Do British travel agents provide adequate health advice for travellers?

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SUMMARY
Travel-related illness is a burden for primary care, with more than two million travellers consulting a general practitioner each year. The annual cost of travel-related illness in the United Kingdom is £11 million. Travel agents are in a unique position to influence this burden as the most common and most serious problems are preventable with simple advice and/or immunisation. This study, using covert researchers, suggests this potential is not being fully utilised.

Keywords: travel medicine; primary care; research.

Introduction
Currently, over 30 million people travel abroad from the United Kingdom (UK) each year. Up to 42% of British travellers become ill while abroad and one in five consult a general practitioner (GP) on their return for a travel-related condition.1 The annual cost of travel-related illness in the UK is £11 million, most of which is for primary care services.2

Pre-travel health promotion is effective and cost-beneficial and the most common and most serious problems are preventable with simple advice and/or immunisation.1,3,4 Travel agents are the most frequently consulted source of pre-travel health advice5 and are thus in a unique position to prevent travel-related illness. The aim of this study was to assess the provision of health advice offered by travel agents.

Method
Leeds branches of the five largest travel agents operating in England were visited by three sets of covert researchers requesting information for different travel destinations:

1. two 20-year-old females wanting a flight to Turkey in August with the intention of backpacking around the country,
2. two 20-year-old females wanting a safari and travel holiday in Kenya during July and August, and
3. a 22-year-old male wanting to organise a trip for 12 ‘lads’ going on a long ‘stag’ weekend (male only, pre-marital event to represent the last days of freedom) in Amsterdam.

Each group of researchers presented the same story to the five travel agents, a total of 15 interactions. They first noted whether any unprompted travel advice was provided. If none was, the researcher asked if any health precautions were necessary. Advice provided was written down on a standard pro-forma, either in the shop or immediately on leaving. Head offices of each of the five travel agents were contacted by telephone and asked for details of company policies regarding health advice.

Results
Table 1 summarises the responses from each interaction. Only one interaction provided unprompted advice. When questioned some agents gave information on specific immunisations and malaria prophylaxis but there were some inaccuracies in this information. None of the travel agents offered any health advice for the ‘stag’ weekend in Amsterdam; most laughed when asked for this advice. Only one of the 15 interactions provided any advice on safe eating, drinking or safe sex. No advice on sun protection was provided in any interaction.

Contact with travel agent head offices revealed that none of them provide staff training in this area. Most suggested they would expect staff to refer clients to their GP if asked for health advice.

Discussion
This study illustrates that travel agents do not provide simple health advice concerning food, drink, sun exposure, and safe sex despite recommendations by their professional bodies to do so.6 Instead of referring clients to their GPs for immunisation advice, some provide inaccurate advice.

Although this study only involved five travel agents, these were chosen because they are the largest companies operating in England and together are likely to represent over three-quarters of foreign travel from this country. The researchers were not truly intending to purchase tickets and it is possible that better advice may be provided once tickets have been bought. The policy of one company was to provide a leaflet about immunisations with tickets. However, since tickets are sent out to customers two to three weeks prior to travel, this may be too late for appropriate action. There are also ethical issues with this study as the staff and agents did not know they were participating. The five head offices when contacted by telephone did all agree to the results being anonymously published.

A questionnaire survey of travel agents found that 63% reported routinely providing unprompted advice.7 Clearly there is a difference between what agents believe they do and what takes place in practice. A study similar to ours that focused on advice for travellers to malaria-endemic areas found that over 60% of interactions provided no advice on malaria risk.8 In our study, the travel scenarios used were chosen to provide an opportunity for the agent to discuss general health measures. These opportunities were not used and this study adds to the evidence that travel agents do not take their responsibility for travel health serious-
Health is an issue for everyone and partnerships between a number of bodies are encouraged to improve health. We recommend that the travel industry is included in such partnerships.

References

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**Table 1. Advice provided by travel agents to covert research travellers.**

<table>
<thead>
<tr>
<th>Travel details</th>
<th>Appropriate advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two woman on a 'long stay' holiday, France and Spain</td>
<td>Consulted World Travel Guidebook and advised to see GP.</td>
</tr>
<tr>
<td>Safe sex; safe travel; medical insurance; E111</td>
<td>Consulted World Travel Guidebook and advised to see GP.</td>
</tr>
<tr>
<td>Two women backpacking in Turkey in July and August</td>
<td>Consulted World Travel Guidebook and advised to see GP.</td>
</tr>
<tr>
<td>Safe eating; safe drinking; sun safety; safe sex; protection from insect bites</td>
<td>Consulted World Travel Guidebook and advised to see GP.</td>
</tr>
</tbody>
</table>

**Notes:**
*As recommended by travel liaison group, Association of British Travel Agents/Federation of Tour Operators. Department of Health, Leader Health Advice for Travelers. *unprompted advice.*