

Travel medicine and general practice

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AS THE ARTICLES in this travel medicine edition of *AJGP* demonstrate, providing travel health advice is an important role for general practice. In his article on preparing patients for travel,¹ Dr Michael Tong notes that most patients who seek pre-travel medical advice do so from their general practitioner (GP). This has consistently been demonstrated in studies both in Australia and other comparable countries.² As Dr Tong points out, providing high-quality travel health advice in general practice does not simply require knowledge. It also requires a structured approach to the pre-travel consultation, use of guidelines and resources, and practice systems such as longer appointments and consultant checklists. As the COVID-19 pandemic and previous pandemics have illustrated, travel has major public health implications, and risk assessment (including public health risks) is more important than ever with re-emerging and emerging diseases and changing models of travel, such as ecotourism.³

As Dr Tong makes clear, pre-travel health advice is not all about vaccinations, and includes discussions of a range of topics such as pre-existing conditions, food and water hygiene, and advice about insect bites. However, vaccinations are a major consideration, and Drs McGuinness, Leder and Starr provide an excellent update in their paper 'Protecting travellers from vaccine preventable diseases'.⁴ This includes discussion of emerging issues such as Mpox and new vaccines that are becoming available internationally, including for dengue and

chikungunya. An important point made in the article is that for some vaccines, such as hepatitis A, yellow fever, Japanese encephalitis and rabies, although the upfront costs are significant, these can be seen as long-term investments for a lifetime of protection. Another key concept is using the evidence on incidence versus impact of vaccine preventable diseases, to help guide decisions on which vaccines to prioritise.⁵

The longitudinal relationship between patients and their GP (where the GP is aware of the patient's previous history and long-term health conditions) means that general practice is well positioned to provide care to the unwell returned traveller. In Dr Jennifer Sisson's article,⁶ she provides a framework to guide clinical assessment. The importance of considering malaria in the febrile returned traveller is emphasised, and Dr Sisson provides a table of the typical incubation periods of a range of illnesses. The article and table make the point that, occasionally, travel-related illness may not present for months or even years after exposure. This is a reminder of the importance of asking about travel as part of the clinical assessment process.

As long ago as 1995, an article in the *Medical Journal of Australia*⁷ by Dr Peter Prociv showed that most deaths of Australians during overseas travel were from similar conditions that commonly cause deaths in Australia (eg heart disease). However, the next most common cause was accidents. This has not changed over the intervening years. Dr Richard Franklin's article on injuries in travellers⁸ provides practical advice that GPs can share with patients to help reduce injury risk for both adults and children.

Safe transportation is a key message, but also water safety, risks of alcohol and other drugs, and even the perils of focusing on the 'selfie' rather than the situation.

Important considerations in any area of practice are how to develop and retain knowledge and skills, where to look for evidence-based information, and knowing when to refer or seek advice. Fortunately for travel medicine, there are a range of high-quality guidelines, including those from the US Center for Disease Control, the UK National Travel Health Network and Centre, and more recently the Australasian College of Tropical Medicine (ACTM). There are also opportunities for GPs to upskill, including modules on GP Learning, and conferences such as the ACTM Southern Cross Travel Medicine conference and the International Society for Travel Medicine (ISTM) conference. Professional groups such as The Royal Australian College of General Practitioners Specific Interest group in Travel Medicine,⁹ the ISTM Primary Travel Doctors Group¹⁰ and the ACTM Faculty of Travel Medicine¹¹ help link those with shared interests for the purposes of education, research and advocacy.

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