

Health Information for International Travel

The summer season is a popular vacation time, and US residents planning to visit foreign countries usually need various types of information regarding possible health risks. The Yellow Book is published by the Division of Quarantine (DQ), National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), as a reference for those who provide international travelers with health risk advice. (Available online at www.cdc.gov/travel/yb/index.htm) Although it is written primarily for health care providers, it can also be useful to others who advise travelers, such as employees of travel agencies, airlines, cruise lines, missionary organizations, and academic institutions.

The 2001-2002 edition of the CDC publication, *Health Information for the International Traveler* (commonly known as *The Yellow Book*), continues to focus on the prevention of infectious diseases but has been extensively reorganized to make it easier to use. While *The Yellow Book* does not attempt to cover every topic pertinent to the growing field of travel medicine, the current edition includes several new topics that have a great impact on the health of travelers—eg, altitude sickness, international adoptions, and cruise ship travel. Moreover, for the first time, experts outside CDC have contributed to writing and editing this edition, especially sections on particular health risks that no CDC agency is currently addressing. However, *The Yellow Book* must be viewed as just one reference of the many needed by those who counsel travelers.

In general, the risk of illness during travel depends on the areas of the world to be visited. In most developed countries (eg, Australia, Japan, and western Europe), the risk to the general health of the traveler is no greater than that incurred throughout the United States. Living conditions, standards of sanitation and hygiene, and immunization levels vary considerably among developing nations, so the risk of acquiring disease also can vary greatly.

Visitors to developing countries have a lower risk of exposure to contaminated food or water if they remain in primarily tourist areas. Travelers who visit small cities off the usual tourist routes, who spend extended periods of time in small villages or rural areas, or who expect to have prolonged contact with

children are at greater risk of acquiring infectious diseases. Consequently, booster or additional doses of certain vaccines and other prophylaxes are recommended for these people.

In addition to geographic-specific risk factors, host susceptibility factors can play a significant role in determining the risk of acquiring illness during international travel. People at the extremes of age, pregnant women, or immunocompromised people can be particularly vulnerable to certain infectious diseases. It is strongly advised that all individuals at increased risk contact physicians with special expertise in travel medicine at least 6 weeks before departure, especially if the itinerary includes high-risk destinations.

CDC recommendations for international travelers apply primarily to vaccinations and prophylactic measures for US travelers planning to visit areas of the world where diseases such as measles, poliomyelitis, typhoid fever, yellow fever, viral hepatitis, and malaria occur. At least 6 weeks prior to departure international travelers are advised to contact their physicians, local health departments, or private or public agencies that advise international travelers to obtain current health information on the countries they plan to visit. Chapter 3 of *The Yellow Book*, Specific Recommendations for Vaccinations and Disease Prevention, provides more detailed information on this topic.

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The purpose of the International Health Regulations (IHRs) adopted by WHO is to ensure maximum security against the international spread of disease, with minimum interference with world commerce. As a result of these regulations, some countries require an International Certificate of Vaccination against yellow fever as a condition for entry. Because some countries require vaccination against yellow fever only if travelers arrive from a country infected with the disease, current information must be taken into consideration in determining whether vaccinations are required. A biweekly CDC report, *Summary of Health Information for International Travel* (known as *The Blue Sheet*) shows where cholera and yellow fever are being reported. *The Blue Sheet* is available online: www.cdc.gov/travel/blusheet.htm and by fax: 888/232-3299 (request document #220022).

The Yellow Book used in conjunction with the *Blue Sheet* provides accurate information on vaccinations required for international travel. The extent to which advisory statements can be made specific for each country and each disease is limited by both space and the lack of reliable data. Although WHO regularly publishes data on the occurrence of many of these diseases, these figures represent only a small percentage of the actual number of cases. Communicable diseases are not reported consistently by practicing physicians, and many cases might never come to medical attention. For these reasons, any recommendations must be interpreted with care. A biennial publication such as *The Yellow Book* cannot remain absolutely current, given the speed of global travel and disease

transmission. Therefore, this text should be used in conjunction with the following electronic sources.

Additional Sources of Health Information for Travelers

The International Society of Travel Medicine: www.istm.org/

The American Society of Tropical Medicine and Hygiene: www.astmh.org

The Pan American Health Organization (PAHO): www.paho.org

The World Health Organization: www.who.int/

The US Central Intelligence Agency: www.odci.gov/cia/publications/pubs.html (Select World Factbook.)

All these resources specify the vaccinations required by different countries and include information on preventive measures that travelers should take to protect their health. The first two include directories of travel clinics throughout the United States. Information regarding changes in vaccine requirements, disease outbreaks, drug availability, and emerging infections is promptly updated on these websites.



Summarized from Centers for Disease Control and Prevention. Health Information for the International Traveler 2001-2002 (*The Yellow Book*). Atlanta: US Department of Health and Human Services, Public Health Service, 2001: xv-xvii.

HIPAA Privacy Rules and Texas Reporting Regulations

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule governs the use and disclosure of individually identifiable health information. The rule applies to health plans, health care clearinghouses, and health care providers who transmit certain health claims information electronically. These are covered entities under the privacy rule and must comply by April 14, 2003.

For certain uses and disclosures of individually identifiable health information, covered entities must obtain consent or authorization from the individual. For other uses and disclosures, however, no consent or authorization is required.

In the rules adopted in Title 45 Code of Federal Regulations (CFR) Parts 160 and 164, Section 164.512 addresses the uses and disclosures for which consent or authorization is **not** required. Section 164.512(a) permits disclosures that are required by law:

- (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Section 164.512(b) permits disclosures to public health authorities for public health activities and purposes:

- (1) *Permitted disclosures.* A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph [§164.512(b)(1)] to
 - (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. . . .

Health care providers are required by Texas law to report certain health conditions (referred to legally as “notifiable” or “reportable” conditions) to the Texas Department of Health. Clearly the HIPAA Privacy Rule provides no basis for health care providers to stop notifying TDH of reportable conditions. It also does not preclude reporting of other conditions when they occur in the context of an outbreak or any other situation of public health concern (eg, individual cases of conditions associated with bioterrorism).

The legal statute quoted above is available online at www.hhs.gov/ocr/hipaa/index.html. For further information regarding the HIPAA Privacy Rule and reportable diseases, visit the Web sites for the US Department of Health and Human Services at www.hhs.gov/ocr/hipaa/govtaccess.html or the Centers for Disease Control and Prevention at www.cdc.gov/nip/registry/hipaa7.htm, or contact John Scott, the TDH HIPAA Privacy Officer, by phone: 512/458-7111, x6170 or e-mail: john.scott@tdh.state.tx.us.



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www.tdh.state.tx.us/phpep/

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Hong Kong Influenza B Makes a Come-back With Late-season Outbreaks in Texas

In May 2002 the TDH Bureau of Laboratories received 30 specimens for viral isolation. CDC has made a presumptive identification of influenza B/Victoria (Hong Kong/330/2001-like) for 17 of these specimens. This strain has been identified in specimens submitted from Harris, Galveston, El Paso, and Travis Counties and has been associated with at least 3 recent outbreaks of respiratory illness. Symptoms in these outbreaks were consistent with influenza.

Influenza B viruses currently circulating worldwide are of 2 antigenically distinct lineages: Yamagata and Victoria. Yamagata strain viruses have circulated in the US since the early 1990s. CDC has antigenically characterized 243 influenza B viruses collected from US laboratories since October 1, 2001: 61 belonged to the B/Yamagata lineage and 182 to the B/Victoria lineage. The influenza B/Victoria (Hong Kong) virus had not been identified outside of Asia from 1991 through March 2001. Since then this strain has been identified in Africa, Asia, Europe, and North America.

This Hong Kong strain of influenza B is a component of the 2002-2003 influenza vaccine but was not included in the 2001-2002 vaccine. Therefore, physicians should consider influenza B when diagnosing any influenza-like illness, even if the patient received the 2001-2001 vaccination. Patients younger than 14 years of age are especially at risk, since they have little or no protection. Physicians and public health practitioners should be alert to any influenza-like activity, especially in preteens who have been involved in group activities.

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