CENTER OF EXCELLENCE IN NEWCOMER HEALTH MINNESOTA

DEPARTMENT OF HEALTH

Preparing the Immigrant who is Traveling Home for a Visit: Discussion Guide with Questions and Answers

IMMIGRANT HEALTH MATTERS

NOTE: Discussion guides for Immigrant Health Matters (www.health.state.mn.us/communities/rih/coe/clinical/ihmatters.html) are linked to each scenario and are meant to be used by clinical and public health staff and clinicians to guide conversation about the topic. Leaders in clinics and educational training programs, such as schools of medicine, global health residency programs, social work, or nursing are encouraged to use these materials for training purposes. Discussion guides are designed to address commonly asked questions about newcomer health. Broad answers are provided for the discussion leader, but the overall goal is to encourage questions and dialogue among participants. *Discussion Guides are written by Patricia F. Walker, MD, DTM&H, FASTMH.*

1. Who are VFR travelers and why are they at increased risk of travel-related health problems?

VFR traveler definition:
Travelers visiting friends and relatives or "VFR travelers" are people who currently live in a higher-income country and return to their or their family's former home in a lower-income country to visit friends and relatives.

- CDC: Visiting Friends and Relatives: VFR Travel (www.cdc.gov/yellow-book/hcp/refugees-immigrants-migrants/visiting-friends-and-relatives-vfr-travel.html)

VFR traveler health risks:
VFR travelers may be at higher risk for travel-associated infections for several reasons, including lack of awareness of travel clinics and their services, last minute travel, cost of travel clinic visits and vaccinations, risk perception, and exposures.

- Like all travelers, VFR travelers leaving on short notice may forget to pack items such as prescribed medicines or recommended over-the-counter supplies. Last-minute travel shortens the window of time to receive travel-related preventative care. It takes 10-14 days following vaccination for most vaccines to reach maximal effectiveness. Additionally, many vaccines recommended for travel require multiple doses administered at specific time intervals. Last-minute travelers may also miss counseling and education about travel related health concerns that may arise during their trip.
  - CDC: Get Vaccinated Before you Travel (www.cdc.gov/vaccines-children/travel/index.html)
- Some VFR travelers may decide to forgo certain medical care before and during their trip due to prohibitive costs. Such financial barriers include high co-pays, lack of adequate insurance, or limited coverage for travel medicine specialists.
- Delayed care while traveling could also increase the risk of morbidity. Additionally, longer stays also may result in travelers becoming more acclimated to their environment and, subsequently, less vigilant in taking precautions against disease.

2. What specific information do I need to care for VFR travelers?

Places of travel and approximate length of stay:
The most important thing to know about the VFR's travel plans is the destination, as disease risks vary not only between countries but within the same country. For example, VFR travelers going to rural areas may be at increased risk of exposure to zoonotic diseases and have limited access to healthcare. Knowledge of the full travel itinerary, including each regional location and length of stay, is necessary to provide comprehensive counseling on relative risk of disease exposure.

- Journal of Travel Medicine: Improving access and provision of pre-travel healthcare for travellers visiting friends and relatives: a review of the evidence (https://academic.oup.com/jtm/article/25/1/tay010/4934909)
- Journal of Travel Medicine: Challenges to providing pre-travel care for travellers visiting friends and relatives: an audit of a specialist travel medicine clinic (https://academic.oup.com/jtm/article/24/5/tax038/3954786)

Medical and immunization history:
A thorough review of vaccination records and serologic titers can help determine travelers' immune status to vaccine-preventable diseases, informing which additional vaccines may be appropriate to offer and administer. A review of travelers' medical history and current medication regimen can help anticipate and prepare for potential disease or medication-related complications during travel. Examples of these potential complications include time zone changes and jet lag, inconsistent schedules that may make it more difficult to remember to take prescription medications, limited access to proper medication storage (especially for medications that require refrigeration, like insulin), or management of conditions that require lab monitoring while overseas. Clinicians can also use this information to talk with their patients about ways to reduce their risk of contracting diseases and steps to take if they feel unwell.

Written instructions:
Travelers may benefit from a printout of their medical history and medications they can share with clinicians abroad as needed, thereby preventing potential medical errors or duplicate prescriptions. These documents should be kept in carry-on luggage, not in checked luggage, to ensure they are not lost.

Risk factor awareness:
For all diseases, the first step in prevention is awareness of the risks. While discussing travel plans, clinicians should assess the travelers' knowledge about potential risks for insect-, water-, or food-borne diseases while traveling, especially those less common in the U.S. In addition to disease prevention, travelers need to know about cultural, political, and social risks. Transportation is one of the most commonly overlooked dangers during travel. During pre-travel counseling, all travelers should be advised to hire a driver or use public transit rather than driving themselves if unfamiliar with the traffic laws or driving practices or feel uncomfortable driving. As in the U.S., it is important to use seat belts in vehicles and to wear a high-quality helmet on bicycles and similar transportation, even if this requires the traveler to bring their own. Avoid night-time travel and riding on motorbikes when possible.

- PubMedCentral: Preventing malaria in travellers (https://pmc.ncbi.nlm.nih.gov/articles/PMC2427103/)
- Travel.State.Gov: Driving and Transportation Safety Abroad (http://travel.state.gov/content/passports/english/go/safety/road.html)

3. What causes misperception of risk and how can it be mitigated?

Risk misperception:
Familiarity bias may cause VFR travelers to underestimate their potential risks when traveling to places they previously lived. Despite previous residency, travelers returning after an extended period elsewhere may actually be more vulnerable to infectious diseases endemic in their former home upon returning due to a shift in their immunity. Additionally, since leaving their home, it is possible that some of the sociocultural norms, disease epidemiology, and local health practices have changed, thus further increasing their risk of contracting diseases.

- Cell Host & Microbe: Innate and Adaptive Immune Memory: an Evolutionary Continuum in the Host's Response to Pathogens (www.sciencedirect.com/science/article/pii/S1931312818306334)
- CDC: Visiting Friends and Relatives: VFR Travel (www.cdc.gov/yellow-book/hcp/refugees-immigrants-migrants/visiting-friends-and-relatives-vfr-travel.html)

Risk mitigation strategies:
To mitigate risk misperceptions, clinicians can prepare for [travel medicine appointments] by staying up to date on the latest travel advisories and be ready to have conversations with their patients about individualized disease risk, perceived risks, and relevant education. At a pre-travel visit, helpful topics to discuss may include infections that have a long latency period, such as tuberculosis, and which are common in newcomer communities, and diseases to which travelers are more vulnerable than the local population, such as malaria.

Clinicians can also take several practical steps at pre-travel appointments. Prescribing chemoprophylaxis medications and administering vaccinations to diseases endemic to the travel destination will provide additional protection. Ruptures in long-term prescriptions can be mitigated through working with pharmacies to provide enough medication to last through the entirety of the planned visit.

Primary care providers can also use annual exams as an opportunity to provide information about travel clinics and recommend building a relationship with a travel medicine specialist, while being mindful of the associated costs, especially when multiple members of a family are traveling.

- MDH: Tips from a Travel Clinic Physician (www.health.state.mn.us/diseases/travel/clinictips.html)
- MDH: Guidance for Health Professionals | International Health & Travel (www.health.state.mn.us/diseases/travel/hcp.html)

4. What strategies can be used to prioritize care given the time restraints?

Pre-travel visit:
Time constraints prior to departure may result in limited provision of certain vaccines. However, any pre-travel visit is an opportunity to provide education, update immunizations, and prescribe medications for chemoprophylaxis and treatment as appropriate. The highest priority should be placed on preventive measures such as immunizations and malaria chemoprophylaxis.

- MDH: Plan Ahead Before You Travel (www.health.state.mn.us/diseases/travel/plan.html)
- MDH: It Costs How Much? What to do if your travel medication is too expensive. (www.health.state.mn.us/diseases/travel/medcost.pdf)

Vaccines:
Immunizations are the most effective way to prevent the transmission of disease. Vaccines for diseases like yellow fever can last for the recipient's entire life and are almost 100% effective at preventing transmission. For infants, some standard vaccines are recommended to be given early, including MMR at 6 months. These are typically covered by the Vaccines for Children (VFC) program, which will help with keeping costs manageable for families.

- National Health Service: Yellow Fever Vaccination (www.nhs.uk/conditions/yellow-fever/vaccination)
- CDC: About the Vaccines for Children (VFC) Program (www.cdc.gov/vaccines-for-children/about/index.html)

Precautions while traveling:
Providing mitigation strategies to reduce vector, water, and foodborne illness and animal exposures (e.g., rabies) is critical in disease prevention. Even if the traveler is up to date on their vaccines and has been prescribed malaria chemoprophylaxis, it is beneficial to discuss mosquito and insect prevention precautions, as insects may carry other diseases.

5. What can I do to be better prepared to support VFR travelers returning to their former home and prevent travel-related illness?

Ask all immigrant patients whether they plan to return to their former home for a visit within the next year. In one study, more than 36% of immigrants said yes when asked this question during an annual exam.

- Journal of Travel Medicine: Identifying Future VFR Travelers Among Immigrant Families in the Bronx, New York (https://academic.oup.com/jtm/article/17/3/193/1804209)

If a patient notes that they will be traveling to their former home in the near future, use that moment as an opportunity to update routine vaccines and refer them to a travel clinic, while reviewing their insurance and potential associated costs.

Even last-minute visits to a travel clinic are worthwhile opportunities to have a conversation about potential risks while traveling. Travel clinics are focused on caring for people traveling outside of the U.S. and will be more experienced with the health-related travel risks in different countries. If possible, encourage patients to attend travel medicine outreach events where they can meet travel medicine specialists and ask them questions.

- CDC: Visiting Friends and Relatives: VFR Travel (www.cdc.gov/yellow-book/hcp/refugees-immigrants-migrants/visiting-friends-and-relatives-vfr-travel.html)

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12/12/25

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