

## **Appendix 1. List of Members of the Global TravEpiNet Consortium and the Boston Area Travel Medicine Network (in Alphabetical Order) Who Contributed Data to This Study in Addition to the Authors**

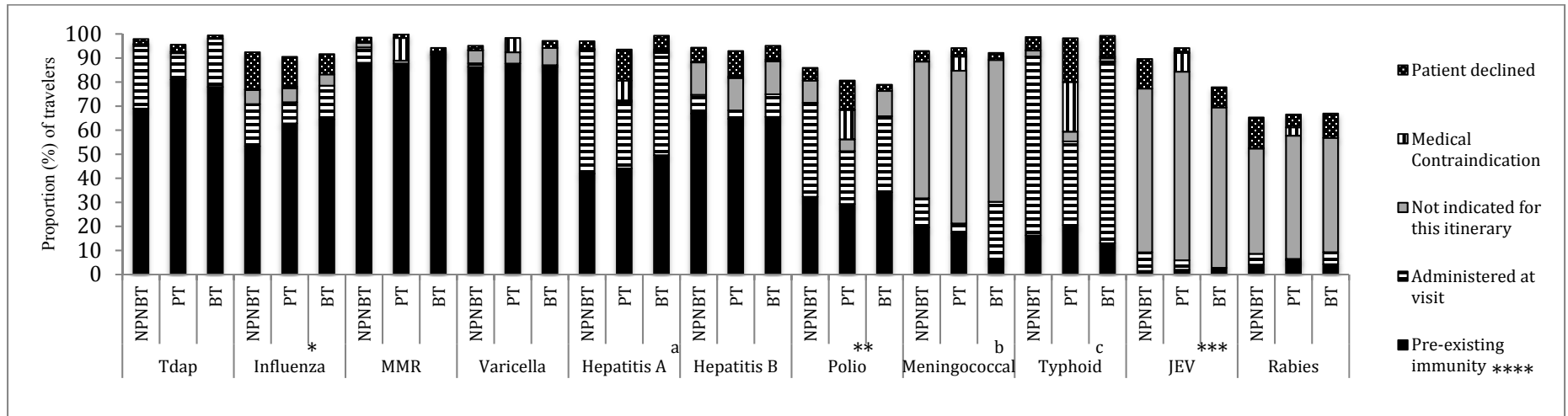
(Global TravEpiNet Consortium) George M. Abraham, Saint Vincent Hospital (Worcester, MA); Salvador Alvarez, Mayo Clinic (Jacksonville, FL); Vernon Ansdell and Johnnie A. Yates, Travel Medicine Clinic, Kaiser Permanente (Honolulu, HI); Elisha H. Atkins, Chelsea HealthCare Center (Chelsea, MA); Holly K. Birich and Dagmar Vitek, Salt Lake Valley Health Department (Salt Lake, Utah); John Cahill, Travel and Immunization Center, St. Luke's-Roosevelt (New York, NY); Bradley A. Connor, New York Center for Travel and Tropical Medicine, Cornell University (New York, NY); Roberta Dismukes, Jessica Fairley, Phyllis Kozarsky, Henry Wu, Emory TravelWell, Emory University (Atlanta, GA); Ronke Dosunmu, JourneyHealth (Maywood, NJ); Jeffrey A. Goad and Edith Mirzaian, International Travel Medicine Clinic, University of Southern California (Los Angeles, CA); Nelson Iván Agudelo Higuaita, University of Oklahoma Health Sciences Center (Oklahoma City, OK); Noreen A. Hynes, Johns Hopkins Travel and Tropical Medicine, Division of Infectious Diseases, Johns Hopkins School of Medicine (Baltimore, MD); Frederique Jacqueroiz and Susan McLellan, Tulane University (New Orleans, LA); Paul Kelly, Bronx Lebanon Medical Center (New York, NY); Mark Knouse, Keystone Travel Medicine, Lehigh Valley Health Network (Allentown, PA); Jennifer Lee, Northwestern Medical Group-Travel Medicine, Northwestern Memorial Hospital (Chicago, IL); Daniel Leung, Brian Kendall and DeVon Hale, International Travel Clinic, University of Utah (Salt Lake City, UT); Alawode Oladele and Hanna Demeke, DeKalb County Board of Health Travel Services-DeKalb North and Central-T.O. Vinson Centers (Decatur, GA); Alawode Oladele and Althea Otuata, DeKalb County Board of Health Travel Services-DeKalb East (Decatur, GA); Roger Pasinski and Amy E. Wheeler, Revere HealthCare Center (Revere, MA); Adrienne Showler, Jessica Rosen and Laura Coster, Infectious Diseases and Travel Medicine, Georgetown University (Washington, DC); Brian S. Schwartz, Travel Medicine and Immunization Clinic, University of California (San Francisco, CA); William Stauffer and Patricia Walker, HealthPartners Travel Medicine Clinics (St. Paul, MN); and Joseph Vinetz, Travel Clinic, Division of Infectious Diseases, Department of Medicine, University of California-San Diego School of Medicine (La Jolla, CA). (Boston Area Travel Medicine Network) William B. MacLeod, Center for Global Health and Development, Department of Public Health, Boston University of Public Health (Boston, MA); Laura Kogelman, Division of Geographic Medicine and Infectious Diseases, Tufts Medical Center (Boston, MA); Adolf W. Karchmer, Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Harvard Medical School (Boston, MA); Winnie W. Ooi, Travel and Tropical Medicine Clinic, Lahey Clinic (Burlington, MA); Christine Benoit, Children's Hospital and Clinics of Minnesota, Department of Research and Sponsored Programs (Minneapolis, MN); Mary E. Wilson, Department of Global Health and Population, Harvard T.H. Chan School of Public Health (Boston, MA).

Hagmann SHF, Rao SR, LaRocque RC, Erskine S, Jentes ES, Walker AT, et al. Travel characteristics and pretravel health care among pregnant or breastfeeding U.S. women preparing for international travel. *Obstet Gynecol* 2017; 130.

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**Appendix 2. Use of vaccines, except for yellow fever vaccine in pregnant and breastfeeding travelers, Global TravEpiNet Consortium, 2009–2014. See Figure 1 for yellow fever vaccine. NPNBT, nonpregnant/nonbreastfeeding female traveler of childbearing age; PT, pregnant traveler; BT, breastfeeding traveler; Tdap, tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis; MMR, measles–mumps–rubella; JEV, Japanese encephalitis. \*Includes only travelers who presented during the northern hemisphere influenza season (October 1–June 30); PT, n=137; BT, n=107; NPNBT, n=1215. \*\*Includes only travelers to polio endemic countries; PT, n=41; BT, n=38; NPNBT, n=338. \*\*\*Includes only travelers to JEV endemic countries; PT, n=51; BT, n=36; NPNBT, n=389. \*\*\*\*For each vaccine, providers could indicate preexisting immunity as defined by a positive serology, a history of vaccination, or clinical review. <sup>a</sup>Proportion receiving hepatitis A vaccine, PT vs NPNBT,  $P<.001$ . <sup>b</sup>Proportion receiving meningococcal vaccine, PT vs NPNBT,  $P=0.03$ . <sup>c</sup>Proportion receiving typhoid fever vaccine, PT vs NPNBT,  $P<.001$ .**



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### **Appendix 3. Descriptive Analysis of Pretravel Health Care Using Data From the Boston-Area-Travel-Medicine Network**

Boston-Area-Travel-Medicine Network is a research collaboration of five travel clinics in greater Boston. De-identified demographic, clinical, and travel information collected during pretravel consultations were abstracted from medical records and entered into a CSPro v4.0 (U.S. Census Bureau) database with range checks and skip patterns by dedicated study personnel at each site. Study statisticians reviewed the data and created queries for the sites when discrepant or missing responses were identified. The Boston-Area-Travel-Medicine Network data collection protocol was approved or considered exempt by the institutional review boards of all participating sites. Data entered into the Boston-Area-Travel-Medicine Network database from June 12, 2008, through July 31, 2010 (termination of Boston-Area-Travel-Medicine Network database) were included in this analysis.

During a 2-year period, a total of 5,581 female travelers of childbearing age and 70 (1.3%) pregnant travelers received pretravel care at the Boston-Area-Travel-Medicine Network. The median age for pregnant travelers was 33 years, about half (57%) were U.S-born, with 93%, 83%, and 37% traveling to a malaria, dengue, or yellow fever endemic country, respectively. Travel to a dengue-endemic area in the Americas was noted for 21%. The most common destination was the African region (41%) (see table below).

Of those traveling during the northern hemisphere influenza season (October 1–June 30), influenza immunity was reported for 28 (62%) pregnant travelers (based on previous seasonal vaccination [44%] and vaccination during the pretravel visit [18%]).

Other commonly used vaccines among pregnant travelers were typhoid (30%, with 16 [76%] receiving the Vi capsular polysaccharide vaccine), hepatitis A (29%), polio (19%), and Tdap (11%). Less commonly used vaccines were hepatitis B (3%), meningococcal (3%), and MMR (3%). Yellow fever vaccine was administered in 39% of those planning travel to a yellow fever-entirely endemic country.

Of those traveling to malaria-endemic countries, about half (46%) received an antimalarial prescription, most receiving mefloquine (67%), followed by atovaquone/proguanil (33%). An antibiotic prescription for travelers to low- or medium-Human Development Index countries was provided to 69%, most receiving a macrolide (74%).

**Demographic and Clinical Characteristics of Pregnant Travelers Visiting Boston Area Travel Medicine Network Clinics for Pre-travel Consultation**

Boston Travel Medicine Clinics 2008-2010		
Variable	Pregnant (N=70)	Nonpregnant <sup>a</sup> (N=5511)
<b>Age, median in years (IQR)</b>	33 (29-36)	29 (24-37)
	N (%)	
<b>Age groups</b>		
18-29 years	19 (27)	2898 (53)
30-34 years	26 (37)	899 (16)
35-49 years	25 (36)	1714 (31)
<b>U.S.-born</b>	40 (57)	3804 (69)
<b>Any medical condition</b>	23 (33)	1737 (32)
<b>Taking medications</b>	30 (43)	1956 (36)
<b>Time to departure</b>		
<14 days	16 (23)	1054 (19)
<b>Travel duration</b>		
>28 days	5 (7)	346 (6)
<b>Reason for travel</b>		
Leisure	28 (40)	2406 (44)
Business	12 (17)	627 (11)
Visiting Friends and Relatives	12 (17)	364 (7)
Other*	6 (9)	1444 (26)
<b>Destination by human development index categories</b>		
Low/medium	NA	NA
High/very high	NA	NA
<b>Region of destination</b>		
Africa	29 (41)	1770 (32)
North America	0 (0)	9 (0.2)
Central America/Caribbean	10 (14)	1017 (19)
South America	5 (5)	850 (15)
Southeast Asia	10 (14)	1061 (19)
Europe	3 (4)	307 (6)
Eastern Mediterranean	2 (3)	264 (5)
Western Pacific	14 (20)	752 (14)

Abbreviations: IQR, interquartile range; NA, not available.

\*Other=healthcare seeking, education/research, missionary/volunteer.

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