

Care for the Health Care Provider



Sharon Brown Kunin, DO, MS^{a,*}, David Mitchell Kanze, DO^b

KEYWORDS

- Travel medicine • Global health care provider • Pretravel care • Global health
- Infectious disease prevention • International travel health

KEY POINTS

- Prevention is better than cure.
- The importance of pretravel care for the health care provider.
- The importance of adherence to travel recommendations.
- The importance of vaccinations and PEP.
- The importance of knowing where to access travel health information.

Prevention is better than cure.

—Desiderius Erasmus

INTRODUCTION

The foundation of pretravel care for the health care provider (HCP) begins with prevention. This includes a travel risk assessment and thorough inventory review by a primary care physician, who is versed in travel medicine, or a travel medicine expert. Many travel pitfalls and illnesses can be prevented when appropriate destination-specific travel advice, chemoprophylaxis, and vaccinations are instituted. International travel provides an amazing opportunity to explore new cultures and embark on new adventures, but unfortunately sometimes it also involves introduction to new diseases. With all the excitement, as many as 90% of travelers often forget sage advice and indulge in unsafe food and drink within several days of arrival,¹ and many report illnesses while abroad,^{2–4} most of which are caused by gastrointestinal and febrile illness.

Tourist travelers are projected to reach 1 billion,³ and US residents make more than 61 million trips outside the country.⁵ Tourists represent the majority of travelers (38%), and the next largest group is missionary/volunteer/research aide workers (24%–25%).⁵

^a Department of Family Medicine, University of Washington, Seattle, WA, USA; ^b Family Medicine/Osteopathic Manipulative Treatment Residency Program, Skagit Regional Health, 819 South 13th Street, Mount Vernon, WA 98274, USA

* Corresponding author. PGY 3 Skagit Regional Health Family Medicine and Osteopathic Manipulative Treatment Residency Program, 1415 East Kincaid Street, Mount Vernon, WA 98273.

E-mail address: sbkunin@gmail.com

Worldwide, 8% to 20% of travelers from industrialized to developing countries report becoming ill enough to seek health care during or after travel.^{4–7} Many others experience health problems that often go unreported.^{1,8} Unfortunately, only 40% to 50% of travelers seek travel health advice, and only 50% to 60% of travelers are fully compliant with malaria chemoprophylaxis.^{3,9} Humanitarian service workers often face increased risks of illness and injury based on the nature of their work and travel destinations.^{10,11}

Addressing the health care needs of the global HCP is essential, and this process begins with a pretravel risk assessment¹² by an expert.^{4,13–15} The global HCP should not attempt to do this for himself or herself, as something is frequently left out. A travel medicine specialist is recommended, particularly for high-risk groups such as health care providers, as they are inevitably at greater health risk than regular travelers.^{10,11,16} The global HCP's own medical needs must be taken into account before planning a global mission. HCPs must be aware of all medical conditions that may be encountered in the countries to be visited and medications required to prevent complications while abroad. They must do everything in their power in order to prevent becoming a patient. This includes vaccinations, malarial prophylaxis (if required), and management of their own chronic health conditions. The travel risk assessment of each individual provider, and traveler, should yield an individualized pretravel education plan that includes the details listed previously. Having an emergency plan, evacuation insurance, in-country embassy information, and other critical resources readily available is essential to the success of medical missions.

The essential pretravel inventory includes all the destinations, length of stay, logistical arrangements, type of lodging, food and water supply, medical kit, team members, personal medical needs, and the needs of the community the HCP is going to serve. This inventory must be fluid. Pretravel care and risk assessment based on destination-specific health risks are essential. In addition, having key resources (books and technology) at one's fingertips can really help (Table 1).¹⁷ This article will help demonstrate the medical requirements and recommendations for such planning so that the mission is an unmitigated success for the provider and the people in need.

PREVENTING MORBIDITY AND MORTALITY

The GeoSentinel Surveillance System is the largest repository of provider-based data on travel-related illness. Data collected from September 1997 to December 2011 on 141,789 ill returned travelers showed fewer than half (44%) reported having had a pretravel visit with a health care provider. The most common diagnostic groupings were acute diarrhea (22%), nondiarrheal gastrointestinal illness (15%), febrile/systemic illness (14%), and dermatologic conditions (12%).⁴ Gastrointestinal diagnoses were most frequent, suggesting that US travelers might be exposed to unsafe food and water while traveling internationally. The most common febrile/systemic diagnosis was *Plasmodium falciparum* malaria, suggesting that some US travelers to malarial areas are not receiving or using proper malaria chemoprophylaxis or mosquito bite avoidance measures. Similar findings were apparent in data collected on 42,173 ill returned travelers seen between 2007 and 2011, showing gastrointestinal (34.0%), febrile (23.3%), and dermatologic (19.5%) diseases. Only 40.5% of all ill travelers reported pretravel medical visits.³ In a prospective study of 784 travelers, an illness was reported by 64% of travelers, diarrhea being the most common in 46% of travelers, followed by respiratory illness in 26% of travelers, skin disorders in 8% of travelers, acute mountain sickness in 6% of travelers, motion sickness in 5% of travelers, accidents and injuries in 4% of travelers, and isolated febrile episodes in 3% of travelers.⁷

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