



# Pre-travel counselling in Greece for travellers visiting friends and relatives

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## KEYWORDS

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**Summary** Pre-travel services are underused by travellers visiting friends and relatives (VFRs). The objective of this study was to define the proportion and the profile of VFRs who seek pre-travel counselling in Greece. The study was conducted prospectively, from July, 2005 to December, 2007, in seven Health Departments of the Prefectures in Athens and Attica, where 35.6% of the Greek population resides; migrants account for 17% and 8% of the population in these areas, respectively. 2548 travellers seeking pre-travel advice were studied; 23 (0.9%) were identified as VFRs. Children younger than 15 years accounted for 30.4% of VFRs, compared to 2.3% among non-VFRs. VFRs were younger than non-VFRs (mean ages: 29.9 versus 40.4 years, respectively). A comparison of VFRs with non-VFRs revealed that VFRs travelled for longer periods of time, stayed at local people's home more frequently (87% versus 15.5%), and travelled on an organized trip less frequently (4.3% versus 54.6%). Considering the fact that 36,056 VFRs travelled from Greece to Africa and Asia during 2005–2007, and that only 1 out of 700 VFRs to these destinations pre-travel advice in Greece, communication strategies to access efficiently this group of travellers should be explored urgently.

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## Introduction

International travel is growing rapidly worldwide. An estimated 1 billion international journeys are expected by 2010 and 1.6 billion by 2020, with the highest increase noted in

tropical and subtropical regions.<sup>1</sup> Travellers visiting friends and relatives (VFRs) account for up to 40% of international travellers from industrialized countries.<sup>2–10</sup> Inadequate pre-travel preparation, visiting rural areas, travelling longer periods of time and staying with local people in developing countries predispose VFRs, compared with other travellers, to many largely preventable infectious diseases including malaria, typhoid fever, hepatitis A and B, and tuberculosis.<sup>3,5,11–13</sup> Furthermore, difficulties in accessing health-care services in their country of residence because

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of economic, cultural, language, or legal issues, may compromise potentially further the course and outcome of these illnesses, and affect the communities in which they reside.<sup>5,11,12</sup>

In Greece pre-travel advice services and vaccinations are provided almost exclusively by the Health Departments of 57 Prefectures across the country. Vaccines against Yellow fever, typhoid, cholera, and rabies, the Bacille Calmette-Guerin vaccine, and the antimalarial drugs chloroquine and primaquine are administered exclusively by the Health Departments of the Prefectures. Other vaccines and antimalarial drugs, such as mefloquine (also available at the Health Departments) and atovaquone/proguanil can be prescribed by physicians working in travel clinics in private, public, and university hospitals, which are very few in the country. The current study was conducted by the Hellenic Centre for Disease Control and Prevention in order to define the proportion and profile of VFRs seeking pre-travel advice in Athens, Greece.

## Methods

All international travellers who sought pre-travel counselling in one of seven Prefectures in Athens and Attica (where 35.6% of the population of Greece resides) from July 1, 2005 to December 31, 2007, were asked to participate in a questionnaire-based study and they were assisted by the study personnel. Consent was requested from all participants. The following data were collected prospectively using one standardized form per traveller: age, sex, date of departure, country of destination, duration of stay, type and purpose of travel, visiting areas, type of accommodation, and participation in athletic and outdoor activities. No separate interviews were conducted. The completeness of the traveller vaccination record in accordance with the Greek National Vaccination Schedule was assessed. VFRs were defined as immigrants living in Greece, distinct ethnically and racially from the majority of population, who return to their homeland to visit relatives and friends.<sup>10,14</sup> Urban accommodation was defined as cities of 5000 population or more, whereas rural accommodation was defined as villages of up to 5000 population or staying in the countryside. An organized trip was defined as a guided, package trip, mainly to popular tourist destinations. Statistical analysis was performed using the STATA 8.0 statistical package. Comparison of category variables was made using the  $\chi^2$  test, and comparison of continuous variables was made using the t test.

## Results

During the study period, 2548 international travellers seeking pre-travel advice were studied. Twenty-three (0.9%) travellers were identified as VFRs. Table 1 shows their characteristics. A comparison of VFRs with non-VFRs revealed that the former were younger and travelled less frequently on an organized trip or resided in a hotel; the majority (87%) stayed at local people's homes. Seven (30.4%) of the VFRs were children younger than 15 years travelling with their parents, whereas the respective proportion for non-VFRs was 2.3% ( $p$ -value < 0.001). VFRs

tended to travel for longer periods of time compared with other travellers; 13 (56.%) VFRs stayed at their destination for more than one month compared with 568 (22.5%) of non-VFRs ( $p$ -value = 0.036).

Travel destinations for the 23 VFRs were Tanzania (5 travellers; 21.7%), Ethiopia, Nigeria, and Philippines (4 travellers each; 17.3% each), and Venezuela, India, Uganda, Singapore, Sudan, and an undetermined African country (1 traveller each; 4.3%); these countries were visited by only 28.1% of other travellers ( $p$ -value < 0.001). For non-VFRs, the top 5 destinations were Peru (13%), Kenya (12%), India (10.6%), Saudi Arabia (6.6%), and Tanzania (5%). Review of vaccination records revealed that in only 46.2% of non-VFRs and 4.3% of VFRs the records were up to date, whereas this information was not available in 30.9% and 73.9% travelers, respectively.

## Discussion

The study showed clearly that VFRs comprise a very small proportion (0.9%) of international travellers seeking pre-travel advice in Athens and Attica. The population of Greece is 10.9 million, including 900,000 non-EU/EFTA migrants (2001 estimates). Immigration to Greece has increased enormously in the last years, and today migrants comprise 17% of the population in the Municipality of Athens and 8% of the population of Attica.<sup>15</sup> Given the fact that a total of 36,056 VFRs travelled from Greece to Africa and Asia during 2005–2007,<sup>16</sup> it is estimated that only one of 700 VFRs to these destinations receives pre-travel advice in Greece. This figure is significantly lower than other reports, where 8–30% of VFRs sought pre-travel advice.<sup>3,6,8,10</sup> This may be due to decreased awareness of the availability of travel medical services, since travel medicine has only recently been developed in Greece and pre-travel services are not always provided as part of the routine practice of general practitioners. Information of primary health-care providers in travel medicine issues is very important. Other contributing factors include fear related to their immigration status, and cultural, financial, and language barriers. Increasing awareness of VFRs, adapted to their language and culture is crucial. Ideally, primary health-care clinics attended frequently by immigrants could offer travel medical services since familiarity, trust, and ease of access might encourage their use. Due to language barriers, if possible, medically trained, cross-cultural interpreters or multilingual health-care practitioners should be available.

VFRs are becoming an increasingly important group of international travellers, not only because they are increasing in number, but also because they travel more frequently under conditions which favour exposure to various infections compared with non-VFRs.<sup>4,5,14,17,18</sup> In accordance with other studies, in the current study VFRs almost always travelled on individual trips and frequently with their children, and stayed longer with local people, factors that predispose them to a greater risk for acquisition of infections.<sup>10,18</sup> Additional factors which account for the disproportionate risk of infectious disease among VFRs compared with non-VFRs include low rates of pre-travel counselling, inadequate pre-travel vaccinations, low adherence to recommendations for antimalarial

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