



Letters

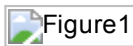
More travel advice and fewer vaccinations are needed

BMJ 2003; 326 doi: <http://dx.doi.org/10.1136/bmj.326.7379.52/a> (Published 04 January 2003) Cite this as: BMJ 2003;326:52

N Hoveyda, specialist registrar in public health medicine (n.hoveyda@doctors.org.uk), Ron Behrens, senior lecturer

London School of Hygiene and Tropical Medicine, Department of Infectious and Tropical Diseases, Clinical Research Unit, London WC1E 7HT

EDITOR—The health risks associated with international travel range from minor symptoms to severe morbidity and death. In 2000, residents of the United Kingdom made 56.8 million visits abroad, 3.3 times the number made in 1980. Of all visits abroad, 72% were to countries in the European Union and 9% were to North America.



Beaches, bites, bugs, and boils

(Credit: SHANE PARTRIDGE/REX)

Hand in hand with an increase in travel we can expect a similar increase in travel related morbidity, and therefore a need for effective, accessible, and appropriate pre-travel health advice. We were encouraged by the recognition of travel medicine as an important role of the United Kingdom's public health service.² We were, however, disappointed at the review's emphasis on vaccine preventable disease, including hepatitis A (81 cases in 2000), which from surveillance data provided by the Public Health Laboratory Service shows a fall in cases over the 20 year period.³ Likewise, the number of cases of imported malaria has remained static over this time, despite the threefold increase in travel.

The Foreign and Commonwealth Office consular report highlights 1843 deaths in United Kingdom residents abroad during 2001; road traffic accidents, drowning, and suicide were the commonest causes of death after medical causes.⁴ Diarrhoea, although not usually a cause of serious morbidity, affects up to 70% of tourists on package holidays in tropical countries.⁵

Risk assessment is important to rationalise pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available. The emphasis on vaccination for low risk travel may give a false sense of security and encourage unsafe eating and drinking. Failing to advise on the management of diarrhoea, a much more common event, may lead to dehydration and admission to hospital.

Morbidity associated with behaviour—for example, sexually transmitted disease and solar and skin associated problems, alcohol related traumas, and injuries from recreational activities—makes up the main proportion of illness associated with travel. Prevention of these and the other diseases mentioned above requires effective advice and good communication between travellers and their advisers.

The emphasis on vaccinating travellers rather than advising them is a widely held misconception and needs to be corrected. Health promotion and health education need to be the focus of pre-travel consultations. Risk assessment should be based on a broader view than administering drugs and vaccines.

References

1. National Statistics. *Travel trends. A report on the 2000 international passenger survey*. London: Stationery Office, 2001. http://www.statistics.gov.uk/downloads/theme_transport/TTrends2000.pdf (accessed 2 Sep 2002).
2. Zuckerman JN. Travel medicine. *BMJ* 2002; **325**: 260–264
3. Public Health Laboratory Service. Hepatitis A laboratory reports, England and Wales, by travel history, 1990–2000. http://www.phls.co.uk/topics_az/hepatitis_a/data_lab_travel.htm (accessed 10 Dec 2002).
4. Foreign and Commonwealth Office. Consular work annual review 2001. <http://files.fco.gov.uk/consular/report2001.pdf> (accessed 2 Sep 2002).
5. Von Sonnenburg F, Tornieporth N, Waiyaki P, Lowe B, Peruski Jr LF, DuPont HL, et al. Risk and aetiology of diarrhoea at various tourist destinations. *Lancet* 2000; **356**: 133–134