

## General advice

For more information on travelling abroad please contact any of the following:

<http://www.nhs.uk/conditions/Travel-immunisation/Pages/Introduction.aspx>

<https://www.gov.uk/knowbeforeyougo>

If you are travelling within Europe you can apply for a European Health Insurance Card (EHIC) (previously known as the E111). This is for people residing in the UK. It can be used to cover any necessary medical treatment due to either an accident or illness within the European Economic Area (EEA). The EHIC entitles the holder to state-provided medical treatment within the country they are visiting. You may wish to have additional medical travel insurance.

## Taking young children on aeroplanes: what are the risks?

<http://adc.bmj.com/content/93/6/528>

## For further information:

**The telephone numbers below are available Monday-Friday, 9am-5pm. Outside these hours, please contact your GP or go to your local Emergency Department (A&E).**

Guy's and St Thomas' Hospital Consultant Haematologist: Jo Howard / Rachel Kesse-Adu  
Telephone: 02071882741 Out of hours – Haematology SpR or on call consultant via switchboard (02071887188)

Clinical Nurse Specialists: Neil Westerdale/Luhanga Musumadi / Tolu Adeosin Telephone – 020 7188 7188 (switchboard) then bleep 1843

Kings College Hospital Consultant Haematologist: Moji Awogbade / Sara Stuart-Smith  
Telephone: 02032999000 Out of hours – Haematology SpR or on call consultant via switchboard (020 32999 000)

Clinical Nurse Specialists: Giselle Padmore-Payne and Fester Ike Telephone – 020 3299 4968

St George's Hospital Consultant Haematologist: Elizabeth Rhodes and Julia Sikorska  
Telephone: 020 87250885 Out of hours Haematology SpR via Switchboard 0208 6721255

Clinical Nurse Specialists: Carol Rose Telephone – Switchboard 0208 6721255 or 07500 835735

Additional contacts can be found on the STSTN website



Date published: March 2018

Review date: March 2021

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# A travel guide for children with sickle cell disease

## *Information for parents*

Children with sickle cell disease (SCD) generally adapt well to air travel, but it can create difficulties for some. For this reason, it is important to plan ahead and know about potential problems so you can take preventative measures or deal with them should they occur.

## Pre-travel arrangements

Choose a travel agent that is registered with ABTA or ATOL. You will need to inform the airline, travel agent and insurance company that your child has sickle cell disease. If you fail to tell the insurance company this may invalidate your travel cover.

Make sure you take out enough travel insurance. Always read the small print before you buy as you want to make sure you are fully covered for last minute cancellation due to illness or an air ambulance home if necessary. Remember that not all countries offer the same level of medical care, and in some countries (such as the USA), medical care without insurance is very expensive.

If you are planning to travel to a region at high altitude (e.g. 5000 feet/1500 metres above sea level), please discuss this with the clinic doctors, since this may increase the risk of developing complications due to the lower oxygen levels at this altitude.

## Medical advice

If your child has had a painful or respiratory episode within two weeks of your journey, your child may be advised not to travel so please *discuss travel plans* with your doctor in advance. This advice will also apply if your child becomes unwell on holiday and will affect the return journey. For some complications, such as previous acute chest syndrome and/or ongoing low oxygen saturation levels, it is advised that your child has a 'Fitness to Fly' test to see if they should have supplemental oxygen on board the flight. See below under **flying**.

Please ask your consultant or GP for a letter (or their annual summary report) explaining your child's *medical history*, **well in advance of your planned travel date**. In the event that emergency medical care is required, a record of steady state blood tests (including G6PD status), past complications, pain management, allergies, and other medical problems is an invaluable resource for the doctors who treat your child. The letter will also have your child's hospital details in case the medical team in the UK needs to be contacted.

Make sure your child's *vaccinations* are up to date. Always seek advice from your GP or travel clinic about extra vaccinations depending on your travel destination. Some of these will be country-dependent and some will be necessary to protect your child because of their sickle cell disease, e.g. Meningitis ACWY.

Contrary to popular belief, it is possible for patients with SCD to contract severe *malaria* and therefore, it is important to take precautions. If you are going to stay or travel through a malarial country it is essential that your child takes preventive anti-malarial medicines, wears appropriate clothing and uses a mosquito net. Anti-malarial medication often needs to be started 1-2 weeks before travel so please make sure you begin these arrangements early. Anti-malarials are prescribed by your GP or a travel clinic. It is important that all members of the family travelling take anti-malarials even if they have previously lived in a malarial country, as previous immunity declines very quickly.

If your child has *G6PD deficiency* it will be important to let your GP or pharmacist know this before being prescribed anti-malarials.

**If you travel against medical advice your insurance may be void**

## Travelling with medications

Pack your child's medication in your hand luggage. You may be asked to carry extra supplies in your suitcase. If that is the case make sure you have enough medication in your hand luggage to last for the first few days after your arrival. The letter from your doctor should state what medication your child is taking.

## Fluid restrictions on airlines

Please note that there are fluid restrictions on airlines. Check with the airline or airport if your child needs to carry more than 100mls of their medication in their hand luggage.

## Flying

Aircraft fly at altitudes of 30,000-40,000ft. Aircraft cabins are pressurized and this results in lower oxygen content in the cabin air than at sea level. This should not cause problems for your child with sickle cell disease and there is no evidence that extra oxygen is required unless they have had chest complications. Despite this, some airlines will suggest supplemental oxygen for long haul flights (>7 hours) and will request a letter from your doctor. If your child has had previous acute chest syndrome, is very anaemic and/or has low oxygen saturation levels, a 'Fitness to Fly' test should be carried out. This involves measuring your child's oxygen levels over 20 minutes of breathing a lower concentration of oxygen than normal. The oxygen concentration in the test is equivalent to that experienced during flight. If this shows that oxygen is required, you will need to request a form from the airline in plenty of time for the doctor to complete, specifying what oxygen is necessary for the flight.

Air conditioning used during flights can be cold and dry so ensure your child keeps warm and drinks plenty. It is also advisable for your child to move around at regular intervals.

## Dehydration

The air in airports and on planes tends to be dry so your child will need to drink more than usual to avoid becoming dehydrated. If you are travelling to a hot country then your child will need to drink more than usual.

If your child develops diarrhoea encourage them to drink more water and take a supply of oral rehydration sachets, e.g. Dioralyte, which can be bought at your local chemist. Be aware of the food hygiene in the country you are visiting. If you are in any doubt about the drinking water use bottled water or sterilising tablets.