Visiting overseas friends and family – unforeseen risks

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A particular high risk group of overseas travellers have been identified, commonly referred to as VFR (Visiting Friends & Relatives). This group is further broken down into Immigrant VFR (i.e. first generation immigrants returning to their less developed homeland) and Traveller VFR (i.e. offspring of immigrants born in Australia and returning to their ethnic country of origin, often with their own children). Surprisingly, the Immigrant VFR group is the most likely amongst all overseas travellers to return to Australia with serious illness, mostly preventable.

With Australia's multicultural background and propensity to travel this trend is going to rise and therefore an increased awareness amongst travel health providers is essential. This is not only for the benefit of travellers and their children, but also for public health reasons.

The data

One study from the USA showed that 50% of falciparum malaria cases occurred in the Immigrant VFR group. They were also shown to be eight times more likely than tourists, to require hospitalisation on return for any reason. Another study from the UK looking at sexual behaviour overseas showed 45% of black African migrants living in London had returned to Africa in the previous five years. Of these 40% of men and 20% of women had a new sexual partner whilst there and of these, 40% had not practiced safe sex. This is clearly a concern for those returning from countries with a high prevalence of HIV infection.
In further studies of this group by Global Geosentinel clinics, the diseases listed below were more prevalent than in other types of travellers;

- Malaria (6-10 times; greatest from Africa, Oceania)
- Typhoid (6 times; mostly Indian Subcontinent)
- TB (16 times; mainly Indian subcontinent)
- Hepatitis A & B
- Influenza (6 times)
- Routine vaccine preventable illness (measles, polio, Varicella)
- STI (including HIV).
- Non-diarrhoeal intestinal parasitic infection (3 times).

Conversely, Immigrant VFRs appear to have less risk of travellers' diarrhoea. They are also more often immune to hepatitis A.

The reasons for these observed trends are complex, and more so the solutions required to deal with the problem.

Trends explained

The two factors at play here are increased exposure and reduced precaution.

Increased exposure risk is the result of a number of elements:

- Longer duration of travel.
- More remote travel.
- Close contact with all age groups in local population.
- More likely to drink local water.
- More likely to eat food prepared by family and friends.
- Socio-cultural difficulties saying no to certain foods and drinks.
- More likely to use local health care (including dentist).
- Increased sexual contacts with local population.
- Increased exposure to rabies (especially children) via domestic animals.

Coupled with these risk factors is the tendency to take fewer precautions.

Most Immigrant VFRs would be aware of common illnesses in their country of origin and how to avoid them. However, they commonly have misconceptions about pre-existing immunity.

For example, prior illness with hepatitis A and measles provides lifelong immunity, however immunity as a child to Falciparum malaria wains very quickly if there is no ongoing exposure. Moreover, immunity does not reappear in adults. Their memories of malaria in their country of origin are often of outpatient treatment as a child using tablets, with no knowledge of just how severe malaria can be in non-immune travellers. For these reasons chemoprophylaxis is often not considered and pre-travel advice not sought. In fact, recent data confirms that VFR travellers, despite being more at risk, are the least likely group to obtain pre-travel advice.

Other reasons

These vary with individual circumstances:

- Cost is a barrier, especially for Immigrant VFRs and large families.
- Access to travel health advice.
- Cultural difference.
- Last minute travel.

What can be done to improve matters?

There is no panacea, but improving our awareness of these high risk groups starts with discarding the misconception that travellers with family roots overseas will have a better working knowledge of how to prevent travel related disease. Then there is the need to change behaviour amongst high risk travellers, to minimise risk.

Some suggestions for your practice include:

- Opportunistic travel advice when patients mention returning home, or make time for them to return later.
- Be culturally aware and use the TIS line (24hrs, free 131450) when an interpreter is required.
- If cost is a barrier, consider ways to minimise this (bulk bill consults, talk to the pharmacist, check hepatitis A serology if immigrant VFR, call a travel clinic if complex).
- Concentrate on behavioural change rather than just specific vaccines (food and water hygiene, mosquito avoidance, safe sex, etc.)
- Remember routine vaccinations on top of appropriate travel vaccines.
- Malaria chemoprophylaxis for all travellers to high risk areas, regardless of childhood exposure.
- Consider BCG for children under 5 years and/or referral for Mantoux testing on return.
- Remind patients to seek medical advice if they develop fever on return (malaria).

References available on request. ■