CENTER OF EXCELLENCE IN NEWCOMER HEALTH MINNESOTA

DEPARTMENT OF HEALTH

# Preparing the Immigrant who is Traveling Home for a Visit: Immigrant Health Matters

**DETROIT, MICHIGAN | APRIL 2024**

Immigrant Health Matters (www.health.state.mn.us/communities/rih/coe/clinical/ihmatters.html) is a quarterly series of brief vignettes focused on immigrant health and health equity. Articles are designed to be read in three minutes and to provide an immigrant's perspective of challenges in achieving health equity.

## The scenario

Abdi Hassan, his wife, and four children are looking forward to their first trip back to visit family members in East Africa. The family arrived in Michigan seven years ago as refugees, and this is their first opportunity to see relatives in Kenya and Somalia. They are excited to introduce the extended family to their three youngest children who were born in America. Both he and his wife are taking three weeks off work during the older children's school summer break. The cost of the trip weighed on their minds, as well as wondering whether any medical preparation was required. "I am not sure we need to see a doctor for this trip, as we are just going home," he mused. His wife, Faduma, urged them to be seen, "Remember our friend Salah who went back and got malaria? At least I think we need malaria pills."

Dr. Susan Clausen had a busy day at her refugee and immigrant clinic in southwestern Detroit. As a family medicine provider, she particularly enjoyed seeing families. When the Hassan family arrived, she asked if the children might be coming for camp physicals. Mr. Hassan answered, "We are here for malaria pills and any other required shots for a trip to Kenya and Somalia. We are not sure about getting shots that are not required."[1]

"When are you leaving?" asked Dr. Clausen. "In ten days," came the reply. Dr. Clausen thought to herself, what can I do with so little time before they leave? I have heard about the measles outbreaks worldwide; at least I can be sure the kids are up to date with their MMR vaccines.[2]

## The challenge

Perhaps the single biggest challenge in this setting is **misperception of risk**, both on the part of the traveler and their health care provider. Abdi and Faduma may feel their risk is low for travel-related illnesses, having been born and raised in Somalia and Kenya. They worry more about risks for their children becoming ill than themselves. And Dr. Clausen may not be aware that the immigrant returning home – termed the VFR (visiting friends and relatives) traveler, is much more likely to develop travel-related illnesses than the tourist traveler. The data is impressive: 8.3x risk of malaria, 7.0x risk of typhoid fever, 5.6x risk of influenza, 4.8x risk of systemic febrile illness, and 3.8x risk of non-diarrheal intestinal parasites.[3] Reasons for this are complex, and include last-minute travel, cost issues, risk perception, length of travel, and itinerary.[4,5]

# Primary care approach to the last-minute VFR traveler

A significant hurdle had already been overcome: Abdi and Faduma had come in to clinic with their children for advice. Always begin by thanking the family for coming in and acknowledging that they do have some unique risks.

Dr. Clausen smiled as she explained, "Your heart may be Somali, but your bodies are now very American, so I am glad you came in." Realizing she only has one hour to counsel six family members, Dr. Clausen decided to focus on the issues of greatest risk, and to try to get the family in to her local travel medicine clinic in the next few days, recognizing they may choose not to go:

- She updated selected routine vaccines for the family, including counseling on influenza, COVID, and tetanus boosters. The clinic carried hepatitis A vaccine, and she gave that as well.
- Consulting the CDC travel medicine website, she realized the family may need yellow fever vaccine, available only at travel clinics, and had her staff start working on obtaining an urgent appointment.
- After reviewing the CDC website, she realized she needed to avoid giving live virus vaccines, including MMR, as they could interfere with yellow fever vaccine to be given in travel clinic.
- Once she learned the family was able to be seen in travel clinic, she knew they would be counseled on other vaccines, including yellow fever, typhoid and rabies, as well as malaria and traveler's diarrhea prophylaxis and management.
- For malaria prophylaxis, she reassured the family each person would be given medications in travel medicine clinic, which would be dosed by weight, and focused her counseling on bed nets and repellents. She made certain she was confident that the family would indeed keep their travel clinic appointment. She understood that malaria in the returning VFR traveler is a significant cause of morbidity and mortality, and was prepared to give anti-malarials if necessary.
- Lastly, she focused on a key issue in travel related morbidity and mortality: accidents. She reminded Abdi and Faduma to bring car seats, to wear seatbelts, and to avoid travel by motorcycle or at night.

## Key resources

- CDC Yellow Book 2024: Visiting Friends & Relatives: VFR Travel (wwwnc.cdc.gov/travel/yellowbook/2024/work-and-other-reasons/visiting-friends-and-relatives)
- Heading Home Healthy: For the Clinician (www.headinghomehealthy.org/clinician/)
  Clinical updates, posters and handouts, and educational webinars
- International Society of Travel Medicine: Clinic Directory (www.istm.org/clinic-directory/)
  Global directory of travel and tropical medicine clinics
- Travel.State.Gov: U.S. Government Fact Sheet on Female Genital Mutilation or Cutting (FGM/C) (https://travel.state.gov/content/travel/en/us-visas/visa-information-resources/fact-sheet-on-female-genital-mutilation-or-cutting.html)
  Fact sheet with available translations

# The appointment

When Dr. Clausen realized the entire family was there to prepare for an extended trip to Kenya and Somalia, she was grateful that she had a direct connection to colleagues at her local travel medicine clinic. She began working on routine vaccine updates (avoiding live virus vaccines) while her staff secured an appointment for the family in travel medicine within the next few days. She explained to Abdi and Faduma that her clinic would begin the work of preparing the family for the trip, but that a specialized clinic is the best place to get certain vaccines recommended by the Kenyan government, particularly the yellow fever vaccine. This helped Dr. Clausen feel more confident that the family would indeed go to their travel clinic appointment.

When the family came to travel clinic, they received yellow fever vaccine, (which is now adequate for most patients lifelong), along with typhoid and MMR. Each family member was given a WHO Yellow Book and told to keep this with their passports the rest of their lives. Because the parents were visiting family in refugee camps in Kenya where there was a cholera outbreak, they were offered the oral cholera vaccine. After a discussion about the risk of rabies, particularly for young children, and the new recommendation for two shots 7 days apart for high-risk last-minute travelers, with a follow up third dose after the trip, Abdi and Faduma decided to forego the rabies vaccine and keep the children away from dogs. The provider asked if the parents knew how malaria was transmitted and reviewed ways to reduce the risk of mosquito bites, including use of bed nets and insecticides. Abdi and Faduma were relieved that all the children would receive anti-malarials. In addition, because their oldest daughter was 10 years old, the provider asked about and proactively addressed legal and medical issues in the U.S. around female genital mutilation/cutting (FGM/C). The visit ended on a positive note, thanking the family for coming in, and urging them to tell other friends and family to be seen before trips back home in the future.

Back in primary care, Dr. Clausen reviewed several articles on the VFR traveler, and realized the clinic could have a more proactive approach to this higher risk patient population. Being very interested in health equity issues, she was amazed to learn that nearly half of all travelers from the U.S. are VFR travelers, and that the proportion of VFR travelers requiring inpatient management upon return is double that of other travelers.[6] She learned that for primary care providers who asked immigrants at an annual exam, **"Are you planning on traveling home to visit within the next year?"** the answer was above 60%. She decided to start asking this as a routine question on annual exams for immigrants, to proactively refer her patients to travel medicine, and to ask leadership to develop a poster to hang in clinic asking about planned international travel along with local resources in multiple languages.[7]

## Discussion questions

After reading the full scenario, use the following questions to reflect and create opportunities for discussion.

1. Who are VFR travelers and why are they at increased risk of travel-related health problems?
2. What specific information do I need to care for VFR travelers?
3. What causes misperception of risk and how can it be mitigated?
4. What strategies can be used to prioritize care given the time restraints?
5. What can I do to be better prepared to support VFR travelers returning to their former home and prevent travel-related illness?

Minnesota Department of Health
Center of Excellence in Newcomer Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
refugeehealth@state.mn.us
www.health.state.mn.us/refugee

12/12/25

*To obtain this information in a different format, call: 651-201-5414.*

# References

[1] Daniels D, Imdad A, Buscemi-Kimmins T, Vitale D, Rani U, Darabaner E, Shaw A, Shaw J. Vaccine hesitancy in the refugee, immigrant, and migrant population in the United States: A systematic review and meta-analysis. Hum Vaccin Immunother. 2022 Nov 30;18(6):2131168. doi: 10.1080/21645515.2022.2131168. Epub 2022 Nov 4. PMID: 36332155; PMCID: PMC9746503.

[2] Minta, AA, Ferrari M, Antoni S et al. Progress Towards Measles Elimination – Worldwide, 2000-2022. MMWR Morb Mortal Wkly Rep 2023;72:1262-1268

[3] Leder, K. S., Tong, S., Weld, L., Kain, K. C., Wilder-Smith, A., von Sonnenburg, F., Black, J., Brown, G. V., & Torresi, J. 2006. Illness in travelers visiting friends and relatives: a review of the GeoSentinel surveillance network. Clinical Infectious Diseases, 43(9), 1185 - 1193.

[4] Barriers to malaria prevention among immigrant travelers in the United States who visit friends and relatives in sub-Saharan Africa: A cross-sectional, multi-setting survey of knowledge, attitudes, and practices. Volkman HR, Walz EJ, Wanduragala D, Schiffman E, Frosch A, Alpern JD, Walker PF, Angelo KM, Coyle C, Mohamud MA, Mwangi E, Haizel-Cobbina J, Nchanji C, Johnson RS, Ladze B, Dunlop SJ, Stauffer WM. PLoS One. 2020 Mar 12;15(3):e0229565.

[5] Bacaner N, Stauffer B, Boulware DR, Walker PF, Keystone JS. Travel medicine considerations for North American immigrants visiting friends and relatives. JAMA 2004; 291:2856–64.

[6] Travel-associated disease among US residents visiting US GeoSentinel clinics after return from international travel. Stefan H F Hagmann,a,* Pauline V Han,b William M Stauffer,c et al for the GeoSentinel Surveillance Network. Fam Pract. 2014 Dec; 31(6): 678–687.

[7] Anita E Heywood, Nicholas Zwar. Improving access and provision of pre-travel healthcare for travelers visiting friends and relatives: a review of the evidence, Journal of Travel Medicine, Vol 25 (1) 2018, tay010, https://doi.org/10.1093/jtm/tay010