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Illness in the returning traveller

INTRODUCTION

Foreign travel by UK residents continues to increase year-on-year¹, and due to faster transport patients can be home shortly after leaving even the most remote destination.

Up to 75% of visitors to the tropics report some kind of health impairment while away² and while most problems are self-limiting, up to 10% need medical attention while away or shortly after they get home.²

In the returning traveller, the most common presentations are with:

- fever
- skin conditions
- diarrhoea.³

Serious life-threatening conditions are uncommon (there are roughly 1500 cases of imported malaria in the UK per year) but these conditions can mimic more common health problems prevalent in Scotland, and they are unlikely to be discovered unless the clinician is aware of the travel history and its importance.

Undergraduate training in Travel Health is non-existent⁴ and most qualified clinicians have little or no postgraduate training in this area.⁵ A lot of advice on travel health takes place in Primary Care, usually by nurses⁶ who have some experience (but often little or no training) or by GPs (who may have neither). Unsurprisingly, clinicians have been shown to be poor at eliciting travel histories from patients.⁷

Despite these issues, a returning traveller with an illness is likely to present to their GP, who may be ill-prepared to provide optimum care.

This module will study:

- the pre-travel assessment (aiming to prevent illness)
- assessment of the returning traveller with a fever
- assessment of the returning traveller with skin conditions and/or eosinophilia
- assessment of the returning traveller with diarrhoea.

Note: this module will not cover the specific problems faced by those travelling to high altitudes, nor those who do scuba-diving abroad.