guidelines for Malaria Prevention and advice from the US Centers for Disease Control and Prevention, the choice of which medication for the prevention and treatment of malaria to use needs to be made on a case by case basis, and will depend on a risk assessment taking into account duration, type and location of travel, and any possible interactions with the particular ART regime being used.

PIs and NNRTIs can also interact with the antibiotics azithromycin, clarithromycin and sometimes with metronidazole so obtain specialist advice if you need to use these, which are often used to treat travellers diarrhoea. Ciprofloxacin can be used for treating diarrhoea.

**When travelling**

- Follow all the normal precautions about illness prevention with particular care.

- If your CD4 count is below about 500 or you have symptomatic HIV infection you are more likely to pick up certain illnesses.

These include:

TB. Try to minimize your contact with infectious cases. If this may not be possible consider taking isoniazid tablets daily to reduce your risk.
Bowel infections including salmonella, campylobacter, giardia and above all cryptosporidium. Be extra strict with food and water hygiene, along with frequent hand washing or the use of alcohol wipes. Always have an antibiotic available to treat diarrhoea, such as ciprofloxacin 500mg one daily for 3 to 5 days depending on severity.

- Report any illness to a qualified medical practitioner without undue delay.
- Have any recommended follow-up tests carried out in a good quality laboratory.
- If taking ARVs, ensure you have an adequate supply with you, or can reliably obtain known high quality medication in the country you are going to.
- Split any medication into two parts, having one supply always with you and another in a different part of your luggage in case of loss or theft.
- Take full medical notes with you, including the results of your most recent tests and a full list of any medication you are taking. This letter which should be written on headed note paper, and should be signed, dated and stamped by your doctor.
- Know your blood group and take a written note of it with you.
- Have the contact details of your doctor or another specialist whom you can phone or email in case of any health problems you are worried about.
- Enquire about travel insurance and try to obtain a policy which is as inclusive as possible. See the websites below for suggestions.
- If you have sex, in particular casual sex, ensure you always use good quality condoms with care, best to buy at home before leaving.

**On return home**

Unless your trip is short and low-risk it is worth having a medical check on your return home, either from your regular medical specialist or by a doctor well informed about travel medicine. Tests would normally include full blood count, liver function tests, CD4 counts and stool tests as a basic minimum.

**Further Guidance and Information**

Information on this topic is continually evolving as more research is carried out. Please always consult the latest travel health websites or discuss your situation with a well informed physician.

Websites with general and specific information on HIV associated travel:

- www.bhiva.org
- www.who.int/vaccines
- www.aidsmap.com
- www.cdc.gov/travel.yb/
- www.tht.org.uk
More information can be found in: The Traveller's Good Health Guide', Ted Lankester; 3rd Edition 2006

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