

# Salt Lake County Health Department International Travel Clinic



# Travel Services Overview

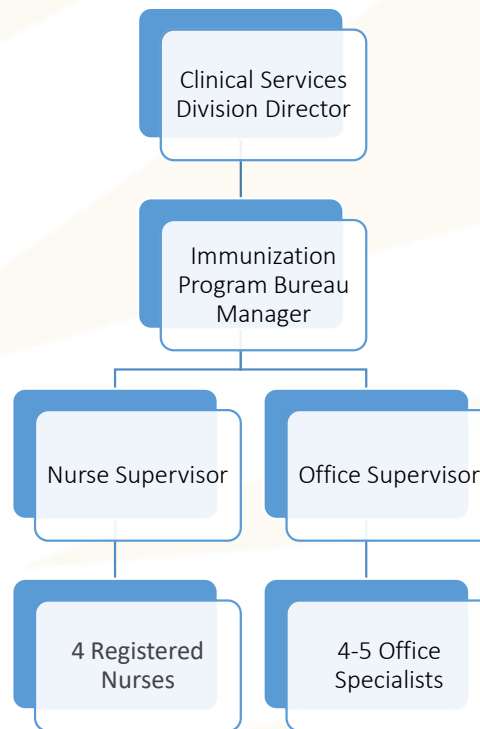
**Around 50 million Americans travel abroad each calendar year**

Reasons for travel are many, including tourism, business, study abroad, visiting friends/relatives, humanitarian projects, and missionary work

While traveling is exciting, there are many risks patients may not be familiar with when visiting a country that is not their own.



# Salt Lake County Travel Clinic Team



# University of Utah partnership

- **The University of Utah partners with Salt Lake County Health Department to provide travel services to our clients**
- The team provides on-call advice, medication and immunization protocols, medical chart audits, monthly meetings
- The team consists of three medical providers
  - Dr. Jak Pupaibool
  - Dr. Daniel Leung
  - Theresa Sofarelli, PA-C



# Changes to Improve Efficiency, Productivity, and Revenue

- **Provide services at an additional central Salt Lake County location**
  - South Redwood Public Health Center
- **Move travel scheduling to Government Center scheduling staff**
- **Reduce printing of documents**
  - Travax is sent by e-mail
- **Reduce labels printed for each client**
- **Provide important visit information to clients after scheduling appointments via e-mail**
- **Implement shorter visits for certain itineraries**
- **Cross-train immunizations nurses and office specialists into travel services**
- **Move booster dose appointments to general immunizations nurses**
- **Move rabies for occupational/school/post-exposure purposes to general immunizations nurses**
- **Change all travel-related services to self-pay**
- **Migrate to an electronic process**
  - **Travel Education Video**
    - Provide link to view before the visit
  - **SmartSheets**
    - Pre-registration encounter form and mapped the entries to our current documents
  - **EMR Patient questionnaire**
    - Nurses documenting in the EMR rather than paper forms

# How Many Services Do We Provide a Year?

| Year            | Consultations | Vaccines given |
|-----------------|---------------|----------------|
| 2018            | 2,275         | 6,645          |
| 2019            | 2,860         | 6,659          |
| 2022            | 2,020         | 4,259          |
| 2023            | 1,522         | 4,341          |
| 2024 (Jan-July) | 1,548         | 3,407          |

# Appointment Scheduling

- Call 385-468-7468 (SHOT)
- Appointments are made 6-8 weeks prior to the trip departure date, unless a VISA is needed
- Time slots are determined by # of people in the group and # of countries on the itinerary
- Email is sent by scheduling staff immediately after scheduling the appointment which provides information regarding the visit



You have an upcoming appointment at the Salt Lake County Health Department International Travel Clinic. Each person scheduled must [complete this Travel Form](#) 24 hours BEFORE your visit with us.

The date, time, and location of the appointment reserved specifically for you is below. Call us at 385-468-SHOT (7486) as soon as possible if you need to reschedule.

*Note that if you are late or do not complete the items listed in this email 24 hours before your visit, you will need to reschedule your appointment.*

Date: Tuesday, August 15, 2023  
Time: 3:30pm

Location: Salt Lake Public Health Center  
610 South 200 East  
Salt Lake City, UT 84111

South Redwood Public Health Center  
7971 South 1825 West  
West Jordan, UT 84088

#### How can you prepare for your visit?

- Complete the Travel Form 24 hours prior to your appointment

*If you have appointments for four people in your group, you need to complete the form for each person, four separate entries.*

It is important for the nurse to have all the information below to better understand your travel needs.

- o Full itinerary (including all cities or locations you will be visiting)
- o Travel plans (activities, purpose of your trip, etc.)
- o Medical history
- o Current medications
- o Vaccine history

- Submit a copy of your insurance card(s) and all immunization records in the Travel Form

We do NOT bill insurance for Travel Vaccines or the consultation fee. Please check with your insurance provider to determine if they will reimburse any cost to you. When calling your insurance company, you can reference the CPT code at the link below for each immunization you may need. Please review the ["Cost" tab on our website](#) before your visit. We may be able to bill your insurance for other recommended vaccinations, please provide your insurance card in the form.

Thank you for choosing the Salt Lake County Health Department International Travel Clinic; we look forward to seeing you at your appointment!



# Gathering Information Before the Visit

## SmartSheets

Link: <https://app.smartsheet.com/b/form/b68c7d2c78544c6184ed3069776662e9>

- Patient demographics
- Trip information
- Medical history
- Medications
- Fee waiver
- Travel education video
- Insurance cards
- Vaccine records

**Salt Lake County Health Department. International Travel Clinic**

Thank you for scheduling an appointment with the travel clinic. Please take a few minutes to respond to these questions to help us better serve you.

**Your response needs to be received 24 hours prior to your appointment or your appointment will need to be rescheduled or cancelled.**

Information collected are HIPAA compliant and are secured. This information would be used for the intended purpose only.

Thank you for choosing Salt Lake County Health Department International Travel Clinic.

First Name \*  
Legal First Name

Middle Name

Last Name \*  
Legal Last Name

Date of Birth \*

Age \*

Select or enter value

**Salt Lake County Health Department. INTERNATIONAL TRAVEL CLINIC**

FULL NAME: [REDACTED] Country of Birth: United States DOB: [REDACTED] Year Moved to U.S.: [REDACTED] AGE: 29

Departure Date: 10/08/24 Return Date: 10/20/24 Total length of trip: 13

ITINERARY: List in order all countries and every city/area/national park in those countries that you will be visiting -and- how many nights you will be staying in each. Example: South Africa - Johannesburg (2 nights), Kruger National Park (3 nights), Cape Town (4 nights), Zambia, Victoria Falls (1 night), Botswana - Okavango Delta (8 nights), Thailand: Bangkok 3 nights, National Park, elephant sanctuary (1 week)

**PURPOSE OF TRIP (check all that apply):**

☐ Pick up Missionary ☐ Humanitarian ☐ Adoption ☐ Visit Friends/Relatives ☐ Business ☒ Vacation ☐ Church Mission

**Check any of the following ACTIVITIES that apply to your trip:**

☐ Camping ☐ Animal handling/hunting ☒ Field work ☐ Provide medical care ☐ Caving (Speleology) ☐ Scuba diving ☒ Trekking

☐ Cruise Ship travel ☐ Automobile travel or rental ☐ Bicycling/motorcycle ☐ Scuba diving

☐ Climbing or other activities above 10,000 ft. (3048 m) ☒ Rafting/kayaking/swimming

List any topic(s) you would like to discuss: Do I need rabies vaccine?

Have you travelled out of the U.S.A. in the past 12 months? ☒ YES ☐ NO Where: NA

Do you HAVE or have you EVER HAD any of the following:

| YES                                                               | NO                       | YES                                                               | NO                       |
|-------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Hepatitis A, B, or C disease  | <input type="checkbox"/> | <input type="checkbox"/> Stomach or bowel problems                | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Measles                       | <input type="checkbox"/> | <input type="checkbox"/> Irregular heart rhythms                  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Mumps                         | <input type="checkbox"/> | <input type="checkbox"/> Multiple Sclerosis (MS)                  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Chickenpox (Varicella Zoster) | <input type="checkbox"/> | <input type="checkbox"/> HIV or AIDS                              | <input type="checkbox"/> |
| <input type="checkbox"/> Insulin/Diabetes                         | <input type="checkbox"/> | <input type="checkbox"/> Kidney disease                           | <input type="checkbox"/> |
| <input type="checkbox"/> Myasthenia Gravis                        | <input type="checkbox"/> | <input type="checkbox"/> Psychiatric or Emotional illness         | <input type="checkbox"/> |
| <input type="checkbox"/> Seizures/Epilepsy                        | <input type="checkbox"/> | <input type="checkbox"/> Heart attack(s)                          | <input type="checkbox"/> |
| <input type="checkbox"/> Hernectomy                               | <input type="checkbox"/> | <input type="checkbox"/> Prostate problems                        | <input type="checkbox"/> |
| <input type="checkbox"/> Thyroid problems (not thyroid)           | <input type="checkbox"/> | <input type="checkbox"/> Blood clot/DVT                           | <input type="checkbox"/> |
| <input type="checkbox"/> Long blood thinners                      | <input type="checkbox"/> | <input type="checkbox"/> Fainting/Vasovagal Syncope               | <input type="checkbox"/> |
| <input type="checkbox"/> Menstrual Syndrome                       | <input type="checkbox"/> | <input type="checkbox"/> Taken steroids or had radiation therapy? | <input type="checkbox"/> |

Do you have food or medication allergies (i.e. eggs, gelatin, neomycin, sulfa, penicillin, etc.)? Soy, wheat, dairy, ibuprofen

Do you have insect allergies (i.e. bee stings, venom, dust, etc.)? Yes

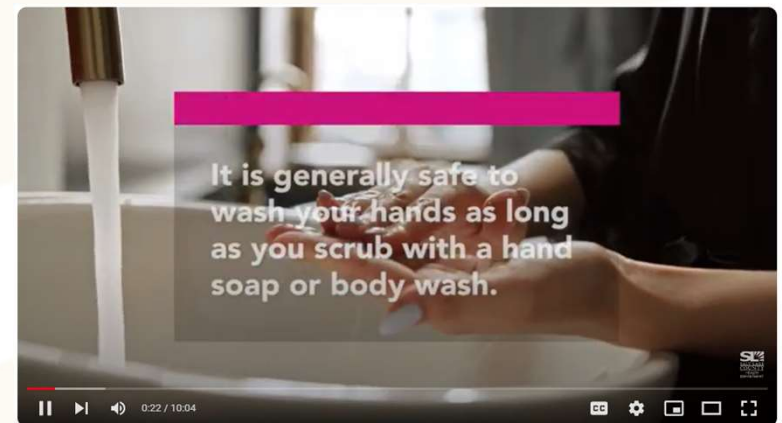
To what and explain reaction: \_\_\_\_\_

**NURSING NOTES:**



# What Information does the Travel Education Video Contain?

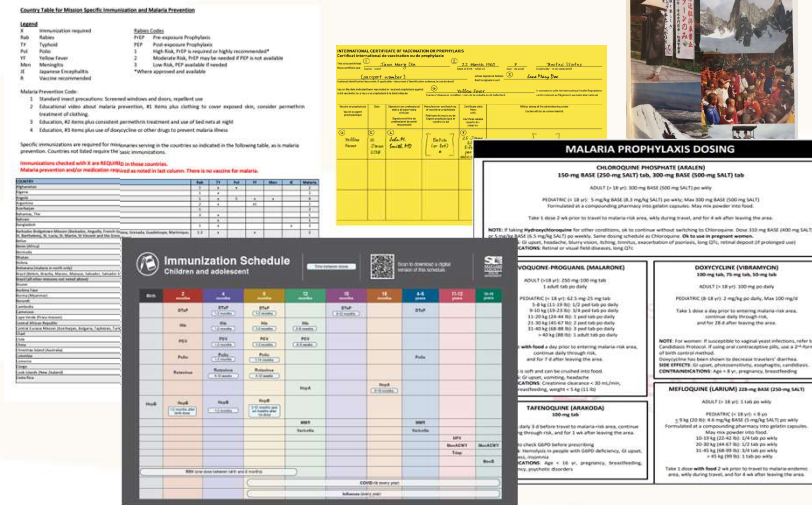
- Food and water safety
- Traveler's diarrhea and constipation
- Hygiene
- Mosquito prevention
- Sun exposure
- Animal bites
- Blood clots
- STI prevention
- Travel insurance and First aid
- Safety
- Follow-up care



Link: <https://youtu.be/QO-qNH49ee4?si=UI6bfwQb2POvKLYT>

# What do we Provide in a Consultation?

- One-on-one travel education with a registered nurse regarding risks, vaccines, medications, safe and healthy travel behaviors
- Travax reports/maps: itinerary-specific
- Salt Lake County Health Department Travel Education video
- U of U Healthy Traveler booklet
- Yellow Fever cards
- Prescriptions
- Immunizations



# What is a Travax Report?

- Includes
  - Health concerns specific to the itinerary
  - Risk area maps for malaria/yellow fever/altitude
  - Entrance requirements
  - Disease summaries
  - Health bulletins
  - Preventive measures
  - Vaccination recommendations
  - Safety, basic protective measures, cross-cultural considerations, and consular advice

**Travax Traveler Report**

**Itinerary**  
Round Trip: United States → Mexico → United States

**Health Concerns Summary**  
The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.  
• Vaccine-Preventable Diseases: COVID-19, hepatitis A, hepatitis B, influenza, measles, mumps, rubella, rabies, typhoid fever  
• Malaria  
• Other Diseases: anthrax disease, brucellosis, Chagas' disease (American trypanosomiasis), chikungunya, dengue, helminths, leishmaniasis, leptospirosis, Lyme disease, melioidosis, plague, rickettsial infections, travelers' diarrhea, tuberculosis, West Nile virus, Zika

**Yellow Fever**  
**Requirement Information (for entry, per WHO)**  
Is yellow fever vaccine an official entry requirement for this itinerary?  
**NO.** An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.  
**Visa application:** Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

**Yellow Fever Requirement Table for this itinerary**  
The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

| Country       | Transm. Risk | Required if Coming From | Applies to Ages | See Note |
|---------------|--------------|-------------------------|-----------------|----------|
| UNITED STATES | No           | None                    | None            |          |
| MEXICO        | No           | None                    | None            |          |

**Recommendation Information (for health protection)**  
Is yellow fever vaccine a recommended protective measure for this itinerary?  
-> already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with  
-> ser baloxaver or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or  
-> adequately vaccinated.  
-> activity usually occurring from January through February, although off-season  
-> admission season due to demonstrated influenza risk in this group.

**Hepatitis B**  
**Mexico**  
Recommended for all health care workers, travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.  
Travelers should observe safer-sex practices and blood/body fluid precautions.

**Measles, mumps, rubella**  
**Mexico**  
Indicated for those born in 1957 or later (1970 or later in Canada and UK, 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

**Rabies**  
**Mexico**  
Risk from wildlife and domesticated animals exists throughout the country, especially in areas along the Gulf Coast. Rabies in dogs rarely occurs.

**Without consistent access to safe food  
-> cages and other prearranged fixed**

A close-up photograph of a healthcare professional's hands administering a vaccine. The professional is wearing a ring and has a yellow bandage on their index finger. They are holding a syringe with a green plunger and a needle, which is inserted into the patient's arm. The patient's arm is visible, and they are wearing a grey sleeve. The background is blurred, showing the professional's face and the patient's torso.

# Which Vaccines are Provided by the Travel Clinic?

- **Travel-Specific**

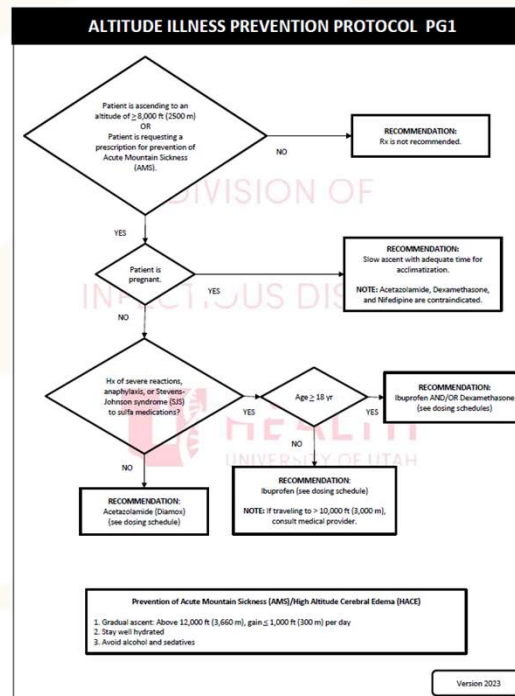
- Typhoid (Oral and Intramuscular)
- Yellow Fever
- Rabies
- Japanese Encephalitis
- Cholera
- Chikungunya (coming soon)
- Tick-borne Encephalitis (coming soon)

- **General Immunizations**

- Hep A/B
- Tdap
- MMR
- Varicella
- Shingles
- Polio
- Meningococcal ACWY & B
- Hib
- HPV9
- Rotavirus
- PCV20
- RSV
- COVID
- Flu

# Travel Medications

- Altitude Mountain Sickness
- Malaria
- Traveler's Diarrhea
- Leptospirosis
- Jet Lag
- Motion Sickness
- Severe Allergic Reactions
- Vaginal Candidiasis
- Venous Thromboembolism



International Travel Clinic

610 South 200 East  
Salt Lake City, UT 84111

7971 South 1825 West  
West Jordan, UT 84088

Telephone 385-468-7468

**SALT LAKE COUNTY HEALTH DEPARTMENT**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_

**Rx**

**ACETAZOLAMIDE (DIAMOX) 250 mg**

# \_\_\_\_\_ Take 1/2 tablet by mouth twice daily for prevention of AMS.  
(1 full tablet twice daily is the treatment dose)

☐ Begin 24 hours prior to arriving at altitude and continue until descending from highest altitude.  
☐ Begin 24 hours prior to arriving at altitude and continue x 3 days.

**PRECAUTION IF ALLERGIC TO SULFA**

NO REFILL

Daniel Leung, M.D.  
Jatrapun Pupaibool, M.D.  
Theresa Sofarelli PA-C

Thank you for your time!