In reply: Dr Holdiness offers valuable comments regarding influenza vaccination among travelers. Let me add that our practice does keep some influenza vaccine doses from the previous year until the expiration date in the current year to vaccinate persons requiring off-season immunization. Once the supply is exhausted, if a high-risk patient has had close contact with an infected individual, prophylactic amantadine, rimantadine, or oseltamivir is prescribed. Zanamavir is not yet approved by the Food and Drug Administration for prophylaxis.

Dr Hershfield raises the issue of travelers and tuberculosis. Increased tuberculin conversion is related to travel to countries with high prevalence of tuberculosis,¹,² and therefore tuberculin skin testing is justified in some travelers, both children and adults. Certainly first-generation children born in the United States to immigrant parents are at higher risk of tuberculin conversion on travel to visit friends and relatives in countries with high endemcity. Children visiting and living in private homes in such countries should have tuberculin skin tests on their return to more developed countries. The length of stay that might dictate tuberculin skin testing is unclear, but potentially any stay longer than 2 to 4 weeks probably warrants tuberculin skin testing, particularly in children. It is also prudent to do tuberculin skin testing for all health care workers, expatriates, missionaries, and volunteers going to and returning from work in high-endemicity countries.

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