

# Travelling Abroad for Adults with Sickle Cell Disease and Thalassaemia

**This leaflet is a guide to help you have a safe and enjoyable trip. Most people with sickle cell or thalassaemia can travel abroad if they take appropriate precautions. For this reason, it is important to plan ahead and to know about potential problems so you can take preventative measures or deal with them should they occur. If you have any further questions or concerns, please speak to the staff member in charge of your care.**

## Before you travel

Discuss your travel plans with your GP or sickle cell / thalassaemia team as soon as you can. Do this at least six weeks before you travel.

Your GP can:

- confirm you are well enough to take the trip
- advise you about precautions you need to take
- arrange any change in treatments you require, such as changing transfusion dates.

When making your booking, make sure the travel agent, airline and insurance company all know:

- about your diagnosis
- about your medical condition
- that you will need to travel with prescribed medication, which may include antibiotics and strong painkillers such as opiates.

Spend a little time finding out:

- about the medical facilities available in the country you are visiting.
- where the nearest treatment centre or hospital is to where you are staying.

You can ask your sickle cell / thalassaemia team for advice and The Sickle Cell Society keeps an up-to-date list of overseas sickle cell organisations. Arrangements can often be made for patients who need planned treatment while abroad. Talk to your hospital team so you can plan. Ideally, do this four weeks before you travel.

There are some restrictions to airline travel in late pregnancy. Please check with the airline.

### **Medical advice**

**If you have sickle cell disease and develop a severe crisis within two weeks of a planned visit abroad, you should not travel.**

If you are unwell the day before or on the day you are due to travel, consult your GP or hospital specialist who will advise you whether it is safe for you to travel.

Please ask your sickle cell / thalassaemia team or GP for a letter explaining your medical history. If you require emergency medical care when away then a record of past complications, pain management, allergies and other medical problems is an invaluable resource for the doctors who treat you.

## **Vaccinations**

Make sure you are up to date with routine immunisations and the hepatitis B vaccine. Check any necessary travel vaccines and arrange these through your GP practice or a travel clinic at least six weeks in advance.

If you are taking hydroxycarbamide, yellow fever vaccination may not be recommended. Please talk to your hospital specialist if you are going to an area where this is needed.

If you have thalassaemia and have had your spleen removed or if you have any type of sickle cell disease, check you have received the following vaccines:

- pneumovax (given every five years)
- haemophilus Influenzae type B
- meningococcal C
- meningococcal ACWY conjugate
- hepatitis B
- influenza (given by your GP in the autumn or winter months every year).

Carry a card with your vaccine record. You can get this from your GP practice. For further information see NHS Splenectomy Information for Patients:

<https://www.gov.uk/government/publications/splenectomy-leaflet-and-card>

## **Malaria**

It is vitally important to take effective precautions if you travel to, or stop over in, a country where malaria occurs. Your GP or sickle cell /

thalassaemia team can advise on the choice of antimalarial medication.

### **Sickle cell does not protect you from malaria.**

You should take the antimalarial tablets prescribed to the country or area you are visiting

### **Diarrhoea**

Diarrhoea is common among travellers abroad. If you have sickle cell disease this can cause dehydration which can trigger a crisis. To avoid this, we recommend carrying a supply of oral rehydration salt sachets. You can buy these from your local pharmacy. If you develop fever or notice blood in the stools (faeces) you should seek immediate medical advice.

### **Travelling with medications**

**Some countries and airlines may have restrictions on medication with which you can travel.**

**IT IS ESSENTIAL THAT YOU CHECK THE ENTRY REQUIREMENTS OF THE COUNTRY YOU ARE VISITING AND WITH THE INDIVIDUAL AIRLINE IN GOOD TIME BEFORE YOU TRAVEL.**

Carry a copy of your prescription or a letter from your doctor which states the medications you take especially if you are taking a controlled drug (for example, morphine or other opiate-based pain medication).

Pack your medication in your hand luggage. You may be asked to carry extra supplies in your suitcase. If that is the case, make sure

you have enough medication in your hand luggage to last you for the first few days after your arrival.

## Flying

Flying sometimes causes some people to have a sickle cell crisis because of changes in oxygen pressure levels during the flight. Some people may need to use oxygen during the flight particularly if they have lung or heart problems. Discuss this with your doctor.

Call the airline ahead of time to find out the procedures for the use of supplemental oxygen. You should be aware that the airline may automatically provide you with an extra oxygen cylinder and make a compulsory charge each way for this service. Your sickle cell team may need to complete forms and so additional time should be allowed for this to happen (please allow at least four weeks.)

Long journeys can increase the risk of deep vein thrombosis (DVT) due to being immobile. You can reduce the risk of a DVT by preventing dehydration and by making sure you exercise your foot and calf muscles by getting up and walking around the plane at frequent intervals. The air in airports and on planes tends to be dry so you will need to drink more than usual to avoid becoming dehydrated. This is easy enough to prevent: drink in the airport lounge and during the flight. Avoid alcohol as this can increase dehydration.

The air conditioning on the plane and in the airport can be very cool and this will increase the likelihood of pain. Keep some warm clothing in your hand luggage and ask for extra blankets on the plane.



## **Your destination**

People with sickle cell disease may experience problems in cities at high altitude. You should be aware that the higher you go the more likely you are to develop pain or other sickle cell related problems.

Stress and fatigue are often part of the travel experience.

After arriving at a new destination consider limiting your activities so you do not become exhausted and trigger a painful crisis. Make sure you know where the local hospital or sickle cell centre is located

## **Useful sources of information**

For more information on travelling abroad please contact any of the following: <https://www.nhs.uk/vaccinations/travel-vaccinations/travel-vaccination-advice/>

Information on the UK Global Health Insurance Card (GHIC) can be found here:

[Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS.](#)

This will allow you to access necessary state healthcare in the European Economic Area (EEA), and some other countries, on the same basis as a resident of that country. This may be free or it may require a payment equivalent to that which a local resident would pay.

Specific advice on travel abroad can be found at

[Foreign travel advice - GOV.UK](#). Here you can get advice and warnings about travel abroad, including entry requirements, safety and security, health risks and legal differences.

## Contact us

If you have any questions about your condition, please discuss with a member of the red cell haematology team at your next appointment or using the details below.

**Dr Elizabeth Rhodes** (sickle cell and thalassaemia consultant)

**Tel:** 020 8725 0885

**Dr Julia Sikorska** (lead sickle cell and thalassaemia consultant)

**Tel:** 020 8725 0885

**Dr James Masters** (sickle cell and thalassaemia consultant)

**Tel:** 020 8725 0885

**EnaAbena Akomah-Barnier** (clinical nurse specialist)

**Tel:** 07825 978 812, Email:

[haemoglobinopathy.nurses@stgeorges.nhs.uk](mailto:haemoglobinopathy.nurses@stgeorges.nhs.uk)

**Nazik Osei** (clinical nurse specialist)

**Tel:** 07825 978 812, Email:

[haemoglobinopathy.nurses@stgeorges.nhs.uk](mailto:haemoglobinopathy.nurses@stgeorges.nhs.uk)

**Sickle cell and thalassaemia secretary**

**Tel:** 020 8725 0885

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit

[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have



comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:  
Monday, Tuesday and Thursday between 10am and 4pm  
Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** [www.nhs.uk](http://www.nhs.uk)



## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

## AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.