10:00-12:00 MESA-REDONDA
CONSULTA PRE-VIAJE EN VIAJEROS ESPECIALES
Coordinadoras: **Alejandra Machi (Argentina), Ana Freitas (Brasil)**

10:00-10:30 Embarazadas
Alejandro Rísquez (Venezuela)
10:30-11:00 Niños
Cecília Perret (Chile)
11:00-11:30 Tercera edad
Suzana Lloveras (Argentina)
11:30-12:00 Discusión

Alejandro Rísquez Parra
Médico Pediatra-Epidemiólogo
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IX INFECTO RIO 2024

IX CONGRESSO DE INFECTOLOGIA DO ESTADO DO RIO DE JANEIRO

VI CONGRESSO LATINO-AMERICANO DE MEDICINA DE VIAGEM

8ª CONFERÊNCIA REGIONAL DA SOCIEDADE INTERNACIONAL DE MEDICINA DE VIAGEM

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THE PRETRAVEL CONSULTATION: PREGNANT TRAVELER

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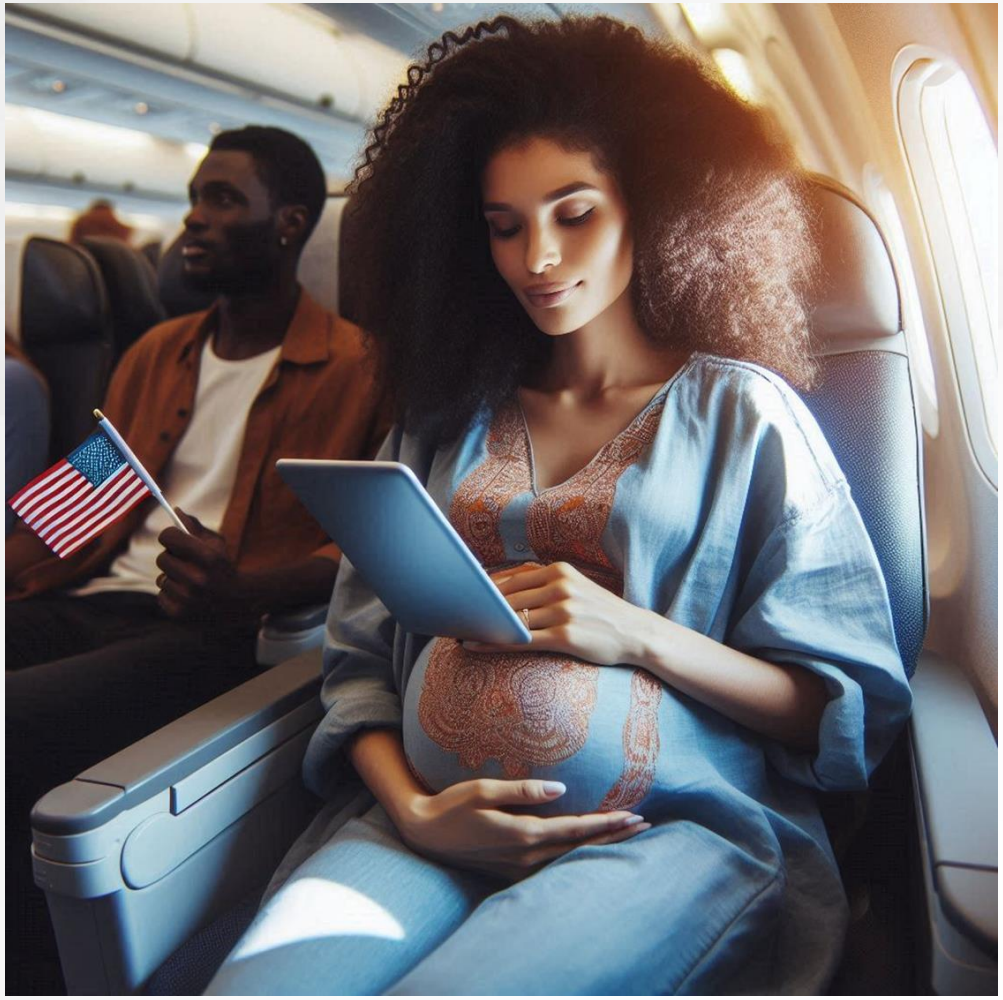
REALIZAÇÃO SIERJ SLAMVI Sociedad Latinoamericana de Medicina del Viajero ISTM INTERNATIONAL SOCIETY OF TRAVEL MEDICINE
APOIO SBI Sociedade Brasileira de Infectologia CNPq BRASIL BEM CUIDADO

THE PRETRAVEL CONSULTATION: PREGNANT TRAVELER

AGENDA

1. Risk Factors for Pregnant Travelers
2. Essentials of Pretravel Consultation
3. Planning for Emergency Care
4. Medications & Immunizations
5. Infectious Diseases & Environmental Concerns
6. Conclusions

Pregnancy can cause physiologic changes that require special consideration during travel. With careful preparation, however, most pregnant people can travel safely.



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Pregnancy is a period of excitement and anxiety. TRAVEL ALSO IS.

While these tips used to come from doctors, certain books, and some family members and friends, now, in the era of the Internet, women are bombarded with information and recommendations, which at best are confusing and, at worst, contradictory.

FOX, NATHAN S. MD. DOS AND DON'TS IN PREGNANCY: TRUTHS AND MYTHS.

Travel and pregnancy

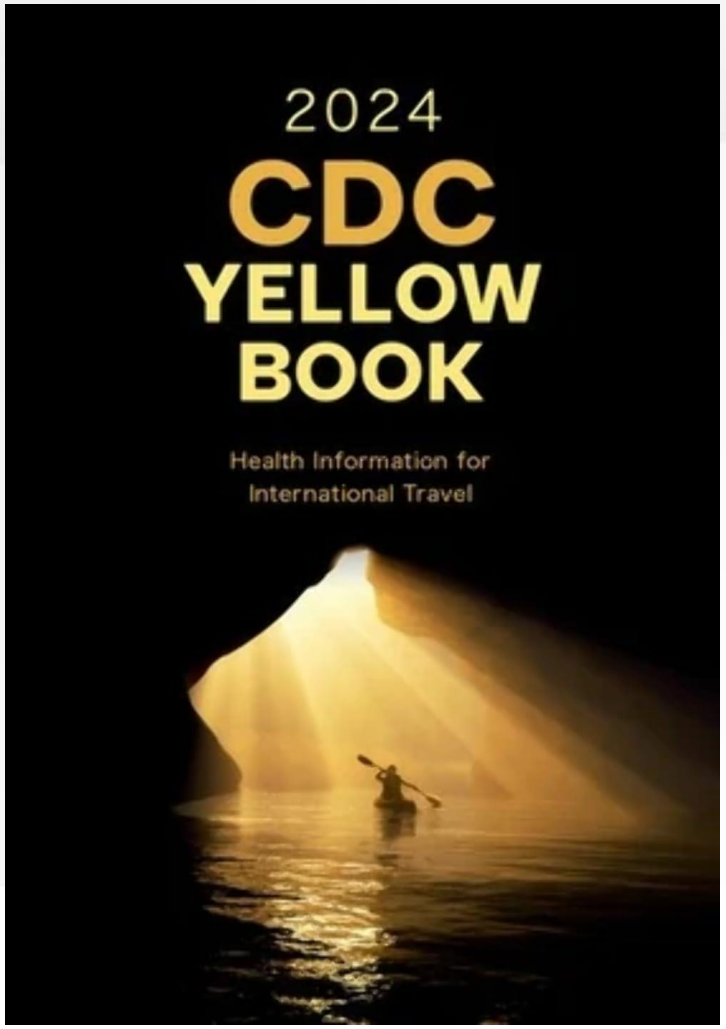
- Air travel is safe during pregnancy.

- Pregnant women should be familiar with exposure to infections and the medical care available at each specific destination.

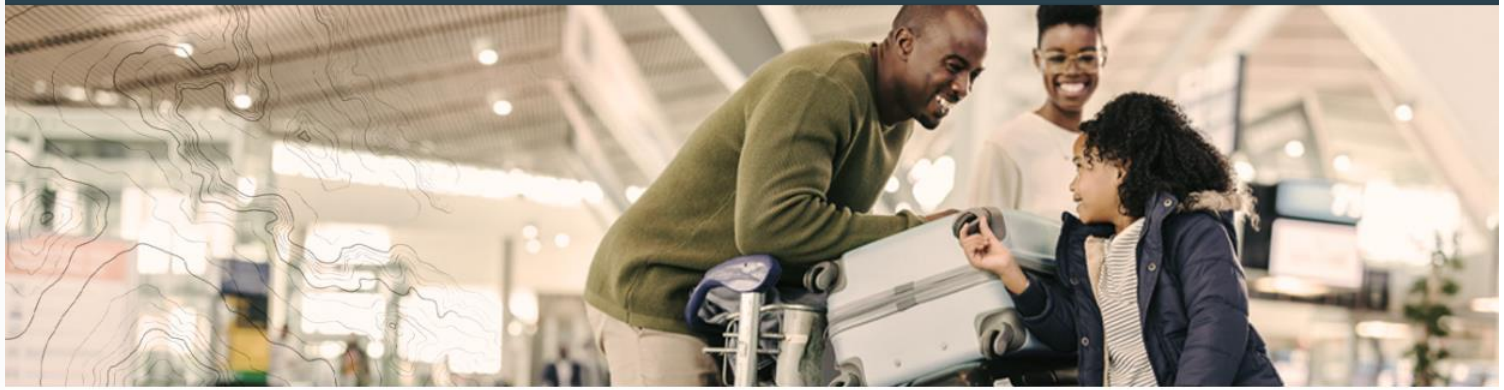
- There is no exact gestational age at which women should stop traveling. Each woman should weigh the benefit of travel against the possibility of a complication at her destination.

Obstetrics & Gynecology 131(4):p 713-721, April 2018. | DOI: 10.1097/AOG.0000000000002517

Pregnant Travelers



Section 7: Family Travel



- Pregnant Travelers
- Travel & Breastfeeding
- Traveling Safely with Infants & Children
- Vaccine Recommendations for Infants & Children
- International Adoption
- Traveling with Pets & Service Animals

PRE-TRAVEL CONSULTATION AND ASSESSMENT FOR PREGNANT TRAVELLERS

- Take a careful medical and obstetric history.
- Instruct pregnant travelers to bring a copy of their prenatal records and doctor's contact information with them. "Emergency Care Planning"
- Review the pregnant person's travel itinerary: accommodation, activities, and destinations.
- Educate pregnant people on how to avoid the risks associated with travel, manage minor discomforts of pregnancy, and recognize more serious complications.

A CHECKLIST FOR HEALTHCARE FOR PREGNANT TRAVELERS

- **Review vaccination history** (e.g., COVID-19, hepatitis A, hepatitis B, measles, pertussis, rubella, chickenpox, tetanus) and update vaccinations as needed (see text for contraindications during pregnancy)

- **Insurance and procedures**
  - Talk about supplemental travel insurance, travel medical insurance, and medical evacuation insurance; Research coverage specific information and limitations for pregnancy-related health issues
  - Advise travelers to check airline and cruise line policies for pregnant travelers
  - Provide a letter confirming your due date and fitness to travel
  - Provide a copy of medical records

- **Prepare for Destination Obstetric Care**
  Advise the traveler to arrange for obstetric care at the destination, as needed

- **Check for signs and symptoms that need immediate attention**
  - Haemorrhage
  - Contractions or preterm labor
  - Symptoms of deep vein thrombosis or pulmonary embolism, including unusual leg swelling with pain in the calf or thigh, unusual shortness of breath
  - Pelvic or abdominal pain
  - Symptoms of preeclampsia (such as unusual swelling, severe headaches, nausea and vomiting, vision changes)
  - Rupture of membranes
  - Vomiting, diarrhea, dehydration

TIMING OF TRAVEL DURING PREGNANCY

First Trimester (0-12 weeks): Some women prefer not to travel during the first 12 weeks due to symptoms like nausea, vomiting, and fatigue. Additionally, the risk of miscarriage is higher during this period, whether you're traveling or not.

Mid-Pregnancy (4-6 months): Many women find this time ideal for travel. Nausea tends to subside, energy levels improve, and the risk of complications is relatively lower.

Third Trimester (25-40 weeks):
Healthcare providers often recommend staying within a 300-mile radius of home during the third trimester. This precaution accounts for potential issues like high blood pressure, phlebitis, and false or preterm labor12.

TRAVELING DURING PREGNANCY

Airlines: Some airlines allow flying up to 36 weeks of gestation, but others may have earlier restrictions.

Cruises: Cruises may not allow travel after 24-28 weeks of pregnancy. You might need a note from your doctor indicating that you are fit to travel.

IX INFECTO RIO 2024

Air travel and pregnancy outcomes: a review of pregnancy regulations and outcomes for passengers, flight attendants, and aviators

Everett F Magann [1], Suneet P Chauhan, Joshua D Dahlke, Samantha S McKelvey, Erin M Watson, John C Morrison

The literature search identified 128 abstracts, of which 9 evaluated air travel and pregnancy outcomes.

The risk of a pregnancy loss (spontaneous abortion or IUFD) was greater in flight attendants than controls (odds ratio [OR]: 1.62, 95% confidence interval [CI]: 1.29, 2.04). The risk of preterm birth<37 weeks was greater in passengers than controls (OR: 1.44, 95% CI: 1.07, 1.93).

An analysis of the available information suggests a greater risk of spontaneous abortions or IUFD in flight attendants, and a greater risk of preterm birth<37 weeks in air passengers. However, the literature on which these findings are based is generally not of high methodologic quality.

Magann EF, Chauhan SP, Dahlke JD, McKelvey SS, Watson EM, Morrison JC. Air travel and pregnancy outcomes: a review of pregnancy regulations and outcomes for passengers, flight attendants, and aviators. Obstet Gynecol Surv. 2010 Jun;65(6):396-402. doi: 10.1097/OGX.0b013e3181e572ae. PMID: 20633306.

Adverse outcome of pregnancy following air travel: a myth or a concern?

Rachana Chibber [1], M Hisham Al-Sibai, Noura Qahtani

Abstract

Objective: To assess whether air travel elevates the risk of adverse pregnancy outcomes in essentially healthy women with single non-anomalous fetuses at a gestational age greater than 20 weeks.

Methods: A retrospective analysis of air travel during the current pregnancy and pregnancy outcome was undertaken in 992 women admitted for delivery over a 12-month period. The study group of 546 (55%) women, of whom 57% were primigravidae, travelled at least once during pregnancy, and were compared with a control group of 447 women (45%), of whom 54% were primigravidae, who did not travel by air.

Results: The primigravidae between the gestations of 34 and 37 weeks (adjusted odds ratio 1.5, 95% confidence intervals 1.2, 1.8); this risk remained elevated after adjustment for covariates. These women's pregnancies were appreciably shorter than those of primigravidae who did not fly (36.1 +/- 0.8 vs. 39.2 +/- 2.1 weeks) and their babies had lower birthweights (2684 +/- 481 vs. 3481 +/- 703 g). and were more likely to be admitted to the neonatal intensive care unit.

Conclusions: Primigravid women who travel by air appear to be at higher risk for preterm birth. Multicentre large studies are required to confirm or repute these findings.

Chibber R, Al-Sibai MH, Qahtani N. Adverse outcome of pregnancy following air travel: a myth or a concern? Aust NZJObstetGynaecol.2006;

AIR TRAVEL DURING PREGNANCY AND THE RISK OF ADVERSE PREGNANCY OUTCOMES AS GESTATIONAL AGE AND WEIGHT AT BIRTH: A RETROSPECTIVE STUDY AMONG 284,069 WOMEN IN ISRAEL BETWEEN THE YEARS 2000 TO 2016

IX INFECTO RIO 2024

Results: **A total of 41,677 (6.6%) births of women who air traveled during pregnancy was included, and 586,615 (93.4%) births of women who did not.** Air travel during pregnancy was associated with a statistically significant ($p<0.0001$) but negligible increase in birth weight (9 gr. 95% CI: 4.8 to 14.5 gr.) and gestational age (0.36 days. 95% CI: 0.24–0.48).

Conclusion: The study results provide no evidence that air travel during pregnancy is related to adverse effects on gestational age or birth weight. These findings corroborate the current recommendations of ACOG.

Shalev Ram H, Ram S, Miller N, Rosental YS, Chodick G. Air travel during pregnancy and the risk of adverse pregnancy outcome as gestational age and weight at birth: A retrospective study among 284,069 women in Israel between the years 2000 to 2016. PLoS One. 2020 Feb 6;15(2):e0228639. doi: 10.1371/journal.pone.0228639. PMID: 32027691; PMCID: PMC7004371.

Travelers Health

- Destinations
- Travel Notices
- Advice for Travelers +
- Find a Clinic +
- Disease Directory
- Clinician Resources +
- CDC Yellow Book +
- Research and Surveillance +
- Frequently Asked Questions +

Destinations

Measles cases are increasing globally, including in the United States. The majority of measles cases imported into the United States occur in unvaccinated U.S. residents who become infected during international travel. A list of countries with confirmed measles outbreaks can be found on the Global Measles Travel Health Notice (THN). Measles spreads rapidly in communities that are not fully vaccinated and may pose a risk to international travelers in places not included in the THN. CDC recommends all travelers get fully vaccinated against measles before traveling to **any** international destination.

Destinations

Can't Find What You Need?

If you need help finding travel information:

Call CDC-INFO (1-800-232-4636)
Email CDC-INFO

Message & data rates may apply. CDC Privacy Policy

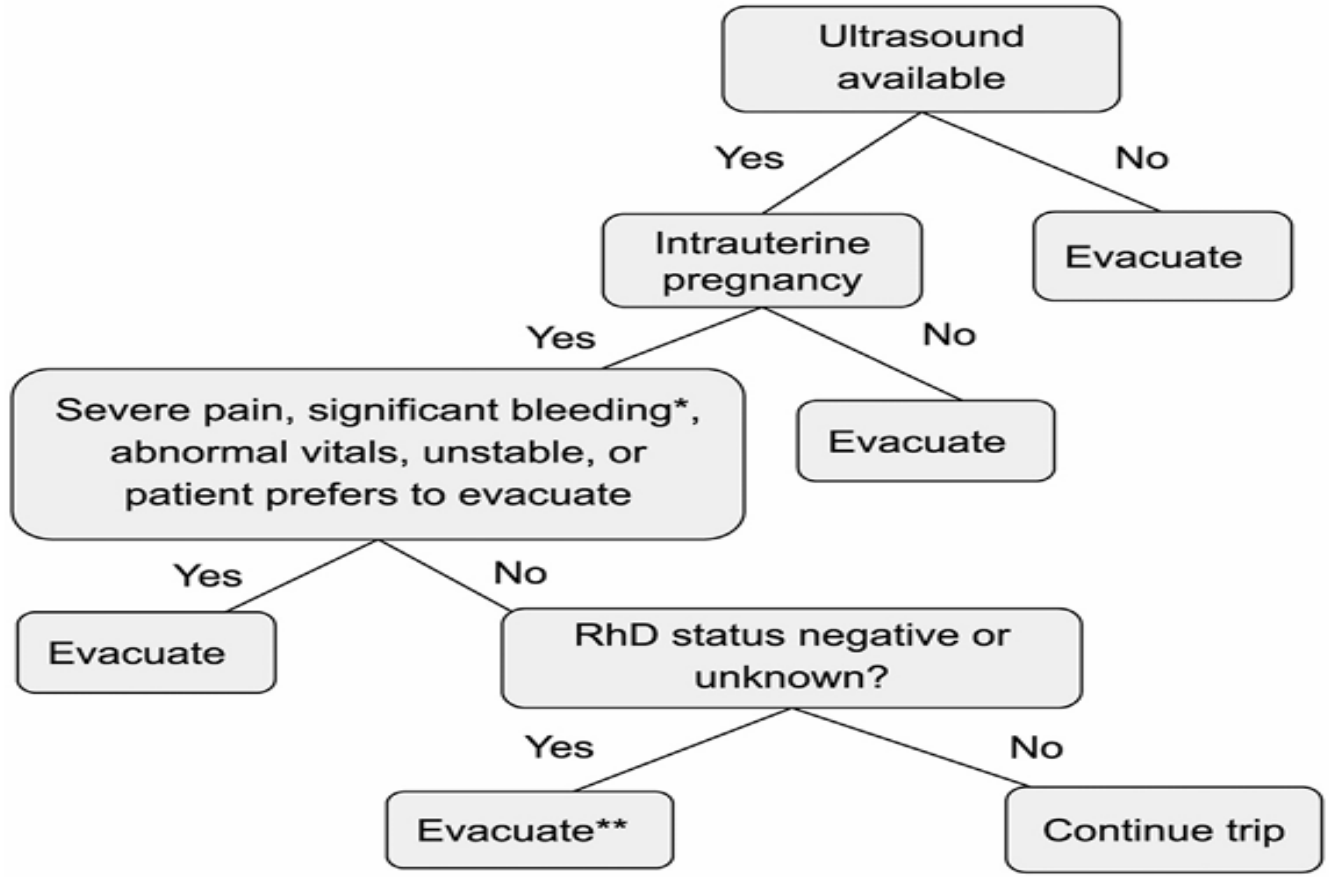
DESTINATIONS AND ACTIVITIES

IX INFECTO RIO 2024

FIRST-TRIMESTER PREGNANCY: CONSIDERATIONS FOR WILDERNESS AND REMOTE TRAVEL

- Pretrip planning should include performing a transvaginal ultrasound to confirm pregnancy location and checking D rhesus status.
- Risk of potential travel-related infections and recommended vaccinations.
- Immediate evacuation to definitive medical care is required for patients with a pregnancy of unknown location and vaginal bleeding.
- Therapeutic options for nausea and vomiting, urinary tract infections, and candidiasis in the field

Coffey CH, Casper LM, Reno EM, et al. First-Trimester Pregnancy: Considerations for Wilderness and Remote Travel. Wilderness & Environmental Medicine. 2023;34(2):201-210. doi:10.1016/j.wem.2022.12.001



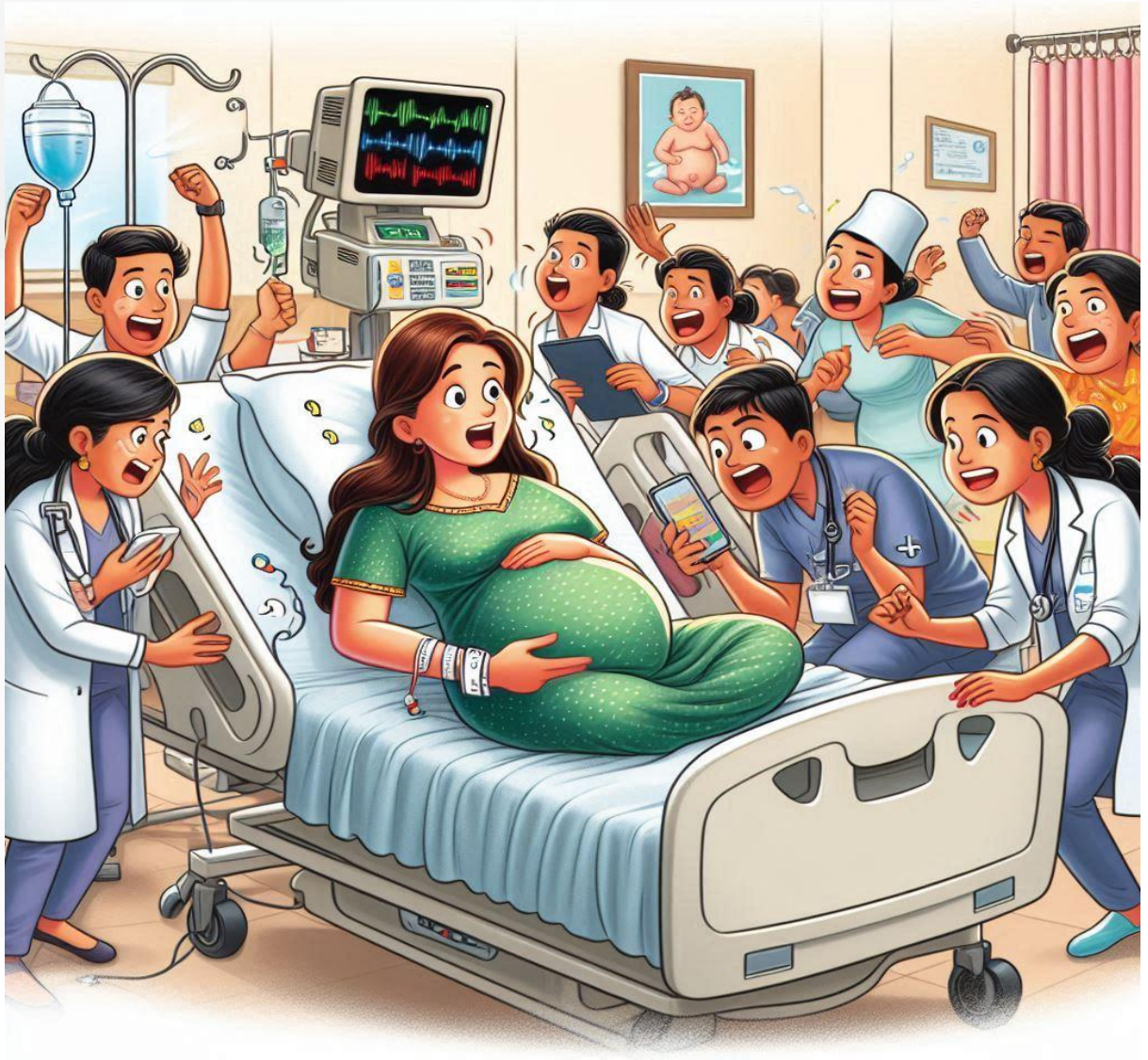
* Soaking 1 or more large tampon(s) or pad(s) every hour for 2 h in a row

** Evidence of the benefit of RhD immunoglobulin is unclear in patients <12 wk gestation. Recommendations vary.

Figure 1. Evaluation of pregnant patients with abdominal pain or vaginal bleeding during the first trimester in a remote setting. RhD, D rhesus.

Coffey CH, Casper LM, Reno EM, et al. First-Trimester Pregnancy: Considerations for Wilderness and Remote Travel. Wilderness & Environmental Medicine. 2023;34(2):201-210. doi:10.1016/j.wem.2022.12.001

Obstetric emergencies are often sudden and life-threatening



PLANNING FOR EMERGENCY CARE

- Advise all pregnant travelers (third trimester or otherwise at high risk) to identify, in advance, international medical facilities at their destination(s) capable of managing complications of pregnancy, delivery (including by caesarean section), and neonatal problems.
- Counsel against travel to areas where obstetric care might be less than the standard at home.
- Purchasing supplemental travel health insurance to cover pregnancy-related problems and care of the neonate.
- Medical evacuation insurance coverage in case of pregnancy-related complications

MEDICATIONS

- Over-the-counter drugs and nondrug remedies
- Carefully consider appropriate pain management and use of analgesics during pregnancy.
- Counsel patients to help them make a balanced decision on the use of medications

VACCINATIONS

CDC

Pregnancy and Vaccination

SEA

Vaccines and Pregnancy | Vaccine Recommendations | Vaccine Safety for Moms-to-Be | Vaccine Resources for Pregnant Women

Vaccine Safety for Moms-To-Be | VIEW ALL >

Vaccines and Pregnancy

Getting vaccinated while pregnant helps create protective antibodies you can pass on to your baby.

Learn More >

Vaccine Recommendations

Before you become pregnant, learn how to protect yourself and your child from serious diseases.

Vaccines for Family and Caregivers

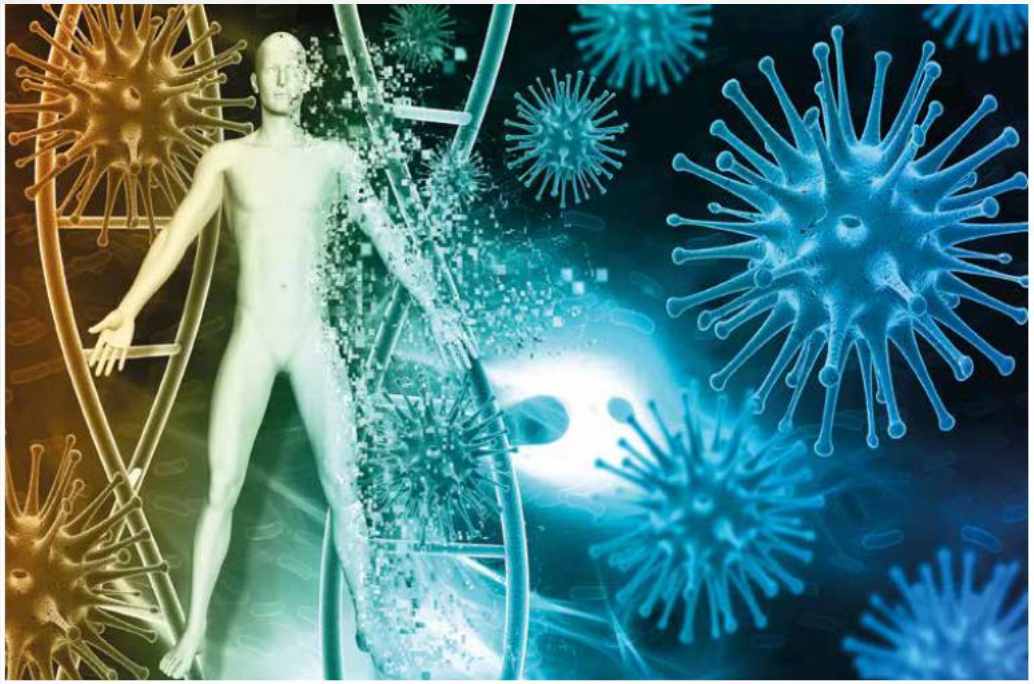
Family and caregivers should be up to date on vaccinations to protect the baby

Vaccine Safety for Moms-To-Be

Vaccines help protect pregnant

VACCINATIONS during pregnancy

- Coronavirus Disease 2019
- Influenza
- Hepatitis A and B
- Japanese Encephalitis
- Live-Virus Vaccines (Most live-virus vaccines, including live attenuated influenza, measles-mumps-rubella, live typhoid (Ty21a), and varicella, are contraindicated during pregnancy)
- Yellow Fever
- Meningococcal *(MenACWY and MenB vaccine)*
- Polio (inactivated polio vaccine (IPV))
- Rabies
- Tetanus-Diphtheria-Pertussis
- Dengue
- VSR



NUEVAS VACUNAS: VSR y Dengue

Las vacunas son uno de los avances médicos más importantes de la historia. Han contribuido a la erradicación de enfermedades como la viruela y la poliomielitis, y han ayudado a controlar otras enfermedades infecciosas, como la tuberculosis, el sarampión y la rubéola.

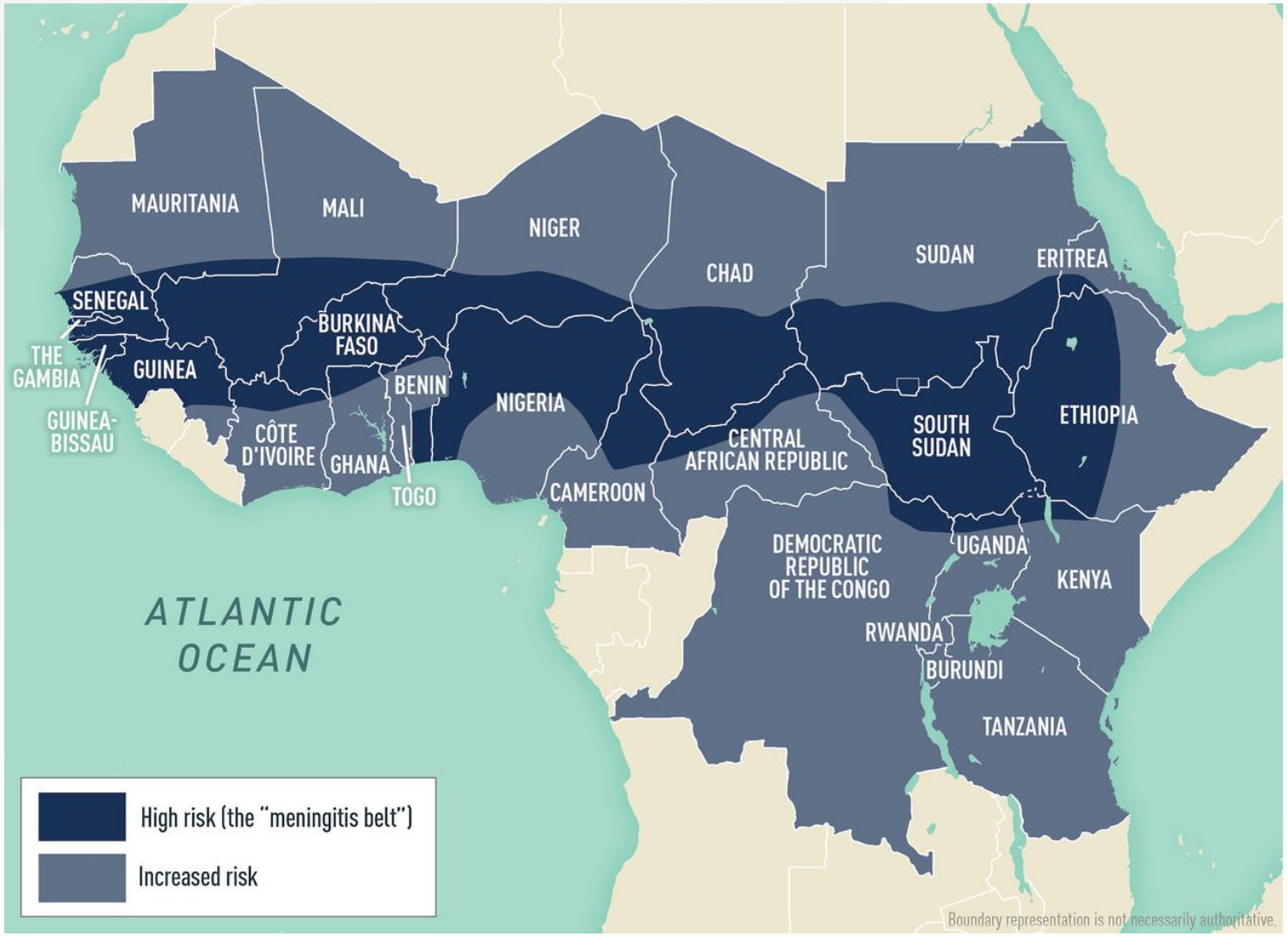
Entre las nuevas vacunas más esperadas, destacan las vacunas contra el virus sincitial respiratorio (VSR) y contra el dengue, por ser muy eficaces, seguras y fáciles de administrar.

Vacuna contra el virus sincitial respiratorio (VSR): En agosto de 2023, la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA) aprobó dos nuevas vacunas contra el VSR, uno de los causantes de infecciones respiratorias graves en niños y adultos mayores, es especial los más vulnerables: prematuros, inmunocomprometidos, embarazadas y enfermedad pulmonar crónica.

Dengue vaccine: Safety during pregnancy has not been established, and its use is generally not recommended during pregnancy[3].

RSV Vaccine (Respiratory Syncytial Virus): RSV can cause severe respiratory illness in infants. The Pfizer RSV vaccine (Abrysvo) is recommended for pregnant individuals between weeks 32 and 36 of gestation. It helps protect the baby from RSV-associated lower respiratory tract infections

MENINGITIS BELT



Disease data source: World Health Organization. International Travel and Health. Geneva, Switzerland: 2015.

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COMMENTARY: CURRENT COMMENTARY

Malaria and Pregnancy

Rasmussen, Sonja A. MD, MS; Arguin, Paul M. MD; Jamieson, Denise J. MD, MPH

Author Information

Obstetrics & Gynecology 142(6):p 1303-1309, December 2023. | **DOI:** 10.1097/AOG.0000000000005409

BUY SDC

Metrics

Abstract In Brief

Recent identification of local mosquito-borne transmission of malaria in Florida, Texas, and Maryland and increasing travel to malaria-endemic countries raise the likelihood that U.S. obstetricians might encounter a pregnant patient with malaria. Pregnancy increases the risk of becoming infected with malaria and of developing severe disease. Malaria during pregnancy also increases the risk of adverse pregnancy outcomes, including low birth weight, pregnancy loss, and preterm birth; thus, prevention and prompt diagnosis and treatment are essential. Diagnosis can be challenging during pregnancy among persons with partial immunity because placental sequestration of parasite-infected red blood cells can result in lower parasite levels in peripheral blood. Treatment for uncomplicated malaria depends on the expected resistance pattern, which is determined by the specific *Plasmodium* species identified and where infection was acquired. For severe disease, parenteral artesunate treatment needs to be initiated immediately. Given the dire

Rasmussen SA, Arguin PM, Jamieson DJ. Malaria and Pregnancy. Obstet Gynecol. 2023 Dec 1;142(6):1303-1309. doi: 10.1097/AOG.0000000000005409. Epub 2023 Sep 28. PMID: 37769318.

MALARIA PROPHYLAXIS

Malaria in pregnancy can be characterized by heavy parasitemia, severe anemia, and profound hypoglycemia, and can be complicated by cerebral malaria and acute respiratory distress syndrome. Placental sequestration of parasites might result in fetal loss due to abruption, premature labor, or miscarriage.

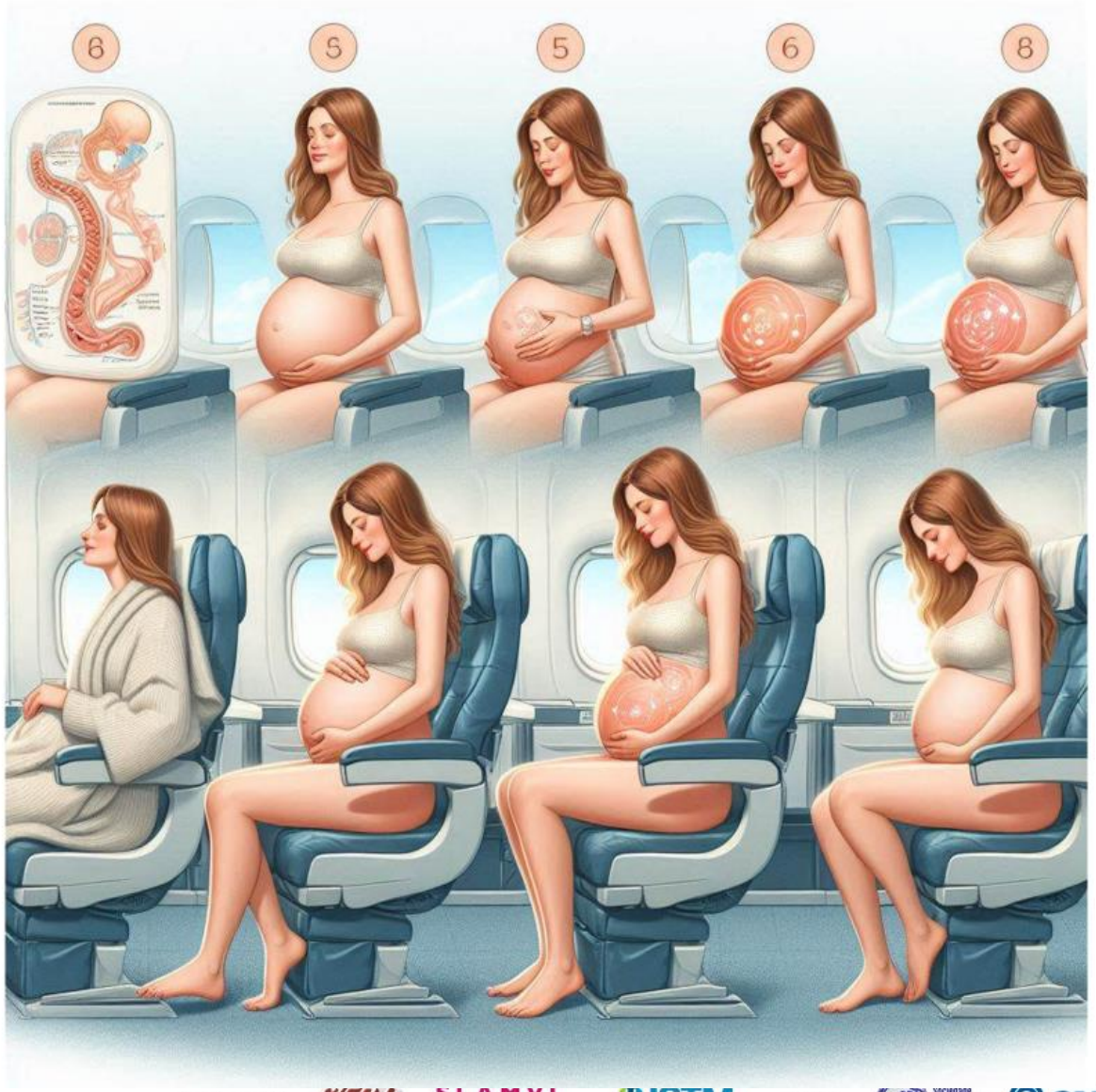
Because no prophylactic regimen provides complete protection, pregnant people should avoid or delay travel to malaria-endemic areas. If travel is unavoidable, the pregnant person should take precautions to avoid mosquito bites and use an effective prophylactic regimen.

TRAVEL HEALTH KITS for pregnant

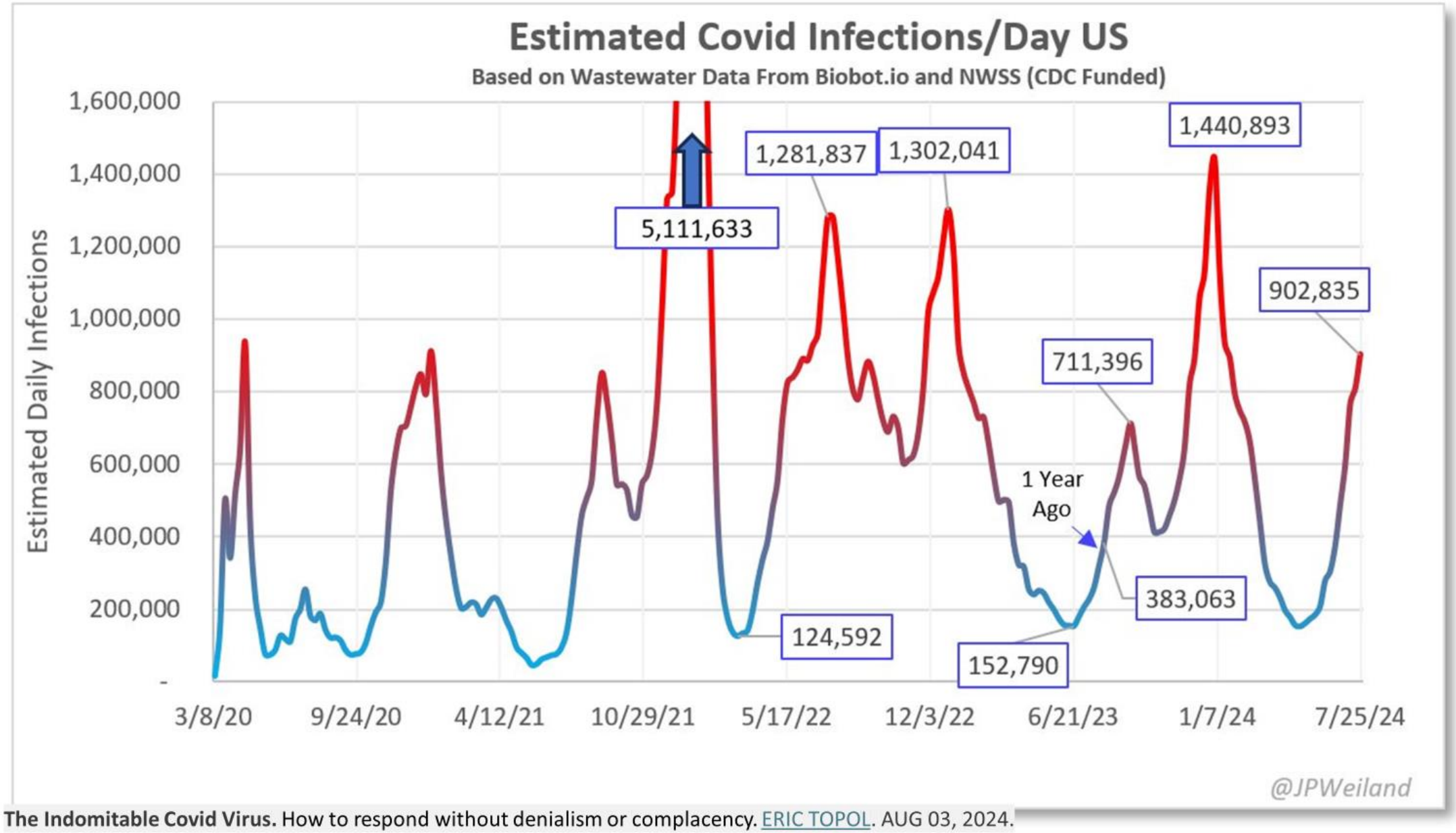
- Prescription medicines & medical supplies.
- Over-the-counter medications
- Basic first aid
- Supplies to prevent illness & injury
- Documents
- Supplies for children
- Commercial medical kits

INFECTIOUS DISEASES CONCERNS

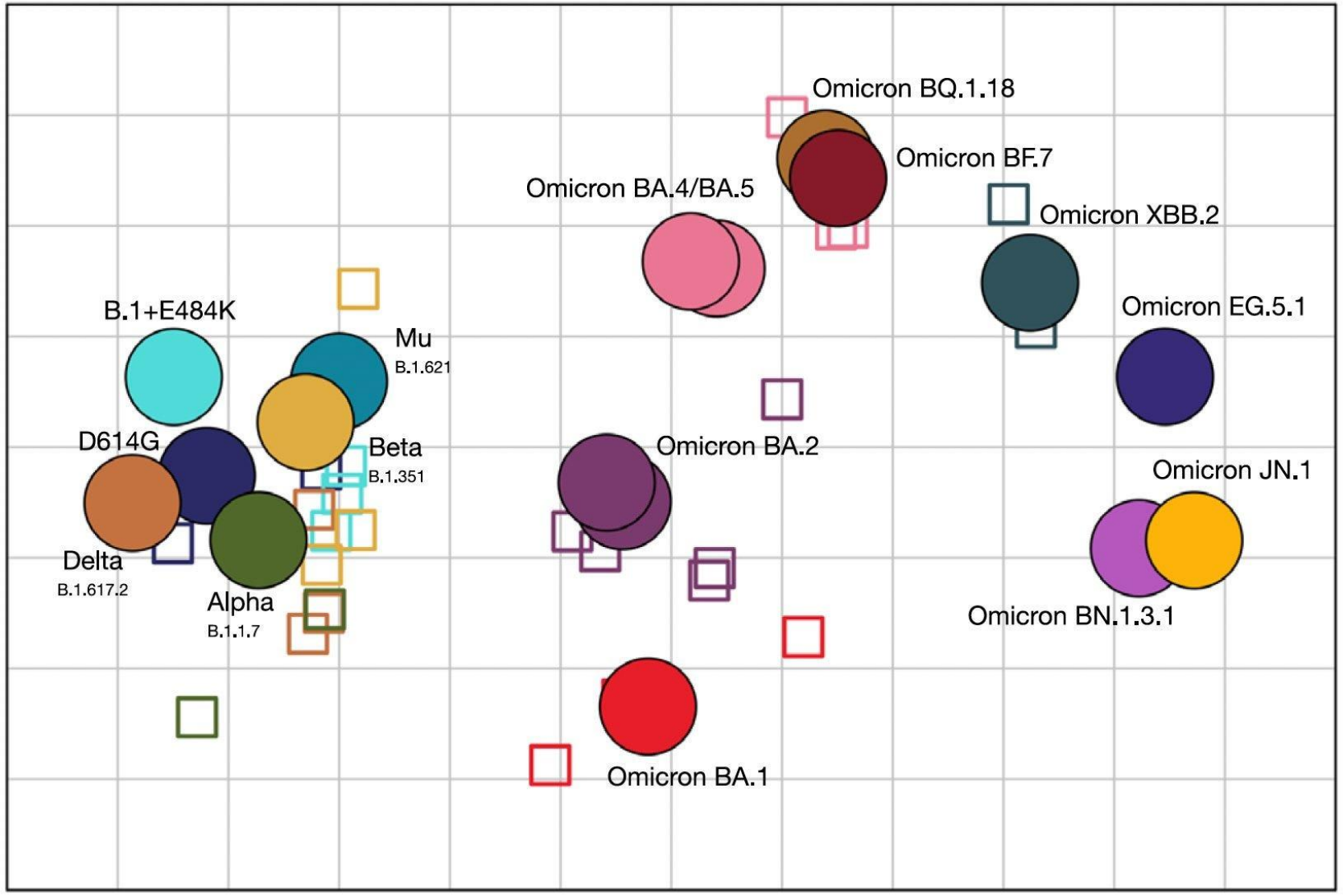
- Coronavirus Disease 2019
- Hepatitis
- Listeriosis & Toxoplasmosis
- Other Parasitic Infections & Diseases
- Travelers' Diarrhea
- Vectorborne Infections

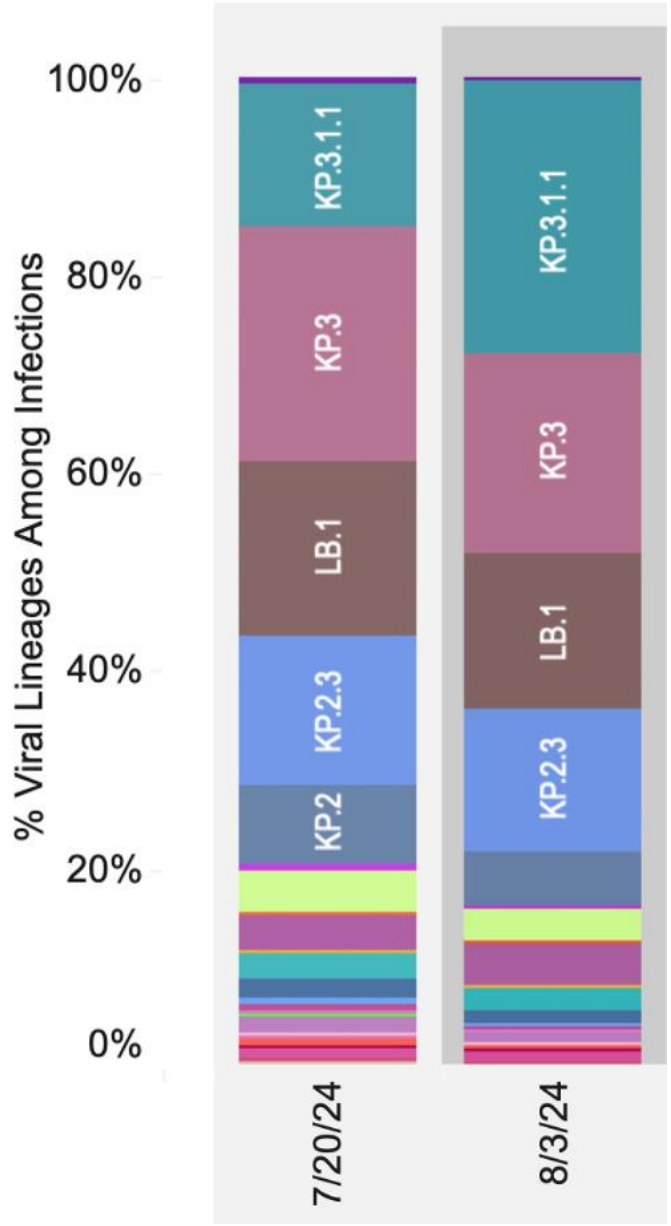


PANDEMIC COVID-19



The Indomitable Covid Virus. How to respond without denialism or complacency. ERIC TOPOL. AUG 03, 2024.
The Indomitable Covid Virus - by Eric Topol - Ground Truths (substack.com)





EVOLUTION OF SARSCoV2

Journal of Travel Medicine

International Society of Travel Medicine
Established 1991
Promoting healthy travel worldwide

Journal of Travel Medicine, 2019, 1–13
doi: 10.1093/jtm/taz077
Review

Review

Dengue, Zika and chikungunya during pregnancy: pre- and post-travel advice and clinical management

Manon Vouga, MD-PhD[1,†], Yen-Chi Chiu, MSc[1,†], Léo Pomar, MSc[1], Sara V. de Meyer, MSc[1], Sophie Masmejan, MD[1], Prof. Blaise Genton MD, PhD[2], Didier Musso, MD[3], Prof. David Baud, MD, PhD [1], Milos Stojanov, PhD[1,*]

[1]Materno-fetal and Obstetrics Research Unit, Department Woman-Mother-Child, Lausanne University Hospital (CHUV), Lausanne, Switzerland, [2]Travel Medicine, Lausanne University Hospital (CHUV), Lausanne, Switzerland, and [3]Aix Marseille University, IRD, AP-HM, SSA, VITROME, IHU-Méditerranée Infection, Marseille, France

*To whom correspondence should be addressed. Materno-fetal and Obstetrics Research Unit, Department Woman-Mother-Child, Centre Hospitalier Universitaire Vaudois (CHUV), CH-1011 Lausanne, Switzerland. Tel: +41 21 314 67 27; Email: milos.stojanov@chuv.ch

†These authors contributed equally to the manuscript

Submitted 5 July 2019; Revised 30 September 2019; Editorial Decision 9 October 2019; Accepted 9 October 2019

Abstract

Rationale for review: Young adults of childbearing age and pregnant women are travelling more frequently to

Table 1. Pregnancy outcomes associated with arboviruses

	Flaviviridae *Flavivirus*		*Togaviridae* *Alphavirus*
	ZIKV	DENV	CHIKV
Increased maternal complications	No	Yes	No
Sexual transmission	Yes	Not of public health significance	Not of public health significance
Transplacental transmission	Yes	yes	Yes, rare (3 cases)
Adverse pregnancy outcomes			
Fetal malformation	Yes; severe	No	No
Premature birth	No	Yes very likely related to severity of maternal disease	No
Fetal loss	Yes	Yes very likely related to severity of maternal disease	Yes, rare (3 cases)
SGA	Yes	No	No
Perinatal transmission	Yes, rare	Yes	Yes
Adverse neonatal outcomes			
Mild infection (e.g. rash, hepatitis, thrombocytopenia)	Yes	>Yes	Yes
Severe disease (e.g. sepsis, encephalitis)	No	Yes, rare	Yes
Long-term sequelae	Yes; severe	No	Yes; severe

*In bold, main complication observed.

[7]Vouga M, Chiu YC, Pomar L, de Meyer SV, Masmejan S, Genton B, Musso D, Baud D, Stojanov M. Dengue, Zika and chikungunya during pregnancy: pre- and post-travel advice and clinical management. J Travel Med. 2019 Dec 23;26(8):taz077. doi: 10.1093/jtm/taz077. PMID: 31616923; PMCID: PMC6927317.

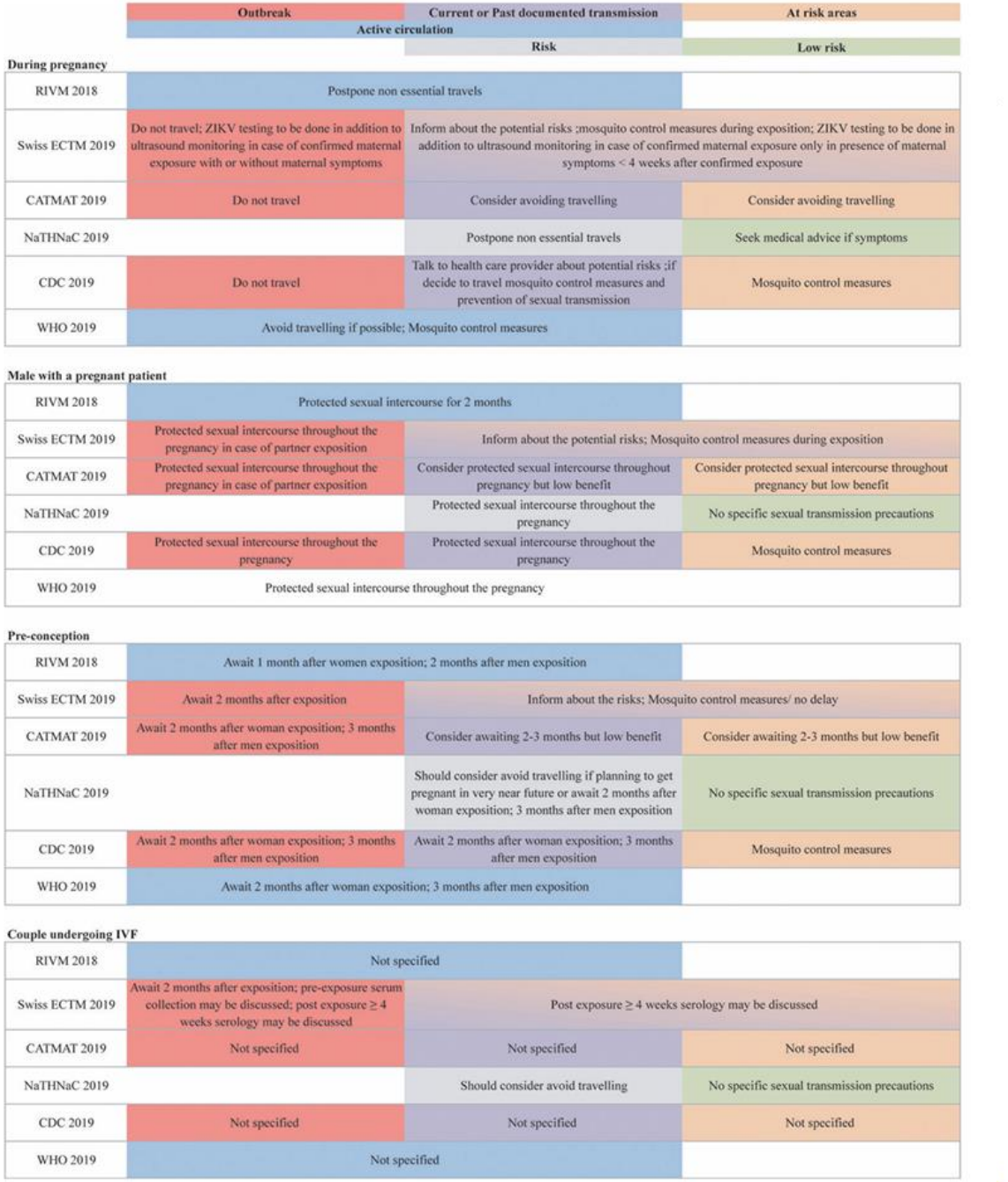
Territories at Risk for Zika page to determine the risk category for the areas you plan to visit.

Risk category 1: Geographic area with an active CDC Zika Travel Health Notice

Recommendations for travelers

Pregnant traveler	• **You should avoid travel to areas with an active Zika Travel Health Notice.** If travel is unavoidable, strictly follow recommendations to prevent mosquito bites and sexual transmission during and after travel.
Traveler with a pregnant partner	• In deciding whether to travel, consider the reasons for travel, ability to prevent mosquito bites, and potential risk of transmitting Zika to your pregnant partner. If you choose to travel, prevent mosquito bites and sexual transmission during and after travel.
Traveler planning pregnancy or traveler with a partner planning pregnancy	• Discuss travel plans, reasons for travel, ability to prevent mosquito bites, and potential risks with your healthcare provider. If you choose to travel, prevent mosquito bites and sexual transmission during and after travel. **Delay pregnancy following travel using the timeframes to prevent sexual transmission.**

Figure 1. Comparison of the different recommendations for Zika virus. **All agencies use different definitions to classify at risk areas.** The CDC (USA), CATMAT (Canada) and the ECTM (Switzerland) use the CDC definitions while the NaTHNaC (UK) defines the risk for every country



	Outbreak	Current or Past documented transmission	At risk areas
	Active circulation		
		Risk	Low risk
During pregnancy			
RIVM 2018	Postpone non essential travels		
Swiss ECTM 2019	Do not travel; ZIKV testing to be done in addition to ultrasound monitoring in case of confirmed maternal exposure with or without maternal symptoms	Inform about the potential risks ;mosquito control measures during exposition; ZIKV testing to be done in addition to ultrasound monitoring in case of confirmed maternal exposure only in presence of maternal symptoms < 4 weeks after confirmed exposure	
CATMAT 2019	Do not travel	Consider avoiding travelling	Consider avoiding travelling
NaTHNaC 2019		Postpone non essential travels	Seek medical advice if symptoms
CDC 2019	Do not travel	Talk to health care provider about potential risks ;if decide to travel mosquito control measures and prevention of sexual transmission	Mosquito control measures
WHO 2019	Avoid travelling if possible; Mosquito control measures		
Male with a pregnant patient			
RIVM 2018	Protected sexual intercourse for 2 months		
Swiss ECTM 2019	Protected sexual intercourse throughout the pregnancy in case of partner exposition	Inform about the potential risks; Mosquito control measures during exposition	
CATMAT 2019	Protected sexual intercourse throughout the pregnancy in case of partner exposition	Consider protected sexual intercourse throughout pregnancy but low benefit	Consider protected sexual intercourse throughout pregnancy but low benefit
NaTHNaC 2019		Protected sexual intercourse throughout the pregnancy	No specific sexual transmission precautions
CDC 2019	Protected sexual intercourse throughout the pregnancy	Protected sexual intercourse throughout the pregnancy	Mosquito control measures
WHO 2019	Protected sexual intercourse throughout the pregnancy		
Pre-conception			
RIVM 2018	Await 1 month after women exposition; 2 months after men exposition		
Swiss ECTM 2019	Await 2 months after exposition	Inform about the risks; Mosquito control measures/ no delay	
CATMAT 2019	Await 2 months after woman exposition; 3 months after men exposition	Consider awaiting 2-3 months but low benefit	Consider awaiting 2-3 months but low benefit
NaTHNaC 2019		Should consider avoid travelling if planning to get pregnant in very near future or await 2 months after woman exposition; 3 months after men exposition	No specific sexual transmission precautions
CDC 2019	Await 2 months after woman exposition; 3 months after men exposition	Await 2 months after woman exposition; 3 months after men exposition	Mosquito control measures
WHO 2019	Await 2 months after woman exposition; 3 months after men exposition		
Couple undergoing IVF			
RIVM 2018	Not specified		
Swiss ECTM 2019	Await 2 months after exposition; pre-exposure serum collection may be discussed; post exposure ≥ 4 weeks serology may be discussed	Post exposure ≥ 4 weeks serology may be discussed	
CATMAT 2019	Not specified	Not specified	Not specified
NaTHNaC 2019		Should consider avoid travelling	No specific sexual transmission precautions
CDC 2019	Not specified	Not specified	Not specified
WHO 2019	Not specified		

[7] Vouga M, Chiu YC, Pomar L, de Meyer SV, Masmejan S, Genton B, Musso D, Baud D, Stojanov M. Dengue, Zika and chikungunya during pregnancy: pre- and post-travel advice and clinical management. J Travel Med. 2019 Dec 23;26(8):taz077. doi: 10.1093/jtm/taz077. PMID: 31616923; PMCID: PMC6927317.

ENVIRONMENTAL HEALTH CONCERNS

- Air Quality
- Extremes of Temperature
- High Elevation Travel

CONCLUSIONS

- Pretravel medical consultations for pregnant travelers are crucial for minimizing health risks and ensuring safe journeys.

- They address potential hazards, recommend necessary vaccinations, and provide guidance on managing pregnancy-related conditions abroad.

“… la orientación del hombre sano con el fin de que no contraiga enfermedades es mucho más importante que la curación del enfermo”

Cuidado de la salud.
Maimódides (1135-1204)

Departamento Medicina Preventiva y Social Escuela Luis Razetti, Facultad de Medicina, UCV

IX INFECTO RIO 2024

Thanks very much for your attention and invitation

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