

Injuries in travellers:

Clinical considerations for general practitioners



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Background

Injuries are a common cause of harm to travellers, many of which can be prevented with some simple strategies and prior preparation. While general practitioners (GPs) often focus on immunisation and infectious disease prevention in travel consultations, they are also well-positioned to provide injury prevention advice.

Objective

This article aims to describe common injury categories among travellers. These include road injuries, water (and water safety), selfies, drugs and alcohol, and children and older adults. It also offers practical advice for GPs to share with patients to help reduce injury risk.

Discussion

This article outlines common injury risks faced by travellers and highlights the importance of tailored safety advice based on destination, activities and individual health status. The article also emphasises the value of a well-prepared first aid kit and the role of GPs in reinforcing safety behaviours. By incorporating injury prevention into pre-travel consultations, GPs can help reduce harm and potentially save lives.

INJURY IS A COMMON CAUSE of harm to travellers, estimated at between 25 and 40% of all travel-related deaths, much of which is preventable.¹⁻⁴ While many travellers are justifiably concerned about travel-related diseases,⁵ there is a need to focus on all aspects of travel, especially the often overlooked journey to and from the destination.² Travel is an excellent opportunity for growth and development; however, many forget that the standards enjoyed at home are not necessarily the same as those in other countries.

Several high-profile Australian traveller deaths have occurred recently, including two young women who died from methanol poisoning in 2024.⁶ More commonly, travellers die in road crashes, drowning and, less frequently, homicide.^{1-3,7,8} Many of these events could have been prevented with prior preparation and forethought.

The role of the general practitioner (GP) in travel health has mainly focused on immunisation.⁹ However, as more people travel with complex needs, there is a greater opportunity for the GP to contribute to injury prevention for domestic and international travel.⁸

People travel for diverse reasons, including visiting friends and relatives, work, holidays,

medical tourism, adventure and sports, and religious purposes.² Depending on the activities being undertaken, the locations being visited, and the age and sex of the traveller, the risk of injury varies.¹⁻³ Some common themes surrounding injuries in travellers are described below.

Road injuries

The most common cause of injury while travelling is road traffic incidents.¹ This is unsurprising, as globally, road traffic deaths in 2021 were estimated to be 1.19 million, making them the leading cause of unintentional injury deaths.¹⁰ For those travelling, there are additional risks, including a lack of familiarity with the vehicle and the location, different road rules, infrastructure, vehicle mix and etiquette. Road conditions can be variable, including visibility, lighting and surface, and the excitement of travel (ie being distracted by new sights/sounds) and language barriers² can also contribute to risk.

The usual safety advice applies, as when in Australia, and this includes wear a seatbelt, do not drink and drive, adhere to the speed limits, understand the local road rules, minimise distractions (especially talking on the phone), beware of fatigue, and familiarise

yourself with the vehicle. Travellers might also experiment with new forms of travel, such as mopeds and motorcycles that they would not normally use. A helmet is essential, and again, ensuring they know how to use the bike is critical. As a pedestrian, there is a need to understand the local rules; observing locals is a good strategy. Electric scooters have become popular globally, but pose a risk, particularly for those unfamiliar with their operation or riding in unfamiliar environments.

Water

Australians have a great love of water-based activities and this often extends to their travel experiences, as well as those visiting Australia.⁷ Travel might involve water transport in a range of vessels, so ensuring they know where the closest lifejacket is located can save their life.¹¹ With drowning a common cause of death around water, this suggests that travellers sometimes forget that no lifesavers are putting up flags to show where it is safe to swim or that there are no pool lifeguards attending the resort pool. While travelling, some will drink alcohol, which affects their ability to be safe in the water,¹² and unfortunately, people often overestimate their swimming ability.¹³

In Australia, the risk of envenomation by aquatic species is clear, however, in other countries, such risks are underreported, either because of data not being collected or the country not wanting to publicise the risk. Nevertheless, envenomation has been documented globally.¹⁴ Refer to Table 1 for some common water safety tips.

Selfies

A recent phenomenon is people dying while taking selfies.^{15,16} Falls from height are the most common cause of death, with people trying to capture the perfect image and not paying attention to their surroundings. In some cases, people will cross barriers and ignore signs for the perfect picture.¹⁵ Prevention of these deaths is challenging, as social media plays a significant role in the selfie phenomenon. Mentioning this risk, reminding the patient to be aware of their surroundings and to stay away from the edge when taking a photo could alert the patient to the dangers.

Alcohol and drugs

The recent case of two young Australian females who died from methanol poisoning highlights the risk of alcohol consumption while travelling.⁶ The Australian government's Smartraveller website includes a 'Partying safely' advice page, which provides tips on how to stay safe while enjoying another country. The advice includes:

- ensure they think about safe transport to and from the venue
 - understand their own alcohol limits
 - know how much they are drinking
 - watch out for drink spiking and contaminated drinks
 - look after their mates
 - watch out for scams (eg alcohol sold from unlicensed vendors or 'attractive strangers' inviting them to a local bar)
 - avoid violence
 - stay in touch with friends and family.
- Smartraveller also warns about needle spiking and provides a list of symptoms from spiking and methanol poisoning (Table 2).¹⁷

Children

Children are vulnerable to a range of injuries when travelling; however, there are strategies that reduce the likelihood of a child being injured. Car seats are critical in the prevention of child deaths in road crashes.¹⁸ Ill-advisedly, people often do not use a children's car seat. Using car seats on planes is prudent. To do this, the traveller needs to contact the airline in advance to confirm the seat is compatible and can be attached to the airline seat. Children under the age of two years often fly for free by sitting on their parent's lap; however, in the event of turbulence or a crash, the child might be at significant risk, effectively becoming a de facto airbag.¹⁹

When visiting new locations, including family and friends, the house might not be child-ready, with parents often forgetting the modifications they made to their own homes to make it child-friendly. Child home safety strategies include moving breakable objects from reach, securing medications and chemicals in locked cabinets, repositioning furniture to prevent children running into sharp corners, covering power points, removing small objects that pose a choking hazard, and much more (refer to Table 3 for additional advice).

Supervision is essential for child safety; however is challenging to maintain at all times. Schwebel (2023) advocates for the TAMS method, Teach, Act, Model, Shape, for parents to foster a culture of safety.²⁰ Finally, having first-aid and CPR skills is crucial in case of an emergency.²¹

Older adults

As more older adults are travelling, we are seeing more fall-related injuries.^{1,22} Before travelling, older adults should have their vision checked, as poor eyesight combined with inadequate lighting and unfamiliar environments can increase the risk of falling.²³ Carrying or moving luggage also poses a risk of injury. Ensuring that 'carry on' can be lifted in and out of the overhead compartment and that they can carry their luggage up and down stairs reduces injury risk. Hopping off buses and when using stairs, they should always use the handrails to maintain balance. Checking medications (some can affect balance), footwear, muscle strength, balance and vision are important strategies to help the older traveller be prepared and prevent falls when travelling.²⁴

Be prepared – First aid kit

A basic first aid kit is a valuable travel companion. What is included in the first aid kit will depend on where the person is going, what activities they are undertaking and who is with them. Often, all that is required in a basic first aid kit is some sticking plaster or small bandages (to treat minor injuries), antiseptic solution (to clean wounds), and tweezers (to remove foreign objects).²⁵

Travellers with an underlying medical condition requiring medication should carry enough to cover the entire trip plus extra in case of delays. Medications should be in their original containers with a clear label. Some medications are restricted or prohibited in some countries so local rules should be checked.

There are basic off-the-shelf first aid kits people can buy and many of these provide a risk rating or describe what the material in the kit can be used to treat. First aid kits come in a range of sizes and often contain scissors, which must be packed in 'checked in' luggage, otherwise these will be confiscated by airport security.

Table 1. Common water safety tips for the traveller

Location	Advice
Overall	• Know your swimming ability and stay within comfortable limits. Avoid overestimating your skills and choose activities at your skill level. • Avoid alcohol around water, as it impairs your judgement. • Always swim with a mate. • Supervise children in, on, and around water. For children under five, this means always being within arm's reach and giving them your full attention. • Be aware of local wildlife threats (eg crocodiles, hippos, etc). • Research the location and ask locals about the risks. • Follow the advice on the signs. • Check the weather conditions and cancel activities if conditions worsen. Refrain from swimming after severe weather because of obscured hazards and unsafe water conditions. • Do not swim in contaminated water or if you have diarrhoea, as you could contaminate the water. • Know CPR. • Let someone know when you are going and returning, in case something happens when you are gone. • Ensure your travel insurance covers the activities you are undertaking.
Beach	• Swim between the flags. • Understand how to identify a rip and avoid these locations. • Be careful around shore dumps.
Rivers/creeks/streams	• Check conditions before entering the water, enter feet first and be aware of slippery banks. • Look out for moving objects and take care around fast-flowing water. • Stay away from flooded rivers. • Never dive into rivers.
Watercraft	• Wear a lifejacket when on a boat, jet ski, canoe or other watercraft. • Avoid overloading or being on overloaded vessels. • Choose reputable operators. • Inspect equipment and safety measures before leaving.
Pools	• Supervise children. • Be aware of suction hazards. • Do not dive into shallow water.
Lakes/dams	• Enter feet first. • Be alert for cold water, this can cause cold water shock, loss of muscle strength and hypothermia. • If swimming, stay clear of motorboats and jet skis.
Scuba diving	• Get a medical check-up before diving. • Always dive with a buddy. • Choose reputable and licensed operators. • Check your equipment before every dive. • Have undertaken prior training, follow dive instructor and depth limits. • Avoid flying or ascending to altitude soon after diving.

Table 2. Symptoms of spiking and methanol poisoning from Smartraveller¹⁷

Spiking	Methanol
Feeling woozy or drowsy	Fatigue
Feeling drunker than expected	Headaches
Mental confusion	Dizziness and vertigo
Hallucinations	Nausea
Speech difficulties such as slurring	Abdominal pain
Memory loss and blackout	Breathlessness or hyperventilation
Loss of inhibitions	Vision problems
Loss of balance and difficulty walking	Vision problems might include:
Nausea and vomiting	• blindness, blurred or snowfield vision
Seizures	• changes in colour perception
Loss of consciousness	• difficulty looking at bright lights
An unusually long hangover	• dilated pupils
A severe hangover with little or no alcohol drunk	• flashes of light
	• tunnel vision

Adapted from Australian Government. Partying safely. Australian Government, 2025.
Available at www.smartraveller.gov.au/before-you-go/safety/partying

Travellers should familiarise themselves with the contents of the first aid kit and know how to use them by completing a first aid course. Additional useful items in the kit might include insect repellent, sunscreen, calamine lotion, water purification tablets and other travel-specific medication, such as anti-nausea, malaria, antihistamines, antidiarrheal and aspirin (Table 4). Further advice on first aid in the wilderness can be found in the *Wilderness Medicine Practice guidelines*.²⁶

Other risks

This paper did not aim to highlight all injury risks for travellers, simply those most common. As such, other injury risk such as choking, lightning, fires, floods, and carbon monoxide poisoning (many of which are low-occurrence events) are not explored.^{1,27–29} This highlights the challenging nature of being vigilant for all possible risks when travelling.

Conclusion

GPs play an essential role in promoting travel safety. With their specialised knowledge of the traveller, including where they are going, who they are travelling with

(particularly children) and their medical history, they are well-positioned to identify potential injury risk and provide tailored advice. While many would consider advice around safety as common sense, a timely reminder from a trusted healthcare professional, especially during a pre-travel consultation, can remind people of the risks and, more importantly, preventive actions. Such advice has the potential to prevent serious injury and save lives.

Key points

- Injury is a leading cause of death when travelling.
- GPs play a vital role in providing travel safety advice based on the traveller’s destination and medical history.
- Common travel-related injuries include road traffic incidents, drowning, falls, and substance-related harm.
- A first aid kit, along with first aid knowledge, is an essential travel companion.
- Children and older adults have unique injury risks when travelling.

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References

1. Wyler BA, Young HM, Hargarten SW, Cahill JD. Risk of deaths due to injuries in travellers: A systematic review. *J Travel Med* 2022;29(5):074. doi: 10.1093/jtm/taac074.
2. Franklin RC, Miller L, Watt K, Leggat PA. Tourist injury. Tourist health, safety and wellbeing in the new normal. Springer, 2021; p. 189–218.
3. Long I, Flaherty GT. Traumatic travels—a review of accidental death and injury in international travellers. *Int J Travel Med Glob Health* 2018;6(2):48–53. doi: 10.15171/ijtmgh.2018.10.
4. Franklin RC, Leggat PA. Basic epidemiology of non infectious diseases. *Essential Travel Medicine* 2015:9–22. doi: 10.1002/9781118597361.ch2.
5. Kain D, Findlater A, Lightfoot D, et al. Factors affecting pre-travel health seeking behaviour and adherence to pre-travel health advice: A systematic review. *J Travel Med* 2019;26(6):059. doi: 10.1093/jtm/taz059.
6. Francis C, Brown V. Australia issues travel warning for Laos following methanol poisonings [Newspaper Article]. Australia: Nationwide News Pty Ltd, 2024. Available at www.news.com.au/travel/travel-updates/warnings/australia-issues-travel-warning-for-laos-following-methanol-poisonings/news-story/539994ddcde6a32b46bc79aa4cd7c7b1 [Accessed 26 August 2025].
7. Willcox-Pidgeon S, Miller L, Leggat PA, et al. The characteristics of drowning among different types of international visitors to Australia and how this contributes to their drowning risk. *Aust N Z J Public Health* 2023;47(3):100050. doi: 10.1016/j.anzjph.2023.100050.
8. Miller L, Franklin RC, Watt K, Leggat PA. Travel-weary to travel-worry: The epidemiology of injury-related traveller deaths in Australia, 2006–2017. *Aust N Z J Public Health* 2022;46(3):407–14. doi: 10.1111/1753-6405.13217.
9. Leder K, Bouchaud O, Chen LH. Training in travel medicine and general practitioners: A long-haul journey! *J Travel Med* 2015;22(6):357–60. doi: 10.1111/jtm.12240.
10. Gu D, Ou S, Liu G. Global burden of road injuries and their attributable risk factors from 1990 to 2021: A systematic analysis for the global burden of disease study 2021. *Prev Med Rep* 2025;53:103051. doi: 10.1016/j.pmedr.2025.103051.
11. Laksham KB. Life jacket usage and effectiveness in drowning prevention. *Preventive Medicine Research and Reviews* 2024;1(1):10–15. doi: 10.4103/PMRR.PMRR_42_23.
12. Hamilton K, Keech JJ, Peden AE, Hagger MS. Alcohol use, aquatic injury, and unintentional drowning: A systematic literature review. *Drug Alcohol Rev* 2018;37(6):752–73. doi: 10.1111/dar.12817.

Table 3. Common injury types, causes and prevention strategies for children

Injury type	Common causes	Example prevention strategies for travellers
Falls from height	From furniture, stairs, windows, balconies, playground equipment	Install safety gates top and bottom of stairs Restrict window opening size Prevent access to balconies
Falls on the same level	Slippery surfaces, unsecured rugs	Remove rugs and other trip hazards Dry surfaces Use non-slip mats
Burns and scalds	Hot liquids (eg tea, coffee and soup) Hot surfaces (eg stove tops) Fireplaces, heaters and open flames Bath water and water out of taps	Keep hot liquids out of reach (eg place in middle of table) Do not hold a child while consuming hot liquids Cool the drink Turn pot handles to the back of stove Use back elements on stove Put guards around heaters and fires Turn cold water on before the hot Place a cover over the hot water tap Educate children about the dangers
Poisoning	Household chemicals Medications Poisonous plants	Store chemicals and medications in locked cabinets, out of children's reach Use child-resistant packaging for hazardous substances Educate children about not ingesting unknown substances Identify and remove poisonous plants
Drowning	Pools Bathtubs Other bodies of water	Restrict access to the pool, preferably with a self-closing, self-latching gate Always supervise children around water Empty water from the bathtub and other water bodies after use Close the toilet lid and shut the toilet door Swimming lessons
Road and driveway	Children playing behind or near vehicles	Always supervise children in driveways and around vehicles Check around the vehicle before moving it Hire cars with reversing cameras or sensors in vehicles Educate children about the dangers of playing near vehicles Designate safe play areas away from driveways Encourage drivers to be vigilant and aware of children
Button battery ingestion	Devices with button batteries Loose button batteries	Keep devices with button batteries out of children's reach Ensure battery compartments are secured with screws Store spare batteries in a locked cabinet Dispose of used batteries safely and promptly Educate children about the dangers of ingesting batteries Seek immediate medical attention if ingestion is suspected

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Table 3. Common injury types, causes and prevention strategies for children (cont'd)

Injury type	Common causes	Example prevention strategies for travellers
Bunk bed injuries	Falls from the top bunk Entrapment between bed components Playing on bunk beds	Ensure children under 9 years old do not sleep on the top bunk Install guardrails or a barrier on all sides of the top bunk to prevent nighttime falls Use a sturdy ladder for access to the top bunk Discourage playing on bunk beds Check and tighten bed fittings
Playground injuries	Falls Collision with other children Broken equipment	Supervise children during play Ensure playground equipment is age-appropriate and well-maintained Do not use if broken Check for appropriate soft-fall surfaces under equipment Teach children safe play practices Inspect playgrounds for hazards, including sharp edges, needles or broken glass on the ground

Table 4. Potential basic and extended first aid kit items for consideration

Basic	Extended
Sticking plaster (Band-Aids)	Calamine lotion
Small bandage	Gloves
Tweezers	Cotton buds
Antiseptic solution (wipes)	Lip balm
Sunscreen	Water purification tablets
Insect repellent	Digital thermometer (Note: most airlines do not allow mercury thermometers)
Triangle bandage	Other medications:
	• Antacid • Antidiarrheal • Anti-nausea • Antihistamine • Artificial tears (eye drops) • Aspirin • Malaria • Motion sickness

Note: A first aid kit should reflect the activities being undertaken during travel and the location being visited. A discussion on what to include should be had with a general practitioner.

- Peden AE, Franklin RC, Leggat PA. Alcohol and its contributory role in fatal drowning in Australian rivers, 2002–2012. *Accid Anal Prev* 2017;98:259–65. doi: 10.1016/j.aap.2016.10.009.
- Kadler R, Pirkle C, Yanagihara A. A systematic review of reports on aquatic envenomation: Are there global hot spots and vulnerable populations? *J Venom Anim Toxins Incl Trop Dis* 2024;30:e20240032. doi: 10.1590/1678-9199-JVATITD-2024-0032.
- Cornell S, Brander R, Peden A. Selfie-related incidents: Narrative review and media content analysis. *J Med Internet Res* 2023;25:e47202. doi: 10.2196/47202.
- Weiler B, Gstaettner AM, Scherrer P. Selfies to die for: A review of research on self-photography associated with injury/death in tourism and recreation. *Tour Manag Perspect* 2021;37:100778. doi: 10.1016/j.tmp.2020.100778.
- Australian Government. Partying safely. Australian Government, 2025. Available at www.smarttraveller.gov.au/before-you-go/safety/partying [Accessed 26 August 2025].
- Sartin EB, Lombardi LR, Mirman JH. Systematic review of child passenger safety laws and their associations with child restraint system use, injuries and deaths. *Inj Prev* 2021;27(6):577–81. doi: 10.1136/injuryprev-2021-044196.
- Federal Aviation Administration. Lap-Held Child Safety Video, 2013. Available at www.youtube.com/watch?v=lcqwdxecXmI [Accessed 26 August 2025].
- Schweibel DC. Raising kids who choose safety: The TAMS method for child accident prevention. Parenting Press, 2023; p. 224.
- Pearn J. Bystander rescue and cute thermal injury teaching: Training and ethical implications. *Burns* 2022;48(4):737–43. doi: 10.1016/j.burns.2022.03.017.
- Salari N, Darvishi N, Ahmadiapanah M, Shohaimi S, Mohammadi M. Global prevalence of falls in the older adults: A comprehensive systematic review and meta-analysis. *J Orthop Surg Res* 2022;17(1):334. doi: 10.1186/s13018-022-03222-1.
- Mehta J, Baig A. The importance of assessing vision in falls management: A narrative review. *Optom Vis Sci* 2025;102(2):110–20. doi: 10.1097/OPX.0000000000002222.
- Ambrose AF, Paul G, Hausdorff JM. Risk factors for falls among older adults: A review of the literature. *Maturitas* 2013;75(1):51–61. doi: 10.1016/j.maturitas.2013.02.009.
- Goodyer L, Gibbs J. Travel medical kits. *Travel medicine*. Elsevier, 2019; p. 61–64. doi: 10.1016/B978-0-323-54696-6.00008-2.
- Cushing TA. Wilderness medicine practice guidelines. *Wilderness Environ Med* 2015;32(1). Available at <https://wms.org/magazine/magazine/1041/WMS-Practice-Guidelines/default.aspx>. [Accessed 26 August 2025].
- Flaherty G, Hession M, Cuggy C. Hotel fire safety for international travellers. *Travel Med Infect Dis* 2016;14(5):529–30. doi: 10.1016/j.tmaid.2016.05.011.
- Long JJ, Flaherty GT. Silent killer—the dangers of carbon monoxide poisoning during international travel. *J Travel Med* 2017;24(3):002. doi: 10.1093/jtm/tax002.
- Davis C, Engeln A, Johnson EL, et al; Wilderness Medical Society. Wilderness Medical Society practice guidelines for the prevention and treatment of lightning injuries: 2014 update. *Wilderness Environ Med* 2014;25(4 Suppl):S86–95. doi: 10.1016/j.wem.2014.08.011.

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