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## Traveler Information

# CRUISE SHIP TRAVEL

## INTRODUCTION

Each year, millions of people worldwide take cruise vacations. Between 2002 and 2012, cruise lines carried more than 243 million passengers and crew members. During that time there were 28 deaths related to marine incidents and numerous outbreaks of infectious disease. About 1 in 250 cruise ship passengers will experience an illness requiring hospitalization.

To ensure the best possible cruise experience, it is important to be prepared and know how to prevent illness, especially for elderly travelers and those with preexisting medical conditions.

- Passengers who are sick before taking a cruise should call the cruise line to find out if there are alternative cruising options.
- Passengers who become sick during a cruise should report their illness to the crew and stay in their room until the symptoms are gone.

## MEDICAL CAPABILITIES ON CRUISE SHIPS

Many larger cruise companies follow guidelines of the American College of Emergency Physicians (ACEP), which specify the qualifications of medical personnel onboard cruise ships and the appropriate medical equipment and supplies to have available. However, ACEP guidelines may not be followed by smaller ships or those run by independent operators; there may be no medical provisions onboard such ships.

The cost of medical care on board a cruise ship is not included in the fare. Therefore, passengers may wish to carry simple remedies such as loperamide and antibiotics for self-treatment of diarrhea and motion sickness with them and check that their travel insurance covers medical expenses at sea, air evacuation, and repatriation.

## TRAVELERS WITH MEDICAL CONDITIONS

Travelers with existing medical problems or those recovering from health problems should prepare carefully for cruise travel. Contact the cruise line's medical department prior to travel and verify that the necessary staff and equipment will be in place.

Less mobile or disabled travelers should inquire about procedures for boarding and disembarking from the ship. Some ports may not have the equipment necessary to accommodate these passengers.

Travelers should bring an adequate supply of current medications and provide the ship physician with a list of names and dosages of all current medications in the event that the ship's doctor needs to dispense or replace the medication.

## INFANTS AND PREGNANT WOMEN

Many cruise lines will not accept infants less than 6 months of age (infants less than 12 months of age for trans-oceanic sailings) or women who will be 24 or more weeks pregnant at the time of the cruise.

Pregnant women may be asked to provide a medical note from their physician stating the expected due date and medical fitness to travel, and verifying that the pregnancy is not high risk. Ship medical facilities are not able to provide blood transfusions and have limited means to handle complications of pregnancy.

## CONTAGIOUS HEALTH RISKS

## Influenza

Aboard cruise ships, large numbers of people coexist in relatively close contact with others; this can promote the spread of respiratory infections such as influenza. Because many passengers on cruise ships have risk factors for respiratory disease (e.g., age or preexisting illness), they are at increased risk for complications from influenza, including pneumonia, hospitalization, and even death.

"It's always influenza season on a cruise ship." Outbreaks of influenza can occur among cruise ship passengers year-round. Persons traveling to areas of potential risk should inquire about their risk for influenza, the symptoms of influenza, and the advisability of carrying antiviral medications for prophylaxis or treatment of influenza. Influenza vaccination is recommended for all travelers aged 6 months and older.

In the event of an outbreak of respiratory illness, affected passengers and crew members may be isolated in their cabins and asked to wear a face mask until 24 hours after symptoms resolve. Antivirals such as oseltamivir (Tamiflu) or zanamivir (Relenza) may help reduce the severity of symptoms. See *Influenza* and *Use of Antiviral Drugs for Influenza*.

## Norovirus Infection

Norovirus is a common cause of gastrointestinal infection in cruise ships. Symptoms include vomiting, diarrhea, abdominal cramps, and low-grade fever. The disease generally runs its course in 24-48 hours.

The virus is transmitted by the fecal-oral route through contaminated hands, directly from person to person, through contaminated food or water, or through contact with contaminated surfaces. Aerosolized vomit is another source of infection.

To avoid norovirus infection, passengers should wash their hands before eating, drinking, or smoking; after touching the face or going to the bathroom; and whenever their hands are dirty. They should leave an area where someone is vomiting. Passengers who experience symptoms may be asked to remain in their cabins or to disembark at the next available port.

## Legionnaires' Disease

Legionnaires' disease is usually acquired from contaminated artificial water systems. Outbreaks on cruise vessels have occurred due to poor cleaning and maintenance of spas, fountains, and showers. Symptoms include high fever, chills, headache, muscle aches, cough, and pneumonia. See *Legionella Infection*.

## Rubella and Varicella

Outbreaks of rubella (sometimes called "German measles") and varicella (chickenpox) have occurred on cruise ships, usually introduced by crew members from countries where immunization is not widely practiced. Because of the dangers of rubella in pregnancy, passengers should be up-to-date with MMR immunization. Passengers should also be immune to varicella. See *Measles, Mumps, Rubella and Varicella*.

## Skin Infections and Sunburn

Skin infections and sunburn are common problems during cruise travel. Travelers should wash and disinfect cuts, abrasions, and insect bites, and avoid excessive sun exposure. See *Insect Precautions* and *Sun Protection*.

## OTHER HAZARDS

### Malaria

Some cruise ships visit ports in countries where malaria is a risk, particularly on the South American coast, the eastern and western coasts of Africa, and some Asian destinations.

Cruise lines commonly offer day trips to local destinations, with passengers returning to the ship in the evening. In this situation, risk during the evening and night is very low because passengers are in a controlled environment, and thus malaria chemoprophylaxis is usually not necessary. However, malaria chemoprophylaxis should be considered if passengers spend the night on shore or spend more than 1 day in sub-Saharan African ports or ports with similar high transmission.

Cruise ship passengers who have a fever after returning from these ports should seek medical care to be tested for malaria.

See *Malaria* for more information.

### Travelers Diarrhea

Most cases of acute diarrhea (except norovirus) are not contracted on board ship but rather during visits to port where passengers eat in local restaurants. Passengers should use the ship's medical services for treatment of symptoms. See *Traveler's Diarrhea* for information on prevention and treatment of diarrhea.

### Motion Sickness

Most large modern ships have been engineered to reduce motion sickness. Ships crossing the Drake Passage to Antarctica present a particular risk for motion sickness. For more information, see *Motion Sickness*.

## VACCINATIONS

All cruise travelers should be up-to-date on routine immunizations as well as those recommended or required depending on age, destination, and medical conditions.

### Yellow Fever

Unless yellow fever vaccination is required as an entry requirement (by the country receiving a cruise ship at a port), cruise travelers with itineraries restricted to the immediate environs of ports in countries where there is risk of yellow fever transmission do not need to receive yellow fever immunization. (One exception is for passengers taking cruise tours up the Amazon River; these travelers should receive the vaccine.)

However, a country at potential risk of yellow fever (e.g. Tanzania) may demand a yellow fever vaccination certificate from passengers who intend to come ashore if they have recently gone ashore in a country designated to be at risk of yellow fever (e.g., Kenya).

Elderly passengers may wish to carry an exemption certificate. See *Yellow Fever*.

### Influenza

All passengers, particularly those with risk factors for respiratory disease, should receive the influenza vaccine before traveling. See *Influenza*.

### Hepatitis A

Hygiene and sanitation on the majority of cruise lines pose no risk of hepatitis A to passengers. However, passengers who intend to eat at local restaurants while in port should be vaccinated against hepatitis A. See *Hepatitis A*.

### Pneumococcal Disease

Many cruise passengers are more than 65 years of age or may have underlying illnesses or treatments that make them susceptible to pneumococcal disease. Immunization is recommended for all high-risk travelers. See *Pneumococcal (19 Years and Older)*.

## Typhoid

In general, cruise passengers who do not eat locally prepared meals while ashore in areas of high risk need not be vaccinated. Persons who may eat only an occasional meal ashore but who practice careful food and beverage precautions need not be vaccinated. Persons who eat more adventurously or more frequently while ashore should consider vaccination. See *Typhoid*.

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Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities.

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