

Focus

Travel health advice: too big for general practice?

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Introduction

In the early 1970s, when trekking in Nepal was starting to become popular, I well remember the sudden death, in the Everest region, of the brother of one of

my friends. His grieving family was left unable to comprehend how such a death could have occurred. This extremely fit young man, a non smoker, a social drinker, serious about good nutrition, had become ill with what seemed like flu or a chest infection and had then died within a day or two from what was, in fact, altitude sickness. His partner, who travelled with him, commented later that their GP and practice nurse had given them their "shots" prior to travel, told them to go easy on the drinking water and to make sure their walking boots were good quality. There was no mention of altitude sickness in any of the pre-travel advice.

The syndrome known as Acute Mountain Sickness (AMS), which once killed as many as five to 10 out of the 500 trekkers a year in the Everest region alone, is now known to be preventable. In the past 10 years, there have been only one or two altitude sickness deaths per year in tourists, an average of one AMS death for every 30,000 trekkers.¹

This story serves as a reminder that travel health advice is like topsy – it simply keeps growing and is becoming increasingly complex. In the general practice setting, obtaining up-to-the-minute expert travel advice, knowing what is current and indeed how to access information is becoming more difficult.

Patients expect travel health advice

General practice has historically been the centre for travel health advice. Whether a patient is travelling by plane, boat, train or on foot there is an expectation that the GP and/or practice nurse will give all the necessary advice and information concerning vaccines and travel health for the country or countries to which they are travelling. I recently participated in a travel medicine road show, which took three of us (a travel medicine specialist, a travel health and vaccination centre nurse, and myself – a practice nurse and former airline cabin attendant) on a whirlwind tour of 10 centres around New Zealand. The tour gave us a number of insights.

Key points

- Travel health is becoming increasingly complex
- Practice nurses and GPs are under-skilled in this field
- Practical and workable resources for travel health need to be developed
- Systems to obtain urgent information should be set up
- Know your limitations and when to refer to a travel medicine specialist

Of the more than 500 professionals attending our sessions, it was noticeable that for every GP there were two practice nurses. This was the case in each town or city we visited. Clearly, practice nurses wish to be better equipped for the many challenges travel health presents them with.

The nurses spoke frequently of their lack of role clarity in travel health, the lack of suitable resources and their need to get on-the-spot information, as so many travellers leave everything to the last minute. Most of all, they wished for clear protocols and user-friendly resources with specific New Zealand content. Other difficulties discussed were lack of time to give all the necessary information to the patient, GPs and other nurses giving them inaccurate advice, and their inability to access regular educational seminars on travel medicine.

GPs primarily cited lack of time and the broad subject matter, for which information wasn't always easy to access, as limitations to their travel medicine practice. However, most GPs felt that current resources were adequate. This disparity between GPs' and practice nurses' perceptions of the adequacy of resource materials is probably explained by the fact that practice nurses are usually responsible for the practical application of immunisations and therefore require workable and user-friendly resources.

Practice nurses are already the main providers of childhood immunisations and have developed practical skills, education and standards in this area. In comparison, their knowledge of travel health has remained reasonably limited, even though the delivery of travel vaccines and health advice are no less important and quite complex. Immunisation decisions for the international traveller can be bewildering for the general practice team.

Choices have to be made on an individual basis, yet many nurses are not sufficiently aware of the factors to take into account.

They may not know how safe individual vaccines are when given with antibiotics, antimalarials and other immunisations. They may be unaware of the special considerations for infants, pregnant women, health workers working in dangerous areas, frequent travellers, HIV positive travellers and requirements for different countries. Should practice nurses recommend expensive vaccines when the chances of contracting the disease are minimal?

Manufacturers' package inserts are relied on by practice nurses for correct information. Sometimes these are at odds with other instructions. Immunisation products and information are subject to change. Influenza vaccines are now available in different formulations for the northern and southern hemispheres.

Polio is rapidly being eradicated in most parts of the world.

Cholera is still prevalent in some countries but the injectable vaccine is now rarely indicated due to reduced effectiveness.

Storage of vaccines is an ever-changing issue and newer vaccines are more expensive than previous ones. Vaccines are being developed against a growing range of diseases and new vaccines may have varied routes of administration.

Leave travel health to the specialists?

Bearing all this in mind it is questionable whether general practice is now the right and proper place for the delivery of travel medicine. Perhaps this discipline has specialised itself out of general practice and we are expecting too much of our already overburdened general practice team. Or perhaps we should carry on and

learn as we go. The answer probably lies somewhere in between.

Present resources and access to information are inadequate for most practices. A team approach to the delivery of travel health services using protocols that clarify the role of each health professional could well be a practical solution. This would ensure neither GPs nor practice nurses are overburdened. For example, the GP could cover:

- Any necessary letter covering any medical conditions and treatments
- Any prescriptions including side effects in detail
- Advice on travel health issues (follow- up by practice nurse)
- Full medical pre-travel check-up if indicated
- Broad explanation of vaccinations required (practice nurse to follow up)
- Travel Health Insurance discussion.

While practice nurse could give:

- Immunisations (including usual requirements of a vaccinee and details of necessary travel vaccines)
- Information and advice on travel health issues (endorsed by pamphlets or handouts which are current and accurate)
- Attention to air travel issues such as fear of flying, jet lag, air sickness
- Endorsement of other risk factors:
HIV, AIDS, STDs, insect and animal bite avoidance
- First Aid Kits
- Advice on safe drinking and eating (travellers' diarrhoea)
- Endorsement of GP's advice, such as on anti-malarial medications and side effects.

Many overseas resources have valuable information but developing a resource unique to New Zealand needs would be invaluable. Another possibility is to access a travel medicine or nursing specialist in your locality and/or organising a fax or phone system for urgent reports when necessary.

References

- 1 Shlim, David R. Medical Director, The CIWEC Clinic Kathmandu Nepal (1996).