

Cruise Ship Travel

Traveler Summary

Key Points

- Approximately 1 in 250 cruise-ship passengers will become ill.
- Seasickness (motion sickness) can be prevented with prescription patches (placed behind the ear; change every 3 days), prescription medication, or an over-the-counter medication called bonine; all are to be used prior to rough seas. The cruise medical clinic can provide more potent medication after the onset of severe illness.
- Respiratory illnesses such as influenza can occur at any time of the year. Precruise vaccination and observing meticulous hand hygiene (frequent, thorough handwashing) during the cruise are important.
- Norovirus is a highly infectious disease acquired from contaminated surfaces. Prevention includes hand hygiene (frequent, thorough handwashing). Ill passengers may be quarantined to cabin for 24 to 48 hours and in many cases may be put off the ship at the next port. Treatment is limited to maintaining hydration.
- Care should be taken when walking on wet decks and during embarkation/debarkation to minimize risk of slip and fall injury. Flat, rubber-soled shoes or sandals are safest.
- Passengers should be aware of illnesses found at ports of call that may require behavioral modification, medication, or vaccination to prevent.

Introduction

Between 2002 and 2015, more than 200 deaths occurred that were related to marine incidents aboard cruise ships. About 1 in 250 cruise ship passengers will experience an illness requiring hospitalization.

Passengers who are sick before taking a cruise should inform the cruise line to find out current policies, procedures, and any restrictions for their ship and itinerary. Passengers who become sick during a cruise should report their illness to the crew and stay in their room until symptoms are gone.

Medical Capabilities on Cruise Ships

Most large cruise companies follow published guidelines that specify the qualifications of on-board medical personnel and recommended medical/laboratory equipment, supplies, and medications. Many on-board medical facilities now incorporate access to telemedicine, which augments support for the medical personnel on the ship. At a minimum, medical staff must be able to initiate appropriate care for critically ill or medically unstable patients and to facilitate evacuation of severely ill or injured patients. Passengers requiring more comprehensive or specialized care will be referred to a shore-side facility. However, these guidelines may not be followed by smaller ships or those run by independent operators, and medical provisions may not be available on such ships.

The cost of medical care on a cruise ship is not included in the fare and is often costly. Consider carrying simple remedies such as cold medicines, loperamide, antibiotics for self-treatment of diarrhea, and motion sickness medicines. Check that health insurance or any additional travel insurance purchased covers medical expenses at sea, air evacuation, and repatriation.

Travelers with Preexisting 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. Travelers with a history of heart disease should carry a printed or electronic copy of a recent electrocardiogram (EKG).

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.

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 the ship's doctor needs to dispense or replace the medication.

Infants and Pregnant Women

Many cruise lines will not accept infants younger than 6 months (younger than 12 months for transoceanic 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, as well as 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.

Vaccinations

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

Health Risks on Board

Motion Sickness

Most large modern ships have been engineered to reduce motion sickness, but motion sickness is still responsible for up to 25% of cruise ship medical visits. Ships crossing the Drake Passage to Antarctica present a particular risk for motion sickness. For more information, see *Motion Sickness*.

Injuries

Injuries resulting from slips, trips, and falls are common on cruise ships and account for up to 18% of medical visits.

Respiratory Illnesses

Aboard cruise ships, large numbers of people coexist in relatively close contact with others, which can promote the spread of respiratory infections, accounting for up to 29% of medical visits. Older travelers and those with risk factors for respiratory disease 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 throughout the year. Influenza vaccination is highly recommended for all cruise ship travelers 6 months and older. Passengers should also ask their regular physician about the advisability of carrying antiviral medications for treatment of suspected influenza because vaccination is not 100% effective. 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 are gone. See *Influenza*.

All passengers with underlying illnesses or who are 65 years or older should be up to date with recommended pneumococcal vaccination. See *Pneumococcal (19 Years and Older)*.

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*.

Norovirus Infection

Norovirus is a common cause of gastrointestinal infection on cruise ships. Symptoms include vomiting, diarrhea, abdominal cramps, and low-grade fever. The disease generally runs its course in 24 to 48 hours, but individuals can remain contagious for up to 72 hours after symptoms have disappeared.

The highly infectious 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, observe hand hygiene (frequent, thorough handwashing or using an alcohol-based hand sanitizer containing $\geq 60\%$ alcohol), especially after using the bathroom, changing diapers, and before preparing or eating food. 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.

Measles, Rubella, and Varicella

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

Skin Infections and Sunburn

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

Health Risks on Shore

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; thus, preventive malaria medication is usually not necessary. However, preventive medication should be considered if passengers spend the night on shore or spend more than 1 day in sub-Saharan African ports or ports with similarly 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.

Yellow Fever

Unless yellow fever vaccination is required as an entry requirement (by the country receiving a cruise ship at a port), vaccination is not recommended for cruise travelers with itineraries restricted to the immediate environs of ports in countries where risk of yellow fever transmission exists. However, vaccination is recommended for passengers taking cruise tours up the Amazon River, where risk exists in forested areas along the shore.

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*.

Illness from Food and Water

Most cases of acute diarrhea (except norovirus) are not contracted on the 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 *Travelers' Diarrhea* for information on prevention and treatment of diarrhea.

Hepatitis A and typhoid are not a risk on large cruise ships belonging to major cruise lines because of adequate hygiene and sanitation measures. However, passengers who intend to eat at local restaurants while in port in developing countries should be vaccinated against both diseases. See *Hepatitis A*. See *Typhoid*.

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