Adolescent Travelers

   *A very nice review.*

Arthropod-Transmitted Infections

   *A good review of cases. Helps with the recognition and management.*

   *Good review article on the recognition and management of patients with DHF and DSS.*

   *Febrile travelers coming from Africa may have dengue fever; an underdiagnosed and underreported condition in this continent.*

   *Pediatric travelers are at risk for severe dengue virus infection. Prevention is key.*

   *Mosquito exposure was high. Unfortunately, insect repellent use was low. The result: dengue.*

Bacterial Infections

   *Bacteremia and malaria go together in many countries in Africa. Both need to be considered when evaluating the child with a febrile illness.*
Breasfeeding and Travel

   *Everything you wanted to know about breastfeeding and travel. Great review.*

Dermatologic Conditions Associated with Travel

   *Nice review*

   *This review is written in a very useful manner that will assist all of us in assessing travelers returning with skin conditions.*

   *Nice review of skin conditions in pediatric travelers.*

Gastrointestinal Problems

   *The best description of the epidemiology of traveler’s diarrhea in children.*

   *A must read if you discuss with travelers the benefits of antimicrobial agents for the prevention and treatment of traveler’s diarrhea.*

   *Probiotics appear to be beneficial in the treatment of acute non-bloody diarrhea in children.*


6. Powell CVE, Priestley SJ, Young S, Heine RG. Randomized clinical trial of rapid versus 24-hour rehydration for children with acute gastroenteritis. Pediatrics 2011;128:e771. *Nasogastric tube rehydration may be needed for young infants with acute gastroenteritis. This study compares a rapid regimen versus a standard slower regimen. Interesting findings.*


**Global Child Health**

   *Very interesting study. Have we been doing things wrong for decades?*

   *A very timely review article. There is great interest in global health.*

   *A very comprehensive book that covers a wide array of topics pertaining to global health, and travel and geographic medicine. A must-have selection for your library.*

   *A concise review on the topic.*

   *Some of you may be involved in research and treatment programs in countries with limited resources. This is an excellent "editorial" that discusses how POC testing may be revolutionizing how we can provide care in these environments. A must read.*

**High-Altitude Illness**

   *Children are not more susceptible to altitude sickness.*

   *Healthy nonacclimatized children and adolescent can tolerate well high altitudes [up to 3450 meters].*

A very interesting study. A must read.

   A concise review of the topic.

   Very good analysis. Confirms that lower doses are as effective as higher doses.

   An excellent review.

   Another nice review.

   Good sections on non-pharmacologic and non-recommended methods of preventing AMS.

Hygiene

   Household treatment of water to improve water quality and prevent disease is widely practiced in many high-risk countries. The practice is widespread in the Western Pacific and less so in Eastern Mediterranean and African countries. Boiling water is the most common method used.

   Great article. While boiling water improves the microbiological quality of water, boiled and stored drinking water is not always free of fecal contamination.

Immunizations

   Good review on vaccine issues for pediatric travelers.
2. Rahier JF, Moutschen M, Van Gompel A et al. Vaccinations in patients with immune-medicated inflammatory diseases. Rheumatol 2010;49:1815-1827. Practitioners are frequently asked to provide pre-travel recommendations for high-risk patients on immunosuppressive agents. This is a good review for patients with autoimmune disorders.


Yellow fever vaccination recommendations have changed this past year. This is a thorough discussion of the rationale and consensus.

11. Klein NP, Reisinger KS, Johnston W et al. Safety and immunogenicity of a novel quadrivalent meningococcal CRM-conjugate vaccine given concomitantly with routine vaccinations in infants. Pediatr Infect Dis J 2012;31:74-71. MenACWY-CRM was found to be immunogenic in young infants. Substantial immunity was achieved after 3 doses given at 2, 4, and 6 months of age.


14. Wahid R, Simon R, Zafar SJ et al. Live oral typhoid vaccine Ty21a induces cross-reactive humoral immune responses against Salmonella enterica serovar Paratyphi A and S. Paratyphi B in humans. Clin Vaccine Immunol 2012;19:825-834. We frequently tell travelers that the oral typhoid vaccine may confer cross-protection against paratyphoid. This is the recent research in support.

15. Pakkanen SH, Kantele JM, Kantele A. Cross-reactive gut-directed immune response against Salmonella enterica serovar Paratyphi A and B in typhoid fever and after oral Ty21a typhoid vaccination. Vaccine 2012;30:6047-6053. We frequently tell travelers that the oral typhoid vaccine may confer cross-protection against paratyphoid. This is the recent research in support.


   An excellent review. This is a must-read.

   Don’t wait for the last moment to vaccinate against hepatitis A. In the immunosuppressive host, it appears to be less protective.

   A must-have resource if you are seeing travelers who happen to be immunocompromised.

   New influenza vaccines appeared in the market this year. This is a good review.

**Injury Prevention**

   Technical report on child passenger safety from the AAP. Specific recommendations on car seat use. In addition, there is a section pertaining to safety of children on commercial airlines.

   Will parents pay for safety? Interesting survey results from Ireland. I wonder if the results would be different in other countries.

**Insect Bite Prevention**

   Good summary of the existing data for the prevention of arthropod bites.

   A good discussion of the various types of insect repellents.

   *Permethrin + DEET are highly effective in preventing mosquito bites, and is frequently recommended by us. This is a core study in which the recommendation is based.*


   *While this article provides insights into the attitudes and behaviors of adults regarding bite-protection, it provides some eye-opening information that benefits us all.*

**International Adoption-Related Problems**


   *Along with pertussis, hepatitis A infection has been associated with contact with international adoptees. This article summarizes the experience in Minnesota.*


   *Why do we always ask for multiple stool specimens when looking for intestinal parasites? This paper demonstrates why.*

**Malaria**


   *No concerns of interactions when prescribing atovaquone/proguanil in a traveler receiving oral typhoid vaccine.*


   *Plasmodium vivax infections were just as serious as those caused by P. falciparum. Mortality rates were similar.*
Evidence that rapid diagnostic tests are superior to blood smears for the detection of malaria.

RDT are sensitive. Decisions regarding treatment, especially withholding, can be made based on their results.

Not all malaria is preventable, even after taking appropriate chemoprophylaxis. While most cases of malaria present within the first 30 days after return, many present later.

Malaria is an important cause of infant mortality, morbidity and disability. A must read for all practitioners that are involved in global health.

Very interesting article. No reason for people to have only one species of malaria at a time. This happens to have implications on the prevention and management of malaria among refugees, immigrants and travelers.

Everything you need to know about doxycycline as an antimalarial agent.

One of the few articles detailing the clinical features of this pathogen in children.

A nice concise review.
Important review defining the current shortcomings of our malaria prevention strategies.

High-risk VFR children need our attention. Malaria is preventable.

A must-read editorial.

Interesting finding. Placental malaria appears to be associated with early infant HIV infection. Another reason to prevent/treat malaria in mothers.

Malaria is not good for the mother or the baby. Anemia and low birth weight are common problems. Preventing malaria during pregnancy is key.

Congenital malaria is responsible for infant morbidity. Artemisinin-combination therapy reduces the vertical transmission of malaria. Good read.

Mefloquine can still be a useful antimalarial agent in children. This is a good review.

Pregnancy-associated malaria is a serious problem in DRC.
A must read study. The prevention of malaria through a vaccine may have arrived.

This study demonstrates the utility of RDTs in the diagnosis and treatment of infants with malaria in high endemic region.

Important review on the topic. A must read.

Good comprehensive review on the topic.

Most travel medicine specialists recommend that travelers do not purchase antimalarial medications while traveling in developing countries. This paper shows why.

Everything you wanted to know about primaquine for terminal prophylaxis.

See No. 19 above as well. A malaria vaccine demonstrated protection against clinical and severe malaria in young infants.

Reliability of RDTs may not be as optimal as desired for routine use.

Malaria prophylaxis is medically-beneficial; and cost-effective too. Perhaps, healthcare payers need to pay for it.
   *Is this the future dosing for atovaquone-proguanil? If you prescribe this agent, you must read this article.*

**Parasitic Infections**

   *Nice comprehensive review.*

   *Everything you want to know about tungiasis. A must read.*

**Pharmacology**

   *Common question: can we give acetazolamide to a traveler with a history of hypersensitivity to trimethoprim-sulfamethoxazole?*

**Pre-Travel Evaluation and Counseling**

   *Good review article on pre-travel risk-assessment, vaccines, and education.*

   *Should young infants travel? Should children with certain medical conditions delay travel? An excellent review that addresses these issues.*

   *The focus of this review article is the pediatric VFR. This is always useful information.*

A very comprehensive review. Among topics discussed: avoiding diarrhea, use of infant car seat restraints during air travel, and waterfront safety.


6. Maltezou HC, Pavli A, Spilioti A et al. Paediatric international travellers from Greece: characteristics and pre-travel recommendations. Travel Med Infect Dis 2012;10:135-139. The experience in Greece is similar to that of other countries. Very few seek pre-travel services before departure.


10. Kogelman L, Barnett ED, Chen LH et al. Knowledge, attitudes, and practices of US practitioners who provide pre-travel advice. J Travel Med 2014;21:104-114. Study demonstrates that practitioners who have an ISTM or ASTMH certificate are more knowledgeable about travel vaccines and recommendations.

Refugees and Immigrants

   *If you care for Burmese refugees, this is a must-read article.*

   *Must-read article for clinicians caring for refugees and immigrants.*

   *Must-read article for clinicians caring for refugees and immigrants.*

Respiratory Infections

   *Influenza A and other viral respiratory pathogens are common in regions with high-endemicity of malaria. Not all febrile illnesses in children are caused by malaria.*

Travel-Related Medical Problems (Including Post-Travel)

   *Comprehensive description of travel-related illnesses observed in pediatric travelers; with a comparison to adults.*

   *One of the few papers that exists describing the epidemiology of travel-related illnesses in children; largest number of pediatric travelers described so far.*

Skin ailments and abdominal problems are common among pediatric travelers. Read all about it.


*Travel to tropical areas can be high-risk for patients with sickle cell anemia.*

*While the focus of this article is not pediatric-related, it is still a very important and revealing article. An interesting read.*

*Careful where you eat.*

*Nice, easy-reading review. Several illustrative cases.*

**Venomous Animals**

*A good review on the topic.*

*Comprehensive review of the topic.*

**VFR Traveler (Pediatric)**

*Not much is written about the pediatric VFR traveler. This article from Catalonia provides some very useful observations.*

An excellent pediatric-specific VFR article.


Another excellent paper from Boston. Should we train healthcare providers to travel advice to parents of VFR children?