Guidelines Map New Horizons of Travel Medicine

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New travel medicine guidelines issued by the Infectious Diseases Society of America clearly illustrate that the field has expanded far beyond simply giving a few exotic immunizations.

"An awareness has developed among practitioners that prevention of illness in travelers includes not only the provision of vaccines and chemoprophylaxis, but also a discussion of topics such as personal behavior and safety during travel, prevention of altitude illness, and access to medical care in the event of illness," guidelines author Dr. David R. Hill and his associates said (Clin. Infect. Dis. 2006;43:1499-539).

The comprehensive 40-page document comprises a standard for the practice of travel medicine as well as specific recommendations for pretravel risk assessment, immunizations (including updates of routinely recommended vaccines such as hepatitis A and B, and influenza), diarrhea and malaria prophylaxis, guidance on personal safety, and posttravel medical care.

While most travel medicine should be provided in specialized travel clinics by people who have training in the field, primary care physicians should be able to advise travelers who are in good health and who will be visiting low-risk destinations with standard planned activities, according to the document.

The guidelines are aimed at clinicians providing care to all travelers including children, coauthor Dr. Phillip R. Fischer said in an interview.

"The Centers for Disease Control and Prevention estimates that 1.9 million American children travel overseas each year. Trips often relate to family vacation, school-sponsored education, and humanitarian service. The guidelines list lots of resources for interested physicians who want to prepare to care for traveling children," said Dr. Fischer, a travel medicine specialist who is professor of pediatrics and chair of the division of general pediatric and adolescent medicine at the Mayo Clinic, Rochester, Minn.

The field of travel medicine has developed dramatically over the last 25 years, for several reasons. The number of travelers crossing international borders grew from 457 million in 1990 to 763 million in 2004, according to the document. This increase in global travel has led both to more frequent illness during travel and to importation of disease back to the United States with potential transmission to susceptible individuals living here.

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Indeed, Dr. Fischer noted, "Most U.S. cases of malaria occur in travelers who took no prophylactic medication, and many went overseas to visit friends and relatives. Pediatricians must be particularly vigilant to help ensure that children with relatives in other countries get appropriate advice and help prior to international trips."

At a minimum, traveling families should be informed about vaccine-preventable illness, avoidance of insects, use of malaria chemoprophylaxis, prevention and self-treatment of traveler's diarrhea, personal behavior and safety, the importance of obtaining travel and evacuation insurance policies, and access to medical care during travel. Additional information should be tailored to the particular itinerary, the authors said.

In general, the guidelines advise that primary care physicians should be able to provide pretravel services to healthy patients visiting low-risk areas like the Caribbean or a Mexican resort. But "as soon as the traveler has complex health conditions, or one is considering administering specialty vaccines—e.g., Japanese encephalitis and yellow fever, or malaria prevention to someone with a seizure disorder—then the level of expertise needs to be greater," Dr. Hill, director of the National Travel Health Network and Centre Hospital for Tropical Diseases, London, said in an interview.

Both the International Society of Travel Medicine (www.istm.org) and the American Society of Tropical Medicine and Hygiene (www.astmh.org) offer certificate programs in the field. ■