

# TRAVEL MEDICINE: ITS PLACE



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This is the second edition of *CME* devoted to travel medicine. Since writing the first editorial 4 years ago, travel medicine has come of age as a discipline in South Africa. At that time, travel medicine was somewhat of a novelty, with debate on whether it was even a separate discipline. In the intervening period, both local and international events have confirmed the importance of travel medicine, and established its place as a separate discipline. If you have any doubt about that, just cast your mind back a little, and recall the way the SARS outbreak grabbed headlines and threatened trade and travel internationally.

The growing interest by primary care practitioners in travel medicine is additional evidence of the discipline's growing importance. Tourism is the world's biggest industry, and predictions are for international travel and tourism to grow still further. It is inevitable therefore that travel-related disorders will find their way into the rooms of primary care practitioners. Specialists in other disciplines also need to be aware of travel-related disorders: dermatologists, paediatricians, gynaecologists, physicians, surgeons and others may all puzzle over unusual presentations and syndromes until a travel history is taken, and travel-related conditions are included in their differential diagnoses. The article by Dr Lucille Blumberg and Professor John Freaun should prove particularly useful in this regard, constituting a virtual mini-textbook of travel-related infections. Practitioners would do well to keep it tucked away in the bottom drawer of their desks. They will need it one day.

Primary care practitioners are likely to be the first to see a dog bite or other potential rabies exposure, and rabies is a disease that will end in the most awful consequences if not tackled absolutely correctly: every year there are unnecessary deaths. This edition contains an article by Dr Richard Foster giving the absolute essentials on rabies in primary care. It too will hopefully find its way into that bottom drawer.

The place of the primary care practitioner extends beyond being on the alert for exotic travel-related infections though, with preventive travel medicine now firmly established in the consulting rooms of general practitioners and occupational health clinics. My prediction is that the number of travellers who consult general practitioners for preventive travel medicine advice will continue to grow. This is recognised both locally and internationally by the increasing numbers of general practitioners enrolling for postgraduate tuition in travel medicine.

Malaria is one of the biggest killers of all time, and the disease occupies centre stage in the discipline of travel medicine. Primary care practitioners are likely to be consulted for advice on malaria prevention, and to be the first to see the returned traveller with a fever that might just turn out to be malaria. Misinformation on malaria abounds, and it is hoped that the article on malaria in primary practice will protect practitioners from the pitfalls that malaria, ever a wily foe, may present. The article covers both prophylaxis and treatment.

The sheer scale of the HIV epidemic has driven increasing numbers of HIV-positive patients from specialist clinics into primary care settings. HIV-positive individuals, just like HIV-negative ones, travel for all sorts of reasons: among these may even be, not unreasonably, the desire to visit a long-dreamed-of destination before advanced disease supervenes. Preparing the immunocompromised for travel, while obviously demanding some extra consideration, should not prove too difficult if the guidance offered by Professor Gary Maartens is followed. This lays

out some very logical rules to follow, and should keep patient and practitioner out of trouble.

This edition is fortunate in having a very comprehensive, and well illustrated, contribution on travel-related dermatology from Dr Robert Weiss. Dermatology, more than any other specialty, is probably a visual one. A good number of the travel-related dermatoses he discusses were rarely, if ever, mentioned during the brief exposure to dermatology most of us got at medical school. While hardly pin-up material, his illustrations deserve to be kept somewhere within ready sight.

SARS has not been the only travel-related condition to have grabbed headlines. Recall the notoriety and exposure that the inappropriately named 'economy class syndrome' has

enjoyed in the media. This subject, one that practitioners are bound to be asked about at some time, is comprehensively covered in an international contribution from Australasia — Professor Leggat will be well known to many readers, having lectured in South Africa.

Getting back to the primary care setting, this edition contains a contribution on the pregnant traveller. Practitioners should remember that the pregnant patient is at least two patients, and interventions normally considered benign may well cause harm to the smaller of the two. Malaria, immunisation, and travel itself pose particular problems in pregnancy. This article is by Professor Mary Ross, experienced in the fields of both travel medicine and pregnancy.

While diseases such as malaria and SARS may capture the imagination with their often dramatic presentation and fulminant symptoms, the commonest travel-related condition, despite its humbler status, also demands attention. Traveller's diarrhoea is capable of ruining long-planned-for holidays, yet is easily managed by most travellers if they are properly advised by their doctors before departure. This is a condition that will be seen by all primary care practitioners.

The place of travel medicine seems assured, and increasingly it will form part of the day-to-day case load seen in primary care. Hopefully, the place of this edition of *CME* is also assured, in that bottom drawer standing by to act as a ready reference.