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2026

# AAOHN NATIONAL CONFERENCE



ORLANDO, FLORIDA

ROSEN SHINGLE CREEK

2026

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# **Medical Tourism at the Workplace:** *Supporting Your Employee Traveling Internationally for Medical or Dental Care*

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Certificate of Travel Health<sup>®</sup>**

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**Orlando April 2026**



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- The American Association of Occupational Health Nurses is an accredited provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



# 12 Years Ago...



- 36 y.o. employee called my practice to say she was going to Poland in 6 weeks to get dental implants and veneers.
- Could I give her the Hepatitis B series as required by the dentist in Warsaw?
- No, she was not discussing this plan with her dentist, PCP or management.
- “I don’t have much of a dental plan and I will be saving a fortune,” she said.
- She also planned to visit distant cousins while there.

# Learning Objectives

- Describe the growing medical tourism industry and its impact on medicine, tourism, and occupational health nursing
- List 2026 “push-pull” factors motivating employees to become medical tourists
- Describe important prevention measures when educating or preparing an employee for medical tourism travel
- Identify post-travel medical tourism health problems that can impact the employee, worksite and public health
- Describe new medical tourism employment opportunities for occupational health nurses

# Employee Seeking Hip Replacement



- Mrs. B seeks a surgeon for a right hip replacement. She works for a Fortune 50 company that is self-insured. She has some family in India.
- Her HR director asks her if she ever considered going out of the country to get surgery?

# Hip Replacement: What to Choose?

Apollo Hospital-Delhi  
\$7800



Includes air fare, private duty nursing, & post surgery rehab at a coastal spa

Columbia Presbyterian  
\$50,000



Post surgery rehab is an added expense

# Medical Tourism (MT) Definitions

- **CDC: “International travel for the purpose of receiving medical care”**
- **Also known as: overseas healthcare, medical travel, health tourism, cross-border care, wellness & spa tourism, or preplanned international travel for medical or dental care**
- **AMA: In many instances, patients travel on their own initiative, with or without consulting their physician, and with or without utilizing the services of commercial medical tourism companies. The care medical tourists seek may be elective procedures, medically necessary standard care, or care that is unapproved or legally or ethically prohibited in their home system.**

# Medical Tourism Intersect

Medicine + Tourism



# MT By the Numbers: Patients

- According to Medical Tourism Association, approximately **14 million** people travel to other countries each year for medical or dental care.
- **1.5 million Americans** traveled abroad for medical treatment in 2025. (800K in 2022)
- Mexico was the preferred destination for **more than 1 million** seeking dental care. Other popular countries were Costa Rica, India and Turkey.
- Four groups of North Americans are most interested in medical tourism and the cost savings it provides:
  - **Uninsured Americans**
  - **Insured Americans with restricted coverage** due to pre-existing conditions, resulting in out-of-pocket expenses
  - **Canadians** receiving socialized medicine, enduring long wait lists for popular surgeries
  - Potentially, **330 Million North Americans seeking elective cosmetic and/or dental surgery**
- Per CDC: Surveillance data indicate that millions of US residents travel internationally for medical & dental care each year, about **10% of the world** total.

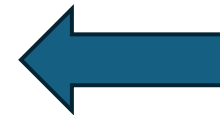
# PUSH & PULL FACTORS

## WHY PATIENTS CHOOSE MT

### PUSH



- **High Cost of US Medical / Dental**
- **No Insurance / Underinsured**
- **Lack of Local Expertise**
- **Wait times up to a year or more**
- **Referrals & Recommendations of family, friends, employers, HCWs**
- **Aging of the Population**
- **Focus on Wellness**



### PULL

- **40-80% Cost Savings**
- **Quality of Care**
- **Accreditation**
- **Aggressive marketing**
- **Shorter Wait Times**
- **Availability of Procedures**
- **Global training of health care workforce**
- **Advanced Technology / Telehealth**
- **Language & Cultural Affinity (Diaspora /VFR)**
- **Holistic & Alternative Therapies**
- **Combining Treatment with Vacation**
- **Ease and lower cost of air travel**

# MT Patient Motivation

## The 5 A's of Medical Tourism

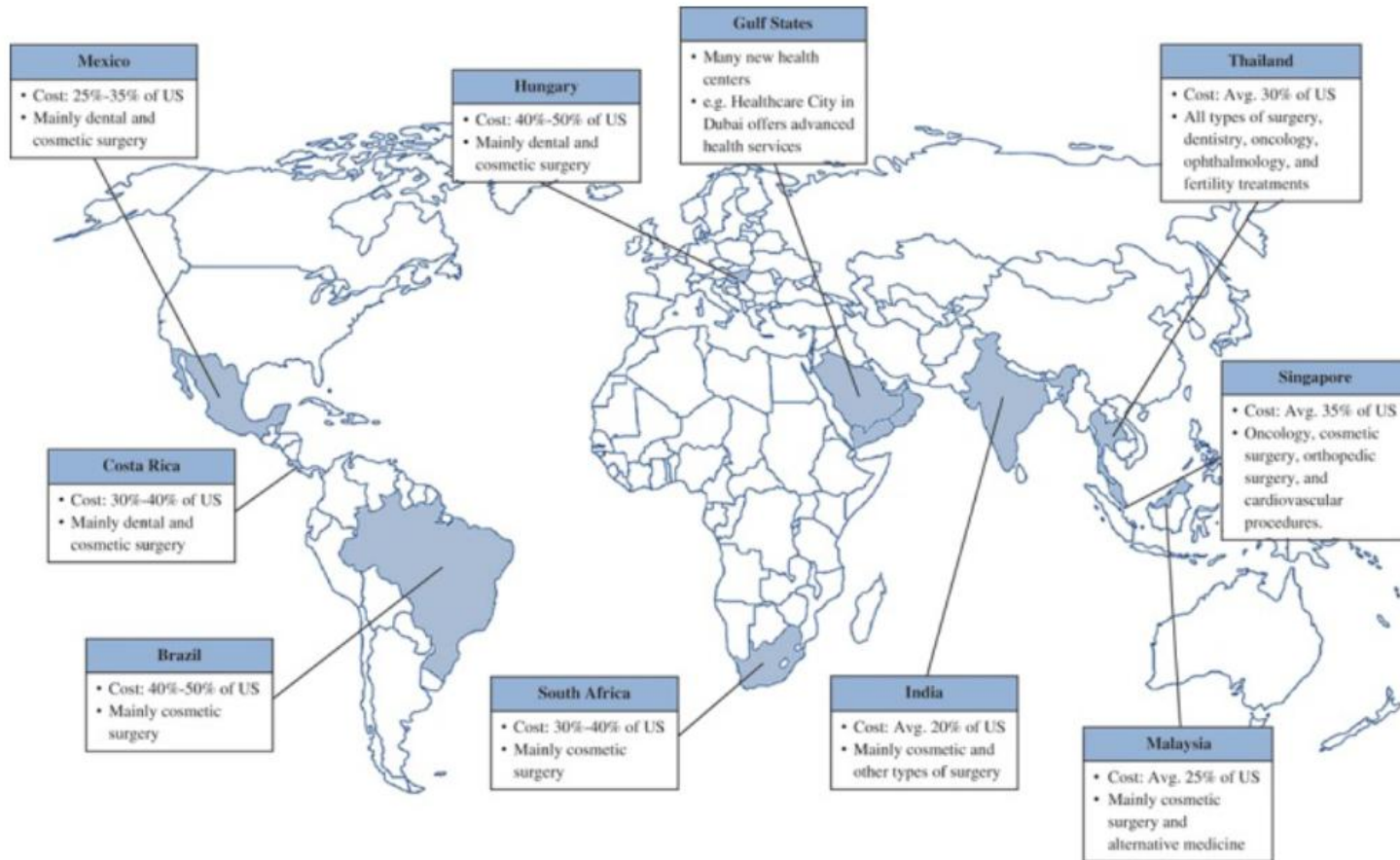
**So why do individuals travel for Medical services?** What are the key factors driving this industry? Primarily there are **five major factors** involved in decision making process of the medical tourist.

- **Affordability**
- **Availability**
- **Accessibility**
- **Acceptability**
- ***Additional***

**This is often the most important and extensive factor of all. Many patients travel because they receive additional benefits: better care, modern technology, latest medicine, better hospitality, personalized care or privacy- *plus a travel experience***

# Expanding...Medical Hubs

Destinations building infrastructure to support MT expansion



Source: <https://www.globalhealthcareaccreditation.com/medical-tourism-statistics-and-facts>  
<https://www.daniamedicare.com/blogs/destination-spotlight-emerging-medical-tourism-hubs-in-2024/>  
<https://www.thailandnow.in.th/innovation-sustainability/phuket-medical-hub-sets-sail-for-new-frontiers-of-wellness/>  
<https://www.facebook.com/photo.php?fbid=961729342660464&id=100064702208328&set=a.312135114286560>

# MT By the Numbers: Top Procedure Categories

## Cosmetic

- Face lift
- Liposuction
- Breast augmentation / reduction
- Abdominoplasty
- Eyelid surgery
- Rhinoplasty
- Hair transplants



Source: Medical Tourism Association, Patients Beyond Borders, McKinsey & Company, International Medical Travel Journal, World Health Organization, Medical Tourism Magazine

## Non-Cosmetic

- **Dental #1** (Felkai et al report 32% of MT market)
  - General, Restorative, Cosmetic, implants, veneers, teeth whitening
  - Often complex with staged treatments, multiple trips
- Cancer treatments
  - Advanced treatments, alternative treatments, “last resort care”
- Fertility
  - Artificial insemination, IVF
- Organ and Tissue Transplant
  - Stem cell
  - Xenotransplantation
  - Injection of human and non-human cells, tissues
- Substance Abuse Rehab / Treatments
- Ophthalmology- LASIK, cataract removal
- Surgery
  - Orthopedic, Bariatric, Vascular, Gender Reassignment,
- Scans, Tests, Second Opinions
- **PAS- Physician Assisted Suicide**
- **Injections, Infusions, Pills for Longevity**
- **Alternative medicine modalities**

# Other Reasons for MT Growth

- MT Hub promotion and support by national governments: e.g. Thailand, Singapore, Dubai, UAE
- Internet and social media promotion of hospitals
- International accreditation-JCAHO, others
- Expansion of US health systems with facilities abroad



Cleveland Clinic, Mayo, Hopkins



**IregA**  
ACAPULCO-PUEBLA-CANCUN  
INSTITUTE OF REPRODUCTION AND ONCOLOGY

### Have you gotten pregnant?

**Techniques of Assisted Reproduction**  
- In Vitro Fertilization  
- Artificial Insemination

**Travel to**

Location	Phone
Acapulco	(744) 484-4471 (744) 488-1114
Puebla	(222) 225 1091 (222) 225 1103
Cancun	(998) 802-1515 (998) 802-1516

**and get pregnant!**

Certified Health Tourism Clinic  
**Turismo de Salud**  
**México**



# How to Prepare for the MT Employee

Pretravel Consultation / Post Travel Encounter



# OHNs Assisting MT Employees Pre-Travel

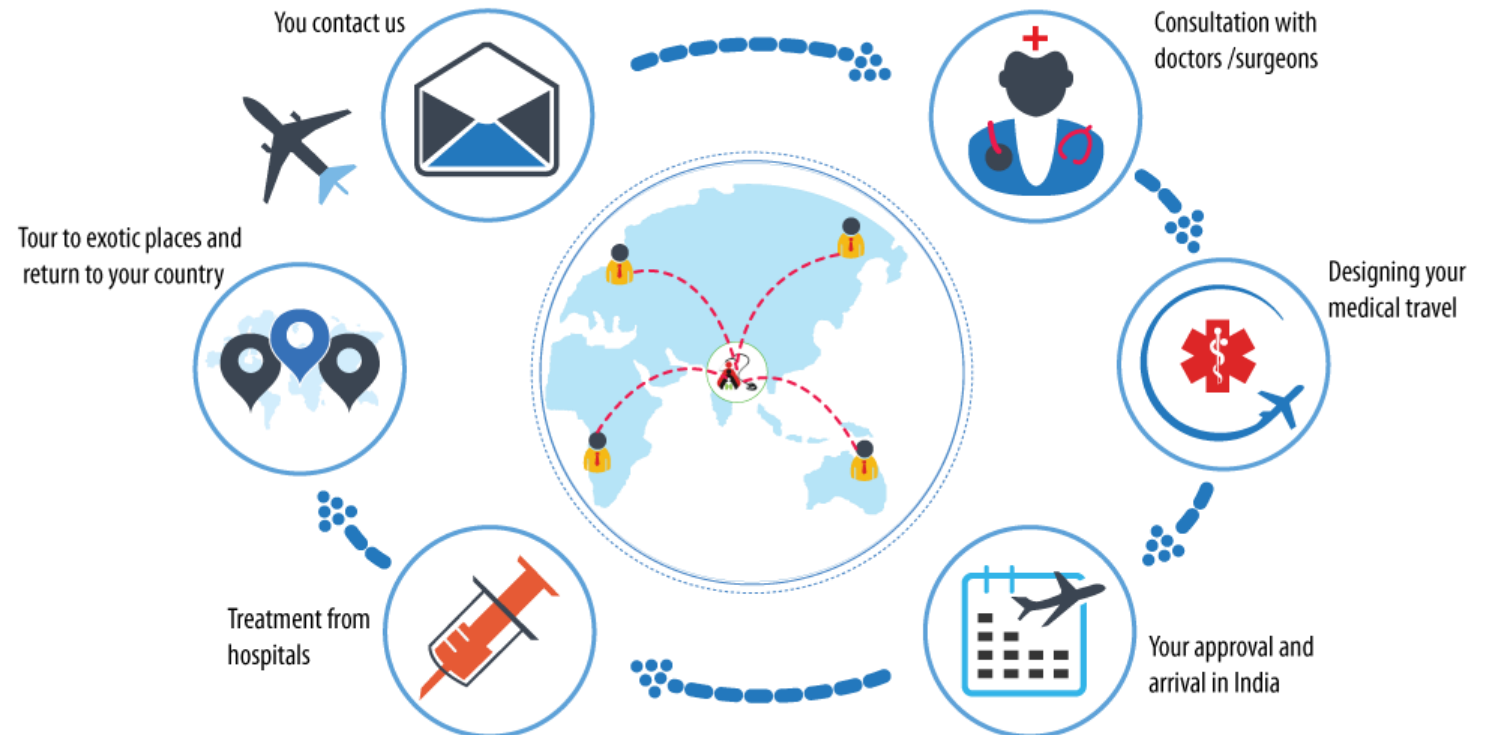
## OHN Goals:



- **Provide consistent employee guidance to prevent consumer fraud, substandard care, & adverse health outcomes**
- **Reduce procedural risks (biomedical) and process risks (logistical, administrative and interpersonal) for medical tourists and their caregiving companions**

# Understand the Medical Tourism Process / “Journey”

- “Involves both the treatment of illness and the facilitation of wellness, with travel”
- Integrated, multifaceted & multiphase process



# International Accreditation



## Primary International Accreditation Bodies- *for information purposes only*

While no single global regulation monitors medical tourism, several organizations provide voluntary accreditation to standardize patient safety & quality across borders

• **Patient Experience Focus:** Organizations like **Global Healthcare Accreditation (GHA)** emphasize the non-clinical "travel" aspects of the patient journey that traditional hospital accreditations might overlook.

**Verification: Consumers are advised to check both the credentials of the facility and the individual clinician. Accreditation is beneficial for standardization but does *not* guarantee specific clinical outcomes.**

Organization 	Specialization / Scope	2024 Developments
 <b>Joint Commission International (JCI)</b>	Hospitals, academic medical centers, and clinics worldwide.	Released 8th edition standards in July 2024, adding global health impact and sustainability sections.
 <b>Global Healthcare Accreditation (GHA)</b>	The entire medical travel patient journey, from pre-arrival to post-discharge.	Standards 4.1 are accredited by ISQua's external evaluation arm.
<b>ISQua (IEEA)</b>	Accredits the standards of other national and international accrediting bodies.	Accredited multiple organizations in late 2024, including GHA and various national boards.
<b>Temos International</b>	Specific focus on international patient management and medical tourism.	Recognized as a key specialty accreditor for the medical tourism sector.

Source <https://www.health-tourism.com/medical-tourism/industry-certifications/>

# MT Key Terms

**Medical tourism Broker or Agency      Medical tourism Facilitator\*\***

Knowledgeable about medical tourism process & hubs

## **Services may include:**

- Act as intermediaries (patients & international providers)
- Coordinate procedures, travel & logistics
- Provide vetting-facilities, providers, accreditation
- Cost negotiation
- Aftercare coordination
- Communication & translation-video calls

*Caveat: business arrangements may limit choices, ↑ cost due to mark-ups*





## **Identifies these concerns for patient safety and quality:**

- Substandard surgical care
- Poor infection control
- Inadequate screening of blood products
- Falsified or outdated medications
- Potential heightened travel-related risks

## **For the returning country:**

- Pose potential public health risks to their communities
- Leave home country physicians in *problematic positions*-asked to treat returning medical tourists who often do not have medical or medication records, no contact information for foreign providers

# ***Adverse Outcomes***





# Reports of Cross-Border Infections: Patient & Public Health Risk



## Antibiotic-resistant infections Introduction of pathogens not previously seen in US



GOATS AND SODA

### They came to clinics in Mexico for cosmetic surgery and got a deadly fungal meningitis

FEBRUARY 22, 2024 · 9:07 AM ET

By Melody Schreiber



Mexican health authorities suspended operation at this medical clinic in Matamoros, Tamaulipas after reports that a number of cosmetic surgery patients were exposed to a potentially deadly fungal meningitis. Twelve patients with probable or confirmed cases died.

Abraham Pineda/AFP via Getty Images

In early 2023, a rare but deadly form of meningitis began appearing across the United States, especially among patients who had undergone cosmetic surgery at two clinics in Matamoros, Mexico, a city across the border from Texas.

The U.S. Centers for Disease Control and Prevention issued a notice to alert doctors in May, and they began finding dozens of confirmed and probable cases across the U.S., especially in Texas, as well as in Mexico. Patients who had been to the two clinics were notified that they may have been exposed to the fungus.

### A bewildering outbreak

There were three bewildering things about this outbreak: first, the meningitis was fungal rather than bacterial, which is a dangerous combination. Just like

### CLINICAL CASE REPORT

### A case series of infectious complications in medical tourists requiring hospital admission or outpatient home parenteral therapy

Paul D Robinson MD<sup>1</sup>, Stephen Vaughan MD, FRCPC<sup>1,4</sup>, Bayan Missaghi MD, MSc (Clin Epi), FRCPC<sup>1</sup>, Bonnie Meatherall MD, MSc, FRCPC, DTMH<sup>1</sup>, Andrew Pattullo MD, FRCPC<sup>1</sup>, Susan Kuhn MD, MSc, FRCPC, DTMH<sup>2</sup>, John Conly CM, MD, CCFP, FRCPC, FCAHS, FAMMI, FACP, FSHEA, FIDSA<sup>1,2,3,4,5</sup>

**BACKGROUND:** Travelling for medical care is increasing, and this medical tourism (MT) may have complications, notably infectious diseases (ID). We sought to identify MT-related infections (MTRIs) in a large Canadian health region and estimate resulting costs. **METHODS:** Retrospective and prospective capture of post-MT cases requiring hospital admission or outpatient parenteral antimicrobial therapy was completed by canvassing ID physicians practising in Calgary, Alberta, from January 2017 to July 2019. Cost estimates for management were made with the Canadian Institute for Health Information's (CIHI) patient cost estimator database tool applied to estimated rates of Canadians engaging in MT from a 2017 Fraser Institute report. **RESULTS:** We identified 12 cases of MT-related infectious syndromes. Eight had microbial etiologies identified. MTs were young (mean 40.3 [SD 12.2] y) and female (n = 11) and pursued surgical treatment (n = 11). Destination countries and surgical procedures varied but were largely cosmetic (n = 5) and orthopaedic (n = 3). Duration to organism identification (mean 5.3 wk) and treatment courses (mean 19 wk) appeared lengthy. CIHI cost estimates for management of relevant infectious complications of our cases ranged from \$6,288 to \$20,741, with total cost for cases with matching codes (n = 8) totalling \$94,290. **CONCLUSIONS:** In our series of MTRIs, etiologic organisms often found in Canadian-performed post-procedural infections were identified, and prolonged treatment durations were noted. Young women pursuing cosmetic surgery may be a population to target with public health measures to reduce the incidence of MTRIs and burden of disease.

**KEYWORDS:** cosmetic surgery, infectious diseases, medical tourism, medical tourist, travel medicine

**HISTORIQUE :** Le nombre de voyages pour obtenir des soins médicaux augmente, et ce tourisme médical (TM) peut être la source de complications, notamment de maladies infectieuses (MI). Les chercheurs ont entrepris de colliger les infections liées au TM (ILTMs) dans une grande région socio-sanitaire canadienne et d'en estimer les coûts. **MÉTHODOLOGIE :** Pour procéder à la saisie rétrospective et prospective des cas exigeant une hospitalisation ou un traitement antimicrobien parentéral ambulatoire après le TM, les chercheurs ont sondé les infectiologues d'une grande région socio-sanitaire canadienne entre janvier 2017 et juillet 2019. Ils ont évalué les coûts du traitement de ces cas à l'aide de l'outil de la base de données d'évaluation des coûts des patients de l'Institut canadien d'information sur la santé (ICIS), qui l'ont appliqué aux taux estimatifs de Canadiens qui avaient fait du TM d'après le rapport de l'Institut Fraser de 2017. **RÉSULTATS :** Les chercheurs ont détecté 12 cas de syndromes infectieux liés au TM, dont huit étaient attachés à une étiologie microbienne connue. Les touristes médicaux étaient de jeunes (moyenne de 40,3 [ET = 12,2] ans) femmes (n = 11) qui voulaient subir une intervention chirurgicale (n = 11). Les destinations et les interventions chirurgicales variaient, mais elles étaient surtout esthétiques (n = 5) et orthopédiques (n = 3). La période avant d'identifier l'organisme (moyenne de 5,3 semaines) et la durée du traitement (moyenne de 19 semaines) semblaient longues. L'ICIS a estimé que les coûts de prise en charge de complications infectieuses pertinentes des cas se situent entre 6 288 \$ à 20 741 \$, le coût de tous les cas correspondant à un code (n = 8) totalisant 94 290 \$. **CONCLUSIONS :** Dans la série d'ILTMs, les chercheurs ont détecté des organismes étiologiques souvent constatés après une intervention réalisée au Canada et ont remarqué que le traitement était plus long. Les jeunes femmes qui veulent subir des interventions de chirurgie esthétique pourraient être une population ciblée pour transmettre des mesures sanitaires, afin de réduire l'incidence d'ILTMs et le fardeau de la maladie.



Official Journal of the Association of Medical Microbiology and Infectious Disease Canada · 7.1, 2022 · doi:10.3138/jammi-2021-0015



### PAHO warns about infections linked to medical tourism

Chris Dall, MA, July 10, 2023

Topic: Antimicrobial Stewardship, Fungal Infection, Meningitis



The Pan American Health Organization (PAHO) last week called on member states to strengthen their capacity to detect, manage, and prevent outbreaks of antimicrobial-resistant organisms linked to medical tourism.

The warning comes in the wake of a multinational fungal meningitis outbreak linked to two private cosmetic surgery clinics in Mexico.

In an **epidemiologic update**, PAHO said that outbreak has affected 35 US residents who traveled to the clinics and had procedures under epidural anesthesia. Ten of the US patients have confirmed cases of fungal meningitis, and 8 have died, according to the latest update from the **Centers for Disease Control and Prevention**.

Of the 547 people who underwent procedures at the two clinics from January through April of this year, 237 (43%) were US residents. PAHO estimates that the number of US residents who seek healthcare outside the country rose from 750,000 to 1.4 million a year from 2007 to 2017—a number



sygpb / iStock

# MT Risks: Both Procedural & Travel-Related

## Procedural

- **Wound infections**
- Bloodstream infections
- Donor-derived infections
- Bloodborne pathogens (Hep B, Hep V and HIV)
- Blood clots, fat thromboembolism, contour abnormalities after cosmetic surgery, surgical wound dehiscence, and death

## Patient Safety Issues

- No tracking of patient outcome data
- **Lack of adequate after care & follow-up**
- Potential lack of medical record privacy or security
- Difficulty obtaining legal recourse for malpractice
- **Ethical issues: unproven therapies, etc.**

## Travel-Related

- **Exposure to endemic diseases; flu, GI illness**
- **Air travel after recent surgery: DVTs & pulmonary emboli**
- Flying delays and restrictions
- Barodontalgia for dental patients (pain due to pressure changes); no aviation guidelines for minimum flight interval
- Diaspora travelers (VFR) already at ↑ risk for travel related illness



## Healthcare seeking during travel: an analysis by the GeoSentinel surveillance network of travel medicine providers

Watcharapong Piyaphanee<sup>1</sup>, Rhett J Stoney<sup>2</sup>, Hilmir Asgeirsson<sup>3</sup>, Grace D Appiah<sup>2</sup>, Marta Díaz-Menéndez<sup>4</sup>, Elizabeth D Barnett<sup>5</sup>, Philippe Gautret<sup>6</sup>, Michael Libman<sup>7</sup>, Patricia Schlagenhauf<sup>8</sup>, Karin Leder<sup>9</sup>, Katherine Plewes<sup>10</sup>, Martin P Grobusch<sup>11</sup>, Ralph Huits<sup>12</sup>, Kunjana Mavunda<sup>13</sup>, Davidson H Hamer<sup>14</sup>, Lin H Chen<sup>15</sup>

41 travelers

20 countries

Median age 41 (range 2-80)

63% female

➡ **Only 4 received pretravel care**

Medical care (46%)

Cosmetic care (22%)

➡ **13 (32%) were hospitalized after MT travel**

Table 4.

Diagnoses among travellers with planned healthcare received abroad<sup>a</sup>

Diagnosis	n = 41 travellers
Atypical mycobacterium skin lesion	3 (7)
Skin and soft tissue infection: skin abscess or secondary bacterial infection of existing lesion	3 (7)
Bacteremia	2 (5)
Cutaneous leishmaniasis	2 (5)
Schistosomiasis, human species unknown	2 (5)

[Open in a new tab](#)

<sup>a</sup>These diagnoses may or may not related to the planned healthcare abroad Note: Twenty-nine more diagnoses were identified to affect one traveller each

# MT Employee Checklist to Reduce Risks

available [www.athna.org](http://www.athna.org) after May 15

## Medical Tourism Employee Checklist

The MT process typically begins with researching and selecting a clinic for a particular procedure or treatment, followed by arranging travel, undergoing treatment, and returning home, all while maintaining medical records and preparing for potential post-treatment care. Here is a checklist to help the MT employee prepare for a successful healthcare experience.

### I. Research and Planning

#### o **Identify Needs**

Determine the specific medical treatment required and the reasons for seeking it abroad. Employee should contact PCP, specialist or dentist to get a second opinion about the medical or dental need and their plan to seek care abroad. Truth-telling will help prevent negative procedural and travel outcomes.

#### o **Research Clinics and Destinations**

Utilize online resources, medical tourism agencies, medical tourism brokers and facilitators, or patient referrals to find suitable clinics and countries. Find out all the relevant information relating to the country, the medical institution, the provider, and the treatment provided. Check accreditation, licensure, credentialing for facilities and providers. Confirm all caregivers speak your primary language or determine in advance how the patient will communicate in a country if they do not speak the language.

#### o **Compare /Confirm Costs and Options**

Obtain quotes from different clinics, considering factors like treatment fees, accommodation, and travel expenses.

#### o **Travel Health Visit- 4 to 6 weeks before departure**

Receive vaccines, medications, prevention counseling. Confirm employee is up-to-date on all routine vaccines plus Hep B series. (GeoSentinel 2023 report < 10% of MT travelers seek pretravel care.)

Receive counseling on potential increased risks, especially for cosmetic, VFR / diaspora traveler, transplants, dental, older traveler with co-morbidities.

Receive counseling against tourist activities postop that may delay healing or require additional vaccines: consuming ETOH, strenuous activity, hiking, sunbathing, long tours, remote locations, swimming, too early return flights.

#### o **Collect Medical Records and Documents**

Collect and prepare to bring copies of relevant medical records, including lab results, test reports, and previous consultations.

Collect these documents: passport (valid for at least six months after return), visa (check the requirements for US citizens), identity card / Contact Card, vaccination record, medication list, allergies (translated prn), duplicate / digital copies of your medical records, doctor's referral letter prn, any other supporting documents or agreements, contracts or instructions.

#### o **Arrange for follow-up care**

Confirm residence abroad before and after procedure. Know details about any planned leisure travel after procedure. Confirm source of follow-up or emergency care back in U.S.

Review health insurance to determine what, if anything, might be covered. Anticipate the possibility of expensive, prolonged treatment for complications.

#### o **Arrange Travel**

Work with agents, or on your own, to book flights, accommodation, and transportation to /from the destination country.

### o **Financial Planning**

Determine how to pay for treatment and expenses, such as through credit cards, bank transfers, or other methods.

### II. Pre-Treatment

#### o **Initial Consultation**

Have an initial consultation, often via telehealth, with the clinic and surgeon / provider to discuss the treatment plan and address any questions or concerns.

#### o **Pack a Travel Health Kit**

Include extra supplies of all prescription medications, over-the-counter drugs, and any necessary medical supplies. Discuss with your destination physician or hospital what additional items you should include. Resource for health kit inclusions: <https://wwwnc.cdc.gov/travel/yellowbook/2026/preparing/travel-health-kits>

#### o **Inform Medical Staff**

Provide the medical team with a list of allergies and current medications.

#### o **Inform Family and Friends and Insurance**

Alert them to your full plan, provide contact information. Address any concerns they may have. Arrange travel insurance that includes medical evacuation.

### III. Treatment and Post-Treatment

o **Arrive at Destination/ Undergo Treatment:** Travel to the chosen clinic & receive necessary medical care.

o **Recovery and Recovery:** Allow time for recovery and recuperation, potentially including rest and relaxation and to avoid any potential flight risks after a procedure (such as deep vein thrombosis, etc.).

o **Post-Treatment Care:** Follow any instructions provided by the medical team regarding follow-up appointments or procedures.

o **Obtain Medical Records:** Be sure to get copies of all MT procedure- related medical records, labs, prescriptions from procedure, post-op care, etc.; translated into English prn.

### IV. Return Home

o **Get follow-up care quickly for any post-procedure health issues**

o **Fully disclose all details of medical / dental travel to providers seen for follow-up and in future medical / dental encounters**

o **Review and Reflect: Evaluate the experience and consider any lessons learned for future medical / dental travel decisions**



Prepared for AAOHN Orlando Conference |  
March 2026 G. Rosselot

# Post MT OHN Encounter: Action Items

## Return to Work / Triage:

- Be sure to ask post-travel employees seeking care if they sought MT
- **Encourage rapid follow-up for MT complications**
- **Remind MT to fully disclose all details to providers- seen for follow-up and future medical encounters**
- Be alert for transmissible infections in the post-travel employee / risks for the worksite
- Be knowledgeable about worksite policies on MT evaluations, referrals
- Refer MT employees to medical facilities that comply with CDC protocols:
  - Have protocols in place to screen for CRE, *C. auris*, & reporting suspected or confirmed MT disease and cases of unusual antibiotic resistance per requirements for your jurisdiction
  - Keep abreast of the literature for antimicrobial resistance and infectious diseases associated with medical tourism in certain destinations and for certain procedures e.g. transplants, bariatric surgery, cosmetic surgery

# CDC Medical Tourism Resources


**CDC** Travelers' Health Search

Travelers Health > Advice for Travelers > Medical Tourism

- Travelers Health
- Destinations
- Travel Notices
- Advice for Travelers**
  - Adventure Travel
  - After Travel Tips
  - Allergies and Travel
  - Avoid Animals
  - Before You Travel
  - Blood Clots
  - Bug Bites
  - Business Travel
  - Cold Weather and Travel
  - Counterfeit Medicines
  - Cruise Ship Travel
  - During Travel Tips
  - Food Poisoning from Seafood
  - Food and Drinks
  - Health Care During Travel
  - High Altitudes
  - Holiday Travel

## Medical Tourism: Travel to Another Country for Medical Care

Traveling to another country to get medical care can be risky. Learn about the risks and how to minimize them.



### Traveling Internationally for Medical Care

Each year, millions of US residents travel to another country for medical care which is called medical tourism. Medical tourists from the United States most commonly travel to Mexico and Canada, and to several other countries in Central America, South America, and the Caribbean.

The reasons people may seek medical care in another country include:

- Cost: To get a treatment or procedure that may be cheaper in another country
- Culture: To receive care from a clinician who shares the traveler's culture and language
- Unavailable or unapproved procedures: To get a procedure or therapy that is not available or approved in the United States

The most common procedures that people undergo on medical tourism trips include dental care, cosmetic surgery, fertility treatments, organ and tissue transplantation, and cancer treatment.

### Medical Tourism Can Be Risky

The risk of complications depends on the destination, the facility where the procedure is being performed, and whether the traveler is in good health for the procedure(s). Other issues that can increase a traveler's risk of complications include:

**Infectious Diseases.** All medical procedures have some risk of infection. Complications from procedures performed in other countries include wound infections, bloodstream infections, donor-derived infections (in the case of transplantations or transfusions), and diseases such as hepatitis B, hepatitis C, and HIV.

**Antimicrobial resistance.** Highly drug-resistant bacteria and fungi have caused disease outbreaks among medical tourists. Antimicrobial resistance happens when germs develop the ability to not respond to drugs such as antibiotics used to treat infections. Antimicrobial resistance is a global problem. Healthcare facilities in another country may not have adequate infection control practices and medical tourists could be at risk for getting a drug-resistant infection.

**CDC** Yellow Book EXPLORE TOPICS SEARCH

APRIL 23, 2025

## Medical Tourism

**PURPOSE**

Publication name: CDC Yellow Book: Health Information for International Travel  
Edition: 2026  
Chapter authors: Rhett J. Stoney and Laura Leidel

**Top takeaway:** Healthcare professionals should educate international travelers on the risks of medical tourism, which is traveling internationally for the purpose of receiving medical care.



**ON THIS PAGE**

- Introduction**
- Categories of medical tourism
- The pre-travel consultation
- Risks and complications
- Risk mitigation
- Additional guidance for U.S. healthcare prof...
- Acknowledgements

**RELATED PAGES**

- Health Care Abroad
- Travel Insurance
- What To Do When Sick Abroad
- Travel-Related Infections and Diseases

### Introduction

Medical tourism is defined as traveling to another country for medical care. People may travel internationally to seek less expensive procedures or a procedure they cannot receive in the country where they reside. A medical tourist's pursuit of health care abroad may also be influenced by a desire to receive care from a healthcare professional who shares their culture or language. Medical tourists may base their choices on recommendations from friends, family, or social media, and some medical tourists may combine medical care with a vacation.

Medical tourism is a worldwide, multibillion-dollar market that continues to grow with the rising globalization of health care. Surveillance data indicate that millions of U.S. residents travel internationally for medical care each year. Medical tourists from the United States most commonly travel to Mexico, Canada, the Caribbean, and several countries in South America. Categories of procedures that U.S. medical tourists pursue include, but are not limited to, cosmetic surgery, dental care, cancer treatment, fertility treatment, and organ transplantation.

Medical tourists often use private companies or medical concierge services to identify healthcare professionals or clinics that can perform a procedure. Social media are common sources of information about where to go for certain procedures and which facilities and healthcare professionals serve medical tourists. Costs for procedures are usually out of

<https://wwwnc.cdc.gov/travel/page/medical-tourism>

<https://www.cdc.gov/yellow-book/hcp/health-care-abroad/medical-tourism.html>

# Medical Tourism Association

<https://www.medicaltourismassociation.com/>

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Become a recognized expert in your field. With Global Healthcare Accreditations' Certified Medical Travel Professional certification, you can easily link with healthcare or hospitality providers seeking exceptional services for their medical travel clients.

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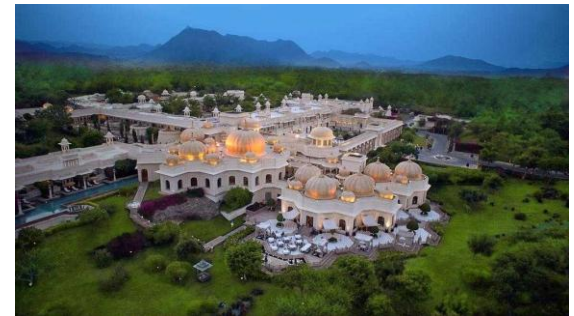
**Did Mrs. B choose to go abroad for her elective hip replacement?**

# Cost Savings Package For Mrs. B

Using \$50k as the base price for US hip replacement

## Package of services for \$15K:

- Hip replacement including doctor's / operating fees, 10 days PT, private room, private nurse, meals, supplies & a limited supply of medications
- No co-pay, no deductible
- Dedicated MT facilitator & destination manager
- Two round trip coach tickets for patient & companion
- 3 weeks post op recuperation / resort rehab
- ***This calculates to a savings of \$35,000.00, or, 70% of the costs in the U.S. plus a cash incentive to the patient***



# In Closing



- Anticipate seeing MT employees in the future
- Learn the true purpose of travel: *MT may not divulge*
- Encourage truth-telling with *all* providers: before & after trip
- Counsel to avoid delays for *any* post MT complications
- Keep abreast / contribute to worksite MT policies
- Keep abreast of MT literature and its implications for occupational health nursing, including new OHN roles

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# Questions?

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