

# Survey of general practitioners' advice for travellers to Turkey

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**SUMMARY.** Fifty general practitioners replied to a survey of the advice that they would offer to a tourist planning a package holiday in western Turkey. The range of prophylactic immunizations and other medication recommended by the respondents was wide, suggesting that some tourists travel without adequate protection, while some receive unnecessary injections. Most of the doctors would offer little other health advice to the traveller. General practitioners receive conflicting guidance on prophylactics for travellers, and it is suggested that the disagreements should be resolved. Wider availability of written advice for the traveller would also be valuable.

## Introduction

**D**URING a recent family holiday in Turkey, the authors were surprised by the variety of preventive care measures that had been offered to fellow travellers. These ranged from advice that no particular health precautions were necessary, through the provision of antimalarials alone, to antimalarial medication with immunization against typhoid, cholera, tetanus, poliomyelitis and hepatitis A.

Reid and colleagues reviewed the health advice contained in 64 travel brochures<sup>1</sup> and identified substantial inadequacies and inconsistencies in the information provided. Although many prospective tourists consult their doctors for advice no survey of the advice given by general practitioners to foreign travellers appears to have been carried out. It was therefore decided to survey the advice that doctors in Inverclyde, a district of Strathclyde, would offer a patient planning a package holiday in a popular resort in western Turkey.

## Method

In June/July 1988 60 of the 62 principals practising in Inverclyde were sent a self-administered questionnaire seeking details of the advice that they would typically offer a generally healthy unmarried young man, with no relevant past medical history or known allergies, who was planning a package holiday in Turkey. It was explained that the patient and three friends would be staying for two weeks in an apartment in Bodrum, an increasingly popular resort on the west (Aegean) coast of the country.

The general practitioners were asked to describe their normal practice, rather than to provide model answers in response to each question. Although the questionnaires were identified by a serial number, an undertaking was given that this would be used only to identify non-responders and to identify those respondents who requested a copy of the tabulated results of the survey, and not to match answers to individual doctors.

Two weeks after the questionnaires were first distributed, a further copy with a reminder letter was sent to each of the non-responders.

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The questionnaire asked the respondents to list immunizations and other prophylactic medication that they would recommend to the young man, and to indicate their own sources of guidance, if any, in their answers to the question. They were also asked what other advice they would offer the traveller concerning the proposed trip. Three final questions asked whether the doctors had been consulted for travel advice by patients visiting Turkey during 1988, whether the doctors had visited Turkey themselves, and whether they required a copy of the tabulated results of the survey.

## Results

Fifty (83%) of the 60 general practitioners returned a completed questionnaire. Forty one of the respondents (82%) had been consulted for travel advice by prospective visitors to Turkey during 1988, and five (10%) had visited the country themselves. The immunizations and other prophylactics that the respondents would offer to the young man are listed in Table 1. For comparison, the current Department of Health and Social Security advice contained in leaflet SA40<sup>2</sup> is also tabulated. This leaflet had been distributed by the local health board to all the principals in this study a few months before the survey. Ignoring any advice given concerning antimalarials about which the leaflet is equivocal, only 18 of the respondents (36%) would offer exactly the advice contained in the leaflet. However, all of the doctors would offer some prophylactic medication. Although the tourist would be more likely to receive recommended prophylactics than those not recommended, there were some discrepancies.

**Table 1.** Prophylaxis that would be recommended by the 50 general practitioners to a tourist planning a package holiday in Bodrum, Turkey.

Prophylaxis	Number (%) of GPs recommending prophylaxis	DHSS advice <sup>a</sup>
Typhoid immunization	48 (96)	Recommended
Cholera immunization	39 (78)	Recommended
Polio immunization	37 (74)	Recommended
Malaria prophylaxis	26 (52)	Ambiguous
Tetanus immunization <sup>c</sup>	23 (46)	Not recommended
Human normal immunoglobulin <sup>c</sup>	6 (12)	Not recommended
Diphtheria immunization	1 (2)	Not recommended

<sup>a</sup>Leaflet SA40, reference 2. <sup>b</sup>Recommended in table on page 13 but not recommended on map on page 6. <sup>c</sup>Leaflet SA40 recommends tetanus immunization only for areas where medical facilities are not readily available, and human normal immunoglobulin in places where sanitation is primitive. Bodrum is not covered by these descriptions.<sup>3</sup>

The source or sources of guidance that the doctors claimed to have consulted before they answered the question on prophylaxis are recorded in Table 2. Thirty six of the respondents consulted some source, and in 34 cases it was possible to compare the advice given by the doctor with the guidance provided by the source. Only 11 of the doctors gave the tourist exactly the advice provided in the source consulted.

Table 3 lists the health advice that the doctors claimed that they would offer. Apart from the advice to take care over food

**Table 2.** Sources of guidance consulted by the 50 general practitioners before deciding on prophylactic advice.

Source	Number (%) of GPs consulting source
Weekly medical newspaper <sup>a</sup>	24 (48)
Monthly index of medical specialities	7 (14)
Communicable Diseases (Scotland) Unit	6 (12)
British national formulary	2 (4)
DHSS leaflet SA40 <sup>b</sup>	2 (4)
Local pharmacy	1 (2)
Local travel agency	1 (2)
No source consulted	14 (28)

<sup>a</sup>Vaccination chart, *Doctor* 1988; 30 June: 48. Foreign travel guide, *Pulse* 1988; 2 July: 51. <sup>b</sup>Reference 2.

**Table 3.** Health advice that would be offered by the 50 general practitioners.

Topic of advice	Number (%) of GPs who would raise topic
Care with food or water	35 (70)
Risks of excessive exposure to sun	15 (30)
Safe sex practices	9 (18)
Avoidance of insect bites	4 (8)
Danger of rabies	3 (6)
Dangers of illicit drug use	2 (4)
Health insurance	2 (4)
Advisory leaflet given	2 (4)

or water, none of the topics listed was mentioned by more than a third of the respondents. In contrast, all the topics are considered in one or other of DHSS leaflets SA40<sup>2</sup> and SA41.<sup>4</sup>

Thirty eight of the respondents (76%) requested a copy of the tabulated results of the survey.

## Discussion

Prophylactic medication and immunization for foreign travel fall into two categories. Certain immunizations may be required by the countries visited, but the Turkish authorities place no such imposition on visitors from the UK at present. Other prophylactics may be recommended by the DHSS or expert medical opinion, but are not legal requirements. The problem facing general practitioners is in defining the recommendations for an individual patient and this is exacerbated by the varying opinions contained in the sources of expert guidance.

The discrepancy concerning malaria prophylaxis in leaflet SA40<sup>2</sup> is mirrored elsewhere. The vaccination chart in *Doctor* (30 June 1988) recommends antimalarials for travellers to western Turkey, while the foreign travel guide in *Pulse* (2 July 1988) and the *Monthly index of medical specialities* refer to a seasonal risk. At the time of the study the Ross Institute 24-hour tape service advised that malaria prophylaxis was not currently required in western Turkey.

Similar confusion exists over immunizations. Although all the sources referred to in Table 2 recommend typhoid and cholera immunizations, doubt has been expressed about the need for cholera immunization<sup>5</sup> and the Joint Committee on Vaccination and Immunization<sup>6</sup> merely states that typhoid immunization should be considered. However, immunization of a traveller to Turkey against typhoid attracts a fee for National Health Service general practitioners, whereas immunization against cholera does not.<sup>7</sup>

It is surprising that leaflet SA40<sup>2</sup> does not recommend tetanus immunization for all foreign travellers. A consultation for travel advice provides an excellent opportunity to review the patient's immunization history. A primary course for unprotected adults, with a booster after five years, and subsequent boosters every decade are recommended elsewhere by the DHSS<sup>6</sup> and by others.<sup>8,9</sup> Furthermore, this item of service will attract a fee for general practitioners under certain circumstances.<sup>7</sup> In contrast, although polio immunization is recommended in leaflet SA40,<sup>2</sup> this will not attract a fee if Turkey is the sole destination.<sup>7</sup>

Human normal immunoglobulin was recommended in the *Pulse* foreign travel guide but nowhere else, although a case can be made for this for all tourists seronegative for hepatitis A.<sup>10</sup>

Doctors are used to sifting a wide range of guidance on a problem, then drawing a conclusion. However, the variation contained in the sources described here is less than ideal. Such disagreement between experts is to be expected where their advice is based on imprecise epidemiological data, and on partly subjective assessment of the risks and benefits of immunization. However, the lack of consensus is unhelpful to the non-expert practitioner. This may be one reason for the discrepancies between the source consulted and the advice offered by 23 doctors. Certainly it seems likely that the range of guidance provided to general practitioners was responsible for the variation between respondents. At best, this variation will reduce patients' confidence in their doctor's advice. At worst, some tourists will travel without adequate protection, or will receive unnecessary injections.

The health advice that would be offered by most of the respondents is disappointing but probably reflects the limited time available during a routine consultation. Furthermore, most general practitioners are aware that patients take away only a small proportion of the advice given, so that covering all the topics listed in Table 3 would probably be counter productive. Nevertheless, advice given in a doctor's surgery carries special weight<sup>11</sup> and a useful opportunity for health promotion may have been missed.

The method used in this study has its limitations as the responses could not be validated against the doctors' actual practice. Although care was taken to encourage the respondents to describe their normal practice, the answers that they gave were probably more complete and received more consideration than is sometimes possible during a busy surgery.

Two conclusions can be drawn from this study: patients do not receive consistent advice on prophylaxis from different doctors, and little other health advice is offered to travellers during consultations. Although there is clearly no single correct set of guidelines for general practitioners, it would help if the sources of advice that do exist agreed with each other. The routine annual supply of a reasonable number of copies of leaflets SA40<sup>2</sup> and SA41<sup>4</sup> to all general practitioners would provide useful literature for tourists when they consult, and leaflet SA41 might also be included with airline tickets. The problem of illness associated with travel is not small; one review showed an overall attack rate of 47% in a sample of over 4000 travellers.<sup>12</sup>

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