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TRAVEL MEDICINE

Tourists will be tourists irrespective of age, gender, nationality or educational background. A clearly excited and very articulate lady was trying to feed an endangered colobus monkey whose baby was clinging to her belly, in Zanzibar's Jozani forest, despite the local guide's repeated plea for her to refrain from the activity. Despite her previous immaculate English, she suddenly did not understand a single word the poor guide uttered as she frenziedly tried to coax the primate to nibble some titbits from her outstretched hand. He vaguely mumbled something about rabies. The disease exists throughout Tanzania, and if she was bitten by the wild animal, a frantic rush would have ensued on a resource poor island in order for her to obtain the appropriate treatment. The animal would clearly have been provoked, but the lack of information about the prevalence of rabies, a fatal disease, would have mandated post exposure treatment. Half a world away, in the United States of America, a child visiting relatives is suddenly bitten by a strange cat. More than twenty percent of rabies cases in that country are transmitted by felines, and in an unprovoked situation, the disease has to be considered. In fact, in 2009, three times more rabid cats were reported than rabid dogs in the United States!

Travel and medical conditions go hand in hand. The world is recognising the rights of those with medical afflictions to travel. Some countries are even considering compelling airlines to transport those who have tracheotomies in their throats, or are are dependent on machines such as CPAP (continuous positive airways pressure). Air travel has been shown to be the mode of rapid spread of disease from a localised outbreak to a global pandemic. The 2009 H1N1 influenza strain, also known as swine flu, spread from its initial detection in Mexico in March to virtually to all countries within four months. The route of spread could clearly be linked to the destinations of aircrafts departing Mexico City. Travel medicine practitioners, which include doctors and nurses, could hence advise those at high risk who intended travelling to pandemic areas to take adequate precautions.

The incidence of rabies in red Colobus monkeys in Zanzibar is not known; being bitten whilst trying to feed a wild female carrying her baby is risky behaviour

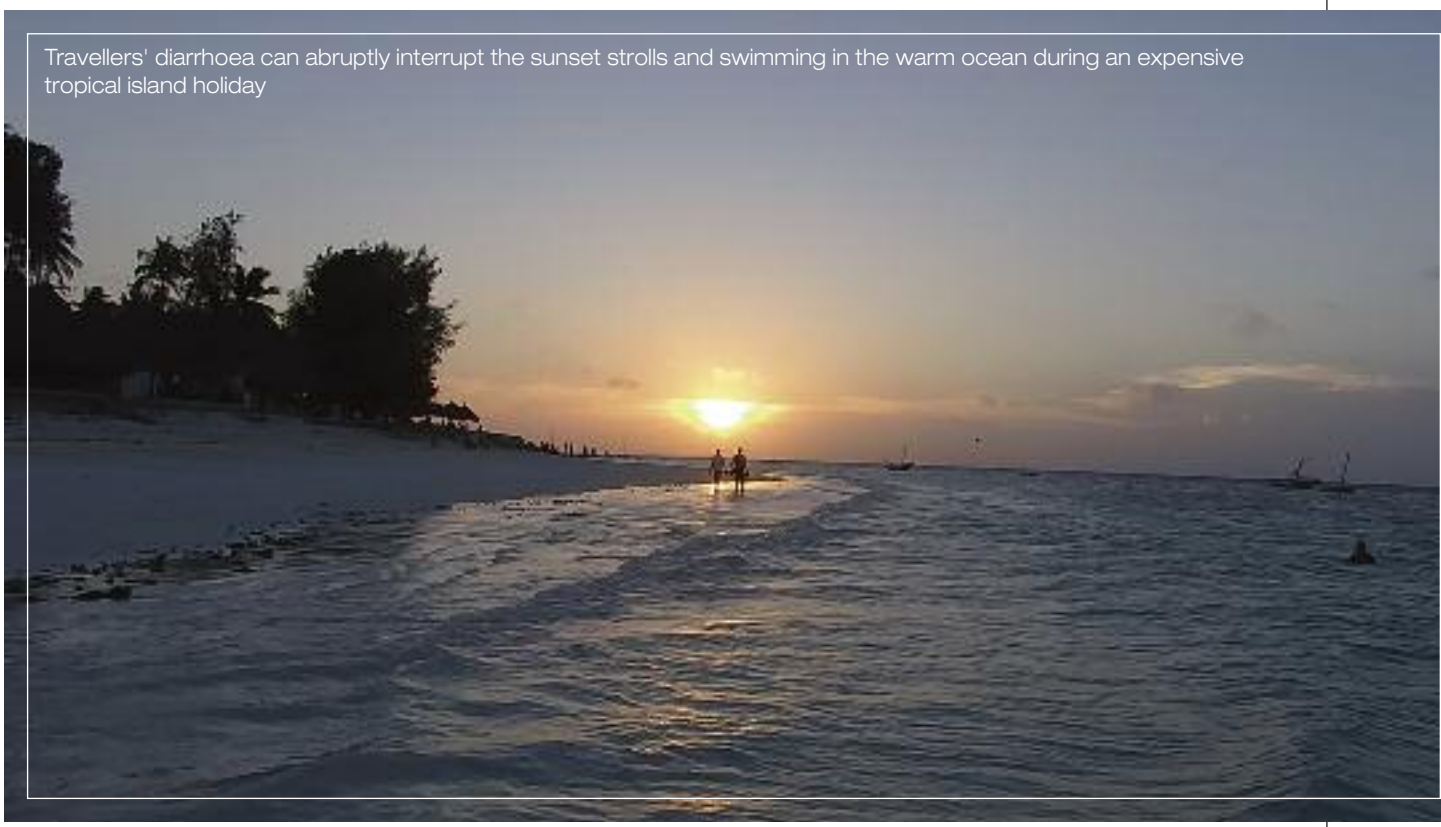
The travel industry consensus is that there will be 3.3 billion air travellers in 2014, of whom 1.3 billion would be flying across international borders. In Britain more than 50% of adults fly at least once a year, with the

age group 45-55 being the most represented, and older groups also travelling more frequently. These travellers often suffer from diseases of the modern lifestyle, such as diabetes, hypertension, heart failure and obesity. Newer aircrafts are also getting larger, with some being able to carry up to 800 passengers. These modern aircrafts can fly for more than 18 hours, and can cross multiple time zones and indeed present more opportunities to join the mile high club. It however does lead to medical issues. A person with diabetes on insulin travelling from Johannesburg to Beijing will have a much 'shorter' day immediately on arrival in China and needs to know how to adjust his medication dosage in order to take the six hour time difference into account. Travel medicine practitioners are in an ideal position to advise them.

A mine security officer who has been travelling throughout rural sub-Saharan Africa for nineteen years proudly mentioned that he has not used malaria prophylaxis once in all his travels, despite being in high risk areas for more than two months at a time. He claimed not to have contracted the disease once, even though he was in areas where there are more than 240 million cases and close to a million deaths recorded annually, and where a child dies every minute from the mosquito borne infection.

A cluster of mumps cases occurred amongst students attending a Californian university in late 2011. The disease was imported from Europe, where it was circulating, by a returning unvaccinated male student and spread amongst his peers. This vaccine preventable disease can potentially have serious complications amongst this age group, which includes meningitis and testicular infection resulting in sterility. World-wide warnings were sent out via different travel fraternity networks, who in turn alerted all their members. One such society is the South African Society of Travel Medicine (SASTM) which presently has more than 400 members, most being doctors and nurses affiliated to travel clinics. SASTM receives regular input from the International Society of Travel Medicine (ISTM), World Health Organisation (WHO), Centre of Disease Control (CDC), and Geo-Sentinel. The latter collects data of afflictions in returning travellers and informs its members immediately.

A visit to a travel medicine practitioner could prevent traveller's diarrhoea during that idyllic romantic island honeymoon. It could also lead to the avoidance of mosquito bites that can lead to diseases such as malaria and dengue fever. Finally it can prevent the importation by vaccine naive children visiting high risk areas of diseases such as Hepatitis A, which though frequently innocuous in children, can be fatal in adults.



Travellers' diarrhoea can abruptly interrupt the sunset strolls and swimming in the warm ocean during an expensive tropical island holiday