TRAVEL MEDICINE

Before they go

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GPs are at the forefront of travel medicine, a field with a scope as broad as the potential destinations around the globe.

The world continues to become a much smaller place.

Cheaper flights and accommodation, combined with the relative ease of online booking and researching, have facilitated a remarkable growth in the numbers of Australians travelling overseas over the past two decades.1,2

‘More people are travelling than ever before, by a long way,’ Professor Nick Zwar, GP and Professor at the School of Public Health and Community Medicine at the University of New South Wales, told Good Practice.

‘The amount of travel that happens now is staggering.’

This means Australians have easier access to new and exotic sights and experiences – and, in some cases, diseases – than ever before. This situation comes with significant implications for Australian GPs.

‘Because of the fact we have got such a global society now, GPs increasingly play a role in travel medicine,’ Dr Penny Burns, GP and Senior Lecturer at the Department of General Practice at Western Sydney University, told Good Practice.

‘The amount of travel that happens now is staggering.’

Broadening horizons

Prof Zwar believes it is important for GPs to try and stay abreast of developments within the field of travel medicine in order to best treat patients in what is an evolving area of healthcare.

‘GPs need to try to upskill and maintain their knowledge in this area, because it does change and involves a risk assessment and tailoring the advice to the individual traveller,’ he said.

Although there is a lot of information for busy GPs to take in, the diversity and reach of travel medicine can make the subject matter particularly engaging.

‘Travel medicine is quite varied,’ Dr Jennifer Sisson, GP and Medical Director of Travel Doctor – Traveller’s Medical and Vaccination Centre (TMVC) in Perth, told Good Practice.

‘There are always new developments and it’s a very interesting area to be involved in.’

A visit to the GP is an increasingly key step for many travellers before they board their plane (or cruise ship).

‘Most of the pre-travel health advice that’s delivered in Australia is by GPs,’ Prof Zwar said. ‘People don’t always seek travel-medicine advice, even if they’re going to higher-risk destinations, but when they do … it’s been very consistent that it’s a GP, and usually their own GP.’

Prof Zwar has implemented a particularly useful method of structuring advice when discussing travel medicine with patients: this traveller, this trip, this time.

‘The “traveller” is all about the individual and their background, their allergies and immunities and all of that sort of thing,’ he said.

‘The “trip” is all about the travel they plan to undertake, assessing the particular nature of it and what risks might be increased or decreased by that.

‘The “time” is about seasonal diseases that are more common in wetter times of the year – say, if there’s mosquitoes – or other reasons why there might be greater risk at that point. So if there was some sort of natural disaster or political dysfunction, for example.’

Prof Zwar believes that as the profile of the traveller has changed over time, the process of medical assessment has changed along with it.

Zika advice

Travellers and sportspeople heading to August’s Olympics Games in Brazil are commonly directed to their GP for advice on the Zika virus.

The Australian Government’s Department of Health provides up-to-date advice and information on infectious disease issues currently of potential concern to Australians, including Zika, and provides specific advice for healthcare practitioners who may be dealing with patients in this area.


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Images Shutterstock; Nick Zwar; Penny Burns
'There have been a lot of changes, with older people and people with chronic illnesses travelling as it has become more accessible to them,' he said.
'There's also the phenomenon of the “visiting friends and relatives” [VFF] traveller. These are people who may have been born in one country, moved to a country like Australia, and then go back to visit their relatives.
'They have particular risks that are a bit different to tourist travellers.'

According to Dr Burns, VFF traveller risks for which GPs can be on the lookout tend to revolve around unexpected vulnerability.
'I have found that sometimes older immigrants who return to their home villages are a bit complacent, because they grew up in those places. But when they leave them, they lose that immunity,' she said.
'We have had a couple of patients who have been back to their home village and come back quite sick with diseases they would normally not have had to worry about.'

**Changing destinations**
As travellers have become more diverse, so too have the places they choose to visit.
'The destinations people undertake are connecting us with corners of the world we probably wouldn’t have been linked with before,’ Dr Burns said.
People’s reasons for travel have also changed.
‘They are looking for travel experiences that are not just tourist travel, but maybe educational or cultural, or a whole range of different experiences which are not just lying on a beach on a tropical island,’ Prof Zwar said.

As such, it is essential that all parties – patients and GPs – have a good understanding of a particular destination and its specific disease risks in order to ensure patients receive the correct vaccinations and associated advice. This often involves planning ahead to ensure proper medical guidance for travel and, according to Dr Sisson, this can be an issue with some travellers.
‘Patients don’t necessarily see travel medicine as a priority,’ she said. ‘Someone will often mention to their GP on the way out the door, “Oh by the way, I’m going to Bali next week, do I need anything?”’

This can present a problem in that certain travel medicine preparations require a significant amount of time to take proper effect.
‘Some vaccinations have to start at least six months before travel,’ Dr Burns said. ‘You can have a rapid course of vaccination for hepatitis B, for example, but the best course is delivered over the six months before travel.’

In order to combat these types of issues, Dr Sisson believes travel medicine also involves educating patients so they more fully understand potential risks.
‘[Travel medicine is] still not used as much as it should be,’ she said. ‘There are a lot of people who travel, particularly to Asia, thinking it’s just part of their backyard, similar to travelling to the Gold Coast.
‘They don’t even think about the fact that there is a risk of exotic diseases.’

In addition, many travellers don’t realise that it is not just exotic diseases for which they need to be prepared.
‘Although we get all excited about high-profile diseases like Ebola and more recently Zika, the influenza virus is actually a bigger risk to us as travellers,’ Dr Burns said. ‘And respiratory infections are the second most common cause of illness in travellers.’

There is also the danger of diseases that are no longer commonplace within Australia but are still very prevalent overseas, such as measles. >>
>> ‘People forget that while unvaccinated people may get a protective effect from diseases such as measles due to large numbers of other people being vaccinated in Australia, when they go to places where vaccination rates are lower they are at much higher risk,’ Dr Burns said. ‘People need to remember to have the basic vaccinations before they go.’

Dr Burns believes that travellers should also understand the fact that vaccines aren’t the only preventive measures they need to take in terms of disease while travelling.

‘I always say the best way to prevent malaria is to avoid the mosquito bite. If you do that, then you don’t have to worry about how you treat it,’ she said. ‘For that reason, I will explain to my patients about the behaviour of the anopheles mosquito, which carries malaria. ‘Tell them it bites from dusk to dawn, and also has to bite someone with malaria before it bites you. So, if someone in the room next door has malaria and it’s the season for these mosquitoes, you’re at very high risk. It’s important to understand use of nets and insecticide for personal protection.’

General health and fitness are also important considerations for travellers, whatever level of activity they are planning on their journey.

‘You need to be fit and healthy before you travel,’ Dr Burns said. ‘That will help even if you’re not climbing Mt Kilimanjaro because if you get a disease you have got a greater strength to fight it.’

Travellers can benefit from considering a host of potential health issues that are not directly related to disease.

‘Cultural awareness is important,’ Dr Sisson said. ‘Understanding altitude sickness is also important, given that lots of people are now getting more adventurous in their travel. There’s also deep vein thrombosis reduction, jet lag, all of those sorts of things.’

In addition to being vaccinated, well informed and physically fit, Prof Zwar describes travel insurance as one of the most important, and practical, factors in maintaining health while away from home.

‘Some people don’t see the need for it,’ he said. ‘But every year there’s Australian travellers who have to be airlifted out of somewhere – at huge expense – because they’ve gotten sick or had an accident and they need medical care that is not available in that country.

‘Being air-vacced out of South-East Asia back to Australia costs about $10,000–15,000. It can be very expensive if people don’t have insurance.’

Homeward bound

Assisting people prior to heading overseas is not the only aspect of travel medicine for GPs. They play a very important role when travellers return home, not just in terms of their individual health, but also that of the people and communities to whom they are returning.

‘GPs are a frontline surveillance for new and emerging diseases,’ Dr Burns explained. ‘For example, identifying potentially new cases of Middle East Respiratory Syndrome [MERS] or Zika or Ebola.

‘It’s GPs that everyone is relying on to identify that person with a fever who has recently travelled overseas and could be carrying a new, potentially deadly, virus.’

This also applies equally to more familiar diseases, as evidenced by recent traveller-imported outbreaks of measles in Tasmania and New South Wales.

‘The majority of measles cases that have been reported in Australia have originated from somebody who has travelled abroad,’ Dr Sisson said. ‘That creates large public health implications in terms of tracking people who may have been on the same flight with the infected person and people who might have been in contact with them since they have been back in the country.’

Although Ebola and Zika have been the most prominent risks recently shown in the media, all three doctors agree the Australian public had little reason to fear large-scale outbreaks of either disease on home soil. However, Dr Burns acknowledges that a lot had been learnt from Ebola in terms of an internationally coordinated disease response, including ensuring that GPs have a role in that response.

‘Australia has a plan [for a potential Ebola outbreak] and GPs are involved in that plan. Unlike in the 2009 swine flu pandemic, when we were minimally involved,’ she said.

Dr Burns maintains that GPs, as significant players in the frontline of medical response, must remain alert to possible threats presenting in their consulting rooms.

‘It is also important to note that part of GPs’ travel-medicine responsibility, whether patients are leaving or returning home, is being aware of limitations; it is a diverse area and practitioners should not feel they have to know everything.

‘If there is something a GP is not comfortable with and feels unsure about, seeking advice or referring to a specialised travel clinic is a legitimate course of action,’ Prof Zwar said. ‘And there are lots of good resources to help GPs to do the risk assessment and to provide the advice. I think it’s really important to make use of those.’

References
