ABC of Healthy Travel

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PROBLEMS FACING THE TRAVELLER

The numbers of people travelling on "package tours" to Mediterranean countries have increased considerably, and trips to tropical areas such as East Africa or Asia are becoming more popular. In 1981 19m holidays were taken abroad by people living in Britain. Businesses, missionary societies, and "service overseas" schemes may have several hundreds of people overseas at any time, some on short trips, others staying for many years. Air travel has enabled people to visit relatives both for holidays and at short notice to help with family crises. All these groups go through the upheaval of leaving familiar surroundings and having to cope with unexpected circumstances. Their health may not be protected by services and legislation well established at home. Changes in food and water may bring unexpected problems, as may insects and insect borne diseases, especially in hot countries. Few have at their fingertips the current detailed knowledge needed to advise the traveller going to a particular country, and personal reminiscences may not always reflect current or common problems. A danger of generalising is that it may be forgotten, for example, that malaria is a risk in Turkey, poliomyelitis occurs in Europe, and hepatitis A virus occurs worldwide and is not destroyed by many methods of purifying drinking water.

Specific advice on which diseases are present in countries to be visited is likely to be complicated. A more practical starting point for the practitioner faced with the traveller seeking advice is to consider which diseases can be prevented by immunisation, prophylactic tablets, or other measures and decide whether it is appropriate to do so for each individual.

In transit

An unpredictable environment is especially a problem for the overland traveller who plans his own journey, and he needs greater knowledge of disease prevention and its management than the traveller in an aeroplane or on a sea cruise, whose environment, food, and drink are largely in the hands of the operator. Unforeseen changes in timetables may lead to stays in accommodation not of the expected standard. Delays at airports can be in overcrowded and unhygienic conditions where the facilities have not kept pace with increased demand, and also insect borne diseases may be contracted. Jet lag and exhaustion may prompt a traveller to take risks with food and drink.

While abroad

860 patients were escorted back to Britain by the St John Ambulance Aeromedical Service in 1981

- by ambulance 50%
- by scheduled airline 30%
- by air ambulance 20%

Vascular accidents (cerebral and cardiac), fractures including head injuries, and psychiatric illnesses were the principal reasons.

More experienced travellers tend to have fewer health problems. Better planning, immunisations, and experience in prevention may all play a part, as well as salutary lessons learnt on previous occasions.

A questionnaire survey of returning travellers (most of whom had been to Europe, especially the Mediterranean countries) showed that half had had diarrhoea or respiratory symptoms while abroad. Excessive alcohol, sun, and late nights add to their problems. About 1 in 100 package holidaymakers who take out a health insurance policy make a claim. Diarrhoea and sunburn are principal reasons but accidents are also common. Injuries occur especially in and around swimming pools, to pedestrians forgetting that traffic drives on the right, and from unfamiliar equipment such as gates on lifts. Sexually transmitted diseases may be contracted and may require urgent treatment.

Long stay travellers may adapt to these initial problems but then find themselves suffering from diseases endemic in their chosen country, such as malaria, hepatitis, diarrhoea, and skin problems. Two per cent of British voluntary service overseas personnel contract hepatitis A within eight months if they are not protected with immune globulin. Poliomyelitis would be common if most travellers were not effectively immunised. Car accidents occur while driving on unmetalled roads, and some emotional problems may be resolved only by an early return home.

Insurance and medical services overseas

The traveller should be insured against medical expenses, and most policies include the cost of flying the sick person home when appropriate. Such insurance, however, rarely covers a service overseas similar to that available at home. Language and administrative differences are likely. Leaflet SA30 issued by the DHSS describes the free or reduced cost medical treatments available in Europe, New Zealand, and Hong Kong and the documents (passport, NHS medical card, certificate E111) which the traveller has to have with him. Leaflet SA30 includes an application form for form E111, which is needed in some countries of the European Economic Community. Reciprocal arrangements between countries differ and money may have to be paid and then reclaimed in the visited country itself, which can be time consuming. Extra provision should be made for such emergencies.

Only a "small" supply of drugs for personal use may be taken out of Britain unless Home Office permission is obtained. Drugs and immunisations which are used to prevent diseases contracted abroad should not be prescribed on form FP10.

It can be important to find out about local medical services and the availability of essential drugs before setting out. This is especially important for those with disabilities or illnesses prone to unexpected crises, such as diabetes mellitus, and those with children going to remote areas. Friends,

tour companies, British embassies and consulates overseas, and associations such as the International Association for Medical Assistance to travellers are possible sources of advice.

It is wise for travellers to have a dental check up before departure to avoid unnecessary suffering and expense (insurance policies may not cover dental care) and to take spare spectacles and a current lens prescription.

After returning

Imported infections into Scotland 1975-81	
	No. (%) of laboratory confirmed cases
Salmonellosis	829 (40)
Bacillary dysentery	345 (17)
Malaria	236 (11)
Campylobacter enteritis	219 (10)
Giardiasis	125 (6)
Typhoid/paratyphoid	82
"Infectious" hepatitis	74
Tuberculosis	27
Others	144
[From Communicable Diseases Scotland] 2081	

With the speed of air travel almost all communicable diseases may be in the incubation phase when the traveller returns home. Important examples are malaria, typhoid fever, and viral haemorrhagic fever. The actual numbers of imported diseases, measured by notification and laboratory returns, have increased recently. Malaria and intestinal infections are typical examples. General practitioners and casualty officers need to be aware of this and may need to seek specialist advice early in an illness, even years after the travellers' return.

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A scheme for the surgery

- (1) Are routine immunisations recommended at home up to date?
- (2) What are the legal requirements for the countries being visited and what immunisations are currently recommended by those with special knowledge of the risks? Sources of advice will be given in a later article.
- (3) Is malarial infection possible? The Department of Health and Social Security issues information on prevalence in Leaflet SA35, available free of charge from travel agents or from DHSS Leaflets Unit, Stanmore, Middlesex HA7 1AY. The most appropriate prophylactic drug can vary from year to year and advice can be sought from one of the centres listed in the article in this series on malaria.
- (4) Is your patient fit to travel?
- (5) Does the traveller understand the potential risks from food and drink and the importance of personal hygiene, clothing, physical and social acclimatisation, and avoiding bites and stings?