

Respiratory conditions

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

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 (inhaler) medication should always be readily available, even if normally rarely used.**
- **Poor air quality is a significant problem in many parts of the world and may exacerbate pre-existing lung conditions.**

Overview

Respiratory conditions are illnesses of the airways and other lung structures, including asthma, chronic obstructive pulmonary disease (COPD) and occupational lung conditions [1]. Respiratory conditions affect one in five people in England [2].

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

Pre-travel preparation

Before booking a trip, it is important for travellers with a respiratory condition to research their destination, as well as the journey, and carefully consider their itinerary. There may be limited health care capacity or expertise for managing respiratory complications, and triggers such as pollen, dust or heat, could be present in greater quantities. It may also not be possible to accommodate those with some specific requirements, for example there may be no reliable electricity for a CPAP machine.

Travellers with pre-existing health conditions should book a pre-travel consultation with a healthcare professional at least four to six weeks before travel; it is then possible to discuss the specific health issues and support the traveller to plan carefully and have realistic expectations for a trip. 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 and check destination-specific advice, which can be found on our [Country Information pages](#).

- It is important to ensure that the respiratory condition is well-controlled before travel; it may be necessary to have a check-up with the usual health care provider before the trip [4]. Respiratory conditions, such as asthma, may deteriorate during travel [6]. 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; this decision should be based on a careful assessment with the traveller's usual health care provider [7].
- Concerns about a person's fitness to fly because of a respiratory condition, or associated comorbidity, should be assessed before travel [8]. 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 [9]. It is likely that travellers who can walk 50 metres at normal pace or climb one flight of stairs without severe dyspnoea (difficulty breathing) will tolerate a normal aircraft environment [10]. However, some will require supplementary oxygen and an assessment will need to be made [10, 11]. The table below 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 that before travel, travellers find out what help is available and if their needs and equipment requirements can be accommodated; any assistance required should be booked well in advance [4, 10].

Table 1: Considerations for air travel for those with respiratory illnesses [5, 9-11]

Absolute contraindication (C) / Travel not advised	Requires assessment
Active tuberculosis (TB) considered still infectious (C)	Significant respiratory symptoms with previous air travel

Individuals undergoing chemotherapy for lung cancer or mesothelioma, as they are at increased risk of infection and of suffering from significant side effects.	Cystic fibrosis
Pneumothorax within 14 days or ongoing pneumothorax with persistent air leak (C)	Bronchiectasis
Major haemoptysis (coughing up large amounts of blood) (C)	Severe chronic obstructive pulmonary disease (COPD) or severe asthma (FEV1 <30% predicted)
Usual oxygen requirement at sea level exceeds a flow rate greater than 4 l/min (C)	Bullous lung disease
Within 2 weeks of thoracic surgery (surgery to organs in the chest)	Severe (FVC <30% predicted) restrictive disease
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
Within two weeks of a diagnosis of DVT or pulmonary embolism	Trapped lung (a condition when the lung does not fully expand during pleural drainage)
Following interventional procedures, those with no pneumothorax seen on post procedure chest X-ray should wait one week	Within 6 weeks of hospital discharge for acute respiratory illness
Individuals post interventional procedures with pneumothorax seen on post procedure chest X-ray should wait for one week after pneumothorax resolution on chest X-ray	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
Non-infective pulmonary TB (TB in the lungs)

[Comprehensive travel insurance](#), covering repatriation and planned activities is recommended for all travellers. Those with a respiratory condition should declare their full medical history and ensure that any equipment they need to carry, for example a CPAP machine, are also covered [10].

A [UK Global Health Insurance Card \(GHIC\)](#) gives access to emergency state healthcare at a reduced cost, or sometimes for free, in some worldwide destinations, including European Union and European Economic Area countries. It is not an alternative to travel insurance. Note that European Health Insurance Card (EHIC) arrangements ended on 31 December 2020.

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. All those travelling with prescribed medication should carry a copy of their prescriptions during travel, or a letter/note from the prescriber detailing medicines, with the generic names. Some medication may not be allowed into some countries and this, together with airline regulations, should be checked before travel [8].

Journey risks

Exacerbation of a lung condition can occur 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 conditions, 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, 10, 12].

Food and water-borne risks

Travellers' diarrhoea (TD) is the most common health problem of travellers to low-income world regions [13], although it can be a problem at any destination. Care with [food and water hygiene](#) is sensible but it does not provide reliable protection [13]. Travellers with respiratory conditions should be prepared to [manage the symptoms of TD](#) and know when to seek medical advice.

Travellers with a compromised immune system due to medication or a medical condition should be advised to seek medical advice promptly for any gastrointestinal infection. 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 [14].

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. Scratching should be avoided to reduce infection risk. Itching may be reduced by taking antihistamine tablets or topical application of a mild steroid cream, although good quality evidence to support their use is lacking [15]. Travellers should seek early advice if there are signs of infection, or the wound is not healing. This is particularly important for those with respiratory conditions as healing time may be increased [16].

There are several infectious illnesses that can be spread 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 infection.

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 [17]. When selecting antimalarial medication, potential drug interactions with other medications must be taken into consideration.

Along with fever, a cough may be a non-specific signs of malaria [17] and could mimic, for example an exacerbation of an existing lung condition. Those with underlying respiratory conditions, who are unwell with a fever, should seek urgent medical care; the health professional should be made aware of travel into a malarial area within the last year [17].

COVID-19

Current advice is that anyone with a severe lung condition (including poorly controlled asthma) is at increased risk of severe [COVID-19](#) and are included in groups prioritised for COVID-19 vaccination in the UK.

All individuals should follow [current UK recommendations](#) to reduce their risk of catching COVID-19 and passing it on to others.

[UK Health Security Agency \(UKHSA\) Immunisation against infectious disease, the 'Green Book' COVID-19 chapter](#) gives detailed advice about different ages, clinical risk groups and eligibility for

COVID vaccination.

General guidance regarding [risk assessment for travel](#) and information about the [COVID-19 vaccination programme](#), is available.

Additional [information for people with lung disease and coronavirus](#) is available from the British Thoracic Society.

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 [18]. For many travellers with a respiratory condition, travel vaccine recommendations will be the same as for other travellers. 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. Destination-specific recommendations can be found on our [Country Information pages](#).

Other health risks

Air quality

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

Altitude

Any traveller with a respiratory condition should speak to their usual doctor before travel to a high-altitude destination, as even mild breathlessness at home can worsen [19]. While those with mild and well-controlled respiratory condition should be able to travel safely, those with more severe illness may not and should be assessed [20]. If travelling to altitude, those with a respiratory condition should only travel if the condition is stable and well-controlled, be familiar with triggers, and keep medication to hand, [19]. For further information see our factsheet about [travelling at altitude](#).

Immunosuppression

Some respiratory conditions or medications may affect a traveller's immune system; this can increase susceptibility to severe infections and skin damage from the sun [8, 23]. See our

[immunosuppression](#) factsheet for more information.

General advice for those who get sick overseas

According to one study, 10.9 percent of returned travellers sought medical care for a respiratory illness [24]. Whilst most acute respiratory illnesses are mild and self-limiting, those with a pre-existing respiratory condition are at higher risk of severe illness [21].

Travellers with a respiratory condition should know how to deal with minor issues and when and where to seek prompt medical advice. They should seek urgent medical attention for:

- Signs and symptoms of infection, particularly fever.
- Prolonged diarrhoea and/or signs of dehydration.
- Swollen, painful/red skin and/or pus, especially around a wound.
- Animal contact such as bite, scratches or a lick to open skin.
- A tick bite in a country with risk of tick-borne infections.

When seeking medical care abroad, travellers should inform health professionals that they have a respiratory condition, explaining all treatment and medication, along with any other background medical information.

Travellers who seek medical advice abroad should contact their insurance company. The [Association of British Insurers \(ABI\)](#) gives advice for travellers who become unwell abroad.

Resources

- [Asthma + Lung UK: If you have a lung condition and get coronavirus](#)
- [Asthma + Lung UK: Travelling with asthma](#)
- [Asthma + Lung UK: Air pollution](#)
- [Asthma + Lung UK: Going on holiday](#)
- [British Thoracic Society: COVID-19: Information for the respiratory community](#)
- [Civil Aviation Authority: Passengers information for your journey and advice on dealing with travel related problems](#)
- [NHS: Can I take my medicine abroad?](#)
- [TravelHealthPro: Medicines and travel](#)

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