



# Travel health attitudes among Turkish business travellers to African countries

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**Summary** *Background:* The number of international travellers is increasing worldwide. Although health risks related to international travel are important and generally well-understood, the perception of these risks was unclear among Turkish travellers. We aimed to evaluate the attitudes and health risk awareness of Turkish travellers travelling to African countries. *Method:* A survey was performed of Turkish travellers bound for Africa from Istanbul International Ataturk Airport in July 2013.

*Results:* A total of 124 travellers were enrolled in the study. Among them, 62.9% had information about their destination but only 11.3% had looked for information on health problems related to travel and their destination. Of all travellers, 53.2% had at least one vaccination before travelling. The most commonly administered vaccine was for typhoid. Among the travellers, 69.3% and 80.6% had “no idea” about yellow fever vaccination and malaria prophylaxis, respectively. A positive correlation was found between a higher level of travellers’ education and receiving the recommended vaccination for the destination.

*Conclusions:* Our study revealed significant gaps in the vaccination and chemoprophylaxis uptake of Turkish travellers departing to Africa. An awareness and training program should be developed for travellers, as well as public health workers, to address health risks related to travel.

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## 1. Introduction

Globalization, increased industrialization, population growth, and improvements in the economy have strengthened the relationship between countries, and travelling both for business and leisure has become common. Since time is important, aeroplanes are the first choice of transportation [1]. The number of international tourists has increased by 5%, reaching 1.087 billion in 2013, and it will continue to increase [2]. Millions of people from industrialized countries travel abroad and visit tropical and subtropical countries every year [3]. With globalization, travellers can carry dangerous and infectious diseases into their own countries. Malaria, dengue, enteric fever, spotted-fever group rickettsioses, chikungunya, and nonspecific viral syndromes were the most frequent infections among travellers [4]. Imported mosquito-borne infections such as malaria, dengue fever, and chikungunya infection have increased among European travellers [5]. In 2015, reportedly 214 million people acquired malaria and 438,000 died as a result, according to the World Health Organization (WHO) [6]. Although these numbers are decreasing, the number of cases of malaria in travellers has been increasing steadily for the past 4 years. Every year, more than 125 million international travellers visit 97 countries where there is a risk of malaria transmission. Over 10,000 of these travellers are reported to become ill with malaria after returning home; however, underreporting means that the actual figure may be considerably higher [7]. Influenza and other respiratory viruses can also be transmitted and cause outbreaks resulting from international travel [8]. In 2009, 642 cases of pandemic influenza (H1N1) were detected in North America and, within a few weeks, new cases were detected all over the world. Therefore, WHO increased the pandemic alert level to phase 4 [9]. The most recent Ebola virus outbreak started in 2014 in West Africa (Guinea, Liberia, and Sierra Leone) and spread through many African countries (Nigeria, Mali, and Senegal) and beyond (United States, Italy, United Kingdom, and Spain) [10]. The virus was detected in travellers who were returning from these countries and in health care workers who were providing care to these travellers [11]. The Ebola epidemic in West Africa destroyed lives and devastated communities with extremely high numbers of cases and deaths reported at 28,603 and 11,301, respectively, as at the end of February 2016 [10].

When considering all of the above information, the concepts of travel health and travel medicine have been developed. Travel medicine has emerged as a distinct entity over the last two decades in response to a very substantial increase in international travel. Travel medicine is a challenging speciality that requires up-to-date knowledge of the global epidemiology of infectious and non-infectious health risks, the changing distribution of drug-resistant infections, and both international and local health regulations and immunization requirements [12]. The professional advice given before travel is prepared based on the current etiologic data from experts in the field [13,14]. Travel medicine services are important for the prevention of travel-related diseases by providing pre-travel advice, prophylactics and vaccines to prevent infections, and other

preventive measures such as food and water safety precautions, and information on preventing insect bites [15]. Travellers are now vaccinated according to their destination and are informed about regional endemic diseases. However, it was found that in most cases travellers were unaware of the risks and they reported that they did not take the necessary precautions [16–18]. Key aspects of travel medicine are risk assessment and risk management, not only of infectious diseases but also of conditions resulting from the natural environment, local circumstances, and underlying illnesses in the traveller that might be affected by travel [19].

In 2013, the number of people travelling abroad from Turkey was 36,731,037 and 17,148,018 (46.7%) of them travelled from Istanbul Ataturk International Airport [20]. According to the Development Bank of Turkey Annual Report, 8,937,660 Turkish people travelled abroad in 2007 [21].

We aimed to evaluate the knowledge, attitude, and behaviour of Turkish travellers regarding travel health using a survey.

## 2. Methods

A questionnaire-based survey was conducted from the 3rd to the 9th July 2013 in Istanbul International Ataturk Airport. The inclusion criteria were being a Turkish resident, aged 18 years or greater, and travelling to Africa. A total of 250 adult travellers who were travelling to the countries given in Table 1 were studied. One hundred and twenty-four of 250 travellers (response rate 49.6%) volunteered to take part in the survey. The volunteers were informed about the research, the purpose of the study, and that their responses would be kept confidential. Approval was given by the Istanbul International Ataturk Airport Authority on behalf of the airlines flying to the above destinations.

Data were collected using a standardized anonymous questionnaire that was specifically designed and written in the Turkish language. This questionnaire was administered by 2 trained interviewers and required approximately 15 min of the volunteers' time. There were 31 questions included in the survey. Questions were asked regarding socio-demographic features (age, sex, educational status, occupation, presence of chronic disease, and monthly income), travel health knowledge, and the attitude and behaviours of the travellers. Based on the inclusion criteria, approximately 20 randomly selected travellers were interviewed during each visit, and interviews took place in the waiting area at the airport gates for the selected flights. The vaccination and malaria chemoprophylaxis regimens recommended for each country were defined according to the guidelines of WHO [22].

All statistical analysis was performed using SPSS 15.0 for Windows (SPSS, Chicago, USA). Data were expressed as a number (%) and mean  $\pm$  standard deviation for nominal and continuous variables, respectively. Spearman's rank correlation coefficient was used to analyse the bivariate correlation between various demographics (age, occupation, income, travel duration) and various travel health attitudes (research about destination and travel health, obtaining

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