

Trends in Travelers

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According to the World Tourism Organization (WTO), the number of travelers to foreign destinations increased by 10% in 2004, to 760 million, the highest growth in 20 years.¹ The principal factors driving this growth were the recovery in the world economy, fewer concerns about disease outbreaks (e.g., SARS), and increased geopolitical stability. Travel increased in all areas, but particularly strong growth was seen in travel to regions in Asia Pacific and the Middle East.

From the standpoint of travel medicine, this means that an increasing number of travelers will be exposed to infectious disease risks across many different regions of the world. Exposure to such diseases is a major concern and is related to destination, activities, and duration of stay.

Along with the increase in travel, there has been a recent increase in the numbers of cases of several tropical diseases, including malaria (over 400 million cases), dengue fever (50 million cases), yellow fever (200,000 cases), and schistosomiasis (over 600 million cases).²

As travel to the developing world increases, these diseases are becoming increasingly familiar to and feared by the traveling public from industrialized regions. Although outbreaks of emerging diseases such as SARS and West Nile have received extensive media coverage and have contributed to raised awareness among travelers of travel health risks, still many travelers still do not seek or use available preventative measures when going abroad. In Europe 48%, in the United States 64% and in South Africa 26% did not obtain travel health advice prior to departure.³⁻⁵ More than 10,000 imported cases

of malaria are reported every year, but many short-term travelers do not avail themselves of travel health advice before embarking on their journey.

Emerging Diseases and Vaccines

While the quest remains to have successful vaccine candidates for diseases such as malaria and dengue, effective vaccines and prophylaxis have been developed for many of the diseases that travelers are at risk of contracting, including hepatitis A, typhoid, yellow fever, rabies, and Japanese encephalitis. There is an obvious need to prioritize these vaccines for each traveler in order to give appropriate protection after identification of specific risks.

Article Highlights

In the following articles, the authors provide a brief update on the status and some of the developments in travel disease and vaccine development.

Drs Petersen and Marfin review a range of flaviviruses and illustrate the impressive rate with which some viruses spread geographically over time. Four flaviviruses, dengue virus, West Nile virus, Japanese encephalitis virus and yellow fever virus, are expanding in geographic distribution and reemerging in some areas where they had been previously eliminated.

Drs Luxemburger and Dutta describe the epidemiologies of hepatitis A and typhoid fever and how they overlap, illustrating the logic in developing combination vaccines against two of the more commonly contracted vaccine-preventable infections among travelers.

Dr Annelies Wilder-Smith stresses the importance of meningococcal disease in international travelers, even though the incidence is far lower than those of other preventable diseases. Vaccine strategies pertinent to international travel are presented according to destination, special risks, and vaccine choice.

Dr Meslin provides an update on rabies disease and vaccines with specific advice for travelers, and recalls the importance of preventive immunization when travel involves foreseeable risk of exposure to rabies, or travel

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to rabies-infected areas where modern rabies vaccines and immunoglobulin may not be available.

Drs Crockett and Keystone explore the psychological and knowledge factors that will impact on a traveler's decision on whether or not to be vaccinated or to take preventive medication. They analyze the gap between awareness and willingness, and the decision to apply preventive measures.

Drs Dijkstra, Chappuis and Loutan give specific attention to long-term expatriates, who often have reduced access to medical services. They emphasize the promotion of health advice from institutions and organizations sending expatriates to developing countries, and the role of preventive strategies.

I trust that you find these updates helpful and of interest, and useful for continuing efforts to give sound advice to the traveling community.

References

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