

# Expatriation and Children



# Expatriation and children

- Expatriation can be defined as leaving one's home country to live in another country from a few months to a few years.
- Expatriation to a developing country does not pose the same problems as expatriation to a 1st world country.
- This presentation looks at families taking children under 10 years of age on expatriation.



# Is your child fit for expatriation?

- Children should systematically undergo a full medical check up in order to assess their fitness to live in a foreign country.
- Certain countries pose specific problems:
  - tropical climates where malaria, yellow fever and other diseases are common
  - remote locations which may be far from good quality medical facilities
  - extremes in cold or heat which may accentuate pre-existing health problems (asthma, cardiac conditions, allergies)



# Is your child fit for expatriation?

- A complete medical examination by a general practitioner or pediatrician will ensure that the child is not suffering from conditions that:
  - cannot be treated in local medical facilities in the country of expatriation
  - could worsen and require a local hospitalization or an emergency evacuation from the country of expatriation



# Is your child fit for expatriation?

- Children with the following conditions should not be taken on expatriation:
  - serious physical and/ or mental handicaps (autism, Down's syndrome)
  - generalized and repeated convulsions or seizures (epilepsy)
  - serious cardiac problems (malformations)
  - insulin dependent diabetes
  - cancer or leukemia under treatment and requiring surveillance



# Is your child fit for expatriation?

- Children with the following health issues may require discussion between the child's physician and physicians at destination of assignment:
  - severe hay fever, asthma
  - severe and/or repeated allergic reactions to foods, medication, insect bites or bee stings
  - severe eczema and/or frequent skin rashes
  - severe and/or chronic sinus and/or ear infections



# Is your child fit for expatriation?

- Other health conditions requiring assessment before child expatriation include:
  - hearing, vision or speech problems
  - educational disabilities or problems (e.g. dyslexia, attention deficit disorders)
  - psychological or psychiatric problems
  - physical limitations, restrictions or disabilities
  - medication requiring regular lab tests and surveillance
  - specialized diets and food problems



# Preparing your child for expatriation

- Before expatriation the following should be addressed:
  - teeth – all dental work should be performed before travel
  - vision – an extra pair of eye glasses taken along
  - hearing
  - any other health issues identified and assessed



# Preparing your child for expatriation

- Vaccinations must be updated
- Preventive malaria medication prescribed for high-risk malaria locations
- The child's medical records should accompany the child to the expatriate location.
- An ample stock of medication provided (e.g. inhaler for asthma, medication for allergies, etc.)



# Preparing your child for expatriation

- The usual children's vaccinations should be up-to-date:
  - tetanus and polio
  - diphtheria
  - whooping cough
  - Haemophilus influenzae
  - mumps, measles, rubella (MMR)



# Preparing your child for expatriation

- For many tropical countries in Africa, Asia and South America certain additional vaccinations will be required or recommended:
  - yellow fever (mandatory for parts of Africa and South America)
  - hepatitis A and B
  - typhoid
- Check with a travel health specialist.



# Preparing your child for expatriation

■ Other vaccinations may be recommended based on the country of expatriation, local epidemics, living conditions (city or rural) and the time of year.

- tuberculosis – recommended for children in developing countries
- meningitis – sub Sahara Africa
- Japanese encephalitis – southeast Asia
- tick borne encephalitis – Eastern Europe, parts of CIS
- rabies – countries with many stray dogs (Middle East, Asia, Africa, CIS)

■ Note that certain vaccinations are not recommended for newborns and small children under 6 to 12 months of age.



# Medical facilities at your destination

- Parents must be aware of the medical facilities that will be available in the expatriate location for their child and in particular the existence or not of the following:
  - a nearby hospital or clinic as close to western standards of hygiene and cleanliness as possible
  - an emergency room functioning 24/7
  - a pediatrician or pediatric department
  - a general surgeon
  - a dentist and eventual orthodontist
  - child vaccinations for booster shots



# Specific issues - Malaria

- Children are particularly vulnerable to malaria.
  - It may in some cases be safer to avoid bringing babies and very small children (<2-3 years of age) to high-risk malaria countries.
- Check with a travel health specialist.



# Specific issues - Malaria

## ■ Malaria prevention is based on ABCD:

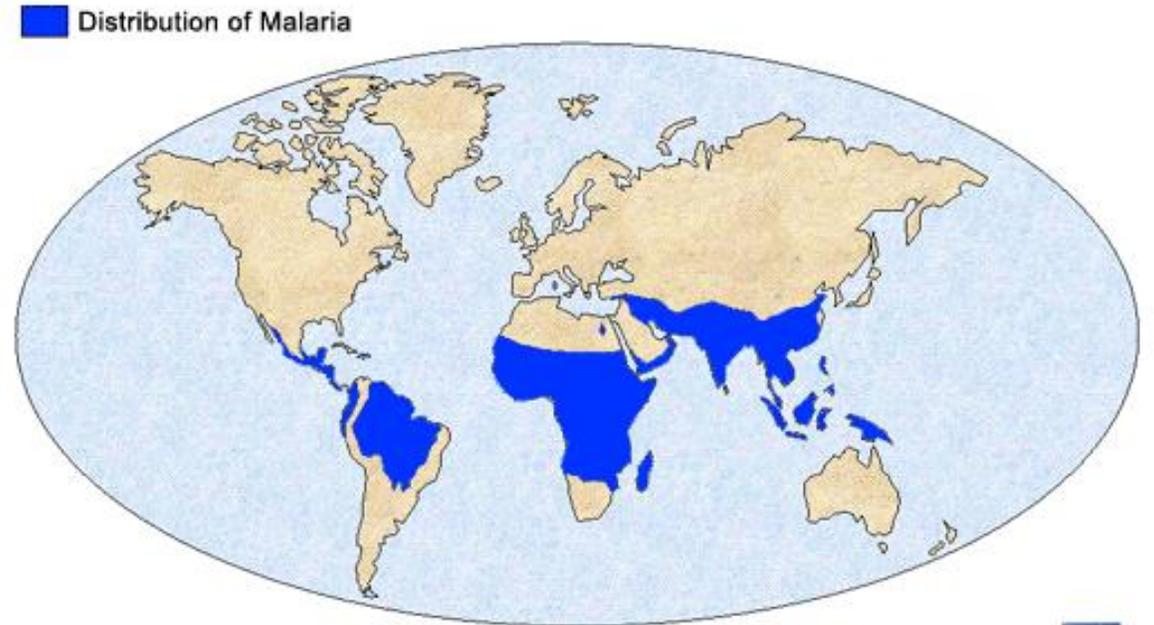
- **A** for **awareness** of the disease and how it is transmitted
- **B** for **bite protection**. If the mosquito does not bite there can be no transmission of the disease.
- **C** for **chemoprophylaxis** or preventive malaria medication
- **D** for **rapid diagnosis**. In tropical countries, when fever appears malaria must always be the first diagnosis to be eliminated since malaria can kill within less than 48 hours.



# Specific issues - Malaria

## ■ A = Awareness

- Malaria is a deadly disease, transmitted by a mosquito that bites from dusk to dawn and that is found in sub-Saharan Africa, southeast Asia and the Amazon basin of South America.
- Prevention requires insect bite prevention (B) and regular preventive malaria medication (C).



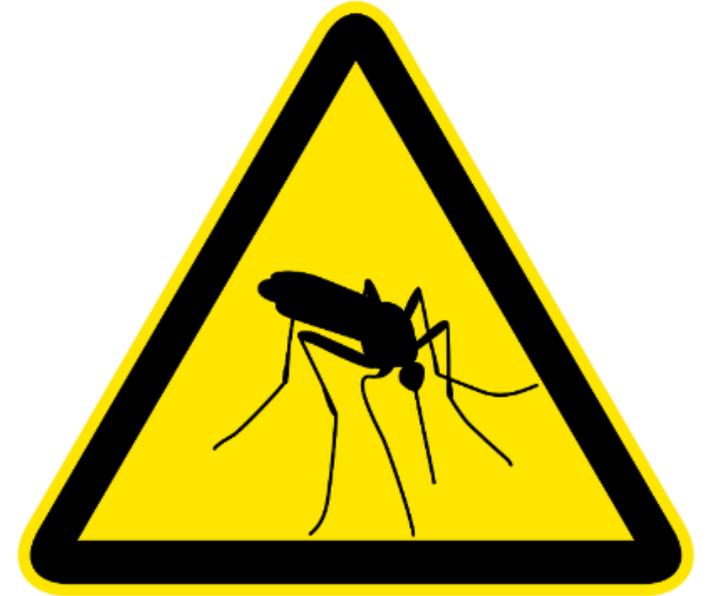
# Specific issues - Malaria

- B = Insect bite prevention when **indoors** includes:
  - Keeping windows and doors closed.
  - Doors and windows should be fitted with screens and regularly checked for holes.
  - Ensuring air conditioning is working and on cold.
  - Spraying insecticide at night when entering a room.
  - Sleeping under a chemically treated bed net and regularly checking for holes. Tucking the bed net under the mattress all around the bed.
  - Using electric diffusers at night, particularly in bedrooms.



# Specific issues - Malaria

- B = Insect bite prevention when **outdoors** includes:
  - Wearing long sleeve shirts
  - Wearing long pants and socks
  - Staying indoors at night whenever possible
  - Avoiding prolonged periods outdoors from dusk to dawn
  - Applying repellent on uncovered parts of the body before going outdoors
    - Repellents containing DEET are not recommended for children under 8 years of age.
    - Citronella, although less effective against mosquitoes, can be safely used on small children



# Specific issues - Malaria

- C = Chemoprophylaxis or preventive malaria medication
  - Check with your doctor or a travel health specialist before going to a malaria country in order to obtain the appropriate medication for your child.



# Specific issues - Malaria

## ■ D = rapid diagnosis

- Any fever that appears while in or even months after having left a high-risk malaria region should lead to a medical consultation and blood test. Malaria is an emergency.
- Symptoms of malaria can be very misleading in children responsible for severe anemia, dehydration, seizures.
- A simple blood test can eliminate the diagnosis of malaria very rapidly.



# Other Issues during expatriation

- Many other issues can influence the quality of a child's expatriation:
  - the quality of the local school
  - the social integration of the child
  - the existence or not of:
    - an international school
    - other children his/her age
    - recreational activities with other children



# Other Issues during expatriation

- Other issues that can impact the quality of a child's expatriation experience include:
  - language
  - local cultural and religious issues
  - domestic staff and quality of the nanny



# Other Issues during expatriation

- In vehicles children should always wear seat belts
- When sailing children should always wear a life vest
- If a swimming pool is available in the family's home it is essential that the pool:
  - be surrounded by a fence
  - have a gate that locks adequately keeping the child out when no adult is available
- Children should never be left unattended in a car, swimming pool or at the beach.



# Conclusion

- Children should undergo a medical examination before expatriation.
- Certain medical problems may make them unfit for expatriation.
- Certain health problems can lead to severe complications and death in remote places where medical facilities are inadequate.
- Preparation is essential – vaccinations must be up to date, malaria prevention for high risk malaria countries implemented.
- Parents should know the emergency telephone numbers to call for the hospital, doctor, ambulance and company.

