

IBD travelers are not at higher risk of contracting intestinal infections

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Inflammatory bowel disease (IBD) travelers have an increased risk of illness during trips to industrialized countries, but not to developing or tropical regions, according to a new study in *Clinical Gastroenterology and Hepatology*, the official journal of the American Gastroenterological Association.

"Inflammatory bowel disease patients are often advised to avoid travel, especially to the developing world. However, we found that the absolute risk of illness is small and most episodes were mild," said Shomron Ben-Horin, MD, of the Sheba Medical Center in Tel Hashomer, Israel and lead author of this study. "If an inflammatory bowel disease patient has been in remission for at least three months, I recommend they take their dream vacation."

In this study, doctors studied 222 IBD patients and 224 healthy individuals (controls) during 1,099 total trips. They collected data via structured questionnaires, personal interviews and chart reviews. While traveling to <u>industrialized countries</u>, illness occurred during 13.9 percent of the trips made by IBD patients in contrast to 3.3 percent of trips made by controls. However, during travel to developing or <u>tropical regions</u>, the rate of illness was similar between both groups: 17 percent for IBD patients versus 21 percent for controls. Because traveler diarrhea and other intestinal <u>infectious diseases</u> predominately afflict travelers to developing countries, this unexpected observation suggests that IBD travelers as a whole do not stand a higher risk of contracting intestinal infections while traveling compared with the non-IBD population.



Interestingly, IBD patients who had set out to travel after enjoying more than three months without symptomatic disease (a state termed as clinical remission) had an overall similar risk of illness during the trip as their healthy counterparts, regardless of the country destinations.

IBD is a chronic and often debilitating intestinal disorder, which adversely affects quality of life, including concern over safety issues in relation to traveling abroad. In the absence of enough data on the risks of traveling among IBD patients, many physicians advise IBD patients against traveling, especially to developing regions of the world. Insurance companies are often reluctant to insure IBD travelers, a refusal that is hard to rebut in the absence of data.

Taken together, these restrictions on traveling severely impede the overall quality of life of IBD patients. Until now, it was unclear whether this significant toll was based on a genuine increase in health risk during traveling in IBD patients. Results from this study indicate a comparable safety of travelling in the tropics for IBD patients and healthy individuals. The results also suggest that traveling while in clinical remission of at least three months should be strongly advocated, as it significantly reduces the risk for illness during traveling. However, the investigators stress that travelers to developing and tropic regions of the world are still at risk of several vaccine-preventable infections and should always consult a travel clinic before the trip and get the appropriate vaccinations.

More information: To learn more about IBD, please read the AGA brochure, "Understanding Inflammatory Bowel Disease" at <u>www.gastro.org/patient-center/ ... matory-bowel-disease</u>

Provided by American Gastroenterological Association



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