

Respiratory Diseases

Information on pre-travel preparation, tips to stay healthy abroad and links to useful resources for travellers with respiratory diseases

Key Messages

Pre-travel planning is essential for those with respiratory conditions, ideally before booking to ensure the destination and itinerary are suitable.

All travellers should have comprehensive travel insurance and all medical conditions should be declared.

Respiratory conditions should be well-controlled before travel but the traveller must be prepared to manage any exacerbations of their condition and know when to seek urgent medical care.

Any equipment or oxygen requirements for the journey or at destination should be organised well in advance of travel.

Reliever medication should be readily available at all times, even if it is normally rarely used.

Poor air quality is a significant problem in many parts of the world and may exacerbate pre-existing lung conditions.

Overview

Chronic respiratory diseases are illnesses of the airways and other structures of the lung; it is a broad term that includes respiratory conditions such as asthma, chronic obstructive pulmonary disease (COPD) and occupational lung disease [1]. Respiratory disease affects one in five people in England [2].

Travelling abroad can present extra challenges for those with respiratory disease [3] but with careful planning, preparation, and good self-care many with well-controlled respiratory conditions can travel without experiencing problems [4].

COVID-19

Current advice is that anyone with a lung condition [is clinically vulnerable or clinically extremely vulnerable](#) to severe [COVID-19](#) disease.

All individuals, but particularly those who are clinically vulnerable or extremely vulnerable to severe

COVID-19 disease, need to consider [current UK recommendations](#) to reduce their risk of infection. This may mean considering postponing travel particularly if the individual is in a group that [is considered clinically extremely vulnerable](#).

For more general guidance regarding risk assessment for travel during the COVID-19 pandemic, please [see the following guide available here](#).

Pre-travel preparation

Before booking a trip, it is important for travellers to research the destination as well as review the itinerary. Difficulties that may be encountered at the destination for those with respiratory conditions include limited resources or expertise for managing complications, triggers; such as pollen or heat could be present in greater quantities; or it may not be possible to accommodate specific requirements, for example there may be no reliable electricity for a CPAP machine.

All travellers should book a pre-travel consultation with a healthcare professional ideally 4-6 weeks before travel but for those with pre-existing health problems, an earlier appointment is recommended. It is then possible to discuss the specific health issues for the destination to support the traveller to plan carefully and have realistic expectations from a trip with a respiratory condition. An early appointment also offers the opportunity to check the traveller is up-to-date with all [vaccines routinely recommended](#) for those with a respiratory condition. Further destination specific advice can be found on our [Country Information pages](#).

Additional advice for travellers with respiratory conditions:

- Ensure that any respiratory condition is well controlled before travel; it may be necessary to have a check-up with the usual health care provider before travel [4].
- Respiratory conditions, such as asthma, may deteriorate during travel [5]. Travellers should have an up-to-date plan detailing what to do in an emergency both in terms of self-management and when to seek urgent medical advice [4].
- For some travellers it may be appropriate to carry rescue medication, such as antibiotics and/or steroids, to manage exacerbations of a respiratory condition but this should be based on a careful assessment with the traveller's usual health care provider [6].
- Concerns about a person's fitness to fly because of a respiratory condition, or associated comorbidity, should be assessed before travel [7]. The partial pressure of oxygen will decrease as the aeroplane reaches altitude and oxygen saturations of healthy travellers can fall to 85-91 percent; most travellers will compensate for this [8]. It is likely that travellers who can walk 50 metres at normal pace or climb 1 flight of stairs without severe dyspnoea (difficulty breathing) will tolerate the normal aircraft environment [9]. However, some will require supplementary oxygen and an assessment will need to be made [9, 10]. Table 1 identifies situations where further consideration or assessment may be necessary before air travel.
- Airlines should be contacted prior to booking if supplementary oxygen or additional equipment, including nebulisers or CPAP machines, are required during travel [4]. It is also

important before travel to find out what help is available and if needs can be met; book any assistance required well before travel [4, 9]. Ensure that any equipment requirements can be accommodated on the planned trip.

Table 1: Considerations for air travel for those with respiratory illnesses [8-10]

Absolute contraindication (C)/Travel not advised	Requires assessment
Active tuberculosis (TB) that is considered to still be infectious (C)	Significant respiratory symptoms with previous air travel
Pneumothorax within 14 days or ongoing pneumothorax with persistent air leak (C)	Severe COPD (FEV1 <30% predicted) or asthma
Major haemoptysis (coughing up large amounts of blood) (C)	Bullous lung disease
Usual oxygen requirement at sea level exceeds a flow rate greater than 4 l/min (C)	Severe (FVC <30% predicted) restrictive disease
Within 2 weeks of thoracic surgery (surgery to organs in the chest)	Cystic fibrosis
Acute/contagious respiratory infection until the infection has either resolved or the incubation/contagious period has passed	Other medical conditions worsened by hypoxaemia (abnormally low concentration of oxygen in the blood), e.g. heart disease, or pulmonary hypertension
	Pulmonary TB (TB in the lungs)
	Within 6 weeks of hospital discharge for acute respiratory illness
	Recent pneumothorax
	At higher risk of venous thromboembolism (VTE)
	Pre-existing requirement for oxygen, CPAP, or ventilator support
	Thoracic surgery (surgery to organs in the chest) within the last 6 weeks

[Comprehensive travel insurance](#), covering repatriation and planned activities is recommended for all travellers. Those with respiratory conditions should declare their full medical history and ensure

that any equipment they need to carry, for example CPAP machines are also covered [9]. An [EHIC card](#) should also be obtained if travelling to countries within the European Economic Area and Switzerland. Note that the EHIC card will be [valid until the 31 December 2020](#); after this time it's validity will depend on local arrangements with individual countries; it is not an alternative to travel insurance.

All travellers should pack a [first aid kit](#) that is appropriate for the destination, traveller and activities to be undertaken. Those taking [regular medication](#), should ensure that the amount packed is sufficient to last the whole trip as well as possible travel delays or lost luggage. It is advisable to obtain a copy of all prescriptions to carry during travel or a letter/note from the prescriber detailing the medicines with the generic names. Some medication may not be allowed into some countries and this, together with airline regulation, should be checked prior to travel [7].

Journey risks

Exacerbation of a lung condition may be possible during travel; therefore, it is important to ensure that any rescue inhaler, and spacer if appropriate, is readily available in the hand luggage even if it is rarely used [4]. Ideally, prescribed medication should be split between hold and hand luggage in case baggage is lost.

Developing a [venous thromboembolism \(VTE\)](#) is a risk during any form of transport where there are long periods of immobility. Some conditions that may be related to respiratory disease, such as obesity or malignancy, increase the risk of VTE and may need to be considered alongside advising travellers to remain mobile during the flight [4, 9, 11].

Food and water-borne risks

Travellers' diarrhoea (TD) is the most common health problem of travellers to low-income regions of the world [12]; although can be a problem at any destination. Care with [food and water hygiene](#) is sensible but it does not provide reliable protection [12]. Travellers with respiratory disease should be prepared to [manage the symptoms of TD](#) and know when to seek medical advice.

Travellers who may have a compromised immune system due to medication or medical condition should take care to manage gastrointestinal infections promptly. Some food and water-borne infections, such as *Salmonella*, *Campylobacter*, *Cryptosporidium* and *Listeria*, may be more severe or become chronic in those who are immunocompromised [13].

Vector-borne risks

Travellers should take [insect bite avoidance](#) measures. Insect bites can usually be self-managed through removing the sting or tick if still present in the skin; washing the area; applying a cold compress; elevating the area to reduce swelling; and avoiding scratching to reduce infection risk. Itching may be reduced by taking antihistamine tablets or the topical application of a mild steroid cream, although good quality evidence to support their use is lacking [14]. Travellers should seek

early advice if there are signs of infection or the wound is not healing. This is particularly important for those with chronic respiratory disease, as healing time may be increased [15].

There are several infectious diseases that can be transmitted by insects/ticks. Travellers can check our [Country Information pages](#) for details of the more common infections; some of these may be preventable with vaccines or tablets. However, for many insect/tick-borne infections such as chikungunya or Zika, bite avoidance is the only way to reduce the risk of disease.

Malaria

For travellers visiting malaria endemic areas, the '**ABCD**' of malaria prevention should be discussed. Travellers should be: **A**ware of malaria risk in the area they are travelling; practice good **B**ite prevention, as this is the first defence against malaria; use appropriate **C**hemoprophylaxis (antimalarial medication) for the destination when this is recommended; and recognise the importance of responding quickly to potential signs/symptoms of malaria to ensure prompt **D** iagnosis [16]. When selecting antimalarial medication, potential drug interactions with other medications must be taken into consideration.

Along with fever, a cough may be one of the non-specific signs of malaria [16], which could mimic for example an exacerbation of an existing lung condition. Those with underlying respiratory disease, who are unwell in the presence of a fever, should not delay seeking urgent medical care; the health professional should be made aware of travel into a malarial area within the last year [16].

Vaccination

As for all travellers, those with respiratory conditions should be up to date with routine immunisations according to the [UK schedule](#). Influenza and pneumococcal vaccinations are recommended for those with chronic medical conditions, including COPD and cystic fibrosis [17]. For many travellers with chronic respiratory disease, travel vaccine recommendations will be the same as for other travellers. Further information can be found on our [Country Information pages](#). However, an individual risk assessment must take place, as some conditions and medication may [affect a traveller's immune system](#), which may mean live vaccines are unsuitable.

Other health risks

Any traveller with a respiratory condition, should speak with their usual doctor before travel to a high-altitude destination, as even mild breathlessness at home can worsen [18]. While those with mild and well controlled respiratory conditions should be able to travel safely, those with more severe illness may not and should be assessed [19]. If travelling to altitude, those with respiratory conditions should: only travel if the condition is stable and well-controlled, be familiar with triggers, keep medication handy, and travel with a companion familiar with the respiratory condition [18]. For further information see our factsheet about [travelling at altitude](#).

Some respiratory conditions or medications may affect a traveller's immune system, which could increase susceptibility to severe infection or skin damage from the sun [7, 20]. See our [immunosuppression](#) factsheet for more information.

Poor [air quality](#) is a significant public health problem in many parts of the world, which may exacerbate pre-existing respiratory conditions, for example asthma or COPD [21, 22]. Travellers with respiratory conditions should check local air quality data and consider whether a destination is suitable if air pollution is known to be high. While travelling monitor local air quality data daily and plan outdoor activities accordingly. Follow health guidelines published by local government departments.

General advice for those who get sick overseas

According to one study 10.9 percent of returning travellers sought medical care for a respiratory illness [23]. Whilst most acute respiratory illnesses are mild and self-limiting, those with pre-existing respiratory conditions are at higher risk of severe illness [21].

Travellers with respiratory conditions should know how to deal with minor issues and when and where to seek prompt medical advice. Travellers who seek medical advice abroad should contact their insurance company and keep receipts to claim back the costs from the insurance or EHIC as appropriate. The [Association of British Insurers \(ABI\)](#) and [Citizens Advice](#) give advice for travellers who fall ill abroad.

Resources

- [Asthma UK: Coronavirus \(COVID-19\)- Health advice for people with asthma](#)
- [Asthma UK: Travelling with asthma](#)
- [British Lung Foundation: Air pollution](#)
- [British Lung Foundation: Going on holiday](#)
- [British Thoracic Society: COVID-19: Information for the respiratory community](#)
- [Civil Aviation Authority: Respiratory disease](#)
- [Civil Aviation Authority: Special assistance guidance from airports and airlines](#)
- [Civil Aviation Authority: Travelling with medicines, mobility and medical equipment](#)
- [NHS: Can I take my medicine abroad?](#)
- [TravelHealthPro: Travelling with medicines](#)

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