Number 41d
Traveller's series - October 2025

Travelling with children

Children are at higher risk of getting sick from travel to tropical countries and developing parts of the world. Speak with your health care provider or travel clinic staff for advice before travelling.

What should I bring?

- Insect repellant containing DEET or Icaridin in liquid and cream form, not aerosol
- Oral rehydration solution (ORS) and water-disinfectant tablets
- Medication recommended by your health care provider for a fever
- Comfortable, closed-toe shoes, loose-fitting, cotton clothes and a sun hat if travelling to a destination with a hot climate
- Waterproof sunscreen with SPF 30 (sun protection factor) or more
- Your child's car seat. They may be able to use it on the plane if they have their own seat

Can I travel by air with my baby?

Do not travel by air with a premature infant (baby) or infant younger than 7 days old.

While the plane is taking off and landing, breastfeed or chestfeed, or bottle-feed your baby. Feeding your child gets them to swallow and prevents ear pain.

What immunizations will my child need?

Make sure that your child is up to date with their routine immunizations through a public health clinic or their primary care provider. Visit a travel clinic at least 6 to 8 weeks before travel.

The travel clinic may recommend travel vaccines depending on where you are going, what you plan to do while you are there, how long you are staying and the age of your child. Carry a record of your child's immunizations. Possible vaccinations include:

- Hepatitis A
- Hepatitis B
- Meningococcal
- Travellers' diarrhea and cholera
- Typhoid
- Yellow fever
- Japanese encephalitis
- Rabies
- Influenza (flu)

When travelling to an area with measles, infants can receive the Measles, Mumps and Rubella (MMR) vaccine at as young as 6 months of age. Infants routinely receive the first dose of a measles vaccine at 12 months of age in Canada.

Two additional doses of the measles-containing vaccine must be administered after the child is 12 months old, even if your child receives a dose earlier. This ensures long-lasting immunity.

Infants and young children should not receive some vaccines. Contact your doctor, travel clinic or public health nurse about which vaccines your child needs and the risk of infection while travelling.

How can I prevent illness?

Breastfeeding or chestfeeding is the best way to reduce the risk of foodborne and waterborne illness.

You should purify (boil and cool) water before serving to children. This includes water used to dilute (water down) juice or prepare infant formula.

Consider using a ready-to-feed formula for short trips.

How can I protect my children from malaria?

Malaria is a disease caused by mosquito bites and tiny parasites that get into the bloodstream. The best way to prevent malaria is to avoid mosquito bites.

If possible, do not take infants or young children to areas where there is malaria. The effects of malaria are much more serious in children. Malaria medications available for children are limited.

Breastfed or chestfed babies whose parents are taking medication to prevent malaria must also take

medication, since little of the parent's medication will be in their milk.

Children should sleep in rooms with screened windows or under bed nets when available. Try to use mosquito netting over infant carriers.

If you are taking part in outdoor activities between dusk and dawn, wear long sleeves and pants, and use insect repellant on all exposed skin. The most effective insect repellants contain a product called DEET or Icaridin. Icaridin is now preferred over DEET for children 6 months and older. This is because it is longer lasting, odorless and safe to use around synthetic materials and plastics.

In Canada, products containing more than 10% DEET are not recommended for use with children under the age of twelve. DEET products are not recommended for use with children younger than 2 years of age. However, when children aged 6 months to 2 years live or travel in an area with malaria, the chances of severe illness is higher than the risks of DEET repellant when applied properly.

For more information on insect repellents, including specific recommendations for children under two years old, visit HealthLinkBC File #96 Insect repellants and DEET.

How can I prevent traveller's diarrhea?

A vaccine is available to help protect against traveller's diarrhea caused by enterotoxigenic *E. Coli* (ETEC). It also protects against cholera. Children under the age of two should not receive the vaccine. For more information on this vaccine, visit HealthLinkBC File #41k Traveller's diarrhea and cholera vaccine.

The current vaccine only protects against one type of bacteria that causes traveller's diarrhea. Following good personal hygiene (cleaning) practices and being careful about what you eat and drink are the best ways to prevent traveller's diarrhea. For tips on how to properly wash your hands, visit HealthLinkBC File #85 Hand washing: Help stop the spread of germs.

How can I treat traveller's diarrhea?

Children younger than two years of age who have a lot of diarrhea should receive medical care. Take your child to a health care provider right away if your child develops signs of:

- Dehydration
- Bloody diarrhea
- Diarrhea accompanied by a high fever or persistent vomiting
- Does not improve despite the use of an oral rehydration solution (ORS)

In some cases, diarrhea may be a sign of another infection (for example, malaria), so it's important to visit a health care provider. Discuss your symptoms with them and remember to tell them where you have been travelling or living.

Do not give antibiotics or other medications to children to stop diarrhea unless advised by a health care provider. Avoid using bismuth subsalicylate (such as Pepto-Bismol) to treat diarrhea in children. Breastfeeding or chestfeeding parents should also avoid using bismuth subsalicylate. If your child has taken this kind of medicine and has changes in behavior with nausea and vomiting, call your health care provider. These symptoms could be an early sign of Reye syndrome, a rare but serious illness. For more information about Reye syndrome, visit HealthLinkBC File #84 Reye syndrome.

Dehydration from diarrhea is more of a concern in children because they become dehydrated more quickly than adults. It's essential to drink extra fluids as soon as diarrhea starts and consider using an oral rehydration solution (ORS).

Continue breast, chest or formula feeding throughout the illness in addition to ORS. Children who are no longer nursing should continue to eat solid food in addition to ORS.

For more information

For more information, visit the following HeatlhLinkBC Files:

- HealthLinkBC File #41e Traveller's diarrhea
- HealthLinkBC File #41f Malaria prevention
- HealthLinkBC File #41k Traveller's diarrhea and cholera vaccine
- HealthLinkBC File #99 How to take a temperature: Children and adults