

## Tropical Diseases : The Problems Facing the Traveller

Polrat Wilairatana, M.D.\*

Sornchai Looareesuwan, M.D.\*

### เรื่องย่อ

โรคเขตร้อน : ปัญหาที่เผชิญหน้านักท่องเที่ยว

พลรัตน์ วิไลรัตน์, พ.บ.\* ศรชัย หล่ออารีย์สุวรรณ, พ.บ.\*

\*โรงพยาบาลเวชศาสตร์เขตร้อน, คณะเวชศาสตร์เขตร้อน มหาวิทยาลัยมหิดล, กรุงเทพฯ 10400

ในปัจจุบัน การเดินทางท่องเที่ยวระหว่างประเทศเป็นไปด้วยความรวดเร็วและกว้างขวาง ดังนั้น นักท่องเที่ยวที่เดินทางมายังประเทศในเขตร้อนมากขึ้นจะมีโอกาสติดเชื้อในเขตร้อนมากขึ้นด้วย โอกาสที่นักท่องเที่ยวจะติดโรคในเขตร้อนขึ้นกับประเทศที่เดินทางไป ว่าโรคอะไรชุกชุมในประเทศนั้น รวมทั้งระยะเวลาที่อยู่ในประเทศนั้นๆ ในปัจจุบันนี้โรคติดเชื้อในเขตร้อนพบได้บ่อยขึ้นในประเทศต่างๆ ที่ไม่ได้อยู่ในเขตร้อน โรคเขตร้อนจึงต้องอยู่ในการวินิจฉัยแยกโรคเสมอสำหรับผู้ป่วยที่เคยมีประวัติการเดินทางท่องเที่ยวไปยังประเทศในเขตร้อน (วารสารโรคติดเชื้อและยาด้านจุลชีพ 2537;11:159-60.)

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Reprint request : Professor Sornchai Looareesuwan, M.D., Department of Clinical Tropical Medicine and Hospital for Tropical Diseases, Faculty of Tropical Medicine, Mahidol University, Bangkok 10400, Thailand.

In this era of increasing international travel and tourism, between industrialized countries with cooler climate and tropical countries, geographical limits to special disease groups such as tropical infections are less likely to be relevant. The incidence of tropical diseases imported into industrialized nations is rising steadily, and their occurrence presents an unfamiliar challenge to medical practitioners, hospital physicians, and pathologists. No longer can diseases such as malaria, amoebiasis, shistosomiasis, and infection with liver flukes be excluded from consideration in the daily differential diagnosis in non-endemic regions (1,2). In fact, omitting to consider such a diagnosis may prove to be fatal to the patient. The World Health Organization has given much attention recently to tropical infections, and considerable progress in chemotherapy has been

achieved. Research in epidemiology and immunity, including vaccination, is being strengthened. Thus it has become necessary that physicians in non-endemic areas should also be familiar with the essential aspects of tropical infections, their treatment, and their prevention.

The number of people travelling to tropical areas such as East Africa, South America, or Asia continues to increase considerably. Businesses, missionary societies, and service overseas schemes may have several hundreds of people overseas at any time, some on short trips, others staying for many years. Air travel has enabled people to visit relatives both for holidays and at short notice to help with family crises. All these groups go through the upheaval of leaving familiar surroundings and having to cope with unexpected circumstances. Their health may not be protected by services well established at home. Changes in food and water may bring unexpected problems, as may insects and insect-borne diseases, particularly in hot countries (3). Few have at their fingertips the current detailed knowledge needed

\*Department of Clinical Tropical Medicine and Hospital for Tropical Diseases, Faculty of Tropical Medicine, Mahidol University, Bangkok 10400 Thailand

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to advise the traveller going to a particular country, and personal reminiscences may not always reflect current or common problems. A danger of generalising is that it may be forgotten, for example, that malaria is a risk in Thailand (4), poliomyelitis still occasionally occurs in Europe, and hepatitis A virus is not destroyed by many methods of purifying drinking water.

Specific advice on which diseases are present in countries to be visited is likely to be complicated. A more practical starting point for the practitioner, faced with the traveller seeking advice, is to consider which diseases can be prevented by immunization, prophylactic tablets, or other measures and decide whether it is appropriate to do so for each individual.

An unpredictable environment is a particular problem for overland travellers who plan their own journey, and they need greater knowledge of diseases prevention and its management compared with travellers in an aeroplane or on a sea cruise, whose environment, food and drink are largely in the hands of the operator. Unforeseen changes in timetables may lead to stays in accommodation not of the expected standard. Insect borne infections may be acquired in airports, especially if there are long delays. Jet lag and exhaustion may prompt a traveller to take risks with food and drink (2,3).

The likelihood of contracting any infection can be related to (a) the countries visited, (b) mode of travel and lifestyle and (c) the length of stay. The likelihood of developing an illness after contact with certain organisms, usually those causing severe illness, can be reduced by prior active or passive immunization.

With the speed of air travel almost all communicable diseases may be in the incubation phase when the traveller returns home, and a history of recent travel when dealing with unexplained illness is as important as details about a patient's occupation or current medication.

The two months before the onset of symptoms are especially important but sometimes a period of many years is relevant. Important examples are viral hemorrhagic fever, malaria, typhoid fever, and kala-azar (4,5). The actual numbers of imported diseases in non-tropical countries have increased recently, especially malaria and intestinal infections. Thus, the clinician needs to be aware of the possibility of infections acquired in the tropics, even many years after the travellers' return.

Those who have visited Thailand and explored various rural places should be aware of many diseases. The "Top five" infections are malaria, typhoid, viral hepatitis, cholera, and hook worm infection. However many other infections are not uncommon, such as amoebiasis, scrub typhus, leptospirosis, filariasis, other intestinal parasitic infections (*i.e.* giardiasis and strongyloidiasis), trichinosis, and angiostrongylosis. Other rarer diseases should also be considered such as rabies, snake bites, and hypereosinophilia. Last but not least, AIDS which is not limited to the tropics, is increasing rapidly in Thailand and could easily be transmitted to unawary visitors.

The Thai Red Cross (Queen Saovabha Memorial Institute), the Hospital for Tropical Diseases, and other general hospitals can provide information for those who are seeking advice on these problems.

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